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ADOLESCENT HEALTH: THE ROLE OF THE NURSING PROFESSIONAL IN ADOLESCENT HEALTH CARE

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ABSTRACT

To point out the main activities performed by nurses through health care programs. An integrative literature review was performed in the Virtual Health Library (VHL), based on studies between 2008 and 2013 that used the descriptors: Adolescence; Primary Health Care; Adolescent Health. Through the analysis of the selected studies, two themes were selected that synthesized the production studied: health care to the adolescent and its biopsychosocial impact; and the role of nurses in adolescent health. In view of all the above, it was observed that nurses are the fundamental professionals for the promotion of adolescent health, in which the importance of their performance in Primary Care is also highlighted, since they perceive themselves as professionals with a more incisive attitude in the areas of education, health promotion and socio-educational activities. It is noted that there is still an approximation of the part of adolescents to seek a professional and report their problems or feel at ease in a health establishment.

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INTRODUCTION

According to the World Health Organization, adolescence comprises the age group between the ages of ten and twenty and is a critical stage in the process of human growth and development, marked by numerous transformations related to the physical, psychic and social aspects of the individual (LORENÇO, 2010). In this way the nurse becomes an essential health professional in the process of educator for health, acts in order to prepare the individual for self-care and not for dependence, and is therefore a facilitator in decision making (MENEZES). Adolescence is an intermediate stage of human development, between childhood and adulthood. This period is marked by various bodily transformations, hormonal and even behavioral. It is not possible to define exactly the beginning and end of adolescence (it varies from person to person), but in most individuals, it occurs between 10 and 20 years of age defined by the World Health Organization (WHO). It is a complex of changes in the body, mind, behavior,

dynamics from the physical and emotional point of view in the life of the human being. It is during this period that there are several changes in the body that directly affect the evolution of the personality and the personal performance of society. There is much concern about this step, especially with its behavioral and adaptive aspects (RIBEIRO, 2010). The stages of adolescence are: Somatic General Growth of the body as a whole, external dimensions (except head and neck), muscle and bone tissue, blood volume, organs of respiratory, circulatory and digestive organs, kidney and spleen. This type of growth can be represented by the weight and height curve, which present a general appearance of an S, with two periods of higher velocity (zero to two years and at the time of puberty). Neural Growth: Brain, cerebellum and related structures, ocular apparatus, cephalic perimeter. This type is characterized by an intense speed in the first two years of life. Growth Lymphoid: Thymus, lymph nodes, tonsils, adenoids, intestinal lymphoid follicles. The maximum development of lymphoid structures occurs between eight and ten years of age.

Genital Growth: Testicles, ovaries, epididymis, seminal vesicles, prostate, uterus and attachments. These structures remain quiescent during the first eight years to ten years of age, and then present an accelerated growth, within the physical transformations that correspond to puberty (MOREIRA, 2011). The nursing professional's role in adolescent health care due to the vulnerability of adolescents to the various changes that occurred during this important process in the life of every individual, so that the nurse becomes essential in the educational practices to the adolescent about the book of the adolescent. The health education action carried out by health professionals goes directly to the guidelines carried out by the Adolescent Book, which is incorporated into the work routine of Primary Care professionals, especially the nurse practitioner, since it is a great ally to promote the comprehensive care advocated for Adolescent Health. Becoming a great facilitator for the nursing professional in the implantation of socio-educational measures having to the existence of services that were already qualified for the reception and the integral care to the adolescent, besides the existence of educational materials that had been produced by the Health Sector of the Child and Adolescent. Thus, actions aimed at working on the theme of the Adolescent Health Booklet will enable the increase and improvement of its use, to adolescents more based on self-care with their health, to a closer approximation of adolescents with services and with health professionals and a healthier life. Nursing professionals play an essential role in the development of adolescent health education through the Statute of the Child and Adolescent and Adolescent Health Program. With the general objective of presenting the role of the nursing professional in adolescent health care through the Adolescent Health Program and the specific ones: to understand the importance of the nursing professional in the development of actions aimed at adolescent health; List the main activities performed by nurses through primary health care programs;

MATERIALS AND METHODS

The present work deals with a descriptive bibliographic study, which will be developed based on already organized material, which are made up especially of books and scientific articles. In order to do so, Gil (2007) emphasizes that the research of the bibliographical type has as main benefit by its choice, to allow the researcher to carry out an analysis of several authors on a certain subject or even a fact, which also allows to have a broad vision than you could research directly. As a bibliographical study of the literature review, it was carried out by means of the survey of material published in the electronic databases Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Library The area for the preparation of this paper will be the bibliographic review. The research was carried out from September 2017 to June 2018. The study covered work that were published between the period of 2005 until the referent year of termination of the study June 2018 which are available in Portuguese language. The following descriptors were used: adolescent health, the role of the nursing professional, adolescent health care.

