



VULNERABILITY AND RISK SITUATIONS SELF-REPORTED BY ADOLESCENT STUDENTS

SITUAÇÕES DE VULNERABILIDADES E RISCOS AUTORREFERIDOS POR ESCOLARES ADOLESCENTES

SITUACIONES DE VULNERABILIDADES Y RIESGOS AUTOREFERIDOS POR ESCOLARES ADOLESCENTES

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One aimed to characterize the profile of adolescents regarding their socio-demographic aspects and describe the risk and vulnerability situations mentioned by them. This is a descriptive and quantitative study carried out with 500 school adolescent students aged between 13 and 19 years old, from the city of Iguatu-CE, Brazil. One applied a questionnaire in the school in August 2008. Data were analyzed using a statistical program. The results showed that adolescents were predominantly from the urban area (59.25%); females (60.0%), most interviewees reported living with their parents (84.6%) and had income less than or equal to a minimum wage (64.2%). The use of licit and illicit drugs was identified as a factor that exposes adolescents' health to risks (59.2%), and they considered the prevention important (18.2%), including healthy eating habits (15.2%). The adolescents saw the risks present in daily life and the possibilities of prevention through education in the family and school environment.

Descriptors: Adolescent; Vulnerability; Health Promotion.

Objetivou-se caracterizar o perfil de adolescentes quanto aos aspectos sociodemográficos e descrever as situações de riscos e vulnerabilidade referidas por estes. Estudo descritivo, quantitativo, realizado com 500 adolescentes estudantes na faixa de 13 a 19 anos, do município de Iguatu-CE, Brasil. Aplicado questionário na escola em agosto de 2008, os dados foram analisados com auxílio de programa estatístico. Os resultados mostraram que os adolescentes eram predominantemente da zona urbana (59,25); do sexo feminino (60,0%); a maioria afirmou morar com os pais (84,6%) e possuírem renda menor ou igual a um salário mínimo (64,2%). O uso de drogas lícitas e ilícitas foi apontado como principal fator que expõe a saúde do adolescente ao risco (59,2%) e consideraram importante a prevenção (18,2%), incluindo a alimentação saudável (15,2%). Os adolescentes visualizaram os riscos presentes no cotidiano e as possibilidades de prevenção por meio da educação no âmbito familiar e escolar.

Descritores: Adolescente; Vulnerabilidade; Promoção da Saúde.

El objetivo fue caracterizar el perfil de adolescentes según características sociodemográficas y describir las situaciones de riesgo y vulnerabilidad mencionados por ellos. Estudio descriptivo, cuantitativo, con 500 adolescentes entre 13-19 años, de Iguatu-CE, Brasil. Los datos fueron recolectados a través de encuesta en agosto de 2008 y analizados por programa estadístico. Los resultados señalaron que los adolescentes eran de zonas urbanas (59,25); sexo femenino (60,0%); residían con los padres (84,6%) y que tiene un ingreso menor o igual al salario mínimo (64,2%). El uso de drogas lícitas e ilícitas fue señalado como factor que expone la salud de adolescentes a riesgos (59,2%) y consideraron importante la prevención (18,2%), incluyendo alimentación saludable (15,2%). Los adolescentes miraron los riesgos presentes en la vida diaria y las posibilidades de protección a través de la educación en la familia y escuela.

Descriptores: Adolescente; Vulnerabilidad; Promoción de la Salud.

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INTRODUCTION

Adolescence is chronologically defined as the period comprising the ages between 10 and 19 years old. In Brazil, we adopt the convention established by the World Health Organization (WHO) which defines the period between 10 and 19 years old, 11 months and 29 days as adolescence, and between 15 and 24 years old as youth. There is, therefore, an intersection between the second half of adolescence and the first years of youth⁽¹⁾.

Adolescence is a moment of the process of human growth and development, when one observes rapid and substantial changes in the children's life and bodies. There is a large weight and height growth and the appearance of new physical and esthetic forms; transformations in the organic functioning - especially sexual and reproductive; building of new interpersonal relations; peculiar manifestations of new feelings, ways of thinking and behaving - reflecting new identities, which are influenced by the interaction of adolescents with their families, society, and its various components (economic, institutional, political, ethical, cultural, physical, environmental)⁽²⁻³⁾.

