

THE VIEWS OF NURSES ON THE VULNERABILITY OF THE ADOLESCENTS IN A HEALTH DISTRICT*

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ABSTRACT: This exploratory research with a qualitative character, grounded in the Theory of Nursing Praxis Intervention in Collective Health, aims to identify the adolescents' vulnerabilities according to the view of nurses of a Health District. The data were collected using semistructured interviews held with 16 nurses in February – March 2014, these being analyzed through content analysis, using the webQDA software. Evidence was found for four categories and sixteen subcategories, with emphasis placed on the recognition of vulnerabilities among the adolescents. In the social construction, it is naturalized that boys and girls have different vulnerabilities in the territory. Therefore, for interventions, the training of the professionals and support from the management is necessary such that their needs may be met in interdepartmental actions. It is concluded that studies are necessary which discuss, in the light of gender, the process of determination of the adolescents' vulnerability, so as to instrumentalize intervention projects which lead to overcoming these vulnerabilities.

DESCRIPTORS: Adolescent; Health vulnerability; Nursing; Primary health care.

OS OLHARES DE ENFERMEIRAS SOBRE A VULNERABILIDADE DOS ADOLESCENTES EM UM DISTRITO SANITÁRIO

RESUMO: Pesquisa exploratória de caráter qualitativo, fundamentada na Teoria da Intervenção Prática da Enfermagem em Saúde Coletiva. Com objetivo de identificar as vulnerabilidades dos adolescentes segundo o olhar de enfermeiras de um Distrito Sanitário. Os dados foram coletados por meio de entrevistas semiestruturadas com dezesseis enfermeiras no período de fevereiro a março de 2014, sendo analisados por meio de análise de conteúdo, com apoio do *software* webQDA. Foram evidenciadas quatro categorias e dezesseis subcategorias, destacando-se o reconhecimento de vulnerabilidades nos adolescentes. Na construção social, naturaliza-se que meninos e meninas têm vulnerabilidades diferentes no território. Portanto, para intervenções, é necessária a capacitação dos profissionais e apoio da gestão para que, em ações intersetoriais, sejam atendidas suas necessidades. Conclui-se que são necessários estudos que discutam à luz de gênero o processo de determinação da vulnerabilidade dos adolescentes para instrumentalizar projetos de intervenção que levem à superação de tais vulnerabilidades.

DESCRIPTORIOS: Adolescente; Vulnerabilidade em saúde; Enfermagem; Atenção primária à saúde.

VISIÓN DE ENFERMERAS ACERCA DE LA VULNERABILIDAD DE LOS ADOLESCENTES EN UN DISTRITO SANITARIO

RESUMEN: Investigación exploratoria cualitativa, fundamentada en la Teoría de la Intervención Práctica de Enfermería en Salud Colectiva. El objetivo fue identificar las vulnerabilidades de los adolescentes bajo la visión de enfermeras de un Distrito Sanitario. Los datos fueron obtenidos por medio de entrevistas semiestructuradas con dieciséis enfermeras en el periodo de febrero a marzo de 2014, siendo estudiados por medio de análisis de contenido, con el *software* webQDA. Fueron evidenciadas cuatro categorías y dieciséis subcategorías, destacándose el reconocimiento de vulnerabilidades en los adolescentes. En la construcción social, se percibe que chicos y chicas presentan vulnerabilidades distintas en el territorio. Por lo tanto, para intervenciones, es necesaria la capacitación de los profesionales y apoyo de la gestión para que, en acciones intersectoriales, sus necesidades sean atendidas. Se concluye que son necesarios estudios para discutir a la luz de género el proceso de determinación de la vulnerabilidad de los adolescentes para dar herramientas a proyectos de intervención para la superación de tales vulnerabilidades.

DESCRIPTORIOS: Adolescente; Vulnerabilidad en salud; Enfermería; Atención primaria a la salud.

