

# TEENAGE BOYS ENROLLED IN THE FAMILY ALLOWANCE PROGRAM: KNOWLEDGE OF THE PROGRAM IN THE FAMILY ASSISTED

*Adolescente masculino beneficiário do programa bolsa família: conhecimento sobre o programa na família assistida*

*Adolescente del sexo masculino con el beneficio del “programa bolsa familia”: su conocimiento del programa en la familia asistida*

Original Article

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## ABSTRACT

**Objective:** To identify the knowledge that teenage boys have about the Family Allowance Program (*Programa Bolsa Família*) and its impact on the family assisted. **Methods:** This is a qualitative descriptive and exploratory study conducted between July and September 2014 in a public school in the city of Fortaleza, Ceará, Brazil, with 12 teenage boys enrolled in the Family Allowance Program. Data were collected using semi-structured interviews and the focus group technique. Data underwent content analysis, which yielded four thematic categories: Support for low-income people; school attendance as the main strategy; lack of priority in health promotion and disease prevention; impact on the families assisted. **Results:** The results showed that the teenage boys recognize the positive effects of the program on low-income families as it improves their purchasing power and leads to increased school attendance, reducing dropout rates; however, they did not mention that the program aims at health promotion and the support of complementary policies. **Conclusion:** There is a need to improve the health of the teenage boy enrolled in the Family Allowance Program with a focus on health promotion on a consolidated basis within a predictability perspective in the multiprofessional agenda of Primary Health Care.

**Descriptors:** Government Programs; Adolescent; Male; Health Evaluation.

## RESUMO

**Objetivo:** Identificar o conhecimento do adolescente masculino sobre o Programa Bolsa Família e o seu impacto na família assistida. **Métodos:** Trata-se de um estudo descritivo, exploratório, com abordagem qualitativa, realizado entre julho e setembro de 2014, em uma escola pública no município de Fortaleza, Ceará, BR, com 12 adolescentes beneficiários do Programa Bolsa Família. Para a coleta de dados, foi utilizada a entrevista semiestruturada e técnica de grupo focal. Os dados foram analisados por meio da análise de conteúdo, emergindo quatro categorias temáticas: Atendimento de pessoas de baixa renda; frequência escolar como principal estratégia; falta de priorização na promoção da saúde e prevenção de doenças; Programa Bolsa Família: impacto nas famílias assistidas. **Resultados:** Os resultados apontaram que os adolescentes reconhecem os efeitos positivos do programa nas famílias de baixa renda melhorando o poder aquisitivo, além de levar ao aumento da frequência escolar, diminuindo a evasão, porém em nenhum momento mencionaram que o programa objetiva a promoção da saúde e o apoio de políticas complementares. **Conclusão:** Verifica-se a necessidade de incrementar a saúde do adolescente masculino vinculado ao Programa Bolsa Família com foco na Promoção da Saúde de forma consolidada numa perspectiva de previsibilidade na agenda multiprofissional da Atenção Primária à Saúde.

**Descritores:** Programas Governamentais; Adolescente; Masculinidade; Avaliação em Saúde.

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## RESUMEN

**Objetivo:** Identificar el conocimiento del adolescente del sexo masculino sobre el "Programa Bolsa Família" y su impacto en la familia asistida por él. **Métodos:** Se trata de un estudio descriptivo, exploratorio, de abordaje cualitativo realizado entre julio y septiembre de 2014 en una escuela pública del municipio de Fortaleza, Ceará, Brasil con 12 adolescentes con el beneficio del "Programa Bolsa Família". Se utilizó la entrevista semiestructurada y la técnica de grupo focal para la recogida de datos. Los mismos fueron analizados a través del análisis de contenido del cual emergió cuatro categorías temáticas: asistencia a las personas de baja renta; frecuencia en la escuela como estrategia principal; no prioridad para la promoción de la salud y prevención de enfermedades; "Programa Bolsa Família": impacto para las familias asistidas. **Resultados:** Los resultados apuntan a que los adolescentes reconocen los efectos positivos del programa en las familias de baja renta con la mejoría del poder adquisitivo además de aumentar la frecuencia en la escuela, disminuyendo la evasión pero en ningún momento han mencionado que el programa tiene el objetivo de la promoción de la salud y el apoyo de políticas complementarias. **Conclusión:** Se verifica la necesidad de mejorar la salud del adolescente del sexo masculino con vínculo en el "Programa Bolsa Família" y foco en la Promoción de la Salud de manera consolidada en la perspectiva de previsibilidad en la agenda multiprofesional de la Atención Primaria de Salud.

