

EXPERIMENT REPORT

HEALTH EDUCATION FOR SCHOOL TEENAGERS: AN EXPERIENCE REPORT

EDUCAÇÃO EM SAÚDE PARA ADOLESCENTES NA ESCOLA: UM RELATO DE EXPERIÊNCIA

EDUCACIÓN EN SALUD PARA ADOLESCENTES: UN RELATO DE EXPERIENCIA

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ABSTRACT

This is an experience report of a health education project for teenagers from a public school, undertaken by a group of ninth-semester students from a private university in Sete Lagoas, MG, Brazil. The project was developed for 7th-, 8th-, and 9th-grade students from a secondary school, in the context of the Supervised Internship in Primary Care. During the education sessions, sexually-transmitted diseases, drugs, hygiene, and malnutrition were addressed; these were identified as vulnerabilities in adolescent health in a Nursing Situational Diagnosis made at a Family Health Strategy unit in the same region where the school was located. Teaching health education in schools using problem-posing methods is essential to achieve effective health care in the Family Health Strategy.

Keywords: Health Education; Adolescent Health; Public Health Nursing; Nurse's Role.

RESUMO

Trata-se de um relato de experiência de um grupo de discentes do 9º período de Enfermagem de um centro universitário privado de Sete Lagoas-MG, acerca de uma intervenção em educação em saúde do adolescente, promovida em uma escola municipal da referida cidade. Essa intervenção aconteceu no contexto do Estágio Supervisionado na Atenção Primária e contemplou um grupo de alunos do 7º, 8º e 9º anos do ensino fundamental, abordando as temáticas: doenças sexualmente transmissíveis, drogas, higiene e desnutrição. Tais temas foram abordados em função das vulnerabilidades em saúde do adolescente identificadas após a realização de um diagnóstico situacional de enfermagem em uma ESF da região na qual se insere a escola. Trabalhar a saúde na escola de forma problematizada é, pois, fundamental para que o cuidado em saúde seja resolutivo e prática cotidiana da ESF.

Palavras-chave: Educação em Saúde; Saúde do Adolescente; Enfermagem em Saúde Pública; Papel do Profissional de Enfermagem.

RESUMEN

Se trata del relato de la experiencia de un grupo de estudiantes del 9º semestre de enfermería de una universidad privada de Sete Lagôas, MG, acerca de un programa de educación sobre la salud del adolescente realizado en una escuela pública de dicha ciudad. Este programa se llevo a cabo en Prácticas Supervisadas en la Atención Primaria con un grupo de alumnos de 7º, 8º y 9º grados de la escuela primaria. Se trataron temas tales como: enfermedades de transmisión sexual, drogas, higiene y malnutrición. Dichos temas se enfocaron a la luz de las vulnerabilidades identificadas en la salud del adolescente después de realizar un diagnóstico situacional de enfermería en una ESF (Estrategia Salud de la Familia) de la región de la escuela. Trabajar la salud en la escuela de forma problematizada es fundamental para que la atención de la salud sea resolutiva y una práctica cotidiana en las ESF.

Palabras clave: Educación en Salud; Salud del Adolescente; Enfermería en Salud Pública; Rol de la Enfermera.

INTRODUCTION

The proposal of primary health care (PHC) aimed at structuring measures to achieve health promotion and the prevention of diseases, by articulating technical and scientific knowledge, going beyond biomedical concepts and covering broader objectives. However, this idea remains permeated by health care values that focus on healing and biologicism, especially with regard to the health-disease process.^{1,2}

Nevertheless, there is also a constant search for care models and methods that will enable the provision of a more assertive and comprehensive service to individuals. Thus, in Brazil, the dire need for changes in the health care model culminated in the creation of the Family Health Program (FHP) in 1994. The FHP, nowadays called Family Health Strategy (FHS), is a model centered on the family and the multidisciplinary health care team.^{2,3}

The main goal of this new model of health care delivery is the reorganization of care provision. The methodological tools used in the health education process serve as a guiding axis that fosters reflections about the community care models and the professional's approach and attitude.^{4,3}

Education is a strategy for promoting health and enabling, among other things, autonomy in self-care.⁴ The Health Program at School⁵ has been created with the aim of making health concepts more understandable to the community. This program considers the school environment to be a strategic and convenient setting for the implementation of health education activities, such as recreational and integrative practices involving theater, music, dance and workshops.⁶

Adolescence is a time of multiple changes and these are likely to cause psychological, social, physical and sexual conflicts. Thus, there is a need for assertive and qualified educational approaches.⁷⁻⁹ Nurses are facilitators of the educational process, because they help in the development of strategies for the prevention of diseases and the promotion of health, considering health to be more than the absence of symptoms, but rather a positive interaction of all aspects that influence the life of a particular person.¹⁰

The purpose of this paper is to present the experience of a group of ninth-semester students from a private university in Sete Lagoas, MG, Brazil, as they developed a health education intervention addressing the following topics: sexually transmitted diseases, drugs, hygiene and malnutrition.

