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Profile and health demands of school-age adolescents[I]

Perfil e demandas de saúde de adolescentes escolares

Perfil y demanda de salud de adolescentes escolares

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Abstract: Objective: to identify the profile and health demands of school-age adolescents in Divinópolis, Minas Gerais, Brazil. **Method:** cross-sectional, exploratory-descriptive study developed with 389 adolescents from the 8th and 9th grades of elementary school. **Results:** among the study participants, 34.4% had already consumed alcohol, 17.7% had tried smoking and 7.4% marijuana. Most of the adolescents considered their health status as excellent or good (84.4%). Among the students who were sexually active, 28.9% reported not using any type of contraceptive method. Many adolescents (77.9%) mentioned loneliness at some point in their lives and 5.3% of the boys had engaged in fights. **Conclusion:** the priority demands of the adolescents were related to unsafe sex, impaired mental health, alcohol and drug use, requiring the joint action of health and education in the construction of shared strategies for meeting the inherent needs of this group.

Descriptors: Vulnerability in Health; Teenager; Needs and demands of health services; Sexuality; Cross-Sectional Studies

Resumo: Objetivo: identificar o perfil e as demandas de saúde de adolescentes escolares no Município de Divinópolis, Minas Gerais. **Método:** estudo transversal, exploratório-descritivo, realizado com 389 adolescentes do

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8º e 9º anos do ensino fundamental. **Resultados:** entre os participantes do estudo, 34,4% já fizeram uso de álcool, 17,7% experimentaram fumar e 7,4% fizeram uso de maconha. A maioria dos adolescentes considerou seu estado de saúde como ótimo ou bom (84,4%). Dos que iniciaram atividade sexual, 28,9% relataram não utilizar nenhum tipo de método. Percentual elevado de adolescentes mencionou solidão em algum momento da vida (77,9%) e 5,3% dos meninos envolveram-se em brigas. **Conclusão:** as demandas dos adolescentes relacionadas ao sexo inseguro, saúde mental fragilizada, uso de álcool e outras drogas foram identificadas como prioritárias, necessitando da atuação conjunta entre saúde e educação na construção de estratégias comuns para o atendimento das necessidades inerentes ao adolescente.
Descritores: Vulnerabilidade em Saúde; Adolescente; Necessidades e Demandas de Serviços de saúde; Sexualidade; Estudos Transversais

Resumen: **Objetivo:** identificar el perfil y las demandas de salud de adolescentes escolares en el município de Divinopolis, Minas Gerais, Brasil. **Método:** Estudio transversal, desarrollado con 389 adolescentes del 8º y 9º año de la enseñanza fundamental. **Resultados:** Entre los participantes, 34,4% consumió alcohol al menos una vez, 17,7% experimentó fumar y 7,4% usó marihuana. La mayoría de los adolescentes consideró su estado de salud como óptimo o bueno (84,4%). De los que iniciaron actividad sexual, el 28,9% relató no utilizar ningún tipo de método anticonceptivo. Muchos adolescentes (77,9%) mencionaron soledad en algún momento de la vida y el 5,3% de los niños se involucró en peleas. **Conclusión:** Los asuntos relacionados con la sexualidad, salud mental, uso de alcohol y otras drogas se identificaron como prioridades, que requieren la acción conjunta entre la salud y la educación en la construcción de estratégias comunes para satisfacer las necessidades inherentes de los adolescente.
Descriptores: Vulnerabilidad en Salud; Adolescentes; Necesidades y Demandas de Servicios de Salud; Sexualidad; Estudios Transversales

Introduction

Health demands have become an object of study, debate and public policies, and may be constituted by indicators that signal possible vulnerabilities of the populations. Thus, health demands help in sensitizing health managers and directing public health policies and programs.[1] Vulnerability can be defined as the formation of a weak bond or even nonexistence of a bond of the individual's affectivity towards the social sphere. It includes weaknesses and inequalities in access to public goods and services.[2-3] Thus, vulnerability permeates the entire life cycle of the human being.