**Descriptores:** Programas de Gobierno; Adolescente; Masculinidad; Evaluación en Salud.

## INTRODUCTION

Brazil's family allowance program (*Bolsa Família Program - BFP*) is an income transfer program, targeted at families in poverty or extreme poverty, which aims, with its conditionalities, at reinforcing the access of beneficiary families to education, health and welfare policies, promoting improvement in living conditions, and leading the government to ensure the provision of these services. Proper monitoring of these families allows the identification of vulnerabilities among the members of the family context<sup>(1)</sup>.

The teenager, as a family member and participant of the BFP is also in these vulnerable conditions, since adolescence is a stage of life between childhood and adulthood in which the youngster is exposed to many conflicts, according to the age, in search of identity and because of the various physical and behavioral changes. The chronological limits of adolescence are set between 10 and 19 years, divided into pre-adolescence, the age period between 10 and 14 years, and adolescence, from 15 to 19 years<sup>(2)</sup>.

The little information that this teenage audience has before the new problems to be faced becomes the object of intervention of health services. Thus, health promotion suggests a process of production of knowledge and actions, both in health and public policy areas, through the joint construction and management. It is important that, in the production, analysis and formulation of actions proposed to improve the quality of life of a population, the strategies being established include the participation of all social actors involved, such as the adolescents themselves, health professionals, parents, services managers, and others<sup>(3)</sup>.

In this scenario, the school plays a facilitating role for the development of actions within the health education scope, and represents a strategic environment for the implementation of health promotion initiatives with adolescents. The partnership performed with schools considered these as the location where the adolescent spends most of their time and opens space to work on, beyond knowledge, skills and behavioral changes<sup>(4)</sup>.

Thus, the intention, through this study, is to contribute to the expansion of knowledge on the subject and provide subsidies and information that may be relevant to a better understanding of the governmental mechanisms to fight social inequalities involving public health policies.

Therefore, the present study objectives are to identify the male adolescent's knowledge about the Bolsa Família Program and its impact on the family assisted, in view of the program's conditionalities and their responsibilities related to the accomplishment of actions in health, education and social services areas to improve conditions for the family development, especially regarding male children and adolescents.

## METHODS

This was a descriptive, exploratory study with a qualitative approach, with adolescent beneficiaries of the BFP, students of a state vocational education and training school in the city of Fortaleza, Ceará, Brazil, between the months of June and July 2014.

The said school serves not only students from the local community, but also from the adjacent districts and the metropolitan area of Fortaleza, working full time to offer to 360 students the high school education integrated with courses on Building and Construction, Aesthetics and Computer Networking, providing the young student with the opportunity to be protagonist, entrepreneur of their life story, exercising their citizenship autonomously and with qualification for the world of work.

The meeting with the participants of the study took place in the afternoon in the school auditorium. The

consecutive non-probabilistic, convenience sample, consisted of 15 adolescents, but only 12 attended the proposed meeting. These 15 adolescents were randomly selected in the classrooms, following the inclusion criteria of the study: male adolescents, linked to the BFP, aged 15 to 19 years (the adolescence, strictly speaking)<sup>(2)</sup>, enrolled at the institution. As qualitative research is not based on any numerical criteria to ensure the sample calculation and its representativeness, the saturation of lines is considered to define the number of participants to compose the group of individuals. It is used to establish or close the final size of a sample under study<sup>(5)</sup>.

The data collection was performed by means of semi-structured interviews, in which were initially collected the adolescents' general and health information, with the variables: age, weight, height, level of education, origin and health information. Information on regular visits to the Health Unit, vaccination schedule and sexual life was assessed. For anthropometric measurement, the study used an electronic scale model 2003B<sup>®</sup> and, for height, a vertical anthropometer of brand Tonelli<sup>®</sup>, both periodically calibrated by the school.

Following, the focus group technique was used, through a meeting with the adolescents, with focus on guiding questions that favored the debate and the gathering of information for clarification of the proposed objectives.

The focus group technique is a data collection tool in which the researcher has the opportunity to listen to several subjects at the same time, in addition to observing the interactions that characterize the group process<sup>(6)</sup>. For the focus group conduction, it must be composed of at least six people and a maximum of twelve to fifteen, and last a ninety minutes on average. Larger groups limit participation, the opportunities for ideas exchanges and elaboration, and the deepening into the theme and data records.

