

Lifestyle and health risks to adolescents and young people

Estilo de vida e riscos à saúde de adolescentes e jovens

Estilo de vida y riesgos para la salud de adolescentes y jóvenes

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How to cite this article:

Soares LS, Moniz MA, Sousa DB, Sales JL, Alves YR. Lifestyle and health risks to adolescents and young people. Rev Fun Care Online. 2019 jul/set; 11(4):1025-1030. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i4.1025-1030>.

ABSTRACT

Objective: The study's purpose has been to describe aspects of the lifestyle of participants from an Adolescent Healthcare Center. **Methods:** It is a descriptive study with a qualitative approach that was carried out with 13 adolescents and young people registered in the Adolescent Healthcare Center from a city of the coastal area, Rio de Janeiro State, Brazil, by using standardized self-administered questionnaires. **Results:** There were identified inappropriate eating habits; early beginning of sexual life and irregular use of condoms; absence of regular physical activity, and embarrassing situations experienced at school. **Conclusions:** The commitment in these aspects of lifestyle indicates that there are situations of health risks demanding new preventive strategies besides the educational actions with the young public. There is a need for planning and implementation of local intersectoral actions at primary and secondary health care levels aimed at reducing youth vulnerabilities on inadequate feeding, sexual precocity, irregular physical activity and school violence.

Descriptors: Adolescent's health, lifestyle, risk factors, health promotion.

RESUMO

Objetivo: Descrever as condições do estilo de vida e riscos à saúde de um grupo de adolescentes e jovens participantes de um Núcleo de Atenção à Saúde do Adolescente (NASA). **Métodos:** Estudo descritivo de abordagem qualitativa realizado com 13 adolescentes e jovens cadastrados no NASA de um município da Baixada Litorânea do estado do Rio de Janeiro, por meio de questionários padronizados autoaplicáveis. **Resultados:** Foram identificados hábitos alimentares inadequados; precocidade das relações sexuais e uso irregular de preservativo; ausência de atividade física e situações constrangedoras vivenciadas na escola. **Conclusão:** O estudo aponta situações de riscos à saúde que demandam estratégias preventivas, sobretudo de promoção da saúde. Faz-se necessária a implementação de ações

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intersetoriais locais voltadas para a redução de vulnerabilidades com ênfase nos eixos temáticas de alimentação, sexualidade, atividade física, prevenção da violência e cultura da paz.

Descritores: Saúde do adolescente, Estilo de vida, Fatores de risco, Promoção da saúde.

RESUMEN

Introducción: La aparición de las enfermedades transmisibles y no transmisibles relacionadas con el estilo de vida ha obtenido relevancia en la fase juvenil. El objetivo fue describir aspectos del estilo de vida de participantes de un Núcleo de Atención a la Salud del Adolescente.

Materiales y métodos: Estudio descriptivo del abordaje cualitativo realizado con 13 adolescentes y jóvenes registrados en el Núcleo de Atención a la Salud del Adolescente de un municipio de la Baixada Litoral del estado de Río de Janeiro, Brasil, por medio de cuestionarios estandarizados autoaplicables. **Resultados:** Se identificaron hábitos alimenticios inadecuados; Precocidad del inicio de las relaciones sexuales y uso irregular de preservativo; Ausencia de actividad física regular y situaciones embarazosas vivenciadas en la escuela. **Discusión:** El compromiso en estos aspectos del estilo de vida apunta que existen situaciones de riesgos a la salud que demandan nuevas estrategias preventivas además de las acciones educativas con el público joven.

Conclusiones: Hay necesidad de planificación y realización de acciones intersectoriales locales en niveles de atención primaria y secundaria en salud que estén dirigidas a reducir las vulnerabilidades juveniles sobre alimentación inadecuada, precocidad sexual, actividad física irregular y violencia escolar.

Descriptor: Salud del adolescente, Estilo de vida, Factores de riesgo, Promoción de la salud.

