Seeking the meaning of reaching adolescence in a shelter institution

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RESEARCH

Buscando o significado do adolescer em uma instituição de abrigo

Seeking the meaning of reaching adolescence in a shelter institution

Buscando el significado de entrar en la adolescencia en una institución de refugio

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ABSTRACT

Objective: To reveal the meaning of reaching the adolescence in an shelter institution through the main reasons that led to this experience; to inquire about the representation of the family and care before the institutionalized living and to identify which are the life expectancies of adolescents for the future. **Method:** This was a descriptive, exploratory qualitative study, which used the focus group technique. The data were analyzed according to the Collective Subject Discourse. **Results:** The research revealed the following central ideas: 1) The private world of shelter institutions; 2) Representation of the family X care under the perspective of adolescents and 3) Perspectives, dreams and wishes for the future. **Conclusion:** There was the need for further discussions regarding adolescents´ experience with their difficulties in relation to the universe with which they are faced. **Descriptors:** Teenager, Care, Shelter.

RESUMO

Objetivo: Revelar o significado de adolescer em uma instituição de abrigo, mediante os principais motivos que levaram a essa experiência; averiguar acerca da representação da família e do cuidado diante do viver institucionalizado e identificar quais são as expectativas de vida dos adolescentes em relação ao futuro. **Método:** Trata-se de um estudo descritivo e exploratório com abordagem qualitativa, em que se utilizou a técnica de grupo focal. Os dados foram analisados conforme o Discurso do Sujeito Coletivo. **Resultados:** A pesquisa revelou as seguintes ideias centrais: 1) O mundo privado das instituições de abrigo; 2) Representação da família X cuidado sob o olhar dos adolescentes; e 3) Perspectivas, sonhos e desejos em relação ao futuro. **Conclusão:** Evidencia-se a necessidade de novos debates acerca da vivência dos adolescentes em frente das dificuldades em relação ao universo com o qual se defrontam. **Descritores:** Adolescente, Cuidador, Abrigo.

RESUMEN

Objetivo: Revelar el significado de entrar en la adolescencia en una institución de refugio mediante las principales razones que llevaron a esta experiencia, informarse acerca de la representación de la familia y el cuidado ante la vida institucionalizada e identificar cuáles son las expectativas de vida de los adolescentes en relación con el futuro. **Método:** Se realizó un estudio cualitativo exploratorio descriptivo , que utiliza la técnica de grupo focal. Los datos se analizaron de acuerdo con el Discurso del Sujeto Colectivo. **Resultados:** La investigación reveló las siguientes ideas centrales: 1) El mundo privado de las instituciones de refugio, 2) Representación de la atención de la familia X cuidado sobre la perspectiva de los adolescentes y 3) Las perspectivas, los sueños y deseos para el futuro. **Conclusión:** Se destaca la necesidad de discutir al respecto de su experiencia con las dificultades de los adolescentes en relación con el universo con el que se enfrentan. **Descriptores:** Adolescente, Cuidado, Refugio.

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INTRODUCTION

Family is considered a responsible institution to provide its children´s education and to influence children´s behavior in the social environment. Its role of development in each individual is of utmost importance, since from the family the moral and social values are transmitted being the base for socialization process, as well as traditions and customs perpetuation through generations.[1]

However, in contemporary society is observed that this institution is suffering several changes. The increasing number of abandonment, violence cases, maltreatment, family conflicts and sexual assautls earn every day, larger proportions. In this perspective, the Statute of Children and Adolescents (ECA) launched a new look and treatment to childhood and youth. To regulate the application of socio-educational measures and protection, there was the establishment of policies of different attendance. The protection measures outlined in ECA, hierarchically established, predict in case of omission, abuse or extreme impossibility to care their children in referral for foster families or to shelters, which are considered as one of the measures special protection under Article 101 of ECA.[2]

Therefore, it is good to reveal that shelter is the name given to institutions to accommodate and protect children in situations of personal and/or social risk, i.e., "violated or threatened in their basic rights, by action or State omission, lack, removal or abuse of parents/responsible, or by their behavior".[3]

