

Strategies developed by nurses in health promotion to youths: concepts about medicalization and health

RESUMO | Objetivo: desvelar as estratégias desenvolvidas pelo enfermeiro na promoção da saúde às juventudes. Métodos: Pesquisa-Ação realizada com 34 jovens com idades entre 15 a 29 anos. A coleta de dados foi feita a partir do círculo de conversação e entrevista de aprofundamento. Os dados foram analisados por meio da análise temática. Resultados: na categoria Medicalização em saúde e a ruptura de paradigmas: o enfermeiro no território do cuidado os jovens expressaram pluralidades em sentidos e vivências nos modos de pensar e agir. A medida que as estratégias educativas são desempenhadas o discurso pautado no modelo biomédico vai dando espaço a percepção sobre a importância dos modelos de cuidado evidenciados nas estratégias de promoção da saúde. Conclusão: uma abordagem dialógica e acolhedora, por meio de estratégias educativas, possibilita a promoção da saúde e fortalece os vínculos criados nos espaços de atenção à saúde, considerando, sobretudo, o protagonismo desses jovens.

Descritores: Cuidados de Enfermagem; Modelos de Assistência à Saúde; Promoção da Saúde; Estratégias de Saúde; Adolescente.

ABSTRACT | Objective: to unveil the strategies developed by nurses in promoting health to youths. Methods: Action Research carried out with 34 young people aged between 15 and 29 years. Data collection was done through the conversation circle and in-depth interview. Data were analyzed using thematic analysis. Results: in the category Medicalization in health and the rupture of paradigms: the nurse in the territory of care, young people expressed pluralities in meanings and experiences in ways of thinking and acting. As educational strategies are carried out, the discourse based on the biomedical model gives space to the perception of the importance of care models highlighted in health promotion strategies. Conclusion: a dialogic and welcoming approach, through educational strategies, enables health promotion and strengthens the bonds created in health care spaces, considering, above all, the protagonism of these young people.

Keywords: Nursing Care; Health Care Models; Health promotion; Health Strategies; Adolescent.

RESUMEN | Objetivo: desvelar las estrategias desarrolladas por enfermeros en la promoción de la salud de los jóvenes. Métodos: Investigación Acción realizada con 34 jóvenes de entre 15 y 29 años. La recolección de datos se realizó a través de la rueda de conversación y la entrevista en profundidad. Los datos se analizaron mediante análisis temático. Resultados: en la categoría Medicalización en salud y ruptura de paradigmas: el enfermero en el territorio del cuidado, los jóvenes expresaron pluralidades de significados y experiencias en los modos de pensar y actuar. A medida que se realizan estrategias educativas, el discurso basado en el modelo biomédico da espacio a la percepción de la importancia de los modelos de atención destacados en las estrategias de promoción de la salud. Conclusión: un abordaje dialógico y acogedor, a través de estrategias educativas, posibilita la promoción de la salud y fortalece los vínculos creados en los espacios de atención a la salud, considerando, sobre todo, el protagonismo de estos jóvenes.

Palabras claves: Atención de Enfermería; Modelos de Atención a la Salud; Promoción de la salud; Estrategias de Salud; Adolescente.

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INTRODUCTION

In Latin America, especially in Brazil, health care models have changed according to the historical context within them, so that the phenomenon of curing diseases is always linked to the need to keep capitalism strong. Contributing to a thought focused on treatment and cure, focusing on medicalization and the misunderstanding of the human being as a whole, this misunderstanding directs the link between medicalization and health.

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The term 'medicalization of life' emerges in a context of reading from the biomedical hegemonization that does not recognize individuals/people/subjects, but pathologies to be treated. ⁽²⁾ The concept of medicalization used in this work considers the search for a quick response to the need for health and cure of diseases, directing the concept of medicalization as a form of treatment, generating confusion between the meanings, in which medicalization is conceived as synonymous with care, especially in the young population. ⁽³⁾

The concept of health promotion must go beyond the practice of medicalization, providing care considering human relationships and health practices that seek to rescue subjects' values based on respect, ethics, solidarity and care, positively impacting society. ⁽⁴⁾

When discussing health promotion, the nurse is highlighted in this service-community relationship for understanding the health-disease process, which makes it capable of developing prevention and care methods, reorganizing and expanding the health care model.

⁽⁵⁾ However, caring for some groups is still a challenge, especially in the relationship with young people, mainly due to the difficulty of establishing bonds due to the discrediting of educa-

tional practices. ⁽⁶⁾

Another highlight about health promotion with young people is the need to understand this group not only as a defined age group. The study chooses to present the terminologies youth/young people and youth because they are terminologies that are closely associated and identified with components that go beyond purely age and physiological limits.

