

Adolescents' health needs in primary health care: health professionals' perceptions

Necessidades de saúde dos adolescentes na atenção primária à saúde: percepção dos profissionais de saúde
Necesidades sanitarias de los adolescentes en la atención primaria: percepción de los profesionales sanitarios

Rosilene de Lima Silva¹  <https://orcid.org/0000-0003-1989-0587>

Jane Cristina Anders¹  <https://orcid.org/0000-0002-9130-1073>

Elisangela Argenta Zanatta²  <https://orcid.org/0000-0002-7426-6472>

Ana Izabel Jatobá de Souza¹  <https://orcid.org/0000-0003-3843-6144>

Elessandra da Silva Sicsu¹  <https://orcid.org/0000-0001-7816-9461>

Abstract

Objective: To identify the perception of health professionals about the health needs of adolescents and the reasons why they do not go to the health unit.

Methods: This is a descriptive-exploratory qualitative study carried out in a Basic Family Health Unit located in the north of the state of Santa Catarina. The study participants were 13 professionals from the family health team linked to the unit. Data was collected from April to June 2023, using semi-structured interviews, and analyzed using Minayo's thematic analysis. The study was based on the ethical precepts determined by Resolution 466/2012 of the National Health Council, approved by the Human Research Ethics Committee of the Universidade Federal de Santa Catarina under opinion no. 5.901.234.

Results: A category emerged from data analysis: the search for care is punctual and specific, challenging comprehensive care for adolescents.

Conclusion: The study revealed weaknesses in adolescent health care, the focus of which is based on specific care, arising from complaints related to mental health, the prevention of injuries, unintended pregnancy and the reduction of morbidity and mortality from external causes.

Resumo

Objetivo: Identificar a percepção dos profissionais de saúde sobre as necessidades em saúde dos adolescentes e os motivos pelos quais estes não procuram a unidade de saúde.

Métodos: Estudo descritivo-exploratório, com abordagem qualitativa, desenvolvido em uma Unidade Básica Saúde da Família, localizada no norte do estado de Santa Catarina. Os participantes do estudo foram 13 profissionais da equipe de saúde da família vinculados à unidade. A coleta de dados, foi realizada no período de abril a junho de 2023, por meio de entrevista semiestruturada, e analisados pela análise temática de Minayo. Estudo fundamentado nos preceitos éticos determinados pela Resolução 466/2012 do Conselho Nacional de Saúde, aprovado pelo Comitê de Ética em Pesquisa com Seres Humanos, da Universidade Federal de Santa Catarina, parecer nº 5.901.234.

Resultados: A partir da análise dos dados, emergiu uma categoria: a busca pelo atendimento é pontual e específica, desafiando a atenção integral ao adolescente.

Conclusão: O estudo evidenciou fragilidades na atenção à saúde do adolescente, cujo foco de atenção está pautado em atendimentos pontuais, decorrentes de queixas relacionadas à saúde mental, a prevenção de agravos, a gravidez não intencional e a redução da morbimortalidade por causas externas.

Resumen

Objetivo: Identificar la percepción de los profesionales de salud sobre las necesidades de salud de los adolescentes y las razones por las cuales no acuden a la unidad de salud.

Métodos: Estudio descriptivo-exploratorio, con abordaje cualitativo, realizado en una Unidad Básica de Salud de la Familia localizada en el norte del estado de Santa Catarina. Los participantes del estudio fueron 13 profesionales del equipo de salud familiar vinculado a la unidad. Los datos fueron recolectados entre abril y junio de 2023 por medio de entrevistas semiestructuradas y analizados por medio del análisis temático de Minayo. El estudio se basó en los preceptos éticos determinados por la Resolución 466/2012 del Consejo Nacional de Salud, aprobada por el Comité de Ética en Investigación Humana de la Universidad Federal de Santa Catarina, dictamen nº 5.901.234.

Resultados: Del análisis de los datos surgió una categoría: la búsqueda de atención es puntual y específica, desafiando la atención integral de los adolescentes.

