






Analysis of the Health Profile of Students Enrolled in High School at the Ouro Preto State School: a descriptive cross-sectional study

Análise do Perfil de Saúde dos alunos matriculados no Ensino Médio da Escola Estadual Ouro Preto: um estudo transversal descritivo

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ABSTRACT

Introduction: Adolescence is the stage between childhood and adulthood, characterized by physical, and mainly, psychological changes, which make this period full of new experiences and uncertainties, increasing the vulnerability of this group. In this sense, the school becomes a privileged space to understand the individual demands of teenagers and promote early interventions focused on health education in an attempt to reduce exposure to potential risk situations. **Objective:** To describe the health profile of the teenagers enrolled in high school at the Escola Estadual Ouro Preto in 2022. **Methods:** This is a descriptive cross-sectional study that included the participation of 53 students enrolled in high school at the Escola Estadual Ouro Preto. The students answered the adapted Youth Risk Behaviour Survey (YRBS) questionnaire with questions related to mental health, sexual behavior, alcohol, tobacco and other drug use. The questionnaires were filled out anonymously and the answers were typed into Google Forms for later descriptive analysis. The study was approved by the Ethics Committee of the Federal University of Ouro Preto. **Results:** The distribution of male and female participants was balanced; 30.8% of the teenagers have suffered some type of threat and 19.2% have been physically assaulted; 60.8% reported having depressive or anxious symptoms, and 34.6% have thought about committing suicide; 38.5% have had sexual intercourse, 75% have received guidance on sexually transmitted diseases, and 20% did not use a condom during the last sexual encounter; 70.6% of the young people have tried alcohol and 42.3% have tried cigarettes at least once in their life. Approximately 90% consider their health normal, good, or excellent, but 50% are dissatisfied with their body weight. **Conclusion:** It can be seen that violence, depressive and anxious symptoms, unprotected sex, and early drug use are relevant issues among the studied teenagers, making interventions in health focused on these themes essential.

Keywords: Adolescence; Health education; Early interventions; Health profile.

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Não há.

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RESUMO

Introdução: A adolescência é caracterizada por mudanças físicas e psicológicas, que tornam esse período repleto de novas experiências e de incertezas, aumentando a vulnerabilidade desse grupo. Nesse sentido, a escola torna-se espaço privilegiado para entender as demandas dos adolescentes e promover intervenções precoces voltadas para educação em saúde na tentativa de diminuir a exposição a potenciais situações de risco. **Objetivos:** Descrever o perfil de saúde dos adolescentes matriculados no Ensino Médio da Escola Estadual Ouro Preto no ano de 2022. **Métodos:** Estudo transversal descritivo que contou com a participação de 53 alunos matriculados no E.M. da E. E. Ouro Preto. Os estudantes responderam anonimamente ao questionário Youth Risk Behaviour Survey (YRBS) adaptado com questões referentes à saúde mental, comportamento sexual e uso de álcool, tabaco e outras drogas. As respostas foram digitadas no Google Forms, para posterior análise descritiva. **Resultados:** 30,8% dos adolescentes já sofreram algum tipo de ameaça e 19,2% já foram agredidos fisicamente; 60,8% afirmaram ter sintomas depressivos ou ansiosos, sendo que 34,6% pensaram em cometer suicídio; 38,5% já tiveram relação sexual, 75% já tiveram orientação sobre doenças sexualmente transmissíveis e 20% não usaram camisinha na última relação sexual; 70,6% dos jovens já experimentaram álcool e 42,3% cigarro alguma vez na vida. 90% consideram a sua saúde normal, boa ou excelente, mas 50% estão insatisfeitos com o peso corporal. **Conclusão:** A violência, sintomas depressivos e ansiosos, sexo inseguro e uso precoce de drogas são problemáticas relevantes entre os adolescentes estudados, tornando essenciais intervenções em saúde focadas nessas temáticas.

Palavras-chave: Adolescência; Educação em saúde; Perfil de saúde.

