

## Determinants of health in adolescence: an integrative review

**Determinantes sociais da saúde na adolescência: uma revisão integrativa**  
**Determinantes sociales de la salud en la adolescencia: unca revisión integrativa**

### RESUMO

Objetivo: Identificar na literatura como os determinantes sociais de saúde afetam o processo saúde doença de adolescentes. Método: Revisão integrativa realizada nas bases LILACS, BDNF e MEDLINE, sem filtro de idiomas, com recorte temporal de 2017 a 2022, resultou em 68 artigos. Após triagem, sete artigos foram incluídos. Resultados: Os resultados foram agrupados nas categorias: "Uso de métodos contraceptivos na adolescência e as consequências do não uso", "A importância da educação frente ao empoderamento dos adolescentes", "Saúde bucal dos adolescentes" e "A importância da Unidade básica de saúde em relação à saúde e doença". As camadas II, IV e V dos determinantes sociais da saúde tiveram maior influência no processo saúde-doença e englobam domínios: educação, condições de vida e trabalho, serviços sociais e saúde, estilo de vida pessoal, idade, sexo e genéticos. Conclusão: Determinantes Sociais de Saúde demonstraram ter influência considerável sobre o processo saúde-doença dos adolescentes.

**DESCRIPTORIOS:** Determinantes Sociais da Saúde; Adolescente; Processo Saúde-Doença; Brasil; Revisão.

### ABSTRACT

Objective: To identify in the literature how social determinants of health affect the health-disease process of adolescents. Method: Integrative review carried out in the LILACS, BDNF and MEDLINE databases, without language filter, with a time frame from 2017 to 2022, resulting in 68 articles. After screening, seven articles were included. Results: The results were grouped into the categories: "Use of contraceptive methods in adolescence and the consequences of non-use", "The importance of education in the face of adolescent empowerment", "Oral health of adolescents" and "The importance of the Basic Health Unit in relation to health and illness". Layers II, IV and V of the social determinants of health had the greatest influence on the health-disease process and encompass the following domains: education, living and working conditions, social services and health, personal lifestyle, age, sex and genetics. Conclusion: Social Determinants of Health demonstrated a considerable influence on the health-disease process of adolescents

**DESCRIPTORS:** Social Determinants of Health; Adolescent; Health-Disease Process; Brazil; Revision.

### RESUMEN

Objetivo: Identificar en la literatura cómo los determinantes sociales de la salud afectan al proceso salud-enfermedad de los adolescentes. Método: Revisión integrativa realizada en las bases de datos LILACS, BDNF y MEDLINE, sin filtro de idioma, con un marco temporal de 2017 a 2022, obteniéndose 68 artículos. Tras la criba, se incluyeron 7 artículos. Resultados: Los resultados se agruparon en las categorías: "Uso de métodos anticonceptivos en la adolescencia y consecuencias del no uso", "Importancia de la educación frente al empoderamiento adolescente", "Salud bucal de los adolescentes" e "Importancia de la Unidad Básica de Salud frente a la salud y la enfermedad". Los niveles II, IV y V de los determinantes sociales de la salud fueron los que más influyeron en el proceso salud-enfermedad y abarcan los siguientes ámbitos: educación, condiciones de vida y de trabajo, servicios sociales y salud, estilo de vida personal, edad, sexo y genética. Conclusiones: Los Determinantes Sociales de la Salud demostraron una influencia considerable en el proceso salud-enfermedad de los adolescentes.