INTRODUCTION

Biopsychosocial changes follow the human chronological dimension. During adolescence, a phase that borders the age group from 10 to 19 years old, the individual feels the need to experience new situations and behaviors that usually expose him to various health risks.¹

At this stage of human development, the health vulnerability can be reduced by encouraging adolescents to exercise their citizenship, strengthening their family and community ties, and carrying out specific actions to promote health.²

In order to promote the healthy growth and development of adolescents and young people, it is essential to keep their follow up by primary health care professionals in order to investigate and work with current and potential risk factors present in their lifestyles due to the use/abuse of licit and illicit drugs, the establishment of chronic and infectious diseases, violence and teenage pregnancy.³

An important action to promote adolescent health refers to the empowerment of this individual as a multiplier agent of quality health knowledge among peers. Thus, active methodological strategies are recommended intending to incorporate appropriate forms of communication and language to stimulate the involvement and participation of this population group in health education actions aimed at intervening in their risk factors and lifestyle.²

Therefore, it is necessary to raise and to know the conditions of the lifestyle related to the health care of

the adolescents in order to instrumentalize them for the self-care. Lifestyle is characterized as a way of living based on identifiable behavioral patterns that are determined by the relationship between personal characteristics, social interactions, and also socioeconomic and environmental conditions.⁴

Hence, the objective of the study was to describe aspects of the lifestyle of participants from an Adolescent Healthcare Center (AHC).

Given the aforesaid context, the data obtained here might be able to address health actions towards the Adolescents and Young People Health Programs, particularly, to the participants of the AHC Program from *Rio das Ostras/Rio de Janeiro* State.

METHODS

It is a descriptive study with a qualitative approach that was performed in *Rio das Ostras* city, located in the the coastal area of the *Rio de Janeiro* State, having adolescents and young people participating in an Adolescent Healthcare Center from a Basic Health Unit (BHU).

The descriptive research aims at describing the characteristics of a particular population or phenomenon and involves the use of standardized techniques of data collection as a questionnaire and systematic observation. The qualitative research, however, considers that there is a dynamic relation between the real world and the subject, in other words, an inseparable link between the objective world and the subjectivity of the subject that cannot be translated into numbers.⁵

The study scenario included a BHU that develops weekly meetings with adolescents and young people, in the morning and afternoon shifts, with a multiprofessional team of the AHC. This Unit was selected because it had the largest number of adolescents and young people enrolled in the Center.

The AHC, as a Program of the Municipal Health Secretariat from *Rio das Ostras/Rio de Janeiro* State, develops weekly activities aimed at adolescents and young people aged 10 to 24 enrolled in Basic Health Units through individual and group care. The Program was implemented in 2005 with the purpose of accompanying the development of this phase and encouraging healthy habits and styles of life for adolescents residing in the areas covered by the aforementioned Health Units. The health team that operates at AHC is multiprofessional and consists of the registered nurse, general physician, gynecologist, obstetrician, dentist, social worker, psychologist, and nutritionist.⁶

The participants of the study were 13 adolescents and young people enrolled in the AHC of a BHU who agreed to participate in the research and signed the Informed Consent Form applied to adolescents over 18 years old, as well as the Assent and Clarified Form, applied to adolescents between 12 and 18 years old, according to the Resolution No. 466/12 from the National Health Council. The inclusion criteria considered were: adolescents and young people who were present at AHC on the two days of the data

collection and who agreed to participate in the research after the researcher explained the objectives of the study and signed the aforementioned terms.

The data collection was performed in January 2016 after the meetings with the group of adolescents and young people in a BHU through the application of a semi-structured and standardized self-administered questionnaire. The questions included the participant's sociodemographic profile, eating habits, drug use, personal hygiene, sexual behavior, physical activity, and violence.

The data were categorically analyzed by means of the description, inference and interpretation steps and from the empirical categories already pre-established in the pre-field phase.⁷ The research project was approved by the Ethics Committee Research from the University Hospital Antônio Pedro of the *Universidade Federal Fluminense* in September 2015, under the Legal Opinion No. 1201009.

RESULTS

Concerning the gender characteristics of the participants, 12 (92%) were female and only 1 (8%) was male participant. The age range of the subjects was 13 to 20 years old. Regarding the educational level, 4 (31%) participants were in high school and 9 (69%) were in elementary school. The results were grouped into six analytical categories: Eating habits; Personal hygiene; Drug use; Sexual behavior; Physical activity and Domestic and school violence.

