

PROTECTIVE FACTORS TO REDUCE VULNERABILITY TO HEALTH

FATORES DE PROTEÇÃO PARA A REDUÇÃO DA VULNERABILIDADE À SAÚDE

FACTORES DE PROTECCIÓN PARA REDUCIR LA VULNERABILIDAD DE LA SALUD

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ABSTRACT

This is a qualitative study based on the Bioecological Theory of Human Development. It aimed at identifying protective factors to reduce adolescent vulnerability to health from the perception of adolescents. Fourteen semi-structured interviews were conducted with adolescents at a school in the state of São Paulo. Thematic analysis identified four main themes: knowledge as protective factor; human values as protective factor; family protection and improvement in public health services. Results demonstrated that these factors reflect personal, procedural, contextual and temporal experiences undergone by adolescents in their daily lives and in their social relations (amongst peers, family or community). Protective factors projected by adolescents should be identified and strengthened in order to define spaces that ensure their leading participation, to administer coping strategies in situations of vulnerability.

Keywords: Adolescent; Health Vulnerability; Protection; Public Policy; Nursing; Public Health.

RESUMO

Estudo de natureza qualitativa, fundamentado na Teoria Bioecológica do Desenvolvimento Humano, que objetivou conhecer os fatores de proteção para a redução da vulnerabilidade à saúde, a partir da percepção de adolescentes. Foram realizadas 14 entrevistas semiestruturadas com adolescentes, em uma escola de um município do interior do estado de São Paulo. A partir da análise temática dos dados, foi possível identificar quatro eixos temáticos: conhecer para se proteger; valores humanos como fatores de proteção; proteção familiar; e melhora nos atendimentos dos serviços públicos. Apreende-se que esses fatores refletem aspectos pessoais, processuais, contextuais e temporais vivenciados pelos adolescentes no seu cotidiano e nas suas relações sociais ou entre pares, na família ou na comunidade. Devem ser considerados os fatores de proteção vislumbrados pelos adolescentes e fortalecê-los para a busca de espaço que garanta uma participação efetivamente protagônica, para gerir grandes e promissores caminhos de promoção de processos de enfrentamento às situações de vulnerabilidade.

Palavras-chave: Adolescente; Vulnerabilidade em Saúde; Proteção; Política Social; Enfermagem; Saúde Pública.

RESUMEN

Estudio cualitativo, basado en la Teoría Bioecológica del Desarrollo Humano, que tiene por objeto identificar los factores de protección para reducir la vulnerabilidad de la salud, a partir de la percepción de los adolescentes. Se llevaron a cabo 14 entrevistas semi-estructuradas a adolescentes de una escuela del estado de São Paulo. A partir del análisis temático de los datos se identificaron cuatro temas: conocer para protegerse; valores humanos como factores de protección; protección de la familia y mejor atención en los servicios públicos. Se deduce que estos factores reflejan aspectos personales, procesales, contextuales y temporales vividos por los adolescentes en su vida cotidiana y en sus relaciones sociales o entre pares, en la familia o en la comunidad. Deben considerarse los factores de protección mencionados por los adolescentes y fortalecerlos para buscar el espacio que garantice una participación verdaderamente protagónica con miras a promover procesos para enfrentar las situaciones de vulnerabilidad.

Palabras clave: Adolescente; Vulnerabilidad en Salud; Protección; Política Social; Enfermería; Salud Pública.