**DESCRIPTORIOS:** Determinantes Sociales de la Salud; Adolescente; Proceso Salud-Enfermedad; Brasil; Revisión.

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- ID Wéllida Lais da Silva Rosendo**  
Acadêmica de Enfermagem do 8º período da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0002-6090-2116
- ID Rianna Vitória Ferreira Gonçalves**  
Acadêmica de Enfermagem do 8º período da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0002-3037-9213
- ID Simone Fernandes Monteiro**  
Acadêmica de Enfermagem do 8º período da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0002-2226-6171
- ID Talita Bianca Lima da Paixão**  
Acadêmica de Enfermagem do 8º módulo da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0002-1255-6888
- ID Talita Santos Cunha**  
Acadêmica de Enfermagem do 8º módulo da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0001-9285-5484
- ID Victória Regina Arcanjo Lins**  
Acadêmica de Enfermagem do 8º módulo da Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco. ORCID: 0000-0002-2976-8190
- ID Isabela Nascimento dos Santos**  
Graduada em Educação Física pela Universidade Federal de Pernambuco. Mestre em Educação Física pela Universidade Federal de Pernambuco. Especialista em Treinamento de força para a Saúde pela Universidade de Pernambuco. Docente do curso superior de Educação Física da UNINASSAU, campus Recife e Caruaru. ORCID: 0000-0002-0182-4998
- ID Iraneide Nascimento dos Santos**  
EnfermagemDoutoranda em Hebiatra pela Universidade de Pernambuco. Mestrado em Patologia pela Universidade Federal de Pernambuco. Enfermeira do trabalho e epidemiologista. Docente dos cursos superiores e técnicos (integrado e subsequente) do Instituto Federal de Pernambuco, campus Ipojuca. ORCID: 0000-0001-8449-7840

## INTRODUCTION

Adolescence is a historical social construction that, due to the influence of its concomitance with puberty, is characterized by significant transformations, both physical and psychological. This period is very important in the formation of the individual, as diseases and behaviors that arise here can extend into adulthood, damaging health and limiting future opportunities.<sup>1</sup>

Although adolescence was once defined as a period of low risk for illness and death, in recent decades, this statement has lost its support. During this period of time, it was possible to notice an increase in morbidity and mortality in this population group<sup>2</sup>, which puts the health team on alert to manage the essential care that must be aimed at this population.

In Brazil, adolescents are constantly exposed to the highest levels of mortality from external causes, mainly aggression, which is the main cause of death among young people, especially in the 15 to 19 age group<sup>3</sup>, showing how necessary it is to offer integrated and welcoming health care, to adequately serve this part of society that has specific demands and needs. In the current context, to assess the health situation of a population, Social Determinants of Health (SDH) can be used, which, through their analysis, can specify the living and working conditions of individuals and population groups.<sup>4</sup>

The SDH are arranged in five layers, which will delimit factors, from those of greater particularity to those of greater scope, starting from individual characteristics such as gender, age and hereditary factors, following the collection of information until reaching

the macro determinants, which evaluate environmental, socioeconomic, cultural and developmental conditions. According to Dahlgren and Whitehead, at the first level, factors related to the lifestyle of these people are presented, while at the most external level, social and community relations are presented, followed by general socioeconomic, cultural and environmental conditions. In this way, it is possible to identify the elements that have the greatest impact on the lives and health of adolescents.<sup>5</sup>

In general, during adolescence the individual ends up being neglected in health services, even though it is of great relevance for the Family Health Strategy (FHS), within the principles of the Unified Health System (SUS - Sistema Único de Saúde).<sup>6</sup> To the detriment of this, a pertinent means of meeting the adolescent's demands and identifying

# Revisão Integrativa EN

Wéllida L.S.a Rosendo, Rianna V.F. Gonçalves, Simone F. Monteiro, Talita B.L. da Paixão, Talita S. Cunha, Victória R.A. Lins, Isabela N. dos Santos, Iraneide N. dos Santos  
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SDH is through hebiatrics consultations, which can be promoted by nursing professionals, focusing on their development, seeking to understand not only the health aspects, but also the environment in which they are inserted and how this reflects on their lives.

Thus, this study aims to identify in the literature how social determinants of health affect the health-disease process of adolescents.

## METHODS

This is an integrative literature review that allows you to synthesize knowledge through a systematic and rigorous process for a given topic or issue. The steps followed in this research were: 1) Elaborate the driving ques-

