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RESEARCH

**Vulnerabilidades e acesso em saúde na adolescência na perspectiva dos pais**

Vulnerability and access in adolescent health in view of the parents

Vulnerabilidad y acceso en salud de los adolescentes en la vista de los padres

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## ABSTRACT

**Objective:** To analyze the perception of parents about vulnerabilities and access needs in adolescent health in the municipality of Contagem/Minas Gerais. **Method:** this is a descriptive study conducted with 94 parents of adolescents from 12 municipal public schools who answered a semi-structured and self-administered questionnaire. The data were analyzed from the analysis of content model proposed by Bardin. **Results:** exposure/drug use, poor dietary habits, barriers to accessing health and risk behaviors/conditions associated with sexuality were the main vulnerabilities to health in adolescence indicated by the participants. Although prioritize medical and dental appointments, it was mentioned the importance of nursing in access to health actions in adolescence, such as vaccination, educational groups and assessing of growth/development of adolescents. **Conclusion:** the promotion of adolescent health demand for constant evaluation of situations and levels of health vulnerabilities of this group through the School Health Program. **Descriptors:** Adolescent health, Vulnerability, nursing, Family medicine and community.

## RESUMO

**Objetivo:** Analisar a percepção de pais sobre vulnerabilidades e necessidades de acesso em saúde na adolescência no município de Contagem/Minas Gerais. **Método:** trata-se de estudo descritivo desenvolvido com 94 pais de adolescentes de 12 escolas públicas municipais que responderam a um questionário semiestruturado e autoaplicável. As informações foram analisadas a partir do modelo de análise de conteúdo proposto por Bardin. **Resultados:** a exposição/utilização de drogas, hábitos alimentares inadequados, barreiras no acesso em saúde e comportamentos de risco/agravos associados à sexualidade foram as principais vulnerabilidades à saúde na adolescência apontadas pelos participantes. Apesar de priorizarem a consulta médica e odontológica, mencionaram a importância da enfermagem no acesso às ações de saúde na adolescência, como à vacinação, grupos educativos e avaliação do crescimento/desenvolvimento dos adolescentes. **Conclusão:** a promoção da saúde dos adolescentes demanda por constante avaliação das situações e níveis de vulnerabilidades à saúde desse grupo através do Programa Saúde na Escola. **Descritores:** Saúde do adolescente, Vulnerabilidade, Enfermagem, Medicina de família e comunidade.

## RESUMEN

**Objetivo:** Analizar la percepción de los padres acerca de las vulnerabilidades y las necesidades de acceso de salud de los adolescentes en el municipio de Contagem /Minas Gerais. **Método:** se realizó un estudio descriptivo con 94 padres de adolescentes de 12 escuelas públicas municipales que respondieron a una encuesta auto aplicable ysemi-estructurada. Los datos fueron analizados a partir del análisis propuesto por el modelo de contenido de Bardin. **Resultados:** El uso de la exposición/uso de drogas, malos hábitos alimenticios, las barreras para acceder a los comportamientos de riesgo/agravamientos asociados con la sexualidad fueron las principales vulnerabilidades para la salud en la adolescencia indicados por los participantes. Aunque priorizar la consulta médica y dental, mencionó se la importancia de la enfermería en el acceso a las acciones de salud en la adolescencia, como la vacunación, grupos educacionales y evaluación del crecimiento y desarrollo de los adolescentes. **Conclusión:** la promoción de la salud de los adolescentes demanda para la evaluación constante de las situaciones y los niveles de vulnerabilidad de la salud de este grupo a través del Programa de Salud Escolar. **Descriptores:** Salud del adolescente, Vulnerabilidad, Enfermería, Medicina familiar y comunitaria.

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## INTRODUCTION

Adolescence is a unique stage of human development with specific bio-social, intellectual and emotional transformations. These transformations can bring out situations of vulnerabilities to adolescent health.[1]Vulnerability, in this study, refers to the influence of the structural dimension of reality, articulated to the objective and subjective needs of adolescents, which can produce different levels of exposure, of these individuals, to health problems that are prevalent in this age group. This scenario can be aggravated if deficiencies in the dialogue between teens and their family core, as well as by the little offering of acts of attention to adolescence sponsored by school and public health services.