Conclusión: El estudio reveló debilidades en la atención a la salud del adolescente, cuyo foco está en las consultas puntuales derivadas de quejas relacionadas con la salud mental, la prevención de enfermedades, el embarazo no deseado y la reducción de la morbimortalidad por causas externas.

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¹Universidade Federal de Santa Catarina, Florianópolis, SC, Brazil.

²Universidade do Estado de Santa Catarina, Chapecó, SC, Brazil.

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Corresponding author: Jane Cristina Anders | Email: jane.anders@ufsc.br

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Descritores

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Descriptores

Atención Primaria de Salud; Salud del adolescente; Atención sanitaria integral; Enfermería pediátrica

Introduction

Primary Health Care (PHC) plays a fundamental role in contemporary society and is considered the gateway to health services, providing essential care to the population, mainly through preventive medicine, promoting health and seeking to minimize harm to the population.⁽¹⁾

In 1994, the Family Health Program was implemented with the aim to structure PHC in Brazil. In 2006, the Family Health Strategy (FHS) was established by the National Primary Care Policy (Portuguese acronym: PNAB).⁽²⁾

According to the Ministry of Health, the FHS has been one of the main strategies for reorganizing services, as well as the first level of assistance and continued health care, universal access to health and comprehensive actions for everyone in all age groups. The teams work on health promotion, prevention, recovery, rehabilitation of the most common diseases and conditions, and on maintaining the health of the community, which has led to significant changes in Brazilian public health.⁽²⁾ These actions include adolescent health care.

Adolescence, the intermediate phase between childhood and adulthood, is a period characterized by complex biological, psychological, and social transformations, making it a period of great vulnerability and potentially generating a series of fears and uncertainties about what will happen along the way.⁽³⁾

In this sense, adolescent health care represents an important challenge in terms of the quality of care provided to this population, with a view to building comprehensiveness in PHC. Difficulties are observed in reaching this specific group; there are barriers to service access, particularly stemming from the lack of health professional training in expanded care practices, which require a broader focus, encompassing not only technical and biological aspects, but also psychosocial, historical, social, cultural and behavioral aspects.^(1,4)

On the other hand, adolescents hardly seek care at the Basic Family Health Unit (Portuguese acronym: UBSF) for many reasons; the absence of illness, lack of knowledge about the unit's functioning and routines, the fact that they do not like the quality of care or the absence of the desired service or even fear of having their needs and doubts exposed by these services.⁽³⁾

Given the persisting challenges in the context of adolescent health to achieve comprehensiveness in PHC for this population, this study is justified by the possibility that health professionals can reflect on the health needs of adolescents and the reasons that trigger the lack of seeking the health unit. Furthermore, it can also help health professionals to seek strategies and plan comprehensive care according to the specificities of this age group.

Therefore, the objective of this study was to identify the perception of health professionals about the health needs of adolescents and the reasons why they do not seek health care.

Methods

This is a descriptive-exploratory qualitative study developed in a UBSF located in the urban area of a municipality in the south of the country. The UBSF has an assigned area of approximately 9,513 inhabitants, of which 1,360 are between 10 and 20 years of age. Two family health teams work in this health unit, including two nurses, two physicians, two dentists, six nursing technicians, eight community health agents (CHAs), one administrative assistant and one coordinator.

Thirteen health professionals participated in the study, according to the following inclusion criteria; being linked to the National Registry of Health Establishments of the Basic Health Unit and having been working for at least six months. Exclusion criteria were being on vacation, on leave or medical leave during the data collection period.