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INTRODUCTION

For the Statute of the Child and Adolescent (ECA), the period of transition from childhood to the adult age, known as adolescence, covers the age range from twelve to eighteen years old. For the World Health Organization (WHO), this phase is found between ten and nineteen years old. Regardless of the extent of the age range, it is considered that physiological transformations take place in this period in various organs and structures, varying from individual to individual, in relation to the beginning and speed of these changes⁽¹⁾.

The changes in the body must be considered based on the context in which the adolescent lives. It is in the uniqueness, determined by the structural and particular conditions (socioeconomic conditions, culture, religion, etc.) present in the social group, that the subjects' organisms will respond to a wide variety of stimuli, being transformed by, and transforming, their context throughout the history.

In this regard, the adolescent must be considered, by the departments which will undertake the actions for attending him or her, beyond the biological dimension. The same must be perceived in his or her uniqueness and understood based on his or her needs. It is necessary, therefore, to undertake horizontalized and participative work in which one aims to elaborate a life project for the individual based on his or her context, thus breaking with the model of actions which aim to normalize the bodies for an already idealized adulthood⁽²⁾.

In this perspective, it may be perceived that the ECA was an important legal source of authorization for the defense of rights in childhood and youth, through public policies, with priority attention and access guaranteed to health services and conditions, housing and food, holding the State, family and society as responsible for the comprehensive protection of children and adolescents⁽³⁾.

In the health sector, one can perceive the inexistence, difficulty and/or lack of interest in undertaking specific actions for this population group, as there are no public health policies related to adolescence. The health programs currently in place concentrate on reducing the epidemiological rates of illness in childhood and

in the adult phase, creating a gap in the monitoring of the development of the adolescent, causing this to seek the health services only at times of demand for the relief of signs and symptoms of illnesses or health problems - or pregnancy^(2,4).

In order to embrace this population segment, the health team needs to know the territory, the population which lives there, its values and culture, the history of occupation of the space, the individuals' expectations from life, and the epidemiological and demographic profiles, contexts which lead (or not) the individual to experience situations of susceptibility to illness or health problems, understood as vulnerability. Besides these processes, emphasis is placed on the importance of analyzing the biological characteristics and cultural and social influences, which seek equality between men and women, and the construction of social sex, understood as gender⁽⁵⁾.

In investigating the objective reality expressed through socioeconomic, political and cultural data, relationships of social class, gender and race/ethnicity, genetic factors, and family histories, among others, it will be possible for us to know what the vulnerabilities are to which the adolescents, registered in the areas of coverage of the places of treatment, are exposed. This capturing allows one to recognize the individuals' structural and specific context, as well as their specific characteristics. Thus, it would be possible to propose actions for promoting health and preventing health problems with generation-specific characteristics, which reverse the situations of vulnerability recognized.

Based on the reflections presented, the present article discusses the adolescents' vulnerabilities according to the views of nurses of a Health District in a municipality in the South of Brazil.

METHOD

This is exploratory research with a qualitative character, grounded in the Theory of Nursing Praxis Intervention in Collective Health (TIPESC)⁽⁶⁾, using the first two stages: capturing the Objective Reality (OR) and interpreting it, based on the three dimensions which make up the OR: the structural dimension (economic, social, political and ideological relationships which historically determine the articulation of the individual in

society); the private dimension (processes of social reproduction, which determine epidemiological profiles indicative of the health-illness process experienced by the individuals in different social classes); and the singular dimension (the individual expression of the health-illness process).

The study was undertaken in one of the nine Health Districts in the municipality of Curitiba, located in the north region. A total of sixteen nurses participated in the study, who worked in places as authorized by the Health District, which may have caused bias in the results obtained.

The following were defined as inclusion criteria: that the professionals should have been working in that role for a minimum of six months in that place and that they should have a link to the adolescents living in the health center's area of coverage. The decision was made to undertake the research with nurses as it was considered that these professionals are present in different actions of the health team, as well as routinely coordinating various actions undertaken by the local team. Upon accepting to participate in the study, those invited signed the Terms of Free and Informed Consent (TFIC).

