

Adolescent nutrition monitoring the Health Program in School

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Abstract

Introduction: Overweight and obesity in childhood and adolescence are important public health problems. In this context, the school has been identified as a favorable environment for carrying out health education programs. The Health at School Program and its important performance stand out. Thus, considering these discussions, they ask: How are the actions developed by the Health at School Program, focused on nutrition, being implemented?

Objective: Analyze the teenager monitoring in the School Health Program (PSE in Brazil) opposite actions to the nutritional aspects of adolescents.

Methods: This is a descriptive, qualitative study in Juazeiro municipality North-Ce, with the subject 18 nurses of the Family Health Strategy (FHS) inserted in the PES that municipality.

Results: Nurses have limited assistance in the face of food practices, which implies in its operations; report having difficulty performing their actions outside the conventional health units and focus on strategies for a food menu.

Conclusion: The monitoring of adolescents in the School Health Program ahead nutritional value is still limited to preventive practices involving specific actions, limited to a Sfood education focused on the health problem and not the needs of adolescents.

Keywords: adolescents, nutrition, school.

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Authors summary

Why was this study done?

This study was carried out in order to analyze the practices of the PSE towards children and adolescents in obesity from the perspective of the nurse's performance. Because, it is known that the school is an enabling environment for educational practices that can reflect on health-promoting actions.

What did the researchers do and find?

A qualitative research was carried out, through semi-structured interviews, in which it was identified that nursing professionals still deprive themselves of specific practices focused only on food, requiring focus on healthy habits in general for the public.

What do these findings mean?

That better investments in health education actions in the school environment by professionals are needed, as well as greater availability of professionals and training for them.

INTRODUCTION

Adolescence comprises a common evolutionary phase to be human, with intense somatic, psychological and social changes that interfere dynamically in adolescent eating behavior¹.

Overweight and obesity in childhood and adolescence are important public health problems with increasing incidence and prevalence worldwide².

It is of eminent importance to power this stage of life since adolescence there is an increase in demand for energy and all nutrients in order to supply the needs due to physiological changes³.

Children and adolescents may present as consequences of obesity: osteoarticular problems, sleep apnea, dyslipidemia, hypertension, glucose metabolism disorders, in addition to psychosocial losses generated by the stigma of the disease².

In addition to family influence, several risk factors may contribute to the onset of obesity in adolescence, and physical inactivity combined to inadequate food intake, two behavioral variables of great importance for the emergence excess weight⁴.

In this context, the school has been identified as a favorable environment for conducting health education programs, which is related to its insertion in all dimensions of learning: school, home-school-community relations, physical environment and emotional one.

Currently changes in the school environment and policies for this space have been the recurrently suggested measures to prevent obesity in childhood⁵.

Noteworthy is the School Health Program (PSE) implemented by the Health Ministry in 2007 as a program that aims to contribute to the integral formation of students through promotion, prevention and health care, with a view to addressing the vulnerabilities that interfere with the full development of children and young people from public schools⁵.

So considering these discussions, they question themselves: How are implemented the actions developed by the School Health Program, focused on nutrition?

Thus, this study aimed to analyze the teenager monitoring in the School Health Program (PSE in Brazil) opposite actions to the nutritional aspects of adolescents.

METHODS

Study descriptive field of qualitative approach, held in the Family Health Strategies inserted in the Health

Program in Juazeiro municipality School, state of Ceará, Brazil.

The research subjects were nurses of the Family Health Strategy of the municipality participating in the School Health Program, in order to assess the importance of nursing practice so that it makes possible education strategies in health in this audience, with the following criteria of sample inclusion: be nurses of the Family Health Strategy and be registered in the School Health Program; Participate in the School Health Program at least six months so that it can have a better knowledge about the program and how it works.

Nurses were selected from the contact with the municipality's Health Department, which allowed identify them according to the Health District. The data collection began in August 2015, and made random selection of units, this phase continued until October 2015.

It was still considered in the study the speech saturation process to reach the end of data collection. It is considered that the speech saturation process is when the researcher, after analyzing the information collected with a certain number of participants, realize that new interviews start to present repetitions content, bringing additions minor for research in view of its objectives⁶.

When considering the criterion of participation of at least six months in times of health education, thirty-five users were identified. However, eighteen attended as subjects, considering that the others refused to participate. This phase took place from August 2015 to October 2015.

