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ABSTRACT

Adolescence is a period that results in a series of transformations, among which sexual initiation stands out. Given this, there is an increase in the incidence of pregnancy in this period. This situation has been considered a public health problem due to the maternal-fetal risks that can be triggered by early pregnancy, in addition to dropping out of school and social problems. These risks can affect the lives of the adolescent and the baby and in the obstetric, psychosocial and economic spheres. This is an experience, descriptive and reflective report about the experience of nurses in the rural health unit in a city in the interior of Rio Grande do Sul about the prenatal care of pregnant adolescents. In order to discuss the experience of nurses, the results will be presented and a discussion of them with theoretical foundation interpreted and analyzed, emerging the following category: Pregnancy in adolescence and its implications in social, professional, school, and rural health life. Obstetric and fetal risks will only be reduced when there is a support network directed to adolescents, which focus on reproductive care, assiduous prenatal care and psychological and social support, involving health professionals, the school environment and family members.

Keywords: Adolescence, Pregnancy, Health Professionals, Primary Health Care.

1 INTRODUCTION

The period of adolescence covers from 10 to 19 years, according to the World Health Organization (WHO) delimiting the transition from childhood to adulthood, already for the Statute of the Child and Adolescent (ECA), Federal Law No. 8,069, of July 13, 1990, defines the age range of adolescence between 12 and 18 years, and outside these limits, when less than 12 years old, he is considered a child, and after 18, an adult (BRASIL, 2019).

Adolescents represent between 20% and 30% of the world population, and it is estimated that in Brazil this proportion reaches 23%. Among the health problems in this age group, pregnancy stands

out in almost all countries and especially in developing countries (SOCIEDADE BRASILEIRA DE PEDIATRIA, 2019).

At this time, sexual initiation often occurs, being a cause for concern due to the possible contagion with Sexually Transmitted Infections (STIs) or unwanted or unplanned pregnancies. Pregnancy in this group has been considered a subject to be discussed in public health, as it can cause obstetric repercussions, psychosocial and economic problems. Factors are associated with the increased incidence of teenage pregnancy such as lack of knowledge of the physiology of reproduction, non-adoption or incorrect use of contraceptive methods, early onset of puberty, reduction of the age of menarche in adolescents, lack or little knowledge about STIs (CABRAL, et al., 2020).

Teenage pregnancy is responsible for several physical, social and psychological transformations in the life of the adolescent. At this stage of life, the body is still in the process of development, especially the reproductive organs, which go through a period of maturation to then be prepared to reproduce properly, for the female body this happens with the menstrual period without risks to the pregnant woman and the baby. These changes can alter the development of the mother and child (RODRIGUES, SILVA, GOMES, 2019).

There are also great probabilities and possibilities of triggering social and family problems. In addition, these factors most often impact consequences such as dropping out of school and/or difficulties in staying in school during and/or after the period of pregnancy. Thus, when discovering and initiating sexual practices (BRASIL, 2017a).

With the increase in the number of pregnancies and consequently school dropouts, there is a need for the school together with the health units to carry out debates and significant activities that transform information into knowledge, clarifying doubts, knowing their anguish, fears, respecting each individual and their diversity. Thus, in primary care, through the Family Health Strategy (FHS), several actions, supported by the principles of the SUS, can be planned and carried out for the adolescent, thus favoring the formation of more responsible subjects and prepared for the future (VIERO, et al., 2015).

The Ministry of Health characterizes prenatal care as the period from conception to the beginning of labor, and recommends a minimum of six consultations during pregnancy and one in the puerperium. It also clarifies that the early start of prenatal care in the first trimester of pregnancy is fundamental for prevention, detection of maternal or fetal diseases, clarification of doubts and referral to examinations and vaccines, among others (BRASIL, 2016).

In the urban area, pregnant women have an easier time monitoring prenatal care, unlike what occurs in rural areas, which presents difficulties due to means of transportation, distances, road conditions affected by climatic variations that hinder access to the basic health unit, thus reducing

adherence to prenatal care. Other factors such as acceptance of pregnancy, support, age, welcoming and professional assistance also influence this adherence.