Moreover, adolescence is often seen as solely a phase of weakness, dependency and reduced autonomy, this perspective based on the concept that a person is autonomous of greater age and possess position to assume the consequences of their choices.[2]Young people are still considered "risk group" to the extent that modern society still sees them as lacking self-control and subjects that are not yet fully socialized in the norms and social rules.[3]

Guided this perspective, often parents, educators and health professionals tend to develop informational and educational processes prescriptive rules for healthful living, believing there is linearity between level of information and adoption of healthy practices by adolescents.[4]However, to prevail in the scope of these educational processes solely health topics with an informative approach can obscure the debate on cross-cutting and interdisciplinary themes such as autonomy during adolescence is critical for promoting the health of this group. In addition to themes and working methods that seek the expertise of adolescent social interaction, ie, their ability to express opinions, knowledge and attitudes about the vulnerabilities to their health safely for your social network.[5]

In other words, it refers to the need to expand the actions of health education for citizenship and empowerment, that is, for critical reflection and understanding of the reality experienced in adolescence. It is argued in favor of actions that favor the development of competence for social interaction among adolescents, in which nurses can act decisively in collaboration with families and other professionals who work in the Family Health Strategy (FHS) and the Program School Health (PSE).

In this context, it is essential to know how the parents or guardians of the adolescents perceive and give meaning to the vulnerabilities and needs of utilization of health services in adolescence.[6]This is because the active participation of parents helps to identify and reduce risk behaviors in the face of situations of vulnerability to health in this age group[1]. Therefore, this study aimed to analyze the perception of parents/ guardians about vulnerabilities and access health in adolescence, in the municipality of Contagem, Minas Gerais, aiming to support public policies and the field of health care in adolescence.

## METHOD

This is a descriptive study that seeks a design perceived by parents/guardians of teens about the vulnerabilities and needs access of health in adolescence reality.

The study population consisted of 94 parents of students from local public elementary schools in the municipality of Contagem, Minas Gerais. For the selection of study participants in the sample, we chose to work with parents/guardians of students enrolled in 9$^{th}$grade of elementary school. This choice was made because this is a period of completion of the basic cycle and the imminent entry of school in high school, where they can intensify the exposure to situations of vulnerability to health in adolescence.

It was conducted calculationsample of the total of adolescents from 50 schools, which in 2011 formed the municipal elementary school. Among them, 12 schools were selected to participate in the study, representing the six regions that make up the core of management education in the county, with 02 per region. For this calculation, it was considered a significance level of 5%, a prevalence of 50% and a margin of 10% due to the variability of the event under investigation. In each of the schools was selected a group of adolescent students in the 9$^{th}$ grade of elementary school, whose parents/ guardians were invited to participate in the study. Of the total of 715 students whose parents were invited to participate in the study, the final sample consisted of 94 parents who signed an informed consent.

The data were collected using a semi-structured questionnaire, self-report, which investigated the participants' perceptions about the vulnerabilities, themes for educational practices and needs access/utilization of health services in adolescence. The questionnaire and signed a consent were delivered to the school so that parents respond at home. The following should return it to the researchers in school.

The collected data were organized into tables using the technique of content analysis proposed by Bardin (2011), whose purpose is to understand the meaning of the information given by the participants, identifying their explicit and/or hidden meanings.[7]This procedure also seeks to systematize and describe the content of messages that allow the inference of knowledge on the conditions of production of the same, interpreting them quantitatively by analyzing the frequencies and percentages of occurrence of key terms or expressions in response to questionnaire items.

The data were presented by a stratified way, by the level of education of parents/guardians (≤ grade 1 and ≥ grade 2) and socioeconomic status, measured by the proportion of persons per room (≤ 1,5 persons/room and> 1,5 persons/room). This stratification did not seek to investigate a causal relationship, but favor an approach in the discussion of the influence of these factors on perceptions of parents about the topics. The level of parental education and socioeconomic status of the family are aspects that favor a reflection on vulnerabilities and social determinants of health in adolescence.