Among the vulnerabilities present in adolescence, there are, for example, those that stood out in a study that described the profile of young people in Brazil, namely, misuse of alcohol (23.8%); tobacco (5.6%); illicit drugs (9%); unhealthy eating (26.7%); little time for physical activity

(60.8%); screen time greater than two hours (60%); and difficult intrafamily relationships with the presence of mental health problems (16.4%).[4]

Adolescence is a moment of the life cycle that is full of situations in which vulnerabilities may arise due to the singularities and confrontations brought by psychobiological, socio-cultural and socioeconomic challenges that may arise.[4-5]. In this sense, it becomes important that the education space, with its complexity and conjuncture, deals with adolescents in a comprehensive way. It is in this environment that students spend part of their day, acquiring and exchanging knowledge to understand the world in which they live. Health actions in this environment can facilitate the awareness process, improve assimilation and decision-making, and thus mitigate vulnerabilities.[5]

Given this scenario, it is considered relevant that the agenda of public policies aimed at adolescents include effective actions to reduce the conditions of vulnerability in this group, and it is important to increase the awareness of managers to meet the health demands of this population, with a view to improving health care at this stage of the human development.

Although this is not a new topic in discussions about adolescent health, there is still a lack of investigations addressing the health demands of this group in a single study, by investigating the determinants of the health-disease process in the school context. In this sense the present work seeks to answer the following question: are there health demands among adolescents in the municipality of Divinópolis, Minas Gerais? Thus, seeking to increase the scientific production on the profile and health demands of adolescents, and also collaborate to expand the actions of the health system through the adoption of protective actions and timely health care offers for this clientele, this study aimed to identify the profile and health demands of school-age adolescent of the municipality of Divinópolis, Minas Gerais.

Method

This is a cross-sectional, exploratory-descriptive, quantitative study conducted in 2018 with 389 adolescents from Divinópolis, Minas Gerais, Brazil.

The municipality of Divinópolis was selected for this study because its large size, and because it is the headquarters of the Greater Western Region of Minas Gerais. As for health facilities and services, the Family Health Strategy (FHS) has a percentage of coverage of 50.76% of and 43 teams working in Primary Health Care, 32 of which operate in the FHS model and 11 in traditional primary care units.[6]

Regarding Education, the municipality had in 2017, 53 schools distributed among 27 State and 26 Municipal schools, in which 8,057 students were enrolled in the 8th and 9th grades of elementary school.[6] For the calculation of the sample size, the following parameters were considered: a proportion of 50% for outcomes of unknown prevalence, which provides the largest sample size for a finite population; 5% error; and 95% CI. This resulted in a representative sample of 389 adolescents who participated in the study and completed the questionnaire.

The inclusion criteria established for participation in the study were: being regularly enrolled in the 8th or 9th grade of elementary school and not being suspended from school activities. The exclusion criteria were: being absent on the day of data collection and presenting a condition that cognitively prevented them from answering the questionnaire.

The choice of working with students fr0m the 8th and 9th grades was due to the fact that the students enrolled in these grades are mostly on the age group of 12 to 15 years, period described in the literature as the one of greatest vulnerability in adolescence.[5] Data were collected through a structured and self-completed questionnaire previously used in another study,[3] presenting the following modules: socioeconomic characterization (grant from the Bolsa Família program, work in adolescence), mental health, use of tobacco and alcohol, drugs,

physical activity, violence, sexuality and knowledge about sexually transmitted infections (STIs), hygiene, diet, relationship with parents, and use of technology.

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 21.0. The Pearson's chi-square and Fisher's exact tests were used for comparisons of categorical variables. The Mann-Whitney and Kruskall-Wallis tests were used for the analysis of numerical variables that did not present normal distribution.