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INTRODUCTION

Adolescence is the period between childhood and adulthood, a time when the individual undergoes significant physical, mental, social, and physiological changes^{1,2}. It begins with puberty, a biological phenomenon characterized by the development of secondary sexual characteristics and reproductive capacity¹. More than just a biological milestone, adolescence is a complex process that involves subjective changes influenced by the sociocultural context in which the individual is placed². In regards to chronological criteria, adolescence is defined as the period between 12 and 18 years old by the Children and Adolescent Statute (ECA)³, which grants rights to adolescents in the legal field, or as the second decade of life, from 10 to 19 years old. The reference is adopted by the World Health Organization (WHO)⁴, the Ministry of Health (MS)⁵, and the Brazilian Society of Pediatrics (SBP)⁶, and it is a concept used in the field of health.

Due to its biopsychosocial changes, adolescence is a complex phase that includes uncertainties, doubts, and the experience of new experiences, which can increase vulnerability and exposure to risk situations, such as early pregnancy, alcohol and illicit substance abuse, as well as contact with sexually transmitted diseases (STDs), and violent death⁷. Based on this scenario, understanding the individual and social context in which an adolescent is inserted and their potential vulnerabilities is essential for health interventions within the school environment to be proposed^{8,9}.

In this sense, the school represents a privileged location for health surveillance and promotion actions for this population, since adolescents gather together and spend a large part of the day in this environment¹⁰. The school environment is a learning space and also a space for interaction, experiences, and student empowerment in their trajectory. Thus, the extension project "Dialogue,

Reflection, and Health Education - Psychosocial Actions on Sexuality, Gender, and Coexistence with Students of the Ouro Preto State School” proposes the realization of health education workshops that prioritize youthful empowerment based on a previous survey of the main needs identified through the Youth Risk Behaviour Survey questionnaire. The objective of this study was to describe the health profile of the adolescents enrolled in high school at the Ouro Preto State School in 2022.

METHODS

STUDY TYPE

It is a descriptive cross-sectional study.

STUDY POPULATION

In 2022, there were 120 regularly enrolled high school students at *Escola Estadual (E.E.) Ouro Preto*, organized into six classes, two Freshman classes, two Sophomore classes and two Senior classes. From May to July 2022, all enrolled students were invited to participate in the study. 53 students responded to the questionnaire and met ethical criteria for their participation in the research.

DATA COLLECTION

The data collection for the student health diagnosis was carried out using the Youth Risk Behavior Survey (YRBS) questionnaire, a validated instrument in a multicenter study in Brazil¹¹ originally composed of 149 questions regarding mental health, sexual behavior, and the use of alcohol, tobacco and other drugs. As it is a pilot study, the questionnaire was modified and the number of questions reduced to 89 in order to simplify the data collection instrument and facilitate completion, which was done anonymously in paper questionnaires.

After collecting the questionnaires, the data was digitized into Google Forms, which is an online forms platform.

VARIABLES

The variables used in this study were:

- Gender (categorized as female and male);
- Health assessment (obtained through the question “How would you describe your overall health?” and categorized as Excellent/good/normal or poor/very poor);

DATA ANALYSIS

Absolute and relative distributions of indicators according to gender were calculated. The analyses were performed using Stata 14 software.

ETHICAL ISSUES

This project was submitted and approved by the Ethics Committee of Research (CEP) at the Federal University of Ouro Preto (UFOP), under opinion No. 33453120.5.0000.5150. Parents or guardians authorized

and signed, prior to student participation, the Free and Informed Consent and Assent Term (TCLE). Then, students consented by signing the Free and Informed Assent Term (TALE) for those under 18 years old, or the TCLE for those over 18 years old, in order to participate in the project.

RESULTS

From the 120 students, 3 declined to participate in the project, 65 did not bring the TCLE signed by their parents and 53 answered the questionnaire. Among those who answered the survey, 57% were female, 42% were male, and 1 student did not respond to their gender (missing). The age range of the young people was 15 to 22 years old with a median of 17.