The project was approved by the Ethics Committee of the Federal University of Minas Gerais, under the number 0091.0.203.000-11 and follows the recommendations of

Resolution 196/86 of the Ministry of Health on research with human beings. The Term of Free and Informed Consent was signed by all participants. It was guaranteed anonymity and confidentiality of information. Meetings between researchers, teachers, principals, adolescents and their parents were held to explain the purpose of the research and how to participate.

## RESULTS AND DISCUSSION

The results showed that 76,6% of parents/guardians, participants in this study mentioned that the risk or the use of drugs such as alcohol and tobacco are the main vulnerable adolescent health. This situation was pointed out, in greater proportion, by officials with greater than or equal to high school, whose residence had a ratio equal to or less than 1,5 persons/room schooling.

Secondly, cited by 43,6% of respondents, it was placed at a position of vulnerability related to poor dietary habits, such as the preference for teenagers and little nutritional calorie foods such as fried foods, sweets and soft drinks. There were no differences in this perception, in percentage terms, relative to the level of education of parents/ guardians. However, in relation to the proportion of the number of persons/room, identified a higher percentage reporting this vulnerability situation (50%) of the families who lived in homes with ≤1,5 persons/room. Also related to this perspective, participants mentioned in 23,4% of the responses, the situation of vulnerability to adolescent health-related inactivity and 12,8% also reported nutritional disorders affecting adolescent health, such as obesity and low weight (table 1).

Then the difficulties of access to health and prevention, placed third, were mentioned by 35,1% of participants. Differences were observed in the percentages mentioning these difficulties when stratified by level of schooling and person per room. Were placed, also, fourthly, the situations of vulnerability related to early and unprotected sex and related to the *Normal Teenage Syndrome* (27,7%).[8]The Normal Adolescence Syndrome those was characterized by parents through expressions like "rebellion", "teens having problems with self-esteem," "breach of rules", "teens with no limits," among others. Parents/guardians with ≥high school, whose home had an average ≤ 1,5 persons/room reported these situations in greater proportion.

The study participants reported in approximately 25% of the responses, vulnerability and adolescent risk of acquiring STD/AIDS and other diseases, with the highest percentage of mention among participants with education at the fundamental school (30,2%) who were living in homes with ≤1,5 persons/room (29,5%).

Related to community, home and school infrastructure problems were cited by 22,3% of parents or guardians with education at or above the 2nd grade and mean residence ≤1,5 persons/room. In view of the perceived influence of the environment on the health of adolescent approach was mentioned violence as a situation of vulnerability to health in this

group (22,3%), with no differences in the percentages in relation to schooling. However, this situation was identified in greater proportion among families with ≤1,5 persons/room.

Deficiencies associated with education held by the school, as well as that which occurs in the family and social context of adolescents was mentioned by 21,3% of respondents as a vulnerability in adolescence. This association was observed in a greater proportion of parents with ≤fundamental school.

Other situations of vulnerability associated with adolescence were mentioned to a lesser extent by the study participants as inadequate hygiene habits, nutritional deficiencies, lack of family planning, including early pregnancy, family conflict, lack of political coexistence in the school and family environment, exposure excessive for web/ electronic games and idleness. It is interesting that all these situations are mentioned in greater proportion by officials with educational level ≤fundamental school and living in houses with an average equal to or less than 1.5 persons / room (Table 1).