Eating habits

Regarding eating habits, 8 (62%) participants ate fruits every day, but the number of those who did not eat was also high (5 or 38%).

As for vegetables, the group was divided into: 6 (46%) consumed every day, 6 (46%) did not consume and 1 (8%) did not respond.

As for the consumption of fatty products, salted and sausage products, 6 (46%) consumed up to twice a week, 4 (31%) three or more times a week and 3 (23%) reported eating rarely or almost never.

When asked about the daily drinking habit, 4 (31%) answered that they had 8 or more glasses, 4 (31%) between 6 and 8 glasses, 2 (16%) of 4 and 5 glasses, and 3 (23%) adolescents drank less than 4 glasses/day.

In terms of consumption of sweet foods, cakes, soft drinks, and processed juices, 5 (38%) consume up to twice a week, 5 (38%) three or more times in the week, 2 (16%) every day and 1 (%) stated that rarely or almost never.

The results also showed that the group of participants misused salt, fried foods, fried snacks in packets, salted meats, hamburgers, hams and sausages during the week. Additionally, most of the participants consumed a lot of sugar present in sweets of any kind, such as cakes stuffed with topping, sweet biscuits, soft drinks, and industrialized juices.

Personal hygiene

In terms of personal hygiene, everyone (100%) reported that they washed their hands after using the bathroom, cleaned properly after doing their physiological needs, showered and brushed their teeth every day. Of the participants, 10 (77%) did not floss every day, 12 (92%) used a bath towel and a toothbrush individually, and 8 (62%) performed at least one dental appointment annually.

Drug use

In regards to drug use, all participants (100%) reported that they did not consume alcoholic beverages, cigarettes and illicit drugs and 10 (77%) considered the use of drugs harmful to their health. Observing the information obtained on the health risks by using these drugs, 12 (92%) participants reported that they had read some information about the damage caused by drug use and 3 (23%) reported having used drugs first time under the friends' influence.

Sexual behavior

The results showed that the sexual initiation of half (50%) of the participants was early since 06 (46%) individuals reported that they already had an active sexual life. Although 8 (62%) participants reported that they were aware about Sexually Transmitted Infection (STI), and the 6 adolescents who had sexual activity reported that they did not use a male or female condom, neither oral contraceptive. Still, everyone considered it important to use condoms during the sexual intercourse, mainly, because of the risk of getting STIs and unplanned pregnancies.

Moreover, 5 (38%) of the young people reported that they used to perform the cytopathological examination of the uterine cervix.

Physical activity

Considering the thirteen participants in the study, 4 (31%) did not perform a regular physical activity, which is characterized in an activity of at least 30 minutes a day during the week.

Observing the physical education activities in the school, 7 (54%) adhered to the classes. Despite this, all participants reported that physical activity is an important factor in maintaining health and have read information about it. Regarding the sedentarism, 6 (46%) reported that they did not know this term.

Domestic and school violence

With regards to domestic and school violence, all participants reported having good relations with their parents and 12 of them (92%) also with their siblings. Bearing in mind the thirteen participants, 1 person (8%) did not respond and 10 (77%) reported that they were never physically assaulted by their parents and/or siblings.

Concerning the embarrassing situations in schools, 5 (38%) of the participants reported that they had already witnessed one of these situations.

Given this context, the research results indicate that among the risk factors is the high proportion of adolescents with inadequate eating habits (low consumption of fruits/vegetables, high consumption of sodium, fat, sugar and salt), personal hygiene affected (precocity of sexual intercourse, irregular use of condoms or other contraceptive method), low level of physical activity, and finally, embarrassment experienced in school.

DISCUSSION

The results of the research showed that, in the category "Eating habits", a good part of the studied population (38%) did not have the habit of consuming fruits and vegetables daily.