About 88.5% of the adolescents reported having normal, good or excellent health (Table 1). In relation to violence, 92% reported never carrying a firearm, 30.8% received some form of threat, 19.2% suffered physical aggression, 5.9% suffered physical aggression from a partner, and 9.6% have had non-consensual sexual relations (Table 1). In the 12 months prior to the survey, 60.8% of students indicated feeling sad, discouraged and/or hopeless, 34.6% reported seriously thinking about committing suicide, 28.8% planned the act, and 15.4% attempted self-harm at least once (Table 1). 38.5% of the young people have had some form of sexual relationship, and 55% have had sexual relations under the influence of alcohol or another drug. About sexual behavior, 25% of young people have never had or don't remember having guidance on sexually transmitted infections (STIs) and 20% did not use a condom in the last sexual encounter (Table 1). Regarding cigarette use, alcohol consumption and drug use, 42.3% of adolescents have tried some form of cigarette, 36.4% have smoked in school, 70.6% have tried alcohol, 14.3% have drunk in school, 21.6% have smoked marijuana and 7.6% have used other types of drugs (Table 1). Finally, the questions about body weight showed that 28.8% of students are above or far above the weight, 25% are trying to lose weight (of these, 26.7% are girls), more than half (56.9%) do not exercise, 25% have made some form of caloric restriction, 9.6% have fasted to lose weight, 5.8% have taken a pill to lose weight, and 3.8% have taken a laxative for this same goal (Table 1).

DISCUSSION

Researchers faced some obstacles in the data collection phase, such as the lack of student adherence to fill out the questionnaire, perhaps due to the fact that the theme is geared towards, among other things, sexuality and the use of alcohol and other illegal substances, which are still taboo in our society, and therefore, rarely discussed within the familiar environment¹². Additionally, some students forgot to bring the consent forms signed by their guardians and/or lost the papers, which made it necessary to visit E.E Ouro Preto more than planned by the schedule, in order for the questionnaires to be applied. The data obtained from the

Table 1. Health assessment of the teenagers, based on gender categorization.

Variable	Category	Girls		Boys		Total	
		n	%	n	%	n	%
Health assessment							
	Excellent/good/normal	26	86.67	20	90.91	46	88.46
	Bad/terrible	4	13.33	2	9.09	6	11.54
Carried a gun							
	No	28	96.55	18	85.71	46	92
	Yes	1	3.45	3	14.29	4	8
Felt threatened							
	No	20	66.67	16	72.73	36	69.23
	Yes	10	33.33	6	27.27	16	30.77
Suffered physical aggression							
	No	25	83.33	17	77.27	42	80.77
	Yes	5	16.67	5	22.73	10	19.23
Suffered physical aggression from the partner							
	No	28	96.55	20	90.91	48	94.12
	Yes	1	3.45	2	9.09	3	5.88
Was forced to have sex							
	No	26	86.67	21	95.45	47	90.38
	Yes	4	13.33	1	4.55	5	9.62
Felt sadness							
	No	10	33.33	10	47.62	20	39.22
	Yes	20	66.67	11	52.38	31	60.78
Thought about suicide							
	No	19	63.33	15	68.18	34	65.38
	Yes	11	36.67	7	31.82	18	34.62
Planned suicide							
	No	20	66.67	17	77.27	37	71.15
	Yes	10	33.33	5	22.73	15	28.85
Attempted suicide							
	No	24	80	20	90.91	44	84.62
	Yes	6	20	2	9.09	8	15.38
Experimented cigarette							
	No	19	63.33	11	50	30	57.69
	Yes	11	36.67	11	50	22	42.31
Smoked at the school							
	No	5	45.45	9	81.82	14	63.64
	Yes	6	54.55	2	18.18	8	36.36
Experimented alcoholic beverage							
	No	8	26.67	7	33.33	15	29.41
	Yes	22	73.33	14	66.67	36	70.59

continued...

...continued Table 1

Table 1. Health assessment of the teenagers, based on gender categorization.

Variable	Category	Girls		Boys		Total	
		n	%	n	%	n	%
In the last 30 days, had one dose of alcoholic beverage							
	No	6	42.86	4	36.36	10	40
	Yes	8	57.14	7	63.64	15	60
In the last 30 days, had five or more doses of alcoholic beverage							
	No	6	54.55	2	40	8	50
	Yes	5	45.45	3	60	9	50
Drank at the school							
	No	18	85.71	12	85.71	30	85.71
	Yes	3	14.29	2	14.29	5	14.29
Smoked marijuana							
	No	24	82.76	16	72.73	40	78.43
	Yes	5	17.24	6	27.27	11	21.57
Used other drugs							
	No	28	93.33	20	90.91	48	92.45
	Yes	2	6.67	2	9.09	4	7.55
Received guidance about STDs							
	No	5	16.67	8	36.36	13	25
	Yes	25	83.33	14	63.64	39	75
Had sex							
	No	20	66.67	12	54.55	32	61.54
	Yes	10	33.33	10	45.45	20	38.46
Had sex under drug effect							
	No	4	40	5	50	9	45
	Yes	6	60	5	50	11	55
Used condom in the last sexual encounter							
	No	1	10	3	30	4	20
	Yes	9	90	7	70	16	80
Self-Description of body weight							
	Very underweight	1	3.33	1	4.55	2	3.85
	Slightly underweight	6	20	3	13.64	9	17.31
	Right weight	12	40	14	63.64	26	50
	Overweight	10	33.33	3	13.64	13	25
	Very Overweight	1	3.33	1	4.55	2	3.85
What is doing about their weight							
	Losing weight	10	33.33	3	13.64	13	25
	Gaining weight	7	23.33	6	27.27	13	25
	Maintaining the weight	6	20	6	27.27	12	23.08
	Doing nothing about the weight issue	7	23.33	7	31.82	14	26.92

