

LIFESTYLE AND THE INTERFACE WITH HEALTH DEMANDS OF ADOLESCENTS

ESTILO DE VIDA E A INTERFACE COM DEMANDAS DE SAÚDE DE ADOLESCENTES

EL ESTILO DE VIDA Y SU INTERFAZ CON LAS DEMANDAS DE SALUD DE LOS ADOLESCENTES

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Submitted on: 2017/11/11

Approved on: 2018/04/13

ABSTRACT

Introduction: Adolescence is a phase where biological, cognitive, emotional and social changes take place, lifestyles are adopted and autonomy is gained, but it is also a phase of vulnerabilities. Because physical health predominates in this life phase, there is a common lack of spontaneous demand and actions in health services directed to this group. **Objective:** To analyze the demands of adolescents related to their lifestyle in the interface with health. **Method:** This is a qualitative study with comprehensiveness as analytical category, developed with adolescents of two public schools. The empirical material was produced in reflection workshops, which constituted the space for collective construction of knowledge. Data were analyzed through the discourse analysis technique, for which a discourse is a social position whose ideological formations are materialized in language. **Results:** Adolescents conceive health under the view of promotion and protection, highlighting healthy eating as a value to be incorporated; physical activity as a generator of pleasure and well-being, and non-related to the view of body as an ideal beauty standard; and drug use and abuse as a space of vulnerability. **Conclusion:** Adolescents presented a critical view about reality and they valued the specificities of adolescents as objects of care. Their demands should be a starting point for planning actions in the perspective of comprehensiveness, which requires a partnership between health and educational systems. **Keywords:** Adolescent; Life Style; Nursing; Health; Qualitative Research.

RESUMO

Introdução: A adolescência é fase de mudanças biológicas, cognitivas, emocionais e sociais, com a adoção de estilos de vida e ganho de autonomia, mas, também, de vulnerabilidades. Por predominar a higidez física, há comumente ausência de demanda espontânea e de ações nos serviços voltadas para esse grupo. **Objetivo:** analisar demandas de adolescentes relacionadas ao estilo de vida na interface com a saúde. **Método:** estudo qualitativo, tendo integralidade como categoria analítica, desenvolvido com adolescentes de duas escolas públicas. O material empírico foi produzido por oficinas de reflexão que constituem espaço de construção coletiva do conhecimento. Foi analisado pela técnica de análise de discurso, na qual o discurso é uma posição social cujas formações ideológicas são materializadas na linguagem. **Resultados:** adolescentes concebem a saúde sob o olhar da promoção e da proteção, destacando alimentação saudável como valor a ser incorporado, atividade física como geradora de prazer e bem-estar e distanciando-se do corpo sob o ideal de beleza; uso e abuso de drogas como espaço de vulnerabilidades. **Conclusão:** adolescentes apresentam visão crítica sobre a realidade e valorizam especificidades da adolescência como demandantes de cuidados. Suas demandas devem ser ponto de partida para o planejamento de ações na perspectiva da integralidade, o que requer parceria entre sistemas de saúde.

Palavras-chave: Adolescente; Estilo de Vida; Enfermagem; Saúde; Pesquisa Qualitativa.

How to cite this article:

Luz RT, Coelho EAC, Teixeira MA, Barros AR, Carvalho MFAA, Almeida MS. Lifestyle and the interface with health demands of adolescents. REME – Rev Min Enferm. 2018[cited ____ - ____];22:e-1097. Available from: _____ DOI: 10.5935/1415-2762.20180027

RESUMEN

Introducción: la adolescencia es una etapa de la vida de cambios biológicos, cognitivos, emocionales y sociales, dónde se adoptan estilos de vida, se adquiere autonomía y, asimismo, vulnerabilidades. En general, no hay ni demandas espontáneas ni de acciones en los servicios de salud para este grupo porque es un grupo saludable. **Objetivo:** analizar las demandas de los adolescentes relacionadas con el estilo de vida en su interfaz con la salud. **Método:** estudio cualitativo, cuya categoría analítica es la integralidad, realizado con adolescentes de dos escuelas públicas. El material empírico fue producido en talleres de reflexión, que constituyen espacios de construcción colectiva del conocimiento. Los datos fueron analizados según la técnica de análisis del discurso, a través de la cual es posible conocer la postura social que adopta un grupo y cuyas formaciones ideológicas se concretan en el lenguaje. **Resultados:** los adolescentes miran la salud desde la promoción y la protección; destacan la alimentación saludable como valor por incorporar; la actividad física como generadora de placer y bienestar, se distancian del cuerpo bajo el ideal de belleza; y el uso y abuso de drogas como espacio de vulnerabilidades. **Conclusión:** los adolescentes tienen una visión crítica de la realidad y valoran las especificidades de la adolescencia como demandantes de cuidados. Sus demandas deben ser el punto de partida para la planificación de acciones desde la perspectiva de la integralidad, lo cual requiere que los sistemas de salud y de educación trabajen juntos.