An important condition to be made is about the use of the terms shelter, institution and institutionalization. The shelter word is relatively recent, because it was born with the beginning of the discussions and formulations of ECA (1980)[2]. The most used term before this period was "institution" for abandoned child, needy, with social risk. The shelter process of these children was called institutionalization.[3]

Shelter systems differ in the mode of care which two different modalities should be highlighted: Traditional Home and Shelter House. Shelters (traditional type) are institutions for children and adolescents in situations of personal or social risk, where they live and are cared by staff monitoring or teaching and are responsible for supplying the basic needs of food, hygiene, health, education, affection and organizing the daily routine of the children. The physical space is shared and its main characteristic is the high number of children per caregiver.[3]

The Shelter House is an organization system of institutions that house children in situations of personal or social risk or abandonment. The purpose of the structure is to ensure the child's right to basic needs of education, health, leisure and affection, through the replacement family living, called social family. The main characteristic that distinguishes the Shelter House from the Shelter is the organization, which aims create a familiar environment, seeking more emotional contact with figures of constant affection, as well as a smaller number, on average, ten children per caregiver.[3]

Regarding the host place, it plays an important social role, because it offers physical, material and psychological support to children and adolescents who have lost, temporarily or permanently parent´s protection. However, maintaining the measure of host for prolonged periods and sometimes indeterminate, leads to serious consequences in the development of the child or adolescent, the preservation of family bonds and integration into society, so it should be applied provisionally and exceptionally.

In this sense, the shelter is, above all, a crucial in the life of a child or adolescent, once their family universe is replaced by the institution that welcomes them and their ties of kinship, friendship and neighborhood are suspended and threatened. Links are exceedingly important in their lives, so the affect is essential. Then it is up to the entity under collaborate to reintegrate them with their families, besides acting aiming to transform the reality of the families who had sheltered their children.[2]

It is unknown how many children and adolescents are currently homeless. According to a research released in late 2004 by the Institute of Applied Economic Research (IPEA), about 20 thousand children are in 600 shelters maintained by the federal government. Given the complexity of why they are in shelters, it is impossible to specifically classify them.[4]

Adolescence, focus of this study, is the stage of life between childhood and adulthood, marked by a complex process of growth and biopsychosocial development. The World Health Organization categorized adolescence as the second decade of life (10 to 19 years old) and believes that youth is from 15 to 24 years old.[5] These adolescents are still classified as young adolescents (15 to 19 years old) and young adults (20 to 24 years old).[6] Contrasting these findings, ECA states that the adolescent is aged between 12 and 18 years old, while young is the term used to the person who is between 15 and 29 years old.

In this sense, it is necessary to highlight the aspects of how to live a complex stage of adolescence in a shelter institution, daily experiencing meaningful dark situations in the society. Therefore, it is seen this important issue to awaken the students and professionals in Nursing and healthcare as a whole, to know the world of private institutions and promote further discussions about rights, policies and coping strategies, promoting a differentiated and good quality care and improve the lives of these individuals. It is necessary to emphasize that currently, the research related to the theme mentioned are still incipient in regard to health care nationwide. This justifies the relevance of this research, with the following questions: What is the meaning of adolescence for individuals housed in an institution? What are the main reasons that led them to this experience? Which is the representation of family and care in the institutionalized living? Is there a perceptive future for these adolescents?

With this exposed problem, the aim of this article is to reveal the meaning of adolescence, in an institution of shelter by the main reasons that led to this experience; to inquire about the representation of the family and care before the institutionalized living and to identify which are the life expectancies of adolescents in the future.

METHOD

This is a descriptive, exploratory and qualitative study. For data collection was employed the focus group technique. Regarding the conceptual aspects, the technique is an informal discussion group, of reduced size, with the purpose of obtaining deepen information to reveal the participants' perceptions about the topics discussed.[7] Thus, it is started from the assumption that this group activity results in more diversity, with more information and greater detail.

The study was conducted at a shelter institution of reference in the city of João Pessoa, Paraíba (PB), which receives children and adolescents since 2006, within the Welcome Programme of the Secretary of Social Development. The choice of the place was due to the high concentration of the target population and the sustainability of the research.

