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INTEGRATIVE REVIEW OF THE LITERATURE

Estratégias pedagógicas para educação em saúde com adolescentes: uma revisão integrativa

Educational strategies for health education with teens: a review integrative

Estrategias educativas para la educación para la salud con adolescentes: un integrador de revisión

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ABSTRACT

Objective: identifying the strategies used in health education with teenagers. **Method:** an integrative review in databases ADOLEC, SciELO and LILACS, through the descriptors, adolescent, education in health and teaching. The search was conducted in June 2013 and found 296 articles. The final sample consisted of 18 articles. **Results:** for characterization of the selected studies there was used a specific instrument for data collection validated. The results were presented in a descriptive way, in three stages. The first was the description of the publications identification data. In the second methodological characteristics were evaluated. And the third phase is to organize content; we opted for the qualitative analysis, systematizing this content in three thematic categories. **Conclusion:** the identification and interpretation of selected studies made it possible to build a panoramic view of the strategies used in health education to adolescents. **Descriptors:** Education in health, Adolescent, Nursing.

RESUMO

Objetivo: identificar as estratégias utilizadas na educação em saúde com os adolescentes. **Método:** revisão integrativa nas bases de dados ADOLEC, SCIELO e LILACS, por meio dos descritores adolescente, educação em saúde e ensino. A busca foi realizada no mês de junho de 2013, e foram encontrados 296 artigos. A amostra final foi composta por 18 artigos. **Resultados:** Para caracterização dos estudos selecionados foi utilizado um instrumento específico de coleta de dados validado. Os resultados foram apresentados de forma descritiva, em três etapas. A primeira constituiu da descrição dos dados de identificação das publicações. Na segunda foram avaliadas as características metodológicas. E, na terceira etapa, para organização do conteúdo, optou-se pela análise qualitativa, sistematizando esse conteúdo em três categorias temáticas. **Conclusão:** A identificação e a interpretação dos estudos selecionados possibilitou construir uma visão panorâmica sobre as estratégias utilizadas na educação em saúde com adolescentes. **Descritores:** Educação em saúde, Adolescente, Enfermagem.

RESUMEN

Objetivo: identificar las estrategias utilizadas en la educación en salud con adolescentes. **Método:** una revisión integradora en bases de datos ADOLEC, SciELO y LILACS, a través de los descriptores adolescente, educación en salud y educación. La búsqueda se realizó en junio de 2013 y encontró 296 artículos. La muestra final estuvo compuesta por 18 artículos. **Resultados:** para la caracterización de los estudios seleccionados se utilizó una herramienta específica para la recogida de datos validados. Los resultados se presentan de manera descriptiva en tres pasos. El primero fue la descripción de los datos de identificación de las publicaciones. En el segundo fueron evaluadas las características metodológicas. Y en el tercer paso a la organizar el contenido, se optó por el análisis cualitativo, la sistematización de este contenido en tres categorías temáticas. **Conclusión:** identificación e interpretación de los estudios seleccionados hicieron posible la construcción de una vista panorámica de las estrategias utilizadas en la educación sanitaria de los adolescentes. **Descriptor:** Educación en salud, Adolescente, Enfermería.

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INTRODUCTION

Adolescence is a socio-cultural category, constructed from multiple criteria ranging from the biopsychosocial dimension to chronological.¹ It is a crucial stage in the development of the individual that marks not only the acquisition of definitive body image as well as the final structuring of the personality.²

It considers that it is associated with the notion of irresponsibility, a social problem that deserves attention of public services. The vulnerability approach is strongly associated with adolescent, particularly with expressions such as pregnancy risk, probability of contracting sexually transmitted diseases (STD), risk for illicit drug use, risk of death from violence and other situations between.³