Thus, the development of the focus group occurred at a meeting and followed a discussion script drawn from the following guiding questions: 1) What knowledge do you have about the BFP? 2) According to your knowledge about the program, what are your commitments to the BFP? 3) Does the BFP give opportunities to discuss how to prevent diseases and primary care of your health? 4) What are the positive and negative impacts of the BFP?

The group records were performed in two ways: one, by recording, with the consent of the participants, and the other, by an interviewer who recorded in a diary the nonverbal language of the participants.

After the meeting, the statements were transcribed and then data was analyzed, based on content analysis<sup>(7)</sup>, which involves renouncing an ambitious number of subjects and

is based on operations of text dismemberment into units, to later perform its reunification into classes or categories. It points as pillars the phase of description or preparation of the material, the inference or deduction, and the interpretation.

That way, followed the next steps for categorizing data: pre-analysis; floating reading of the interviews; constitution of the corpus; selection of context and registration units; cutting; coding and classification; categorization and definition of the thematic categories<sup>(7)</sup>. After reading the interviews, aiming at the proposed objectives, four categories emerged, which were analyzed according to the literature alluding to the theme: Category I - Attention to low-income people; Category II - School attendance as the main strategy; Category III - Lack of prioritization of health promotion and disease prevention; Category IV - Bolsa Família Program: Impact on the assisted families.

To ensure confidentiality and anonymity, the codes "A" (A1, A2... A12) were adopted to name the adolescents who participated in the interview.

All parents and/or legal representatives who agreed on their son's participation in the study signed the Informed Consent Form, while the teenage signed the Adolescents Informed Consent Form. This research was approved by the Human Research Ethics Committee of the University of Fortaleza (UNIFOR), under opinion no. 652090, governed by Resolution 466/12<sup>(8)</sup>.

## RESULTS AND DISCUSSION

In this space, the data related to the study participants' general and health information will be displayed, followed by the thematic categories emerged from the study.

The study included 12 male adolescents with mean age of 15.8±0.75 years, with an average weight of 62.01±7.17 kg, average height 1.73±0.06 m, all attending the second year of High School, and fulfilling the conditionalities attached to the area of education, that is, with attendance above 85% of that required by the program. As for the origins, six teenagers are from Fortaleza, Ceará, five are from metropolitan regions, Caucaia and Maracanaú, and one is from the city of São Paulo.

Regarding these adolescents' health-related data, none of them used to go to the Primary Health Care Unit (PHU) of their neighborhood for growth and pubertal development monitoring, but their vaccination record card was found updated, with Td (adult tetanus and diphtheria), anti-hepatitis B, and MMR (measles, mumps and rubella) vaccines, which are recommended since childhood and compose the adolescent's basic vaccination schedule. As for the aspects related to sexual life, four teenagers reported

having active sex life and making use of condoms. Two teenagers said they participate in social and educational activities outside school.

Regarding the length of time receiving the BFP benefit, one teenager was not able to report it, other answered one year, and the others reported 3 to 7 years, on average.

### Attention to low-income people

In this category, the participants understand that the BFP is an income supplement, a proposal by the Federal Government to make their lives better, and they recognize this benefit. It is perceivable that some teenagers use the resource to purchase food and clothes. The students' statements indicate low-income family, people who have difficulty paying their basic needs, based on income and on the number of people in the household.

The following reports evidence such reasoning:

*"The Bolsa Família Program is a program that the government gives us to fight hunger among those families who have no money. Then it helps a lot in our day-to-day needs, to buy clothes, food for the family that is below the level." (A8)*

*"I think the government gives this money to help people to have this income every month, help to buy school stuff, since many people don't have this money because of the household expenses." (A9)*

This finding contrasts with a research conducted in Brazil in 2008<sup>(9)</sup>, in which 83% of respondents evidenced that the goal of the BFP was the maintenance of children in school. On the other hand, helping to combat poverty was less marked as an objective (65%).

In another survey, regarding the thematic content of the publications, there was a predominance of researches that did not point conclusive positive and negative effects related to the contributions of the BFP in combating poverty. There is, however, an effort on the part of researchers in order to reflect and deepen the discussion on the topic<sup>(10)</sup>. When analyzing the strategies to combat poverty, the short-term ones, many families in vulnerable situations managed to have their needs ameliorated, particularly favoring aspects related to survival, such as access to food, clothing and medicines<sup>(11)</sup>.

The emancipatory assumption of income transfer programs aims at supporting initiatives for the employment of social public policies in order to promote the emancipation of the families benefited by the program<sup>(12)</sup>.

