

POLITICAL PROJECT OF ADOLESCENT CARE IN SÃO CARLOS, BRAZIL¹

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The Brazilian Child and Adolescent Statute was established in 1990. Since then many institutions have been created to attend adolescents. This study aimed to understand how these institutions have been organized in São Carlos, Northeast of São Paulo, Brazil. This is a descriptive study, whose data were collected through interviews with the directors of 20 institutions. They reported differences in terms of objectives, target public age, religious orientation, etc. While most institutions have focused on leisure activities and professional education, some of them attend only adolescents who have committed some kind of illegal act. Although there are many different ways to assist adolescents, it seems that their actions are not integrated towards the implementation of the Child and Adolescent Statute.

DESCRIPTORS: adolescent; public policies; public health

POLÍTICAS PÚBLICAS PARA LOS ADOLESCENTES EN LA CIUDAD DE SAO CARLOS

El Estatuto del Niño y del Adolescente (ECA) fue establecido en Brasil en 1990 y amplió la actuación del estado en la implementación de las políticas a los adolescentes. En las ciudades, hay muchas instituciones que asisten a estos grupos poblacionales, pero su actuación sinérgica todavía no es conocida. El objetivo de esta investigación fue conocer como ellas actúan e están organizadas en el nivel municipal. El escenario de estudio fue el Municipio de Sao Carlos, localizada en el noroeste del Estado de Sao Paulo. Fueron entrevistados 20 dirigentes institucionales. El resultado mostró que hay muchas diferencias en la actuación: la mayoría de ellas ofrece actividades de deportes y recreación; pero otra parte se ocupa de los adolescentes autores de actos infraccionales. Aunque el municipio cuenta con numerosas instituciones, todavía no está organizada para el total cumplimiento del ECA.

DESCRIPTORES: adolescente; políticas públicas; salud pública

PROJETO POLÍTICO DE ATENÇÃO AO ADOLESCENTE NO MUNICÍPIO DE SÃO CARLOS

O Estatuto da Criança e do Adolescente (ECA), criado em 1990, ampliou a atuação do Estado brasileiro na implementação das políticas públicas aos adolescentes. Há muitas instituições que visam atender aos adolescentes, entretanto, o sinergismo delas é pouco conhecido. O objetivo deste estudo foi o de saber como elas atuam e estão organizadas no âmbito municipal. A metodologia é descritiva e a população foi representada pelas instituições que atendem os adolescentes na cidade de São Carlos, SP. Os dados foram colhidos por meio de documentos e de entrevistas junto aos dirigentes institucionais. Vinte instituições participaram da pesquisa. O resultado mostrou que elas são bastante distintas entre si: enquanto a maioria delas está centrada em atividades de complementação escolar e ensino profissionalizante, outras atendem exclusivamente adolescentes autores de atos infracionais. Embora presente numericamente, as instituições de atenção ao adolescente não se encontram ainda orquestradas em prol da consecução do ECA.

DESCRITORES: adolescente; políticas públicas; saúde pública

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INTRODUCTION

The Child and Adolescent Statute⁽¹⁾ (CAS) gave rise to a new paradigm, as this social group started to be seen as subjects in a peculiar development condition, which must therefore receive priority and guaranteed access to health, feeding, education, leisure, culture, sports, professional training, dignity, respect and socialization services and conditions (Article 4°. Title I – Preliminary Dispositions).

The contemporary society has become increasingly concerned with adolescents. In the media, the main targets of discussion are young offenders, because they are becoming a threat in terms of violence, aggressiveness and delinquency. Consequently, punishment and socio-educational measures mentioned in the CAS and law projects such as the reduction of legal age to 16 or even 14 years have also generated discussions.

The Statute's main change appears in the title: the expression used to designate this group is no longer "minor" (expression that has become pejorative) and is now "child, adolescent", which seems to reveal a different orientation, that these individuals have not only obligations, but especially rights.

Until the eighteenth century, what we currently call adolescence did not exist, because this phase was mixed up with childhood. The notion of youth was connected to the strength of age. Between the fourteenth and eighteenth century, age did not correspond to the biological stages of life but rather to social functions⁽²⁾.

While some authors use chronological references or markers in combination with other components and attributes in order to get a broader definition of adolescence, there are studies that question a universal and generic definition without considering the historical moment of the societies they are inserted in. This reveals an attempt to understand adolescence as a social construct. As opposed to the usually adopted conception of adolescence as a fixed and immutable concept, because it refers to a physical phenomenon, its understanding is expanded to include the social phenomenon, subject to the current production mode⁽³⁾.

