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RESEARCH

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PERCEPTION OF SHELTER UNIT PROFESSIONALS ON SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENT INSTITUTIONALIZED

Percepção de profissionais de unidades de acolhimento sobre saúde sexual e reprodutiva das adolescentes institucionalizadas

Percepción del profesional unidades de acogida sobre la salud sexual y reproductiva de los adolescentes institucionalizados

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ABSTRACT

Objectives: to characterize the demographic social profile of professionals working in shelter unit for adolescents and to analyze the perception of sexual health/reproductive adolescents institutionalized from the perspective of professionals in the unit. **Method:** qualitative study developed with 10 professionals from a public shelter institution in the North Zone of Rio de Janeiro. Conducted semi-structured interviews and analyzed with the aid of software NVivo 10 (thematic analysis). Most of the participants is female and have completed high school, we point out that these have no training directed to sexual and reproductive health. **Results:** the perceptions of professionals on sexual health/reproductive of adolescents are related to exacerbated sexuality, pregnancy in adolescence as negative, Sexually Transmitted Infections and contraception. **Conclusion:** it was perceived that they not have the skills necessary to supply the appropriate and necessary guidelines adolescents. The inclusion of nurses would allow support to the demands presented by adolescents and professionals.

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Descriptors: Adolescent institutionalized; Sexual health; Reproductive health; Shelter; Comprehensive health care.

RESUMO

Objetivo: caracterizar o perfil sócio demográfico dos profissionais que atuam em unidade de acolhimento para adolescentes e analisar a percepção sobre saúde sexual/reprodutiva de adolescentes institucionalizadas na perspectiva de profissionais da unidade de acolhimento. **Método:** pesquisa qualitativa desenvolvida com 10 profissionais de uma instituição de acolhimento pública, na Zona Norte do Rio de Janeiro. Realizado entrevistas semiestruturadas e analisadas com auxílio do *Software* NVIVO 10 (análise temática). A maioria dos participantes é do sexo feminino e possuem ensino médio completo, destacamos que estes não possuem formação direcionada à saúde sexual e reprodutiva. **Resultados:** as percepções dos profissionais sobre saúde sexual/reprodutiva das adolescentes estão relacionadas à sexualidade exacerbada, a gravidez na adolescência como negativa, Infecções Sexualmente Transmissíveis e métodos anticoncepcionais. **Conclusão:** foi percebido que estes não possuem capacitação necessária para suprir às orientações adequadas e necessárias as adolescentes. A inserção do Enfermeiro possibilitaria suporte às demandas apresentadas pelos adolescentes e profissionais.

Descritores: Adolescente institucionalizado; Saúde sexual; Saúde reprodutiva; Abrigo; Assistência integral à saúde.

RESUMÉN

Objetivos: caracterizar perfil socio demográfico de los profesionales que trabajan en la unidad de alojamiento para adolescentes y analizar la percepción de salud/reproductiva sexuales de los adolescentes institucionalizados en la perspectiva de los profesionales de la unidad. **Método:** la investigación cualitativa realizada con 10 profesionales de una institución de acogida público en la zona norte de Río de Janeiro. Fue realizada entrevistas semi-estructuradas y analizadas con la ayuda del *software NVivo 10* (análisis temático). Mayoría de los participantes son mujeres y han completado la escuela secundaria, señalamos que estos no tenían educación dirigida a la salud sexual y reproductiva. **Resultados:** percepciones de los profesionales se relacionan con la sexualidad aumentada, El embarazo adolescente como negativo, infección de transmisión sexual y la anticoncepción. **Conclusion:** fue percibido de que no tienen las habilidades para proporcionar orientaciones adecuadas y necesarias. La inclusión de enfermeros permitiría apoyar las demandas presentadas por adolescentes y profesionales.

Descriptores: Adolescente institucionalizada; La salud sexual; Salud reproductiva; Refugio; Atención integral de salud.