In this context, there is the health education as a playing field that is concerned with the improvement of living conditions and health of populations, meaning an important aspect of prevention, for both, this is harnessed to learning, creating opportunity to the human being to think and rethink of his culture, and it can transform reality itself. Therefore, this field has the following objectives: to develop in people a sense of responsibility for his own health and the health of the community to which he belongs and the ability to participate in community life in a constructive way.⁴

Health education is consistent with Freire's philosophy in which it is revealed that the liberating education is opposed to the pedagogy of the oppressed, focusing on the act of overcoming the tax content that educate a false knowledge. The problem-based education is the sharing between educator and student, and is that these two guys grow together, through thoughtful acts for the constant unveiling of reality.⁵

In this sense, the teenager, from the moment that arises as an active subject in this process, becomes multiplier, ensuring the joint construction of knowledge. Thus, it is expected that the knowledge built on these subjects continue to be built with the community, which could have an important social impact.⁶

Educational practices should be based on the use of recreational resources that symbolize or represent the same subject, stimulating thus establishing healthy habits in school (children and adolescents). The recreational health education activities should be free and encourage curiosity and creativity of each particular age group, presenting a fun and interesting way.⁷

These activities, to be held in schools must be culturally relevant and that can be developed with the use of low financial resources; simple and easy to use, to be retained after the intervention period and aiming to be adopted by other schools.⁸

In the literature on education and health, it has pointed out that the theoretical and methodological advances in it have not translated into educational practices implemented in which are still used traditional methods and theoretical models strategies.⁹

In this respect, transform educational proposals on innovative teaching practices that encourage changes in the reality of the subject, it is a challenging task for all professionals, whether in formal or non-formal education system because not enough just changes in curriculum framework. The fragmentation of scientific knowledge in the health field makes teaching filled with unrelated content, reduced to isolated concepts, most often meaningless to the learner. Another challenging aspect is to define which content is relevant to assist the subject in the (re) construction of larger and appropriate health concepts.¹⁰

The nurse is in school, a privileged setting of care, so the inclusion of nursing is necessary in this environment to be a cause for reflection-action on this theme through a liberating education and emancipatory practices, in which the subject is active in search appropriate lifestyle habits.²

Research on material evaluation and educational strategies in health have increased as well as theoretical reflections on the trends that influence them. They are attempts to produce results that guide professionals in the development of innovative educational activities with the intention to overcome hegemonic discursive postures. There is a significant amount of produced technological resources (videos, booklets, brochures pamphlets, posters, games) and incorporated into educational activities.¹⁰

Considering the various options used with a focus on health education, this study was guiding question: What are the strategies used in health education with teenagers? To this end, we investigated the scientific literature on the subject in order to identify the strategies used in health education with teenagers.

METHOD

This is an integrative review, type of research that seeks to show by rigorous methods and predefined protocols a research synthesis available on a particular theme.¹¹ Complementary revisions include various data sources that reinforce a better understanding of a particular topic of interest and can subsequently influence on initiatives to evidence-based practice (EBP) for nursing.¹²

To this end, the six steps outlined for the composition of the integrative review were adopted: 1) issue identification and selection of the research question, 2) establishing criteria for inclusion and exclusion of studies, 3) definition of the information to be extracted from studies selected and characterization, 4) evaluation of studies included, 5) interpretation of results and 6) presentation of the review/synthesis of knowledge.¹³

The databases that were selected referred to national and international coverage on the subject. The ADOLEC base as a network source of scientific information on health of adolescents and youth; the SCIELO to be a base covering Latin America; and LILACS for cover scientific literature of Latin America and the Caribbean.

The search for evidences was made from the integration of descriptors (DeCS/MeSH) with the combination of Boolean operated: (Adolescent OR Teenage OR Adolescents) AND ("Health Education" OR "Educación en Salud" OR "Health Education") AND (Teaching OR Enseñanza OR Teaching OR "Educational Technology").