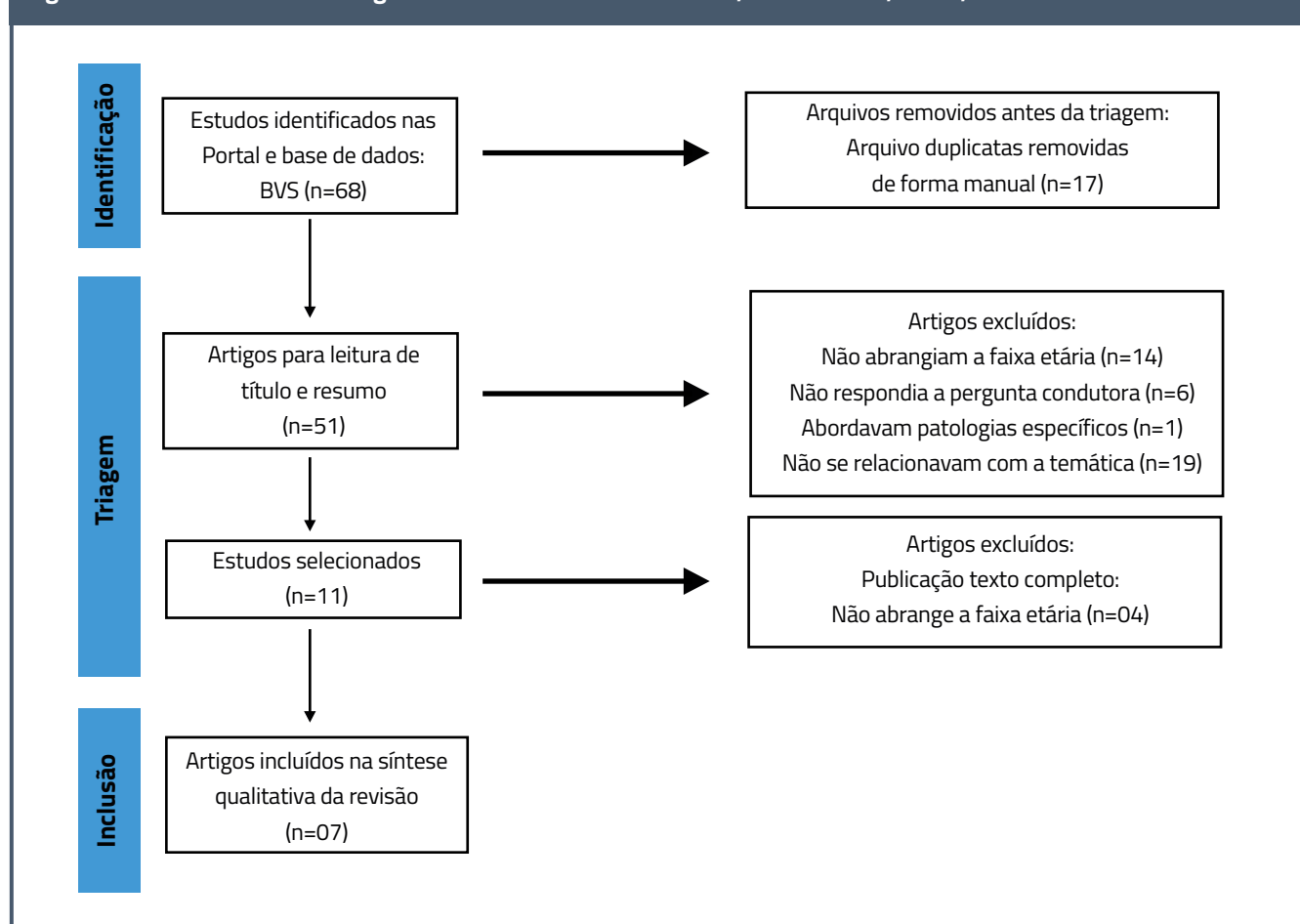
tion in detail; 2) Search and select primary studies; 3) Extract research data; 4) Critical evaluation of the studies included in the review; 5) Summary of results and 6) Presentation of the review.<sup>7</sup> The study followed the recommendations set out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).<sup>8</sup>

After selecting the topic, the guiding question was determined: "How do social determinants of health affect the health-disease process of adolescents?" For a better selection of descriptors, the acronym PVO was used, in which the population (P) refers to adolescents between 10 and 19 years old; the variable of interest (V), social determinants of health; and the outcome (O), health-disease process in adolescence.