The complexity of factors involved in the stage of adolescence encourages researchers to investigate the details in order to understand behaviors in adolescence, which are so criticized and sometimes misinterpreted for not considering the peculiarities of being a teenager in process of transformation, who looks for self-assertion. Adolescence is an intermediate stage of human development between childhood and adulthood. This period is marked by several physiological and psychological transformations. Through these transformations and in accordance with the cultural aspects, teenagers develop their sexuality through social constructions⁽⁴⁾.

In this perspective, one gets into the vulnerability theme, in which one should reflect about this situation that the adolescent is exposed to. In this regard, one emphasizes that the adolescents are vulnerable and exposed to many risks, due to the transformations they face between childhood and adulthood conditions, because they see the possibility of power and self-control over their lives⁽⁵⁾.

These situations also assume different settings when contrasted with the social, economic and cultural conditions experienced by adolescents/youngsters. In addition to the characteristics described, one adds the risk behaviors that result in Sexually Transmitted Infections (STIs), especially when they expose themselves to a multiplicity of sexual partners, irregular condom use, alcohol consumption and illicit drugs. Therefore, due to these events, teenagers do not foresee consequences when they expose themselves to risk⁽⁶⁾.

The term risk, when applied to adolescents, has been used to describe a set of behaviors whose common nature lies in exposure to a greater likelihood of physical and psychological harm or even death. It is known that the risk in this group is also an ambivalent way to ask for help and that often appears as an ultimatum to find the meaning of life, a system of values to demonstrate their active resistance and to find their place in the world⁽⁷⁾.

One emphasizes that many risky behaviors to life and health are common among adolescents. Doing delinquent acts that seem to be more common in adolescence than in other periods of life, show their exacerbated need for intense emotions.

Considering also that the health risk may be related to social situations, adolescents at risk are those exposed, in low socioeconomic background, to conditions of misery, numerous nuclear family

composition, unemployed parents, families with low occupation status, divorced parents, death of close relatives, absence of a parent, low education of adolescents and their parents. Regarding the family context, one should consider the conflicts, the stress arising from the relation between parents and children, as well as the psychological violence, often present in the intrafamily environment⁽⁸⁾.

Given these considerations, the object of study comprises the characteristics of adolescents and vulnerable situations that expose them to health risks. One believes that the results will subsidize the planning of actions targeting this audience, with a focus on risk prevention and health promotion to involve mainly the sectors of health education, encouraging the training and management of people who deal with this portion of the population.

To conduct the research, the objectives were fulfilled: to characterize the adolescents of a state network in terms of sociodemographic and cultural situations and describe risks and vulnerabilities self-reported by the respondents.

METHOD

Descriptive and quantitative essay, which used an instrument with predominantly closed questions, whose analysis was based on numerical information and statistical procedures. However, one supplemented it with some open questions so that one could grasp part of the subjectivities of adolescents about vulnerability and health risks present in daily attitudes.

The research was conducted in a public high school in the city of Iguatu-CE, located in the south central region of the state of Ceará. In this school there was the representation of teenagers from the urban and rural areas, being the high school with the highest number of students among the others, working during three shifts with classes.

The study population was 1,115 students, stratified by age group: 304, from 13 to 15 years old, and 811, from 16 to 19 years old. The concern with the choice of this sample was that it should have representation, that it represented similar characteristics of the study population. Thus, one used the non-probability sampling technique from the type of sample for convenience, in which the subjects in the sample were in line with the inclusion criteria⁽⁹⁾. Inclusion criteria were: being resident of Iguatu-CE, being enrolled, attending school; being present during the collection period, being a teenager (13 to 19 years old).

The data were collected with the questionnaire, which was distributed on average 30 copies per class, giving to those who volunteered to participate. Considering a loss of questionnaires for possible quitting or failure to return them by the adolescents, one applied a total of 800 questionnaires, for a period of four days, in three shifts, morning, afternoon and evening. Out of this total, 500 questionnaires were received, being 142 (13 to 15 years old) and 358 (16 to 19 years old). The sample, with an error of 3%, was of 152 students aged from 13 to 15 years old and 405 aged from 16 to 19 years old, totaling 557 adolescents surveyed. The issues investigated contained the following variables: individual and socioeconomic characteristics (gender, age, family), and aspects of the adolescents' situation in relation to health, risk and vulnerability, bringing their perceptions.