In order to undertake the study, the ethical and legal aspects were respected as regulated by Resolution 466/12 of the National Health Council. The study was approved by the Ethics Committee of the Federal University of Paraná (UFPR), under number CAAE 21853313.4.0000.0102, on 10/12/2013, its viability having been analyzed by the Ethics Committee of the Municipal Health Board of the Municipal Prefecture of Curitiba, and subsequently being cleared by the Health District.

The data were collected in the period 14th February – 20th March 2014, through individual semistructured interviews, whose scripts were made up of two parts. In the first, information was collected for characterization of the participants and in the second, the theme and the object defined for the study were explored, requiring the professional to speak about the vulnerabilities identified by her among the adolescents who lived in the territory under her responsibility, as well as to describe the activities, in the health service, which aimed to attend these individuals; finally, she was requested to indicate the difficulties and easier aspects which the professionals found in undertaking the activities

which she described. The interviews were recorded, with the participants' permission, transferred to the computer, and subsequently transcribed word for word by the researcher in a Word file. The identification of the participants occurred sequentially, with the letter E followed by an Arabic numeral: E1 to E16.

In the characterization of the study participants, according to age declared, there was variation in the age range of more than 20 years in the group, with the greatest concentration in the age range from 36 to 45 years old (eight interviews). After, six professionals stated that they were aged over 46 years old, and there were two ages between 25 and 35 years old. In relation to the period of training, 10 nurses stated that they had concluded their undergraduate course more than eleven years previously, and six interviewees had qualified between five and ten years previously.

The data analysis was based in Content Analysis (CA), through thematic content analysis, which made it possible to identify and go beyond the common knowledge and the subjectivity in the interpretation of the data obtained, and, furthermore, to critically decipher the interviews, so as to evidence the nuclei of meaning which had meaning for the issue and the study object⁽⁷⁾.

In order to recognize the empirical categories, the WebQDA qualitative research support tool software was used. The categories were constructed through this. The use of this tool allowed a thorough view on the material selected, which allowed a qualification of the process of categorization of the empirical material and, consequently, of the results of the study⁽⁸⁾.

Four categories and sixteen subcategories emerged from the analysis: 1) recognition of vulnerability among adolescents - with the subcategories: misinformation as a vulnerability, gender as a vulnerability, health problems as a vulnerability, stressing processes (poor housing conditions, unemployment, lack of food, violence, neglect) in the routine of the territory as a vulnerability, and violence as a vulnerability; 2) intervention for adolescents in vulnerability, with the subcategories: interdepartmentality, multiprofessional team, model of care in primary care, activities and actions undertaken by professionals of the multiprofessional team with the adolescents, the nurse's activities and actions with the adolescents, activities and actions

recognized and not undertaken; 3) potentials for acting with the adolescents in vulnerability, and in the subcategories: potentialities found in the multi-professional team, potentialities found in the territory, and potentialities found in the service and 4) weak points for acting with adolescents in vulnerability, with the subcategories: weak points in the territory and weak points in the health services.

This article addresses the first category – recognition of vulnerability in the adolescents – and its subcategories, cited above.

RESULTS

The Health District is in a region which is considered the most populous of the city, with a population of 248,698 habitantes. Of these, approximately 16% are adolescents. The Department of Education in the regional territory has twenty-five public primary schools, which have enrolled approximately 75% of the population estimated as aged between six and 10 years old. For the remaining 25% of this estimated population, there was no access to the data which would have made it possible to ascertain their enrollment situation in any of the sector's facilities.

Still in relation to the situation of enrollment of adolescents, it was ascertained that in a further three municipal schools present in the territory, which attend children aged between eleven and fourteen years old, which corresponded to 9.74% of this population group. The remainder, 90.26% of this population segment, could be inserted in state schools. It could also be enrolled in schools in neighboring areas or in neighboring municipalities, as this territory borders three municipalities of the metropolitan region. Other possibilities would be that these adolescents could be enrolled in private schools, in which case the data would not be available in public sites; it may even be the case that these individuals are not in school.