METHODS

This paper is an experience report of a project developed by a group of ninth-semester nursing undergraduate students from a private university in Sete Lagoas, MG, Brazil, in the context of the course subject named "Supervised Internship in Primary Health Care". The subject content includes "planning

and management activities, and comprehensive nursing care delivery to individuals in the context of primary health care, as well as the improvement of personal and professional skills and qualities that are necessary for professional practice".

The activities proposed in this course subject comprise both nursing management actions and nursing care actions. Educational practices such as the one reported here serve as an interface between these two kinds of actions.

When nursing students first started the internship at a Family Health Strategy (FHS) unit Sete Lagoas, Minas Gerais, the first activity had to do was to make an administrative and situational diagnosis (Diagnóstico Administrativo e Situacional, DAS). This diagnosis enabled the identification of the community's needs for health and of the vulnerabilities of the population.

With the help of a guide for making a DAS provided by the COREM/MG¹¹, students collected data from reports of FHS employees and users, from policies and documents containing local goals, as well as from the mapping of the processes of the unit. When data collection was concluded, we gained the information that the region where the FHS unit is located was experiencing problems with the adolescents enrolled in one of its public schools.

These problems were related to the use of legal and illegal drugs, STDs, poor hygiene and malnutrition. They served as motivating factors for the development of an educational project for these teenagers.

Thus, this group of nursing undergraduate students participated in a meeting with the school's principal and pedagogue, and offered to develop and implement a project with 7th-, 8th- and 9th-grade students, since the aforementioned problems were most frequent among this group of teenagers.

The educational intervention process with school teenagers was planned and implemented between March and April, 2014, in three stages, namely: a) making of the administrative and situational diagnosis, observation of the reality and definition of the problem situation – data collection about the local reality was carried out at this stage, according to the DAS model proposed by the COREM/MG¹¹; b) planning of the intervention – at this stage, the internship students and the internship supervisor defined which topics should be addressed, searched electronic databases for relevant papers and selected the intervention method to be used; c) intervention in the reality – the last stage consisted in the implementation of the nursing educational activities for 7th-, 8th- and 9th-graders, which was performed separately for each grade.

The project was implemented at the school, with all students who were present on the scheduled day. Thus, there was no sample loss during the course of the study.

Since the current study is an experience report, no informed consent was collected. We have been granted prior au-

thorization from the school administration to implement this project. In addition, in accordance with Resolution 466/1212 of the National Council of Ethics in Research (CONEP), published results will not contain any data that could allow the identification of participants and/or the school.

STAGES OF THE EDUCATIONAL INTERVENTION IN ADOLESCENT HEALTH

STAGE 1: MAKING OF THE ADMINISTRATIVE AND SITUATIONAL DIAGNOSIS, OBSERVATION OF THE REALITY AND DEFINITION OF THE PROBLEM SITUATION

The management of nursing/health activities involves several actions, including: planning, organizing, coordinating, directing, controlling and evaluating. Thus, the making of the administrative and situational diagnosis (DAS) is a nurse's task, and consists in the early-stage planning, analysis and identification of needs based on the reality observed, aiming at the organization and/or reorganization of activities, and, consequently, of health care.¹¹

Thus, strategic situational planning is a theoretical and methodological approach used for planning, which helps nurses intervene and participate in the reality in an integrated manner. It also represents a process in which not an objective truth, but rather a space for human reasoning is defined, since it allows the exploration of choices for the analysis of possibilities and interventions in the reality of the institution.¹³

Thus, the DAS made by the internship students at the FHS unit (internship site), consisted of observational data gathering, data search and (especially) observation of the local reality to identify relevant problem situations that required nursing intervention, from the perspective of primary health care. This observation was performed according to the guidelines of the COREM/MG¹¹ and also based on informal conversations with FHS professionals and users. Thus, vulnerabilities in adolescent health were identified and motivated the intervention.

STAGE 2: PLANNING OF THE INTERVENTION

Armed with the knowledge of the adolescents health problems that had arisen in the diagnosis, students first had to select priorities for intervention. In order to do so, they analyzed the DAS and the reports collected, giving priority to topics such as drugs, STDs, malnutrition and hygiene, which, according to the administration of the educational institution, had the greatest impact on students and showed the highest prevalence at the school.