INTRODUCTION

Adolescence is marked by important emotional and cognitive transformations. During this period, delimited between 12 and 18 years[1], several body modifications are also evidenced, among them sexuality, establishment of new bonds and the approximation of the psychic processes of the so-called "adult world", where the adolescent explores options and experiences different roles and functions. modes of action thus discover how to behave in ways that make sense to oneself and establish the consolidation and construction of the adolescent's identity and social role.[2]

The adolescent goes through conflicting situations in the construction of his identity. It is a period of discoveries, impulses and self-affirmation, which when associated with the situation of social exclusion, as in the case of institutionalized adolescents, in a situation of shelter, present some intensification of vulnerability to health problems.[3]

It is necessary to consider that the adolescent, in its essence, is a being vulnerable to several risk situations, appropriate to a feeling of immunity that inhabits it. This feeling, coupled with that of omnipotence, common in this phase, makes the adolescent believe that nothing can reach him, since he is apparently healthy and young.[4] Thus, consequently, he tends to be more frequently exposed to risky behavior, as in unstable love relationships, whose sexual intercourse often does not include condom use, whether due to moral or gender bias, and thus significantly increases your risk of contracting sexually transmitted infections (STIs).[5]

In this sense, the Ministry of Health, understanding the vulnerability of this population group, has been developing actions and policies directed to the reproductive and sexual health of adolescents, such as the Child and Adolescent Statute[1]; National Guidelines for Integral Health Care for Adolescents and Youth in Promotion[6]; Health Protection and Recovery and National Policy for Integral Attention to Women's Health - PNAISM.[7]

In relation to the greater vulnerability of reproductive and sexual health of host adolescents, the history of abandonment, street, drugs, violence, sexual abuse and broken families adds to the overall characteristics of a teenager.[3]

The phenomenon that culminates in adolescents leaving their homes to care facilities configures interpersonal and psychological risk factors, including mental illness, history of physical or sexual abuse, domestic violence, and drug abuse. In fact, there are many factors to go to the street, but all point to a weakness in their social network, with its supports and demands.[8] In reality, most situations of reception among adolescents have been due to intrafamily violence, such as a quest for mental health.

In this sense, the host units and their professionals (social worker, psychologist, pedagogues and caregivers) play educational and socializing roles and are considered social educators. These represent a reference position for teenagers.

Care unit professionals also play an important role in terms of social reintegration and health promotion of sheltered adolescents. We highlight the prevention of STIs, multiple pregnancies, awareness of non-use of drugs, and also work the self-esteem of these young people, encouraging the professionalization and entry into the labor market.[4]

Professional social educators generally guide from their values, beliefs and even disciplinary conduct (formal and informal), which can positively and negatively influence the promotion of self-care in this most vulnerable population.

Given this scenario and seeking to contribute with subsidies to the area, the following objectives are to characterize the socio-demographic profile of professionals working in a care unit for adolescents and to analyze the perception of sexual/reproductive health of adolescents sheltered from the perspective of professionals of the host unit.

METHODOLOGY

This is a qualitative research, exploratory type with the scenario of a host institution of the municipal network of Rio de Janeiro (SMS / RJ), in the North Zone of the city, conducted between July and September 2014.

The study participants were 10 professionals from the host unit. Each of the 10 interviewed professionals was identified by the alphanumeric code as E1 (Interviewee 1), successively, until E10 (Interviewee 10), following the order in which the interviews were conducted. The inclusion criterion as a participant: Professionals from foster care units working with sheltered female adolescents.

The study followed the guidelines and formal requirements contained in research standards involving human beings, approved by the Research Ethics Committee of the Municipal Secretariat of Health and Civil Defense - CEP SMSDC-RJ, protocol No. 127/13, approved on 08/11/11. 2013 It is part of the project entitled: The reproductive and sexual health of women and adolescents in socially vulnerable situations, funded by the National Research Council (CNPq - Public Notice 2012-2015) and the monograph approved in the Specialization Course in Obstetric Nursing in Residence modality of the Municipal Health Secretariat (SMS-RJ) in agreement with the Faculty of Nursing of the State University of Rio de Janeiro.