As for the population, the research involved eighteen institutionalized adolescents in the period of November 2013. The sample consisted of accessibility or convenience, and their training was adopted by the following inclusion criteria: adolescents with chronological limits according to WHO (10 to 19 years old) with cognitive ability to participate and availability for meetings. Thus, the sample was composed of seven participants.

Data were collected through focus group technique in private pre-selected room, ensuring privacy, comfort and safety. An interview script containing the data about participants and guiding questions that addressed the study objectives were used. To facilitate this step, a diary and a tape recorder were also used. Therefore, data collection was done in five meetings, described below.

In the first and second meetings were held dynamic presentation and interaction with the group, with games to stimulate the presentation and interaction with the focus group through playing, in order to promote relaxation among all participants and researchers forming bonds. At the end of the second meeting, the research project was presented, focused on objectives.

In the third, fourth and fifth meetings, a schedule of activities on issues related to the scope of the study was prepared, under modification according to the development of activities and events of interest to the group. The topics during the meetings were institutionalized living, reasons for institutionalization, family, care and future perspective.

After each session, the authors have read the notes, transcribed the recordings and developed analysis tools of the Collective Subject Discourse, to follow the steps of operation - grouping of individual speeches related to each question/topic; selection of key expressions - excerpts from the material that best describes their content, identifying the central ideas - synthetic formulas that describe the senses of the discourse. Then, by grouping key expressions, whose central ideas presented complementary or similar sense, elaborated The Collective Subject Discourse (CSD).[8]

It should be noted that the researcher followed the legal and ethical aspects of of the human beings in the research, recommended by Resolution 466/12 of the National Health

Council, the ethical principle of autonomy, especially the Term of Free and Informed Consent, essential to the development of the research activities with human beings, considering their privacy, dignity and defense of their vulnerability. It is important to highlight that the research was approved by the Ethics Committee in Research, of the Medical Sciences University of Paraíba (CEP/FCMPB). under protocol No. 459 071/2013.

RESULTS E DISCUSSION

Regarding the characterization of the sample, it was observed that of the seven adolescents, one (15%) was male, and six (85%) female, with ages ranging between 11 and 13 years old. The adolescents were under full regime in the shelter, living from five months to four years, all attending the 5th to 7th grade of elementary school. Some of them also performed extra activities, such as foreign language course (three participants) and computer classes (two participants).

It should be noted that most adolescents in the institution have biological parents or a family member who for different reasons and circumstances, were unable, either financial or moral, to live with them.

Collective Subject Discourse

Based on answers extracted of the script in data collection, it was possible to identify the following central ideas and key expressions of the participants´discussions: "The private world of shelter institutions", "Representation of the family X care under the perspective of adolescents", "Perspectives, dreams and wishes for the future". From the central ideas, fragments of the responses were grouped together, which enabled the elaboration of CSD, shown below.

TABLE 1 – Central Idea 1 of participants´CSD

Question 1- What is the meaning of living institutionalized through the main reasons for institutionalization?
CENTRAL IDEA 1
The private world of shelter institutions
COLLECTIVE SUBJECT DISCOURSE 1
[...] I just came here because my father smoked marijuana and my mother died [...]; My stepfather beat my brother; [...] My father beat us since we were very small, I always lived in shelters [...]; [...] We came here because he lived with a woman and she was not able to take care of us, [...] we wanted here not to be so controlled. Because, look, here it seems like a prison, 3 gates, one here, one there and one there [...]; I just wanted to go somewhere; [...] It is bad, you can not see friends, or they can´t come here, they have to communicate the coordinator; [...] I am happy, but not too much, I won´t lie; [...] we are here, this is not happiness; is the happiness of the moment; [...] Everyone here wants to be 18 to go away; I wanted to be free [...].