It was agreed that the site of the intervention would be a public school in the city of Sete Lagoas, Minas Gerais, which was located in the area of the FHS unit where the supervised internship was served. The school was chosen as an intervention site because educational activities in health should not be restricted to health units, but should rather be developed to cover every possible space of its outlines, in order to successfully help in the prevention of diseases and promotion of health. This makes it possible to reach effectiveness levels in primary that are closer to the levels expected or hoped for.¹⁴

The internship students then met with the school's principal and pedagogue. They were shown the school structure and discussed the problems experienced by the teenagers. Next, together with the school's principal and pedagogue, the internship students defined which topics should be addressed with the 7th-, 8th- and 9th graders. These were: prevention of sexually transmitted diseases (STDs); hygiene; malnutrition; and drugs.

After defining the site of the intervention, students searched the scientific literature for studies on the topics mentioned before. Then a pre-project was proposed to the school's principal and pedagogue, illustrating which topics would be addressed, the target population of the intervention and how they were expected to participate in the reflection phase.

The intervention took place during two visits, one day apart. The first was on April 3rd, 2014, with 8th- and 9th-graders. The second was on April 4th, 2014, 7th-graders. The intervention lasted for 50 minutes in each of the grades.

STAGE 3: INTERVENTION IN THE REALITY

The intervention consisted of a **PowerPoint** presentation of images related to the topics being discussed. These images corresponded to behaviors considered inappropriate according to the theoretical framework used. The teenagers were then invited to participate actively in the discussion of why these behaviors were inappropriate and were asked reflexive questions specific to those issues. In addition, they were requested to identify – together with the nursing undergraduate students – what would be the appropriate behavior in each situation shown in the presentation.

The group of internship student was first introduced to the school teenagers. Then the slide show was projected on one wall of the classroom, showing images related to STDs, drugs, malnutrition, and hygiene. It is worth mentioning that education activities for adolescents are important for the development of skills and competencies, and the promotion of full citizenship and youth participation in community development.¹⁵

The first topic discussed with the school teenagers were sexually transmitted diseases. The goal of this discussion was the development of personal skills such as self-care, empowerment

and negotiation. These positive skills should help teenagers not yield to external pressures and maintain the practice of safe sex.¹⁵

Silva et al.¹⁶ define teenagers as vulnerable and impressionable. According to these authors, the social assumptions and the environment in which they live may influence risk behaviors. The influence to which adolescents are exposed was evidenced in the classroom, where small groups of teenagers tried to influence the rest of the group's behavior. According to the school's principal, this small group of adolescents had already begun their sexual life and had contact with drugs.

The interactive discussion about STDs was started by posing questions to students about their understanding of the topic. Students answered that STDs were diseases that were contracted due to unsafe sex. The teenagers were shown several images, which caught their attention and raised many questions. The latter were then answered by the nursing students. The following diseases were highlighted in the presentation: HIV, hepatitis B, gonorrhea, syphilis, candidiasis, herpes and HPV. The forms of contamination and prevention, as well as the effects of each STD were thoroughly explained to the teenagers. The method used to approach these topics is important because it should not only promote teenagers' knowledge acquisition about STDs, but also improve communication processes (about sexuality) among parents and teenagers, and peer groups, and in the community and in public health services.¹⁷

The second topic discussed during the intervention was personal hygiene. Teenagers were first shown images in which dirty hands and fingernails could be seen, as well as the consequences that poor hand hygiene could have to the body, such as worms, infections, and other disorders of the gastrointestinal tract. In addition, the adolescents were shown images related to oral and body hygiene. Poor hair hygiene was another topic that caught the attention of the teenagers. Students showed surprise as they saw the images and became aware of the consequences of poor hygiene practices. The importance of washing clothes and taking a shower was also discussed, stressing that the lack of body and cloth hygiene can lead to situations of isolation as well as skin diseases.

Oral hygiene was also seen as a relevant topic by teenagers, as some reported that they would not like their teeth to have the same appearance as those teeth shown in the images. At this point, the nursing students emphasized the importance of proper brushing and flossing, and of seeing a dentist (at the Family Health Strategy unit) every six months or whenever necessary.

The cleaning of rooms and spaces of general use was also highlighted and discussed with the teenagers. They were asked how they would feel about having to live in dirty environments. Many of the teenagers reported that their homes were disorganized, especially the bedrooms, with clothes, shoes and food scraps scattered all over the floor. The nursing students

emphasized the importance of proper home hygiene and explained how it can be achieved in a simple and ordinary way to prevent diseases.

The third topic addressed was drugs. The discussion was also started by showing images related to the topic. The intervention team stressed the adverse consequences of using these substances and some of the teenagers reported cases of drug abuse in their families and in the community where they lived. Moreover, they mentioned the use of drugs in the community and the existence of local drug trafficking.