The collection technique was the semi-structured interview with open-ended questions regarding the promotion of sexual and reproductive health of the adolescents in the host situation. The interviews were recorded on MP3 media and transcribed. Afterwards, we started the process of analyzing the professionals' statements with the aid of NVivo 2010 software and based on thematic content analysis.[9]

We performed exhaustive fluctuating reading of the text and identified the registration units (UR), defined as expressed meaning cuts. When grouped into certain themes, we constitute the category: Perception of professionals about the sexual and reproductive health of adolescents.

RESULTS AND DISCUSSION

Participant Characterization

The study included 10 professionals working with adolescents in a public care unit, a Psychologist, a Pedagogue and a Social Worker, and the other seven were Social Educators. Most of the interviewees were women, consisting of nine of the participants; seven participants were between 31 and 50 years old and the others between 51 and 75 years old.

This result indicates the still prevalent presence of females in care, particularly children and adolescents. Generally, activities that involve caring tend to be attributed to women and naturalized in order to appear as exclusive and constitutive of the female condition. This is explained because, in common sense, women are linked to the attribute of motherhood, thus caring for their children, as well as caring for a family member who is ill or in a fragile situation.[10]

Regarding the educational level of the interviewed professionals, it was noted that six participants, most of them, had completed high school. However, regarding the qualification to deal with adolescents in a host situation, there was some weakness, since half of the interviewees took a single course as a social educator, which did not cover numerous situations experienced by them within the host unit. It is noteworthy that three professionals have never performed any specific training to work with adolescents in foster care.

Professionals who work with socio-education need gradual training, as part of society still produces expressions of prejudice and discrimination, and when dealing with adolescents welcomed these expressions and ideas should be deconstructed in order to guide them, so that they receive optimal care according to the transient condition to which they are and so that they can be inserted or reinserted to the family life safely. In addition, these professionals are referrals to many young people for value transfer and affect, and have a great influence on their behavior.[11]

The professionals of the care unit do not have a training directed to sexual and reproductive health. The team that works in the host unit are social educators, mostly of middle level, who accompany young people in their daily routine, social workers who make the necessary referrals, according to the demand of each adolescent, aiming to reinsert them in society; and psychologists who accompany the youth and the team itself. Treatment of health problems is provided by reference to the public health unit of the Unified Health System (SUS) network.[4]

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Although they do not have training, we found that half of the interviewees have been working with adolescents in foster care for over four years. This demonstrates a certain property in presenting us their perception about sexual and reproductive health, considering the time of observation of the sheltered adolescents' daily life.

Professionals' perceptions of adolescent sexual and reproductive health

Professionals' perceptions about adolescent sexual and reproductive health highlighted themes about adolescent sexuality: the lack of information for Sexual and Reproductive Health; on Reproductive Health itself; and about the perception about sexual health.

In adolescence there is an increase in sexual interest, influenced by profound hormonal changes and the psychosocial context. Economic, social, cultural, emotional and personal characteristics in continuous interaction with the context and the time in which the adolescent is inserted determine the direction of the adolescent process, including sexuality.[12]

The 'sexual interest' is perceived by professionals who live daily with institutionalized adolescents. They report that the behaviors and attitudes of these young women are closely and directly linked to sexual activity.

> *Many girls come here very sexy, in very short shorts (...) when they get here they are all too sexualized.* (E2)

> *[...] then she is already very linked to sex.* (E3)

Professionals highlight the way they dress and behave as a representation of the exacerbated sexuality experienced at this stage of life.

They point out as influential aspects of behaviors centered on sexuality, the absence of family orientation or even, that these are a consequence of the reflexes experienced in the family environment such as violence or situations of abandonment.

