



YOUNG PEOPLE'S PERCEPTION ABOUT HEALTH AND QUALITY OF LIFE

Percepção de jovens e adolescentes sobre saúde e qualidade de vida

Percepción de jóvenes y adolescentes sobre salud y calidad de vida

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ABSTRACT

Objective: To know the perception that young people and adolescents have about health and quality of life. **Methods:** This is a qualitative study composed of ten adolescents and young people, aged 15 to 24 years, participating in a Catholic religious group developed in 2018, in a county of Orós, Ceará, Brazil. Data were obtained through semi-structured interviews using a recording application. The interviews were analyzed through the content analysis technique, emerging the thematic categories: Health perception and quality of life; Interests and contacts with topics related to health and quality of life; Health programs for adolescents and young people; Use of the Saúde da Família Strategy by adolescents and young people. **Results:** The interviewees had difficulty in conceptualizing health and quality of life, but approached an understanding that involved feeding, physical aspects, and well-being. Adolescents and young people reported the direct search for information on the subject, even if they were not discussed at home or were in a limited way in school. The understanding of health promotion refers to basic care however; there is no recognition of specific health programs for this public. **Conclusion:** Health and quality of life can be understood by adolescents and young people as something positive and dynamic, and broad and diverse perceptions on the subject are captured. Thus, it suggests that this subject be more debated in the family, school, and Primary Health Care.

Descriptors: Adolescent Health; Quality of Life; Public Health; Young Adult; Health Education.

RESUMO

Objetivo: Conhecer a percepção que jovens e adolescentes têm sobre saúde e qualidade de vida. **Métodos:** Trata-se de um estudo qualitativo, desenvolvido em 2018, em um distrito de Orós, Ceará, Brasil, composto por dez adolescentes e jovens, de 15 a 24 anos de idade, participantes de um grupo religioso católico. Os dados foram obtidos por meio de entrevista semiestruturada utilizando um aplicativo de gravação. Analisaram-se as entrevistas pela técnica de análise de conteúdo, emergindo as categorias temáticas: Percepção de saúde e qualidade de vida; Interesses e contatos com temas relacionados à saúde e qualidade de vida; Programas de saúde para adolescentes e jovens; Uso da Estratégia Saúde da Família (ESF) pelos adolescentes e jovens. **Resultados:** Os entrevistados possuíam dificuldade em conceituar saúde e qualidade de vida, mas abordaram um entendimento que envolvia alimentação, aspectos físicos e bem-estar. Os adolescentes e os jovens relataram a busca direta de informações sobre a temática, mesmo que não fossem discutidos no domicílio ou o fossem de forma limitada na escola. O entendimento sobre a promoção de saúde é referente aos cuidados básicos, contudo não há reconhecimento de programas de saúde específicos para esse público. **Conclusão:** A saúde e a qualidade de vida podem ser entendidas pelos adolescentes e jovens como algo positivo e dinâmico, sendo capturadas percepções amplas e diversificadas sobre a temática. Dessa forma, sugere-se que esse assunto seja mais debatido na família, na escola e na Atenção Primária à Saúde.

Descritores: Saúde do Adolescente; Qualidade de Vida; Saúde Pública; Adulto Jovem; Educação em Saúde.

RESUMEN

Objetivo: Conocer la percepción de jóvenes y adolescentes sobre salud y calidad de vida. **Métodos:** Se trata de un estudio cualitativo desarrollado en 2018 en un distrito de Orós, Ceará, Brasil con diez adolescentes y jóvenes entre 15 y 24 años de edad



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de un grupo de religión católica. Se obtuvieron los datos a través de una entrevista semiestructurada utilizando un aplicativo de grabación. Se analizaron las entrevistas por la técnica de análisis de contenido de las cuales emergieron las siguientes categorías temáticas: Percepción de salud y calidad de vida; Intereses y contactos con temas relacionados con la salud y la calidad de vida; Programas de salud para adolescentes y jóvenes; Uso de la Estrategia Salud de la Familia (ESF) por adolescentes y jóvenes. **Resultados:** Los entrevistados tenían dificultad de conceptualizar la salud y la calidad de vida pero relataron un entendimiento que incluyera la alimentación, los aspectos físicos y el bienestar. Los adolescentes y los jóvenes relataron la búsqueda directa de informaciones sobre el tema aunque no fuera hablado en sus casas o lo era de manera limitada en la escuela. El entendimiento sobre la promoción de la salud se refiere a los cuidados básicos, in embargo, no hay reconocimiento de programas de salud específicos para ese público. **Conclusión:** La salud y la calidad de vida pueden ser comprendidas por los adolescentes y jóvenes como algo positivo y dinámico con percepciones amplias y diversificadas sobre la temática. De esa manera, sugiérase que se hable más del tema en la familia, la escuela y en la Atención Primaria de Salud.

