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**HEALTH EDUCATION  
FOR ADOLESCENTS  
COMPLIANT WITH  
SOCIO-EDUCATIONAL  
HOSPITALITY  
MEASURES: AN  
EXPERIENCE REPORT**

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*Sílvia Camêlo de Albuquerque*

Professor at the institution: Universidade of  
Arcoverde – AESA

*Alanes Leite de Moura Gomes*

Student at the institution: Universidade of  
Arcoverde – AESA

*Ana Caroliny Bezerra da Silva*

Student at the institution: Universidade of  
Arcoverde – AESA

*Aryanne da Silva Alves*

Student at the institution: Universidade of  
Arcoverde – AESA

*Dayanne Raphaela Cavalcanti de Barros*

Student at the institution: Universidade of  
Arcoverde – AESA

*Edja Lais Gomes da Silva*

Student at the institution: Universidade of  
Arcoverde – AESA

*Ithallo Henrique Viana de Araújo*

Student at the institution: Universidade of  
Arcoverde – AESA

*Lais Cavalcanti Albuquerque*

Student at the institution: Universidade of  
Arcoverde – AESA

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***Maria Eulália Torres Dantas***

Student at the institution: Universidade of  
Arcoverde – AESA

***Michele de Carvalho Lima***

Enfermeira da Unidade CASE/CENIP  
Arcoverde - PE

***Rayanna Bezerra Hardman***

Student at the institution: Universidade of  
Arcoverde – AESA

***Severino José da Silva***

Student at the institution: Universidade of  
Arcoverde – AESA

## **INTRODUCTION**

Adolescence consists of a phase of rapid physical, cognitive, emotional growth and an experience proper to human existence, with a special demand for work on the psyche, due to the ruptures and transformations it brings to the subject (GARCIA; FERREIRA; CARDOSO, 2021; LI et al., 2018).

In Brazil, adolescence comprises the age group between 12 and 18 years of age, according to the Child and Adolescent Statute (ECA). In 2018, it was estimated that Brazil had 68.8 million children and adolescents between zero and 19 years of age; the states with the highest proportion of this population are in the North, with 41.6%, and the Northeast, with 36.3% (BRASIL, 1990; FUNDAÇÃO ABRINQ, 2019).

The priority areas for assessing the health conditions of adolescents grouped six domains, which encompass: (a) environmental, social, cultural, economic and educational determinants; (b) health behaviors and risks; (c) policies, programs and laws; (d) systems and information performance; (e) well-being; and (f) health outcomes and conditions, with the aim of consistently collaborating with the global measurement of priority health issues and also tracking progress and investments in improving adolescent health (GUTHOLD et al., 2021).

Adolescents may be involved in a condition of vulnerability, which refers to the idea of fragility and dependence, with a tendency to be exposed to illness and death, especially those of less favorable socioeconomic status (SANTOS et al., 2017). In addition, in certain situations, the state of vulnerability can affect health, even in the absence of disease, but with the impact on the psychological, social or mental state of children and adolescents (FONSECA et al., 2013).

From a social perspective, risk factors – such as low-income issues, non-guaranteeing

of rights to quality education, lack of opportunities in the labor market, family involvement in crime and the absence of a good family base – are described as causes. that lead adolescents to commit infractions and be recognized as adolescents in conflict with the law, exposing them to additional risks that demand unique care, from a physical, mental, social and legal point of view (EMÍDIO; SILVA; FERMOSELI, 2020).

The ECA provides, in its art. 104, that the minor under 18 years of age is not liable, but capable, including the child, of committing an infraction (legal term that refers to a conduct described as a crime or criminal misdemeanor committed by a child or adolescent) subject to socio-educational measures, provided for in the art. 112 of the current legislation: warning; obligation to repair the damage; community service delivery; assisted liberty; insertion in a semi-liberty regime; admission to an educational establishment (BRAZIL, 1990).

Comprehensive health care for adolescents in conflict with the law is established by Ordinance No. 1082, of May 23, 2014, which redefines the guidelines of the National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law on Inpatient and Provisional Internment (PNAISARI) and provides, in its art. 9th, monitoring of physical and psychosocial growth and development; sexual health and reproductive health; oral health; mental health; prevention of the use of alcohol and other drugs; the prevention and control of diseases; health education; and human rights, the promotion of a culture of peace and the prevention of violence and assistance to victims (BRAZIL, 2014).

Health promotion, prevention and recovery actions are important in improving quality of life and can use health education as a strategy. By proposing health care with a focus on promoting care to the population,

and not just on the concept of illness, the use of educational health practices has been significant.

Therefore, educational practices in health, in a dialogical and emancipatory perspective, provide the autonomy of the individual in the condition of author of their own health and disease trajectory, as well as corroborating for the individual to assume responsibility for the decisions related to their health. health and enables the incorporation of actions for self-care (TOSSIN et al., 2016).

This report aims to present the experience of a group of undergraduate students in Nursing from the Autarquia de Ensino Superior de Arcoverde (AESA), grantees from the PROUNI-PE program, about educational health interventions for adolescents deprived of their liberty in a Center for Socio-Educational Assistance (CASE) of that municipality.