Because teenage pregnancy has consequences in all spheres of social relations, more interventions are needed to alert young people of the problem that an early pregnancy results, in addition to being indispensable to teach them the importance and correct use of contraceptive methods (OLIVEIRA, LANZA, 2018).

The approach of subjects/themes related to sexual education at school and in family life is indispensable for the formation of the adolescent, because it is a period marked by emotional conflicts, doubts, discoveries of oneself and the world. This complexity of sensations has implications for the adolescent's personal, student and family life.

2 METHOD

This is an experience, descriptive and reflective report about the experience of nurses in the rural health unit in a city in the interior of Rio Grande do Sul about the prenatal care of pregnant adolescents.

Five pregnant adolescents were followed throughout the prenatal period, starting in the first weeks (1st trimester of pregnancy), the adolescents were between 14 and 17 years old, and all attended school (7th to 9th grade) in the rural school. The follow-up period was from March 2022 to an end in April 2023, when the last adolescent completed her pregnancy.

All prenatal care was performed by the Unified Health System (SUS) and had multidisciplinary follow-up with nurses, physician, dentist, nutritionist and psychologist. The pregnant women in all consultations were accompanied by a guardian, mostly from their mother.

It is noteworthy that all of them performed around four consultations with the nurse, nine with the doctor, two or more with the dentist according to the individual need of each, as well as still remain with follow-up with the psychologist and with nutritional guidelines. They completed the immunization calendar, and all the tests recommended by the SUS and the Ministry of Health. To have a better relationship with the adolescents, from the first moment, the group of professionals sought to work with practices that would contribute to the insertion of the young in a more active way and also so that in this way it would be possible to arouse more attention and interest of the same for the themes addressed in the moments of prenatal consultations and health education.

The first meeting was held a welcome dynamic of presentation and integration of the group so that the adolescents felt welcomed and comfortable in the environment. After this moment, the adolescents were asked through activities involving the art of drawing to put what their expectations were about the group, what they would not like to be realized and what their contributions would be.

In addition, a box was prepared for them to write and put in it the subjects that they would like to be discussed both in groups and in individual consultations.

The adolescents suggested were: sexuality, contraceptive methods, teenage pregnancy, STI, healthy eating. Thus, it was indispensable to reflect on the contexts in which the adolescents are inserted, so that it was possible to approach through strategies that contextualized with the social, economic and cultural environment of the same, all subjects were thoroughly worked with the adolescents during the gestational period, always asking them to repeat the information provided, in order to evaluate comprehension.

There were no gestational complications during the pregnancy process, and at the time of delivery, all completed their pregnancies with vaginal delivery, ranging from 38 to 40 gestational weeks. They were discharged with the discharge plan for family planning with injectable contraceptive method, except for one of them that in the postpartum IUD was inserted, according to the request of the same and professional evaluation.

There were no difficulties for the adherence of prenatal care by the adolescents, several themes were worked on in the prenatal consultations individually and in groups. The difficulty was greater, in the puerperium, especially in the practice of breastfeeding, and all the adolescents manifested difficulties and of the five puerperal women, only one was able to maintain exclusive breastfeeding, two maintained mixed breastfeeding and the other two, only the infant milk formula.

Although the adolescent pregnancy is considered a high-risk pregnancy due to the social, psychological and physiological risks, the adolescents in the report regarding gestational risk, all were classified as low risk or habitual risk, being followed up in the FHS in their territory.

Another relevant factor that is addressed in several studies is about dropping out or dropping out of school, but in this report the pregnant women did not have any loss or school failure, and two of them were in distance education activities because the classes were still in the hybrid mode due to the COVID-19 pandemic, one of them was in the final period of the EJA modality and two others were able to participate in school activities until the end of pregnancy, and in the puerperium period the school activities were on vacation.