In relation to housing, the study scenario is the region which has the highest number of buildings constructed unofficially in the municipality - and in these habitations one finds families which are characterized as living in extreme poverty. Regarding income, approximately 50% of the population lives with between one and three

minimum salaries. In the characterization of the economic activities, the data demonstrated that these are undertaken in the three main sectors: business, services and industry.

In relation to the presence of facilities from the sector of sport, leisure and culture, the records presented few places, taking into account the significant population density found.

Regarding morbidity and mortality from external causes (violence and accidents), 24% of the victims are from the population aged between fifteen and twenty-four years old. In relation to homicides, the majority occurred in the areas in which housing was built without permission, and was motivated by the drugs trade, by the use and abuse of drugs, or in disputes over sales points and areas where the drugs are used.

The category of recognition of vulnerability in the adolescents is presented, with the first subcategory defined as: misinformation as vulnerability. Indicated by four interviewees, they considered the adolescent's misinformation and lack of interest in attending the health center as vulnerability. They mentioned that not knowing, or not seeking information on questions related to health, as well as not seeking information on prevention of harm to health, is a process which places the adolescents in vulnerability.

[...] Few of them attend the center. Nowadays, they're concerned with other things. (E9)

[...] Information on pregnancy, unwanted pregnancy. (E13)

The second subcategory, termed gender as vulnerability, emerged in twelve of the sixteen accounts, and was the most cited. The decision was made to use the word gender and not sex, as the discourse presented accounts in which the experience of early sexuality and, consequently, pregnancy in adolescence were viewed as problems which were naturalized in the territory investigated as being a problem only for females. For the male adolescents, on the other hand, the problems were mentioned as nonuse of condoms, the use of licit and illicit drugs, and becoming involved in the drugs trade in the community, with its consequent reduction in life expectancy. In the professionals' accounts, it was indicated

that the service is expected to intervene so as to mitigate the process, which is already historical and social in that territory, referent to pregnancy in adolescence, understood as vulnerability, naturalized for men and women.

[...] The question of the girls who end up having sexual relations very early, and getting pregnant [...] What we notice most is the early pregnancy and the boys beginning selling drugs very early [...]. (E2)

[...] As a result of this, there is the access to drugs, and the pregnant girls are very young [...]. (E4)

The third subcategory, health problems as vulnerability, appears in three interviews as sexually transmitted diseases (STD) among the adolescents, considered a vulnerability.

[...] They themselves say that they are users of the STD clinic [...] adolescents who have STDs [...]. (E12)

[...] Mainly the issues of sexually transmitted diseases [...]. (E13)

The fourth subcategory refers to the processes of stressing processes in the routine of the territory as vulnerability. In the accounts of eight interviewees, they identified stressing processes (such as lack of resources) related to the routine of the population of the territory studied. The accounts were directed, in particular, to the lack of schools and vocational courses in the area of coverage, and also, that the facilities of the educational sector installed in the territory do not offer activities outside school hours for the students enrolled, which they considered important in order for the adolescents to withdraw from the violent routine of the community. Other stressing processes emphasized were related to the families' low purchasing power, and to the houses' poor conditions; to the poor quality of the personal hygiene and of the housing, to the lack of places in which one can undertake leisure activities, and to the drug trade activities in the territory, present in the routine of the adolescents and their families.

[...] It is a very poor region [...] Really, the adolescents are kind of hostages of this situation, because here, there isn't a school which they need in order to complete their senior high school education. [...] They have to go either to the neighboring area, or to the municipality [the bordering territory] and these are two situations of risk which they run [...] They end up not studying [...] And they get into this situation where they're not studying, and in a very vulnerable situation [...] lacking any direction in life they also end up getting into selling drugs [...]. (E2)

[...] They don't have a school [...] They only go up to the fifth year [in this region's school] and after that there are no more schools for them, neither any vocational training, there is nothing for them, so, there are only the schools [...] [of the neighboring municipality] which are further away, and most of them don't have the conditions to go to these schools. (E4)

The fifth subcategory emerged as violence as vulnerability. For five interviewees, the violence in the territory, the family and in the institution for protection of minors is considered vulnerability. This is aggravated by the absence of activities from other sectors for the group. One of the participants emphasized that the sexual act, even when consented to, is considered rape – that is, violence – when the adolescents are aged below 14 years old. In the accounts, the involvement of the parents in the drugs trade was also identified as violence, as this ends by having, as a consequence, the involvement of the sons in the drugs business, as well as the occurrence of prostitution and the sexual abuse of minors.