Data collection was carried out from March to July 2023 by one of the researchers during working hours through a semi-structured, individualized interview performed in a private place at a scheduled time, recorded in digital format and later transcribed. A script consisting of two parts was followed: the first comprised the characterization of health professionals containing information such as age, profession, time since graduation, postgraduate course, type of employment relationship, time working in the health team and in PHC. The second included five guiding questions on the theme, namely: 1) What do you consider important for adolescent care in Primary Health Care at the UBSF? 2) According to your professional

experience at the UBSF, what is the main reason for adolescents seeking care? 3) In addition, based on your experience, why do you think adolescents fail to seek care at the unit? 4) In your opinion, what are the main health needs of adolescents? Are they usually served by the UBSF? 5) In your opinion, what guidelines should be included in educational material to help adolescents seek care at the UBSF and contribute to their health promotion and the prevention of diseases in this age group?

Note that this stage was concluded when the interview content became repetitive and already had significant quality, indicating data saturation.⁽⁵⁾

Empirical data were analyzed using the thematic analysis proposed by Minayo⁽⁵⁾, which was implemented based on the pre-analysis with manual transcription in full. After that, the material was read in detail to group the statements, explore the material through data coding and prepare the recording units. Then, data were coded and organized into an analysis category in which the most significant statements were selected to illustrate the analysis and discussion of the results, characterizing the third stage of interpretation.

The project was approved by the Research Ethics Committee under the Certificate of Presentation for Ethical Assessment number 65799222.4.0000.0121 and opinion number 5.901.234. Data were coded by the letter P, for professionals, followed by an Arabic numeral, according to the order in which they were performed to ensure the anonymity of health professionals.

Results

Thirteen health professionals participated in the study; four CHAs, one nurse, one physiotherapist, one physician, two dentists and three nursing technicians. Eleven were female and one was male, aged between 26 and 59 years. Regarding the level of education, five participants had complete high school education and seven had higher education. The length of time working in the profession ranged from one and a half years to 26 years. The length of time working in the institution ranged from six months to five years. Based on the interviews and data analysis, emerged the category "The search for care is punctual and specific, challenging comprehensive care for adolescents".

The search for care is punctual and specific, challenging comprehensive care for adolescents

Health professionals verbalized what they consider important for adolescent care at the UBSF, emphasizing the importance of embracement, what the unit has to offer, the approach and appropriate communication, seeking the language of adolescents:

I think it's embracement, calling the patient to be seen, because adolescents in general do not seek care as much [...] also showing that the basic unit is here to be able to serve them in all their demands. (P1)

I believe in an embracing way, from the very first point of contact, in a more subtle way because they are kind of embarrassed to talk about their issues. (P8)

The first thing to consider would be the embracement. The way to approach patients. Making them feel at ease so they can ask their questions and talk about their main needs [...]. (P3)

I guess we have to talk to them in their own way, in a way that brings them here. They don't really like coming, they're never sick, they never need it. I think we need to know how to talk, to offer embracement focused on their age at any point, from the reception to everyone on the team. (P9)

They emphasize the importance of listening to the needs of adolescents, giving due attention and respect to their specificity with a different perspective for this age group. They show that adolescents seek the service only based on specific complaints. They also verbalize the need to improve the entrance door, facilitating the access and the offer of specific activities that should be attractive to adolescents at the UBSF.

I think it's the way of getting in. Because we don't have anything for adolescents. They only come when they have a complaint, we don't have anything specific for them. [...] I think it's important to improve their access to the unit, to the services, in addition to what we already have. Like vaccines. (P2)

We have to think of different programs for them, but mainly they should be attractive because they are a demanding audience, they are an audience that doesn't come to the unit. (P5)

I think we need to talk to them in a way that will bring them here, right? They don't really like coming here, they're never sick, they never need it. I think we need to know a way to talk [...]. (P9)

That they're heard, right? That they can open up to us and that we can do a real anamnesis. [...] They feel safe coming and talking to us and that we can help them with discretion and respect, right? (P13)

There are many barriers that need to be overcome by the service and especially by health professionals in order to achieve effective and comprehensive care for adolescents. They highlighted the main reasons why adolescents seek care at the health unit, such as: routine exams, mental health, vaccinations, questions about sexually transmitted infections, teenage pregnancy.