3 RESULTS AND DISCUSSION

In order to discuss the nurses' experience, the results and a discussion of them with theoretical foundations interpreted and analyzed will be presented below, emerging the following category: **Teenage pregnancy and its implications for social, school and rural health life.**

When it comes to the rural area, the health perspectives are different from those observed in the urban scenario, either in relation to the frequency of health problems, to the

severity, exposure to risks, health indicators, cultural panoramas of the experiences of the health-disease process or self-attribution of health. Associated with this, the health system itself evidences the differences in this comparison, when analyzing the adversities of access and longitudinality, integrality and coordination in the rural environment, in addition to the reduced number of professionals in the various specialties (TARGA, 2019).

In view of these vulnerabilities, it is understood that sometimes this can interfere with the dissemination of information to this population. Teenage pregnancy is not a recent event in the population, but in recent years it has stood out considerably in society. This generates an alert about public health to develop intervention programs (AGUIAR, 2021). Adolescents are the most affected by the scarcity of information and reliable guidance regarding sexual education, since teenage pregnancy is a universal public health problem that significantly affects maternal and child health (LOHAN, et al., 2018). In addition, teenage pregnancy is related to unfavorable health outcomes, lower schooling, and lower socioeconomic status for the mother and her children (NASH, 2019).

It is notorious that, in this phase of life, character, psychological differences, contradictions, are conflicts that characterize adolescence, physiological and sexual development, which will have repercussions on the social issues of the individual, and in this way, this can be a positive or negative factor throughout the life of the adolescent. Associated with conflicts, economic, cultural and social situations of the family environment also permeate these issues and have significant repercussions on post-adolescence life (JEZO, et al., 2017).

Therefore, unsafe sexual behavior "encompasses people, the family, and society, as well as raising the costs of health care at all levels of care." (VIEIRA et al., 2021). In addition, school dropout together with the number of pregnant women, and this has as a consequence the professional disqualification of many young women (ALMEIDA, 2017). At present, technology is one of the important information resources and is continuously expanding among young people. However, although there are numerous ways to reach information, adolescents often find themselves uninformed, especially when it comes to sexual education (ALBUQUERQUE, 2021). The scarcity of information on sex education may be due to the numerous taboos, prejudices and fears that this theme involves.

Generally, one of the losses that occurs concerns the educational issue, with the withdrawal from studies, since most adolescents abandon them to take care of their child, a situation that ends up reducing the chances of schooling and professional training. Thus, the risk of unemployment becomes high, due to this fact, as it usually leads to negative consequences, since low schooling among adolescents makes it difficult to enter the competitive labor market (SOUSA et al., 2018; PINHEIRO et al., 2019).

Thus, the school is the privileged place for the implementation of public policies that promote and develop knowledge for children and adolescents, offering everyone a precise sexual orientation in an open space for exchanges (RODRIGUES, SILVA, GOMES, 2019). In this scenario the federal government launched in 2007 The School Health Program (PSE), this program aims to integrate the sectors of health and education, with the objective of promoting an integral education for students of the public network (BRASIL, 2020). The articulation between the multidisciplinary teams of primary care health care and the schools of the territory form the basis of the PSE and recommends 12 health actions for its scope. Among these is education regarding the sexual and reproductive rights of all individuals, as well as the prevention of Sexually Transmitted Infections (STIs) (BRASIL, 2018).

In addition to the issues of school life, there are the repercussions caused by a pregnancy that reach numerous aspects of the life of the pregnant woman and her family. The repercussion on health is highlighted, since it is directly impacted on a pregnancy, not only the health of the pregnant woman, but also that of the child. In the phase of adolescence, the young woman is not yet prepared to experience a challenge of such dimension, as that of being a mother, and this unpreparedness is not only psychological and emotional, but even physiological, given that the young woman's body is not fully formed (MIURAET al., 2018).

According to Goodfellow, et al. (2017) teenage pregnancy causes biopsychosocial transformations, especially social ones, with regard to school dropout, social distancing and repercussions in the family environment. Regarding the emotional, it concerns issues such as fears, anxieties and insecurities in the face of the new, making it a risk situation and a public health problem. Also, as a consequence of this, there is a decrease in the self-esteem of adolescents as pregnant women, which is caused by body modifications and the standard of beauty that is imposed by society.