[...] It leaves the adolescent very vulnerable, not just the boys, but the girls too, for the same reason – there not being a school [...] This space would avoid them falling into this world of violence [...]. (E2)

[...] here, we have as many areas of drug addiction as of prostitution [...]. (E7)

DISCUSSION

The recognition of vulnerability among the adolescents, according to the interviewees, is related to the presence of signs and symptoms of

phenomena installed: pregnancy, the use of licit and illicit drugs, and STDs.

Differing from the understanding presented in the participants' discourses, academics mention that the vulnerability – of the individual or of the collective – occurs according to the living conditions, which are constructed historically and socially. It is through these conditions, which are the concrete expression of the actions defined through public policies, that the individuals may or may not be exposed to lack of resources and of protection in their routine, understanding that the proposals for confronting these processes must establish interdepartmental interventions so as to overcome or transform conditions which aggravate the subjects' vulnerability in a specific society⁽⁹⁻¹⁰⁾.

In the discourses analyzed, behaviors and interests which are appropriate to the phase of adolescence were identified as vulnerability, with emphasis placed upon misinformation as vulnerability. The interviewees mentioned that lack of knowledge on specific questions related to life, as well as to the health-illness process, are configured as individual vulnerability, and furthermore, that this lack of knowledge may, or may not, place the adolescent in situations which make it more likely that he or she will acquire illnesses or health problems, as well as not adopt preventive measures in his or her day-to-day.

The information related to health promotion or prevention of illness has been emphasized as the responsibility of the professionals of the health sector in different regulations for the organization of the services. In the actions recommended, there is discussion regarding the importance of promoting the link between the professional of the local service with the adolescents, allowing them to have the former as a reference in order to seek guidance, clarify their concerns in relation to the changes happening in their own bodies, personal projects, and choices to be made in their routine⁽¹¹⁾.

The health professionals mentioned having contact with adolescents in the health services, although they emphasized the lack of specific training, as this group presents health needs which are different to the other groups attended. They mentioned the importance of instrumentalizing the attendance to this population in the absence of specific services for attending adolescents and

young people, which may contribute to driving them away from the sector's services⁽¹²⁾.

The adolescents present health problems which are specific to the period which they are living through, participation and the articulation of health with other sectors of society in the area covered by the health center being important. In the discourses, the existence of other sectors in the territory studied was evidenced, such as: education, social work and facilities of organized social movements, which should be articulated for the development of actions with the adolescents of the territory⁽¹³⁾.

The interviewees point to pregnancy and drug addiction as vulnerability for the adolescent, linking pregnancy as a stressing process exclusive to the female sex, and drug addiction as a specific characteristic of the male sex. Thus, these phenomena were classified as a process related to gender, as they are phenomena which are repeated in the territories over time in the communities. The health professionals and the inhabitants alike expect girls to get pregnant and, consequently, suffer from the processes which arise from this situation. They also expect boys to become involved in the drugs trade and in the subsequent actions of violence. Hence, the constitution of the male and female subjects is historically and socially determined, shaping the objective reality of the health-illness process experienced.

Added to the reflection on pregnancy in adolescence, it is emphasized that in order to understand this phenomenon, it is necessary to consider the social context in which it occurs, and also to ascertain the consequences of this in the life of the adolescent and his or her family. The study provided visibility to the lack of discussion on fatherhood in adolescence, an aspect which would make it possible to explore the phenomenon in another dimension, going beyond the understanding that pregnancy in this – and any – age range is a female problem. A different focus from that reported would allow the male adolescents to prepare for a safe and responsible sexual life, with them being included in facing responsible fatherhood⁽¹⁴⁾.

