



USE OF ADOLESCENT HEALTH CARE: PERCEPTION OF PROFESSIONALS

Utilização da caderneta de saúde do adolescente: percepção de profissionais

Utilización de la libreta de salud del adolescente: percepción de profesionales

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ABSTRACT

Objective: To analyze the perception of professionals about the use of the Caderneta de Saúde do Adolescente (CSA). **Methods:** A descriptive study with a qualitative approach was carried out in 2018 in the city of Caicó, Rio Grande do Norte, Brazil, in which 17 professionals participated, including 12 members of the health team and five multi-professional residents in Basic Care of the *Estratégia de Saúde da Família* (ESF). Data were collected with a semi-structured interview containing data on the characterization of the professionals and a guiding question about the professionals' perception of the CSA. The application of the content analysis methodology resulted in the identification of two thematic categories: Conceptions of professionals about the Caderneta de Saúde do Adolescente; Difficulties of professionals regarding the use of the Caderneta de Saúde do Adolescente. **Results:** The main difficulties of using the CSA were the lack of professional qualification, the resistance of the parents/guardians who judged the immature children to receive the information about the subjects addressed and the absence of the adolescents in the ESF. **Conclusion:** The study provided reflections on professional practice, improvements in access to care and registration of health care for the adolescent public.

Descriptors: Primary Health Care; Adolescent Health; Health Services Research.

RESUMO

Objetivo: Analisar a percepção de profissionais acerca da utilização da Caderneta de Saúde do Adolescente (CSA). **Métodos:** Estudo descritivo, com abordagem qualitativa, realizado em 2018, na cidade de Caicó, Rio Grande do Norte, Brasil, do qual participaram 17 profissionais, sendo 12 membros da equipe de saúde e cinco residentes multiprofissionais em Atenção Básica de uma Estratégia de Saúde da Família (ESF). Coletaram-se os dados com entrevista semiestruturada contendo dados sobre caracterização dos profissionais e uma questão norteadora sobre a percepção dos profissionais acerca da CSA. A aplicação da metodologia da análise de conteúdo resultou na identificação de duas categorias temáticas: Concepções dos profissionais acerca da Caderneta de Saúde do Adolescente; Dificuldades dos profissionais acerca da utilização da Caderneta de Saúde do Adolescente. **Resultados:** Observou-se como principais dificuldades de uso da CSA a falta de capacitação profissional, a resistência dos pais/responsáveis que julgam os filhos imaturos para receberem as informações sobre os temas abordados e, ainda, a ausência dos adolescentes na ESF. **Conclusão:** O estudo proporcionou reflexões sobre a prática profissional, melhorias no acesso ao atendimento e o registro dos cuidados à saúde do público adolescente.

Descritores: Atenção Primária à Saúde; Saúde do Adolescente; Pesquisa sobre Serviços de Saúde.

RESUMEN

Objetivo: Analizar la percepción de profesionales sobre la utilización de la Libreta de Salud del Adolescente (LSA). **Métodos:** Estudio descriptivo y de abordaje cualitativo realizado en 2018 en la ciudad de Caicó, Rio Grande do Norte, Brasil, en el cual



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participaron 17 profesionales (12 miembros del equipo de salud y cinco residentes multiprofesionales de la Atención Básica de una Estrategia de Salud de la Familia – ESF). Se recogieron los datos a través de entrevista semiestructurada con datos sobre la caracterización de los profesionales y una cuestión orientadora sobre la percepción de los profesionales acerca de la LSA. La aplicación de la metodología del análisis de contenido ha resultado en la identificación de dos categorías temáticas: Concepciones de los profesionales sobre la Libreta de Salud del Adolescente; Dificultades de los profesionales sobre la utilización de la Libreta de Salud del Adolescente. **Resultados:** Se observó como las principales dificultades del uso de la LSA la falta de capacitación profesional, la resistencia de los padres/responsables que juzgan sus hijos inmaduros para recibir las informaciones sobre los temas abordados y, aún, la ausencia de los adolescentes en la ESF. **Conclusión:** El estudio ha proporcionado reflexiones de la práctica profesional, las mejoras para el acceso a la atención y el registro de los cuidados de salud del público adolescente.

