



VULNERABILITY IN ADOLESCENTS: A TIMELY AREA FOR THE PRACTICE OF HEALTH: INTEGRATIVE REVIEW

VULNERABILIDADES NA ADOLESCÊNCIA: UM CAMPO OPORTUNO PARA A PRÁTICA DA SAÚDE: REVISÃO INTEGRATIVA

VULNERABILIDADES EN LA ADOLESCENCIA: UN CAMPO OPORTUNO PARA LA PRÁCTICA DE LA SALUD: REVISIÓN INTEGRADORA

Ligia Cordeiro Matos Faial¹, Rose Mary Costa Rosa Andrade Silva², Eliane Ramos Pereira³, Lídia Marina do Carmo Souza⁴, Cidllan Silveira Gomes Faial⁵, Ester Sueli do Nascimento Cadengo⁶

ABSTRACT

Objective: to describe the main vulnerabilities of the risks to health in adolescence. **Method:** an integrative review conducted in databases BDNF, LILACS, MEDLINE, ADOLEC and portal CAPES between 2009-2013 to answer the question << What are the main vulnerabilities of the risks to health in adolescence? >> There were 16 articles selected, analyzed according to the Content Analysis Technique. **Results:** reading the full text of articles, the construction of three categories emerged: risky sexual behavior, alcohol and other drugs and violence. **Conclusion:** knowledge of the main vulnerabilities to adolescent health, its trigger factors, and its consequences are important tools for the reorganization of health practices given the complexity and peculiarities of adolescence. **Descriptors:** Adolescents; Vulnerability; School.

RESUMO

Objetivo: descrever as principais vulnerabilidades perante os riscos à saúde na adolescência. **Método:** revisão integrativa realizada nas bases de dados BDNF, LILACS, MEDLINE, ADOLEC e portal de periódicos CAPES entre 2009 a 2013 a fim de responder à questão << Quais as principais vulnerabilidades perante os riscos à saúde na adolescência? >> Foram selecionados 16 artigos, analisados de acordo com a Técnica de Análise de Conteúdo. **Resultados:** a leitura da íntegra dos artigos permitiu a construção das três categorias: comportamento sexual de risco, uso de álcool e outras drogas e violência. **Conclusão:** o conhecimento das principais vulnerabilidades à saúde do adolescente, seus fatores desencadeadores e suas consequências constituem importantes ferramentas para a reorganização das práticas de saúde, tendo em vista a complexidade e as peculiaridades da adolescência. **Descritores:** Adolescente; Vulnerabilidade; Escola.

RESUMEN

Objetivo: describir las principales vulnerabilidades frente a los riesgos a la salud en la adolescencia. **Método:** revisión integradora realizada en las bases de datos BDNF, LILACS, MEDLINE, ADOLEC y portal de periódicos CAPES entre 2009 a 2013, a fin de responder la pregunta << Cuáles son las principales vulnerabilidades frente a los riesgos a la salud en la adolescencia? >> Fueron seleccionados 16 artículos, analizados de acuerdo con la Técnica de Análisis de Contenido. **Resultados:** la lectura de los artículos en su íntegra permitió la construcción de las tres categorías: comportamiento sexual de riesgo, uso de alcohol y otras drogas y violencia. **Conclusión:** el conocimiento de las principales vulnerabilidades a la salud del adolescente, sus factores desencadenadores y sus consecuencias constituyen importantes herramientas para la reorganización de las prácticas de salud teniendo en vista la complejidad y las peculiaridades de la adolescencia. **Descriptor:** Adolescente; Vulnerabilidad; Escuelas.

¹Medical, Federal Fluminense Institute, Masters Degree, Professional Master's Program in Health Education/MPES, Aurora de Afonso Costa Nursing School/EEAAC, Fluminense Federal University /UFF Niterói (RJ), Brazil. E-mail: licordeiromatos@yahoo.com.br; ²Nurse, Ph.D. in Nursing, Ph.D. in Social Psychology/UERJ. Associate Professor, Nursing School, Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: roserosauff@gmail.com; ³Nurse, Ph.D. in Nursing, Associate Professor, Nursing School, Fluminense Federal University/UFF. Post-Ph.D. by the University of Rio de Janeiro State/UERJ. Rio de Janeiro (RJ), Brazil. E-mail: elianeramos.uff@gmail.com; ⁴Nurse, Specialist in Teaching Higher Education, Master degree student, Professional Master's Program in Education in Health/MPES, Aurora de Afonso Costa Nursing School/EEAAC, Fluminense Federal University/UFF, Niterói (RJ), Brazil. E-mail: limarcas@oi.com.br; ⁵Physical education teacher, Master in Biomedical Engineering, Ph.D. in Environmental Management, Positivo University/UP, Coordinator of Physical Education, Federal Institute Fluminense/IFF, Campus Bom Jesus do Itabapoana (RJ), Brazil. E-mail: cidllan@gmail.com; ⁶Auditor Nurse in the Orthotics sector, Protheses and Special Drugs Unimed East Fluminense, Master degree, Professional Master's Program in Health Education/MPES, Aurora de Afonso Costa Nursing School/EEAAC, Fluminense Federal University/UFF, Niterói (RJ), Brazil. E-mail: estercadengo@gmail.com