TABLE 2 – Central Idea 2 of participant´s CSD

Question 2 – Which is the representation of family and care in the institutionalized living?
CENTRAL IDEA 2
Representation of the family X care under the perspective of adolescents
COLLECTIVE SUBJECT DISCOURSE 2
[...] The family is represented by the father and mother, the feelings of longing; brotherhood; affection; [...] I miss the care of mother and father [...]; I love my mother a lot and she is the most important person to me; My father is gone; I do not see him anymore [...]; [...] We have no contact with our father, it's been two years [..]; I do not even know where my father or my mother are [...]; I do not want contact with my father, I do not like him [...]; our caregiver is the coordinator; she's really nice, she takes good care of us [...]; I'm careful not to ge bad grades; take care of myself, I have a shower and put on some perfume; [...] I take care of my brother; and my sister [...].

TABLE 3 – Central idea 3 of participants´CSD

Question 3 – Which are the expectancies and feelings for the future?
CENTRAL IDEA 3
Perspectives, dreams and wishes for the future
COLLECTIVE SUBJECT DISCOURSE 3
[...] A will to grow in life; [...] Do dentistry university, [...] to be a doctor, [...] psychiatrist; [...] Veterinary; [...] Actress; [...] Architect, but I can not draw; [...] Make a lot of money, be rich [...]; to get out of here; but when I have a job, a university, I am sorry for being stuck here! It's bad; [...] I wanted to be a butterfly; [...] an eagle; [...] A bird to be free, to fly; [...] My hope is to find my father; and my mother; [...] I wanted to take my father's from the wrong world [...].

The private world of shelter institutions

The first speech make us to reflect, from the adolescents concepts, about the meaning of institutionalized living and the main reasons that led them to institutionalization. When asked about this issue, adolescents showed at first a little shy in telling their life history outside and inside the shelter, due to strong and traumatic events. However, the experience of the group allowed the life sharing less striking by the similarity of their reasons that led to the shelter, the scenario of living in common and for having some of the participants with degree of consanguinity (brothers), establishing a strong bond between them as well as the friendships built in the study group.

According to reports in the CSD 1, it is evident that the main reasons that led to the institutionalization and the factors preventing their return to families are: drugs, abandonment, loss of bond, lack of financial conditions and domestic violence. With

complexity of why they are in the shelter, it is impossible to classify in a specific way, that is why we used the classification performed by the IPEA research, which states that, in most cases, which leads children and adolescents to institutions are cases of: abandonment of parents or responsible, domestic violence (physical abuse and/or psychological practiced by parents), alcoholism, living on the streets, sexual assault, behavioral problems, among others.[4]

It is worth noting that involuntary separation from parents and exposure to exploitation, violence and abuse, both within and outside of their own home, are justifications for long-stay children and adolescents in open or closed institutions such as shelters, orphanages and boarding. According to a research,[9] early or prolonged institutionalization of children can cause intense and perhaps irreversible emotional sequels.

It is important to highlight these sequels are resulting most cases, from the aggression before the institutionalization process and the long period of stay, as shown in the following speech: "My father beat us since we were very small, I always lived in avshelter." According to researchers, the household is privileged for the occurrence of most violent events that affect children and adolescents,[10] and this fact occurs when adults lose the notion of limits and family values and exposes children to violence.[11]

Thus, children and adolescents are among the most vulnerable population segments suffering the violation of their rights, directly and indirectly affecting their physical, mental and health emocional.[12] ECA (Law No. 8069, 1990) provides full protection of children and adolescents, recommending that they will not be subject to any form of negligence, discrimination, exploitation, violence, cruelty and oppression.

With regard to institutionalized living, it is observed in the speeches of adolescents, the wish for freedom as a relevant and obvious factor, as in this example: "I wanted to be free [...]; I wanted to go somewhere alone [...]; everybody here wants to be 18 to go away [...]." According to Article 101, the shelter is defined as a "temporary and exceptional measure, used as transition to placement in a foster family, not involving deprivation of liberty." Thus, the role of the institution during the period of stay, is to do a systematic protection, reintegration with the family or a relative, assisting with preparation programs for institutional disconnection upon reaching adulthood, helping to inclusion in society in the labor market and opportunities that can contribute to a satisfying adult life.