Descriptor: Atención Primaria de Salud; Salud del Adolescente; Investigación sobre Servicios de Salud.

INTRODUCTION

Adolescence is understood as an evolutionary stage of the individual's life, in which physical, psychological and social changes occur, and defined in the field of public health as the age group from 10 to 19 years old⁽¹⁾.

The process of adolescence involves several factors and, therefore, is the target of various actions and programs aimed at health promotion⁽²⁾. As this is a transition phase between childhood and adulthood, marked by the complexity of attitudes and behaviors that can have future consequences for life, adolescence and youth are favorable periods for health interventions, of promotion and integration of practices in disease prevention⁽²⁾.

In the Brazilian scenario, most of the health problems that affect this segment of the population are directly related to preventable diseases, resulting from variable vulnerabilities that include increased consumption of alcohol and other drugs, homicides and sexually transmitted diseases^(1,3).

Adolescents and young people are part of a poor group of health services and concentrate risks and threats that are characteristic of this phase of life, so they have become the focus of programmatic actions and public policies aimed at quality of life and reduction of the main vulnerabilities, Primary Health Care (PHC) is considered the appropriate means for this purpose^(4,5).

PHC, the main gateway to the health system currently made possible by the Family Health Strategy (FHS) and reorganizing health services with new foundations and criteria, has the potential to direct social and collective interventions, addressing and problematizing specific needs of the adolescent public from the perspective of health promotion, prevention and recovery⁽⁶⁾.

To support the performance of individual and collective activities, as well as the monitoring of these users by the teams in the Basic Health Units, the Ministry of Health launched, in 2009, the Adolescent Health Booklet (CSA), which gathers information about body changes, diet, and disease prevention, oral, sexual and reproductive health. This instrument, besides serving as an educational resource, includes registration spaces, such as the odontogram, vaccination schedule, and evaluation of puberty, growth, and body mass index (BMI) for health professionals to record care actions⁽⁵⁾.

Studies show the fragility of practices and the deficiency in adolescent health care within PHC, which, except the School Health Program (PSE), has few actions promoted to meet the needs of this public, usually marked by the lack of ties, centered on the disease and with little use and appreciation of CSA by professionals and users⁽⁷⁻⁹⁾.

The PSE, aimed at children, adolescents, youth and adults of the Brazilian public school, aims to provide health promotion actions implemented by the PHC teams, considering the evaluation of health conditions (clinical and psychosocial), disease prevention and health, continuing education and training of health education professionals for health promotion and integral education through intersectoral actions⁽¹⁰⁾.

The use of CSA is an important tool to increase adolescents' access to health services and promote interaction between this population group and professionals, constituting a technology for health promotion⁽¹¹⁾. As the responsibility for handling it is not attributed to a single professional category but must belong to the service, and everyone needs to be followed up within their competence, it is questioned: What is the perception of professionals about the use of the Adolescent Health Booklet (CSA)?

In this sense, the present study aimed to analyze the perception of professionals about the use of the Adolescent Health Booklet (CSA).

METHODS

This is a descriptive study with a qualitative approach. The qualitative research chosen in this study fits the objectives, because it seeks the amplitude of the phenomenon, worrying about its socio-cultural dimension, which is expressed through beliefs, values, opinions, representations, forms of relationship, symbologies, uses, customs, behaviors, and practices⁽¹²⁾.

The research included an ESF unit located in the urban area of Caicó, Rio Grande do Norte, Brazil. Participants were 12 professionals who make up the unit's team and five multi-professional residents in Primary Care, totaling 17 participants who were part of the study because they were: health team professionals and work in the basic unit, as well as being residents who provide care to users in the programs offered by the FHS. The professionals who were on vacation, leave and away from their work activities during the data collection period did not participate. Only a nursing technician refused to participate.