The results achieved by the BFP are promising for the state, particularly as regards to political, economic and social marketing, because, in theory, the government

is promoting inclusion and social empowerment for poor and/or extremely poor families, and is also enabling access and maintenance of these children in the education system, however questionable the conditions are, regarding their continuation and the quality of education offered to them<sup>(13)</sup>.

### School attendance as main strategy

The category indicates that all adolescents interviewed know the fulfillment of the conditionalities in the area of education, but do not mention the need for the program to articulate with other policies, such as health promotion, and on the male adolescent health. Maybe for not getting sick often, or for having no relevant information on health/disease/care process, and because of the lack of knowledge about the subject/family/professional/system interrelations on the part of this sponsored population, as well as the lack of importance of the education and health bonds, as shown:

*"What I think is, one must respect the government's laws and not miss school; they must attend it whenever possible, as this is a kind of help, isn't it?" (A7)*

*"It's a kind of investment and for every investment you have to get a result. So I guess there would be no use, for example, in giving that amount if the teenager ends up not going to school, as the thing is, the teenager may have several opportunities, but there is no doubt the greatest of all for them are the studies. And if they are not dedicated, I think the investment that the government would give them would be in vain, if they were not attending classes and improving." (A12)*

The mandatory presence of children and adolescents at school attached to the concession of benefits reduces the time available for the exercise of child labor, lessens idleness and possible delinquency<sup>(14)</sup>. It is considered child labor any paid labor activity between 5 and 17 years old. However, in 2007, approximately 4.8 million children and adolescents in this age group had some labor activity in Brazil, practice not yet banished from its society<sup>(15)</sup>. Therefore, one of the BFP axis is to ensure the permanence of these children in school and, somehow, try to improve their skills for a more qualified work in the future and, therefore, better paid<sup>(15,16)</sup>.

In the speech of student A3, *school attendance is the main conditionality and, therefore, it meets the goal of the Child Labor Eradication Program (Programa de Erradicação do Trabalho Infantil - PETI)*. In this statement, one can see an emphasis on the social value of education. Within the school, this is a group that most needs the school in order to achieve their education<sup>(17)</sup>.

However, no reference is made to the educational achievement of these students, which leads to questioning whether attendance, by itself, would be synonymous with

learning. In the 2014 National Survey of Households<sup>(18)</sup>, from 2007 to 2014, the declining trend in illiteracy rates and the increase in the enrollment rate of the 6-14 years age group and in the level of education of the population were maintained. The gender-differential pattern persisted in favor of the female population. The education level increased from 2007 to 2014, and those with at least 11 years of schooling in the population aged 25 years or older increased from 33.6% to 42.5%. The education level was higher among women than in males. In 2014, in the contingent aged 25 years or older, the portion with at least 11 years of study represented 40.3% for men and 44.5% for women<sup>(18)</sup>. But this reference is the national scenario, not being separated the children who are benefited by the BFP.

It is stressed that the requirement in exchange for the benefit of the income granted to the families by the BFP comprises the enrollment of children and adolescents aged 6-17 years in school, the minimum frequency of 85% in the classes each month, and the obligation to inform the BFP manager about any school change. The definition of these conditionalities proposes the difficult task of trying to break the cycles of poverty that mark generations of these families. In its foreword, the legal text recommends the fulfillment of the right to education as a fundamental element of social inclusion of families, taking school education as a condition to building knowledge, human development and social protection for children and adolescents<sup>(19)</sup>.

In other research, mothers were asked how they evaluate the BFP and the *Bolsa Escola Program* (a Brazilian school allowance program), and its requirement regarding school attendance. Of the total, eleven mothers (91.7%) evaluated it as “good”, emphasizing that the benefit helped in the purchase of school supplies for children and the family expenses. Only one mother (8.3%) said it represents an incentive, but should not be the reason for the child to go to school. Regarding the children’s attendance to school, three mothers (25%) did not opinion, while nine of them (75%) said they agree with the requirement. Thus, the common practice begins to punish and castigate the beneficiary families that exhibit this type of behavior, viewing them as a result of a particular rational choice and not, as a condition of life that does not offer the objective social conditions for a successful school life<sup>(13)</sup>.