When they do come here, the vast majority of them do it to be able to have a routine exam, a routine exam, really. And in the last few months, we have seen a lot of anxiety and depression in adolescent patients. So that's what they've mostly been looking, to seek help with mental health issues, really. (P1)

Today, I think they seek mental health care. Bullying, anxiety, and many also come to get vaccinated. (P2)

The main ones we see are vaccines. And most of them, when they are starting their sexual and reproductive life, come for guidance and even contraceptives. (P3)

I think it's mental. I think depression, mainly, I think they must have it more nowadays, the complaints from their parents have increased and from themselves during visits, too. (P9)

Well, in general in public health there is still that mentality of seeking the service as soon as the person realizes that a lot of damage has already been done. So, they come with pain or an abscess or with a serious Sexually Transmitted Disease (STD), with lesions. (P13)

They also highlighted some reasons why adolescents do not seek care at the unit, whether because they consider themselves healthy, without diseases, or because of shame, fear, lack of knowledge about the services offered.

Because they think that because they are teenagers and have few problems, few physical changes, really, they

think they do not need routine care. [...]. So, they think they do not need follow-up, that they are healthy. (P1)

I think it's more due to embarrassment. The embarrassment of coming alone, the shyness, in adolescence they are very shy [...]. (P7)

Maybe out of embarrassment or because they don't feel comfortable coming here, due to a lack of information on how we can help them. [...] of knowing how we can serve them here, because they don't know the types of care provided for them here at the unit. (P8)

I think the first reason is embarrassment, the second is fear, fear that what's happening to them will leak out. (P12)

Regarding adolescents' health needs, health professionals identify mental, sexual and reproductive health and some health professionals believe that these needs can be met by the UBSF.

Yes, for sure. Mental health. Today it's very much in focus. And sexual and reproductive health. And we have all the capacity to serve these patients in this age group [...]. (P3)

Absolutely, without a shadow of a doubt. The psychological care referrals, as I mentioned in the previous question, because of anxiety. [...] Here at the unit, they have all the support. (P8)

It's thinking about depression. I think so, right? Because sometimes a conversation is what they need. Someone different to listen to, someone outside their group. Who listens, has a different opinion for them. (P9)

I think it's initiation into sexual life, right? Guidance about that, about drugs. [...] but they need to come to the unit more for health prevention, for guidance and not just when they have some kind of illness, some complaint, you know? (P11)

However, for other health professionals, care for these health needs is not always offered in the best way, reaching the adolescent's comprehensive care. They understand there is still a lot to be done for this age group, also seeking to interact in a more attractive way with activities and themes specifically aimed at this stage of life and focusing on preventing problems.

Ahn, in general, I think their needs are not being met because we don't have anything specific for them, we

should have a group, a conversation circle, something created for their own age, you know? [...]. (P4)

The issue of mental health. This is a very common issue these days, we are seeing many cases, and this is only increasing and it is a very worrying thing. [...]. (P5)

I believe it would be mental health. And I think groups would be interesting for teenagers, which we hardly have here [...](P6)

Discussion

Primary Health Care seeks to guarantee comprehensive care during adolescence with actions focused on promoting, protecting and restoring health to reduce the main diseases and problems, improving health surveillance and contributing to the quality of life of this age group.⁽¹⁾

Based on the guidelines of the Unified Health System (SUS), health professionals reported important points about adolescent health care, recognizing the potential and difficulties of achieving comprehensive adolescent health. They also identified the importance of differentiated care from the entrance door of the unit to user embracement, informing about the services available at the unit with an appropriate approach and communication by all members of the family health team, seeking the language of adolescents.⁽⁶⁾

The term 'embracement' means the way of receiving or being received and PHC involves a set of actions that constitute the relationship of care between health professionals and users, carried out in an organized manner, facilitating access to humanized services, ensuring greater resolution, satisfaction and well-being, making the individual feel well received by the service in all places and times of care.⁽⁷⁾

Embracement can be offered in different ways; by listening, by the availability of resources and services, by serving the user based on a need in the biological or subjective field.⁽⁴⁾ This process is fundamental for building bonds, favors the appropriate referral of users and must have the involvement of all health professionals. Furthermore, it involves humanizing relationships between health teams and users, so that all adolescents who seek health services receive attentive listening and appropriate information, care and referrals.^(1,6)

Embracement is not limited to scheduling an appointment, but also presenting the health unit as a whole and the activities developed by the health team within the scope of disease prevention and health promotion, which are often unknown to adolescents and other users. Health teams also highlight the importance of appropriate communication for this age group, providing sensitive listening and understandable language.