The residents' participation was necessary because they were inserted in the service, providing care and directly assisting users, including educational and collective actions. Thus, by disregarding the care provided by these professionals, opportunities to use CSA would be lost in the follow-up of adolescents, performed inside and outside the FHS.

Data collection took place between May and November 2018. Data were collected through semi-structured interviews. This type of interview adapts to this qualitative study, as it allows the combination of open and closed questions so that the informant can contribute to the research process with freedom and spontaneity, without losing objectivity⁽¹³⁾. The interview had two parts: the first contained data related to the participants (time since graduation of professionals, time working as a health professional, training for work in the FHS, training course for adolescent care in PHC) and the other part consisted of the following guiding question: what is your perception of CSA?

It is noteworthy that the interviews took place in the health unit, in a space reserved for this purpose, in a climate of cordiality between interviewer and interviewee, with a maximum duration of 20 minutes each. All interviews were recorded with the participants' consent and later transcribed in full for the analysis procedure using the thematic analysis technique⁽¹⁴⁾.

To interpret the statements, three systematic steps were taken⁽¹⁴⁾: pre-analysis, material exploration, and interpretation. The analysis took place from the exhausting reading of the material, trying to produce units of record and context, and tracing the possibilities of construction of the thematic axes / categories; followed by a thorough reading of each interview, from which the following thematic categories emerged: Professionals' conceptions about the Adolescent Health Handbook; Difficulties of professionals in using the Adolescent Health Handbook.

The participation of professionals in the study took place voluntarily and spontaneously, after clarification about the objectives and purposes of the research, by reading and signing the Informed Consent and the Voice Recording Authorization Term. All participants had their identities preserved, using the letter "P" followed by a number for the designations (P1, P2, P3... P17).

The study followed the ethical precepts of Resolution No. 466 of the National Health Council / Ministry of Health of December 12, 2012, which regulates research involving human subjects, and the project was approved by the Research Ethics Committee (CEP) of the Faculty of Health Sciences of Trairí (FACISA) by Opinion No. 2,564,078.

RESULTS AND DISCUSSION

Data related to the participants

Seventeen professionals participated in the research, 12 health team members and five residents involved in the care and monitoring of adolescents. Team members included six community health workers, a dental surgeon, a nurse, a doctor, a nursing technician, an oral health technician, and a vaccinator. As residents, two dental surgeons, two nutritionists and one nurse participated.

Professionals' conceptions about the adolescent health booklet

This category shows that the ACS was known by most of the team professionals, who characterized it as an instrument capable of guiding adolescent and professional decision making.

The results of the study indicate that the information, illustrations, and themes covered in the document guide and support the process of self-discovery and self-care so that they gradually assume responsible attitudes towards their health.

The following speech fragments portray the participants' conceptions about this tool:

"I know that the booklet is very creative, illustrative, is a guidebook, especially about what the teenager needs and is curious to know."(P11)

"I think this booklet is another strategy that came to benefit the population, a document of great importance and significant value for the future of adolescents."(P13)

Adolescents represent a group of great vulnerability, with distinct exposure to risk factors that may result in some kind of injury, so they should be trained and encouraged to adopt behaviors that prevent such injuries, promote their health, strengthen their autonomy and improve their health and protagonism⁽⁷⁾. From this perspective, the CSA is an educational, interesting and practical material that addresses pertinent issues and informs the adolescent about the main discoveries and changes of this phase of life⁽¹¹⁾.