Table 1. Prospect of parents/guardians about situations of vulnerability to adolescent health according to the education level and the number of people/room.

| Situations of vulnerability | Schooling* | | Number of people/room | | Total |
|---|---|---|---|---|---|
| | ≤BS N (%) | ≥HS N(%) | ≤ 1,5 N(%) | > 1,5 N (%) | N(%) |
| Drugs (alcohol, tobacco, other) | 40(75.5) | 32(78.0) | 36(81.8) | 36(72.0) | 72(76.6) |
| Poor dietary habits | 23(43.4) | 18(43.9) | 22(50.0) | 19 (38.0) | 41(43.6) |
| Violences (family, school and community) | 12(22.6) | 9(22.0) | 12(27.3) | 9(18.0) | 21(22.3) |
| Difficulties of access in health | 24(45.3) | 9(22.0) | 22(50.0) | 11(22.0) | 33(35.1) |
| Inadequate hygiene | 9 (17.0) | 5(12.2) | 7(15.9) | 7(14.0) | 14(14.9) |
| Nutritional disturbs(low weight and obesity) | 11(20.8) | 1(2.4) | 9(20.5) | 3(6.0) | 12(12.8) |
| Sedentary Lifestyle | 14(26.4) | 8(19.5) | 11(25.0) | 11(22.0) | 22(23.4) |
| STD/AIDS | 16(30.2) | 7(17.1) | 13(29.5) | 10(20.0) | 23(24.5) |
| Deficiencies in school, community, residency | 9(17.0) | 12(29.3) | 11(25.0) | 10(20.0) | 21(22.3) |
| Lack of family planning (pregnancy) | 10(18.9) | 4(9.8) | 9(20.5) | 5(10.0) | 14(14.9) |
| Family (destructuring, lack of affection) | 8(15.1) | 5(12.2) | 8(18.2) | 5(10.0) | 13(13.8) |
| Sex (precocious, unprotected, promiscuity) | 13(24.5) | 13(31.7) | 14(31.8) | 12(24.0) | 27(27.7) |
| Education (school and family) | 12(22.6) | 8(19.5) | 9(20.5) | 11(22.0) | 20(21.3) |
| Idleness | 7(13.2) | 4(9.8) | 7(15.9) | 4(8.0) | 11(11.7) |
| Normal Adolescence syndrome** | 13(24.5) | 13(31.7) | 13(29.5) | 13(26.0) | 26(27.7) |

*According to Aberastury and Knobel[8].

Parents or guardians were asked to suggest topics and important contents to be covered with the adolescents on educational practices in the school environment and health services. The theme of drugs, including the consequences of using these substances, the main theme was chosen by the participants to approach in schools. Over half of the responses (53,2%) were reported by parents or guardians of grade greater than or equal to high school (Table 2) schooling.

In second and third places were chosen by the participants, issues related to sexuality and power in adolescence, accounting for 34,0% and 25,5%, respectively. Likewise, these issues were also mentioned in greater proportion surrogates who had ≥high school. Fourthly were positioned in equal percentage (19,1%), the issues related to STD/AIDS and other diseases and discuss matters fostering a better understanding of health among adolescents. Next, respondents cited in 16,0% and 14,9% of the responses, the discussion of topics relating to the policies of coexistence and physical activity, respectively. These themes were reported in a higher percentage of parents who had educated ≤fundamental school.

Approaches involving discussions around the ability to cope with different situations of conflict and experience the daily life of adolescents were not mentioned in 94,7% of responses. Unlike other themes, such as teamwork, web access, electronic games, addictions, truancy, violence and traffic have also been suggested by parents/ guardians as important to be approached with teens. It is noteworthy that all participants suggested that these issues had residence with an average equal to or less than 1,5 persons/room (table 2).

Of the total of 94 participants, 84,0% reported that their adolescent children had been vaccinated against Hepatitis B and Anti-tetanus. Besides these, 85,1% of participants said that their children were vaccinated against Yellow Fever. The average percentage of delayed immunization considering the three vaccines investigated was 15,6%. Reports of justifications regarding delayed vaccination as the inability to participate in campaigns, the unavailability of these vaccines in the health centers, but change of address, without demand of health services have been identified to regulate the vaccination status.

