



## HEALTH EDUCATION AND ADOLESCENCE: CHALLENGES FOR FAMILY HEALTH STRATEGY

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### ABSTRACT

**Objective:** to describe the perception of nurses working in Primary Care about the health education actions directed at adolescents. **Method:** an exploratory descriptive study with a qualitative approach. Data collection took place using semi-structured, audio-recorded interviews in November 2017, with 15 nurses working in a health district in the capital of Mato Grosso do Sul. The interviews were fully transcribed and submitted to Minayo's thematic analysis. **Results:** Most of the time, the nurses carry out educational activities of an informative kind that do not encourage the self-health care of adolescents. Sometimes, the *Programa Saúde na Escola* (Health at School Program) is the reference for professionals in the creation of health education strategies, especially due to the difficulties resulting from the low demand of adolescents for health services and the absence of educational strategies to work with them. **Conclusion:** there is a need for greater investments in permanent education, in the implementation of existing public policies, and in intervention programs that favor the increase of incentive strategies for the self-care of adolescents by the Primary Care professionals.

**Keywords:** Nursing. Adolescent. Primary Health Care. Health Education.

### INTRODUCTION

Health Education, besides being considered a strategy used to promote health and prevent diseases through shared construction, is an opportunity for reflection and exchange of information between professionals and users, which can contribute to changes in behavior and the adoption of healthy attitudes<sup>(1)</sup>.

Educational practices should encourage autonomy in participating subjects, helping them to make healthy choices. Therefore, it is important to have an educational practice that aims to change the existing knowledge - instead of just informing - considers the elements of the public to which they will be directed<sup>(2)</sup>. This involves criticality and permanent dialogue so

that the process of empowerment of individuals that make up the group chosen to participate in the action is developed. Thus, it is also possible to create bonds to provide solutions to the particular needs of each group<sup>(3)</sup>.

Concerning adolescents, health education actions are crucial for the adoption of habits that can last throughout life and encourage the importance of self-care. This is because it is a phase characterized by transitions and several discoveries and transformations, and the appreciation of this stage is essential because it is a period when the individual is vulnerable<sup>(2)</sup>.

Although there are public policies in the Brazilian scenario that direct health promotion strategies, the importance of developing actions by the *Estratégia de Saúde da Família* (ESF)

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(Family Health Strategy) teamsthat consider the particularities and specificities of this population are highlighted. However, they are scarce, especially on the adherence of this public<sup>(4,5)</sup>.

In a study carried out in Rio Grande do Norte, Brazil, it was observed that the educational activity, in most cases, is performed by the nurse, which does not allow interaction between the different members of the health team, nor does it take to consider the adolescents' reality<sup>(6)</sup>. Moreover, the need to qualify professionals for the development of these actions was clear, as they showed difficulties in carrying out health education activities<sup>(7)</sup>.

Health Education, therefore, characterizes an important tool for building comprehensive integrality care for adolescents, but it has not been effectively implemented; when performed, it is still based on the traditional knowledge imposition model, which does not provide the subjects' autonomy<sup>(7)</sup>. The present study exemplifies an advance, as it aims to describe the potentials and limitations of the actions that nurses carry out with adolescents. Given this, comes up the question: how do nurses who work in the Family Health Strategy understand the health education actions directed at adolescents?

From this perspective, the present study aims to describe the perception of nurses working in Primary Care about health education actions directed at adolescents.

## METHODS

This is an exploratory, descriptive study with a qualitative approach. The research participants were nurses from a health district in the capital of Mato Grosso do Sul, working for at least two years at the ESF. This inclusion criterion sought to value the expertise of the coverage area and minimum experience time in the Primary Care field. In turn, those who were absent or away during the data collection period were excluded. Participants were included in the survey after signing the Informed Consent Form (ICF).

At the time of data collection, the selected health district had 33 nurses distributed in 13 *Unidades Básicas de Saúde* (UBS) (Basic Health Units) linked to the ESF, among which 15 were included in the survey. Among the non-

participating nurses, four of them were on a medical/maternity leave, six had worked for less than two years in the ESF, three did not participate in the interview due to work overload, and five were not found, as the *Unidade Básica de Saúde da Família* (UBSF) (Basic Family Health Unit) was under improvements.

Data collection took place in November 2017 through a semi-structured interview composed of two parts. The first was on the characterization of the participants, which included sex, training, and length of experience in the unit. The second had open questions about the professional's understanding of health education and the characteristics of the adolescents in the territory; referring to who was responsible for planning, carrying out and evaluating educational actions; what were the characteristics of the adolescents when planning educational activities; what educational strategies were considered to address them; and what are the difficulties and/or limitations found in working with adolescents. Examples of questions asked to guide the interviews: "What educational strategies have you used to approach the adolescents?"; "Comment on the daily difficulties and/or limitations that you meet when working with adolescents".