Descriptores: Salud del Adolescente; Calidad de Vida; Salud Pública; Adulto Joven; Educación en Salud.

INTRODUCTION

The health of the Brazilian population and also the right to health can be considered historical phenomena due to great struggles and impasses for the implementation of the Unified Health System (SUS). Thus, the National Health Council, at the VIII National Health Conference, conceptualizes “health” as a broader term, which includes both objective and subjective factors, thus depending on one’s vision for identifying their well-being and your quality of life. Factors corresponding to the concept of health include income, work, leisure, housing, transportation, freedom, access to health services, education, food, employment, environment, housing, and land tenure⁽¹⁾.

The concept of quality of life, presented by the World Health Organization Quality of Life (WHOQoL- Group), translates into the knowledge that the subject has of his position in life within the context of his culture and the value system where he lives and in relation to its objectives, perspectives, patterns, and seizure⁽²⁾. It appears that this definition approaches the concept of transverse mode health. According to the Federal Constitution of 1988 (art.196), “health is the right of all and the duty of the state, guaranteed by social and economic policies aimed at reducing the risk of disease and other injury and universal and equal access to the action and service for your promotion, protection, and recovery”⁽³⁾.

There are several ways to promote health and quality of life, and based on their respective concepts, the National Health Promotion Policy conceives them jointly or individually⁽⁴⁾. As a public good, health is built on the networks of relationships that act to improve and create public policies in Brazil, placing the interests of the population as priorities. And so, health promotion constantly faces tensions in its defense and guarantee, since it consists of several strategies and aims to meet the needs of the population, ensuring the improvement of quality of life⁽⁵⁾.

Thus, adolescent and youth health has become a target of research and a priority in the creation of health programs in several countries⁽⁶⁾. The National Health Promotion Policy aims to promote quality of life and reduce vulnerability and health risks related to its determinants and conditions, addressed from the perspective of the adolescent population⁽⁷⁾. However, Brazilian national programs still need to have greater coverage of the adolescent and young population to obtain positive results in health care and quality of life of this population group⁽⁶⁾.

The adolescence period comprises the age group between 10 and 19 years, but youth extends from 15 to 24 years. This age group can be further subdivided, identifying young adolescents from 15 to 19 years old and young adults from 20 to 24 years old. In the conceptual approach of adolescence, criteria such as biological, psychological and social should also be considered, as adolescence is the stage of life between childhood and adulthood, delimited by a complex process of biopsychosocial growth and development⁽⁸⁾.

The process of transformation inherent in one’s own life and which occurs in adolescence and youth are basically physiological and anatomical changes, related to puberty and the integration of sexual maturation into a personal model of behavior, which often implies changes, ideas, and directions, which can have good or bad consequences. As for the physical and psychic aspects, the adolescent undergoes a transformation that occurs in his body and mind, regardless of his will⁽⁹⁾.

In this context, adolescent and youth health is a theme that should be part of the intersectoral attention of health professionals, as it is a different stage of the life cycle, in which behavioral changes occur that, can generate internal, physical conflicts, psychosocial and emotional. Adolescents and young people have their aspects of communication,

behavior, and needs, constituting a group with very specific differences of study in the medical, scientific and social community. Therefore, the support of health education is essential to support the individual to face adverse conditions^(10,11). It is noteworthy that health production for adolescents and youth does not happen without strong intersectoral links that interconnect with the health sector and with the participation and cooperation of other sectors and the community itself, especially young people and their families, once the expanded health needs of this population permeate the actions of the health sector⁽¹²⁾.

To protect and ensure the rights of adolescents and children, at the end of the 1980s, the Adolescent Health Program (PROSAD)⁽¹²⁾, whose norms sought their rights, and the Statute of the Child and the Teenager (ECA)^(13,14) were instituted. PROSAD's target audience is all Brazilian teenagers. The program highlights the need to consider the characteristics of different local realities. The ideas expressed in the program norms theoretically recognize adolescence as a socially constructed phenomenon⁽¹⁴⁾.