Table 2. Suggested topics from parents/guardians to health education during adolescence, according to the level of education and the number of people/room.

| Theme | Schooling | | Nr of persons/room | | Total N (%) |
|---|---|---|---|---|---|
| | ≤fundamental N(%) | ≥high school N (%) | ≤ 1,5 N (%) | > 1,5 N(%) | |
| Sexuality | 15(28.3) | 17(41.5) | 18(40.9) | 14(28.0) | 34(34.0) |
| Drugs | 25(47.2) | 25(61.0) | 27(61.4) | 23(46.0) | 50(53.2) |
| Feeding | 13(24.5) | 11(26.8) | 14(31.8) | 10(20.0) | 24(25.5) |
| STD and other diseases | 13(24.5) | 5(12.2) | 11(25.0) | 7(14.0) | 18(19.1) |
| Hygiene | 8(15.1) | 5(12.2) | 10(22.7) | 3(6.0) | 13(13.8) |
| Common policies | 10(18.9) | 5(12.2) | 13(29.5) | 2(4.0) | 15(16.0) |
| Health | 11(20.8) | 7(17.1) | 9(20.5) | 9(18.0) | 18(19.1) |
| Physical activity | 8(15.1) | 6(14.6) | 10(22.7) | 4(8.0) | 14(14.9) |

From the total of participants, 78,7% reported that the children need/use some kind of care given by health services. Firstly, figured the need for dental consultation(50,0%), followed by medical consultation (42,6%) and exams (35,1%). Fourth was mentioned the need for assessment of height and weight (28,7%), with similar proportion (27,7%), referred to the need to use care to adolescent acne treatment and consultation with the psychologist (table 3).

It was observed that a lower proportion were mentioned needs vaccination (25,5%), group for teenagers (24,5%), distribution of condoms (13,8%), consultation with a nutritionist to lose weight (12,8%), and other health services (10,6%). The need for consultation with the nurse, not shown in Table 4, was mentioned by 1,1% of participants. Furthermore, it is noteworthy that 4,3% of parents/guardians did not report the need/use of health care services in adolescence.

Table 3. Perspective of parents/guardians about the need/use of health services.

| Health service actions | Mentioned | |
|---|---|---|
| | Yes (%) | No (%) |
| Medical consultation | 40(42.6) | 50(53.2) |
| Dental consultation | 47(50.0) | 43(45.7) |
| Group for teenagers | 23(24.5) | 67(71.3) |
| Consultation with nutritionist to lose weight | 12(12.8) | 78(83.0) |
| Consultation with nutritionist for weight gain | 7(7.4) | 83(88.3) |
| Consultation with psychologist | 26(27.7) | 64(68.1) |
| Condom distribution | 13(13.8) | 77(81.9) |
| Access to contraceptive methods | 9(9.6) | 81(86.2) |
| Vaccine | 24(25.5) | 66(70.2) |
| Perform examinations | 33(35.1) | 57(60.6) |
| Evaluation of weight and height | 27(28.7) | 63(67.0) |
| Treatment of Acne | 26(27.7) | 64(68.1) |
| Other health services (medical specialties) | 10(10.6) | 80(85.1) |

Vulnerabilities to health in adolescence may be different according to the different regional and local contexts of our country. Furthermore, the education of the parents/guardians and the economic condition of families of adolescents may also have effects on the health of this group.[9]

On a broader level, especially after the wide dissemination of the so-called "crack epidemic" in Brazil, written and spoken by the media, the use of drugs among adolescents is to be a central concern among parents of all social classes. Although, in this study, parents with better educational and economic status expressed greater concern over the issue, the environments of abject poverty are associated with an increased exposure of adolescents to drugs, which should be further investigated. This is because the association between economic status and the prevalence of drug use is permeated by contradictions and cannot be generalized without evaluating the standards and the specific motivations of certain social class.[10]

Indeed, the issue of drug use is complex, and is a public and social health.[11]currently using these substances, like alcohol, appears as one of the main triggering causes of vulnerabilities such as accidents, suicides, violence, unplanned pregnancy and disease transmission through sex in adolescence.[12]This article shows the importance of dialogue between parents/guardians and teens about drugs. It is noteworthy, also, that the behavior of the adolescent family members may interfere with their attitude and the attitude towards drugs. This is common because the first contact/use of alcoholic beverages and tobacco in adolescence occur in the presence of family members. In this perspective, the consumption of legal drugs for adults, parents, can cause disruptions or weaknesses in the guidance of their teen's process and enhance the possibility of consumption of these and other drugs in this age group.[13]

Out of home space, this issue should be addressed in systematic and collaborative action between the health unit and local school, like the actions of the PSE, with participation of educators, health professionals, parents and adolescents. It is critical to integrate these actions with the community councils, the security services and prosecutors of childhood and youth, strengthening this debate at local and municipal levels. The intensification of media campaigns also constitutes an action aimed to minimize the impact of this problem.