continued...

...continued Table 1

Table 1. Health assessment of the teenagers, based on gender categorization.

Had physical activities							
	No	16	55.17	13	59.09	29	56.86
	Yes	13	44.83	9	40.91	22	43.14
Consumed less calories							
	No	22	73.33	17	77.27	39	75
	Yes	8	26.67	5	22.73	13	25
Practices Fasting							
	No	26	86.67	21	95.45	47	90.38
	Yes	4	13.33	1	4.55	5	9.62
Takes a pill to lose weight							
	No	28	93.33	21	95.45	49	94.23
	Yes	2	6.67	1	4.55	3	5.77
Takes laxative to lose weight							
	No	29	96.67	21	95.45	50	96.15
	Yes	1	3.33	1	4.55	2	3.85

questionnaires shows a balanced distribution of participation between the female and male genders.

Unfortunately, violence is present in social and institutional relationships in society, regardless of social class, demographic space, gender and age¹³. Studies show that the main types of violence affecting adolescents are bullying, sexual violence and intra-familial violence¹⁴. In this study, 30.8% of students have already received some threat, 19.2% said they have already suffered some physical violence and about 6% reported having suffered violence from their partner. Given that early exposure to violence can bring consequences for a lifetime, such as damage to health and quality of life, violence against children and adolescents is seen as a global public health problem, making it essential to develop health and political interventions related to this theme¹⁵.

The adolescent period is marked by discoveries, self-awareness and identity construction, and so it is expected that many individuals have doubts and uncertainties about various topics, such as body changes and the beginning of their sexual life. In this context, the family and school play an essential role in talking and clarifying doubts about these topics, although it is not the reality for most young people, since our society still follows patriarchal and sexist patterns, in which boys are encouraged to start their sexual life early and be rational and aggressive, while girls are taught to be submissive and suppress their sexual desires, thus following the stereotype of being docile and whimsical^{9,12}. Proof of this is that in the sexual behaviour section of the questionnaire, when asked if the adolescent had already started sexual life, despite the percentage of first sexual experience being similar between the sexes, there were girls who wrote in front of the option phrases like "I was forced" or "it was against my

will", with 13.3% of girls marking that they have already been forced to have sexual relations.

Moreover, the lack of dialogue between the family/school and adolescents means that these individuals have their own experiences or those of friends as sources of information about sexual topics, which can contribute to exposure to risk factors, such as contracting STIs and early pregnancy, especially among girls, since often the sexual partner refuses to use a condom^{16,17}. The reflection of this is that 25% of students answered that they have never had guidance on STDs. Most of them, about 36.7% were men, while 20% of young people did not use a condom in their last sexual relationship, and of these, 30% were males, thus reinforcing the fact that often the man refuses to use a condom, either due to ignorance of the dangers that this practice can bring, or for his own pleasure, exposing him and his partner to sexually transmitted diseases.

