





## Care of adolescents in basic health care during the Covid 19 pandemic

### Atendimento de adolescentes na atenção básica de saúde durante a pandemia de Covid 19

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**ABSTRACT | OBJETIVO:** To describe the health care provided to adolescents at a health unit in Acre during the COVID 19 pandemic. **METHOD:** Cross-sectional, an exploratory study carried out with adolescents seeking care at a health unit. **RESULTS:** Most were 16 years old (40%), single (90%), brown skin color (55%), family income of 1 minimum wage (63%), incomplete high school (55%). They did not have a paid job (88%), did not attend religion (60%), lived with their parents (75%); when they sought care, they were successful (100%). Among the reasons for seeking care, the medical consultation (35%) was highlighted, followed by exams (33%). They claimed that they did not have any pre-existing health problems (98%) and had not participated in an educational activity in the last 12 months (100%). They stated that they did not know the community health agent in their coverage area and that he did not regularly carry out home visits (100%). Most received guidance from health professionals during care (80%) and thought that the unit's actions aimed at adolescents were satisfactory (48.0). **CONCLUSION:** Overall, adolescents could access health services in their local region during the pandemic and were satisfied with the care.

**DESCRIPTORS:** Primary Health Care. Adolescents. Service. COVID-19

**RESUMO | OBJETIVO:** Descrever o atendimento à saúde de adolescentes em uma unidade de saúde do Acre durante a pandemia de COVID 19. **MÉTODO:** Estudo transversal, exploratório, realizado junto a adolescentes em busca de atendimento em uma unidade de saúde. **RESULTADOS:** A maioria encontrava-se com 16 anos (40%), solteiros (90%), cor da pele parda (55%), renda familiar de 1 salário mínimo (63%), ensino médio incompleto (55%). Não exerciam trabalho remunerado (88%), não frequentavam religião (60%), moravam com os pais (75%), quando buscaram atendimento obtiveram êxito (100%). Dentre os motivos da busca por atendimento, destacou-se a consulta médica (35%), seguido da realização de exames (33%). Alegaram não possuir nenhum problema de saúde pré-existente (98%) e que não haviam participado de ação educativa nos últimos 12 meses (100%). Afirmaram não conhecer o agente comunitário de saúde de sua área de abrangência e que ele não realizava as visitas domiciliares regularmente (100%). A maior parte recebeu orientações dos profissionais de saúde durante o atendimento (80%) e achavam que as ações da unidade voltadas para os adolescentes eram satisfatórias (48,0). **CONCLUSÃO:** De forma geral, os adolescentes conseguiram acessar os serviços de saúde no seu local região durante a pandemia e estavam satisfeitos com o atendimento.

**DESCRITORES:** Atenção Primária em Saúde. Adolescentes. Atendimento. COVID-19

## Introduction

In Brazil, the Child and Adolescent Statute (ECA) considers a child to be a person up to 12 years of age incomplete and defines adolescence as the age group from 12 to 18 years of age and in exceptional cases, and when provided for by law, the statute applies until 21 years of age.<sup>1</sup>

Adolescence is considered a peculiar evolutionary stage in the life of human beings, as it is a crucial moment in their development, through the changes that occur in body image, but also the final structuring of the personality; therefore, it is not possible to dissociate adolescence of its biological, psychological, social and cultural aspects.<sup>2</sup>

Given this and the need for comprehensive monitoring of adolescent health by primary health care (PHC) teams, within the context of comprehensive care, health actions aimed at them must be not only transitory and punctual but that encompass the reality that surrounds them, as well as their individual needs, especially those aimed at preventing and controlling diseases.<sup>3</sup>

However, some actions developed by the health teams and aimed at this target audience may be limited to welcoming and listening to them, making it necessary to implement more concrete actions that can meet the specific needs of this group, in addition, to the need for qualification of teams for a different look at adolescents.<sup>4</sup>

In this context, a study carried out in a family health unit in the city of Olinda-PE, with adolescents in search of care, showed that the search was predominantly curative in nature and that the number of consultations carried out was not adequate to that recommended by the Ministry Health, since this establishes that the adolescent performs at least one medical appointment and two nursing appointments per year.<sup>2,5</sup>

Thus, it is emphasized that despite advances and increased coverage of primary health care teams in the country, there are still major challenges concerning the quality of care for the adolescent population, which still faces many barriers to accessing health services.<sup>6</sup>

Given this, the current COVID 19 pandemic has been causing a sanitary, political, economic, and social crisis throughout the world, demanding that health actions culminate in the need for a more territorialized and household approach, which is the characteristics and the potential of primary health care, which plays an important role in the care network, which is necessary for dealing with any health problem, especially in the face of epidemics.<sup>7</sup>

Thus, it is important to highlight the context of adolescent care in health facilities during the COVID-19 pandemic so that necessary measures can be taken to ensure comprehensive and effective care.