The second situation of vulnerability to adolescent health, inadequate eating habits, was cited in greater proportion among participants with lower economic status. This seems to refer to the tendency of adolescents to increased consumption of high sugar and fat foods, and low in vitamins and other nutrients essential to the development and health in this age group. As in the previous situation, the family exerts both positive and negative influences on adolescent behavior with food. Nevertheless, there is recognition of the subjective processes in these choices that are inherent in each individual.[14]

The social representation should also be considered in discussions between health professionals, family and adolescent, since it covers, in addition to knowledge, the affective aspects that determine the attitudes related to food.[15]Furthermore, this reflects the influence of industrialized based on offering products and rapid preparation, like the fast-food culture, which leads to high consumption of these foods not only for teenagers but also for their families. The economic condition should be considered by the ESF/PSE, especially in communities with greater social vulnerability and risk, the conditions of poverty profile, given that diet plays a crucial role for proper development in adolescence. In this sense, the Centers of Support for Family Health (NASF) recently deployed within the APS has a fundamental role in proposing actions supplanting this vulnerability, because it has an interdisciplinary team, in some cases, with the presence of a dietician.

Linked to the discussion of diet, physical inactivity was rightly pointed out by the study participants as vulnerability. This finding is supported in the observation that, at present, there is a trend among teenagers to spend as long as possible in playing video games, social networks on the web and TV shows. Thus, besides reducing the time for extracurricular physical activities, there is an idea that is not to leave the house to meet friends and relatives, because these encounters are possible via the web, such as the phenomenon of compliance rates in this group Facebook. The result of this behavior can be

situations of vulnerability, such as social isolation, mental health damages, sedentary lifestyle with expansion rates of obesity and cardiovascular disease risk.[16]

Contrary to this perspective, there is anadept part of the teenagers to physical activity and balanced nutrition for media influence, family, friends and the net economic condition, which requires monitoring, avoiding situations such as steroid use, bulimia and anorexia. Schools can play a central role in preventing vulnerabilities associated with feeding and behavior of sports; public initiatives, such as city academies, with specific programs for teens expand opportunities in this area.

Situation of health risk associated with teenage sexuality is a central concern of the families. However, this study was listed as the fourth position of vulnerability in adolescence, in order of importance, both by parents with higher education levels as the economic condition of underprivileged. This vulnerability was associated with early sex without protection and with different partners. Parents/guardians mentioned, separate from this troubling form, Sexually Transmitted Diseases (STD)/AIDS and lack of family planning, which can result in unwanted pregnancy, demonstrating that there is a variability of situations of risk embedded in the context of adolescent sexuality.

Although sex education being a recurring activity in school and PHC services, this remains difficult to approach, often by lack of consent and participation of the family.[17] Thus, it is complex for all these actors find appropriate ways to develop educational activities about sexuality in the necessary scope that this approach requires. However, this educational process is crucial in accessing information that is not understood by the share of doubts of adolescents with their peers, on websites and programs aired by broadcast media and writing.

Another determining factor in addressing this issue, by health and education, are the cultural and religious issues those may pose a barrier in sex education for adolescents' process. Therefore, a partnership between family-school-health services is an important strategy in addressing sexuality in adolescence. This coordination could facilitate discussion of some paradigms, such as, for example, of sexual diversity. Furthermore, the consequence of this approach is thematic disabilities early and unwanted pregnancies, the increased prevalence of HIV/AIDS in adolescence that represent challenges for the FHS/PSE. In this scenario, it is important that the school's actions and include a PHC approach with parents in order to work through their difficulties and promote greater empowerment to address this issue with their children.[18]In this scenario, it is justified to innovate and evaluate strategies and instructional materials more attractive to that audience, as digital web games, physical games, sticker album, Letters of questions and answers on sexuality.