INTRODUCTION

Early, women divide between the choice of clothes, high heels, and lipstick color; they no longer have to refer maternal examples currently, their projections to reflect on the still examples of celebrities. They physically bigger still reserve some time for play and dream of a superhero, which can be good or bad. What both have in common? Adolescence - a phase characterized by the transition between childhood and adulthood. Adolescence is a word that derives from the Latin verb *adolescere*, meaning grow to maturity. According to the World Health Organization (WHO), teenagers or adolescents are individuals of both genders aged between 10 and 19 years old.¹

During this stage of development, the human being experiences intense biopsychosocial transformations driving the development and training of their identity, their interpersonal interaction, intrapersonal interaction and interaction with the environment. Given the immaturity and the adventurous spirit of this stage, teenagers may belong to a risk group, from the perceived vulnerabilities. Vulnerabilities are the damages to adolescent health when exposed to the influence of reality associated with subjective and objective needs of individuals. Also, there is the concept of risk, more likely to suffer psychological, physical damage, and death in extreme cases. Social situations can potentiate this context. Adolescents at risk, become more vulnerable when experiencing conflictual relationship in their household, death of their parents or close family members, unemployment and misery at home, their parents' divorce; aggravated the shortage of supply of health actions directed at this population, both at school and in public health services.²⁻⁴

The *Convention on the Rights of the Child* originated in the United Nations General Assembly in November 1989 was the milestone of the initial global attention to the early stages of life. In the following year, as a constitutional legacy, it was created the Statute of Children and Adolescents (ECA), guaranteeing the right to protection of life and health of children and adolescents through public policies for decent existence, birth and the healthy and harmonious development.⁵

Based on health promotion policy, the Ministry of Health created the Adolescent Health Program (PROSAD) in 1989 to ensure access to health care for all young people from 10 to 19 years old, with multi-character,

cross-sectoral and inter-sectoral actions. Through the organic health law (Nº 8080 of 09.19.1990 and Nº 8142 of 12.28.1990) the federal government regulates the actions and health services with the creation of the Unified Health System (SUS), based on the universality assistance in comprehensive care and equity of care. Together with the reorganization of primary care activities, there is the creation of the Family Health Strategy and Program of Community Health Agents, reformulated in 2011 with the National Primary Care Policy, seeking to expand and improve the promotion actions, health protection, and disease prevention according to the guidelines and principles of the SUS. As a result of the relationship between education and health, in 2007, begins the health program in the school (PSE), with subsidies to public school to face the vulnerabilities associated with adolescents, according to the school and social context.⁶⁻¹⁰

There is a big gap between practice and proposals and programs offered. It is clear to observe inconsistent actions, fragmented and lack of planning of health strategies targeted at young people. This situation is aggravated by the lack of the basic features of the patient, the neglect of his social context, his experience, and autonomy from the risk/vulnerability common to this phase. This increases the uncertainty and fragility to face the risks and vulnerabilities that threaten the full development of adolescence.¹¹⁻²

It is essential to articulate integration of actions directed to this population to ensure the right to health and the protection of adolescent life considering the vulnerabilities facing the risks to adolescent health as a global reality. The research is justified in proposing a reflection of the health professional practice within this theme. Its relevance lies in proposing a descriptive analysis of the main social and personal vulnerabilities of adolescents. Studies in this direction can support the development of effective health strategies aimed at contemplating the needs and aspirations of youth people.

OBJECTIVE

- To describe the main vulnerabilities of the risks to health in adolescence, according to the literature.

METHOD

Integrative review with the following steps: issue identification and elaboration of the guiding question; selection of keywords; establishment of inclusion/exclusion criteria of studies and search in relevant databases; critical analysis of the information extracted from selected studies; interpretation of results; presentation of the review summarized the contents discussed.¹³

This article was prepared to answer the following question: What are the main vulnerabilities of the risks to health in adolescence?