The search for articles was carried out in

April 2022, in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and MEDLINE via the Virtual Health Library (VHL). The search key used was composed of controlled terms contained in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), uncontrolled terms and Boolean operators, namely: ("social determinants of health" OR "health determinants" OR "structural determinants of health" OR "social determinants of health") AND (adolescence OR adolescents OR adolescent) AND (brazil) AND (fulltext :("1" OR "1" OR "1") AND db:("MEDLINE" OR "LILACS" OR "BDENF") AND la:("en" OR "pt" OR "es")) AND (year\_cluster :[2017 TO 2022])

Figure 1 - Flowchart for selecting articles in the databases. Recife, Pernambuco, Brazil, 2022



Source: Prepared by the authors, 2022

AND (fulltext:(“1”) AND db:(“MEDLINE” OR “LILACS” OR “BDENF”) AND la:(“en” OR “pt” OR “es”)) AND (year\_cluster:[2017 TO 2022]).

The inclusion criteria were original articles published and available in full, without language filter, with a time frame from 2017 to 2022 (until April). Exclusion criteria were literature review or meta-analysis articles, monographs, dissertations, editorials and reports.

As a result of this search, 68 articles were obtained. Then, we tried to filter articles that presented a theme consistent with the objective of the research. Initially, 17 articles were removed manually without the aid of tools, such as a manager, as they were duplicate studies. Then, the abstracts were read and those that did not meet the inclusion criteria were excluded: 14 articles did not cover the age group, six did not answer the guiding question, one addressed specific pathologies and 19 were not related to the theme, thus totaling another 40 articles removed. To read the full text, 11 articles were grouped and, of these, four were excluded because they did not cover the adolescent age group. In this way, seven were selected to compose the integrative literature review (Figure 1).

Of these articles that made up the sample, all were analyzed in detail, to obtain a collection of data that answers the previously prepared research question. Information was cross-referenced between them that highlighted the influence of SDH on the adolescent's health-disease process and how it is experienced.

Furthermore, it verified the level of evidence of studies based on VII levels: I - systematic review or meta-analysis; II - derived from at least one well-designed randomized controlled clinical trial; III - well-designed clinical trials without randomization; IV - well-designed cohort and case-control studies; V - originating from a systematic review of descriptive and qualitative studies; VI - evidence derived from a single descriptive or qualitative study; VII - arising from the opinion of authorities and/or report from expert committees.<sup>7</sup>

Finally, a qualitative synthesis and descriptive presentation of the data extracted

from the articles was carried out. Furthermore, when referencing information extracted from primary studies available in the public domain, copyright was respected by preserving the content exposed by the authors.

## RESULTS

The seven selected articles were studied in Brazil and were published in the following years: 2017 (3), 2018 (1), 2019 (3). The type of study of these researches is based on single and mixed studies. In the first case, there are publications with ecological (n=1), analytical (n=1), qualitative (n=1), longitudinal (n=1) and cross-sectional (n=1) clinical trials. The articles with mixed studies are: observational analytical cross-sectional (n=1), documentary, cross-sectional and retrospective study with a quantitative approach (n=1). The level of evidence of these studies falls into level I (n=1), II (n=1), V (n=1) and VI (n=4). The other particularities of each article are presented in Table 1.

The analysis of the articles aimed to answer the guiding question, therefore, topics that associated the impacts that social determinants of health interfere with the health-disease process of adolescents were extracted from the selected articles. Therefore, for a better understanding of the results, the discussion was organized into the following categories: “Use of contraceptive methods in adolescence and the consequences of non-use”, “The importance of education in the face of adolescent empowerment”, “Oral health of adolescents” and “The importance of the Basic Health Unit (UBS) in relation to health and illness”.

The discussion was carried out according to the Dahlgren and Whitehead model 9, in which the individual is at the center of several concentric layers that guide their steps. Layer I is the individual layer that takes into account genetic inheritance, layer II is the proximal layer and is related to behavior and lifestyle, layer III is about the influence of social networks, layer IV are the intermediate determinants that represent lifestyle, work and basic sanitation and layer V are the distal determinants in which socioeconomic factors predominate.