Considering the expansion of health promotion practices, health education stands out as an indispensable tool for the realization of this health-promoting practice, discussing different ways of promoting care beyond medicalization. ⁽⁷⁾ It is necessary to practice health promotion strategies with young people with a view to their leading role, especially in the expanded understanding of health and in the strengthening of health promotion, denying medicalization as a unique form of care. ⁽⁸⁾ Considering these clarifications, the objective of this study was to unveil the strategies developed by nurses in promoting health to youth.

METHODS

This is an Action Research (AR) study, according to the model proposed by Thiollent, it was divided into four interdependent phases; exploratory phase, which had as objective the initial recognition of the needs with the researched locus, in this sense activities were carried out together with an extension project linked to a Brazilian public university. The analytical phase consisted of presenting the collected data for discussion along with the researcher's understanding and interpretation. The active phase involved the creation of the action plan with the participants. The evaluation phase consisted of evaluating the potential of the strategies developed, when the young people evaluated each activity, analyzing the execution of actions and their

effectiveness. ⁽⁹⁾ The Consolidated Criteria for Reporting Qualitative Research (COREQ) tool was used to guide and structure the study. ⁽¹⁰⁾

The study setting was the Urban Center for Culture, Art, Science and Sport (CUCA), located in a peripheral neighborhood of Fortaleza, in the state of Ceará - Brazil. The CUCA space corresponds to an apparatus developed through public policies for the protection and development of youth. It primarily caters to young people aged between 15 and 29, offering courses, sports, cultural dissemination, training and productions in the area of communication and activities that strengthen youth leadership and promote and guarantee human rights. ⁽¹¹⁾

The choice of sample was by typicality or intentional, in this type of sample the researcher selects the participants according to their intention or availability of the subjects. ⁽¹²⁾ Initially, four groups of 10 young people were structured, using as inclusion criteria being between 15 and 29 years old, and being enrolled in at least one activity linked to the CUCA space, each group participated in three meetings, each meeting lasting 50 minutes. As an exclusion criterion, missing at least one of the meetings, in this sense, 7 young people were excluded, having at the end a sample of 34 participants. Data collection took place between March and June 2019.

In all meetings, data collection took place through the Conversation Circles technique, which is divided into three moments: 1) Exposure of the problem, which began with the raising of questions emanating from the young people, was the "icebreaker" moment, with presentation and interaction dynamics, including drawing activities on cardboard as well as cutting and gluing figures that represent the theme for the group; 2) Contextualization that took place through the contemplation of their realities, and educational practices with

themes related to health promotion, STI prevention and harm reduction; 3) Conversation, which took place with the formulation of interconnected knowledge from the discussions led by the facilitator as well as the evaluation of the dynamics of the day.⁽¹³⁾

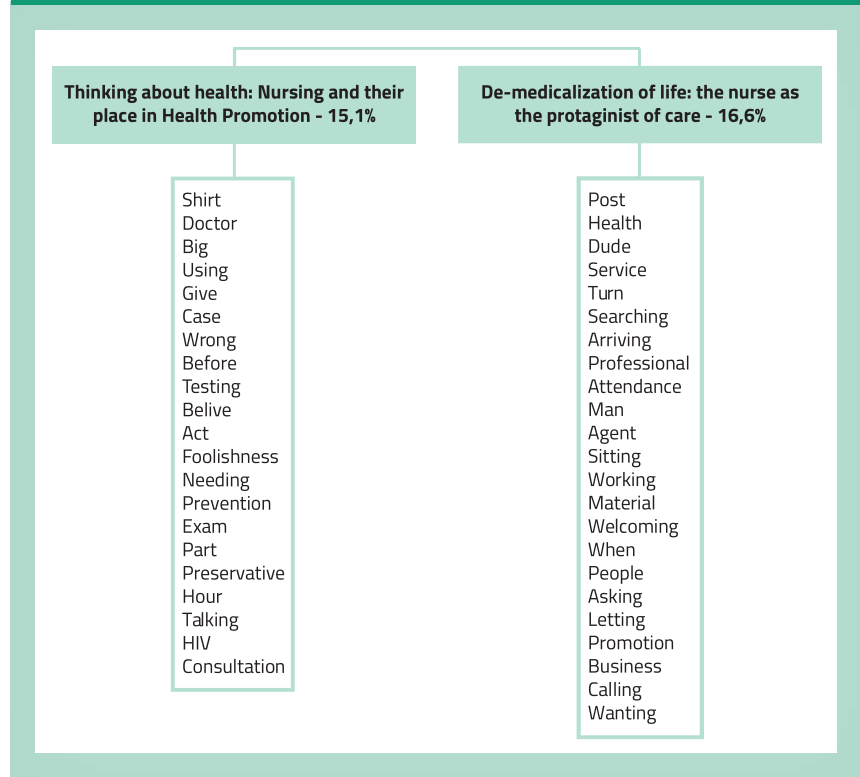
The materials produced in the conversation circles were transcribed by the researchers, so the speeches of the young people are identified in the text with the letter "J" and the number corresponding to the order of entry of each participant in the groups. From this, the empirical category formulated based on Minayo's thematic analysis,⁽¹⁴⁾ which follows the sequence: a) Pre-analysis, b) Exploration of the material and c) Treatment of the results.