The survey source of the studies were the following databases: Latin American and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF), Adolescent Health and Youth (ADOLEC), Medical Literature Analysis and Retrieval System Online (MEDLINE), taken through the Portal of the Virtual Health Library (VHL) and the bibliographic collection of Higher Education Personnel Improvement Coordination (CAPES). A combination of these standardized and available keywords from the Descriptors in Health Sciences (DeCS) was used: Adolescent, vulnerability, and school.

In this sense, the inclusion criteria for the selection of articles guided for careful reading of the title and the online abstract and later, comprehensive and critical reading of the publications that presented full texts or consistent abstract, available in Portuguese, English and Spanish that related to the theme of the main vulnerabilities of the risks to health in adolescence, indexed in these databases, between 2009-2013, in which the search took place between September and October 2014.

The papers that were not related to the subject studied; that exceeded the proposed timeline, no studies available in full, abstracts and conference proceedings, theses, dissertations, editorials and articles that did not present methodological design quality were excluded.

Data collection was started in the portal of the virtual health library in indexed databases: BDENF, LILACS, and MEDLINE ADOLEC. A combination of these keywords was used by using the Boolean operator AND: "Adolescent", "Vulnerability" and "School", and 105 publications were found. By reading the title and abstract, 88 publications were deleted because they did not meet the theme. After reading in full, eight studies were excluded because they did not contemplate the guiding question. The selected sample consisted of nine studies, as follows: BDENF - 4 articles, LILACS - 3 articles, ADOLEC - 1 articles, MEDLINE - 1 articles. Duplicated articles were counted only once, respecting the initial order of the search.

The search carried out in the CAPES portal used the same combination of keywords and the Boolean operator AND, initially accounting for 186 studies. By reading the titles and abstracts, 131 publications were excluded due to leakage of the theme. After there was a full reading of the 55 pre-selected articles. Seven studies contemplated the guiding question. In the end, sixteen articles were part of the sample of this research. Figure 1 shows the search of the databases.



*Nursing Database; † Latin American Literature and the Caribbean in health sciences; ‡ Health of adolescents and young people; § Medical literature analysis and retrieval system online; || Improvement Coordination of the higher education people.

Figure 1. Flowchart of the selection of articles.

The analysis of the selected sample had the help of an elaborate instrument based on the review protocol. This instrument distributes the data according to the study title, author, journal, year of publication, objectives, methodology, results and conclusion.¹⁴

The selected articles were classified according to the level of evidence: Level I: Evidence from meta-analysis of multiple controlled and randomized clinical trials; Level II: subsequent evidence to the individual studies with experimental design; Level III: Evidence of quasi-experimental studies; Level IV: evidence from descriptive studies (non-experimental) or qualitative approach; Level V: evidence from case or experience reports; Level VI: evidence from the opinions of experts.¹⁴

Through the thematic or categorical analysis, a form of technical content analysis, the studies were categorized by the systematic structuring of analogical knowledge.¹⁴ In this evaluation, the publications were grouped into three categories: sexual behavior, drug use, and violence that will be particularly described below.

The results sought to describe the characteristics of the selected studies, according to the chronological order from the oldest to the newest distributed according to the categorization of systematized content. The discussion presented the synthesis of

knowledge from the analysis of the results, describing the main vulnerabilities for the health risks in adolescence.

RESULTS

The integrative review and discussion of the data were carried out descriptively to allow the reader to critical evaluation of the results and their applicability. There were 16 articles selected and analyzed in full as the described methodology.

Regarding the characterization of the studies, as the year of publication, one (6.25%) study was published in 2013; four (25%) studies in 2012; three (18.75%) in 2011; and four (25%) studies published in 2010 and 2009. Based on the results about the vulnerability of the risks to health of the young people, it was found that the scientific production in indexed journals has been growing; this finding may be related to the awakening of the scientific community as to the selected theme, given the expressiveness and significance of youth as a future generation.

Regarding the training of the main author of the study, 9 (56.25%) articles were published by nurses, 1 (6.25%) by psychologist and 6 (37.5%) did not contain information on vocational training. According to the institution of origin of the authors, fifteen (93.75%) are linked to Brazilian institutions of public higher education, one (6.25%)

researched results from the partnership between the municipal health departments and state education of Florianópolis. Regarding the level of evidence, six (37.5%) studies presented level II, one (6.25%) article demonstrated level III and nine (56.25%) publications were classified as level of evidence IV.