## DISCUSSION

### Use of contraceptive methods in adolescence and the consequences of not using them

The social determinants of health have a great influence on the use/choice of contraceptive methods. In a first analysis, it is observed that adolescents are starting their sexual life at an increasingly earlier age, between 13 and 15 years old, ages at which they still do not have adequate knowledge about contraceptive methods, sexually transmitted infections and unwanted pregnancies.<sup>10</sup> This lifestyle that adolescents are experiencing represents the proximal determinants, layer II of the social determinants of health. From this perspective, it is necessary that information about safe sex and the types of contraceptive methods reach them even before the start of their first sexual intercourse, because when the time comes they will already be aware of the risks and how to prevent themselves.<sup>11</sup>

In Brazil, the studies<sup>5,10</sup> show the relationship between non-adherence to contraceptive methods and low education and low socioeconomic status, thus falling into layers IV and V of social determinants. Males, who begin sexual activity before the age of 15, are more likely to contract STIs, this is a consequence of individual, proximal and intermediate factors. It was also observed the influence of the partner not to use condoms, claiming discomfort and changes in pleasure. Furthermore, simply offering the method in health services is not enough for adolescents to take advantage of its free availability, as many feel afraid and/or ashamed. Health services are related to layer IV of the Dahlgren and Whitehead model.<sup>9</sup>

The choice regarding contraceptive methods must be free and informed, as each organism responds differently to the chosen contraceptive.<sup>11</sup> Therefore, it is important to seek a health service to receive information about the contraceptive methods available and consciously choose the one that will make you comfortable and that best adapts to your way of life and your health condition. Adolescents over 12 years of age can visit the UBS without being accompanied

**Table 1 - Studies included in the integrative review. Recife, Pernambuco, Brazil, 2022**

TITLE/ AUTHORS/ YEAR	OBJECTIVE	RESULTS
<p>Social Determinants of Health and their influence on the choice of contraceptive method (Determinantes Sociais da Saúde e sua influência na escolha do método contraceptivo) Authors - Hellen Ferreira et al. Year - 2019</p>	<p>Verify the association between Social Determinants of Health and the contraceptive method used by women of childbearing age.</p>	<p>It is observed that the older the age, the more likely it is to use barrier methods. There is also a negative relationship between surgical methods and younger age. A study found that younger female adolescents living in urban areas were those with a lower prevalence of condom use. Of the adolescents who participated in a study to estimate the prevalence of sexual initiation and use of contraceptive methods, there was an increasing prevalence of sexual initiation from the age of 12, reaching 56.4% among those aged 17. The use of male condoms was used by 68.8% of adolescents. The use of the oral contraceptive pill was much less frequent, 13.4%. The study participants who began sexual activity before the age of 15 did not use hormonal or surgical methods, for the most part</p>
<p>Social determinants of health and vulnerabilities to sexually transmitted infections in adolescents (Determinantes sociais de saúde e vulnerabilidades às infecções sexualmente transmissíveis em adolescentes) Authors - Maria Isabelly Costa et al. Year - 2019</p>	<p>Verify the association between social determinants of health and the vulnerability of adolescents to STIs, using the Social Determination of Health Model (SDHM) as a theoretical framework</p>	<p>According to the Social Determination model, individual determinants (age, sex, genetic factors, among others) directly influence health conditions. There was a higher prevalence of male adolescents and younger adolescents, from 11 to 14 years old, regarding vulnerability to STIs. It was identified, from the study sample, that the prevalence of sexual initiation up to 14 years of age is 18.6%, the highest prevalence being among male adolescents (20.9%) with low education and low socioeconomic status, with mothers with low education, and who had children during adolescence. There was a statistically significant association regarding housing, indicating that adolescents who live in their own home are 1.9 times more likely to be vulnerable to STIs than adolescents who live in rented homes. Adolescents with less than twelve years of education were more likely to be susceptible to STIs.</p>