Considering the analysis model proposed by Minayo, it started with the pre-analysis, consisting of the operationalization and systematization of the initial ideas, based on three tasks: floating reading, constitution of the corpus and reformulation of hypotheses and objectives. The exploration of the material consisted of the semantic analysis of the text according to the categories formed and, during the treatment of the results, the material was categorized, creating units of analysis.⁽¹⁴⁾

To help organize the data, the software Interface of R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (Iramuteq), version 0.7 Alpha 2.⁽¹⁵⁾ Among the types of data processing with Iramuteq, the Descending Hierarchical Classification (DHC) was chosen, which divides the set of transcribed speeches of the interviewees into classes. Such classification occurs according to the respective vocabularies, whose variation occurs according to the transcription and the size of the textual corpus as a whole.⁽¹⁵⁾

According to the categorization of the speeches, classes generated from Iramuteq emerged, the analyzes referring to classes 1 and 2. Class 1 was called "(De)medicalization of life: the

Figure 1 - Descending hierarchical classification: themes originated, after data interpretation. Fortaleza, CE, Brazil, 2021.



Source: Data generated by the Iramuteq Software. Fortaleza, CE, Brazil, 2021.

nurse as the protagonist of care”, generated by 16.6% of the speeches, and class 2 “Thinking about health: nurses and their place in health promotion”, represented by 15.1% of the speeches.

According to the similarity pointed out by the software, there is a strong relationship between these classes, in which young people do not recognize the health service as their place of belonging. Thus, we opted for the union of the classes, which were consolidated in the category “Medicalization in health and the rupture of paradigms: the nurse in the territory of care”. The research was approved by the Research Ethics Committee of the State University of Ceará, under number 3,083,839/2018.

RESULTS

Considering the qualitative nature

of the study, information related to the sociodemographic identification data and then the categories will be presented below. 34 young people made up the sample, being 20 (59%) male and 14 (41%) female. Regarding education, 5 (14.7%) had completed high school, while 39 (85.3%) were in high school (complete elementary school). Only 3 (8.8%) claimed to have a relationship of marriage or stable union, while 31 (91.2%) declared themselves single. As for the location of the residence, all lived in a region on the outskirts of Fortaleza.

Each highlighted word in the figure generated by Iramuteq represents the words most evoked by the participants during the execution of the Conversation Circles. Thus, the words highlighted in the categories presented represent a set of sentences that contain the

generating speeches in the illustration presented below (Figure 1).

The category Medicalization in health and the rupture of paradigms: the nurse in the territory of care points out that young people still do not recognize the health service as a space for health promotion, considering them as places for sick people, therefore not including themselves in this territory, citing difficulties in accessing and forming a bond with professionals.

The following statements demonstrate initial questions related to the way young people understand health care and medicalization.

I think humanized care is lacking, I think that's lacking, because sometimes the doctor doesn't even evaluate you properly and they already give you a medicine, man. He stuffs you with medicine and doesn't even look at your face, he gets there, he's head down taking notes, when you're talking, he doesn't look at you, he doesn't ask you things to welcome you. You don't feel welcomed, you don't have a care, and he gives you a medicine right away. (J13)

When I talk about health, I immediately think of the health center, that bunch of people looking for a prescription to get medicine. It's very annoying you're there showing your intimacy to a guy (doctor) who doesn't even look you in the face, doesn't even want to know if you're really there. It's complicated. (J19).

The speeches presented refer to the young person's understanding of what health means to him and health promotion concepts, however, in view of the research approaches, the concept of health is being worked on in a more comprehensive way so that the understanding goes beyond the medicalizing practice.