Figures 2, 3 and 4 show the summary of the articles included in the process of this grouped review by the vulnerabilities related to risky sexual behavior, use and abuse of alcohol and other drugs and violence, according to the article title, base year method, the level of evidence and key findings.

Title/base/year	Method	Evidence	Main findings
Factors associated with sexual initiation on Santiago Island, Cape Verde, West Africa/ CAPES/2009	Experimental, cross-sectional	II	Safe sexual activity: information, sex education and preventive methods to IST*.
Vulnerability of adolescents with street experience / CAPES / 2009	Exploratory-descriptive, qualitative approach	IV	Low education, cheap drugs and distance to health services increasing the vulnerability.
Risks and vulnerabilities related to sexuality in adolescence / BDEFN / 2010	Qualitative approach, action-research	II	Health education leads to reflection on vulnerability to sexual attitudes.
Vulnerability to HIV † adolescents of 5 th to 8 th grade in public school in São Mateus/ES LILACS / 2011	Quantitative, type Descriptive.	III	Unsafe sex is vulnerable to STI/AIDS‡. Sex education for prevention.
Repercussions of pregnancy in adolescents aged 10 to 14 years old in the context of social vulnerability/CAPES/2011	Exploratory descriptive, qualitative approach	IV	Young people develop responsibility for reproductive life and reformulation projects/studies.
Contexts of vulnerability among elementary school adolescents in Uberaba/MG/BDEFN/2012	Ecological-exploratory, cross-sectional	IV	Educational actions lead to critical reflection of vulnerabilities in sexual behavior, alcohol, and drugs.
Differences between adolescent females and male in individual vulnerability to HIV/MEDLINE/2012	Exploratory, descriptive, qualitative	IV	Poor knowledge of HIV transmission and safe sex practices. Autonomy of young people about condom use.
Sexuality in Adolescence: myths and taboos/CAPES/2012	Quantitative, collection: closed questionnaire	II	Alcohol/drug increases sexual desire. Prevention: Sexual Education.
Prevalence of youth vulnerability factors related to STD/HIV/AIDS; study with a gender perspective in the North of Minas Gerais, Brazil, 2008-2009/CAPES/2012	Epidemiological survey, descriptive, cross-sectional	II	Risk factors: early sexual life, inconsistent use/non-use of condoms. The girls are the most vulnerable.

*Sexually transmitted infections; † Human immunodeficiency virus; ‡ Acquired immunodeficiency syndrome
Figure 2. Summary of publications included in the integrative review grouped by vulnerabilities related to sexuality according to the title of the article, base, year, methods, level of evidence and main findings.

Title/base/year	Method	Evidence	Main findings
The representation of alcohol consumption for adolescents assisted in a Family Health Unit/CAPES/2009.	A qualitative approach, collection: observation, focal groups and semi-structure interview.	IV	The use of alcohol highlights the socializing character of the drink. Stimulating factors: attitudes of adults, especially the father.
The social network in the context of drug used among children and adolescents living on the streets/ADOLEC/2009.	A qualitative approach, ethnographic reference. Technic: participant observation and interview in depth.	IV	The family influences the use of alcohol/drugs. Social networks help families, children and youth people to the reduction of social disaffiliation and social inequalities in Brazil.
Risk perception of adolescent students about alcohol consumption and sexual behavior/BDEFN/2010	Exploratory, Descriptive, qualitative approach	IV	The act of drinking facilitates peer relationships. The media influences this process.
Survey on alcohol and other drugs and related vulnerabilities of students participating in	Quantitative approach, design: survey, cross-	II	Users of alcohol/drugs have higher rates of school absenteeism, violence and are

public schools of the school sectional health program/health and prevention in schools in Florianópolis/LILACS/2012	more sexually active. Family influences or prevents its use.
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Figure 3. Summary of publications included in the integrative review grouped by vulnerabilities related to the use and/or abuse of alcohol and other drugs according to the title of the article, base, year, methods, level of evidence and main findings.

Title/base/year	Method	Evidence	Main findings
Violence among young people: social dynamics and situations of vulnerability/BDENF/2010	Descriptive exploratory. Collection: genogram and eco-map.	IV	The public education problems and violence mischaracterize the school as a place protected and of learning.
Reflections on drug abuse and violence in adolescence/LILACS / 2010	Action research, focus group workshops and field diary.	II	Drug use can trigger violence. Health education identifies risk factors to reduce vulnerabilities.
Vulnerabilities health in adolescence: socioeconomic conditions, social network, drugs and violence/CAPES/2013	Exploratory and descriptive, cross-sectional, qualitative approach	IV	Educational activities develop skills to face the vulnerabilities.