It is also important to reflect on the morbidity and causes of hospitalization among young people, as it is common to refer to this population as the one who is least ill or seeks health services. However, data on hospitalizations in this age group correspond to approximately 11% of total hospital admissions in Brazil, especially due to pregnancy and external causes. Besides, statistics on deaths from violence, drug use, sexually transmitted infections (STIs), homelessness and unplanned pregnancies increase. The actions that are part of the attention given to this phase of life require qualified care, paying attention to the specific needs and vulnerabilities that this group presents. The illness of young people concerns mainly the areas of health and education and should seek, in a joint effort, to develop projects aimed at providing adolescents with a healthy transition from childhood to adulthood⁽¹⁵⁾.

According to art. 19 of Law No. 12,852 of August 5, 2013, which establishes the Youth Statute and provides for young rights, principles and guidelines of young public policies and the National Youth System - SINAJUVE, the young have the right to health and quality of life, considering its specificities in the dimension of prevention, promotion, protection and recovery of health⁽⁹⁾.

Taking into account that the phases of adolescence and youth are affected by these various factors, intervening directly in health and quality of life, it is relevant to promote research with this audience, as they may contribute to a deeper understanding of their situation, to strengthen actions that can improve the situation that covers this population.

Given this context, it is questioned if young people and adolescents are aware of the health and quality of life.

Thus, the objective of this study was to know the perception that young people and adolescents have about health and quality of life.

METHODS

This is a qualitative study, developed in a district that is part of the municipality of Orós, Ceará, Brazil, during the month of February 2018. For this study, qualitative research was chosen because it is a subjective method based mainly on human perception and understanding⁽¹⁶⁾.

The study included adolescents and young people from a religious group from a Catholic church. First, a formal meeting was held to present the research and recruitment of adolescents and young people who would be willing to participate. After the presentation, at another time, the interviewer went to the young people and adolescents' homes, at which time everyone was invited and willing to take part in the research. Home interviews were conducted to minimize participants' embarrassment. The group of adolescents and young people consisted of 14 individuals. The criteria to participate were: adolescents and young people of both sexes, who were part of that group and who lived in the city of Orós. Those members who did not live in the municipality did not participate; because such religious groups are spontaneously composed of young Catholics from all over Brazil who are sometimes visiting the community. Thus, three did not enter the research because they were not from the municipality, and one did not agree to participate in the research due to time limitation, totaling a sample of ten participants.

It is understood that the formation of these participants is heterogeneous as to demographic and socioeconomic characteristics, allowing representativeness of different scenarios. It was preferable to select a group, as it allows easy access to members, simplifying the research steps, such as an invitation to participate and data collection. The small number allowed for qualitative research makes it possible to approach smaller clusters, so that theoretical saturation closure is operationally defined as the suspension of inclusion of new participants when the data obtained present, in the researcher's evaluation, some redundancy or repetition⁽¹⁷⁾. Thus, the sample closure occurred with the ten participants.

Data collection occurred through semi-structured interviews⁽¹⁸⁾, considered an ideal strategy in qualitative research. In this, a script is prepared previously containing the basic questions related to the theme. Thus, this strategy was adopted because it allows flexibility of response to the participants during the interview, who were naturally socializing with the researcher, allowing a greater relationship with the topic of interest.

The interviews took place in a harmonious climate, at the place of residence where the adolescent/young person felt most comfortable to be interviewed. The first part of the interview consisted of identifying participants (age, marital status, education, family income, own/rented house, work, leisure, general health, and functional capacity). In the second stage of the interview, each adolescent / young person answered eight questions, which had as guiding question the knowledge about health and quality of life, about perception, search for information and places of discussion of their daily lives. Also, it was questioned the understanding about health programs aimed at young people and their frequency in the Family Health Strategy.

The document recordings were transcribed in Microsoft Word 2013, giving reliability and faithfully revealing the interviewees' statements.

The speech content analysis was performed⁽¹⁶⁾, which consisted of five steps: pre-analysis, coding, and categorization, treatment of results, inference and interpretation. Initially, a "floating" reading was performed, and the material was organized to be analyzed along with questions. Soon after, the coding and detection of categories that had the same meaning within the content found was performed. The analysis focused on the recognition of the corresponding categories and lines, all of which are highlighted in italics in quotation marks. In the interpretation, a synthesis was built with authors who presented ideas related to the context of the categories addressed.

Thus, four categories emerged: Health perception and quality of life; Interests and contacts with topics related to health and quality of life; Health programs for adolescents and young people; Use of the Family Health Strategy (FHS) by adolescents and young people.