> *From what I talk no. They had no guidance.* (E1)

> *Every girl here in the shelter comes in a situation that has been abused or abandoned.* (E2)

Professionals have difficulty dealing with abuse and abandonment of adolescents. Their life story is too much effort to forget. In this movement, where there is only talk and little if there has been, there are countless losses, because there is no way to build a future if the past is subjugated. The limited flexibility of the rules of the institutions also makes reception difficult. Dealing with individual and personalized care in a collective education unit - which is the care unit - seems to be the great challenge facing the institutions.[13]

In the host institution there are rules and disciplines regarding affective relationships among adolescents.[1] Given these norms and even their own values, including the age of these professionals (over 30 years), they end up judging their sexual activity. Some indicate it as lacking responsibility and thus generalize sexual practice, constantly repress their affective relationships, verbalize the fear that they become pregnant and thus blame young women for early motherhood.

In their speeches, professionals demonstrate that their guidelines and advice are sometimes undervalued. But it turns out that are guidelines focused on preventing pregnancy, not addressing another problem.

> *[...] I think they have to have responsible sex and they don't have to because if they had they wouldn't have a child at 12, 13 years old.* (E7)

> *We show the girls who come here, there was a case of 12-year-old girls in the Project Pregnant Mothers Teen, we talk, it happens, but they think they are smart in that sense.* (E1)

At this stage, it is common for teens to initiate early sexual relationships. This is due to the anxiety of living objectively and intensely, that is, they act without thinking about their actions, having difficulties to evaluate the extent and impact of the consequences of their behavior. The early experience of sexual intercourse consequently increases the vulnerability to STIs, pregnancy and other health problems, which may interfere with these adolescents' life projects.[14]

It is observed in adolescents welcomed the effort of the professionals of the host unit to develop educational actions. However, this practice often attempts to frame adolescents with prevailing standards from the authoritarian perspective of correction, repressing them.[15]

Most of the interviewed professionals indicate a negative view on the pregnancy in the lives of these institutionalized girls, as if from the moment of maternity their chances of improving their situation were drastically reduced.

> *Because so, nowadays this issue of being pregnant at the moment is not meant to be.* (E2)

> *Then a pregnancy complicates life more for her.* (E3)

These statements reflect the discourse of the ruling classes in which teenage pregnancy causes negative implications for the personal and social development of the adolescent and her child. Ratifying the stigma that motherhood is a mistake in this period and in the condition to which they are welcomed, since more than one source of expenses,

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it generates administrative expenses that are incompatible with the financial reality of these girls with lower socioeconomic status.[16]

But we found some professionals who support the idea that a child can positively transform the lives of these young mothers. Eventually, they lost the family frame and put a new chance at motherhood to recreate these ties and rewrite their stories.

> *Motherhood messed with some and improved their understanding of life.* (E6)

For adolescents in general, motherhood is something positive, in the sense that it allows them to acquire a social identity, to enable change of life (removal of situations of vulnerability, such as crime, prostitution, drug abuse), guarantee of affection and esteem of others, however produces several deadlocks. These adolescents live in the midst of socioeconomic precariousness and, allied to this, face difficulties in dealing with the real and concrete child who, in most cases, does not correspond to the idealized one, but whose needs need to be met and are their responsibility, which can generate new breaks if no support is provided.[4]

It could be evidenced in the participants' statements that the behavior exerted by the adolescents with regard to the desire with which they exert their sexuality through the sexual relationship, often culminates in pregnancy. Pregnancy, besides representing a maternal repetition, is also a way out of invisibility, when becoming a mother come to be socially recognized by this status.

> *What we observe a lot is the reproduction of what they lived. Their mothers also already have several children; they have become pregnant also in their teens and this ends up reproducing (...) they understand, but many times we realize that there are girls at home, there are boys and girls and many of them even plan their pregnancies (...) and somehow they understand pregnancy as a certain autonomy, as an independence, and then they plan it, even a virgin.* (E6)

In the context of care units, it is common to find adolescents as daughters of adolescent mothers.[3] This fact offers a view of naturalization of this process reproducing family history.