Individuals who belong to the same generation, who were born in the same year, possess a common situation in the historical dimension of the social process. Thus, we could understand this social

phenomenon as a situation that could be explained and deduced from the basic biological factors. However, if we did that, we would ignore the fact that we, human beings, relate to each other according to the historical dimension of the social process⁽⁴⁾.

If, on the one hand, class position can be explained by economic and social conditions, the age situation is determined by the way certain experience and thought standards were passed in the transition from one generation to another. In fact, creation and cultural accumulation are not determined by the same individuals, but rather by the continuous emergence of new age groups and by the way these new individuals get contact with this accumulated inheritance. This, in turn, determines how a generation apprehends values, behaviors, feelings, culture and the knowledge acquired at that time⁽⁴⁾.

Becoming an adult and maturing means to acquire all the necessary abilities for daily life in society, in this case, from the social layer in question⁽⁵⁾.

In the contemporary society, young people undergo a complex transition to reach the adult world. The family emerges as the main social institution, in which the post modern (neoliberal) values of self-accomplishment, pleasure, apology to individual performance, consumption, competition, among others, are apprehended. The school's role is to socialize through formal education, which is currently weakened by the position taken by the State. Work perspectives when leaving school are directly related to the subcontracting, flexible and autonomous job market. Currently, the real need of the formal education as a perspective for social insertion is even questioned⁽⁶⁾.

The adolescent's needs go beyond the organic-biological conditions and the organization of programs for this group requires taking the social and collective dimensions into account. Moreover, there is a need to learn about and get involved with the adolescents' daily life and with the context they are inserted in, so that the program contents are adapted to the different individual and collective demand modalities⁽⁷⁾.

Although the adolescent population is large, there is little demand for health services. There are studies confirming that this age group is healthy, at least has been healthy, from the biological point of view. However, violence, diseases like AIDS, increasing drug addiction among adolescents, mainly in low-income classes, have demonstrated exactly the opposite.

For four decades, the adolescent demographic group has been recognized in developing countries. Besides the fact they represent 25% of the general population, they have been the main targets of violence, resulting in an alarming number of deaths and sequelae caused by violent acts, traffic accidents and contamination by diseases, deriving from the poor conditions the majority of the population in these countries is subject to⁽⁷⁾.

In 1989, in line with recommendations by the Pan American Health Organization (PAHO), the Brazilian Ministry of Health implemented the Adolescent Health Program (PROSAD). A research was carried out in Rio de Janeiro in 1994 to verify the basic conditions for the delivery of integral care to adolescents in health units. The results obtained in the 70 units under study, 49 of which participated in the PROSAD, showed that only a third attended street children, and that they mainly focused on adolescents, who came to the program because of health problems⁽⁸⁾.

In São Carlos, SP, a greater concern was verified about compliance with socio-educational measures and the prevention of infractions than with adolescents who were abandoned or infringed in their rights. This mainly occurs in that group of adolescents who experience situations of extreme social and family humiliation, violence, drug addiction, lack of support for their physical and psychic development, which are very frequent histories.

Despite the existing concern by professionals who contact adolescents through projects and programs, there is no systemized study regarding adolescent care policies in São Carlos, SP, object and motivation of this study. In fact, in a research performed in the first semester of this year, during the first phase of this study, we verified through the main databases that there are many studies about specific issues, but rarely about policies directed at adolescents. In addition, in recent years, specific services have created to attend adolescents in order to allow them to claim their rights. Thus, this study aims to support the renovation of the political project of adolescent care in the municipal scope.

STUDY OBJECTIVES

This study aims to get to know adolescent care programs, their goals or motivations.

METHODOLOGY

This is a descriptive study that uses the Praxis Intervention Theory in Collective Health Nursing⁽⁹⁾, mainly in capturing the objective reality of the institutions that attend adolescents in São Carlos, SP.

The study scenario is São Carlos, a city in the Northeast of São Paulo, located at 228km from the capital, with a geographical area of 1,141km, with an urban perimeter of 67.25km. The current population, according to the Brazilian Institute of Geography and Statistics, amounts to 192,998 inhabitants, 35,000 of whom are adolescents between 10 and 19 years old. The city's economy is based on industrial and agricultural activities and is part of the "milk belt" in São Paulo State; it also produces orange, sugar cane, tomato, coffee, corn, rice, eggs, chicken and meat. The city is a center of high technology in the country, houses several industries, from which more than 70 produce high technology products⁽¹⁰⁾. Currently, there are two public universities: the University of São Paulo and São Carlos Federal University, besides two research units of EMBRAPA and two private colleges, with around 8,000 students and 2,500 researchers. São Carlos, SP has become one of the most important Brazilian centers in technology, education and science. Thus, based on the descriptions exposed here, we consider it a very appropriate field for the realization of the research proposed in this study.