This is a worrying situation, since it is recognized in the literature that teenagers tend to regard the use of alcohol and other drugs as pleasurable. Therefore, the promotion of knowledge about the consequences of alcohol abuse and drug abuse should be fostered, in order to develop a concept of self-responsibility and discourage adolescents to use such substances.

The nursing students stressed that drugs may provoke a false feeling of satisfaction and that they are associated with dangers and harmful health effects that bring drastic consequences to the lives of users and their families. The nursing students also stressed the poor health state of addicts and the association between drug use and enhanced risk of death. At this point the teenagers reported again some cases experienced in the local community and in their families.

Teenagers tend to use alcohol as a form of identification with a particular group. Alcohol use is socially accepted and culturally justified, although many studies highlight that alcohol consumption is inappropriate for people under 18 years of age. The consequences of alcohol use by adolescents are many, in particular risky sexual behavior, school absenteeism, violence, and initiation in the use of other drugs. This period is characterized by biopsychosocial changes and, thus, teenagers are exposed to even higher risks.¹⁹⁻²¹

Adolescence is a period of discovery and interpersonal conflicts. It affects family and interpersonal relationships. The use of alcohol and other drugs by adolescents results in segregation, life on the streets, abandonment, lack of hygiene, discomfort, lack of security, loss of health and several other negative impacts.^{22,23}

Finally, malnutrition was the last topic discussed with the school teenagers. This topic was addressed at the request of the school's principal and pedagogue. According to them, several teenagers look tired and skinny, and suffer an attention deficit due to poor dietary habits. The undergraduate students did address the importance of a healthy, balanced diet containing balanced amounts of carbohydrates, lipids and proteins, as well as vegetables and fiber. However, it should be recognized that the problem of malnutrition also involves socioeconomic factors that need to be addressed in order to effectively eradicate malnutrition.²⁴

At a second moment of time during the intervention, the teenagers were invited to participate in another activity called "problems activity". For this activity, balloons and paper strips were used. There were two different colors of balloons: red and yellow. In the red balloons, the nursing students inserted messages and words which referred to problems and changes, such as sexually transmitted diseases, prostitution, violence, drugs, among others. In the yellow balloons, they inserted positive messages and words, such as respect, health, citizenship, etc. The red balloons were attached to easily accessible places and the yellow balloons were attached to high places more difficult to access.

The goal of this activity was to show that the easiest way is not always the best way and that it takes effort to achieve good things. Moreover, teenagers should become aware that they should always count with the help of their friends and families, and that beating an addiction involves fellowship, surmounting difficulties jointly and promoting self-esteem and self-confidence.

In this activity, the teenagers were divided into groups and a first group was requested to reach for those balloons that were the easiest to access, burst them and read the message/word that they contained to the class. Then teenagers from a second group were requested to catch some of the balloons.

However, they were asked to reach for those balloons that were attached to places of difficult access. Next, just as the other group, they were instructed to burst the balloon and read the message aloud. In the end, the teenagers were invited to participate in an open discussion session. In this moment of collective reflection, all topics previously addressed were discussed again and all the messages and words were read.

FINAL CONSIDERATIONS

This educational intervention with adolescents enabled our group of undergraduate students to get closer to the reality and identify the vulnerabilities of teenagers from a public school. Thus, schools can be highlighted as a strategic locus for implementing health interventions of this nature.

Teaching health education to teenagers through the use of groups enables the creation of a space to share common problems and exchange experiences.¹ Although more recent methods of educational intervention with teenagers suggest the development of activities with smaller groups, this study worked with large groups of teenagers, both due to the immediate demand of the school and to the time schedule established by the university.

This study stresses the need for spaces where adolescents can analyze their health situations and project them to the future according to their life experiences. Thus, the activities developed by this group of undergraduate students contributed to improve their performance in one of the most important

and relevant processes to the practice of nursing: health education. Health education is important because it charges individuals with co-responsibility for their health. Individuals learn to reflect about their own conduct and its relationship to the health-disease process. This involves a social, intellectual and moral development of society.

Health education interventions are important, because they go beyond the mere transmission of information to comprise real discussions between individuals and health professionals. Moreover, the use of a problem-posing approach is relevant because the construction of knowledge is done by interpreting the reality of the individuals involved. Teaching health education in schools using problem-posing methods is essential to achieve effective health care and should be an everyday practice in Family Health Strategy units.

Health education practices are crucial to achieve a more comprehensive health care system, because they combine education, care delivery and management into health care practices. For this reason, they contributed positively to the training of this group of nursing undergraduate students.

Finally, this project of health education for teenagers from a public school enabled the nursing students to learn about new methods for the practice of health care delivery in primary care. School can be considered a favorable site for the implementation of health education activities and serve as an interface for nursing care in primary care settings.

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