There is a perception that some adolescents plan their pregnancy as a way out of invisibility by becoming autonomous mothers and women, thus achieving a status recognized by society.[4]

Despite the devaluation of the guidance given by professionals, as discussed earlier, they sometimes see that this depreciation of their guidance falls short of a slight disregard or challenge of their authority. They believe that these young women are clamoring for attention, affection and, above all, protection, as this would make them more noticeable among so many girls who share the same situation.

> *Because what happens is that a girl when she is pregnant is more protected.* (E10)

However, it is not only teenage pregnancy that causes concern among professionals, emerges in the interviewees' discourse the issue of prevention and misuse of contraceptive methods, since there is a high rate of sexually transmitted infections in the shelter, particularly Syphilis, Vaginosis. Bacterial, described as discharge by professionals and less frequently HIV / AIDS.

> *But condoms they don't use them, no.* (E6)

> *It is the discharge that she has a lot (...) already had girls who arrived here, but was detected in PMA* [Project Mothers]*, with syphilis.* (E1)

> *AIDS I've seen in a few, but syphilis is almost all that come.* (E4)

However, it must be reflected that, only the guidelines on contraceptive methods are not enough, especially the use of condoms should be reinforced, because only in this way the expected results can be aimed, as regards the reduction IST within the host unit. Certainly some of these guidelines have the expected effect, and some young women use condoms properly, although participants' perceptions are largely focused on contraception.

> *We can see it even because of the result we have, it's full of used condoms.* (E10)

> *And some we really have to appeal to the injection because we're sure it will break the rules.* (E5)

In the case of professionals from reception units that are, in most cases, responsible for sexual and reproductive health orientations, it is important to consider the working conditions of these professionals who deal with the precariousness of human and internal material resources. the reduced or absent collective democratic space of management, the immobilizing institutional norms and routines, the aggressiveness and arbitrariness of the young, different practice since they do not have the conditions and training to do so.[17]

Because of this, this scenario demands from health professionals actions that can promote sex education for this group, not through repressive guidance, but in order to build knowledge from the information they already have and their realities. The nurse is highlighted in this guiding action, since it has in its academic background health education, which is a strategy to cope with health vulnerabilities and promotion of quality of life. This strategy, however, will only become effective through sensitive listening, providing rapprochement with the adolescent and consequent "breaking down barriers" and bonding.[4]

FINAL CONSIDERATIONS

The study allowed a greater reflection on the role of the Nurse in face of the demands exposed by professionals who work with adolescents in a host situation. In general terms, professionals do not have all the necessary training to supply the appropriate and necessary guidance of adolescents.

Their concerns, anxieties, doubts and questions arose through their speeches as if they were direct messages, issued by a whole professional category that feels marginalized and forgotten by the managers directly responsible for the shelter.

The speeches of the participants emerged concepts of "common sense" that led us to reflect on what should be the position and the role of the inserted nurse in this universe, since this would mean the assistance of contemplation specialized to promote sexual and reproductive health in that environment forgotten by the people, ie, the nursing professional, at this juncture, sometimes assume the role of supporter to individual challenges presented by the adolescents.

It was evident that the major concerns of professionals are exacerbated sexuality, pregnancy, STIs, and prevention and contraception of adolescents. This perception materializes in the speeches, highlighting the orientations and interventions of health professionals aimed at promoting adolescent health, as well as in establishing, maintaining the bond and restructuring broken ties along the trajectory of these young women.

The insertion of health professionals in the setting of units host, especially the nurse, would support various health needs of young adolescents, reducing the anxieties of the professionals of these units that do not have this training and feel limited to providing care to teenagers. In the context of reproductive and sexual health, it would help to reduce the rates of health problems in adolescents.

It is worth noting that the practice of the nurse, based in a problem and critical training can greatly contribute as from dialogic co-participatory educational activities, will contribute to the restoration of self-care condition of adolescents, as well as to promote their reproductive health and sexual behavior of adolescents in reception. Thus, the nurse would be an integral and active part of the process of rehabilitation and social insertion of these adolescents in a host situation.

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