According to the recommendations of the Ministry of Health, vegetables and fruits are sources of vitamins and minerals that regulate the functioning of the body and help the functioning of the intestine adequately reducing the blood's fats load.⁷

The daily consumption of fruits and vegetables, at least 400 g/day, is an important factor for the prevention of coronary diseases, cancer, diabetes and obesity.⁸

On the other hand, the high consumption of sodium, the main component of salt, is very important in the development of diseases such as hypertension, cardiovascular, renal and other diseases, which are among the causes of hospital admissions in Brazil and in the world.⁸

The Ministry of Health advises that avoiding excess salt is a simple measure that can prevent several serious health problems. The World Health Organization (WHO) recommends that the maximum daily intake of salt must be less than 5 grams per person. Nevertheless, the *Instituto Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics] reveals that the daily consumption of salt by the Brazilian is 12 grams. However, if such salt intake is reduced according to the WHO recommendation, deaths from stroke may decrease by 15%, and deaths from stroke by 10%, and that 1.5 million Brazilians would not need hypertension medication and life expectancy would increase by up to four years.⁹

This fact characterizes the group of participants as vulnerable to the development of diabetes mellitus, plurimetabolic disorder resulting from defective secretion and/or insulin action.

Diabetes mellitus and systemic arterial hypertension are responsible for the first cause of mortality and hospitalization in the *Sistema Único de Saúde (SUS)* [Unified Health System].⁷⁻¹⁰

They are also vulnerable to the development of obesity that occurs when there is a chronic imbalance between the energy that is ingested and the energy that is consumed.

Adolescents, due to their pubertal development, have their increased caloric needs and consequently have increased appetite and gain in body weight. The media's

appeal and the influence of the group of friends favor unbalanced and hypercaloric diets, due to the frequent consumption of fast-food foods and quick snacks rich in sugar, refined carbohydrates, and saturated fat.¹¹

Among the consequences of obesity are psychosocial problems such as discrimination between colleagues and relatives, orthopedic complications, postural changes, sleep apnea, gastrointestinal disorders (gastroesophageal reflux), and metabolic problems such as hyperinsulinemia and hyperlipidemia.¹¹

Considering the "Personal hygiene", the results suggest a risk of dental caries, since the frequency of consultation with the dentist is low, and also followed by a lack of flossing habit.

This type of behavior can be a decisive factor for the presence of dental caries, whose infection can spread to other parts of the body.¹²

With regards to "Drug use" in Brazil, alcohol and tobacco are still the two drugs most consumed among young people. Such data are probably due to the facilities and stimuli for obtaining the product, among them, the low cost, the curiosity for the product stimulated by the imitation of the adult behavior, the lack of information, the influence of friends and the marketing of tobacco derivative products.¹⁴

Concerning the "Sexual behavior" dimension, the results showed an early onset of sexual intercourse and that almost half of the participants did not use protection during intercourse.

Precocity along with the lack of health protection at the time of sexual intercourse is considered a determining factor in the increase in the rates of unplanned pregnancy, abortions and the number of adolescents with STI and Acquired Immunodeficiency Syndrome (AIDS). These data may be the result of the lack of knowledge about sexual issues and STI preventive methods.^{15,16}

A study aimed at the knowledge of adolescents about transmission, prevention and risk behaviors to HIV and STI pointed to significant rates of unawareness of transmission, prevention, and treatment of AIDS, as well as the existence of some risky behaviors that make the group of adolescents vulnerable the STI/AIDS.¹⁶

Of those who had a sex life (6), 5 reported having already had done the Pap test. This test is aimed at detecting cellular changes in the cervix that indicate active infection by the Human Papillomavirus (HPV) virus and the need for appropriate treatment and follow-up by healthcare professionals. Other cervical and genital pathologies, including of infectious origin, can be detected during the cytopathological examination. Such pathologies, once untreated, may progress to more serious problems such as endometritis and salpingitis.¹⁷

Regarding the "Physical activity", the results indicated that most of the participants in this study did not perform a regular physical activity and showed a lack of physical activity. Sedentary lifestyle represents an important risk factor for the emergence of chronic noncommunicable

diseases, such as hypertension, dyslipidemia, diabetes mellitus, and cardiovascular diseases.