The instrument consisted of semi-structured interview, being directed to nurses, as Appendix A, with guiding questions, which addressed issues relating to nurses on health practices developed within the program for adolescents with emphasis on food, as well as the perception of these professionals about acting in front of this audience to help them to identify the proper foods and understand the importance of good nutrition, and the elements that facilitate or hinder the actions of nurses facing the problem.

For the data organization it was used the technique of content analysis. According to Bardin⁷ the content analysis technique, the data were organized following the steps proposed for further analysis of the data collected. These above steps are: pre-analysis, material exploration, treatment and interpretation of results.

For analysis relevant scientific articles, such as

health policies and manuals of the Ministry of Education and Health, were considered.

The following table shows the categories and evidence that guided the process of organizing this phase of the study (Table 1).

The design of this research was submitted to

the Research Ethics Committee of the Cultural College Modulo LTDA, receiving the opinion approver under the number 1287972 on 20 October 2015, compliance with the formal requirements set forth in Resolution 466/12 of the National Council Health / Ministry of Health, which regulates research involving human beings.

Table 1: Description of the categories and evidence of the study according to the Bardin Content Analysis technique.

Study categories	Evidence
Awareness about the importance of eating habits in adolescence	Nurses' perception of health education, centered on the curative model.
Health education activities carried out in the health program at the school opposite the eating habits of adolescents	Interaction - between education and health Health promotion and quality care.
Food and nutritional standards in adolescence: evidence for professional training	Participation - in educational practices Need to train professionals in the face of specific actions performed by nurses.

RESULTS AND DISCUSSION

Informants in the study were nurses of the Family Health Strategy working in the School Health Program, a total of 18 respondents, 17 female and a male, aged between 24 and 55 years, with time work between two and 28 years, most nurses have qualified in Public Health, Health and Emergency Department. During the contemplation and analysis of the results obtained in the study, it was possible to make the following categories by the issues addressed during the interview in the municipality ESF.

Awareness about the importance of eating habits in adolescence

Health education plays a fundamental role in improving the eating habits of adolescents, and the nursing professionals' function is to guide and clarify possible doubts, promoting actions that encourage self-care and healthy habits, valuing the teenager as care of the subject both in the school environment as with the family⁸.

Nurses shouldn't develop actions for health promotion, disease prevention and care in the face of common complications among children and adolescents who attend educational centers. Among the health promotion highlights to shed the promotion of Healthy Food and Adequate (PASS), which is one of the guidelines in the National Food and Nutrition Policy (PNAN). The PASS is focused on improving the population's quality of life with a view to reducing the prevalence of overweight, obesity and chronic diseases associated or related to food and nutrition⁹.

From the point of view of the professional lines of the study, it was showed that nurses have limited assistance in relation to food practices, which implies in its operations, as it comes to specific actions, which makes care very focused on diseases and chronic health education focusing on preventive programs.

"[...] It is very important in order to prevent or minimize the problems and risks acquired a bad power [...]" Enf. 3

"[...] Avoid overweight or even obesity and

consequently chronic diseases caused by poor nutrition as hypercholesterolemia, hypertension, diabetes [...]" Enf. 8

"Very important because we have a poor quality supply. We guide obese adolescents and parents. " Enf. 17

"Power is a critical context in health promotion, since by proper nutrition can prevent and monitor pathological recovery processes". Enf. 18

Although nurses see themselves as active on this issue, it is clear that the curative model is still present in these professionals. The activities observed focused both on the disease in this indicator at present, highlighting obesity and chronic diseases, highlighting so that health professionals have understood health education at school as punctual and preventative interventions.

It is therefore necessary that health education activities are directed to population and participatory methodologies are adopted in order to engage participants in sharing experiences generating a positive experience¹⁰.

In this understanding, it is important to observe that the nutritional profile in Brazil is in transition, showing that overweight and obesity is now a public health problem and that the population of adolescents are among the included in this new profile.

So it reveals the importance of treating obesity in childhood and youth in order not only to enumerate behaviors, but building for healthy habits for life, as the Monitoring Manual for Human Growth and Development of the Ministry of Health. Also assignments nurses know the normal development and child and adolescent variations, offer the family guidance and, if necessary, make referral for diagnosis and intervention as soon as possible¹¹.