Figure 4. Summary of publications included in the integrative review grouped by vulnerabilities related to violence according to the title of the article, base, year, methods, level of evidence and main findings.

DISCUSSION

In the published studies, the main vulnerabilities of the risks to health in adolescence were discussed in great detail in the publications. It is worth noting the emphasis on health education initiatives targeted at young people to contribute to a healthier quality of life, with the valuable participation of the family, and school, an opportune environment for building alternatives to confronting these problems.

The main vulnerabilities to adolescent health are grouped in this study from three categories: risky sexual behavior; use of alcohol and other drugs and violence, discussed by the authors who composed the integrative review.

◆ Sexual risk behavior

Adolescence is a period characterized by biopsychosocial modifications. Through these changes and according to the cultural aspects of the adolescent, they develop their sexuality through social constructions, and many begin sexual life, which makes them vulnerable to suffer health problems. The practice of teenage sex is often experienced as a spontaneous attitude of sexuality that discourages dialogue and advance preparation.¹⁵

Because the practice of unsafe sex among adolescents, sexually transmitted infections (STIs) and especially the acquired immunodeficiency syndrome (AIDS) are characterized as important forms of health vulnerability at this stage.¹⁵⁻⁶

The sexual initiation among adolescents is increasingly early, around 14 years old without gender distinction.¹⁵⁻⁶ This precocity is evident in a low adherence to condom use, often associated with lack of a critical sense towards sex.^{15,17}

Teenagers can take a behavior somewhat inconsequential before the real risk of infection by the human immunodeficiency virus (HIV) during sex because they do not recognize it as an imminent danger. In the cognitive point of view, there is a loss of formal reasoning and a difficulty in preparing decisions facing the immaturity of the young to process the information.¹⁸

It is observed that sexuality is experienced inconsequential way for youth. Motivated by personal satisfaction, by the euphoria, or the encouragement provided by the consumption of alcohol or psychoactive substances, teenagers take unsafe sexual behaviors such as poor adherence to condom use, multiple partners, with growing risks the spread of STIs. However, these attitudes affect negatively the quality of life of the young people, especially in females, an increase of sterility risks, cervical neoplasia, ectopic pregnancy, pelvic inflammatory disease and puerperal infections, with negative implications for their self-esteem.¹⁸⁻²⁰

Although the globalization and the dissemination of information in the modern world, it is common among adolescents the lack of knowledge about the modes of transmission of AIDS. It is perceived confusion for symptoms of STIs and an understanding deficit on safe sex practices. Despite the need for condom use, widespread in the media,

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there are not given their adherence among young people, because they claim negative interference in the pleasure during lovemaking. Added to this, there is the trust conditioned by dating which facilitates the practice of unsafe sex.^{19,21}

In this issue, the differences between the genders are presented as the greatest dexterity in the handling of condoms by boys, the embarrassment of owning this contraceptive by the girls, the inconsistency of condom use by adolescents, shame, and insecurity in denial sexual intercourse facing risk situations.²² However, the teenager has achieved greater mastery and skill in negotiation to request condom use by their partners, as a prerequisite to sexual intercourse.¹⁵

With the look for young people living on the streets, vulnerability to STIs and AIDS is aggravated. This social environment is unfavorable to conscious reflection on the practice of safe sex. Added to this situation, there is the remoteness of health services and the scarcity of information about healthy sexual health.²³

It is not possible to neglect early pregnancy, as a result of unprotected sex practice. There is an impact on teen life experiences motherhood over the interruption of their plans. Given the insecurity in child care and manage the house, it is common the occurrence of crises, conflicts, and emotional instability. The higher abortion rate is observed, and high rates of morbidity and mortality among young people. As a legacy of pregnancy and early motherhood, teenagers tend to develop a more critical about their reproductive life, reflecting a growing concern with the study or qualification, despite the major constraints to resume them.²⁴

◆ Use of alcohol and other drugs

Adolescence is marked by profound changes in the life of an individual. Moreover, the physical and psychological differences eventually make teenagers more vulnerable to the use and abuse of alcohol, tobacco, and psychotropic drugs.