A sedentary lifestyle is one of the main contributing factors for the growth of obesity since the increase in caloric intake and the reduction of energy expenditure favor weight gain.¹⁸

Lack of regular exercise has been accompanied by increased time spent on sedentary activities, such as watching television, playing video games, and using the computer.¹⁸

In a study about health risk behavior of adolescents from the *Santa Catarina* State, it was found that approximately one-third of the adolescents were classified as insufficiently active.¹⁹

Ultimately, in the category “Domestic and school violence”, the findings pointed to a good bond with the family nucleus. Nonetheless, some adolescents (38%) stated that they had already either witnessed or experienced embarrassing situations in school.

Conviviality with violence in the home tends to make children and adolescents aggressive and to develop antisocial behavior, especially within the school. Victims of domestic violence have difficulties in interpersonal relationships.²⁰⁻¹

A recent study showed that female adolescents are more exposed to the risk of intrafamily violence and have higher levels of negative affects. Thus, it is suggested the need for evaluation by the school and health services teams of the situations experienced by the youth and adolescents with the families.¹

Students who are subjected to repeated embarrassing situations on a daily basis eventually create sick zones, which function as a “psychic virus” of the mind, or “killer windows,” a true anchorage that captures human emotions, prevents their victims from acquiring self-defense skills and socialization, as well as undermining their socio-educational development insofar as it promotes their isolation.²²

Every day, in all schools around the world, thousands of children and adolescents are humiliated and exposed to embarrassing situations. However, it is necessary to question whether all these occurrences constitute bullying, aiming to establish a differentiation of the other situations that occur in the school environment.²³

Thus, the commitment in these aspects of the participants’ lifestyle indicates that there are several situations of risks and vulnerabilities to the health of these young people that demand new preventive strategies besides the educative actions with the young public.

Many health promotion programs, such as the School Health Program, have had a school base, considering that school is one of the main contexts in the life of an adolescent. Nevertheless, although school-based preventive interventions are fundamental and constitute one of the main frameworks at this level, it should be assumed that school programs may not reach those most at risk, in other words, the absent adolescents, the street population and the adolescents who dropped out of school.

The educational activity is a participatory process through the understanding and reflection of the information received and in the production of knowledge generating solutions for health problems and relevant to address this issue with youth and adolescents.¹³

Early intervention is important because it is known that risk behavior may increase with age, and that if there is no improvement in the problem in question, there may be future consequences. Promoting protective factors for each risky situation or behavior is essential; hence, in addition to school, it is vital to use the community and family context.

CONCLUSIONS

It was inferred that the adolescents and young people surveyed, faced with the presented reports on the lifestyle, are vulnerable to several situations, such as, less learning; the prevalence of low resistance and greater susceptibility to infections and coronary, renal and diabetes mellitus; sedentary lifestyle and obesity; arterial hypertension; dental cavity; STI contamination, HIV/AIDS, HPV; bacterial vaginosis; early and unwanted pregnancy; abortion; and the low socio-educational development, greater isolation and less self-defense related to the situations of embarrassment experienced in the schools.

It is known that any preventive work of direct action on the individuals must approach their life contexts and behaviors, as well as involve its actors in order to obtain a decrease of the risk and an activation of the resources of support.

The development of health actions for the group studied is a priority, considering the need for an early intervention that promotes the protection factors of the risk behaviors and that involves the main contexts of life.

Therefore, there is a need for planning and implementation of local intersectoral actions at primary and secondary health care levels aimed at reducing youth vulnerabilities on inadequate feeding, sexual precocity, irregular physical activity and school violence.

Furthermore, it is necessary to rethink the health services in order to favor the capacity of responses to comprehensive health care for adolescents and young people.

The following strategies are fundamental to deal with risky situations and vulnerability among adolescents and young people: strengthening of actions to promote health in the territory; training of professionals in basic care for youth care; interdisciplinary and intersectoriality work; and also the articulation of partnerships, as well as youth protagonism and family participation.

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Received in: 08/12/2017

Required revisions: did not have

Approved in: 17/01/2018

Published in: 01/07/2019

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Disclosure: The authors claim to have no conflict of interest.