When we talk about health, we

immediately think about the medication, the medication itself. I see those people at the health center, everyone going out with their medication, I think about it. (J10)

For me this is new, these dynamics, this moment with the nurse, for me health was different from that, for me to go and talk to the health professional only when I was sick, today I leave thinking differently. (J14)

Although some speeches bring the need to search for a more horizontal model of care, there are still beliefs in the biomedical model, in the clinic as a recognizer of signs and symptoms, rooted in the young population the figure of the doctor as the holder of health knowledge, but who also recognize the importance of nurses in promoting health and care.

I feel healthy when I go to the doctor, do my appointments and such. But, it's always good to ask for a vitamin or something like that, a medicine. (J24)

The most humanized service is lacking. Not just that mechanical thing, that happens when you walk in and the guy just takes notes and doesn't even look at your face. (J33)

Just like this health post, they were also giving medication to the old ladies who are consulted, they were pushing those depression and anxiety medication on all the old ladies. Health is not just that. (J34)

The educational practices highlighted during the actions with the youths as they discuss promotion actions interact with the young people building knowledge about what medicalization means, as well as about the concept of health. The young people emphasize

that the educational practices in that space are important for the decentralization of care, not being necessary for the young person to seek the health service, but allowing the practices to reach their space. Gradually, the speeches open space for discussion about the importance of nurses in these care practices.

The good thing about CUCA is because it is a place that speaks our language. I spend the day here and there are many activities that teenagers like, we end up not even seeing the time pass. And when there is a lecture on health I always participate. I have already participated in some activities with you, you do some dynamics. (J12)

Having the nurse talking, listening to us and advising us is something very good, it's like I don't need to go to the health center to have my appointment. (J14)

Ah, these meetings are good, because I didn't know that there were people from the health area (nurse) who promoted these meetings and knowing that there are people from the health area who are willing to inform us and help with what we need it, related to that, it's good, because it's not always that you think like "my God, I need help with this" and you can't imagine that there are people willing to help you and inform you that way and it's very good and I will take this with me. (J33)

The speeches presented in the category reveal the young person's understanding of the concepts related to health promotion. It is possible to identify how the initial statements remain surrounded by the relationship of medicalization as a synonym for health, this formulation is gradually being modified

in the face of perceptions as reported during the activities proposed by the nurse. The act of bringing dynamics, and giving space for speech, contributes to the formulation of bond and trust, as well as free and knowledge-building discussion.

DISCUSSION

Each moment highlighted the needs of this public, contributing to the nurses' guidance on decision-making and the strengthening of dialogue as a care strategy. Young people routinely have their image linked to a healthy group, with less propensity to illness and death, however, in this universe, debates that permeate sexuality, unplanned pregnancy and sexually transmitted infections are still veiled. This understanding points to gaps in the formulation of public policies, organizational changes and practices of health service professionals to meet the health demands of youth.⁽¹⁶⁾

For young people, access to the health service is influenced by elements of the system that can bring them closer or further away from care and its continuity, such as geographic disposition, lack of transport to access services and organizational characteristics, also compromising the formation of the professional bond.⁽¹⁶⁻¹⁷⁾ In this sense, actions aimed at decentralizing care, such as the one narrated during the Action Research, can contribute to reaching this audience and dialoguing about their demands, practices and behaviors.

These actions can also have repercussions on the reception through dialogue, on the involvement and on the achievement of this young person by the professional nurse, in which one must think about the various social facilities in the territory for the development of activities. "Welcoming presupposes that the meeting between health team workers and users is marked by



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the availability to receive, listen and treat humanely, considering their needs and potential".⁽¹⁷⁾ With this logic in mind, dialogue presupposes listening to demands that are often ignored in other spaces, directing interventions according to the needs triggered by young people. The approaches serve to highlight the understanding of health promotion beyond medicalizing care, where dynamics to strengthen the bond and production of active listening enhance care in the territory.

The young people's speeches reveal the absence of humanized and welcoming care in the health services, reaffirming that these practices are indispensable for care as they extrapolate what the biomedical model contemplates. In contrast to this mechanical and fragmented service, there are statements that indicate the importance of bonding, with interest, trust and mutual support. These are meetings between subjects that take place in an intercessory space, enabling workers to use their main technology, knowing how to listen and share.⁽¹⁸⁾

The perceptions presented about medicalization are still very present, going beyond medical knowledge about the physical body, as it is the formulation of an instrument that creates a "consumer market", formed by a group of interests in maintaining a power with investments that come from the marketing of the pharmaceutical industries, surpassing the investments with the researches.