As inclusion criteria of articles were defined: the articles on the subject with the full text and available on the Internet; articles in Portuguese, English and Spanish, published between January 2003 and December 2012. It was used as exclusion criteria: monographs, dissertations, theses, and abstracts in conference proceedings, articles that dealt with the topic higher education, literature review articles and duplicate articles.

The search was conducted in June 2013, the three bases concurrently. 296 articles were found, 89 in ADOLEC database, 07 in SCIELO and 200 in the LILACS database. The selection of items took place at first by reading the titles and abstracts. After refinement, the articles included in this step 18 switched to the second phase, in which read the entire article was performed. In both steps the inclusion and exclusion criteria were used. The final sample consisted of 18 articles.

For characterization of the selected studies was used a specific tool for data collection validated¹⁴ and adapted containing items such as title of publication, title of the journal, authors, fields, year of publication, language, design, objectives, results, conclusion, level evidence, among others.

The results were presented in a descriptive way, in three stages. The first stage was the description of the publications identification data. In the second it assessed the methodological characteristics, according to the study design and classification of the level of evidence.¹⁵ And the third step, to organize the vast content present in the selected articles, opted for the qualitative analysis, systematizing this content in three thematic categories (1 - "How to" see a good teaching strategy 2 - "What" are these strategies 3 - what are these strategies?)

RESULTS AND DISCUSSION

The sample of this integrative review totaled 18 items (Table 1) of which 10 were found only in LILACS database, second only in ADOLEC base 6 at the base LILACS and ADOLEC, and none in SCIELO base.

As regards publishing, 14 articles were located in national journals, and 4 in international journals, 2 from Cuba, one from Argentina and one from Venezuela. Regarding the type of scientific journal, five studies were nursing publications, 2 of nutrition, physical education 1, 1 medical education and 9 other areas of health. The Portuguese language was predominant in 14 publications and Spanish in four.

Regarding the year of publication of the eighteen articles, it became clear that 2012 and 2010 were years of greater publication of the thematic with 4 articles each, following 3 articles in 2009, 2 in 2004 and the other years, with only one article.

Concerning the professional category's lead author, 9 studies were conducted by nurses, three doctors, two nutritionists, physical educator 1 and 3 studies did not reveal the professional category, only the linking of the author.

Regarding the design of the studies, the qualitative stood out, present in 11 articles, qualitative/quantitative approach was present in one article, quasi-experimental studies were present in 4 publications, 1 item was under experience reporting format and only 1 item used a quantitative approach. Thus there were 13 publications evidence level 4, level 3 and 4; 1 level 5, indicating that this integrative review studies have inserted medium/ weak evidence.

There was identified in the articles the choice of the best strategy used in health education to adolescents, should be associated with the choice: a) content, b) the best scenario to work thematic, c) choice of actors involved in the process and d) the support of such strategies in a theoretical framework.

Regarding the content covered in the articles, they emphasized the theme of sexuality, present in 5 articles, STD/HIV/AIDS were addressed in three articles, food and nutrition education also present in two studies, and other studies presented a theme of each 1 Alcohol and tobacco; 1 breast self-examination; 1 Physical activity and eating habits; 1 TB; 1 Oral Health; Dengue 1; 1 Hypertension; and 1 Health and Environment.

Of the eighteen analyzed studies there were identified that in 16 studies, the chosen scenario was the school, and the other two articles, health education took place in a museum and city hall building. Regarding the actors involved in this process, and adolescents and formal educators who were cited in all the articles in 14 studies, the need to form partnerships between the family and also with health professionals was identified, and the importance of integration of university, school, community and health centers.

Regarding the theoretical framework, only 7 studies make mention and incorporate the theoretical pole in its depth and throw in their discussions the theories of some

philosophers, the most cited Paulo Freire present in 4 studies, 1 article adopts the framework of Jean Piaget, 1 article is based on the Theory of Meaningful Learning, and 1 item follows the constructivist approach.