INTRODUCTION

Adolescence is a stage of human development characterized by psychosocial and cultural changes in a context in which the adolescent starts to be seen as a unique, social, historical and collective subject.¹ In such circumstances, it is vital to admit the complexity of being in this life stage: admitting their vulnerable state is to understand that health can be related to the amount and quality of information that individuals have in the face of potential problems and disorders; sharpening their ability to elaborate such information and incorporate them into their daily repertoire of action and behaviour; and finally, drawing their interest towards the possibilities of transforming this action into protected and protective practices.²⁻³

The health status of adolescents in vulnerable situations can be contextualized in the following aspects: individual – personal, social behavioural; social and programmatic – social resources needed for protection against risks to their integrity and physical, psychological and social well-being, considering the odds of their getting sick and the aspects that generate more susceptibility to diseases, as well as the availability of resources for their protection from both.⁴

Personal, procedural and contextual resources that help to change and reduce adversities or that transform and improve the subjects' responses to vulnerability factors are called protective factors. These are active from childhood to adolescence as family-related processes that provide support and teach mutual respect; they are related to one's own individual ability to develop positive self-esteem, self-control and an affectionate and flexible disposition and to the support offered by the social environment, friendships, and by people with significant and positive school experiences.⁵

The Bioecological Theory of Human Development⁶⁻⁷ tries to explain adolescents' protective factors by taking into account their perceptions, interactions and social relations. That theoretic model considers that development occurs through progressively more complex processes of reciprocal and active interactions through four dynamic and interdependent nuclei: the process, the person, the context and the time (PPCT).

This theory encompasses environmental permanencies and changes and proposes a theoretical construct and proximal process as particular forms of interaction between the organism and the environment. These operate over time and comprise the first mechanisms that trigger human development⁶; it is an attempt to overcome one-dimensional models because it deals with an integrative nature that arises from macro interaction factors (social, economic, political) and micro interaction factors (life history, operational and family structure).

From the above assumptions, this study aimed to identify protective factors that reduce vulnerability to health, from the adolescents' point of view. The relevance of this research resides in the fact that it is necessary to identify such factors

in order to use them in programmes and actions addressed to that target population.

METHODOLOGY

This is qualitative study that aims at identifying adolescents' world view and perceptions as subjects with a story and with critical awareness about the object under study, i.e. protective factors. A qualitative approach enabled the researchers to consider meaning and intentionality as inherent to acts, relationships and social structures. They are interpretative practices that incorporate meanings that the subjects attribute to phenomena.⁸

Study field was a public primary school located in a suburb of a São Paulo inland city selected because it was the researchers' place for the development of academic activities, thus, with steady connections.

The region displays shortages of equipment and social investments, such as support networks and programmes, factors that contribute to the maintenance of levels of economic, cultural and social inequality.

The selection of the study participants used snowball sampling. It starts with a player or a group of players that suggest new players that will suggest others and so forth. This technique enables the researchers to immerse themselves in the participants' social circle.⁹

The key informants were elementary school teachers that indicated three adolescent students. These designated other teenagers who lived in the same community and were active participants in non-governmental organizations (NGO) and religious groups.

The age of the group ranged from 12 years of age to 18 years of age, as established by the Statute of the Child and Adolescent.¹⁰ The number of interviewees selected addressed representativeness of the study subject group and the depth of meaning in their accounts. Gathering of new participants stopped when the collection of interviews was empirically sufficient to the development of new reflections about the theme.¹¹

Data was collected through semi-structured interviews carried out at time and place chosen by the interviewees. The authors tried to establish a driven conversation with respondents around the theme, looking for those protective factors that can contribute to reduce adolescent vulnerability to health.

The interview scrip had four guiding questions:

1. what problems do you think teenagers in your school, neighbourhood or city face today in their day to day life?
2. do you face the same problems? Can you talk about them?
3. in your opinion, what can help to reduce or even protect you from that kind of problems?
4. what you mentioned as factors that protect you, do they help you to face and overcome problems or difficult situations you see yourself in?

The central topics of the interview, in general, aimed to identify and understand protective factors. The researchers carried out 14 individual interviews that considered the participants' representativeness, recurrence and saturation of data.¹¹

In order to ensure the privacy of data and subjects during the interviews transcript, the authors used the letter coding, e.g. letter E followed by a number "E1" refers to the first interview; "E2" to interview number two, and so forth.