Regarding mental health and mood, most young people declared having feelings of sadness, discouragement, and/or lack of hope (60.8%), as well as thoughts about suicide (34.6%), planning suicide (28.8%) or attempts of self-harm (15.4%), data supported by estimates from the WHO, which show suicide as the third leading cause of death among teenagers aged 15 to 19, and from the Ministry of Health, which revealed a 10% increase in adolescent mortality rates from suicide in Brazil from 2011 to 2017². The application of the questionnaires took place upon the return of in-person classes after the COVID-19 pandemic, which is a vital fact directly related to the worsening of the mental health in young people, as many reported symptoms such as anxiety, crying, sadness, and difficulty concentrating during school activities. Studies support these data, as social distancing increased the demand on teenagers to play more games online and use social networks, hence preventing a

higher interaction with classmates, and increased interaction with family members, which may have caused emotional insecurity among young people^{2,18}. In the adolescent phase, social relationships are essential for the process of individuation and in seeking references other than family members, a process that was greatly hindered during the social isolation phase of the pandemic^{2,18}.

Regarding the consumption of alcohol and other drugs, most declare having already tried alcoholic beverages (70.6%), cigarettes (42.3%), or weed (21.6%). This information, although alarming, given that the age group of the participants is between 15 to 22 years old, which is in line with the national average on the use of these substances, as evidenced by the National School Health Survey (PeNSE) 2019, carried out by the IBGE, showing that 63.2% of 9th grade students in elementary school have already tried alcohol¹⁹. The causes of early alcohol and substance use are mainly linked to the attempt to be well accepted and socialize within a group, as well as curiosity, fear of social stigmatization, and family problems²⁰. Moreover, alcohol consumption in adolescence is linked to involvement in risky practices, such as unprotected sex, a fact that is present, as 55% of the adolescents who responded the questionnaire stated they have had sexual relationships under the influence of alcohol or other drugs, which may increase exposure to STDs, such as HIV²¹. Thus, the use of alcohol and other drugs in adolescence is a public health problem in the country, highlighting the importance of addressing the issue within the school, as health education and knowledge allow the adolescent to develop a critical view about the use or not of these substances²².

Finally, despite 88.5% of teenagers rating their own health as good or excellent, 50% do not consider themselves at their ideal weight, 21.1% feel underweight, and 28.8% are overweight; of these, 21.1% are girls. Physical activity is an ally for those who are dissatisfied with their body image, as it can help reduce weight and improve self-esteem²³, and in this study conducted at E.E. Ouro Preto, 43.1% of students reported exercising to lose or not to gain weight. These results may be a reflection of a culture that worships the skinny body as a form of social acceptance^{23,24}. The beauty standard is primarily promoted on social media, widely used by teenagers, and leads them to resort to extreme measures to try to achieve the ideal body, such as using laxatives, diuretics, restrictive diets, and plastic surgeries²⁴; among students who answered the questionnaire, 25% ate fewer calories, 9.6% fasted, 5.8% took diet pills, and 3.8% took laxatives, all with the intention of avoiding weight gain.

CHALLENGES AND PERSPECTIVES

As previously mentioned, the questionnaire application phase was quite challenging, since it was a study with predominantly underage teenagers, the parents had to sign the TCLE and many times, this document did not reach the knowledge of the parents. Situations such as document loss, non-delivery to responsible parties, forgetfulness, among others, were observed. Furthermore, due to the fact that this

is a topic not often discussed in our society, some students chose not to answer the questionnaire for fear of being identified, even after the explanation by the researchers about the anonymous filling. For these reasons, the researchers believe that they have not reached the expected number of participants. After the research study experience the participants lived through in 2022, including the potential challenges of the study assessment process, it became easier to adopt measures that can increase the number of participants. In 2023, the project intends to continue from a larger scope of schools and students so that, in fact, the health profile of teenagers in the municipality of Ouro Preto can be understood, and thus eventually improved.

CONCLUSION

From the obtained data, it can be concluded that sexual education and early use of alcohol and other drugs are predominantly prevalent problems among the participating teenagers. Given this scenario, health interventions focused on these themes aim to prevent future harm.

AUTHORS' CONTRIBUTIONS:

We describe contributions to the papers using the taxonomy (CRediT) provide above: *Conceptualization, Investigation, Methodology, Visualization & Writing-review - editing*: EH de Lima; DFA Rocha; GFC Cabral; ÍE Machado. *Project administration and Supervision*: EH de Lima. *Writing-original draft*: DFA Rocha; GFC Cabral; PA Silva. *Validation & Software*: ÍE Machado. *Resources & Funding acquisition*: EH de Lima. *Data curation & Formal Analysis*: DFA Rocha; GFC Cabral; ÍE Machado. *All the authors read, discussed and approved the final version of the text*.

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