The study uses primary sources (reports of actors involved in the programs' management) and secondary documentary sources (programs, projects, reports and regiments). To identify existing adolescent care programs, a survey was carried out among entities responsible for the registration of programs or which work specifically with this population. The main source to identify the programs is the registry of the Municipal Council of Children's and Adolescents' Rights (MCCAR), in line with CAS determinations. Besides, the Municipal Secretaries of Education, Health, Sports and Leisure, Childhood and Youth, Citizenship and Social Work also participated in the recognition of these programs, as well as the Municipal Council of Citizenship and Social Work.

After the identification of programs, institutions and projects, interviews were performed with the heads of the institutions, through a semistructured questionnaire. The interviews were recorded, transcribed and submitted to a simple

content or answer analysis. Because the research deals with human beings, the project needed approval from the Institutional Review Board of the USP School of Nursing (Resolution 196/96 CONEP).

RESULTS AND DISCUSSION

In total, 44 programs were identified which are registered at the councils and/or affiliated with the municipal secretaries. Twenty institutions were interviewed, coincidentally responsible for 44 programs. The remainder was not interviewed due to the following reasons: did not permit the interview, changed goals, or did not answer within the data collection period.

In general, the adolescent care programs indicate four main purposes or motivations: professionalization, complementary education, sports and health/education. The first is directed at the age range from 14 to 18, the second to the group between 12 and 14 years and the last two to the group from 12 to 18, though more services are provided to children up to the age of 14. Besides these programs, others aim to implement socio-educational measures described in the CAS, to provide shelter and implement activities performed in community centers. The *professionalization* motivation is performed by three philanthropic institutions that offer the following courses: administrative aid, bakery, candy confection, carpentry, electricity, aerography, dressmaking and jewelry making, hairdressing and informatics. After the courses, adolescents are offered paid training that can last up to two years and/or until they are 18 years old.

Besides offering courses, the institutions also offer food, while one of them also possesses an activity for adolescents delayed in school, jointly with SESI – Social Service of the Industry. The adolescent's insertion in this kind of care mostly occurs because of families' spontaneous contact, although a small part is referred by the Justice Department. In the first case, after registering in the programs, the adolescent takes general knowledge, Portuguese and mathematics tests. Those approved go to the second selection criterion, which is the socioeconomic situation and personal and social risk situation, which is evaluated through interviews with the adolescents and their families. In case of a draw, younger candidates receive priority. Adolescent are obliged to attend school to participate in these programs. On the average, the demand for

this service is three to four times higher than the available places, that is, around 730.

When questioned about their objectives and purposes, the institutions presented distinct concerns: one of them reports the prevention of infractions and reduction of idleness and consequent exposition to criminality as its main objective. The remainder focuses on training and professionalization for the job market, while one of them specifically reports that this kind of opportunity is directed at low-income adolescents.

The difficulties the institutions presented were: lack of financial resources to increase places; hire more human resources; lack of own headquarters; a minority of adolescents who are not able to participate in the program. Regarding work in line with the CAS, all of them affirm adequate compliance, with one of the institutions mentioning articles 68 and 69 (which rule on the prevalence of the educative over the productive aspect, consideration of the peculiar condition of developing persons and adequate training for the job market), while the others mention the right to professionalization in general. They also mention the insertion of the Tutelary Council when the adolescent is somehow exposed to personal and social risks.

The second and most frequent motivation of these programs is the *complementary education* of children and adolescents between 12 and 14 years old. The first requirement to participate in these programs is to be registered and attend school, while the second is linked mainly to income. Special concessions are made in case of personal risk (violence, drug use, explorations...). In general, the activities offered deal with: food, leisure, extra classes, handwork workshops, family orientation, informatics, hygiene and religious orientation. Two other institutions can be included in this item because they offer the same activities but permit adolescents who are not attending school to participate in their programs. Thus, they give an opportunity to people who are already in a personal and social risk situation, such as young people living in the streets for example. These last two do not have a definite number of places and welcome everyone who shows up. Both report great variation in these adolescents' participation, and that they are not disconnected from the institution like in other cases because they understand that this population requires this flexibility.