Access to the service needs to be organized in such a way that embracement can be offered to all adolescents and their different demands can be met. Care must be comprehensive, focused on the needs of individuals, based on a relationship of trust and empathy, maintaining an attitude of understanding and attention to all information, complaints and needs that lead adolescents to seek the service.⁽³⁾

The importance of quality user embracement is emphasized during all moments of care offer, maintaining a relationship of respect and trust between health professionals and adolescents so that they feel safe, have confidence and freedom to express themselves and ask questions without being judged. In this sense, it is necessary to establish communication between the actors, since their way of communicating and understanding each other is really important in the care process, that is, communication is a fundamental element in the relationship between professionals and adolescents.⁽⁷⁾

This interaction must be built and maintained mainly by creating bonds, establishing relationships of trust, respect and consolidated in dialogue. To this end, the professional must be available to listen to the adolescent's needs without prejudice and prior judgments.⁽³⁾

This expanded view of knowledge about the specificities of adolescents is necessary for planning and implementing effective care practices with the aim of promoting processes of inclusion and social participation of adolescents and their families.⁽⁷⁾ Therefore, the FHS is the priority gateway for these adolescents, guaranteeing the right to health promotion, prevention, recovery, rehabilitation from diseases and health maintenance in order to develop comprehensive healthcare.⁽⁴⁾

Since the vast majority of adolescents are considered healthy and do not seek health units very often,

they end up not receiving the necessary attention regarding health as a whole. Most of the time, it is only focused on reproductive health issues, forgetting about other aspects, such as mental health.⁽³⁾

A study⁽⁷⁾ argues that the presence of adolescents as users of UBSF services is generally based on demands related to pregnancy and prenatal care, in addition to laboratory tests; treatment of specific diseases; clarification of doubts about services; prevention of sexually transmitted infections; use of contraceptive methods; immunization; oral health; drug use and search for medication.⁽⁷⁾

Health professionals also identified reasons similar to those in this study⁽⁷⁾ for adolescents seeking care at the UBSF. Both findings corroborate the idea of specific and timely care, challenging comprehensive care for adolescents, in addition to intertwining reasons why they fail to seek care at the basic health unit.

In addition, a study⁽³⁾ indicates some barriers that need to be overcome by services and, mainly, by health professionals in order to achieve effective care at this stage of life. Among them, they draw attention to the fact that most of the actions performed by health professionals working in the PHC are specific, timely and focused on clinical care, with issues related to sexuality, especially the prevention of sexually transmitted infections and drug use. It also highlights a gap between adolescents and health professionals, as well as the absence of unique projects aimed at the population in this age group, which reinforces the need for greater proximity between these users and health professionals, expanding the concept of care and migrating from the biomedical field to a look at the subjectivity, social aspects and individuality of each subject, thus overcoming the fragmentation of care in search of comprehensiveness in actions.⁽³⁾

Health professionals identified that the main reason for adolescents seeking care at the UBSF is related to mental health and consider it is often not resolved completely, depending on its complexity. In addition, most of the time, they understand that mental health problems require support from a multidisciplinary team, especially a psychologist and psychiatrist, as well as a support group.