Adolescence can be accompanied by several complicating factors such as conflicts in the family environment, the abandonment of the partner, social discrimination and the distancing of colleagues from their coexistence, clashes that can intervene in the emotional and psychological behavior of adolescents (JESUS, VIEIRA, DIONOR, 2022).

Although in the midst of the adversities found in the rural area to access the FHS, such as geographical distance, means of transport caused the difficulty of access, climate change, also limitations in the quality of health services show greater precariousness when compared to urban health conditions. Sometimes, adolescents are deprived of access to formal education, health services, leisure and work opportunities, needs of great importance for their development (SOUSA, B.C. et al, 2018).

In the pregnant women in the report, the health professionals were able with the intervention groups to raise awareness about the relationship between prenatal care and maternal and child health. This can be evidenced, because even with the difficulties, they did not fail to attend the consultations

and the health education meetings, with a positive return among the pregnant women, professionals, school and family members.

When the box with the themes chosen by the adolescents was opened and the themes worked on individually, the main questions were about contraceptives, such as: the correct use of the morning-after pill, the method of the table, use and placement of the male condom. There was also discussion about coitus interruptus and what were the existing vaccines for the prevention of STIs.

It was noted that most of the adolescents were able to answer the questions superficially, which may indicate the level of information of these adolescents. Thus, the consultations and meetings were extremely relevant, as it allowed reflection on the part of the adolescents of how would be the attitudes they could take to avoid the risks they are exposed and reflect on their attitudes, contributing to the formation of knowledge in a playful way. It also made it possible for them to realize the importance of dialogue with parents, family members and health professionals about sexuality in adolescence.

When it comes to adolescent health, some factors that directly interfere in this issue stand out, among them the family conception and the level of education of young people that have repercussions on various aspects of their own health, such as the vulnerabilities to which they are subject in this phase of development, such as the risk of contracting STIs, unwanted or unplanned early pregnancy, access to the use of licit and illicit drugs and even traffic accidents. It is also observed that some of the factors associated with teenage pregnancy are: precarious living conditions, based on the difficulties of family relationships, low socioeconomic level, low education and lack of professional success. In this context, it is noted that it is a problem resulting from multiple variables (RIBEIRO, et al., 2016).

Given this, effective health education strategies for the prevention of teenage pregnancy are configured as a political, social, economic and educational challenge in this scenario, since, globally, about 18 million young adolescents between 15 and 19 years of age give birth each year. What's more, babies born to teenage mothers account for 11% of all births in the world, and 95% happen in developing countries (MATHEWOS S, MEKURIA, 2018).

According to Martins et al. (2019), there is a high resistance of children and adolescents to approach health services, which may be linked to the lack of preparation of professionals since the reception, through unqualified listening, discontinuity of care and non-bonding. In order to face and transform this reality, it is necessary to practice educational strategies that reach the subjects.

Thus, it is evident that pregnancy, when it happens in adolescence, has a greater tendency to emerge in scenarios permeated by social vulnerability and lack of opportunities. In addition, the low level of education is associated with the use of illicit drugs and recurrence of pregnancy at this stage of life, considering the fact that adolescents who do not attend school or even leave their studies early. Whatever the reason, it influences the non-adherence to preventive practices and, for these reasons,

there is the exposure and vulnerability to an unplanned and/or desired pregnancy and also the risk of STIs (MORI, et al., 2018).

In this context, in view of the situations of vulnerability that adolescents may experience in this delicate stage of their growth and development, adolescents need to be understood and guided by family members, schools and health professionals, in order to enable a healthy development and quality of life. A global and engaged movement is indispensable to qualify the health of adolescents as part of a broader and more effective agenda for the well-being and defense of the rights of this population group (LASKI, 2015).

This fact arises because much is produced and dialogued with adolescents, but there is still the challenge of promoting reflection on the importance of safe sexual practices, using different orientation strategies. This challenge involves a broader, interdisciplinary and continuous work, which involves parents, teachers, students and society (BESERRA, et al., 2017).