The strategies identified were classified as: 1) educational workshops present in 12 studies, 2) educational visits reported in two articles, 3) artistic production also present in 3 research, and only in one single article could not identify a specific type of strategy only a participatory educational intervention was made. It is noteworthy that in these strategies employed, it was possible to identify the types generally used in some articles and other more specific types. This distinction can be seen in Table 2.

Table 1. Characterization of the publications, according to the study's title and journal, authors and year of publication. Maceio-AL, 2013.

Nº	Title of the study	Title of the Journal	Authors	Year
01	Autonomy of the care: Emotional-Sexual Interaction with Teenagers in PET Health	Brazilian Journal of Medical Education	Baumfeldl TS, et al	2012
02	Visit to the Health Unit for: Educational Strategy for School Membership Program of Reproductive Planning	Brazilian Journal of Health Sciences	Melo MA, et al	2012
03	Breast self-examination workshop: a strategy for the self-knowledge of teenagers	Acta Paulista of Nursing	Grego MC, et al	2011
04	Workshops on sexuality in adolescence: revealing voices, unveiling high school students looks	Anna Nery School Journal of Nursing	Soares SM, et al	2008
05	Nutrition education program in elementary school of countryside	Journal of Nutrition	Boog MCF	2010
06	Cooking in the promotion of healthy eating: designing and testing an education model directed to adolescents and professionals from the health and education networks	Journal of Nutrition	Castro IRR, et al	2007
07	Oral health education instruction in Primary School "Lidia Doce Sánchez"	Medisan	Mafrán, MIC, et al	2010
08	Effects of an intervention program on the physical activity level of adolescents from public schools in a low socioeconomic region: description of the methods used	Brazilian Journal of Physical Activity and Health	Ribeiro EH, Florindo AA.	2010
09	Educational technologies in the school context: health education strategy in public school in Fortaleza-CE	Nursing Electronic Journal	Gubert FA, et al	2009
10	Health education about HIV / AIDS with adolescents from a public school using educational technology as a tool	DST - Brazilian Journal of STDs	Camilo VM, et al	2009
11	HIV educational intervention with teens Military School "Camilo Cienfuegos" of Arroyo Arenas	Cuban Journal Tropical Medicine	Lugo C, et al	2012
12	Dynamics of creativity and sensitivity in alcohol and tobacco approach with teenagers	Nursing Journal UERJ	Lopes GT, et al	2012
13	The contribution of a science museum in conceptions of training on health of young visitors	Interface: communication, health, education	Rocha V, et al	2010
14	Health education in schools in Argentina: an art contest as a motivating activity	Pan American Journal of Public Health	Darnaudy R, Dato MI	2009
15	Educational workshops on blood pressure: a quasi-experimental study	Online brazilian journal of nursing (Online)	Moreira RP, et al	2005

16	Health education: a transforming experience	Brazilian Journal of Nursing	Oliveira HM, Gonçalves, MJF	2004
17	Use of condoms by young people: evaluation of the sequence of procedures	Acta Paulista of Nursing	Silva CV, et al.	2004
18	A game as an educational strategy for the control of <i>Aedes aegypti</i> in Venezuelan schoolchildren	Pan American Journal of Public Health	Vivas E, Guevara de Sequeda M.	2003

Source: integrative literature review conducted by the researcher.

Table 2. Distribution and classification of the types of teaching and learning strategies identified in publications. Maceio-AL, 2013.

Classification of Strategies Used	Types of Strategies
1. Educational Workshops	1.1 Games and dynamics in general; 1.2 Culinary; 1.3 Self-examination of the breasts; 1.4 Creativity dynamics; 1.5 Film.
2. Educational Visits	2.1 Visit to a science museum; 2.2 Visit to a health care unit.
3. Artistic Productions	3.1 Art contest; 3.2 Making model; 3.3 Dramaturgy.

Source: integrative literature review conducted by the researcher.