<p>National Policy for Comprehensive Health Care for Adolescents Deprived of Liberty: an analysis of its implementation. (Política Nacional de Atenção Integral à Saúde de Adolescentes Privados de Liberdade: uma análise de sua implementação.) Authors - Henrique Perminio et al. Year - 2018</p>	<p>Contribute to the discussion about the right to health of this population, based on the analysis of the implementation of the Policy for Comprehensive Health Care for Adolescents in Conflict with the Law (PNAISARI - Política Nacional de Atenção Integral à Saúde de Adolescentes em Conflito com a Lei).</p>	<p>The existence of a health space within socio-educational units, regardless of the number of adolescents served, reinforces the vision of these units as a total institution, just as in prison units. In Brazil, in 2016, a total of 26,450 adolescents who were deprived of liberty were registered, with a predominance of males (96%), with the largest proportion concentrated in the age group between 16 and 17 years old (57%). In Brazil, despite the fact that in the past the construction of health policies for different population segments was encouraged, Even today, there is no national health policy for adolescents and young people, which further weakens the dispute on the political agenda and contributes to the worsening of the general health situation of this population. In the absence of health coordination for adolescents and young people in the health department, a positive alternative for implementing PNAISARI is the area of Primary Care (PC) as policy manager.</p>
<p>Meanings attributed by adolescents and young people to health: challenges of Family Health in a vulnerable community in Cubatão, São Paulo, Brazil. (Sentidos atribuídos por adolescentes e jovens à saúde: desafios da Saúde da Família em uma comunidade vulnerável de Cubatão, São Paulo, Brasil.) Authors - Danilo Anhas et.al. Year - 2017</p>	<p>Show the perception of adolescents and young people regarding the influence of social determinants on health, mentioning the difficulties encountered by these subjects in perceiving the neighborhood's Family Health Unit as a space for the production and promotion of health.</p>	<p>Adolescents and young people did not seek out the services offered in the community, citing the difficulty of involving this public in the institution's daily activities. Some young people gave statements about what the care is like at the FHS, one of them said: "Because there, there is a doctor, but you arrive, you sit down, like: "What do you have?" Then you talk about your symptoms, then he looks at you: "Okay, take some benzetacil, okay, take some benzetacil, okay, take some benzetacil". So, like, it's always the same thing (Bárbara, 14 years old, NGO student). In addition to the emptying of the meaning that the USF occupies in the lives of adolescents and young people in the community, one can think about how much this process seems to undermine the participation of these subjects as well as health promotion practices, understood, according to (Vieira et al., 2014) as "the training of the community to act in improving the quality of life and health, involving greater participation in the control of this process" (p. 310). Therefore, if "promoting youth participation is an effective health promotion strategy", as recommended by the Ministry of Health (Brazil, 2010, p. 53), how is it possible to build practices within the scope of the ESF that really take these precepts into account? Observing the absence of adolescents and young people at the USF, in addition to the lack of activities that had these individuals as a target audience, It has become relevant to understand the meanings attributed to the health of adolescents and young people living in this neighborhood, both based on the experiences of these individuals themselves and the experiences of professionals working in the Capoeira Group and the NGO.</p>



<p>Functional health literacy in adolescence: association with social determinants and perception of contexts of violence. (Letramento funcional em saúde na adolescência: associação com determinantes sociais e percepção de contextos de violência.)</p> <p>Authors - Poliana Cristina Rocha et.al.              Year - 2017</p>	<p>Investigate the association between functional health literacy and sociodemographic factors, quality of life, self-perception of health and perception of contexts of violence in adolescents from state schools in Belo Horizonte.</p>	<p>Of the 384 adolescents evaluated, the functional health literacy instrument presented a coefficient of 0.766, which demonstrates internal consistency of quality. Furthermore, more than half of the sample demonstrated good functional health literacy. Within the multivariate analysis, the variables that demonstrated the greatest impact on functional health literacy were: not practicing religion, social domain of quality of life and school domain of quality of life.</p>
<p>Dental caries, fluorosis, oral health determinants, and quality of life in adolescents.</p> <p>Authors - Nicole Aimée et al.              Year - 2017</p>	<p>This study aimed to evaluate the extent to which dental caries and fluorosis, in addition to the behavior of sociodemographic and oral health determinants, affect the oral health-related quality of life of adolescents.</p>	<p>With a final sample of 618 adolescents aged 10 to 15 years, it was demonstrated that cavitory dental lesions and fluorosis were observed in 39.5 and 48.5% of the sample, respectively. Regarding the impact on quality of life related to oral health, adolescents with a brushing frequency less than or equal to once a day and with severe to moderate cavitory lesions reported a greater impact. Fluorosis had no impact on daily quality of life.</p>