The speeches also show that the participants know the topics covered in the booklet and consider its dynamic and creative approach, indicating it as a resource to accompany the adolescents in the service:

"It has information (the booklet) about the changes in the adolescent's body, puberty, safer sex practice, and vaccination record, nutritional and dental follow-up, among others." (P2)

"I see that in the book has everything to keep up with the growth and development of the teenager; there is the part of safe sex, of sexuality." (P8)

"An instrument used to monitor the growth and healthy development of boys and girls, aged 10-19 years and it provides information on puberty, vaccination and nutritional status assessment."(P14)

The use of CSA needs to be increasingly encouraged as a way to improve the care provided to this population, regardless of the context. Health professionals have in the book, or similar instruments, an important strategy for the development of educational practices with families, as it can be used to intermedate the dialogue between them ⁽¹⁵⁾, facilitating the relationship of closeness, welcoming and sharing an interaction with teenager and family.

Difficulties of professionals in using the Adolescent Health Handbook

This category deals with the difficulties involving the use of the booklet by professionals in the FHS. It was observed that they were directly related to the lack of training, lack of interest, the unpreparedness of professionals to promote actions using the instrument, absence of adolescents in the health unit and fear of the opinion of parents who, in some cases, considered their children immature to receive the information contained in the document.

Even though it was known by most of the interviewees, CSA was not a working tool used in the routine of adolescent care. In the statements, this limitation in use appeared associated with factors such as forgetfulness of the record and lack of time and practice to use the instrument:

"Most of the time, the professional does not remember to ask to register, look, write down." (P13)

"Time is short to fill in." (P16)

In the literature, the lack of time to review and fill care data by health professionals is linked to work overload, service bureaucracy, and fragile communication and interaction among team members⁽¹⁴⁾.

In the speech of one of the participants, the lack of training on the booklet is also an important obstacle to its use:

"I know the booklet because it is available at the Basic Health Unit. I know that the Ministry sends, then arrives at the Secretariat and does not have training about the importance, so it turns out that the professional is unaware. Because, to prepare the teenager, I must first know what is written in it, i.e. the content, to better help them with information and answer their questions."(P12)

The team's training courses ensure the movement of transformation and qualification of health care practices. The absence or insufficiency is considered as the main barrier to the achievement of improvements in care and, when it comes to the preparation for care to the adolescent public, the offer of these courses is almost nonexistent⁽¹⁶⁾.

In the same context in which the team members' little effort to use the CSA is presented, the low demand of adolescents for the services of the Basic Family Health Unit (UBSF) prevails, representing one more difficulty in using the document cited by professionals:

"The search for adolescent care is low. Usually, girls participate in prenatal, family planning (...) and not using the booklet is associated with poor adolescent adherence to Family Health Strategy programs."(P2)

“Teenagers do not usually come to the services and those who do not bring/do not look for the book.” (P5)
“The main difficulty that I find regarding the booklet is that if they do not attend the consultation, we cannot use it.” (P9)

The low demand of adolescents in the services, programs, and activities developed by the basic units is a factor that hinders the work of the health team. Since this absence may be linked to factors related to the organization of the service, which directs the assistance to organic problems, neglecting the psychosocial issues, without contemplating the integrality of the practices, the formation of a bond, or the promotion of educational actions with the organization youth participation in spaces outside the health unit⁽⁹⁾.

Because they are considered healthy people, adolescents, and young people do not have the necessary attention to health, except for reproductive health issues. However, the health conditions of this population group have become a differential that highlights their vulnerability to different forms of violence and the increasing incidence of mortality, especially evidenced by external causes⁽¹⁷⁾.

Besides, the inexpressive implication of adolescents in the activities performed by the FHS is explained by the inability of professionals to meet their needs, the poor service structure and the work process, which values interventions with other specific groups⁽⁹⁾. Comprehensive care, as one of the SUS guidelines, implies the organization of services and the implementation of health practices that associate a set of tactics for disease prevention and health promotion, and for curative and rehabilitation actions, taking place the whole process of health production individually or collectively⁽¹⁷⁾.