To elect a learning strategy focusing on health education to be worked with teenagers, it realized that it is worth to reflect and ask yourself, "how to" see a good teaching strategy? Are there pillars that can be used to mark out this strategy? By setting these criteria, was it necessary to question about "what" are these strategies? In this question is it necessary to elucidate the conceptual level, the types that stood out explicitly and implicitly in the analyzed publications. Finally, ask yourself, "to" serve those strategies? What are the theoretical and practical contributions of these strategies?

In this sense the review left these subsequent questions, ie, after reading and rereading the material analyzed to create systematically three categories which will be elucidated below.

"How to" see a good teaching strategy?

The first analyzed pillar is the establishment of the content to be worked, which must take place through active listening adolescents, this because to achieve the goal of education for health, the topic should be interesting and the choice must be made with the process protagonists, namely teenagers.

In the articles analyzed, there are those who do the so-called 'initial diagnosis' or survey needs of adolescents. The strategy that initially takes place in various ways, through visits and informal conversations³⁻⁴, distribution boxes for teenagers to put questions related

to health^{2,6} or use of dynamics, such as using the technique of 'ball of wool', in which the ball of yarn is played for each student and they respond they would like to learn.¹⁶

It is worth noting that in some thematic studies appeared based on epidemiological data or cross-sectional surveys. The study by Smith and colleagues report that due to the high prevalence of teenage pregnancies in a given municipality did the idea of conducting educational workshops on sexuality¹⁷; another study took into account the high estimate of new cases of breast cancer.¹⁸ Some studies following the proposal of an intervention program are also based on indexes and cross-sectional surveys to propose an intervention without capturing the perceptions of adolescents.¹⁹⁻²¹

According to the precepts of completeness, it should be expanded capture the real needs of the subject and ability to adapt to.²² Emerson Merhy life contexts, in his text about losing the dimension of care in health, reveals that any technological resources should be focused on live work and the lightweight technology should produce an ongoing commitment to the task of hosting, blame, solve and empower.²³

The second pillar is to set the stage for implementing the strategies. In most publications, the above scenario is the school because it involves the immediate capture of adolescents, and enables multidisciplinary interventions focusing on health education, since it is considered the center of formal education.^{20,24,25}

However, it is evident that the ideal scenario is one that most suits the theme, desires of the subjects, and will provide greater theoretical and practical understanding. The study of Silva and Araujo confirms that analysis and says that innovative change scenarios more value, since the aim is to provide opportunities for adolescents to make decisions about their own health with autonomy.²⁶

Among the other found scenarios highlights the use of the museum, considered as a science communication space and can contribute in different ways for health¹⁰ education and can also be a health unit³ or even another scenario not cited in these publications.

The third pillar is the search for partnerships, namely integration among adolescents, formal educators, and family and health professionals. The articles make explicit that the effectiveness of a health education strategy depends on the interaction and exchange of knowledge with the local community in a horizontal manner either through formal education or not.^{6,21,24,27}

Gubert and colleagues state that these educational activities is required discussion with the family, because it plays a fundamental role in shaping the healthy individual.² Among health professionals, nurses are highlighted in some studies as a professional whose role in primary prevention is aimed at health education^{2,18} and has room to act in this field, due to the vulnerability that is pressing adolescents.²⁴

The fourth pillar which can be considered decisive in these types of strategies is the search for a theoretical framework to guide the work of both the educators, as the students, it theoretically guide and methodologically a strategy, generating a better level of depth, quality and reliability in results.^{2,6,7,10,21,24,27,28} As an example to justify the use of a game²¹, one of the studies, state that such a strategy is based on a constructivist approach, as well as in the study²⁴ Lopes and collaborators, who use the assumptions of the sensitive creative method that incorporates Freire's philosophy.

"What" are these strategies?

In general, it was identified in the articles analyzed that there are three general classifications with their respective subcategories (Table 2), are the educational workshops; educational visits and artistic productions. So, for a better understanding of what these strategies have listed their goals as well as exemplifications used in practice.