However, at the time the child and the adolescent are institutionalized, such a range of protection is merely a simplified, standardized, massed treatment limits and segregates the family and the community. There is a collectivization of their lives without an individualized look. Their qualities and limitations are sometimes reduced and treated as abandoned children and adolescents.[13]

When institutionalized, they followed a pre-established routine and are private to develop their potential as individuals. What it is seen is a number, a collectivity (the institution does not offer conditions for a child or adolescent to develop his personality, his individuality) who dispute the same space and people's attention. Children and adolescents are deprived of their subjective space, living in a reality of "family" artificial and emotionally needy, helpless regarding the security of feeling loved.[13]

Thus, the subjects residing in the institution come from a world full of hardship; passing the precariousness of collective housing, lack of leisure facilities, weakness in health

care, among other factors. The desired freedom, not infrequently, is related to the routine that follows the rules (time to wake up, watch TV, collective rooms), so they deserve, among many limitations that are submitted, a special attention from professionals who welcome them, because they are undergoing a complex transition of their life cycle.

Representation of the family X care under the perspective of adolescents

The CSD 2 expresses feelings and expressions on the representation of the family and care for institutionalized adolescents. The feelings they report about the family are distinguished by their speeches, in a mix of nostalgia, curiosity to know where are the father and mother and of revolt.

According to Arruda,[14] everyday shelter is permeated with stories, events, wishes and requests, which make all the individuals who live there to deal with situations that can be nice or not and with facts of their own life stories.

According to participants, "[...] *the family is represented by the father and mother, the feelings of longing; brotherhood; affection [...]".* Together with these findings, a research showed that there are an big amount of feelings unveiled by adolescents to reflect on their family, showing an understanding that is what they expect from the family imbued with hope that will enable the grow/develop and mature in a healthy way.[15]

The speeches also reveal feelings of sadness and anger, like this: *"I do not want contact with my father, I do not like him"* In this context, conflicts and frustrations trigger a variety of emotional disorders. Thus, it can be seen that emotional experiences an extremely important referring to monitor the development process of these adolescents.

The participants' reports also acquire other connotations, when we focus on the relationship with the mother. In the speech: *"I love my mother a lot and she is the most important person to me",* it is observed the enhancement of the maternal figure who according to the research, is a little more active and autonomous, both in her personal life and social, and more available to respond to the physical and emotional needs of children and adolescents.[16]

During the period of data collection, one of the participants who spoke affectionately of his mother faced the ultimate separation from their mothers' due to a process of illness and death. The moment of speaking about the family was delicated with her participation, which, with his brothers, she was very sad. But in the group, coping strategies were discussed to begin to learn dealing with the loss of a family member and live better the mourning period.

It is evident, therefore, that the family plays a prominent role in the development of its members. Incumbency is strengthened in relation to adolescents, since this phase is understood as a process of transition marked by great biological and behavioral changes.[17]

Regarding the care representation, the responsible institution appears significantly in the reports: *"Who takes care of us is the coordinator; she's really nice, she takes good care of us."* Among adolescents and caregivers responsible, there is a trust relationship that allows them to feel safe to talk about the life stories or any kind of subject. Acting in an institution of shelter requires professionals a distinctive view at population, since, through their care, there are established a strong emotional and humanized bond.[18]

It is noteworthy that institutionalized young people need establishing affective relationships with caregivers and need them to be structured as subjects, after all, they are

who listen to them and understand them; who care for them, meeting their needs as possible, giving them love, affection, provide them with safe opportunities to explore and experience the world around them, requisite for proper growth and development.[19]

Observing the adolescents´speeches, they appear quite involved in care related the studies: *"I´m careful not take bad grades."* The participating institution of the study offers educational support and extra activities such as computer courses and foreign language, providing young people with opportunities for a skilled future. Thus, it is expected that schools are safe and healthy environments where children and adolescents can develop to the fullest their intellectual and social potential.[20]

However, it should be noted, however that there is a restricted representation concerning care abbreviating his own care (studies and hygiene) and their relatives (brothers). The conceptual aspects of care vary in their use and depend on context and its use. However, it relates to the concept of responsibility and confidence.[21] Caring involves more than a compassionate social practice, or work within the institutionalized health care, it is an attitude, a way of being, the likeness of a virtue is sought, and not simply a social role that performs.[22]

The care promises to be "full" and "humanized" attention by making subjects appear where before they were just objects; to promote dialogue where before there was only directed monologues, to integrate into wholes of meaning which was scattered in fragments goals.[23] In this context, it is of paramount importance to provide differentiated and qualified care to this vulnerable population, in order to become active subjects in the care process.