One study on drug addiction and violence undertaken in the same territory shows that male youths suffer social pressure to demonstrate competitiveness and aggression, characteristics

recognized as frameworks of masculinity⁽¹⁵⁾. The most common behaviors are the abusive use of alcohol, sexual relationships without protection, and violence.

In relation to health problems as vulnerability, the participants allude to unprotected sexual relations and their relationship to the sexually-transmitted diseases. They also mention that drug addiction and violence can worsen this form of vulnerability. The interviewees indicated that adolescence is a time of discovery of sexuality and of hormonal changes which lead to early, and even alienated, initiation of sexual activity.

The discourses did not evidence preventive interventions, but, rather, curative actions for reversing already-consolidated situations. It falls to the health professionals to have a channel of communication open with adolescents; without prejudice, with the objective of reducing the adolescent's tensions, providing clarifications, and giving advice regarding treatments and referrals available⁽¹³⁾.

Preventive actions must be undertaken in conjunction with parents and/or guardians, as the absence of these in the school and family environment, for various reasons, exposes adolescents to various vulnerabilities, which arise from the dynamics of life in which the young become susceptible to social relationships on the Internet, drug addiction, early sexual initiation and other social vulnerabilities⁽¹⁶⁾.

The context discussed above reveals the stressing processes in the routine of the territory as vulnerability. For the interviewees, these processes are related to the absence of schools and protective activities which could strengthen citizenship in the territory, exposing this population segment to weaknesses.

Research demonstrates that the presence of social projects involving sports and other physical practices has contributed to the increase of the social bond and the socialization of the adolescent in the community, which was mentioned, by the interviewees, as a process which would minimize the vulnerability to which the adolescent is subjected, protecting him or her from situations of violence during the period in which he or she is not in school⁽¹⁷⁾.

The adolescents perceive the vulnerability to which they are exposed, in particular by the

lack of infrastructure, safety, recreation and the poor housing conditions, understanding that this exposure can entail health problems. This perception of the young people caused discussions to emerge in public health regarding actions which reduce some health problems arising from these living conditions⁽¹⁸⁾.

Inter-relating the subcategories described above, there is one more subcategory: violence as vulnerability. Violence, in its various forms (sexual, psychological, physical and neglect) is considered a public health problem, related to the use and abuse of, and dependence on, drugs among young people and adolescents, to deaths associated with external causes, and to infections related to HIV⁽¹³⁾.

Articles 13 and 245 of the ECA make health and education professionals responsible regarding the notification of suspected or confirmed cases of violence, as well as, in Curitiba, referral to the Municipal Network for the Protection of the Child and Adolescent. One must remember that in 2009, Law 12.015/09 was promulgated, which changed the Penal Code in relation to sexual crimes; any sexual act with minors below 14 years old constitutes rape of the vulnerable, even if asserted to be consensual⁽¹⁹⁾.

CONCLUSION

The study indicates the importance of encouraging the training of the health teams, as well as of the teams from the other public sectors, for undertaking actions which attend adolescents in their needs. For this, public policies are necessary for interdepartmental actions, as one sector in isolation cannot resolve all of the demands presented by this population segment.

For the actions to be effective, the teams of the local services must know the population of the area of coverage in which they work, as well as the stressing processes and processes of protection which determine the health-illness process of those who live there. In recognizing these, the teams will be able to propose interventions which change the determination of the vulnerabilities found in the population, work with the information in conjunction with the public managers and the organized social movements in order to exchange knowledge, articulate conditions and resources

which allow the necessary interventions, and demand healthcare which meets the needs of the population segments in their specific characteristics.

Finally, the analyses presented here allow one to state that it is necessary to explore and deepen the discussion on the social determination of the health-illness process of adolescents in the light of the category of gender, a finding of the present study which leads to further reflections.

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