<p>Social determinants of health and maxillofacial injuries in children and adolescents victims of violence: a novel GIS-based modeling application</p> <p>Authors - Ítalo Bernardino et.al.</p> <p>Year - 2019</p>	<p>Analyze oral and maxillofacial trauma resulting from violence against children and adolescents using geostatistical techniques.</p>	<p>During the investigation period, 339 cases of violence against children and adolescents resulting in oral and maxillofacial trauma were recorded. From visual inspection of the maps of each region, significant changes were observed in these events, suggesting that the neighborhoods where there is a higher incidence of violence against these individuals also had a higher percentage of heads of families without income, showing that the financial limitations of these families create an environment permeated by stress, disaffection and disagreements between parents and children, which can lead to discontinuity of dialogue, disruption of family cohesion and oral and maxillofacial trauma resulting from violence.</p>
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Source: Prepared by the authors, 2022

by a guardian to be consulted and guided.<sup>12</sup>

Education is in layer IV of social determinants and the school has a fundamental role in disseminating knowledge about various topics, including contraceptive methods and free consultations in primary care. Health education constitutes one of the vital components in care, as it guarantees the exercise of sexuality in a full, healthy and responsible way. It is necessary to demystify the topic and address not only the risks of exercising sexuality, but also the pleasure, feelings, respect and responsibility involved. In this way, these young people must be offered critical sense to make their own choices without the influence of third parties.<sup>13</sup>

### The importance of education in the empowerment of adolescents

Adolescence begins with the bodily changes of puberty and ends with social, professional and economic integration into adult society.<sup>14</sup> It is an important stage of life, in which the individual begins to develop and where several psychosocial variations occur, presenting vulnerabilities that, when exposed to certain health, educational and social risks, require greater and more specialized attention and care.

There are numerous obstacles that can interfere with the empowerment of these adolescents in public health, such as the lack of training and time of health professionals, added to the difficulty of communication between these adolescents and adults, be-

coming an obstacle to comprehensive and absolute health care.

Also, the social condition in which this teenager is inserted can create an environment permeated by disharmony and disagreements between parents and children, which can lead to the breakdown of family cohesion and even result in violence at home, falling into layers II and IV of the Dahlgren and Whitehead model.<sup>9</sup> Considering that this population is still undergoing physical and psychological development, these effects of violent acts can have lifelong repercussions, generating trauma and making it difficult to seek health care.<sup>15</sup>

Functional health literacy can help individuals be able to manage their health, as adolescence represents an important stage in making future decisions about self-care.<sup>16</sup> Thus, the young person develops the ability to capture, process and understand the information provided, contributing to more appropriate decision-making, protecting these young people from exposure to risk situations and, consequently, making them less vulnerable, in addition to generating good conditions for the global well-being of these individuals.

A better quality of life, a good relationship in the school and social environment, increases the chances of having good knowledge about health and, therefore, positively impacts the individual's life. The school universe represents spaces for teenagers to learn about their relationship with

the world. Social networks that provide adolescents with interaction and construction of knowledge favor the individual's participation in their care and the development of skills and autonomy.<sup>16</sup>

Furthermore, the importance of the nurse's role as a health promoter, in improving strategies and developing skills, is noticeable, with the aim of providing good family, school and social coexistence, promoting favorable environments for better development, encouraging adolescents to have more autonomy and closer contact with the health system. It is important to highlight the importance of professionals considering this stage of human development from the historical-cultural and socio-emotional context in which each adolescent is located in order to be successful in health promotion activities.<sup>2</sup>

### Adolescent oral health

Access to health services is a major public health challenge, as despite great social progress, there is still considerably high socioeconomic inequality in Brazil, which hinders efforts to expand investment in health, through the establishment of national oral health policies. Living and working conditions, as well as economic, social, cultural and behavioral factors, consistent with layers IV and V of the social determination model of health, which can influence an individual's health status and the way in which services are used, being defined, therefore, as SDH.<sup>17</sup>



Adolescents in situations of precariousness and social vulnerability become more susceptible to acquiring oral problems, such as cavities, gingivitis or fluorosis, triggered by a lack of knowledge about oral hygiene and also by difficulty in accessing personal hygiene materials, therefore, it is necessary for these young people to have access to health services that meet their demands for the best well-being of the individual.

