

Adolescence and public health: the thin line between a protagonist approach and risk for youths

This issue of “Ciência e Saúde Coletiva” regales us with topics dealing with various aspects of adolescent health, such as the issues associated with physical development through diet and oral health care and the presence of mental health problems, such as depression, resulting from bullying and other forms of violence. There is also the issue of social inequality that pervades the lives of adolescents and their quality of life. The theme of masculinity is also addressed, indicating a trend in recent studies in the field of public health.

Adolescence is marked by physical, psychological and social changes, with gradual emancipation from the family and school life. From the perspective of mental health, psychological theories are related to the normal adolescence syndrome that is characterized by typical reactions, which may or may not represent problems. It is a period of fermentation and choice, with life-style and values in the formative stage. These features are more accentuated in the urban population and are impacted by the social inclusion in the group to which the adolescent belongs.

In 2009, there were 1.2 billion adolescents aged 10 to 19 in the world. In Brazil, there are approximately 45 million in this age bracket, with unreliable social indicators, especially in the Northeast Region of the country, where poverty and school attendance indicators are a clear indication of social inequality and the lack of opportunity.

It is common to find references to the adolescent population as one that is less afflicted by sickness and places less demand on the health services. However, today's adolescents aged 15 to 19 feature predominantly in the statistics of violence in Brazil, with high rates of deaths resulting from violence. In addition to this, drug abuse, the homeless population, the exploitation of labor, school life and career orientation, sexually transmitted diseases and unplanned pregnancies are priority issues. Approximately 11% of hospitalizations in Brazil are in this age bracket, especially due to pregnancy and external causes.

It is a phase of life marked by processes of definition, social inclusion and vulnerabilities. On the one hand, there is the victimization of adolescents due to the vagaries of the contemporary world, the social crisis scenario, unemployment and urban violence. On the other hand, the irrepressible *joie de vivre*, creativity and autonomy of adolescents must be given free rein. It is based on this positive conception that health promotion and prevention can find fertile ground and become effective, stimulating the creative and decision-making potential of adolescents. This encourages youth participation and a protagonist approach in the development of life trajectories and behaviors that prioritize self-care in terms of health. This approach facilitates the manner of tackling several problems of this phase of life (early sexual activity, peer pressure, drug use, prevention of accidents and urban violence) and leads to interventions that enable adolescents to acquire competence and security in managing their own lives. This approach, however, is no easy task, since the interests and behavior of this age group are dynamic, requiring the constant integration of new measures in health promotion and prevention.

There are at least three obstacles that arise in the approach of adolescents to public health services, not least the difficulty for adolescents to gain access to public health services. Even when they do gain access, they come up against the difficulty of finding professionals able to deal with controversial topics such as issues of sexuality with little dissemination of information to encourage the adoption of healthy lifestyles among adolescents. There is also the failure of health professionals to realize that their vocation also includes the task of training young people to be responsible citizens, as they often limit themselves to the mere provision of care in their area of expertise.

The path of change to a protagonist approach must be pursued collectively, and the health care system needs to appreciate that one of its missions is to assist in removing the stigma of adolescents being the scapegoat for social problems, and ensuring their effective participation, consequently resulting in a lessening of problems at this important stage of development.

Guests editors

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