## **METHODOLOGICAL PATH**

This is an experience report that emerges from academic activities developed by the group of scholarship holders of the Pernambuco Program at the University (PROUNI-PE), from different periods of the Nursing graduation of the Higher Education Authority of Arcoverde (AESA), whose objective is to carry out educational or extension and scientific activities, under teacher supervision, in public schools or public and private institutions.

The municipality of Arcoverde is home to the VI Regional Health Management, as well as one of the units of the Socio-Educational Assistance Foundation (FUNASE), in the Socio-educational Assistance Center and Provisional Internment Center (CASE/CENIP). CASE/CENIP Arcoverde welcomes young men and adolescents, aged 12 to 18 years and, exceptionally, under 21 years of age, involved and/or perpetrators of an infraction,

referred to comply with socio-educational measures, with deprivation or restriction of liberty, in the state of Pernambuco.

In compliance with the reality about the health needs of this specific public and with the incentive, on the part of the government of the state of Pernambuco, of the program implemented at AESA, to promote educational activities in any scenario, in addition to the school, the interest arose in developing the project. A very important partnership, for establishing practical learning in a system of mutual exchange, which promotes academic growth in the training of nursing professionals, at the same time that it gives adolescents the opportunity to socialize knowledge, through dialogue with an elaborate organization. from the situational reality in which they are momentarily.

The methodological process that supported the educational practice followed the recommendation of Charles Maguerez's arch scheme (BODERNAVE; PEREIRA, 2008).

### Arch of Maguerez's problematization

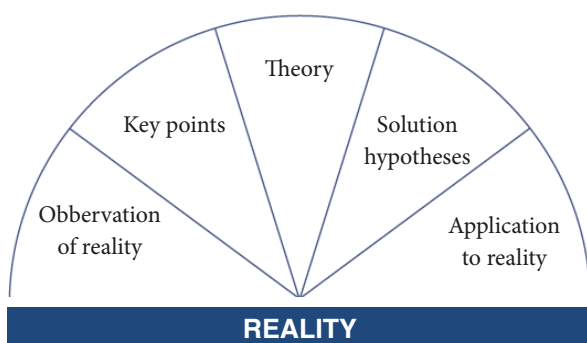


Figure 1 - Representation of Charles Maguerez's arch methodology

Source: Adaptado de Bodernave e Pereira (2008)

In the first step described in the arc, which corresponds to the observation of reality with the objective of capturing the different aspects related to the service and subjects, a visit

was carried out by the students to the CASE, aiming at a sensitive listening of the employees and the knowledge of the physical installation and the services provided by the institution to adolescents in a situation of deprivation of liberty.

For the second stage, the definitions of the key points emerged after reflections on the variables that most determine the health difficulties of intern adolescents, as well as factors related to the internship condition. Thus, it was possible to establish the priority problems for intervention.

Theorization, defined as the third stage of the arc, allowed the students to understand the problem not only in its manifestation/situational context, but also in the theoretical-conceptual contexts that explain the problem. Thus, the students sought scientific knowledge in different sources and applied the organization, analysis and evaluation of the validity and adequacy of information as a contribution to the understanding of problematic health events.

In the penultimate stage, which consists of the hypothesis of a solution, the creative and reflective potential of those involved was mobilized. In this stage, the educational actions in health were thought, planned and structured regarding the possible methods and resources for the practical application or intervention in reality, aiming to transform it, which consists of the fifth and last stage of the arc.

At the end of each application, the academics reflected on the results achieved and improvement needs for the next interventions. It is worth mentioning that, at all stages, there was the monitoring of the advisor and the service team, composed of the nurse, teachers and socio-educational agents.

The entire educational intervention process with adolescents was planned and carried out from August to October 2021; followed

all institutional protocols for the application of preventive measures, due to the covid-19 pandemic, regarding distancing, vaccination and use of masks; it happened within the unit that only serves male adolescents; the public was determined by the team through internal determinations and authorized by the unit manager.

As this is an experience report, there was no application of the Free and Informed Consent Term, however, prior authorization from the service manager was requested. In addition, no data will be released that makes it possible to identify adolescents in an internment regime in compliance with socio-educational measures, respecting the recommended by Resolution No. 466/12, of the National Health Council (BRAZIL, 2013).

## RESULTS ACHIEVED

The educational practice in health was developed based on the recognition of the health needs of this group of adolescents in situations of vulnerability and with themes relevant to the findings.

The topics defined to be addressed in the month of September were physical/mental hygiene and, in sexual health, the prevention and transmission of HIV/AIDS. The organization of the activity took place through the construction of objectives, contents, methods, resources and evaluation, applicable to the intervention process, and research in scientific literature endorsed the elaboration. The educational proposal produced was presented to the nurse and service professors, who consented and enabled the adolescents to participate on the proposed date.