Acquiring healthy habits allows the individual to have good oral health, which is an important aspect of adolescence - given the vast changes that occur during this phase -, making this an ideal time to offer health interventions in this area, breaking behavior patterns and changing them positively.<sup>18</sup>

Therefore, there is a need to implement, in a school environment, oral health promotion programs for adolescents that include regular tooth brushing with products with a high concentration of fluoride to control the progression of caries lesions and subsequent clinical monitoring.<sup>19</sup> Therefore, the need to analyze the strengths and weaknesses of national oral health policies is evident in order to reflect on this reality of precariousness, outline ways to effectively promote health and promote strategies that meet the specific needs of this public to ensure equitable and comprehensive care.

## The importance of UBS in relation to health and illness

The UBS is presented by the Ministry of Health as a strategy focused on primary health care and the quality of life of families and communities, promoting, at the same time, social participation, equity and integrality.<sup>20</sup> Through the FHS teams, UBS has as a fundamental resource to promote quality of life and educational actions in the community, interfering in the health-disease process.

Although in many places the PSF has reorganized and reoriented the service and divisions of tasks, currently, from the FHS, the aim is to correct the fragmentation and split in health knowledge in order to produce care and therapeutic projects with dialogical practices between users and professionals and between

the professionals themselves.<sup>21</sup> The FHS can help to reconfigure the model of attention and care for adolescents and young people, based on a broader health approach, incorporating processes beyond biological factors.<sup>22</sup>

According to two researches<sup>7,10</sup>, young people's perception of health is quite volatile and takes into account the social determinants of health. The study<sup>23</sup> describes SDH as the social characteristics within which life takes place, while the model proposed by Dahlgren and Whitehead<sup>9</sup> It has them in different layers, from a layer closer to individual determinants to a distal layer, where the macro determinants are located, which have a great influence on the other layers and are related to the socioeconomic, cultural and environmental conditions of society.<sup>24</sup>

If necessary, so that it can become the gateway to the health system, the application of resources in primary health care that are accessibility and the elimination of financial, geographic, organizational and cultural aspects that hinder the realization of potential and the appropriation of symbolic and material goods by adolescents, thus falling into layers IV and V of the model of social determinants of health.<sup>24</sup> In this sense, the need to promote access to health networks for adolescents deprived of liberty is noticeable, thus guaranteeing them the right to comprehensive health care.<sup>25</sup>

There are reports that the use of educational practices, such as lectures and actions centered on schools close to the UBS, promote greater awareness among adolescents regarding the importance of methods such as vaccination and, It has a significant effect on preventing diseases and improving quality of life.<sup>26</sup> The SUS recommends that the vision and action in the health area considers the human being in all its dimensions; recommends having a comprehensive view of the subjects, proposing continuous actions for promotion, prevention, curative care, rehabilitation and integration of different services.<sup>27</sup>

## CONCLUSION

This integrative literature review presents studies published in the last five years (2016 to 2020) that addressed how SDH affects the health-disease process of adolescents, generating useful knowledge to guide health policies and actions. Through the analysis of the articles that made up the sample, it was possible to understand how the health scenario of the adolescent population varies according to their particularities and that those who were socially privileged did not suffer the same impacts in the health context compared to those who were less privileged.

Therefore, the SDH demonstrated a considerable influence on the health-disease process of the studied population. It was possible to list some areas where these variants had a greater influence, such as sexual education, oral hygiene and health education; in addition to making tangible the need for interventions to make assistance more equitable.

Finally, through the data obtained, it was possible to analyze that layers II, IV and V of the SDH were those that demonstrated the greatest impact on the health-disease process of the population under study, being those that encompass areas such as: education, living and working conditions, social services and health, individuals' lifestyle, age, sex and hereditary factors.

Therefore, it is necessary to reinforce the areas that are included within these determinants. It is essential that the way in which health education is carried out is updated and planned to reach the most socially vulnerable adolescents, in addition to health service planning that reaches and monitors them comprehensively.

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