Palabras clave: Adolescente; Estilo de vida; Enfermería; Salud; Investigación Cualitativa.

INTRODUCTION

Biological, cognitive, emotional and social changes take place during adolescence. This is an important period of life for the adoption of new practices, behaviors and gain of autonomy, but also, a period of vulnerabilities. Research revealed that a greater exposure to behavioral risk factors such as smoking, alcohol and other drugs, inadequate diet and sedentary lifestyle happen in early adolescence.¹

Today, globalization has a great influence on the lifestyle and values of adolescents. However, there is a contradiction: although advertisement themes preach freedom and power, the effect on adolescents has been subordination to new rules of consumption with consequent cultural fragilization because traditional values are no longer considered a reference.²

With regard to the health of adolescents, since this is a phase in which good physical health is predominant, there is usually no spontaneous demand for actions and services aimed at this group in the SUS. Adolescents and young people visit emergency rooms, family and prenatal planning groups, outpatient clinics, dental offices or immunization rooms but they do not receiving a type of care that takes into account their needs as people in phase of development.³

In an attempt to effectively meet the specific demands of adolescents, the Adolescent Health Program was created in 1989. The actions directed to this population were based on the basic principles of the Unified Health System: equity, resolubility, accessibility and comprehensiveness. In this sense, adolescents should have access to integral health care in public services and to professionals with problem-solving ability, avoiding transferring to the hands of users what is the responsibility of professionals.⁴

In order to improve the quality of life and to reduce vulnerability to health risks, the Ministry of Health created in 2006 the National Policy for Health Promotion. Among the actions mentioned, the reduction of morbimortality due to abusive use of alcohol and other drugs, healthy eating and physical practices/phys-

ical activity were highlights. Thus, health professionals should seek strategies that attract adolescents to engage in actions aimed at their care to prevent health problems and promote and protect health. Such actions should involve health services and schools with the perspective of adolescents having the voice and space to expose their demands, with listening and embracement, and creating the bonds required for the comprehensive care.

Therefore, the provision of care by the health services must extrapolate issues related to diseases (whether physical or mental). The health network must prioritize the daily life of adolescents and their insertion in the present world as active, thinking subjects, able to make their own decisions and choose which paths will be best suited to the satisfaction of their needs.

When planning the health care of adolescents, the multiple dimensions of these individuals must be taken into account by multidisciplinary and interdisciplinary teams. The different aspects that interact in the daily life and in the context in which they are inserted must be considered, trying to adapt the contents of these programs to the different modalities of individual and collective demands. Health care directed to adolescents should encompass all aspects of this phase of life, i.e. the psychological, biological and social aspects.⁵

Empirical observations from the researchers' experience show that the demands of adolescents are not properly identified in health services, with invisibility of what escapes the biological dimension, without stimulation of factor that may lead to changes. Based on these findings, a research on the care demands of adolescents was undertaken and, in this article, one of the resulting empirical categories produced will be presented. This paper aims to analyze the lifestyle-related demands of adolescents in the interface with health.

METHODOLOGY

The research is descriptive and has a qualitative approach, having comprehensiveness as analytical category. Comprehen-

siveness is perceived as a form of non-acceptance of the reductionism and objectification of individuals and an affirmation of openness to dialogue. Thus, when professionals seek to broaden the perception of the needs of groups and find the best way of giving answers, reductionism is rejected and comprehensiveness is sought.⁶ Care actions should value the biological, social, psychological and cultural dimensions in an attempt to respond effectively to singularities.

Fourteen adolescents from two public schools in a city in the countryside of Bahia participated in this study: nine students from school 1, and five from school 2.

The schools were chosen because they are a field of practice for health courses of a public university to which part of the research team is linked. School 1 offers regular high school education and was founded 14 years ago. School 2 offers elementary and high school education and was created 44 years ago. Both are large schools, with more than 1,200 students each.