All ethical recommendations on research with human beings contained in Resolution 466/2012 of the National Health Council were met and the research project was submitted for analysis and approved by the Ethics Committee on Research with Human Beings of the Federal University of São João Del -Rei, under Opinion 1,947,282, on March 3, 2017.

Results

The study participants were mostly female, 60.9%. The average age was 13.8 years, the median 14 years, minimum 12 years and maximum 17 years. As for grade, students in the 9th grade of elementary school predominated, with 67.5%. Most reported not working (86.4%) and 13.5% reported receiving the family grant from the Bolsa Família program.

Regarding food consumption in the 30 days prior to the application of the survey, 10.5% of students answered that they had not eaten fruit, 10.3% had not eaten vegetables and 17.7% reported having soda every day. Regarding habits of body hygiene in the 30 days prior to the survey, 61.5% of the adolescents reported brushing their teeth three or more times a day, 30% said that in most opportunities they washed their hands before meals, and 62.8% did it after using the bathroom.

Regarding the practice of physical activity in the last seven days prior to the investigation, 23.1% of participants did not perform physical exercises. Regarding screen time, i.e., the daily time spent using electronic devices such as mobile phones, computers, video

games, the screen time was three to four hours a day among 20.8% of the adolescents, five to six hours a day among 11%, seven to eight hours among 10.8%, and more than eight hours a day among 14.1%.

Regarding the experimentation, exposure and knowledge of the adolescents about alcohol, 61.9% of the boys and 37.7% of the girls reported having tried alcohol, 35.2% reported using distilled and non-distilled drinks, and 33.1 % had consumed alcohol at least once in the last 30 days prior to the survey. The average age of onset of alcohol consumption was 13.7 years. The most reported way of obtaining drinks was through friends (46.2%).

Regarding the use of illicit drugs, it was found that 7.3% of the adolescents had tried some of these substances, being marijuana the most popular (73.3%). When asked if their parents smoked, all study participants said that their parents did not have this habit; however, most adolescents (68.8%) mentioned have had contact with smokers.

Among the study participants, regarding the interpersonal relationships experienced in the last 12 months, girls reported always feeling lonely (17.8%, p = 0.000) and always worried and presenting difficulty to sleep (9.3%, p = 0.000). In turn, boys were the ones who most engaged in fights (5.3%, p = 0.021) (Table 1).

Regarding the relationship with parents in the 30 days prior to the application of the survey, 20.8% of the adolescents answered that they never felt understood, and 10.5% pointed out that, during the same period mentioned above, parents never knew where the children were in their free time.

Table 1: Description of adolescents regarding interpersonal relationships. Divinópolis, Minas Gerais. 2018, n = 389.

	Sex			
Category	**Male**	**Female**	**Total**	**p-value**
How frequently did you feel lonely in the last 12 months?				0.000*
Never	53 (34.9%)	33 (14%)	86 (22.2%)	
Rarely	53 (34.9%)	71 (30.1%)	124 (32%)	