Another issue related to the difficulty of using AAC is, according to respondents, the resistance of parents/guardians, who judge immature and young children to receive information on the topics addressed, as shown in the following speech fragment:

“There is a taboo about this wallet because they have parents who do not allow their child to have access. When the teenager receives the wallet, the parents withhold, do not let the teenagers handle their wallet. I have heard reports that the contents of the booklet are a stimulus to initiate sexual activity, others report that the time is not yet. And whenever I listen, I say: Look, it’s up to you to sit down with your child and make it clear that what’s there he learns the wrong way. So, the difficulty is related to parents, because they deprive their children of having access to the passbook.” (P4)

According to the report of the professionals participating in this study, parents believe that CSA harms the lives of young adolescents because it contains body development images, sexuality information, and safe sex.

How the issues related to sexuality in the daily life of young people are presented and discussed, with access to safe, correct and pertinent sources of information, allows the understanding and adoption of positive attitudes towards the subject, minimizing their exposure to problem situations. Thus, sexuality, understood as a phenomenon inherent in the formation of the human being, must be worked openly, clearly and continuously, even in contexts where there are fears, taboos, shame and poor communication in the relationship between parents and children^(18,19).

In this context, the distribution and use of an instrument aimed at serving a specific group of the population require greater interaction between professionals, identifying the needs of service organization for the effective development of actions⁽²⁰⁾.

In a study on the implementation of CSA in Manaus, the authors concluded that the use of CSA, inserted in the work routine of Primary Health Care professionals, is an ally for the promotion of comprehensive care, recommended for adolescent health. However, the research found difficulties in its routine use, such as the lack of adolescents in the monitoring and data collection systems recommended by SUS, making it difficult to evaluate the work. Another difficulty found was the care centered on the biomedical paradigm, thus being very distant attention from health promotion and thus presenting difficulties for professionals to act in the face of adolescents’ needs⁽⁶⁾.

The National Health Promotion Policy⁽²¹⁾ emphasizes that health promotion should no longer be a level of attention, nor should it satisfy actions that occur before prevention. With this service does not translate into another program, an organizational structure. On the contrary, these are strategies that are transversally directed in all policies, programs, and actions of the health sector, seeking the expectation of health and the challenge of building integrality in all its complexity and social and individual uniqueness.

The limitations of the study are pertinent to the fact that it was performed in a single health service, with its particularities. However, the results of this study may contribute to the planning of actions and activities in Primary Health Care in other municipalities, aiming at the best use of the Adolescent Health Booklet.

The impact of this study translates into building evidence about the importance of using AAC and demonstrating that everyone should be involved in the use of this document, both the teenager and parents should demystify the use of this booklet. And health professionals, in turn, need to appropriate their use, so that there is a change in the quality of care delivery structured according to the needs of adolescents.

FINAL CONSIDERATIONS

The research revealed the perception that health professionals know the use of the Adolescent Health Booklet, in which the majority of respondents are aware of its relevance and also distinguish the themes contemplated in the Booklet. However, it was observed as difficulties the lack of training, disinterest and unpreparedness of professionals to promote actions using the instrument, absence of adolescents in the health unit researched and fear of professionals regarding the opinion of parents who, in some cases, considered their children immature to receive the information contained in the document.

Thus, it is suggested that the use of the booklet be discussed and oriented with all involved in the Adolescent Health Program, that is, professionals, adolescents and parents, as well as its incorporation into the work process, configuring it as a relevant strategy to support adolescent health promotion.

CONFLICTS OF INTEREST

The authors declare no conflict of interest, including specific financial, relationship and affiliation interests relevant to the topic, or materials discussed in the manuscript.

CONTRIBUTIONS

Josefa Nayara de Lima Roberta contributed to the elaboration and design of the study; data acquisition, analysis and interpretation; the writing and / or revision of the manuscript. **Kaliny de Souza Costa, Ana Carolina Patrício de Albuquerque Sousa e Cristyanne Samara Miranda Holanda da Nóbrega** contributed to the writing and / or revision of the manuscript.

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