In research conducted with students of the seventh grade of an elementary school and the third year of high school, being nine public schools in Florianópolis, the drugs most used by adolescents, in descending order, with alcohol, tobacco, marijuana, cocaine, and crack. Consumption of alcohol and marijuana there was a predominance of males against the females, no gender differences regarding the consumption of hashish, mixed and crack.²⁵

Often, when searching for its insertion in the adult world and recognition in a particular social group, it is observed the consumption of alcohol by adolescents as a way to break with their children's world.²⁶

Exacerbation of this consumption is associated with a series of uncomfortable consequences such as increased violence, truancy, accidents and traffic deaths, homicides, falls, burns, drowning and suicide.¹⁷ It is worth noting that alcohol users and other drugs are more sexually active, with losses in the adoption of preventive behavior against STIs and HIV/AIDS.²⁵

Among the risk factors for the behavior of alcohol and drugs, there is the lack of leisure, poor social conditions, unfavorable family relationships (failure of parents or guardians, lack of family dialogue, conflict and domestic violence), as a sample of using alcohol and/or drugs in the family and among friends.^{17,25} In addition to these factors, the use or abuse of alcoholic beverages and tobacco also results from the ease of access within their home as well as at parties and bars, encouraged by the broadcast and writing media.²⁷ It is frequent the association of advertisements drinks with situations of pleasure and well-being, increasing the consumption and influences the behavior of the young people, despite the Brazilian legislation to ban beverages sale to minors under 18 years old. In Brazil, this has become a public health problem.¹⁷⁻⁸

This context is accentuated among adolescents living on the streets, predisposed to increased vulnerability to drug abuse; as well as their availability and ease of access, the limits for consumption are according to individual needs. Added to this, their adversity to homelessness such as hunger, cold, violence.²⁸

In addressing this vulnerability, protective elements to the family are identified, as the cradle of human relationships through good relationships with and among parents; as well as religion, which adjusts human behavior through belief.²⁵

◆ Violence

Before its complexity as a social phenomenon, violence is a public health problem, both by high morbidity and early mortality.²⁷

The manifestation of violence as exacerbation of their rebellion against the reality experienced by adolescents often are the result of peculiar transformations of this phase. These conflicts can be potentiated by the fragility of the family environment, which

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should be the point of support and reference for young people.²⁷

Nevertheless, the school is not seen as a safe environment for global opportunities and guarantees, reflects an exclusionary system and increases social inequalities. These situations trigger a loss in professional qualification, the lack of opportunity in the labor market, reproduction of the informal market and the deterioration of conscious training and adolescent emancipatory. This context affects the exercise of citizenship, and as a result of their distance from the student fails to realize that school violence extends beyond its physical structure in the universe of their surroundings.²⁷ Facing this situation, an approximation of the student is required, know who is the person, what he does, his yearnings, his recreational, cultural and sports activities, etc.

The limitation of social and family life, the feeling of fear, personal insecurity are violent behavior consequences and can have the abuse of alcohol and other drugs as triggers.^{12,29} Murders, fights, assault, racial and social discrimination, physical, psychological, sexual abuse are violent acts recognized by young people. The bullying, defined set of aggressive attitudes, intentional and permanent nature, characterized by the dominance of those involved, should also be considered as a violent behavior. This act can trigger psychological distress, deficits in learning, low self-esteem, acts of exclusion and school abandonment. Therefore, in searching for a harmonious and safe environment for social development, every educational institution should warn to the subject, to try to prevent the ill-treatment to which students may be exposed.³⁰

CONCLUSION

This paper aims to clarify the main vulnerabilities of the risks to health in adolescence. This knowledge is a valuable tool for the organization of education and health practices beyond the informative approach, considering the multiplicity, complexity, and peculiarities of adolescence.

Thus, to ensure the full right to adolescent health, the involvement of health professionals, school, family, and society are essential, as well as partnerships with community councils and non-governmental institutions for the benefit of effective public health to aspirations of this youth people.

The school space to accommodate the students for a significant time of their day throughout the school year facilitates the

practice of health education actions by health professionals. This allows the emancipation of young people and the development of critical awareness of their legal rights, able to encourage healthy choices and individual behavior change.

It is believed that when describing the main vulnerabilities of the risks to health of the young, their facilitators factors and their consequences, this study tends to assist health professionals in improving their practice in dealing with teenagers with the citizenship's vigor.

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Corresponding Address

Ligia Cordeiro Matos Faial
Escola de Enfermagem Aurora de Afonso Costa
Universidade Federal Fluminense
Rua Doutor Celestino, 74, 6° andar
Bairro Centro
CEP 24020-091 – Niterói (RJ), Brazil