Data collection happened in August 2008. For this, one conducted formal contact through a document with the direction of the Regional Education Coordination - CREDE 16. After approval, we obtained the first contact with the school board. The first step was to clarify the school professionals about the research objectives and about the optional nature of participation of the adolescents. On the occasion, teachers were asked to understand and support during the application of the questionnaires in the classroom. The second step was to enlighten students about the

research and present the consent form. In the moment of giving the questionnaires in class, one asked the adolescents to return them during school time, and it could also be delivered in the pedagogical coordination office.

The adolescents over eighteen years old signed the consent form, and the under eighteen ones took them to get their parents' or legal guardians' permission for their participation in the research, returning them the following day, along with the questionnaire.

The data were processed by the statistical program, Stistical Package for the Social Sciences (SPSS version 17.0) by coding the responses, and prior to this step, a categorization of open questions.

The ethical and legal procedures of the research followed the Resolution No. 196/96, from the National Health Council on research with humans⁽¹⁰⁾. Data collection was conducted after the consent of participation of adolescents and their parents, after signing the Free and Clarified Consent Form (TCLE). This document guarantees the anonymity of the subjects, explanation of risks and benefits of the research, the preservation of liberty and autonomy of each individual. The research project was submitted to the Ethics Committee of the Universidade Estadual do Ceará - UECE. One started the procedures of data collection only after approval document, No. FR 193104.

RESULTS

The results describe the predetermined variables/categories, after analysis of absolute and relative frequencies. Then, one presents the sociodemographic characteristics of the adolescents and their perceptions of risk and vulnerability in the health context.

Most teenagers surveyed were female, with a percentage of 60.0% (300). As to the origin, the frequency was higher among adolescents living in urban areas, with a percentage of 59.2% (296). The distribution profile of adolescents by family income was of 32.0% (160) coming from families with a minimum wage; meanwhile 13.0% (65) reported that their family was in the range of three times the minimum wage or above. The participation of adolescents in the study had a higher frequency among the ones enrolled in the second grade, with a percentage of 36.4% (182).

Concerning the adolescents' parents, 71.4% (357) lived together, and most of the teenagers said they lived with their parents, 84.6% (423). Among those who reported not living with their parents, grandparents were most frequently mentioned, 36.8% (28), followed by those who mentioned uncle or aunt 18.4% (14).

Table 1 shows the level of education of the teenagers' parents.

Table 1 - Distribution of data referring to the education level of the teenagers' parents. Iguatu, CE, Brazil, 2008

Father's Instruction	f	%
Illiterate	101	20.2
Incomplete elementary school	215	43.0
Complete elementary school	53	10.6
Incomplete high school	24	4.8
Complete high school	83	16.6
Other	8	1.6
Did not answer	16	3.2
Total	500	100
Mother's Education	f	%
Illiterate	31	6.2
Incomplete elementary school	246	49.2
Complete elementary school	58	11.6
Incomplete high school	29	5.8
Complete high school	107	21.4
Other	26	5.2
Did not answer	3	0.6
Total	500	100

Table 2 shows that on the perception of 80.8% (404) of the adolescents, health meant physical, mental,

social and spiritual well-being, and 1% (5) related it to medical assistance.

Table 2 - Perceptions of adolescents regarding the meaning of health. Iguatu, CE, Brazil, 2008

What health means	f	%
Physical, mental, social and spiritual well-being	404	80.8
Being active, productive and keeping in shape	26	5.2
Having access to good eating habits	20	4
Absence of diseases	15	3
Avoiding risky behaviors	14	2.8
Medical assistance	5	1
Did not answer	16	3.2
Total	500	100

Table 3, related to the perception of adolescents regarding the behavior that exposes their health to risks, argues that the use of licit and illicit drugs was perceived by 59.2% (296) of the adolescents, followed by sexual

intercourse without a condom, with 7.2% (36), and poor diet with 5.2% (26), being these three behaviors in decreasing order the ones with the highest frequencies that expose adolescents to health risks.