The first intervention (Figure 2) took place on September 24, 2021, in the service court, an open place, with everyone arranged in a circle. As didactic resources, there was a visual presentation of materials used for personal hygiene, such as shampoo, soap,

toothpaste and deodorant, in 'kits' distributed to adolescents, according to the regimental rules defined by the service. In addition, printed papers with phrases were distributed and a song was used to discuss mental health care. After reading and contextualizing the sentences and listening to the song, whose lyrics were printed for the teenagers, dialogue was allowed.

The methodological construction for the educational activity was structured by the principle of the autonomy of the subject, which understands that each person is particular, that makes their experiences a unique experience and the understanding of this experience is what makes the subjects different, as each one learns accordingly. with its conceptions, principles, values, environment and culture.

According to Freire (2011), autonomy is an essential element for the transformation of reality and decision-making for transformative praxis. own life, which must be guided by a responsible process of reflection.



Figure 2 – I Educational Activity in Health

Source: Main author's collection, 2021.

The second intervention (Figure 3), carried out on September 30, 2021, was on sexual and reproductive health, addressing the prevention and transmission of the Human Immunodeficiency Virus (HIV). The activity began through dynamics with music for the socialization of cards, representing in a fictitious way: the experience at a party; sexual intercourse, with the exchange of cards whose drawings signify relationships

with and without condoms; and a sexually transmitted infection (STI). Then, there were questions about transmissibility, in which the adolescents stated whether they were true or false, and, finally, the presentation of male and female condoms, with guidelines on handling and correct use, to facilitate knowledge about HIV contamination and prevention.

The method of approaching these topics is important to promote, in addition to knowledge, the improvement of communicative processes about sexualities among adolescents and their families, peer groups, the community and other services that provide sexual health care (SALUM; MONTEIRO, 2015).



Figure 3 – II Educational Activity in Health

Source: Main author's collection, 2021.

The third educational health intervention (Figure 4), carried out on October 20, 2021, was entitled “Pregnancy, what chat is this?”. The educational proposal was to reflect on the exercise of fatherhood, the responsibilities involved in this process and the issues related to the experience of this process during adolescence.

The activity was developed through five moments. The first moment was through a question: does the woman get pregnant alone? All adolescents had the perception that

the male figure, “father”, was essential for the pregnancy process to occur.

The second moment took place through the reading of text fragments by the adolescents. This strategy allowed the texts to be a triggering element in the content to be complemented by dialogue, making it possible for the personal development of ideas after reading. The activity facilitators explained about attitudes that the father can fulfill/perform during the gestational state of his/her child.

The third moment started with the reading and dialogic discussion about how freedom, before experiencing a paternity process, changes, as well as the responsibilities for maintaining a new life. Another possible construction was the distance in raising children, which happens for several reasons. Among these reasons is the process of restriction of freedom itself. Thus, the parents present talked about the anxiety of going out to meet again and minimizing the longing for the distance that the seclusion caused between them and their children.

The fifth and final moment of the educational activity promoted the following dynamic: the challenge. Aiming at executing this moment, some objects were provided to provide adolescents with reflection and interactions about caring for a “baby”. A teenager would draw a paper and perform the action that was written on it, such as: putting a diaper on the doll; lullaby the baby with a lullaby; give the breast to the child to suckle; tell a children's story to the doll/baby; and give a bottle. However, if the word “gift” was on the paper drawn, they would receive a candy and would not need to complete the challenge. Finally, the teenagers made a panel, using crayons, highlighting their own references of what father they intended to be.

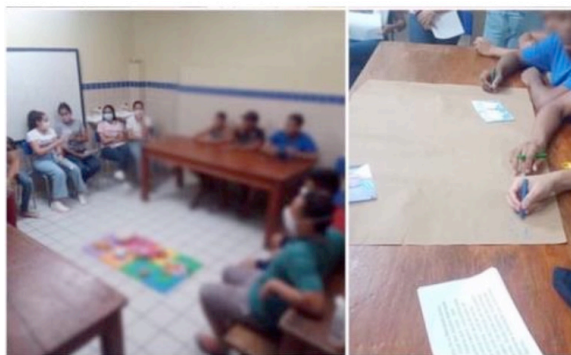


Figure 4 – III Educational Activity in Health

Source: Main author's collection, 2021.

For Freire (2011), “educating” is much more than training human beings in their skills, it is being aware of the importance of encouraging students to critically reflect on the reality in which they are inserted, allowing the educational process to be based on active methodologies, in the historical-critical perspective, which sees the subject as a thinker, capable of re-signifying their life practices.

## PERSPECTIVES

Health education provides opportunities for learning in its various possibilities, the context itself promotes the approximation of academics with the situation of vulnerabilities and stigmatization existing in adolescents with deprivation of liberty and, at the same time, provides the opportunity to provide health care. For that, the strategies were conversation circles, music, participatory dynamics and dialogue.

Thus, it could be seen that group activities in health education, with a problem-solving approach and focusing on the reality in which they are inserted, enable sensitization, awareness and mobilization for the execution of conscious care behaviors, intentional prevention of health problems and contact with the subject's subjectivities.

The proposal is to further expand the

project, add knowledge with multidisciplinary inclusion in educational activities and continue caring for adolescents in an expanded perspective.

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