In this perspective, a review study indicated as paramount the following nursing interventions: orient yourself on the nutrition of children; awareness among parents about the importance of preventing of childhood obesity with lectures, educational brochures and home visits; to inform the family about the disease, reporting its causes and consequences; make nutritional monitoring of children; pay attention to better nutrition, showing more

suitable menus, setting times and locations; encouraging physical exercise, games and sports; assess the psychosocial status of the child and family; show that healthy food is not the most expensive; analyze if there is the appearance of opportunistic diseases to obesity and advise on the need for medical supervision of those children who have reached a higher degree of disease¹¹.

It is essential to adolescent health issues inherent to be developed beyond the specific sectors, basic health units and hospitals, considering the relevance of the approach in diverse spaces in which the adolescent lives and living with their peers¹².

So instead of specific and isolated actions, the best contribution that health could offer to education is the possibility of an integrated and coordinated action, which critically and reflectively can mean the opportunity to update educators, enabling them to task of giving the speech on guidance to health cross and interdisciplinary manner at school¹³.

Health actions planned under the PSE, to be developed in conjunction with Health and Education should consider the completeness of the students, which means guaranteeing each of them the right to clinical evaluation, ophthalmologic, auditory, psychosocial, health and oral hygiene, nutritional assessment, promoting healthy eating, as well as access to educational activities to ensure their continuing education in health - here included physical activity and health - through a culture of prevention in schools¹³.

Thus, it is clear that nurses are limited to a health model still facing disease, which may reveal the need for training of them to work in the perspective of health promotion. Thus, it deserves attention these professionals in relation to preventive practice, and can highlight the training.

The participation of nurses in promoting the children and adolescents' health in the school context is such a positive strategy that in some countries like the United States and England, there is a specialty known for School Nursing. In Brazil, this integration of Nursing with the school has been recently addressed, from the implementation of the School Health Program¹⁴.

Faced with these discussions, it is necessary to work with continuing education to health professionals so that they can, in fact, promote changes in the organization of services with a view to meet the principles and guidelines of the Unified Health System (SUS).

When inserted in the ESF the training and professional qualification are revealed as essential, in order to seek the gaps in knowledge and attitudes, providing subsidies so that health professionals can understand and find the population's health necessities, solving, organization of services and transformation reality¹⁵.

By understanding the dynamics of knowledge increasing it becomes necessary to upgrade to get the job done. The training also serves to fill the knowledge gaps, providing personal and professional growth, reflecting the community's health. In this sense, continuing education in the FHS will allow the insertion of nurses in the condition of work social actors, enabling new solutions for their daily lives, making them protagonists professionals desired

reality change the educational practices¹⁶.

Health education activities carried out in the health program at the school opposite the eating habits of adolescents

Health education is a teaching and learning process aimed at health promotion, and the nurse is the main mediator for this to occur. It is noteworthy that this professional is an educator prepared to propose strategies in order to provide pathways that allow changes in people and community¹⁷.

The nurse is among professionals that plays an important and necessary role in the relations between human beings, society, research, health, and education. One of its functions is given to promote the formation of knowledge in individual and collective health, according to the reality of each person and social group, thus providing opportunities for the health promotion in the focus of healthy attitudes in live mode¹⁷.

In this context, the survey of children and adolescents' health status may facilitate early identification of health problems and the establishment of measures to promote health and prevention, in order to maintain normal patterns of growth and development⁹.

Thus, it was evidenced that the professionals have difficulties in performing their actions outside the conventional health units and focus on targeted strategies for a food menu not from the perspective of promoting health and not empowering as the adolescents' decision-making front eating habits.

"We performed a Body Mass Index (BMI) screening, food guidelines that should be part of a daily menu." Enf. 1

"First we check the weight and height, as detected adolescents of low weight and high weight [...] since there we start actions, we along with the physical educator." Enf. 4

"I use the food pyramid [...] showing the food and its importance in the food chain." Enf. 5

"All are actions developed by NASF team." Enf. 6
"I never realized any activity in school, addressing this theme, now NASF is who makes the educational talks about food." Enf. 7

"I conduct lectures, menus, take food to show importance and so we put together a booklet of food." Enf. 17

In the statements above, it is evident that during the educational activities nurses only perform anthropometric measurements and nutrition, but do not explain the importance of good nutrition practices for promoting the adolescents' health with behavior change order through the construction of knowledge.