This describes the health care provided to adolescents in a health unit in Acre during the COVID 19 pandemic.

## Methods

This is a descriptive, exploratory, cross-sectional study developed with adolescents from a health unit in Acre during the COVID 19 pandemic. The sample consisted of 40 subjects, all of them adolescents.

Adolescents between 10 and 19 years old, registered at the health unit, who lived for more than six months in the area covered by the unit, having sought health care at the unit during the pandemic, were included. Adolescents who lived in the catchment area who were not registered at the health unit or lived there for less than six months were excluded.

The sample selection method was based on simple random sampling, in which the participants were previously identified through registration records and visits to the health unit. After being selected, the researchers contacted them in advance by telephone to make an appointment to visit their homes on the best day and time for data collection.

The collection took place in March and April 2021, respecting the protocol of measures imposed by the local health authorities to control the pandemic, such as distance, use of masks, and alcohol gel.

A data collection instrument was applied, prepared by the researchers themselves, containing questions about the socio-demographic data of the participants, such as gender, age group, marital status, education,

family income, religion, in addition to the reasons for seeking care and the dynamics of these, in the scope of primary care, as well as the evaluation of services aimed at adolescent care offered at the health unit.

The collection only started after the explanatory reading and signing of the Informed Consent Term (TALE) and the Informed Consent Term (TCLE).

After this step, the data were carefully analyzed regarding the interconnections of all variables, presented in absolute and percentage frequency, and shown in tables and graphs according to the existing variables. The Microsoft Office Excel 2010 tool was used to produce the graphics,

The local research ethics committee approved the research through opinion No. 4.586.534.

## Results

The data shown in Table 1 show that, in relation to age, it was observed that most adolescents were aged 16 years 16 (40%). As for marital status, 36 (90%) were single, 22 (55%) of brown skin color, family income was 1 minimum wage 25 (63%). As for education, most had incomplete high school 22 (55%), did not have any paid job 35 (88%), did not attend any religion 24 (60%), and still lived with their parents 30 (75%).

**Table 1.** Socio-demographic profile of adolescents who sought care at a basic health unit in Acre in 2021 (n=40)

Variable	N	%
<b>Age group</b>		
15	1	3%
16	2	5%
17	16	40%
18	12	30%
19	9	23%
<b>Marital status</b>		
Single	36	90%
Stable union	4	10%
<b>Skin color</b>		
Brown	22	55%
White	9	23%
Black	9	23%
<b>Sex</b>		
Feminine	38	95%
Masculine	2	0,05
<b>Family income</b>		
Less than 1 salary	14	35%
1 minimum wage	25	63%
More than 1 Minimum Wage	1	3%
<b>Education</b>		
Incomplete Elementary School	1	3%
Incomplete high school	22	55%
Complete high school	17	43%
<b>Paid work</b>		
Yes	5	13%
Not	35	88%
<b>Religion</b>		
Without religion	24	60%
Catholic	4	10%
Evangelical	12	30%
<b>Who resides with</b>		
Country	30	75%
Mom	5	13%
Dad	1	3%
Partner	4	10%

Source: Survey data, 2021.

It was observed that all 40 adolescents (100%) who sought care at the basic health unit were successful. Among the reasons for looking for care, there was a medical consultation 14 (35%), followed by exams 13 (33%). Concerning health problems, the majority, 39 (98%), claimed not to have any pre-existing disease, and none of them 40 (100%) claimed to have participated in an educational activity in the last 12 months, as they were suspended due to the pandemic 39(98%). Regarding contact with the community health agent in the area covered by their residence, they stated that they did not know him and claimed that he did not regularly visit their home 40 (100%) (Table 2).