The study complied with the formal requirements contained in the national and international regulatory standards for research involving human subjects and was approved by the Research Ethics Committee of the Faculty of Juazeiro do Norte, under Opinion No. 2444608.

The participants' answers were recorded after the consent form was signed by the participants, and the underage adolescents signed the informed consent form (TALE) and their guardians, the consent form. To ensure the anonymity of the participants, the speech fragments were identified by the letter J, which corresponds to the initial of the word youth, followed by numerical ordering (J 01, ... J 10).

RESULTS AND DISCUSSION

Through the objective of knowing the perception that adolescents and young people have about health and quality of life, structured topics were elaborated to better understand the reader about the presentation of results.

In the first topic, we present the identification data of the study participants. In the second, in the light of the theoretical framework, the thematic categories that emerged from the study are exposed and discussed.

Identification data of study participants

The adolescents and young people were between 15 and 24 years old, seven of them being adults. Regarding marital status, all were single. Schooling ranged from high school (four participants); technical level (one participant) and higher level (five participants). Of all, only four were in paid work and all respondents lived with their parents at home. Regarding leisure, eight answered that they practiced some type of activity or sport. According to overall health, eight believe they are physically healthy, none of them physically disabled.

Health perception and quality of life

In this category, the respondents, when asked what it is to have health and quality of life, reported the following statements:

"Quality of life, I think, I think it's ... It has to do with ... kind of it's part both have the same meaning. I think it is having to live well with the people around you, treating people well, is following your life well, eating, doing what is good, doing good things." (J01)

"That's when a person has a better quality of life, right? Usually, she'll have to, will have more resources to take care of her health, she will have a better diet, that's it." (J02)

"It is, I believe, that it is the physical and mental well-being of each individual." (J08)

The first category is directly linked to the perception that adolescents and young people have about health and quality of life. In a general analysis, it can be seen that there was some difficulty for respondents to distinguish what is to have health and quality of life because, for them, both terms are similar or the same thing, and are directly linked.

In the speeches mentioned above, the interviewees had different answers but still having some similarity. In the interpretation of J01 speech concerning what is to have health and quality of life, it was possible to note that social life was the first thing he reported and may be one of the most important factors according to his perception. For J02, it is to have a better diet. In the interpretation of J08 speech, he believes that it is the physical and mental well-being of each individual.

In a study in which the objective was to evaluate the quality of life of students, it can be concluded that the quality of life was present in most respondents. However, it is important to reflect that this is a young population that routinely faces transformative processes, both physical and social⁽¹⁹⁾.

Regarding food as relevant to health, adolescents are aware about food and know about the problems that low-quality food causes, but adolescence itself influences bad eating habits due to the beginning of a greater social engagement⁽²⁰⁾.

An analysis on the perception of adolescents' healthy eating practices in a school in the interior of Pernambuco, Northeastern Brazil, found that although students knew about healthy eating, this did not mean that they put them into practice. This is possibly due to factors that interfere with your dietary choices, such as social relationships⁽²¹⁾.

Health-related quality of life can be influenced by several parameters that concern the overall well-being and young people and adolescents' well-being. In a study⁽²²⁾ that aimed to evaluate the perception of parents and caregivers regarding the impact of malocclusion on oral health-related quality of life (HRQOL) of adolescents, it was concluded that parents or caregivers perceived a negative impact of HRQOL in adolescents, due to orofacial problem. The more severe the malocclusion the adolescent presented, the more adverse and negative was the impact that this condition had on the adolescent's quality of life, confirming the speech of J08 of the present study, which reports the physical well-being in their perception regarding this category.

It was revealed in a systematic literature review⁽²³⁾ that the health and quality of life of adolescents over the past three years are present in research conducted in America and Europe, and most assess the quality of life in adolescents with some disease. Showing, thus, that the promotion of the health of young people is not being investigated in its breadth, as it should, and that the care with this public becomes present only when there is a grievance present:

"I have it, right, because, as I said, I seek my health; because I have a place reserved for me, people who care about me, so I think so." (J04)

"I think so, like, from taking, checking up every six months, I have good health, and like a good quality of life, in the matter of, like, I have a good diet, a balanced diet, and not being sedentary, I think good health because of that." (J05)

"No, I have done several tests, I have several diseases, gastritis, and my diet directly influences it because it is to spend six months on a diet, I usually do not do this. I believe I don't have good health." (J08)

According to the results of this category, the interviewees have a reductionist perception of their health and quality of life, making the perception important for the understanding of the environment in which they live and how they live.