The participants' accounts were analysed using thematic content analysis; the nuclei of meanings^{6,12} were revealed according to the Bioecological Theory of Human Development.^{6,7}

That preferred theoretical framework⁶⁻⁷ has a potentially significant impact today, which explains the inseparable nature of the subjects, their development and their life context.

Data analysis and interpretation worked with the following steps:

- exhaustive contact with the material, carrying out a general and comprehensive reading to have a panoramic view of each interview, seeking familiarization with the content, without categorization (initial reading);
- apprehension of the particularities of the material generated by the research, identification and thematic editing of the accounts around the questions: 'which protective factors to reduce vulnerability were cited' and 'to which aspects of the Bioecological theory these factors are associated': personal, procedural, contextual and/or temporal aspects;
- organization of the material considering completeness, representativeness, consistency and relevance (definition of the research *corpus*);
- definition of keywords or phrases, cuttings, encoding mode and theoretical concepts to be analysed;
- exploration of the material through identification of chief ideas of each discourse and its units of meaning, classifying them into themes and correlating the central meanings of each account;
- preparation of interpretive synthesis.^{8,12,13}

The study was approved by the Research Ethics Committee at the Ribeirão Preto School of Nursing (USP) under Protocol No 0886/2008. The anonymity of the research subjects and their legal guardians was guaranteed and the term of free and informed consent, signed.

RESULTS AND DISCUSSION

The participants' accounts reflect their perceptions and the meanings they attribute to protective factors. Corroborating the bioecological theory⁶ these meanings are constructed from multi-directional and interrelated aspects, whether individual, social and relational via a lifelong path. This theory defines hu-

man development as a set of processes from which the specificities of each individual and the environment interact dynamically, outlining the individuals' characteristics during the course of their life as a personal, historical and socio-cultural construction.

The process and scope are, in the participants' answers, mechanisms responsible for development, which is seen as progressively more complex processes of reciprocal and active interactions of the subject with people, objects and symbols found in their immediate environment^{6,7} and called proximal processes.⁵ In analysing the interviews, the researchers did not identify aspects related to time.

The analysis of the adolescents' perceptions about protective factors to reduce vulnerability identified central meanings that were classified into four themes that guided the discussion of the results: know how to protect oneself; human values as protective factors; family protection; improvement in public health care services.

KNOWLEDGE OF SELF-PROTECTION

This main theme emerged from the central meaning of knowledge involving the idea of having information, knowledge and learning, highlighted by the adolescents as type of protection against vulnerability, as exemplified in the following accounts:

The more information one has, the more one is able to solve things, to make a decision (E3).

To feel protected, to learn how to protect yourself is not done overnight; you know that: living and learning, it is like that, I guess (E8).

The knowledge acquired enabled the adolescents to develop cognitive, behavioural and emotional competences, considering their convictions, level of activity, temperament, goals and motivations that create dynamically the way their interpersonal relationships occur and, consequently, their development, generating then protective factors to reduce vulnerability in adolescence.⁷

Other studies confirm the importance of knowledge as a protective factor for adolescents and consider the school as a privileged *locus* for information and guidance. Schools promote self-care and critical autonomy, mainstays of promotion of healthy relationships.¹⁴⁻¹⁵ In other words, the school fosters learning, emotional exchanges, socialization, construction of autonomy, abilities that can help students to overcome vulnerable situations.

This level of protection happens in the microsystem and in the mesosystem which represent the environments with

proximal level of relationships and whose influence is predominant. They are fundamental for the development process.

HUMAN VALUES AS PROTECTIVE FACTORS

Human values dealing with ideas of respecting to be respected, of harvesting good friendships and of having faith were highlighted in the participants' accounts:

It is difficult to speak, but I think respecting others helps us to protect ourselves, I don't know if you get my meaning, but when we respect others we are respected back; we are protected because someone is always going to help you"(E10).

Friends are very important to me; people I go out with, my friends, my parents always talk about it (E14).

What can help protect you is to put your life in God's hands (E14).