Table 3 - Perceptions of adolescents regarding the behavior that exposes them to health risks. Iguatu, CE, Brazil, 2008

Behavior	f	%
Use of licit and illicit drugs	297	59.4
Inadequate habits	85	17
Violence	20	4.0
Inappropriate attitudes	17	3.4
STD/HIV/AIDS	13	2.6
Lack of information	9	1.8
Sedentary behavior	9	1.8
Pregnancy	8	1.6
Recklessness in traffic	7	1.4
Lack of emotional control	6	1.2
Obesity	5	1.0
Diseases	4	0.8
Not preserving the environment	4	0.8
Abortion	2	0.4
Isolation	2	0.4
Aids	1	0.2
Going to inappropriate places	1	0.2
Did not answer	10	2.0
Total	500	100

Aspects of health protection in the perception of adolescents referred to the prevention, with 18.2% (92), followed by healthy eating habits, with 15.2% (76),

being in the third place the practice of physical activity and attitude, both with 12.8% (64).

Table 4 - Perceptions of adolescents regarding the aspects of protecting their health. Iguatu, CE, Brazil, 2008

Aspects of health protection	f	%
Prevention	92	18.2
Healthy eating habits	76	15.2
Physical activity	64	12.8
Attitude	64	12.8
Information	37	7.2
Emotional well-being	26	5.2
Education	17	3.4
Drug withdrawal	14	2.8
Family	13	2.4
Health care	13	2.4
Quality of Life	8	1.4
Leisure	6	1.2
Health promotion	6	1.2
Security	3	0.6
Hospital care	2	0.4
Preservation	2	0.4
Quality care	1	0.2
Employment	1	0.2
Did not answer	54	10.8
Total	500	100

DISCUSSION

The adolescents who participated in the research were mostly females (60.0%); and despite the distribution of questionnaires was done equitably in the classrooms, the greatest participation was of adolescents who were enrolled in the second grade (36.4%). These results showed that the level of education of adolescents was close to what was expected in this age group, as a teenage/young man who is eighteen years old should be finishing high school⁽¹¹⁾. Recent studies have found a significant number of adolescents enrolled in the fourth grade or in an acceleration class, confirming that there is an age/grade lag⁽¹²⁾.

Education is one of the fundamental rights of children and adolescents, and it must be ensured by the government in charge of providing the necessary conditions for its conduction. Children and adolescents have the right to education, aiming at their full development, preparation for the exercise of citizenship and qualification to work⁽¹³⁾.

Recent studies show that the school is in the life of adolescents/youngsters an institution of meaning, for providing exercise of identity, going beyond the family, in contact with contexts of conditioning and social differences, and for creating conditions for the production and access to new knowledge and to socially produced and systematized knowledge. The school is also a privileged space to promote health, in a broadened focus, on the perspective of achieving citizenship and involvement of several actors that compose this universe: teenagers, students, education professionals, family members, community leaders and health professionals⁽¹³⁾.

The adolescents in this study were from low-income families and lived in the urban area. This profile is not different from most Brazilian families that, for the

lack of jobs, look for survival in urban centers, as demonstrated in other studies⁽¹⁴⁾. In Iguatu, this reality was also noticed, as it is still a region with few opportunities for workers in the rural area, which predominantly survive from agriculture; adding to this fact, one still found cases of families that were looking for housing for their children in the urban areas, especially when they started high school.

Social, political and economic inequalities practiced in Brazil influence directly the family dynamics and, consequently, increase the number of children and adolescents in social and personal risks. Due to their status as "developing people", teenagers bring with them an intrinsic condition of vulnerability, thus requiring physical, psychological and moral protection, with full attention⁽¹⁵⁾.

During adolescence, a bigger monitoring of the families is necessary in relation to the orientation of their children, as this phase requires clarification of the questions that arise in everyday life. The lack of understanding of parents, for lack of reality comprehension and their low understanding on the transformations inherent to the cycle of life trigger distancing in the parent-child binomial.

It should be noticed that the representation of the family for teenagers is given based on the meanings that this social group has, since it is within the family that teenagers look for support, comfort and strength to achieve their goals and overcome the difficulties and disappointments of life⁽¹⁶⁾.