Therefore, it is of paramount importance to the nurses' work in these environments, developing actions of disease prevention, health promotion and maintenance, as well as developing an educational work with the families and staff who perform the care we emphasize the importance of health professionals' acting, especially nurses, in Educational centers, where they have the possibility to perform various actions, continuously and

standing next to children, teenagers, parents or guardians and staff of the institution, focused on the detection of health problems, health promotion and disease prevention or complications⁹.

This difficulty in promoting adolescent health refers mainly to the organization of health services and training of nurses, who do not support the construction of knowledge about adolescence and care to “not sick.” However, it only acts when the problem is detected, thereby generating a bad care and quality of life for these teens.

Thus, promotion, prevention and health education, carried out by the School Health Program (PSE) can favorably change the reality that school unit features. Thus, there is the health education as a strategy to achieve health and quality of life, but if it is not associated with the practice according to the reality does not have any effect¹⁷.

With the school as promoting health unit, it is possible to have a new vision for the school reality, considering that the development of each is related to environmental conditions, family and social, proper nutrition, healthy habits, knowledge construction, leisure conditions and security, among others¹⁷.

The same author declares that the program works as a tool to link the Family Health Strategy with the school units since the program was created to carry out activities of prevention, promotion, care and health education, thus making it more effective health care the school community.

The PSE will contribute to the strengthening of actions in the integral development perspective and provide the community, student participation in programs and projects that link health and education, to face the vulnerabilities that compromise the full development of children, adolescents and young Brazilians. This initiative recognizes and welcomes the actions of integration between health and the existing education and who have positively impacted the students’ quality of life^{10,18}.

It is known that the PES actions should be implemented by all health professionals involved, each with their responsibilities therefore should work as a team and not in a piecemeal fashion. Thus the joint health and education makes up a good potential to establish the care and construction of children, adolescents and young healthy^{10,18}.

Given the impact of this reality on the health of school, it is essential that health professionals interact in this program, transforming their work process from the perspective of health promotion. Therefore, it is necessary to have an interaction in the areas of health and education in an effort to implement these actions, requiring skilled professionals to work effectively in the program¹⁹.

Food and nutritional standards in adolescence: evidence for professional training

Health education is an important tool for facilitating the empowerment of the community, contributing to the promotion of health²⁰.

Thus, it is clear that the training process of health professionals do not prepare them to work in the promotion field, due to the focus still predominantly biological, curative, medical-centered and disarticulated of health practices²¹.

For Bezerra²² it is necessary that professional attitudes are different and even arising from a traditional training. Through this, they can turn their educational practices in processes which include more favorable approaches, in fact, enable the construction of knowledge, true spaces for significant learning.

So, faced with this reality, the nurses’ approach on the practices to be developed focused on health education that address the adolescents’ nutritional status, it is clear that nurses are not prepared to develop these activities, since they claim that it is a matter of training, they are not trained to work forward to this discussion, and therefore seek own tools such as internet, office manuals and the daily experience.

“For teens have not done training / specific training. I bring the knowledge acquired during undergraduate, graduate and individual studies.” Enf. 1

“We are the ministry which provides as manuals, but we have not targeted courses for food practices, we only have our experiences.” Enf. 2

“We have no skills, it is what we learn in the day-to-day [...]”. Enf. 7

“Only knowledge on food pyramid.” Enf. 10

“Only knowledge acquired in day-to-day and what we seek on the internet and books, sadly lacking a nutritionist in NASF and training to the professionals.” Enf. 11

“[...] We do interventions based on the knowledge we have.” Enf. 18

It is apprehended that although the occasion shows themselves guidelines focused on disease, it is clear that nurses most often on their own initiative, develop educational interventions for adolescents. However, resent the lack of training, when the issue at hand is geared to nutrition.

It is known that the process of Continuous Education in Health contributed to improving the professionals’ skills, standardize and systematize a call in terms of comprehensiveness, health education and development of self-management. Health professionals, committed and hard to acquire knowledge favor the transformation of the educational practice, and the exchange and analysis of information favored the multidisciplinary and interdisciplinary learning²³.

Permanent education and the challenges posed by the various missions of the ESF converge to the construction of values, working methods and management of democratizing practices in SUS, for their qualification and enrichment²⁴.

The discussions showed that health education carried out by nurses is in the process of transformation, since there are still elements that characterize it as a traditional practice, focusing on the disease. Thus, we highlight the training of nurses in the usage of new methods to make health education, being the same to develop actions in order to provide decision-making, and critical reflection of the same.