Sometimes	30 (19.7%)	61 (25.8%)	91 (23.5%)	
Most of the time	4 (2.6%)	29 (12.3%)	33 (8.5%)	
Always	12 (7.9%)	42 (17.8%)	54 (13.9%)	
How frequently did you feel worried and lost sleep in the last 12 months?				0.000*
Never	60 (39.7%)	42 (17.8%)	102 (26.4%)	
Rarely	41 (27.2%)	55 (23.3%)	96 (24.8%)	
Sometimes	41 (27.2%)	84 (35.6%)	125 (32.3%)	
Most of the time	5 (3.3%)	33 (14%)	38 (9.8%)	
Always	4 (2.6%)	22 (9.3%)	26 (6.7%)	
How many close friends do you have?				0.817*
One	24 (16.8%)	48 (20.8%)	72 (19.3%)	
Two	37 (25.9%)	58 (25.1%)	95 (25.4%)	
Three	77 (53.8%)	117 (50.6%)	194 (51.9%)	
No one	3 (2.1%)	3 (1.3%)	6 (1.6%)	
Frequency of physical aggression in the last year				0.381*
None	111 (75.0%)	190 (82.3%)	301(79.4%)	
Once or twice	23 (15.5%)	22 (9.5%)	45 (11.9%)	
Three or four times	5 (3.4%)	6 (2.6%)	11 (2.9%)	
Five or six times	1 (0.7%)	3 (1.3%)	4 (1.1%)	
Seven or eight times	2 (1.4%)	1 (0.4%)	3 (0.8%)	
Nine or ten times	0 (0%)	2 (0.9%)	2 (0.5%)	
Eleven or more times	6 (4.1%)	7 (3.0%)	13 (3.4%)	
Have you got involved in fights in the last year?				0.685*
Not once	92 (61.7%)	155 (65.7%)	247(64.2%)	
Once or twice	28 (18.8%)	41 (17.4%)	69 (17.9%)	
Three or four times	12 (8.1%)	15 (6.4%)	27 (7.0%)	
Five or six times	6 (4%.0)	6 (2.5%)	12 (3.1%)	
Seven or eight times	4 (2.7%)	5 (2.1%)	9 (2.3%)	
Nine or ten times	0 (0%)	4 (1.7%)	4 (1.0%)	
Eleven or more times	7 (4.7%)	9 (3.8%)	16 (4.2)	
Main cause of the most serious injury in the last year				0.021*
No serious injuries	98 (64.5%)	189 (81.1%)	287(74.5%)	
Car accident	7 (4.6%)	6 (2.6%)	13 (3.4%)	
Fall	25 (16.4%)	20 (8.6%)	45 (11.7%)	
Something fell or hit me	8 (5.3%)	5 (2.1%)	13 (3.4%)	
Fights	8 (5.3%)	7 (3.0%)	15 (3.9%)	
Other reasons	5 (3.3%)	6(2.6%)	11 (2.9%)	
How many times have you suffered bullying in the last				0.477*

30 days?			
Not once	120 (78.9%)	166 (70.9%)	286(74.1%)
Once or twice	19 (12.5%)	41 (17.5%)	60(15.5%)
Three or four times	3 (2.0%)	11 (4.7%)	14 (3.6%)
Five or six times	3 (2.0%)	6 (2.6%)	9 (2.3%)
Seven or eight times	4 (2.6%)	3 (1.3%)	7 (1.8%)
Nine or ten times	0 (0%)	1 (0.4%)	1 (0.3%)
Eleven or more times	3 (2.0%)	5 (2.1%)	8 (2.1%)

**Chi-square test*

When asked about sexuality, 20.2% of the adolescents reported having had sexual intercourse, with a higher percentage among male adolescents (24.8%). It was also observed that 28.9% of those who started sexual activity reported not using any type of contraceptive method. Most adolescents (87.5%; p = 0.017) reported that they had heard about HIV infection. In the self-evaluation of health, most participants considered their health status as excellent or good (84.4%; p = 0.000) (Table 2).

Table 2: Description of adolescents according to data related to sexual life, knowledge about HIV/AIDS, vaccination status and self-perception of health. Divinópolis, Minas Gerais, 2018, (n = 389).

Category	Gender		Total	p-value
	Male	Female		
Started sex life				0.073*
No	112 (75.2%)	196 (82.7%)	308(79.8%)	
Yes	37 (24.8%)	41 (17.3%)	78 (20.2%)	
Age of initiation of sex life				
≤12 years	13(34.2%)	7(17.6%)	20(100%)	
≥13 years	25(65.7%)	32(82.1%)	57(100%)	
Which contraceptive method do you currently use?				0.760*
Condom	23 (60.5%)	20 (52.6%)	43 (56.6%)	
Oral Hormone	3 (7.9%)	4 (10.5%)	7 (9.2%)	
Condom + Hormone	2 (5.3%)	1 (2.6)	3 (3.9%)	
None	10 (26.3%)	12 (31.6%)	23 (30.2%)	
Have heard about HIV/AIDS				0.017*
No	26 (17.65%)	22 (9.3%)	48 (12.5%)	
Yes	122 (82.4%)	215 (90.7%)	337(87.5%)	
The school already addressed the topic of HIV/AIDS				0.151*
No	25 (16.9%)	24 (10.3%)	49 (12.8%)	