The inclusion criteria were: to be enrolled in the public schools selected for the study and to be aged between 10 and 19 years, as established by the Ministério da Saúde (BR).⁷ Adolescents who were not attending classes during the data collection period were excluded. The ethical precepts established in Resolution nº 466/2013 of the Conselho Nacional de Saúde (BR), which regulate norms and guidelines for the development of research involving human beings, were respected. The research project was submitted to the Comitê de Ética em Pesquisa of the Escola de Enfermagem of the Universidade Federal da Bahia, and obtained the favorable Opinion 655.873 and CAEE 27288414.2.0000.5531.

Informed Consent Forms were signed by the adolescents and parents or legal guardians. Adolescents under 18 years of age also signed the Informed Consent Form.

The empirical material was produced through two reflection workshops in each school held in July 2014. Workshops are considered privileged ethical-political tools because they allow the creation of dialogical spaces for symbolic exchanges and construction of other possibilities. Thus, workshops are not restricted to the record of information for research, but they also sensitize people regarding the theme worked, allowing the participants to get in contact with the variety of versions and senses surrounding the theme.⁸

The realization of the workshops followed the steps: presentation and integration; development of the theme; socialization of experiences; synthesis; evaluation and informality/relaxation.⁹

The workshops were named "Adolescents and health needs" and are included in a broader project on adolescent health demands. They followed the steps: integration, development of the theme, synthesis, evaluation and relaxation. For the development of the topic, the participants were initially asked to form small groups and talk to each other about what is health,

what favors or harms it, and what are the health needs of adolescents. After a few minutes, they were asked to look for images that portrayed what they had discussed in different magazines made available to the group, and pasted them in a poster. After the group work, a discussion was started. Each adolescent exposed and exchanged ideas about what he considered important for health. There was emphasis on lifestyle, sexuality and mental health, resulting in empirical categories and specific articles for dissemination, being the lifestyle and its interface with health care demands the object of the present article.

In the second workshop, after the stage of relaxation and resumption of the coexistence pact, the points assessed by the group in the first workshop were retrieved with a systematized presentation by the researchers, and the adolescents were asked to comment on what was presented to them as a synthesis. Subsequently, A4 paper sheets were distributed and the adolescents were asked to talk to the colleague on their side about health needs of adolescents not mentioned in the synthesis presented by the researchers. They were requested to write this down, and they could express disagreements regarding the first workshop. Previous themes were confirmed and the contents complemented. A group of 14 adolescents emphasized the lifestyle and were participants of this study. The workshops had an average duration of two hours.

The workshops were conducted by two researchers, both with experience in the methodological strategy and thematic area of the study. The process was photographed and the speeches were recorded and later transcribed verbatim for analysis and discussion.

The empirical material was analyzed by the discourse analysis technique according to Fiorin. In the view of this author, discourse is a social position, and discourse analysis makes it possible to undo the illusion that the person has absolute control over his discourse, since the themes, images, values, judgments, among others come from worldviews existing in the social sphere. The analysis of the empirical material followed the steps: reading of the text in order to locate all the images (concrete elements) and themes (abstract elements) that lead to the same block of signification; grouping of images or themes according to the plan of meaning and comprehension of the central themes that led to the formulation of the empirical categories.¹⁰

RESULTS

Fourteen adolescents participated in this study. Of these, five were males and nine females; eight adolescents were 18 years old, four were 17 years old and two, 16 years old; eight were in their third year of high school and six were in second year; 10 declared to be black skinned and four reported white

race/color; four reported being of evangelical religions, five reported to be catholic and five had no religion.

In this research, the discourses on lifestyle, food, physical activity, physical and psychological well-being and drugs deserved special mention. The discussion about health, about what favors or harms it and what are the care demands, revealed the benefits of healthy eating for health. However, the adolescents admitted that they did not follow the rules of healthy eating, which is expressed in the following subcategories.

HEALTHY EATING AND PHYSICAL ACTIVITIES AS INCORPORATED VALUE FOR HEALTH PROTECTION

What promotes our health is food. Here we have some potatoes that have low glycemic index; for those who practice bodybuilding, is excellent for metabolism (Adolescent 1).

Having a healthy diet, adolescents usually do not follow the rules of good nutrition (Adolescent 2).

I think these fat foods, such as pizza and candy, are bad for your health (Adolescent 3).

Avoiding to eat canned foods as they are detrimental to our health (Adolescent 4).

Try to eat more fruits, avoid salty and greasy foods (Adolescent 5).

Nowadays, in the society in which we live, there are a lot of people, we live in a hurry and end up making those quick foods; end up harming health, the body, really, such as cardiovascular diseases (Adolescent 6).

Alongside healthy eating, physical activities were deemed as necessary to good health and as a means of keeping the body active. Thus, they represented as demands for health care.