### **Lack of prioritization in health promotion and disease prevention**

In relation to this category, health promotion and disease prevention in the adolescent audience, interviewee A4 pointed out the precariousness of Health Promotion actions contributing to the invisibility of the male as a beneficiary of the BFP in Primary Health Care Units and,

“to improve his health”, he mentioned the dependence on actions that are empowering, participatory, with other sectors. Interviewee A5, on the other hand, demonstrates ignorance of the Unified Health System (SUS) principles:

*“I think that, by improving services in clinics and hospitals, things like that, because, if you compare the money we receive to be used, health we won’t manage to afford almost anything and very often we go to clinics and hospitals, we see doctors sleeping, not wanting to see the patients even in their working hours... meanwhile, only because he receives it, he thinks that money will give support to the whole family in relation to health.” (A4)*

*“[...] People can’t afford to pay for a private hospital and end up with their health worsened, so the income value could increase if one should hire a private service or improve service in the public healthcare units.” (A5)*

Health Promotion, as one of the strategies to generate health, that is, as a way of thinking and operating in articulation with other policies and technologies developed in the Brazilian health system, contributes to the construction of actions that will respond to the health needs of the society. It is understood, therefore, that health promotion is a transverse joint strategy in which the factors that put people’s health at risk are given visibility, as well as the different needs, territories and cultures present in the country, aimed at creating mechanisms that reduce vulnerabilities, radically defend equity and incorporate the participation and social control in the management of public policies<sup>(20)</sup>.

Regarding health care, a relevant detail observed in the study group was the fact that all of them have their vaccination schemes completed. According to the basic vaccination schedule<sup>(21)</sup>, the vaccines for male adolescents are: Td, MMR, hepatitis B and yellow fever, however, for this group one can observe increased mortality from external causes and increased risk of morbidity for AIDS, hepatitis B and C, tuberculosis, leptospirosis and accident-related tetanus<sup>(22)</sup>.

On this subject, one can see the comments made by A11 and A12:

*“Bolsa Familia, this program could be warning more about forms of prevention, because here, at school, we have classes on life project and, at some moments, we talk about prevention of various diseases and when you hear [...] there are diseases that nobody has ever heard of and, because of their severity, you end up getting a little worried and seek to know more about them.” (A11)*

*“I think many teenagers fail to seek the health units and the hospital for a consultation to check how the body is, exactly because there’s not much warning! There aren’t*

*many written preventions, are there? Telling you how health is treated and everything. Anyway, I think the program, it could be making the teenager aware about this.” (A12)*

Through the lines, the study shows a real need for a reform, in order to meet the shortcomings of this vulnerable group. It is noteworthy that, in the national guidelines for comprehensive health care for adolescents and young people in the promotion, protection and recovery of health (PNAISAJ), published in 2010, one can perceive the need to encourage discussion about men's health beyond the biopsychic paradigm, given that public policies appear in a diversified manner and transversely in the male gender<sup>(23)</sup>.

Schools, in turn, are the site where the teenager remains for the major part of their time, so they should make room for working with young people, in addition to knowledge, behavior change and skills. To this end, a study with 27 adolescents, aged between 13 and 19 years, applied a questionnaire about sexuality. It was observed that more than half of young people did not show adequate knowledge on the subject, with a significant difference in the information level between groups. Although most teenagers claimed to have contact with the subject at school and in the household, they recognize friends as the main source of influence<sup>(22)</sup>.

### **Bolsa Família Program: Impact on the families assisted**

In this category, one can evaluate a positive impact of the Program through interviewee A6.

*“I think it is having an extra income. This income can be distributed for the adolescent's own education. Be useful to take courses or something else [...] And the adolescent's own health.” (A6)*

In a survey conducted in Brazil in 2008, in relation to the perception of improvements resulting from the BFP in the lives of individuals, families, communities and the population, the data indicated that the agreement reached at least 68%. On the topic that deals with the use of the benefit, buying more food (79%) and more school supplies (75%) were the ones most often perceived. The purchase of more personal items and more household utensils were pointed by approximately 60% of the respondents<sup>(9)</sup>.

The impacts of the program on health are starting now to provide reasonable accumulation of work, which allows certain conclusions to be confirmed. It was already known that the families benefiting from the program report spending their resources mainly with food, in addition to items related to education and health<sup>(23)</sup>, which was confirmed by another study<sup>(24)</sup> that suggests an increase in several groups of foods analyzed.

On the other hand, the following speech addresses an important point, which can be seen by the interviewee as a negative impact of the program:

*“On one side, Bolsa Família is good, but it's kinda like an alienation. When a person receives money, they feel that it's a sure thing that will always happen, they don't have to worry about other money, they don't have to worry because the government will always help. But it will help only for a while. The job has also to come. The government helps, but it helps those who need that money, those who don't have firmness”. (A3)*

However, one of the most important aspects of the BFP draws attention: the impact that the length of time participating in the program, associated with the value of the benefit, has on education<sup>(25)</sup>. Indeed, if one of the Bolsa Família objectives is to increase the education level of children of the most vulnerable families, so that they have more future opportunities, one should think of a continuing policy able to guarantee due impacts in the correction of school trajectory of these children and youth and in the achievement of good results, consequently, with future job opportunities.