In the other six institutions, the search for places is twice the number available, which is about 369 adolescents. The objectives and purposes of these

institutions are strongly focused on the idea of taking these poor adolescents off the street and keeping them busy with activities. This way, they believe to be keeping this population away from the criminality, drug use and other risk situations. Only one emphasizes the objective of recovering self-esteem and working with the adolescents' potential. The lack of money is the most frequent difficulty the institutions present, although there is also a certain lack of human resources and own headquarters. Interesting questions emerged regarding politicians' lack of knowledge about the performed work and also about the demand that universities in the city should somehow contribute to the institution. Society's prejudice towards adolescents attending these institutions was reported by one of them as one of the main difficulties to intervene in this population. Valuing and recovering dignity, access to leisure, education, alimentation, citizenship, parents' responsibility, being in a healthy environment, were some of the concepts mentioned regarding the work realized according to the CAS. One of the institutions demanded the expansion of the work directed at families and the public power's greater participation in providing these adolescents access to their rights. Only one of them reported not using the CAS as a reference.

The motivation for *education and health* was found in five programs: two linked to mental disorder; one to physical disabilities; one to fissured lips and hearing disabilities; and the last one related to mental health. Except for the first two, which deal with special education schools and preparation for work, the remainder is linked directly with health care and social inclusion. The entrance to these services requires an evaluation by a multidisciplinary team or medical referral. Currently, 163 adolescents are attended in this service and its demand varies a lot, which makes it difficult to precisely determine it. Few workers and lack of financial resources are the main difficulties. The society's prejudice in relation to this population creates many obstacles for its social inclusion. Considerations regarding the CAS appear in a very diffuse way, related to protection and search of the Tutelary Council in situations of treatment abandonment or mistreatment by relatives.

There are two programs in the city regarding *sport*: one with ten projects from the Leisure and Sports Secretary and another from a philanthropic soccer school. Both assist adolescents who contact them spontaneously, with a large number of places (around 1500) that are sometimes not occupied.

They evaluate that this occurs due to a lack of publicity, as well as difficulty in transportation and adherence to the projects. Forming citizens through sports, the sport, competition, leisure and coordinated physical activity are the objectives and purposes of these institutions, whose goal is to expand the supply of sports modalities and the understanding of sport as the population's right to leisure, culture and oriented physical activity and to healthy living habits, including for the implementation of sports and leisure public policies. Both programs believe that sport can aggregate strengths to the other work performed in the city and add an educative character to formation of citizenship and conquest of social equality. However, to achieve this, there is a lack of understanding by the managers of the secretaries on the one hand, and a lack of harmony between the philanthropic institutions on the other. They report following the CAS as a principle.

The implementation of *socio-educational* measures mentioned in the statute is being performed by two of the 20 institutions that were interviewed: one of them is responsible for the welcoming of adolescents referred by the policy, selection, orientation and referral to other services in the region, support and family orientation, public defense, records, initial care in a confinement regime and by provisory confinement for up to 45 days. The other institution administers service delivery to the community, assisted freedom and semi freedom. The sum of places offered through all these services reaches 245 adolescents. The objectives are directed linked to compliance with Title III of the CAS – about the practice of Offenses. The difficulties in the activities are mainly related with the integration of sectors and interaction between partners, which create obstacles and increase the time of response between services. The work with families has also been a target of discussion, with a view to the improvement and efficacy of care. The semi freedom program offers places to male adolescents only and, when female youths need to be included, provisional and alternative measures are taken.

There are *two shelters* in the city for children and adolescents between 0 and 17 years. They report to follow CAS guidelines. However, one of the shelter's largest difficulties is to provide integral care to children and adolescents. It is better fit to work in the social area and seeks a partnership in the education area to realize a pedagogical project.

Finally, the nine *Community Centers* linked to the Secretary of Citizenship and Social Work carry out activities that most attract children's and adolescents' attention and permit their participation: soccer, jazz, dancing, movie theater and story telling workshops. Their attendance to the CC is high, though it varies according to the region and activities offered. Attendance is higher in three of them, around 350 adolescents. In general, they often serve as social work centers (such as in cases of campaigns to collect and distribute clothes and food), though they mix community activities, leisure and culture, depending on the professional at work and on the way the local community understands and occupies the space. The right to childhood, recreation, leisure and culture are appointed as forms of compliance with the CAS, although it can be perceived that the potential of this resource could be much better explored if there were a more collaborative public care policy.