The interviews were previously scheduled according to the availability of the participants, in an environment that prevented external interference, being recorded in audio from a mobile device for later transcription. Then, they were transcribed in full and subjected to Minayo's thematic analysis, which consists of discovering the meaning nuclei of each speech whose presence or repeated frequency means something for the analytical object<sup>(8)</sup>. The data were ordered and organized so that it was possible to saturate the information and build and type the material for the transition between empirics and theoretical elaboration<sup>(9)</sup>.

The study was performed following Resolution CNS/MS nº466/12, and the project was approved by the Ethics Committee on Research with Human Beings of the Federal University of Mato Grosso do Sul, (opinion n. 2355425). To preserve the interviewees' identity, nurses were identified with the letter N followed by a number, according to the order in which the

interviews took place. For ex.: N1.

## RESULTS AND DISCUSSION

Of the 15 nurses who participated in the study, 14 were female and one male, with an average age of 37 years. Nine of them had attended *Stricto Sensu* graduate courses.

The nurses who work in Primary Care stated about the actions of "Health education and the adolescent public", highlighting mainly the transmission of health information, carried out through conversation circles and in the context of the Health at School Program; and about the "Difficulties in education actions directed at the adolescents", because for them the adolescents do not seek the unit, and the excessive demands of work prevent them from expanding actions aimed at this group. This context becomes a challenge for the ESF, which must promote the population's quality of life and intervene in the factors that put health at risk.

### Health Education and the adolescent public

When asked about health education actions, the participants highlighted their importance in disease prevention, quality of life and knowledge transfer:

I think education is this, it is to guide people to prevent the disease, right?(N1)

Health education is a means of promoting and improving the quality of the population's health. (N5)

Health education is a way for you to try to transfer some knowledge to the population or exchange knowledge with the population.(N15)

Health education [...]are activities that we carry out to[...] to guide, to educate, to share knowledge with a group of people (N16)

Participants consider health education to be a strategy for the transfer of knowledge that favors the guidance, direction and planning of health promotion and disease prevention actions. Moreover, they highlighted that these actions help to improve the quality of life of the subjects, which corroborates the results presented by a study carried out in Ceará, whose multidisciplinary team confirmed the relevance of health education. Concerning specifically the

role of the Primary Care nurse, the activities carried out are extremely important because they consider the specificities of the territory and the assigned population<sup>(2)</sup>.

It should be noted that understanding health education actions only as transferring of knowledge contributes to them being only informative and not formative, which limits the exchange of knowledge for the joint construction of good care actions<sup>(1,2)</sup>.

Health education actions should provide the autonomy of the participating subjects, especially the teenage public, helping young people to change their lifestyle through the detection of risky behaviors. Also, they can influence the active participation of the subjects concerning their own choices and encourage reflection, dialogue and the expression of affection, which will bring creativity and autonomy as a final product to face daily<sup>(2)</sup> and future problems.

Therefore, the need for permanent education actions with health professionals is stressed to enable daily reflection on the actions developed and favor their planning from new perspectives beyond the transmission of knowledge. It is also necessary to consider the possibility of participation and the involvement of adolescents in the planning and execution of actions, making them active agents in this process.

One of the aspects highlighted by professionals for planning health education actions aimed at the adolescent population is the detection of the school's role as a supporter for access to adolescents, the identification of themes by the school team, and the association of health promotion actions with the *Programa Saúde na Escola* (PSE) (Health at School Program).

[...]we have more access to them through the health at school, so before we visit the school to see what the needs are, meet with the team there, to see what they want to take to the adolescents, one of the things even requested this year was the violence issue, things like that [...].(N8)

This year we had a proposal for twelve themes to work on the PSE, then among those twelve themes we had to choose five that we thought would better match with the profile, with the needs of our adolescents, then we chose based on that.(N2)

[...] We do it at school, adolescents do not come to the Unit, so we go to school, survey them about what theme they want and what the school has already observed and what we also have on information from the health agent.(N5)

Adolescence is the transition period between childhood and adulthood, characterized by anatomical, physiological, psychological, and social transformations, in which the individual seeks adult identity. These changes cooperate so the adolescent becomes more vulnerable to risky behaviors<sup>(10,11)</sup>. In this sense, intersectoral public policies such as they make it possible to identify, *in loco*, the specific needs of this public. Thus, the PSE is a positive movement for addressing to the adolescent's health in schools, which brings together health and education professionals and directs them to a detailed look at the characteristics of this audience, and also leads them to think about educational actions to work with possible health problems recognized.

Furthermore, the PSE aims to provide the participation of the school community in programs and projects aimed at health and education, to address the vulnerabilities that compromise the development of children and adolescents<sup>(7,11)</sup>.