It is considered that many of the health issues are more related to social factors, weakened accessibility and lack of community participation, however, the resolution of problems in the popular imagination is consecrated in the purchase or acquisition of the medication.⁽¹⁹⁾ The young people emphasize in their speeches the population's search for medical prescriptions or understanding the health dimension from the acquisition of vitamins or medici-

nes to solve a health problem without understanding the dimension of the whole that corresponds to the social determinants of health. It is important to emphasize that the practices used in the research gradually expand this perception of the young person and provide a deeper dialogue about health.

It is clear, therefore, that this medicalizing health model is not able to encompass the individual's singularities and this tends to provide a dehumanization of health care. As a reflection of this model, unnecessary queues persist in search of service; neglect and carelessness with people; inability to deal with life stories; prejudiced and abusive practices that include discrimination, intimidation and submission; performing unnecessary procedures; exclusion and abandonment.⁽¹⁹⁾

Even in the face of these difficulties in accessing health, the nurse was referred to as a professional who is related to this care, in the escape from the medical-centric logic of doing health. The young people emphasize from the meetings that the strategies used in the space of CUCA, bring positive results, and that it is a work with long-term results, due to the difficulties of access to this public. Thus, in addition to recognizing the territory, nurses need to enhance the strategies used to ensure the continuity of actions and strengthening of bonds.

Contrary to what CUCA proposes, based on participatory strategies with young people, they point out that health services are not yet prepared to receive them, nor provide a welcoming, humanized and problem-solving environment. There is a demand from subjects who need to speak and put their questions and concerns to the surface. Each young group, in its uniqueness, makes up the youth of that place, and the nurse's role in this scenario enhances it as a place of health, with all its multiplicities of expressions.

Young people present in their dia-

logues that they need not only care, but welcoming practices that provide frank dialogue, as in the activities proposed in the practices performed in Conversation Circles. Corroborating this idea, the literature reinforces that health practices that consider the body as machines and health as the absence of disease are gradually ruminating to the detriment of not obtaining effective results. It is necessary to transcend this idea, with professionals aware that their actions must understand that social, affective and cultural factors interfere in these subjects' ways of producing life.⁽²⁰⁾

From the meetings, there are possibilities to identify their health needs, directing them to a clinical and sensitive look, combining knowledge with practice and giving new meaning to the bonds, with a space recognized by the nurse in the articulation of care. Thus, the meanings about 'health' are taking new forms, so that young people come to understand that the need to seek the service must occur regardless of any illness condition. The dialogue here provides, in addition to meeting the demands of the young audience, promoting welcoming care and listening directed towards their complaints.

Health care for this public presupposes the need to horizontalize actions and relationships, in which there is a praxis that goes beyond the disease and cure through medication, favoring reception, bonding and access, covering preventive and curative actions, and that there are still barriers to access in primary health care services.⁽¹⁷⁾

As the subjects take ownership of the actions, they perceive the nurse as an important professional for the health promotion model that dialogues with the demands of youth. In dialogue with this statement, there is an understanding in the literature that nursing, as it is a unique profession in the promotion of health among socially vulnerable groups such as adolescents and young

people, constantly seeks to improve the quality of care and consolidation of the principles of the Unified Health System (SUS - Sistema único de Saúde), working on the basis of health promotion.⁽²¹⁾

Making use of active listening can mean the requalification of relationships between professionals and users based on respect for singularities. This approach then provides interaction and ambience, often not found by young people in health services, so this dialogic environment acts to rescue autonomy and promote citizenship in their health care.^(22,23)

As limitations of this study, the data collection was carried out in only one place, which makes it impossible to generalize the results presented. In addition, another point worth mentioning is the rotation of the existing groups in CUCA, which makes it difficult to continue actions and practices with the young people who participate in the project. There was also the public's fear about the themes that made it difficult to open the initial dialogue, which was gradually overcome through dynamic approaches.

As contributions, we can see the importance of nurses being present in the various existing social facilities in the territory, as a way of reaching this public in an integral way. This dialogical approach of nurses re-signifies their practices from the deconstruction of crystallized postures, bringing professionals closer to the population in general, especially young people.

CONCLUSION

The action research method made it possible to implement strategies that approach the young population in the construction of knowledge with dialogue and a welcoming approach, making it possible to strengthen the bonds created in health care spaces and in other territories, considering, above

all, the protagonism of these young people. The opening of the dialogic space reveals young people's conceptions of health at the same time that it demystifies medicalization as the only path to health.

With the use of conversation circles, young people felt comfortable in bringing their health demands and needs, in addition to expressing their opinions about the health services they have access to. CUCA enables them to have a look at

their health promotion, with autonomy and empowerment, showing nurses in the use of social practices and equipment in addition to health services and schools, thus achieving their participation and involvement in a broader dimension.

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