In general, benefits were indicated for adolescents who manage to participate in the programs existing in the city. However, except for the sports and socio-educational measures, all other programs receive a much higher demand than the number of places offered. Each of these institutions has a different main motivation, even when the kind of care is similar, as shown in the following figure:

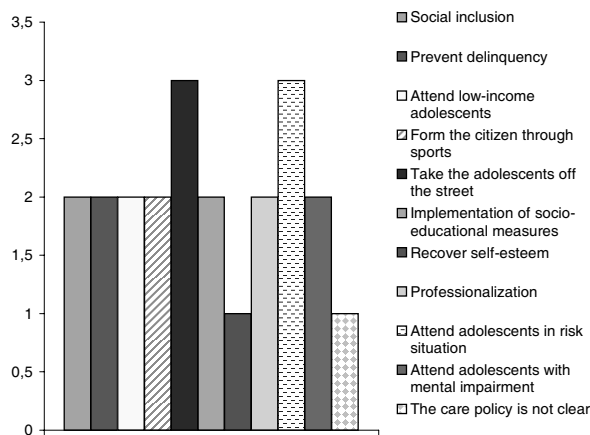


Figure 1 – Main objective of programs/projects

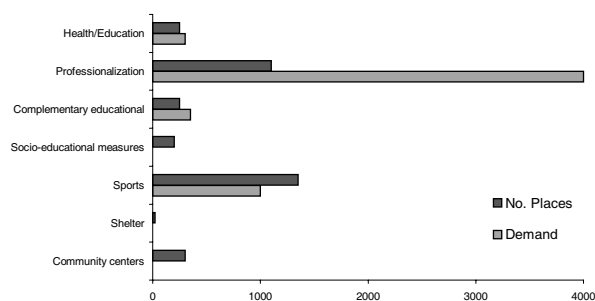


Figure 2 – Ratio of demand on available places

It can be perceived that the programs focus on what some authors affirm about adolescence and about the phenomena that are linked to this concept, such as, for example, the duration, behaviors and forms of articulation that are taught during the child's socialization process, and vary according to the society and culture they are inserted in⁽³⁾. There is no clear understanding of adolescence as a social phenomenon, with reflexes on the way adolescents are socially inserted in the current production mode. The perception of the study⁽⁷⁾ performed between 1994 and 1996, which evaluated the coverage, the appropriateness, accessibility and health service usage pattern by adolescents from the community of Emaú, Belém, PA, Brazil, still holds. It demonstrated a good level of appropriateness of the program to its purpose, although it needed adjustments especially in the item human resources, with mainly individual and curative care. The authors gave recommendations in terms of changing the prevalent care model, emphasizing preventive, collective and educational measures, with a view to greater efficacy potential in promoting the health of the adolescent population.

Going back in history, social concern with the youth appears as from the modern industrial age, when the interest in the young's technical capability for work emerged. Coincidence or not, the majority of programs and projects currently existent in Brazil to attend adolescents is related to training the youth for work, for the insertion in the capitalist production mode. Here we talk about young people from certain social classes, to whom the political projects are directed.

It is remarkable that, although most of the institutions report that their objectives follow CAS guidelines, none of them put guaranteed access to the services as a priority. That is, they act on certain aspects of adolescent life, whether lack of income, risk situation, loss of self-esteem, involvement or occurrence of offenses or even the possibility of becoming a threat to society. This information is in accordance with another study⁽¹¹⁾, which attempted to get to know the place occupied by adolescents in the dominant Public Health discourse regarding the adolescents' integral health. It permitted to identify the real receivers of the Adolescent Integral Health Program: poor adolescents. It can also be identified that public policies work as means of social regulation, materializing certain established social contracts, which lead to social inequality⁽¹²⁾.

CONCLUSIONS

The institutions under study are very different mutually in terms of objectives, size of target public, age group, religious or lay orientation, kind and quantity of workers, among others. While the majority of them focus on care activities and complementary education, others offer professionalizing training, sports, health care and education, and finally, some attend exclusively offenders, whether by providing shelter and actions to

adolescents in personal and social risk situations or by implementing socio-educational measures, such as service delivery to the community and assisted or semi freedom. Educating adolescents through sports and to prevent delinquency are the motivations or purposes that cover the majority of adolescents. Although there are several institutions to attend the adolescent, much remains to be done for the orchestration and synergism of their actions, with a view to achieving the Child and Adolescent Statute.

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