Although J08 was not positive in the response, it shows the awareness that one should have about one's actions, and that habits influence health and quality of life when reporting that they do not follow the medical guidelines that correspond to the treatment of their pathology.

In the speeches in this second category, J05 and J08 mentioned that food influences good health and quality of life. Young people believe that encouraging the family to eat is of great importance, as the family and, especially, the mother acts directly in the preparation, purchase, and control of food choices⁽¹⁹⁾.

The health of adolescents and young people is not a very relevant topic in the fields of study, because, according to the World Health Organization, the adolescent population is considered healthy even suffering from different types of diseases. In general, health problems during adolescence are linked to whom they live with, food, physical inactivity, social life, among other aspects, which can be prevented with correct guidance. The adolescent public carries these prejudices because, also, their majority has overcome the main causes of childhood illness and death⁽²⁴⁾. However, being the adolescent/ young population considered vulnerable in various social and health contexts, professionals

can assist in the construction of strategies for the promotion of family and community life among adolescents. And for that to happen, collective policies and actions are needed to help reduce risks and improve their living and health conditions⁽²⁵⁾.

In a cross-sectional study (26), with 807 adolescents from public and private schools, aiming to evaluate the perception of health-related quality of life (HRQoL) of school adolescents, it was concluded that the older the adolescents and the lower the possession of children presented lower values of health and quality of life in almost all parameters.

For a good development, the adolescent and the young person need a balance between psychological and social and environmental aspects, associating also the physical conditions, not being based solely on the guarantee of survival or in the care of problems called organic⁽²⁷⁾.

Interests and contacts with topics related to health and quality of life

When asked about their interests or any contact related to topics such as health and quality of life, the young people and adolescents responded as follows:

“Yes, very important, television show, it’s hard for me to watch. But I always like to read on the internet, I always like, I search, I keep looking for these things, I really like this area of health, so I try to be on the internet, I really don’t like to be watching television. These things, no.” (J02)

“No, in my educational institution, It was only approached health issues in terms of food, bulimia, anorexia. But the diet part, to have a good quality of life, was not well addressed. And in my house, the menu type is more addressed to know what is best for us.” (J05)

“No, neither at home nor at the institution. Usually, in the institution there are more, [but] because my course is not based on health, we don’t see much.” (J09)

According to what was observed in the interviews above, it is possible to perceive the interest of the interviewees and the contact that young people and adolescents have with issues related to health and quality of life. Even though some people do not have contact with this type of subject at home, somehow try to find out about these important topics.

In the three statements reported, young people indicate their interests and contacts with topics related to health and quality of life in their home, educational institution or other places they attend, or if they are in any kind of program.

Most young people are believed to spend most of their day in educational institutions. Since childhood, they have contact with these educational places, thus the importance of using these environments as strategic points to convey information about health and quality of life. The various methods of education can awaken in young people the interest in activities that are beyond their daily life and that are capable of raising the sensation of accomplishment and pleasure. Health education is an act of great importance in the lives of young people and adolescents, as it has preventive, social and educational action⁽²⁸⁾.

In a study with female adolescents from a foster home there is a report that the use of educational workshops was paramount for their development, as it allowed the active participation of young women and enabled reflections on health and well-being, concluding that the participants presented a positive perception according to the parameters of the instrument used⁽²⁹⁾. The determinants that make up the life of the human being: social; cultural; political and economic; population’s health and living conditions; should be considered when conducting educational activities with young people⁽³⁰⁾.

Young people and adolescent health programs

In this category, individuals when asked about some type of health program aimed at adolescents and young people in the district where they live, and if they influence in any way in their life, interviewed people answered:

“Let’s say, yes, in school, it’s not, where you have a classmate who studies with me, and I believe that people who study in the same school as me do. Now no more, have had, program, I think it’s Health at school, where they seek to accomplish something, say, is, seeks to interact in your life, which I have not said, try to find something to interfere in your life, whether good, be bad.” (J 04)

“No, I do not know any program and it does not influence not having.” (J08)

“There is no program, there are no.” (J 10)

As demonstrated in the speeches selected above, participants were unaware of young people and adolescent health programs in the district where they live, although a minority has already heard of such programs. Thus, it can be seen that these programs are not part of the lives of young people and adolescents in the locality investigated because they all went through the same schools and the same primary care network.