Educational workshops and its subtypes (games and dynamics in general, cooking workshop, self-examination workshop breast, dynamic creativity and movies) is intended to provide a critical reflection on the chosen theme as well to (self) knowledge, skill development and more proactive attitudes, and stimulate sensitivity, perception and logical reasoning.

This perspective is associated with Freire's concepts of what is to be critical, and you can understand that such strategies favor the transforming action of reality as a way to exercise critical, exercised through the awakening of epistemological curiosity of students and can then contribute to the construction a world in favor of the people and free from oppression.⁵

Some studies report that the purpose of educational game use is a good way to assess the mental structures of the individual organizations, skills, sensitivities, reflection, creativity and knowledge in spontaneous situations.²⁹ The game also helps the individual adapt to the various real-life situations.²¹

Regarding the knowledge of adolescents a study worked with a self-examination workshop breasts, as a pedagogical practice that, in a playful manner, aimed to facilitate the perception of the female pubertal breast development parameters as well as the recognition of an abnormality.¹⁸

Also could be drawn from the beliefs and prejudices of teenagers as occurred in another study, in which it held a video session, which addressed dynamically, HIV transmission, the forms of treatment, prevention and prejudice of HIV-positive person.¹⁶

In the discussion about drugs, written in one of the articles, adopted the development of creativity dynamics, which according to the authors, "this form of participation enhances logical reasoning about drugs and enables elucidate concepts, prejudices and increase the dialogue between teachers/researchers and students".²⁴

Stimulate the senses and sensory perception was also one of the goals of another strategy. According to the authors it chose an activity based on cuisine, which propitiated the cooking team, the sensory contact with food, with the creation and preparation of recipes and tasting of the created dishes in an experience full of subjectivity in which could come to the fore values, feelings and experiences of relationship with food in different areas.³⁰

Educational visits (visit to a science museum and a visit to a health care facility) and artistic productions (art competition, making model and role play) have several goals, such as providing the teenage sensation 'stand at ease' through the staging. Another objective was to favor the larger view of the health-disease process individually and also collectively. In addition to these strategies, there is the goal of making the teenager multiplier of knowledge.

In one study, it used the visit to the science museum as an educational strategy and reveals the potential of such a strategy contributor to non-formal education in health and

notes that the exhibits are cultural products with a rich educational potential.¹⁰ Another study mentions the use of the visit to the clinic in order to stimulate demand and acceptance of adolescents to health services. In this paper, it was used as an alternative to external area of the BHU, where students formed conversation circles, sitting on the patio floor, getting comfortable, free uniform, a situation that allowed the free expression of questions and made the meeting at a time also leisure.³

In the case of construction of the neighborhood model, teenagers could see that the disease is not linked only to biological sphere, because as the teenager was creating the streets and houses, it would form this larger vision, which emphasizes life context of each, as well as the social, that is, through this strategy was brought into the school territory and community work.²⁷

In the case of drama, the playfulness, at first, was built based on a ridiculous character named Maria Bonita, created in order to disinhibit students by topic Sexuality.⁶ And the example of the art competition shows that the advantages of this strategy is through resource is a sheet of paper, low cost, short message reinforced by the visual impact; moreover, as an instrument of artistic activity allowed the transmission, through images, messages related to the health education and reflection on the possibilities of offering alternative expression beyond words.²⁵

For what serve the strategies?

In order to assessing what was produced after the use of these strategies, the theoretical and practical contributions of these educational proposals will be discussed. From a general perspective it was noticed that these educational strategies provided a broader view to adolescents regarding the various aspects of health, not restricting only to the biological sphere, but realizing all other contexts involved - political economic and social. In addition to this overview, it was revealed the increase in demand of teenagers for health services, greater inclusion of the family, plus help adolescents so that it propagate the knowledge acquired, ie, becoming a multiplying agent.