Spirituality and human values make up the macrosystem, formed from a global pattern of ideologies, beliefs, values, religions, forms of government, cultures, and historical events present in the daily lives of people and influencing their development.⁷ The macrosystem is influenced by specific environments – family, school, friends – but also by a broader set of values and ideologies. Culture and values transmitted by family and social groups, influence the adolescents' development and are therefore identified by them as protective factors.

According to the study subjects, practicing these values extend their protective powers and make them feel stronger against possible vulnerabilities.

FAMILY PROTECTION

Family protection was highlighted by the participants during the dialogue designing; family counselling and family support are present in the following narratives:

What helps me and I know it could help a lot of people is to talk to parents; it can certainly protect you from a lot of problems (E4).

Family is important, strangers do not support you; your family does. So if you have a son or daughter you have to sit down and talk (E9).

According to the model proposed by the bioecological theory,⁷ the *context* comprises four environmental levels that

are dynamically related, namely: micro system, mesosystem, exosystem and macrosystem.

The microsystem corresponds to activity patterns, roles and relationships that the individual under development experiences within a given environment, with physical, material and specific characteristics. The school and the family, the most immediate systems with which one establishes social relationships, represent the microsystem, the family being the main source of a person's socio-affective support.⁷

Protection offered by the family group was the most cited factor. Its significance resides in structuring the individual and providing, according to the adolescents themselves, elements, such as support, care and protection.

Families that provide cohesion, support, continence and stability, in which relations are permeated by affection and sense of belonging, promote better quality of life and grant protection.⁵

In addition to good personal relationships with family members, positive friendships, and positive rapports with teachers and neighbours are a source of protection, as they contribute to the development and maintenance of self-esteem, self-efficacy and help in the face of adversity.¹⁶

The mesosystem comprises the interrelationships between two or more environments in which the person under development participates actively: relationships with family members, school and friends. In this sense, young people highlight relevant factors regarding social life, school, friends and work.

The school can help us, not only talking to us, checking if we're doing the right thing, but also teaching better, so that we can have knowledge, we can know about things (E11).

The family is important, because the ones who supports you are not those outside your family; your family supports you. So if you have a son or daughter you have to sit down and talk (E9).

I think we should want to protect ourselves, us and our friends; it's a choice of each individual, because if I didn't think of myself, of my friends, and they of me, if we don't think about what's good or bad, that's the problem. (E5).

IMPROVEMENT OF PUBLIC SERVICES

This thematic principal reveals protective factors related to the exosystem and the macrosystem.⁷ Exosystem refers to one or more environments where people under development are not involved as active participants, but where events that affect what happens around them take place. The macrosys-

tem covers values and beliefs that accentuate the existence of different cultures and that are experienced and assimilated during the development process.

In this sense, the protective factors made evident from the subjects' accounts were: better housing; better health care services and schools; and public safety.

I think that to protect young people is to provide better houses for families of adolescents; sometimes, they are in more danger where they live, you know? (E13).

We need more social projects on pregnancy, drugs, to improve schools and health centres; we do not always get medical service in the community (E12).

You know, they need to improve security; even we, young people, are in much risk of violence, robbery, the police should apprehend more drugs (E2).

The ecological theory^{6,7} considers that human development is perceived from lasting changes in how adolescents recognize and deal with their environment. The environment, in this approach, consists of four levels inter related that either undergo changes due to people's actions or influence their behaviour.

Adolescent development depends not only on the protective conditions within the basic health care service or in the family microenvironment, but also on the interaction with the mesosystem,⁷ which is located in socio community services, such as day care, school, churches, non-governmental organizations. It also depends on the interactions and interpersonal relationships present in their social life and important for a healthy adolescence.¹⁷ The study also revealed that the protective sources are built through the adolescents' interrelationships with family members, community and school, central to the proximal process.

FINAL CONSIDERATIONS

The adolescents' accounts on the perceptions and meanings attributed to protective factors demonstrate that the themes are close and interconnected to the Bioecological Theory elements.