Thus, as recommended by the PSE, the health teams of the family should carry out regular and permanent

visits to schools in order to access the health conditions of students, providing thus the health care throughout the school year as 16 local needs.

Therefore, we perceive a limited monitoring of health professionals facing these adolescents, which implies a focus on curative care model, restricting the actions with them in the ESF, which distances itself from the proposal of the PSE.

In this context, it corroborates with Cecim²⁵ and Murofuse *et al.*²⁶ when consider to be urgent to implement activities for training of health professionals, with emphasis on strengthening the capacity for collective work, to contribute not to lose the concept of integral attention to health and conduct educational work among the population. Therefore, it is necessary to exercise the teamwork effectively, since the process of training of health professionals.

They are of real importance, changes that are not limited only to the curriculum, but involving pedagogical practices, the working process and especially in the ways of understanding and designing health; such changes may favor the execution of actions in perspective integralist care²⁷.

Thus, we highlight the training of nurses in the usage of new methods of making health education, as well as the users' attitude, that while in ready practices and to specific times, they need to have a dialogical stance, open, curious, questing and not apassivada²².

It is understood that to conduct health education, whether individual or collective, the nurses must develop differentiated educational work with strategies that facilitate learning and whose content emphasize people's necessities with effective and efficient actions²⁸.

Thus, with the nurses of the professionals responsible for carrying out health education, these to seek new knowledge, seek transformation, which meets the Paulo Freire's thoughts when reveals that change is not a

unique work of some men but of those who choose and these ones are subjects of the transformation process²⁹.

The training is for professional the specific knowledge domain that result from education, training, experience so they can perform a particular function, the better the trained professional, the more competent they are in performing their functions³⁰. It is very important the training of adolescents, teachers and professionals in the field of education and health, as it will encourage health promotion actions.

The training and continuing education of the professionals are a viable option to make the most appropriate educational activities to people's needs, which would involve promoting the nutritional health of adolescents, who are sometimes assisted only when they are already with nutritional problems, such as overweight and obesity.

Therefore, public policy should be implemented in this area, considering the lack of knowledge and improvement on the subject. Promotion actions based on health education carried out by the program can change positively the reality that school unit features.

Therefore, we emphasize the importance of health professionals acting, especially nurses, in Educational Centers, where they have the possibility to perform several actions, continuously and permanently with children, teenagers, parents or guardians and employees of the institution, focused on the detection of health problems, health promotion and disease prevention or complications.

It was evident that the accompaniment of adolescents is accomplished through educational activities even in curative character, focusing on a targeted nutrition education for Anthropometric, food menu fixes, only revealing weaknesses in the developed practices and pointing need for building the capacity for implementation of them.

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Resumo

Introdução: O sobrepeso e a obesidade na infância e na adolescência constituem importantes problemas de saúde pública. Nesse contexto, a escola vem sendo apontada como um ambiente favorável para realização de programas de educação em saúde. Destaca-se o Programa Saúde na Escola e sua importante atuação. Assim, considerando essas discussões, questionam-se: Como estão sendo implementadas as ações desenvolvidas pelo Programa Saúde na Escola, voltadas para nutrição?

Objetivo: Analisar o acompanhamento do adolescente no Programa Saúde na Escola (PSE) frente a ações voltadas para os aspectos nutricionais dos adolescentes.

Método: Trata-se de um estudo descritivo, qualitativo, realizado no município de Juazeiro do Norte-Ce, tendo como sujeitos 18 enfermeiros da Estratégia Saúde da Família (ESF) inseridos no PSE do referido município. Utilizou-se como técnica para coleta do material a entrevista semiestruturada e organizados seguindo a proposta da análise de conteúdo.

Resultados: Evidenciou-se que os enfermeiros tem uma assistência limitada frente às práticas alimentares, o que implica na sua atuação; compreendem a educação em saúde na escola como intervenções pontuais e preventivista, assim como, relatam ter dificuldades em executar suas ações fora das unidades convencionais de saúde e focam em estratégias voltadas para um cardápio alimentar não na perspectiva de promover a saúde, atuando quando o problema é detectado.

Conclusão: O acompanhamento dos adolescentes no Programa Saúde na Escola frente aos aspectos nutricionais ainda está limitada a práticas preventivistas, envolvendo ações pontuais, limitadas a uma educação alimentar focada no problema de saúde e não nas necessidades dos adolescentes.

Palavras-chave: adolescente, nutrição, escola.

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