RESULTS AND DISCUSSION

The importance of the nursing professional in the development of actions aimed at adolescent health. Adolescence is an

essential component of the human condition. It is a confusing phase, of contradictions, where the person finds himself in the search of his identity and self-esteem. In 1989, the Ministry of Health officialized the Adolescent Health Program (PROSAD), in order to standardize health actions aimed at the 10-19 age group (HIGARASHI *et al.*, 2013). In 1999, the Adolescent and Youth Health Area (ASAJ) was created, comprising people between the ages of 10 and 24, in order to create programs and projects of the Ministry of Health that encompass adolescents and youth in an integrated national policy recognition of practices directed at adolescent health. However, there were failures due to the disarticulation of governmental initiatives (SILVA *et al.*, 2016). The use of the multiprofessional and interdisciplinary approach in work for adolescents is one of the most appropriate forms of intervention, corresponding to the individual and collective demands of this public, considering the different aspects that interact in the daily life and in the context in which they are inserted (BRAZIL, 2010). During this phase of life one can understand intense fluctuations in mood and mood, change in the parents' dependence on the group, the need to intellectualize and fantasize, religious crises, the discovery of sexuality, among others. Such modifications in conjunction with relevant experiences may contribute to the vulnerability of adolescents (SILVA *et al.*, 2016).

Therefore, the need for a multiprofessional team in which the Nursing professional, especially the Nurse, occupies place of articulator and can provide a change in the health-individual relation in this age group in comparison to the one of the child, in that the former ceases to be a professional-responsible relationship and becomes a professional-adolescent relationship. The nurse must provide assistance to the adolescent health, promoting the work together with the families and the communities, acting as educator in its diverse needs (BRAZIL, 2010). The Nursing professional should have as guideline the responsibility for the monitoring of health conditions in a holistic way, respecting the individual, the principles and guidelines of the SUS. It is worth noting that the role of the Nursing professional in the practice of adolescent supervision is to create a bond with this age group, accepting a reflection, discussion and clarification of their doubts. HIGARASHI *et al.*, 2013). Participatory groups focused on the issue of sexuality and access to information can reduce these risks because they are spaces of self-knowledge and values-building, not just information transfer. Different strategies used to qualify primary care include home visits, individual care, group activities for adolescents, youth and family, educational and health promotion actions, youth participation and intersectoral activities (BRASIL, 2010). Despite efforts to improve the quality of care offered to adolescents in primary care, the actions developed by nurses are still fragmented, starting with a one-dimensional view of health, disregarding the non-organic causes of problems that threaten adolescents. It is important that the nursing team embrace the care of the adolescent, with the practice of actions related to existing programs or the creation and search for new strategies that will improve care, valuing individual and collective characteristics (SILVA *et al.*, 2016).

Main activities performed by nurses through primary health care programs

Primary health care is known as the gateway for users in health systems. It's the initial care. The purpose is to guide disease

prevention, resolve potential cases and target the most serious to higher levels of care in complexity. In this way, basic attention works as a filter capable of organizing the flow of services in health networks, from the simplest to the most complex (COIMBRA *et al.*, 2011). In Brazil, there are different government programs related to basic care, one of them being the Family Health Strategy (ESF), which takes multidisciplinary services to the communities through the Basic Health Units (BHUs), for example. Consultations, exams, vaccines, radiographs and other procedures are made available to users in the UBSs (ALVARENGA *et al.*, 2012). Primary care also involves other initiatives, such as: the Street Offices Teams, which serve street people; the Better at Home Program, home care; the Smiling Brazil Oral Health Program; the Program of Community Health Agents (PACS), which seeks alternatives to improve the health conditions of their communities (COIMBRA *et al.*, 2011). Nowadays, it is observed that the nurse professional has established his role in the community also as a health promoter. Thus, it has been acquiring greater social strength because it has gained in a way, greater visibility for the work that has been doing in the territory (HIGARASHI *et al.*, 2013). Among the attributions of the professional nurse, it can be observed that it is a professional that has several attributions related to the promotion of health. Among them, we can mention the important role that this professional assumes as an educator, not only in the organization of health education groups, but also when visiting home or even during nursing consultations or performing procedures technical (COIMBRA *et al.*, 2011). The nurse has advanced in the control of its activities foreseen in both the Professional Exercise Regulation and the Ministry of Health. Activities of planning, organization, execution and evaluation of actions, nursing consultation, physical examination, nursing diagnosis and prescription are effectively attributions that the nurse has been assuming in the ESF (HIGARASHI *et al.*, 2013). This professional, with years of experience in ESF, has been rediscovering its role, creating and reinventing how to act through nursing in public health, both in the care and in the promotion of people's health, thus the main activities developed by the Nurse through the programs of primary health care are:

- Nursing consultation for children's health (child care);
- Adolescent health;
- Women's health (prenatal, cytopathological collection, health education in pregnant groups);

Familiar Family planning program;

- Adult health;
- Nursing procedures;
- Vaccination;
- Nursing consultation, home visit, chronic groups (DM and SAH), health education activities in schools, neighborhood associations, and religious spaces;
- Meetings with the team, supervision of Community Health Agents (ACS) (ALVARENGA *et al.*, 2012).