However, once the pregnancy happened, it is essential to seek follow-up, to avoid possible negative repercussions on the life of the adolescent and the baby. Such prevention is provided through prenatal care. As soon as the knowledge of pregnancy happens, it must begin. It is reinforced that the first trimester of pregnancy is of great relevance, because it is a period in which the formation of vital organs occurs. In this way, prenatal care is characterized as a set of educational and clinical conducts, which aims to monitor the evolution of pregnancy, delivery and care for the newborn and postpartum, in addition to enabling clarification on these issues (BRASIL, 2019).

In the case of the present report, the adolescents were assiduous and participated in prenatal consultations, which stands out as a positive point when compared to the evidence presented in the studies by Belfort et al (2016) and Santos et al (2018) that indicate that in relation to the adherence of young women to consultations, they often see an initial difficulty of these to perform prenatal care. However, it is usual that the pregnancy of an adolescent is related to a low adherence to prenatal care. Given this, it can be observed that an important amount of the problems resulting from an early pregnancy could be avoided with the performance of an assiduous and effective prenatal care, which becomes even more important in these cases, due to the possibility of adolescents having a risk pregnancy (SANTOS et al., 2018).

However, in the case of the present report, the adolescents experienced a pregnancy free of any pathological involvement, even performing more consultations than is currently recommended by the Health Ministry, leading to a healthy gestational and puerperal period.

Bezerra and Matos (2022) point out that even if adolescents are informed and oriented about an adolescent pregnancy, and still choose to consciously become pregnant, most of the time, adolescents are not prepared psychologically, physically and financially to bear the responsibilities

and commitments that involve having a child, which tends to extend the problem to their guardians, because they begin to take care not only of the pregnant adolescent, but of much of what involves her pregnancy, puerperium and the newborn.

Bezerra and Matos (2022) conclude that in view of these aspects, the performance of the health professional is indispensable in the care of adolescents and their partners, given that this may also be of a similar age group to hers. The performance of the professional will be effective in disseminating information that, sometimes, young people do not know, in addition to explaining possible doubts that they may have already sought answers, but without having found a reliable and safe source of information.

Health education has great relevance and effectiveness for the prevention of adolescent pregnancy and its recurrence and the risk of STIs, as it helps the dialogue about how adolescents understand and conduct their sexual life, which may not be easy and simple with their family. Associated with the preparation of health professionals, as well as the preventive action of the nurse, to ensure good effectiveness and reduce risk indices (ALBUQUERQUE et al, 2021).

Thus, through qualified and humanized care, using a welcoming listening, a bond of trust can be established with adolescents and professionals, which contributes to the performance both in prevention and in the promotion of health and quality of life for this population, leading to adherence to prenatal care and guidance from health professionals. This bond is perceived in the report, because the adolescents participated in all the consultations and with all the professionals offered.

Therefore, the guidance provided by the health professional can be configured as the most reliable and safe reference to which adolescents have access. After the contact with the health professional, it is indicated that the adolescent, her partner and family become aware of how relevant the prenatal care is, as well as be aware of the importance of the family support network. Given that adolescents need information and guidance on the prevention of pregnancy, as well as its possible consequences and that, if it is already in the course of one, the young woman needs unique and individual factors, which differ from the demands of pregnancy of an adult. In this way, it is up to the public power to plan and implement public policies that meet the needs of this public (BEZERRA, MATOS, 2022).

4 CONCLUSION

Adolescence is a phase permeated by numerous physical, emotional, social and psychological changes. Adolescents need to be informed, oriented about the prevention of teenage pregnancy, its risks and outcomes and possible consequences. When teenage pregnancy happens, obstetric and fetal risks will only be reduced when there is a support network directed to adolescents, which focus on

reproductive care, assiduous prenatal care and psychological and social support, involving health professionals, the school environment and family members.

Health professionals should be involved in actions to prevent teenage pregnancy, discussing their effectiveness. It is important to listen to and approach families and adolescents, encouraging them to think about their choices and encouraging them to respect the limits for the development of a safe sexuality, which also reflects on the prevention of STIs.

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