Adolescents have to be given the chance to identify the sources of protection that help them in their search for psychosocial development, improvement of health and quality of life.

The protective factors envisioned by the adolescents should support them in their search of a space that guarantees their participation as agents able to manage ways to promote coping processes to situations of vulnerability.

Protective factors are associated with social support networks between members of the family, peer group, teams, pro-

fessionals and community. Social support coming from this social network, in turn, can enhance the quality of life, reducing adolescent vulnerability to health.

This study contributes to nursing science and practice because it provides learning opportunities to discuss protective factors as a tool to understand the real needs of adolescents. It takes into account their life story and helps to reduce their vulnerability. However, further studies may expand the knowledge about the subject, discussing the impact of such and other factors on the lives of adolescents.

REFERENCES

1. Silva MAI. Adolescence: Resignify it to understand it and act (editorial). Rev Enferm UFPE on line. 2012 Mar; 6(3). DOI 10.5205/01012007
2. Silva MAI, Mello FCM, Mello DF, Ferriani MGC, Sampaio JMC, Oliveira WA. Vulnerabilidade na saúde do adolescente: questões contemporâneas. Ciênc Saúde Coletiva. 2014; 19(2):619-27.
3. Fonseca FF, Sena RKR, Santos RLA, Dias OV, Costa SM. As vulnerabilidades na infância e adolescência e as políticas públicas brasileiras de intervenção. Rev Paul Pediatr. 2013; 31(2):258-64.
4. Duarte MTC, Parada CMGL, Souza LR. Vulnerabilidad de mujeres Viviendo con VIH / SIDA. Rev Latino-Am Enferm. 2014; 22(1):68-75.
5. Alexandre AMC, Labronici LM, Maftum MA, Mazza VA. Mapa da rede social de apoio às famílias para a promoção do desenvolvimento infantil. Rev Esc Enferm USP. 2012; 46(2):272-9.
6. Bronfenbrenner U, Morris PA. The ecology of developmental processes. In: Damon W, organizador. Handbook of child psychology. New York: John Wiley & Sons; 1998.
7. Bronfenbrenner U, editor. Making human beings human: Bioecological perspectives on human development. Thousand Oaks, CA: Sage; 2004.
8. Romeu G. Pesquisa qualitativa em saúde. São Paulo: Instituto Sírio-Libanês de Ensino e Pesquisa, 2014. 45 p.
9. Baldin N, Munhoz EMB. Educação ambiental comunitária: uma experiência coma técnica de pesquisa snowball (bola de neve). Rev Eletrônica Mestr Educ Ambient. 2011; 27:46-60.
10. Brasil. Estatuto da criança e do adolescente. São Paulo: Cortez; 1990.
11. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. Cad Saúde Pública. 2011; 27(2):389-94.
12. Minayo MCS, Deslandes SF, Gomes R. Pesquisa Social: teoria, método e criatividade. 30ª ed. Petrópolis, RJ: Vozes; 2011. 108 p.
13. Minayo MCS. Análise qualitativa: teoria, passos e fidedignidade. Ciênc Saúde Coletiva. 2012; 17(3):621-6.
14. James KB, Bunch J, Clay-Warner J. Perceived injustice and school violence: an application of General Strain Theory. Youth Violence Juvenile Justice. 2015; 13 (2):169-89.
15. Moll J, Rabelo MKO. (Re)conhecendo o território escolar e mapeando o sentido do ser-jovem: contribuições dos programas e projetos intersetoriais para superação das vulnerabilidades do escolar. Ciênc Saúde Coletiva. 2010; 15(2): 3023-5.
16. Bitencourt AOM, Santana RM, Silva EC, Borges MASF. Teias do adolescer: (re) pensando o processo de cuidar do adolescente. Ilheus: UESC; 2013.
17. Araújo AC, Lunardi VL, Silveira RS, Thofehn MB, Porto AR. Relationships and interactions in healthy process to be an adolescent. Rev Gaúcha Enferm. 2010; 31(1):136-42.