Thus, in primary care, in relation to adolescent care, the main programs related to adolescent health were highlighted. The Adolescent Health Program (PROSAD), created in 1989, is based on health promotion policy, identifying risk groups for the early detection of diseases and rehabilitation, complying with the guidelines of the Unified Health System. The sexes,

from 10 to 19 years of age, prioritizing as growth and development, sexuality, oral health, mental health, reproductive health, adolescent school health and accident prevention (HIGARASHI *et al.*, 2013). The Health in School Program (PSE), created by Decree 6,286 of December 5, 2007, contributes to the unconditional education of students through actions to promote health, disease prevention and health problems to address vulnerabilities which jeopardize the full development of children and young people in the public school system. (ALVARENGA *et al.*, 2012).

Main difficulties in the development of educational practices by nurses, adolescents

Acting in the Family Health Strategy (ESF) and developing skills related to adolescent health, in the expectation of health promotion, establishes a challenge for the nurse, as providing assistance to the adolescent, who is in the process of biopsychosocial transformation, and taking into account the needs and singularities of this group, requires a process of growth and acquisition of new knowledge (Andrade, Holland and Bezerra, 2014). The nurse judges the service to the adolescents an arduous work, because, often it does not know how to deal with the situation and they attribute to the adolescent himself the obstacle in the care. It is understood, therefore, that primary care constitutes an important space for action, in which nurses can work by stimulating the potential of the adolescent through the exercise of health promotion, aiming to make them capable of caring for their health (HENRIQUES *et al.*, 2010). Satisfactory communication between nurse and adolescent is necessary, since the way in which men express themselves is of great importance in the process of understanding. Therefore, communication is a fundamental element in the relationship between the professional and the adolescent (TÔRRES *et al.*, 2012).

For the adolescent acceptance in the health area, it is important to allow him to be listened to and that can expose his ideas, feelings and experiences, being respected and valued. Another issue to be highlighted is that the relationship between the professional and the adolescent is permeated by conflicts and questions. Because it is a subject in transformation, its attendance is difficult (SANTOS *et al.*, 2012). The changes suffered by adolescents are intense. They constitute a heterogeneous group with individual characteristics, not covered by the technical criteria. Adolescence is, therefore, a phase of important biological and mental transformations, articulated to the resizing of social roles, such as changes in the relationship with the family and choice of life project. It is perceived how much this phase should be valued, constituting in a period of great vulnerability and exposure to risk factors (HENRIQUES *et al.*, 2010). These authors also explain that the interaction between the professional and the adolescent is based on the creation of bonds, establishing relations of trust based on the relation of exchange and respect, established with the dialogue. For this, one must be understanding, ready to listen to their needs without discrimination (SANTOS *et al.*, 2012). The adolescents' search for the basic health care service is centered only on the disease, through medical and dental consultations, appointment of exams and delivery of medication. This is in contrast to the model of care organization proposed by the Family Health Strategy (ESF), which shows a new way of working health, with the family as the center of attention and not only the sick individual (TÔRRES *et al.*, 2012).

The absence of specific actions to promote adolescent health in primary care also contributes to the culturally imposed condition of going to the service search only when establishing a pathological framework, strengthening and hegemonizing the current biomedical model (ANDRADE *et al.*, 2014). Adolescents, in general, do not seek clarification and / or assistance in the family health team, or the family is not really prepared to provide quality services. It is appropriate to ensure strategies of sexual and reproductive education, mental health, accident prevention, family relationships and maltreatment, aimed at health promotion and prevention of diseases with a higher risk of occurrence in this age group. It can be seen that the access of adolescents to the health service still needs to be facilitated, considering the need to discuss the issues that permeate this phase of life, lacking, in the investigated context, the link with the team and more specific actions for this group (VIEIRA, *et al.*, 2011).