Hygiene habits of teens is a frequent theme in shares of healthcare and education, often informative and innocuously. However, his tenure as a concern among parents/responsible, as observed in this study demonstrates that the idea of a living toilet resulting in a healthy living, coming from sanitarism, prevails as an important demand in health care in adolescence. However, the centrality that the actions take hygiene in health care to adolescents should be further investigated. Moreover, the educational work in this field should be based on a playful, interactive approach that brings out the perceptions of aesthetics, body image, health and hygiene that circulate among teenagers.

Another situation of vulnerability mentioned by the study participants were the characteristics of the so called *Normal Adolescence Syndrome* (SAN).[8]Despite the criticisms of the term "syndrome" which also carries a sense of abnormality, it intends to describe the expected aspects psychosocial development in adolescence . However, the representation of parents, is founded on the paradigm established by the society in which the characteristics of the SAN are devalued, not accepted, seen as unnecessary, under which must set limits.[19]The persistence of this representation shows that the approach is still flawed between the adult universe and adolescents. Because it is necessary transformations so that the adolescent acquires an identity and develop their personality and ability to deal with decision-making, the SAN needs to be widely disseminated to ensure your debate society in general.

The family, in most cases, is responsible for the first contact with the adolescent health services that collaboratively with professionals define the type and intensity of resources that will be used to solve the health problems prevalent in this age group. This is because the teenager, from habit, not seeking health services, but it is known that this search can be induced by the provision of specific and relevant to the needs of this group 21 services. In fact, it was observed that parents point out the difficulties in accessing healthcare as a vulnerability, which seems to be grounded on the idea that adolescence is a stage of biological and psychological changes, in which access to health actions is utmost importance to ensure proper development in adolescence.

This scenario seems to be changing, since the implementation of the PSE in 2008, aims precisely to the expansion of access of adolescents to health actions. It appears, also, that the demands of use mentioned by parents are included in the PSE, as well as the FHS, such as the dental evaluation, medical, growth and development, adolescents and groups for vaccination. The supply of other actions, such as psychological services and treatment of acne, identified by study participants still need to have your Extended Access. The priority demands access health seem to indicate a more biologicist vision of health for participants, but this compression health of parents of teenagers was not explored in this study.

The topics suggested by parents/guardians as teamwork, web access, electronic games, vicious, idleness, violence, and transit policy those involve the daily lives of adolescents are quite comprehensive and relevant to be worked on PSE/FHS. It was observed that many of these themes keep hierarchical connectivity with situations of vulnerability identified by participants as the subject drugs, food and sexuality. Despite the nursing not have won direct visibility in the description of the participants on the need for utilization of health services in adolescence, to cite access to contraceptive methods, educational groups, assessment of growth and development and vaccination, we observed that nursing plays an important role in health care in adolescence.

## CONCLUSION

It was excelled in this study, the inherent role of the family in identifying the different situations and levels of vulnerability to health in adolescence as well as the needs of the use of health services, which promote the proper planning of public health policies for this group. It was figured as the main situations of vulnerability in adolescence, perceptions of study participants, exposure/use of drugs, poor dietary habits, access needs in health and early/unprotected sex. The participants identified as priority issues those should compose the health education geared towards teens: drugs, food, body changes and sexuality. Although prioritizing medical and dental appointments, actions such as vaccination, educational groups and access to contraceptive methods, demonstrated the importance of nursing in health care in adolescence.

It concludes that promoting adolescent health involves social equity, which requires assessment of situations of vulnerability to health in this group. It is suggested in terms of recommendation that FHS/PSE incorporating investigative processes of the prevalence of vulnerabilities during adolescence collaboratively with families and schools at the local level. It is hoped that the reflections identified in this study may support the planning and development of health care actions in adolescence.

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