**Table 2.** Dynamics of care aimed at adolescent care at a basic health unit in Acre in 2021 (n=40)

Variable	N	%
<b>Did you seek care in the last 12 months?</b>		
Yes	40	100%
Not	0	0
<b>Did you manage to be attended to?</b>		
Yes	40	100%
Not	0	0
<b>Reason for consultation?</b>		
Medical appointment	14	35%
Prenatal	10	25%
Exams	13	33%
Vaccine	3	8%
<b>Do you have any health problems?</b>		
Yes (Asthma)	1	3%
Not	39	98%
<b>Have you participated in educational activities in the last 12 months?</b>		
Yes	0	0
Not	40	100%
<b>If not why?</b>		
Are suspended because of the pandemic	39	98%
I don't know why I'm new to the place.	1	3%
<b>Do you know the community health agent in your area?</b>		
Yes	0	0
Not	40	100%
<b>Does he visit your home regularly?</b>		
Yes	0	0
Not	40	100%

Source: Survey data, 2021.

The data presented in table 3 show that most received guidance from health professionals during the care received at the health unit (80%). When asked about the unit's actions aimed at adolescent health education, 25 (63%) answered yes, but they were unable to inform which ones were currently suspended due to the pandemic 40 (100%). Most of them showed that the care aimed at teenagers offered by the unit's team was satisfactory 19(48%) and did not need to improve 37(93%).

**Table 3.** Evaluation of care provided to adolescents in a basic health unit in Acre in 2021, from the perspective of adolescents (n=40)

Variable	N	%
<b>During the service at the unit, did you receive any guidance from health professionals?</b>		
Yes	32	80%
No	8	20%
<b>Does the health unit offer actions aimed at health education?</b>		
Yes	25	63%
No	15	38%
<b>What activities are offered?</b>		
I don't know because at the moment they are suspended due to the pandemic	40	100%
<b>What do you think about the service offered at the unit for teenagers?</b>		
Excellent	9	23%
Good	19	48%
Regular	11	28%
Could improve	1	3%
<b>How can service improve?</b>		
I don't think it needs to improve	37	93%
Respect priorities	2	5%
Pass on more information	1	3%

Source: Survey data, 2021.

## Discussion

Studies on the search for care in primary health care services among adolescents are infrequent in Brazil, with the majority focused on a particular type of care, such as teenage pregnancy, oral health, and mental health<sup>8-9</sup>, which made the discussions of the demographic aspects of the adolescents participating in this study.

In this sense, this lack reinforces the need for further studies in this area to contribute with findings that support the behavior of adolescents and their relationships with the care practices of services, especially related to their socio-demographic profile.<sup>10</sup>

Therefore, a study conducted with 812 individuals aged 15 to 24 years old on access to primary health care services by adolescents and young people in a municipality in the state of Bahia showed that regarding demographic characteristics, it was observed that a greater proportion of individuals were female (67.4%), aged 15-19 years (55.7%) and the self-reported brown skin color (90.9%), in addition to 67.1% did not work corroborating the findings of this research.<sup>11</sup>

Attention is drawn to the fact that most adolescents seeking care were female, which can be explained by the fact that when they reach puberty and with sexual initiation, they seek services more frequently, especially gynecological care.<sup>12</sup>

A priori, in PHC, basic care is provided for the most common problems, aimed at promoting and preventing health, and at this moment, the individual and family approaches are carried out to establish health promotion and prevention strategies. Thus, within the PHC are the basic health units (UBS), characterized by being located close to individuals' homes to ensure greater access for the population to the health services offered.<sup>13</sup>

In this sense, the search for health services can be influenced both by the characteristics and needs of individuals and by the provision of care, in addition to the ease of access, availability, and connection with health professionals.<sup>14</sup>

Thus, in a survey carried out on the health of school adolescents, it was found that 48% of the participants sought some health service or professional in the last 12 months before the survey, with primary care being the most mentioned service (47.5 %). Furthermore, among those who sought the unit, 85.1% claimed to have been successfully treated<sup>15</sup>, which corroborates the present study's findings.