Yes	105 (70.95%)	183 (78.2%)	288(75.4%)	
Does not remember	18 (12.2%)	27 (11.5%)	45 (11.8%)	
Talks to parents about HIV/AIDS				0.490*
No	105 (71.4%)	160 (68.1%)	265(69.4%)	
Yes	42 (28.6%)	75 (31.9%)	117(30.6%)	
Vaccine situation				0.578*
In day	122 (80.8%)	188 (79.7%)	310(80.1%)	
Overdue	2 (1.3%)	7 (3.0%)	68 (17.6%)	
I do not know	27 (17.9%)	41 (17.4%)	9 (2.3%)	
Overdue vaccine				0.549*
HPV	2 (22.2%)	7 (77.8%)	9 (100%)	
How do you evaluate your health?				0.000*
Great	74 (49.3%)	67 (28.5%)	141(36.6%)	
Good	64 (42.7%)	120 (51 .1%)	184(47.8%)	
Regular	12 (8.0%)	46 (19.6%)	58 (15.1%)	

**Chi-square test*

DISCUSSION

The present investigation showed that the adolescents participating in the study had health demands, especially related to inadequate food consumption, physical inactivity, excessive use of technology, use of alcohol and drugs, poor mental health, involvement in violence, and unprotected sex. The complexity of biopsychosocial changes that occur in adolescence, as well as characteristics peculiar to this phase of the life cycle, such as the need to be accepted in the group and the search for identity, promote a higher risk of inappropriate lifestyles among adolescents, such as drug use and engagement in situations of violence.[7-11]

The high alcohol consumption among the participants of this study is close to the reality of the country. The National School Health Survey - PeNSE[4] revealed that 71.4% of Brazilian 9th grade students had already drank alcohol once in their lifetime. There is a popularity of alcohol consumption among adolescents, starting earlier and earlier. In the United States, the nationwide Youth Risk Behavior Surveillance Survey (YRBS)[12] found that 70.8% of adolescents consume alcohol.

The use of alcohol is a social practice of insertion of the individual in the community. Thus, a conception is created about drugs in which the adolescents start to consume them to establish social bonds, being more susceptible to friends, to their evaluation and approval, greatly influencing the way the adolescents behave.[12]

In 2012, a national survey where about 1,154 students were interviewed identified the prevalence of use of illicit drugs (marijuana, inhalants or cocaine) to be of 15.8%, with a higher proportion of drug use among male adolescents (33%), similar to the finding of the present study.[12]

Another relevant result observed in this study has to do with the eating habits of adolescents which are still inadequate, such as daily consumption of soda. It is known that this drinks have the highest association with increased Body Mass Index (BMI), contributing to the current obesity epidemic in Brazil and worldwide.[13]

The act of hand hygiene before eating and after going to the bathroom and the habit of preserving oral health were consolidated among the students participating in this study, corroborating the results found in PeNSE[4], which showed that these practices contribute to reducing cases of diarrhea, transmission of airway infections, and caries among adolescents.