Study about the relationship between moral behavior of parents and teenagers pointed to the low level of education of risk group's parents, compared to the non-risk group (66.6%) with higher education for father and mother of the non-risk group, against 36.6% and 40.0% for father and mother, respectively, in the risk group⁽⁹⁾. Therefore, one infers that low educational

level is an important risk factor, because there is a positive correlation between low education and development of antisocial behavior⁽¹⁷⁾. In this sense, anti-social behavior is defined as one that causes injury to you or to others, including lying, pyromania, graffiti of public property, school dropout, drug use, aggressive behavior, in addition to light and serious offenses. Thus, families at risk are those that have high levels of antisocial behaviors and hence low levels of pro-social behavior⁽¹⁸⁾.

Regarding the subjective aspects that deal with the adolescents' perceptions regarding the meaning of health, one realized that in the minds of the subjects prevails (80.8%) the broader concept, used by the World Health Organization, which defines health as a complete physical, social and mental wellness, and not merely the absence of disease or disability. Meanwhile, 3% referred to health as the absence of disease, concept still present in the social environment.

Study reveals the conceptions of adolescents in line with the biological paradigm, ignoring the social determinants in the health-disease process. These conceptions influence considerably their attitudes concerning health and the way they incorporate health services into their daily lives⁽¹⁹⁾.

Among adolescents who participated in the study, one highlights the use of licit and illicit drugs quoted as behavior that exposes their health to risks; considering that drug use is a social problem that affects all ages, especially teenagers. Study points to several risk factors for the use of psychoactive substances; and these can be divided into inherent to the personality and to contextual factors, arising from the influence of the social environment on the individual. Among the endogenous factors one usually mentions genetic vulnerability, psychopathologies such as depression, antisocial personality disorder, low self-esteem, lack of perspective in life, being in search of new sensations, including pursuit of pleasure and curiosity⁽²⁰⁾.

This way, one understands that adolescents at risk are those with low socioeconomic profile, condition of misery, numerous nuclear family composition, parents with low status occupation, divorced parents, parental unemployment, death of close relatives, the absence of a parent, low education of adolescents and their parents⁽⁸⁾.

Nowadays teenagers recognize the importance of prevention of diseases and health promotion. They highlight everyday practices that depend on the willingness and individual discipline, but also as consumption goods, which are less accessible due to the cult to gyms, shown by the media⁽¹¹⁾.

The promotion of adolescents' health is a subject of debate, both in the academic area as in health and education institutions. The main concern is to stimulate in adolescents behaviors and lifestyles that insert the motivation for self-care⁽²¹⁾.

The view about health and disease tends to be more comprehensive due to the new conceptions involving historical and social context of the subjects, who should be protagonists in improving their living conditions and health and not mere spectators. It is observed that even in a slow way, health professionals, educators and students incorporate the idea that health and disease are processes related to life and that they also depends on human actions taken every day. For teenagers, with so many opportunities to learn in the school environment, these opportunities cannot be missed, but facilitated for the empowerment of these individuals to contribute with the improvement of their own and the population's life quality.

CONCLUSIONS

The design of the research and the procedures conducted made it possible to achieve the objectives, although with gaps regarding the subjective aspects inherent to the object of study, that this approach does not respond and that can be explored in other studies.

Thus, it was possible to know the reality of teenagers from Iguatu, having as field and boundaries the school environment, aiming at the situation of risk and vulnerability and their relationship to health.

Socioeconomic status showed that the adolescents were from low-income families with little education (mother and father). The majority conceived the meaning of health in its broadest sense, physical, mental and social well-being, and acknowledged that the subjects should be active, productive and keep in shape.

Adolescents visualized the risks in their daily lives; some included themselves as subjects who practiced at least one attitude that harmed their health. The majority also said that when they were exposed to risk situations, they felt bad, but still there were those who did not recognize the risk because they thought it was normal, not recognizing the danger, having another risk attitude, which seems to be a form to escape from reality. Therefore, prevention was identified as the main factor for health protection, highlighting the need to address information in their family and at school.

The concern about adolescents' health and their lifestyle has increased due to the recognition of the importance of physical and psychosocial health for adolescents over the varieties of circumstances that increase the risks and damages, which the group is exposed to.

We concluded, based on the adolescents' discourse and with attention focused on the local health system, that it is necessary a greater coordination among the health sectors, school, social care and that there is a greater investment in training of workers who deal with adolescents, focusing on welcoming. These actions can favor the access of users to the services, minimizing the risk factors to health, promoting their participation in health promotion activities.

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Received: Aug. 23rd 2012

Accepted: Mar. 11th 2013