The participants also highlighted the need for the involvement of different team members in planning health education actions:

Planning is the responsibility of the teams, so it is discussed in the team meeting which strategy will be done, we carry it out and evaluate the result of the action on our own [...].(N5)

Planning and completion are for the team as a whole, it takes everyone: CHWs, Technician, everyone. The assessment is more for the nurse. Planning and Accomplishment is the whole team, the whole Unit, not just limited to the Family Health team, because here we have social workers, they also participate a lot and there is also the NASF, that we have support, they do a lot of things too [...]. (N8)

Regarding the participation of the team in the planning of care actions for the adolescent public, the need for continuing education of professionals is highlighted to enable comprehensive care for this public<sup>(2,10)</sup>. It is worth mentioning that, for the ESF, health education is the responsibility of all family health professionals. Thus, the actions of these

professionals must take place from an interdisciplinary perspective, that is, team members must work together, based on the principles of SUS, including educational actions<sup>(2)</sup>. Furthermore, involving other sectors of society, such as partnerships with schools, social assistance and institutions from the community, favor the development of actions and the strengthening of bonds with the adolescents.

To operationalize health education actions directed at the adolescent public, the interviewees use different resources and strategies, such as conversation circles, lectures, theaters, and other dynamics, as highlighted by the participants:

Conversation circles were held, lectures were given, but always with their participation and activities. A theater was also made, that the CHW sacted. (N8)

The Ministry of Health made a guidebook on Adolescent Health and also the SPE, that is Health and Prevention at School, so we follow the methodology that is there, there are circle, dynamics, conversation circles, there is even a part of the explanation on the subjects and discussion with the adolescents of the topics covered.(N5)

Educational strategies are methods used to achieve an objective, in which the end product is health promotion and the acknowledgment of users as subjects seeking autonomy<sup>(2)</sup>. In this sense, the teaching with educational practices in a playful and relaxed way enables effectiveness in the teaching/learning process in matters related to health, which enables communication and expression, discussion, and reflection among those involved. Games, for example, appear as a tool in educational actions in care and health promotion, as they can be considered an educational instrument capable of contributing to the development and construction of health knowledge, as well as several other playful methods that can be used, such as workshops, theaters and dynamics<sup>(12)</sup>.

Programs aimed at this population have a little ability to induce change, as it is necessary to expand the discussion on youth, to advance in dialogue, to understand young people in their social spaces as active subjects and meet their needs, besides the biological issue<sup>(13)</sup>. Thinking

about attractive strategies for this public is an assistance challenge, especially for the spaces that young people fill beyond the school environment.

Despite the limitations, public policies have advanced. The programs are still not enough to meet the demands, but the adolescents must be considered a social and rights subject, and his health-disease process understood beyond the condition of risks and vulnerability. The expanded concept of adolescence must be taken, which determines the individual as a reflective subject, a future social transformer<sup>(13)</sup>.

However, for this to become a reality, it is also necessary to approach these young people's context of life, their routine relationships and experiences, a factor that can be achieved through the performance of the ESF, combined with the qualification of health professionals for that are sensitized and awakened to a comprehensive and differentiated sight of the adolescent<sup>(12)</sup>.

### **Difficulties in health education actions aimed at adolescents**

Respondents pointed out that adolescents do not seek and do not use Health Units, especially regarding health promotion and disease prevention actions. They consider them a difficult public that does not see attractions in the units:

Adolescents are a more difficult public for you to show something attractive, even at the Unit, so I think the difficulty is this, for them to think that the Unit offers something useful for them, they don't want to know much about coming, you know?(N8)

I think the difficulty is bringing the adolescent into Family Health, because they don't really come, ok? [...]. (N13)

A study carried out in Ceará, with ESF professionals, on the use of adolescents in health services showed that this part of the population is inserted in the group of those who are less assisted. The bond and demand for the unit are based on the need for medication or dressings and a large percentage of professionals reported not carrying out educational health activities for this specific public<sup>(14)</sup>.

Thus, it is necessary reflections on the

operationalization of actions directed by existing public policies, to assist adolescents in an expanded and comprehensive perspective of care, not being restricted only to actions developed with the ESF. A strategy that can be implemented is to encourage the adolescent to get to know the Health Unit near their residence or school, so that they get information about the services offered, the professionals and their roles, and the objectives aimed at health promotion, prevention of disease and rehabilitation. The UBSF acknowledgment can occur through disclosure and a link created between the Unit and the school where this public<sup>(13)</sup> is concentrated.

Participants also reported that overwork in Primary Care influences the time for planning and carrying out educational actions with this public, and that the physical space of the Health Unit is inappropriate for the organization of the activities.