I chose people dancing and others jogging because sports are good for the body (Adolescent 7).

Capoeira is a martial art that helps in your physical conditioning (Adolescent 8).

Healthy eating, sports as a matter of leisure, a walk, not sport for obligation, for pleasure, for health and not just for aesthetics (Adolescent 9).

Physical conditioning provides a number of benefits for the body and great peace for the spirit (Adolescent 10).

If a person is in good shape, he usually has more health, because physical activity releases tension, the person becomes more relaxed (Adolescent 11).

VULNERABILITY OF ADOLESCENTS TO DRUG USE/ABUSE AS A PUBLIC HEALTH ISSUE

Adolescents and alcohol has become (sic) a public health issue because of increased consumption (Adolescent 9).

People know that it is bad, but yet, they enter the world of drugs because they are well accepted there, it is the way they want their lives to be, which is why many choose this way (Adolescent 5).

Agrotoxics, self-medication, alcohol, drugs, everything destroys people's lives (Adolescent 12).

Indiscriminate use of medication, without prescription, also damages our health (Adolescent 13).

I put this one here because of the drug trafficking. Nowadays, all young people are giving in to trafficking (Adolescent 14).

DISCUSSION

In Brazil, food industrialization has brought about changes in habits that have crossed generations and created new values that overlapped those of previous generations. Once absorbed by families, children began to consume industrialized products under the standards imposed on a consumer society, ruled by the interests of multinational corporations.

The changes have been rapid and attributed to industrialization, urbanization, economic development and the globalization of markets. They have brought positive and negative changes in the consumption of food sources. With increased migration to urban areas, larger stores and supermarkets have taken over the place of traditional markets, contributing to facilitate the access to pre-cooked, salted, sugary and fatty foods¹¹, which are less healthy but more palatable foods.

Different from adult people, adolescents have a nutritional need that varies according to the age, body surface, sex, physical activity and ecological factors such as climate. Nutritional factors are important for children and adolescents because they are under constant modification.¹²

Adolescents have knowledge about what is a healthy diet. However, data on daily food consumption of adolescents show that they do not follow the standard they consider to be healthy.¹³ In this study, the adolescents recognized the need for changing their eating habits under arguments strongly related to health and damages caused by the consumption of foods of low nutritional quality. This demand, which emerges from listening to a group that incorporates it as value, deserves to be on the agenda of actions that, under the principle of comprehensiveness, take the particularities of this population into account.

The diet of Brazilian adolescents is inadequate, based on consumption of food with low nutritional value and high caloric density to the detriment of fruits and vegetables, dairy products, cereals and grains. They make high consumption of fats, sugars, salt and industrialized foods, not to mention soft drinks and artificial juices instead of water, natural juices and milk.¹⁴

Among the different factors that influence the adoption of habits that result in a better quality of life, economic factors, health education, family, and other social institutions such as schools and the media deserve mention. The latter, almost always articulated with games of interest that influence all the social strata, creates contradictions that serve to distract rather than attract adolescents to proper nutrition.

Underlying the discourses of the adolescents, there was the recognition of sedentarism, typical of modern society, as something that generates health demands. In this sense, they express a view that seeks to overcome the perception of the body as an object of consumption, to meet an ideal of beauty, and focus on physical activity as a requirement for health.

In the past, leisure activities for children were active games. Today, however, the prevalence of overweight and obesity among schoolchildren is associated with factors such as a sedentary lifestyle caused by easy access to electronic games and television combined with a decrease in physical activity and sleep hours.¹⁵

At school, the stimuli come from the relationship between physical education and health, with organic benefits provoked by physical movements of physical activities.¹⁶ The realization of physical education has the aim of preserving the body in its totality and contributing to physical, mental and social well-being.¹⁷

The inclusion of the theme of physical activity as a priority in the Política Nacional de Promoção da Saúde (Ministério da Saúde, BR) involves the understanding that physical inactivity is one of the main risk factors for global mortality¹. However, the creation of programs alone is not enough. The conditions for the promotion and protection of health need to be built, and the school environment is an ally to expand the knowledge about nutrition, to enable changes in eating habits and to stimulate the practice of physical activities.

By focusing on health through the articulation of different aspects, the adolescents showed that they appreciate the interfer-

ence of drug use in health. They presented a prohibitive social position towards illicit drugs, considering that they attract young people for consumption and for trafficking, thus reproducing what the families and other institutions have advised on the use of drugs.