Regarding the reasons for seeking care during the pandemic, the findings highlighted the medical consultation as the main reason. In this sense, data from the literature show that the most common complaints that lead adolescents to medical appointments, in the daily routine of the units, are those related to growth and development, problems related to puberty, overweight, eating disorders, recurrent pain, menstrual disorders, acne, spinal deviations, school difficulties, and family relationships, in addition to increasingly frequent mental health issues.<sup>16</sup>

Concerning the offer of educational activities offered by the unit, attention is drawn to the fact that collective activities have been suspended due to the pandemic, which led the team to rethink individual health education strategies during care, a fact that is extremely important, as health education is a strategy for the formation of the adolescent's identity, leading them to reflect on their practices and develop new behaviors<sup>17</sup>, in addition to being an opportune time also to guide them on prevention and imposed and necessary to fight the pandemic.

Thus, these actions, even if punctual and carried out individually, can present positive results in terms of increasing adolescents' knowledge on topics of interest to them and so that they become more critical subjects and aware of their actions.<sup>18</sup>

Given the role of the community health agent (CHA), the Ministry of Health warns that this is the professional who should be closer to the population, as it is the health worker who has greater knowledge of the life situations of families, including adolescents, identifying them and monitoring their growth and development, considering that it is necessary to guide them on the need for vaccination, sexuality,

the use of alcohol and other drugs, the importance of education, violence and accidents, the risks in traffic, physical activity and health, healthy habits, oral health.<sup>19-20</sup>

However, it is observed that in the present study, these actions are not being effective, since, unanimously, the adolescents stated that they did not know the CHA in their area, nor were they receiving their regular visit for proper follow-up, a fact that should be revised by the coordination of the health unit where this adolescent is registered and that despite the need for social distance imposed by the pandemic, new monitoring strategies must be devised, such as contact through messaging apps, to ensure that there is no interruption of planned actions.

In this regard, it is emphasized that adolescence is a stage of life marked by intense physical and psychological changes, which can lead, depending on the context and situations experienced, to make them vulnerable to numerous risks, thus becoming continuous guidance by health professionals and family members is necessary, in an attempt to make them less vulnerable.<sup>21</sup>

Another aspect to be taken into account is that health activities, even suspended due to the pandemic, must continue to be carried out individually during the adolescents' visit to the health unit in order to ensure the continuity of the actions developed in relation to education in health that is so essential for the healthy growth and development of these individuals.<sup>22</sup>

Attention is drawn to the fact that the majority demonstrated satisfaction with the care aimed at them at the health unit. This fact is beneficial since in the current organization of the health system. Primary care is the gateway to enter into the system and, in this sense, it allows the access of the adolescent, and the fact that he/she feels satisfied with the service will certainly lead him/her to return to the unit for new visits.<sup>23</sup>

In this sense, a study carried out on adolescents' perspectives on health professionals and services,

preferences, barriers, and satisfaction showed that most of them were satisfied with the care offered by professionals, as they were friendly, welcoming, and competent.<sup>24</sup>

Thus, because adolescence is a phase with a predominance of physical health, the absence of spontaneous demand in primary health care institutions is common and, consequently, the health service's unpreparedness to serve those.<sup>25</sup>

Through this, it is important to qualify the professional to serve this target audience, approach their needs, promote a welcoming, and favor the bond to ensure that their needs are met.

Among the study's limitations, the sample size stands out since a small sample can make it difficult to find significant relationships and generalizations from the data. Another limitation was that the survey was collected during the COVID -19 pandemic period in Brazil, which may have led to lower demand for health care due to the imposed social isolation measures.

## Conclusion

This research showed that adolescents were able to access primary health care services in their local region during the COVID 19 pandemic, who did not have serious health problems and were satisfied with the care provided by health professionals at the unit because, despite the educational activities being suspended due to the pandemic, the professionals were providing individual guidance during the consultations.

However, attention is drawn to the fact that this may not be the reality for all of them, as most of the studies surveyed showed that there are difficulties in accessing most of them to health units, so it is necessary to strengthen Existing public policies and to rethink the practices of health teams in order to advocate welcoming and quality care for this target audience.



## Authors' contributions

Melo ET and Souza IVF participated in the conception, design, research data collection, interpretation, data search and analysis, and scientific article writing. Amorim CF, Oliveira JVL, Albuquerque MP, and Faustino WP participated in collecting and interpreting research data. Costa RSL participated in the conception, design, submission of the project to the Ethics and Research Committee, data interpretation, search and statistical analysis of research data, interpretation of results, and writing of the scientific article.

## Competing interests

No financial, legal, or political conflicts involving third parties (government, companies and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to grants and funding, advisory board participation, study design, preparation manuscript, statistical analysis, etc.).

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