Population access to health services is essential for efficient health care

The FHT, in its daily practice, presents difficulties that impede an adequate health care. One of the factors contributing to this situation is the difficulty of accessing some population groups to these services. The lack of preparation of health services in relation to adolescent care practices, in order to attend to their peculiarities and complexities, lacking appropriate spaces and supports in the field of health orientation, protection and recovery (ANDRADE *et al.*, 2014). Several difficulties are presented by the ESF teams, with priority being given to structuring basic care, discontinuities in the implementation of intersectoral actions and health promotion, as well as those related to institutional support and the profile of some professionals. These impasses are pointed out by nurses as factors that limit autonomy, interfering in the work process (SANTOS *et al.*, 2012).

Importance of health programs in nurses' assistance to adolescent health care

Adolescence is a period of change between childhood and adulthood. It means growing up to maturity and it is considered the psychological, social and maturational process initiated by pubertal changes. Somatic growth and development of psychomotor skills intensify and hormones act intensely leading to relevant changes in form and expression, such as biological, psychosocial, cognitive, moral, and even spiritual changes (SILVA *et al.*, 2016). The complexity of adolescent behavior and the limitations in determining if some patterns of behavior are normal or pathological led to the creation, by Mauricio Knobel, of the so-called "normal adolescence syndrome." Among the characteristic changes identified in this syndrome are: the search for the identity of the adult being and of himself; need to fantasize and grow intellectually; progressive separation of parents; tendency to live in groups; contradictions in manifestations of conduct quickly and alternately; religious crises with a tendency to adopt religion other than family; (SANTOS *et al.*). In adolescence, changes in the emotional aspect are relevant to the development of factors such as self-esteem and self-criticism, and in turn, these characteristics influence adolescents' decisions about their health. In this phase, the individual interacts with the world around him more independently, but with fewer responsibilities than adults and finds himself in a situation where he can no longer act as a

child, but does not have total autonomy over his life. In this impasse, adolescents end up adopting attitudes of risk to their health and physical integrity (ANDRADE *et al.*, 2014). This group of individuals is considered vulnerable to social problems due to the way they deal with the development of biopsychosocial factors. Adolescents express a sense of immortality and show no concern for the future consequences of their actions toward health, or any other aspect of their lives. Therefore, they adopt attitudes such as the use of licit and illicit drugs and the maintenance of unprotected sexual activity and with multiple partners increasing their exposure to infectious and other diseases (ALVARENGA *et al.*, 2012). Despite the high risk of exposure to some diseases, the increasing occurrence of precocious pregnancy and the existence of governmental programs aimed at the health of these individuals, adolescents do not seek the health service to be guided on preventive health care. This behavior is associated, among other reasons, with the susceptibility to negative pressure of their peers, feelings of invulnerability, immortality and difficulties in associating current risk behaviors with future consequences. In addition, cultural and peer influences, history of disciplinary punishments, family, media and the school environment itself may influence the adoption of individual risk behavior (SILVA *et al.*, 2016). Due to the vulnerability and inappropriate behavior of indifference to their health status, adolescents are increasingly exposed to infectious diseases and often disregard the guidance of health professionals to update the vaccination card, use contraceptive methods and not use of licit and illicit drugs, among others (HIGARASHI *et al.*, 2013). Because of these factors, the Adolescent Health Program (PROSAD) was created in 1989, so that adolescents can have guaranteed access to basic care, and this attention should be focused on their specific needs. They should be treated as actors in the health process and professionals should seek joints between the youth and the service so that they feel part of the process and that the actions address their needs. By welcoming and guaranteeing access, it is possible to promote an approximation of adolescents with regard to service and workers (ALVARENGA *et al.*, 2012).

Final considerations

In view of all the above work, it was observed that nurses are the fundamental professionals for the promotion of adolescent health, in which the importance of their performance in Primary Care is highlighted, once they perceive themselves as professionals with a more incisive attitude in the areas education, health promotion and socio-educational activities. It is noted that there is still an approximation of the part of adolescents to seek a professional and report their problems or feel at ease in a health establishment. It is important for health managers and institutions to act together to establish strategies that can attract adolescents to health services, as well as inform them about the various aspects necessary for health maintenance. It should be emphasized that professionals, especially the FHS, are fundamental in this process, since once inserted in the community of these patients are able to make the approximation between the adolescent and the health service. In order for adolescents to feel the desire to seek health care at times when they do not need treatment for the disease, it is necessary for them to feel welcomed as a member and active in the process. Therefore, it is believed that it is important for the training of health professionals to perform this type of care in the most appropriate way and to implement and expand specific programs for this age group. Given this,

success was achieved in the research, where all the proposed objectives were achieved. It was very beneficial and had a very satisfactory return for me as well as academic as well as future health professional and thus with the more in-depth experience in the study on adolescent health that is an area that requires a lot of preparation and dedication to perform a care Of Quality

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