There is a need to discuss with young people and adolescents the existence of support networks aimed directly at them, highlighting the importance of continuous monitoring by the health/education area. The support networks for young people and adolescents act in social and intellectual development, supporting group living between young people and their families, as it is part of their daily lives⁽³¹⁾.

The Health in Schools Program (PES), established by Presidential Decree No. 6,286 in 2007, is an example of the intersectoral policy of the Ministries of Health and Education. This program aims to improve the quality of life of all population segments that attend the public school system, assessing the health conditions of the school population, promoting healthy practices and disease prevention, even the continuing training of educators and professionals of the health, and monitoring of program actions⁽³²⁾.

A cross-sectional study concluded that knowledge and access to programs for the adolescent / young population are deficient, neither the school nor the municipality where the research was conducted is providing the expected care for adolescents. This study also pointed to the need for the implementation of sexuality education programs in schools where students are teenagers and their offer for health services⁽³³⁾.

Educational workshops enable young people to reflect on the well-being, attitudes, behaviors, and routines that influence health and quality of life. The use of these pedagogical instruments is a way of intervening and interacting with the public at the moment of health education⁽³⁴⁾.

Use of the Family Health Strategy (FHS) by young people and adolescents

In this category, the interviewees, when faced with the question about the use of the FHS in the district where they live, were very succinct, quick and direct. At the end of the question related to this theme the respondents answered with the following statements:

"It is very difficult for me to attend. Sometimes we just go for some routine exams, don't we? Besides that, there's no reason to go there ." (J01)

"So it is rarer for me to go, but occasionally, more rarely, I will. But when I go like this, it's more the basics, the flu, the dentist, that stuff." (J06)

"Hardly, I go. I think I'm in good health and I won't." (J10)

According to the young people and adolescents interviewed, their use of the FHS is only for basic care such as vaccination, influenza, and dental surgeon visits. It can be seen that the frequency with which they participate in the FHS is very low, and can be answered by the lack of better monitoring and the lack of more specific programs that address broader care for the public of this age group.

Regarding health care, it is necessary that the adolescent/young people participate in the Primary Health Care services and that they may have expectations about the professional and his care, as this will increase the access and care of health and health quality of life of young people, consolidating the integral attention to this age group⁽³⁵⁾. The periodic organization of activities and actions aimed at young people is fundamental, and it is the responsibility of a multi-professional team to fill these gaps in health care and quality of life of young people and adolescents⁽³⁶⁾.

It appears that adolescents and young people have not been met in their health needs. For adolescents and young people to have access to health care and promotion services, a prior organization is required. We highlight some indispensable points for young participation in the FHS: the physical structure of the place; permanent education of the multidisciplinary and professional team; adequate equipment for the user public, obeying the reality of each service, as well as the needs of the young/adolescent population⁽³⁶⁾.

The process of adolescence and youth has several weaknesses, and thus cannot follow only a single basic line, without the joining of other approach services for young people and adolescents. This age group, identified by its complexities, needs public and care policies that address the various frameworks needed for proper health promotion⁽³⁷⁾.

Thus, the results of the present study suggest the need for further research in this area, to contribute to the implementation of current public policies, such as the National Health Promotion Policy⁽⁷⁾ associated with the Comprehensive Attention to Adolescent and Young Health⁽¹²⁾, contributing to collective health.

The limitations of the current study refer to the availability of young people and adolescents for data collection, as the dynamic life, work and studies restricted the available times for the interviews. However, the obstacles were overcome after several attempts and trips to their homes. One of the contact strategies was the use of social networking applications. The study can also be applied to other areas that adolescents attend, such as schools and Primary Health Care.

FINAL CONSIDERATIONS

Health and quality of life could be understood by young people and adolescents as something positive and dynamic, and broad and diverse perceptions on the subject were captured. However, there is a need for further studies on the quality of health care among young people attending primary care.

Improving adolescent and young people adherence to health care should be the focus of public policy. Strategies should consider health education as a priority during adolescent and young people follow-up, as it is observed that it is not an age group that has priority in family health teams.

CONFLICTS OF INTEREST

The authors of this paper state that there are no conflicts of interest of any kind to be declared.

CONTRIBUTIONS

Uenia da Silva Brito contributed to the elaboration and design of the study; data acquisition, analysis and interpretation; and the writing of the manuscript. **Elida Mara Braga Rocha** contributed to the elaboration and design of the study; and writing and / or revision of the manuscript.

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