In the next statements, however, it can be seen that A9 exposes an important aspect, in which he sees as a negative impact the difficulty in controlling the BFP:

*“The government does not assess those families who need to use the money, it's like, it gives the money without investigating to which family it will be given, for example, there are many families that earn more than four times the minimum wage and they still receive that money! The government doing so, it's a mistake to give this money to this family that doesn't need it. And there are many needy family out there, almost in misery and doesn't get that money! I think it's a mistake!” (A9)*

This teenagers's speech draws attention, once the benefit is still beyond the control of the program managers. Authors<sup>(26)</sup> affirm that the information given by families are essential to build a record that faithfully portrays the reality of people living in poverty in Brazil. The data declared on income requires greater attention, as it represents an essential element for the selection of potential beneficiaries for social programs and various benefits to be granted<sup>(26)</sup>.

As regards the enforcement of conditionalities in the area of education, it is made by the Municipal Departments of Education and the Ministry of Education and Culture (MEC). A list generated from the household records (through CadÚnico), with the name of the beneficiaries and their respective “Social Information Numbers” (*Números de Informação Social - NIS*) is provided by MEC to the

schools to enable the directors to report their school attendance to the Municipal Education Secretariats. This information is then forwarded to the MEC and the Ministry of Social Development. This process is carried out every two months, except during school vacations. Along with the school attendance, the school reports the reason for failure, in case it has occurred. If the reason is justifiable (illness of the student, death in the family, lack of supply of the educational service, obstruction to access school, and lack of care for people with disabilities), no penalty is incurred. If the reason is unknown or not justified, measures are taken<sup>(27)</sup>.

In relation to education and school attendance, in another survey the authors observed that the BFP actually increased school enrollment of beneficiaries in the state of Minas (MG), especially among adolescents aged 15 to 17 years, black, residents of rural areas, and male children and teenagers - groups that traditionally present higher failure and dropout rates. What this study and others have shown is that the Bolsa Família benefit, through its conditionality in the education area, has a significant effect on school enrollment and permanence of beneficiaries in school. Attending school, however, does not ensure that the students learn the content taught in class and can compete in the labor market for more qualified and well-paid jobs. What is observed in public basic education in Brazil is that, although children and young people attend school, they often leave the elementary and secondary education without a good command of reading and writing<sup>(13)</sup>.

Thus, even though the BFP contributes to the inclusion of children and youth in the school system, it is not configured as an education policy that promotes overcoming the intergenerational cycle of poverty through education, which requires actions addressing the quality of education that go beyond the limited aspects of selective incentives embedded in the educational conditionality of the BFP<sup>(14)</sup>.

## FINAL CONSIDERATIONS

School attendance is considered a major conditionality of the Program and is coincidentally the most pointed by the adolescents in the study. Attendance is more emphasized than the level of learning and, therefore, this conditional aspect should be reviewed by the Federal Government.

Male teenagers do not understand the conditionalities prescribed by law, namely the principles of the Federal Constitution, the Statute of Children and Adolescent and the National Health System, as well as the strong complementary policy focused on adolescence called Comprehensive Health Care Policy for Adolescents and

Youths (*Política Nacional de Atenção Integral à Saúde de Adolescentes e Jovens - PNAISAJ*).

Given the above, it is assumed that male adolescents do not receive basic guidelines on health in their living context because of their little verbalization, perhaps because they assume illness is not happening in adolescence, and also because of the poor visibility of this young man within the Primary Health Care, the weaknesses in the actions of the Bolsa Família Program targeted at Health Promotion, and lack of citizenship and critical look strengthening on the part of the family health team professionals in the implementation of new care practices for the subjects enrolled in the Program.

In this context, it is important to encourage the male teenager enrolled in the BFP to explore the space of Education Health that must exist within the Primary Health Care, in order to achieve autonomy, pointing to PNAISAJ as an instrument of citizenship.

Therefore, it is worth emphasizing the need to improve the health of the quite vulnerable male adolescent, with better advancements in the health area, with a focus on Health Promotion on a consolidated basis and a more critical look by the program management, thus in a perspective of predictability in the Primary Health Care multi-professional agenda.

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