In this study, only female adolescents emphasized the initiation of drug use as a health issue and said to believe that vulnerability stems from the need for self-affirmation from which the group seems to withdraw. In their speeches, they express the incorporation of values that meet institutional expectations, but there is no guarantee of the problematization of reality in these spaces in which the family, social and economic contexts must be considered.

Adolescents are more susceptible to drug use because they are experiencing a period of changes and adaptations, and may begin to use drugs as a means of escape or solve problems, and their effect can have serious consequences for their health and relationships in family and community spheres.¹⁸

The onset of drug use is usually related to curiosity, peer and family influence. Such consumption can lead to addiction. In these situations, the search for treatment has a strong influence of family and friends, but is conditioned to the recognition of the harm caused by drugs, as well as the manifestation of the desire one day being able to get rid of such habit.¹⁹

A survey conducted by the Brazilian Center for Information on Psychotropic Drugs found a difference between sexes regarding drug use. Male adolescents use more often drugs such as cocaine, solvents, marijuana and steroids, while females use drugs such as amphetamines (anorexigenics - appetite suppressants), anxiolytics (tranquilizers) and painkillers.²⁰

In the scientific literature, there is a positive relationship between use of psychotropic drugs without medical prescription and major depressive episodes among adolescents. Adolescents who used non-prescribed drugs were 33 to 35% more likely to experience major depressive episodes compared to adolescents who did not use them.²¹

Any public health policy initiatives should define a balance between the need to minimize self-medication among adolescents and ensure equal and equitable access to health care.²²

This theme has been little explored, as well as the mechanisms that link self-medication to mental health in adolescents. The appreciation of this aspect is a warning for health professionals to include self-medication in the health care priorities of adolescents, in view of the adverse events resulting from the indiscriminate use of medications and the consequences for public health.

Adolescents tend to live in peer groups, i.e. groups of individuals with similar characteristics, holding among themselves a cultural identity that includes ways of eating, dressing and behaving. Shared behaviors ensure the acceptance in the group and, in the dynamics of social relations, friends can stimulate the consumption of alcohol, tobacco and other drugs, equating them-

selves in experimenting with the new, allowing the attraction for the forbidden to rule them, and seeking immediate pleasure.

It is evident that adolescents and children are much vulnerable. However, there are important national public policies articulated to confront such vulnerabilities. However, the reality of care shows that, in the context of health care, services are organized around actions to prevent or treat diseases which do not include this population group in their priorities. This happens because, in the hegemonic model, clinical complaints are the force that guides interventions. In this sense, comprehensive care is not feasible and the demands of adolescents remain invisible.

From this perspective, it is extremely important that health professionals ground their actions on comprehensiveness. By doing this, they will be able to identify problems, plan and develop individual and group actions, valuing the subjective demands and contexts in which adolescents are inserted. In order to do so, it is necessary to interact with different professional sets of knowledge, and care must be driven upon dialogue and active listening of needs with the appreciation of singularities.

FINAL CONSIDERATIONS

The adolescents who participated in this research conceive lifestyle as one of the most demanding areas in terms of health care. They mentioned food, physical activity, physical well-being, psychological well-being and drug use as aspects that interfere with health, revealing in their speeches the need to adhere to healthy habits for health promotion and protection, to reduce vulnerabilities.

The participants of the study referred to healthy eating as a value to be incorporated into adolescent health, and not necessarily incorporated as habit by the group. Such a conception also appears when they valued physical activity as a generator of pleasure and well-being, perceiving the body from a point of view that breaks with the ideological maneuvers in which the body is reduced to an object for consumption. The use and abuse of licit and illicit drugs were presented in the research as a vulnerable space for adolescents and as a public health problem that requires preventive care.

The group of adolescents who participated in this research presented a perspective of the world open to a concrete reality and with them, the critical and political dimension and the possibility of positively influencing the way of life. In this dynamics, care for the demands of adolescents does not fit into institutional protocols, but rather requires a listening based on specificities, which is the starting point for planning actions in the perspective of comprehensiveness.

Although the study showed significant results for Nursing and for other professionals working with adolescents, it pres-

ents, as limitations, the number of participants and the restricted field, since it was developed with adolescents from only two schools in the city. Thus, further studies need to be carried out to complement the knowledge produced here.

As a contribution of this research, it is expected that its dissemination bring subsidies to professionals of management instances and concrete health and education practices to value the demands of adolescents as identified by listening to their voice. Thus, proposals must include care to meet the singularities of this population, emphasizing in this scope the role of nurses, who have a more relevant insertion in primary care, in services and in the community.

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