In addition to the workshops they represented the starting point of a process to be complemented by family, school and local social policies geared for teens, considering the heterogeneity and the complex web of influence in which this phase of life is involved.¹⁷

There was a heightened demand for adolescents to the local health service after the completion of the educational visit, indicating that contact with the dependencies of the basic unit produced a closer relationship between staff and students, providing the breakdown of barriers between the service health and teenage audiences.³

In the example in which posters were produced, plays, musical parodies, choreography and videos. The material produced by teenagers was instrumental in securing and propagate knowledge in their own half.⁶

Another perceived breakthrough was the production of educational materials, which can serve as an example and basis for other experiences, as was the development of a lightweight technology, through the construction of an educational material - Fanzine, which was built by adolescents, taking into account the knowledge and skills acquired in the

intervention performed in the study of Gubert and collaborated.² In this sense the Fanzine is configured as an educational technology as the idea of expression through comics, emerged through the participants themselves, favoring the reception and the link between teen and nurse.²

It notes that the term technology refers to the development, organization and use of educational resources from search engine results, because occasionally it can be used to refer to equipment use. Educational technology can even do without any equipment, because, first of all, education is a human interaction.²⁷

Another conquest was perceived that the function of these strategies, with lectures, becomes more effective than using a traditional method. For example, the game playing in health: dengue, as an educational tool in basic education, facilitated the incorporation of skills and abilities to fight dengue and its vector, facilitating interaction and dialogue students. The game combined with theoretical materials provided to teachers as a backup produces better results than the theoretical, and both separately exceed current practice of education.²¹

It was also shown that when put into actual practice an action of prevention, as in the example of the study using a self-examination technique as an educational tool for self-knowledge, provided the teens, a way of subjectivity between the concept of building action themselves and promoting self-care in their daily lives.¹⁸

The different scenarios provide a space for dialogue, allowing reflection and exchange of knowledge, as well as through a dialogic approach was a theoretical-reflexive deepening on all kinds of issue, ie, those strategies promoted the meeting of know- scientific with popular culture.³⁰

In this sense also it should be pointed out that the partnership between researchers, academics and teachers, also meant a possible resource so that students could talk about some cross-cutting theme.²⁴

These strategies have contributed to the theory, but also from the use of practical examples. So the professional who take ownership of such teaching strategies will be able to work with the teenager in a more active, participatory and playful way by increasing the coefficient of autonomy and raising the level of leadership of the subjects.

CONCLUSION

It becomes evident that the "best" strategy should be one that is shared, that is, together with teenagers, so that all decisions are divided and are not imposed at any time, and they must have in order to promote the empowerment of the individual, making it autonomous in his health. Accordingly fit other pillars which should be established as choice of scenario, content, partnerships, training and support in theoretical frameworks to support the methodology that will be used.

These pillars are considered the basis for teaching strategies that allow the educator, organize his actions more carefully, creativity, as well as to share tasks, demystifies the old idea of the teacher being the one who has to master all the content and take responsibility himself for success learning a whole class. Share tasks not only with students but also with health professionals, family and community, makes room for the knowledge of various scenarios and so many situations enriching the range of options that students have regarding the teaching-learning process.

It was concluded that all methods used in the articles analyzed, contributed to a more critical and reflective thinking teenager and a more active role regarding the teaching-learning. Besides this, other features were shown as (self) knowledge, developing skills and more proactive attitudes, and sensitivity stimulus, perception, logical thinking and become the teenager multiplier of knowledge.

The identification and interpretation of selected studies made it possible to build an overview of the strategies used in health education with the teenager. However, a limit perceived in this integrative review, was that the use of such strategies cannot be considered an end in itself, that is, its use will not necessarily make the adolescent protagonist of his learning.

Therefore, the review was adequate to the purpose and also serves as health professionals' benefit, especially nurses, at the prospect of the development of innovative educational activities, to meet the various types of teaching and learning strategies that can be used in health education to adolescents.

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