Data from the World Health Organization (WHO) reveal there are 1.2 billion adolescents in the world. Although a significant portion of this population leads

a healthy life, an increase in the number of premature deaths can be identified, as well as mental health problems such as depression and anxiety, triggering an increase in suicide attempts in this age group.⁽⁸⁾

Adolescents are at a stage in life that makes them more vulnerable to violence, early pregnancy, drug use and abuse, and sexually transmitted infections. The main causes of death among individuals aged 10-24 are assault, suicide, traffic accidents, mental illness, alcohol use, outcomes related to maternal and contraceptive health, and infectious diseases, leading to discussions and reflections on the insufficiency of public prevention and protection policies.^(9,10)

The lack of a public policy aimed at adolescents and the difficulties in embracing more complex cases also impact care. In this sense, there is a rupture in the care model from late childhood to adulthood, without considering adolescents as a priority group.⁽⁷⁾

Although individual care is important and necessary, group health education activities are given priority in this age group. The emphasis is given on group care because it can provide a space for health promotion and disease prevention, since this strategy is better adapted to the needs of adolescents.^(11,12)

A social protection network that guarantees the rights of this population can also be built in this space of care. Adolescents need support and guidance from parents and nurses from the beginning of this period of their life in order to deal with the transformations and achieve a healthier lifestyle, reducing risk behaviors.⁽¹¹⁾

In this sense, it is clear that public policies aim to reduce the main diseases and problems that affect adolescents, improve monitoring and protection of their health and promote quality of life, while also meeting the requirements of the Child and Adolescent Statute (ECA) regarding the guarantee of the right to protection of life and health.⁽⁶⁾

It is extremely important to pay attention to the health of the adolescent population, considering that guaranteeing quality of life also means guaranteeing the energy, creative, innovative and constructive spirit of this population, which has a rich potential capable of positively influencing the development of the country. In addition, raising awareness among SUS managers and professionals about the commitment to systematically improving the quality of care in health services for adolescents and young people.⁽⁹⁾ In this

way, a bond of trust and respect can be established, which is essential for continued monitoring, successful treatment and for preventing complications.

The fact that this study was conducted in only one UBSF is among the main limitations, as this may restrict the generalization of the findings. The perceptions of health professionals may vary according to the different socioeconomic, cultural, and organizational contexts present in other regions of the country. In addition, the failure to include the perspective of adolescents themselves may represent an important gap in the research, since listening to this public is essential for an in-depth understanding of their real health needs and the reasons that lead them to not seek care in PHC services. These aspects indicate the need for new studies in order to enrich the understanding of adolescent health care and contribute to more effective public policies.

Even though it has limitations, this study offers relevant contributions to the field of adolescent health, especially by highlighting weaknesses in the care of adolescents in PHC, a challenge shared by many countries. By identifying that care for this population is focused on specific demands and reactive to problems, the results point to the need for a comprehensive, continuous and humanized approach, as recommended by international organizations such as the WHO and the United Nations Children's Fund (UNICEF). In this sense, the study contributes to the international debate by providing empirical evidence that can guide more sensitive public policies to the specificities of this age group and encourage the adoption of practices that strengthen adolescent health as a strategic field in addressing the vulnerabilities that mark the transition to adulthood.

Conclusion

This study sought to identify the perception of PHC professionals about the needs of adolescents and the reasons for not seeking care, showing that care for adolescents is fragile, little discussed and disseminated in the UBSF, and the focus of care for adolescents is based on specific assessments, resulting from complaints related to mental health, prevention of diseases, unintended pregnancy and reduction of morbidity

and mortality from external causes. Effective care for the health of adolescents requires the strengthening of actions to promote health, prevent diseases and problems, humanized care and networking that considers adolescents as protagonists of their life story, knowing their strengths and weaknesses, as well as the barriers in the provision of services and care for this population. Thus, seeking to reduce diseases in adult life and awakening the interest of adolescents in taking care of their own physical, mental and social well-being for a healthy life is necessary, creating strategies to motivate them to seek care and monitoring at the UBSF.

Contributions

Silva RL, Anders JC, Zanatta EA, Souza AIJ and Sicsu ES contributed to the study design, data analysis and interpretation, writing of the article, relevant critical review of the intellectual content and approval of the final version to be published.

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