Here are two teams and the other nurse is on medical leave, then besides having to do all my work, I have to do hers, I have to do other things to be able to bring the adolescents, sometimes we have a lot of workloads, then we don't have time to do these things, you know? we even feel like it, but sometimes we can't because of the lack of time, because of a lot of workloads, you know?[...] (N9)

Lack of support from the service, of conditions, overwork in our working hours, in our routine [...] on a daily basis there is also no time for us to better serve all the spheres of life cycles, recommended for primary care, we would need to improve human and material resources a little.(N6)

The challenges and difficulties reported by professionals cannot be an obstacle to the development of actions with the adolescents, as they represent factors to be identified, analyzed and worked on, so that they serve as a diagnosis to effect changes<sup>(15)</sup>. Thus, actions can be carried out and elaborated according to the organization of the service and the school, and the availability of time, material, and physical space.

Finally, it is worth emphasizing the need of planning health education actions aimed at the adolescent population, considering activities already developed by the Family Health Strategy teams (for example, pre-existing groups and specific consultations), and considering the

different community resources that can serve as support<sup>(16)</sup>.

### FINAL CONSIDERATIONS

The study described the perception of nurses working in Primary Care about health education actions aimed at the adolescents, and points out the need for greater investment in such actions, of a permanent nature, for health professionals who work in health units, so that they can reflect and be instrumentalized for a practice aimed at the well-being of adolescents. Equally important, actions can be boosted when they are promoted in partnership with schools. It is recommended to organize the service and health education

actions to include the participation of the adolescents and other actors from the community.

As for the study's limitations, we highlight the fact that it was carried out only with nurses who make up the Family Health Strategies teams, failing to cover the professional team as a whole, which suggests the need for further studies.

The health education actions highlighted in this study, even if they are infrequent, refer to the need to promote discussions about the space of the adolescents and the effectiveness of actions aimed at this group in school environments and in health units, to ensure their effective participation and its full development.

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## EDUCAÇÃO EM SAÚDE E ADOLESCÊNCIA: DESAFIOS PARA ESTRATÉGIA SAÚDE DA FAMÍLIA

### RESUMO

**Objetivo:** descrever a percepção de enfermeiros que atuam na Atenção Básica sobre as ações de educação em saúde direcionadas aos adolescentes. **Método:** estudo descritivo exploratório, de abordagem qualitativa. Os dados foram coletados por meio de entrevistas semiestruturadas, áudio-gravadas no mês de novembro de 2017, com 15 enfermeiros atuantes em um distrito sanitário da capital de Mato Grosso do Sul. As entrevistas foram transcritas na íntegra e submetidas à análise temática de Minayo. **Resultados:** Na maioria das vezes, os enfermeiros realizam ações educativas de caráter informativo que não estimulam o autocuidado dos adolescentes com a sua saúde. Por vezes, o Programa Saúde na Escola é a referência para os profissionais na elaboração de estratégias de educação em saúde, especialmente pelas dificuldades decorrentes da baixa procura dos adolescentes pelos serviços de saúde e pela ausência de estratégias educativas para trabalhar com eles. **Conclusão:** Há necessidade de maiores investimentos em educação permanente, na implementação de políticas públicas existentes e em programas de intervenção que favoreçam o desenvolvimento de estratégias de incentivo para o autocuidado de adolescentes pelos profissionais da Atenção Básica.

**Palavras-chave:** Enfermagem. Adolescente. Atenção Primária à Saúde. Educação em Saúde.

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## EDUCACIÓN EN SALUD Y ADOLESCENCIA: DESAFÍOS PARA LA ESTRATEGIA SALUD DE LA FAMILIA

### RESUMEN

**Objetivo:** describir la percepción de enfermeros que actúan en la Atención Básica sobre las acciones de educación en salud dirigidas a los adolescentes. **Método:** estudio descriptivo exploratorio, de abordaje cualitativo. Los datos fueron recolectados por medio de entrevistas semiestructuradas, audio-grabadas en el mes de noviembre de 2017, con 15 enfermeros actuantes en un distrito sanitario de la capital de Mato Grosso do Sul-Brasil. Las entrevistas fueron transcritas en su totalidad sometidas al análisis temático de Minayo. **Resultados:** en la mayoría de las veces, los enfermeros realizan acciones educativas de carácter informativo que no fomentan el autocuidado de los adolescentes con su salud. Por veces, el Programa Saluden la Escuela es la referencia para los profesionales en la elaboración de estrategias de educación en salud, especialmente por las dificultades decurrentes de la disminución de la demanda de los adolescentes por los servicios de salud ya falta de estrategias educativas para trabajar con ellos. **Conclusión:** Son necesarias mayores inversiones en la educación permanente, en la implementación de políticas públicas existentes y en programas de intervención que favorezcan el desarrollo de estrategias de incentivo para el autocuidado de adolescentes por los profesionales de la Atención Básica.

**Palabras clave:** Enfermería. Adolescente. Atención Primaria de la salud. Educación en salud.

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