Perspectives, dreams and wishes for the future

Regarding the CSD 3, there are prospects of a promising future for all reports: *"Willing to grow in life."* The participants want to continue studying, attending higher education institution and leave only when their lives are organized where they can afford to sustain themselves. The statements contradict the results of the study by Gomes,[24] in which no young man who was institutionalized recognized the intent or practice of elaborating a personal and professional project.

Thus, despite some complaints, the adolescents have not let their dreams, projects, wishes and hopes. Each one, with their unique and pure way, translate their feelings in a safe and certain way. However, although there is a tendency to characterize adolescence as a time of difficulty, the need to consider that this is also a time of intense exploration and discovery of multiple opportunities are being studied.[25]

Besides the whish to be qualified professionals, participants attributed the feeling of hope to the desire to meet the father or mother who do not see for some time: *"My hope is to find my father; and my mother."* Even before the situations faced as neglect and violence, adolescents intensely desire to meet their family of origin and live with it. Therefore, it is extremely important that the responsible members of the shelters and those involved in the care of this population know the reality and always reflect on strategies, promoting periodic visits from parents or any family member for the benefit of the adolescent.

Further reports emerged reaffirming the desire for freedom: *"I am saddened by being stuck in here! It's bad; [...] I wanted to be a butterfly; [...] an eagle; [...] A bird to be free to fly."* Feelings like these can usually be involved with the lack of contact with family members and society, and with this, young people are transition to awaken to another reality.

In accordance with Article 19 of ECA, the permanence of the adolescent in residential care program should not exceed more than two years, "unless proven need that suits his best interests, duly substantiated by the judicial authority." The period of stay of adolescents involved in the study is five months to four years, however, despite a labor reinsertion of the institution in the social environment, in which the responsible do different activities (walks, cinema, beach) to become the day most interesting to young people, there is still some dissatisfaction in their permanence.

Given the above, it is essential to maintain the feeling of hope, to be encouraged by everyone around them, it is what can propel them and encourage them to strive for their dreams and their rights, so they are worthy and honorable citizens and play their role in the society.

CONCLUSION

The development of the study enabled to investigate the reality shelter institutions and the lives of adolescents living the institutional environment. This is a topic still little known and discussed in context of society and the Academy, where there is a negligible quantity of related studies thematic nationally.

Through CSD1, the study showed how is the process of adolescence in the institution, through the narratives of adolescents, their stories and life experiences that led them to be at the research place. Among the main reasons for institutionalization, there were: the drugs, abandonment, loss of bond, lack of financial conditions and domestic violence. Another important aspect highlighted in this work was the strong desire of freedom related to the world full of deprivations experienced by adolescents.

Regarding the CSD2, it was identified the meaning of family and care from their perspective. However, even having experienced situations of family neglect, violence, drug use, some adolescents feel the lack of father and mother and idealize a family with love, care and protection; others had opposite feelings of anger and sometimes affection. Regarding the significance of care, it was found that there was a restricted representation, relating to the care provided by the coordinator, with their care studies, take care of themselves and their families.

The CSD3 expressed that despite the adversities experienced by adolescents, they managed to overcome their stories and are expected to fulfill their dreams, after leaving the institution, achieving assign other meanings to their life and allowing them to plan a future with professional achievements after getting the awaited freedom.

It should be emphasized that being in touch with adolescents, allowed us to live a new experience, whose learning is taken for the whole vocational training and family relationships. The research aims to contribute to promote reflection on the context of shelter, because it is necessary the view of the services and the professionals responsible for the policies of protection, care, humanization and care so that they can adequately sustain the population that is promoting their healthy and satisfactory reintegration into society. Thus, this work

needs to continue, given the difficulties in relation to the universe in which we are faced and the feelings that arise from contact with reality.

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