Regarding information about the mental health profile, the findings revealed that the adolescents felt lonely and worried. These data are similar to those found in PeNSE[4] and constitute an important adversity to be overcome by public health, because loneliness and concern about sleep deprivation can lead the adolescents to suicidal ideation and suicide.[14]

Importantly, in the present investigation, girls reported feelings of loneliness and worry most frequently, as well as altered sleep patterns. These data are similar to those found by the Study of Cardiovascular Risks in Adolescents (ERICA) in 2016 that showed that 30% of Brazilian adolescents have symptoms of anxiety and depression, especially girls (38.4%).[15]

The present study also analyzed screen time and found that most adolescents spent two hours or more on activities such as watching television, playing video games and computer games. The Health Behavior Survey on School-Aged Children (HBSC)[16] conducted with European and North American adolescents found that 61% to 68% of 11- to 15-year-olds watched television for two or more hours a day.

Similar results were found in PeNSE[4]; approximately 60% of 9th grade students watched television for two or more hours a day. Physical inactivity has been increasing among adolescents in recent years. In fact, the ERICA[17] study obtained results similar to the present research, in which more than half of the participants (54.3%) were inactive in relation to physical activity.

Corroborating the results related to sexuality in the present research, a study conducted in a public school in a city of Rio Grande do Norte found that 77.9% of the adolescents reported participating in educational activities with the theme of STIs and that in 31.4% of cases, school teachers were the ones who conducted these activities. Despite the relevant percentage of adolescents who had participated in these activities, 68.6% had inadequate knowledge about the forms of protection and prevention against STIs. These data show that more important than providing access to the theme is investing in quality health education strategies, which enable the contribution of different agents and knowledge diffusers, be they from the education or health sector.[18]

It is noteworthy the significant percentage of adolescents who reported the first intercourse experience, the same observed in the survey of Knowledge, Attitudes and Practices in the Brazilian Population (PCAP) that identified that the first intercourse was declared by 77.6% of young people, and of this percentage, 30.9 % of public school students reported beginning of sexual activity before 15 years of age. The age group from 20 to 39 years is the most affected by AIDS in Brazil, and taking into account that the manifestation of the disease can

occur between 5 to 15 years after contamination, it is inferred that part of the population acquired the disease in adolescence, which intensifies the importance of addressing the theme among the young population.[18]

Finally, considering the data presented on the experience with situations of violence, according to the Map of Violence (2016) in Brazil, there is an incidence of death of 21.2/100 thousand inhabitants among 15 year olds being more prevalent among men. In this investigation, violence and bullying reinforce the finding of the nationwide survey, as 15.5% of students were involved in situations of physical aggression one or more times in a year.[19]

CONCLUSION

The identified results confirmed the hypothesis of this study that adolescents have health demands that are not being properly addressed by health services. Aspects related to poor mental health, use of alcohol and other drugs, unhealthy food consumption, unsafe sex, physical inactivity, prolonged use of electronics, and involvement with violent situations were identified as the health demands that need more intervention on the part of health and education professionals.

Nursing plays an important role in creating strategies to assist the health demands of adolescents through their holistic perspective, humanized care, and greater contact with users in the area covered, responsibility for educational actions and ease in building bonds with the assisted individuals. These characteristics place nurses as essential agents in the process of providing care for the health demands of adolescents. This public is still considered as "invisible" users due to the fact that, despite the existence of public policies, in practice there are no assistance actions intended solely to this group in the context of primary health care.

It is important to highlight the need for interprofessionality and intersectoriality in Primary Health Care regarding adolescent care. Joint action involving health services and

schools is imperative. Professionals should recognize the school environment as the most conducive place for access to adolescents and have education professionals as allies for health interventions and identification of the most vulnerable adolescents.

Therefore, this research does not intend to generalize the findings, since they are part of a sample of adolescents of a single municipality, but it should be noted that the results corroborated with national and international investigations. Further research with a methodological design of follow-up such as longitudinal research is suggested to identify risk factors related to adolescent health, in order to break the temporal limitation of cross-sectional studies.

It is noteworthy that it is important to improve public policies especially regarding the intersectoral approach of vulnerabilities and demands presented by this population group. This perspective of integration is an indispensable assumption in the approach and construction of common strategies to meet the health demands inherent to adolescents.

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