

**WOMEN'S PERSPECTIVE ON PREVENTION OF PREGNANCY IN
ADOLESCENCE AND HEALTH ACTIONS AT SCHOOL**

***PERSPECTIVA DE MULHERES SOBRE PREVENÇÃO À GRAVIDEZ NA
ADOLESCÊNCIA E AÇÕES DE SAÚDE NA ESCOLA***

***PERSPECTIVA DE LAS MUJERES SOBRE LA PREVENCIÓN DEL EMBARAZO EN
LA ADOLESCENCIA Y LAS ACCIONES DE SALUD EN LA ESCUELA***



Jéssica Karoline Barbosa da SILVA¹
e-mail: jessica.karoline.silva@usp.br



Maraina Gomes Pires Fernandes DIAS²
e-mail: maraina.dias@usp.br



Luciane Sá de ANDRADE³
e-mail: lucianeandrade@eerp.usp.br

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¹ Ribeirão Preto College of Nursing, University of São Paulo (EERP/USP), Ribeirão Preto – SP – Brazil. Master's Degree from the Department of Psychiatric Nursing and Human Sciences.

² Ribeirão Preto College of Nursing, University of São Paulo (EERP/USP), Ribeirão Preto – SP – Brazil. Doctorate student, Department of Psychiatric Nursing and Human Sciences.

³ Ribeirão Preto College of Nursing, University of São Paulo (EERP/USP), Ribeirão Preto – SP – Brazil. Full Professor at the Department of Psychiatric Nursing and Human Sciences.

ABSTRACT: Teenage pregnancy has impacts on life processes, given its complexity, thus the investigation of activities focused on prevention aspects, based on health promotion and cultural historical approach, it is relevant to health research. The aim of this study: to analyze the meanings of women about the actions developed by the school related to pregnancy prevention. This is a descriptive, cross-sectional study with a qualitative approach. Three women who experienced the first pregnancy during adolescence participated in the study. Data were built with interviews and qualitative analysis. The results of this study showed that the activities performed in the teaching space were characterized by specific activities, with a technical approach and the school was little explored by health services. Thus, this work contributed to the knowledge for the practice of the health and school team in the development of actions to prevent teenage pregnancy.

KEYWORDS: Adolescent pregnancy. Health promotion. Health education. School health services

RESUMO: *A gravidez na adolescência tem impactos nos processos de vida, visto sua complexidade; assim, a investigação das atividades voltadas aos aspectos da prevenção, baseada na promoção da saúde e abordagem histórico-cultural, apresenta relevância à pesquisa em saúde. Deste modo, o presente artigo busca analisar os sentidos de mulheres sobre as ações desenvolvidas pela escola relacionadas à prevenção da gravidez. Trata-se de um estudo de caráter descritivo e transversal com abordagem qualitativa. Participaram do estudo três mulheres que passaram pelo momento da primeira gravidez durante a adolescência. Os dados foram construídos com entrevistas e análise qualitativa. Os resultados demonstraram que as atividades executadas no espaço de ensino caracterizaram-se por serem atividades pontuais, com abordagem técnica; infelizmente, a escola foi pouco explorada pelos serviços de saúde. Assim, este trabalho contribuiu para o conhecimento da prática da equipe de saúde e escolar no desenvolvimento de ações de prevenção à gravidez na adolescência.*

PALAVRAS-CHAVE: *Gravidez na adolescência. Promoção da saúde. Educação em saúde. Serviços de saúde escolar.*

RESUMEN: *El embarazo adolescente tiene impactos en los procesos de vida, dada su complejidad, por lo que la investigación de actividades centradas en aspectos de prevención, basadas en la promoción de la salud y el enfoque histórico-cultural, es relevante para la investigación en salud. Por lo tanto, este artículo busca analizar los significados de las mujeres sobre las acciones desarrolladas por la escuela relacionadas con la prevención del embarazo. Se trata de un estudio descriptivo, transversal, con abordaje cualitativo. Tres mujeres que pasaron por el momento de su primer embarazo durante la adolescencia participaron en el estudio. Los datos fueron construidos con entrevistas y análisis cualitativo. Los resultados mostraron que las actividades realizadas en el espacio docente se caracterizaron por ser actividades puntuales, con enfoque técnico; Desafortunadamente, la escuela fue poco explorada por los servicios de salud. Así, este trabajo contribuyó al conocimiento de la práctica del equipo de salud y escuela en el desarrollo de acciones para prevenir el embarazo en la adolescencia.*

PALABRAS CLAVE: *Embarazo adolescente. Promoción de la salud. Educación para la salud. Servicios de salud escolares.*

Introduction

Adolescence is an important stage of life of the subjects and comprises the period between 10 and 19 years of age (WHO, 2002), however, age is not the most relevant factor for its understanding, since it is a time when social, psychological, anatomical, hormonal and cultural transformations occur (WHO, 2001, 2014). Thus, it is understood that adolescents are involved in complex conjunctures and present constant transformation at this time of life (BARROS; HOLANDA; SOUSA, 2021). For the Cultural Historical Approach (ABHC), the process of adolescence is like a key to the discovery of the psychological development of the adolescent, because different stages of development are experienced (VIGOTSKI, 1997).

It is relevant to highlight that, for ABHC, these processes are not innate, automatic or disassociated from each subject, but present different manifestations and constructions that are influenced by the socio-historical reality of each individual (VIGOTSKI, 1997), that is, adolescence - even presenting a marked biological and maturation development - is not only limited to these processes, but added to them, it is also influenced by every social-historical construction.

For adolescents, it is important to participate in educational and health care spaces that enable them to reflect on the development of their interests, on the consequences of their behaviors and the social determinants of health and the possible impacts on their health and their quality of life, such as, for example, exposure to violence, social encouragement for exposure to alcohol and other drugs, the unprotected sexual practice, factors related to the development of unplanned pregnancy, among others (OBACH; SADLER; CABIESES, 2019; MALTA *et al.*, 2014).

Pregnancy impacts the life processes of many adolescents, since it is a process associated with numerous consequences that interfere with biological, psychological, economic, educational, and family aspects of the adolescent, her family, and society (ZAPPE; ALVES; DELL AGLIO, 2018; QUEIROZ *et al.*, 2016). Understanding the dynamics related to teenage pregnancy (FIEDLER; ARAÚJO; SOUZA, 2015) is of great social relevance, so analyzing it in its historical and cultural aspects enables the development of actions that correspond to the needs of adolescents and favor the discussion with them in the construction of other meanings and senses related to the experience of sexuality in this period of life.

School is a space where the expression of these understandings may be possible, because it is a place where the adolescent participates in significant relationships and interactions, in addition to the family space and his community. Furthermore, it is a space that presents as a

function the search for knowledge based on science and criticality (MASSON *et al.*, 2020; LOPES; NOGUEIRA; ROCHA, 2018).

For the ABHC perspective, knowledge is built in the interaction between subjects and the school is guided by taking them to overcome concepts built in everyday life, i.e., the subject can assume an active social posture from the appropriation of scientific knowledge (VYGOTSKY, 2001) acting to overcome their reality and in favor of improvements for the subject and their community.

Developing strategies that allow the problematization of behaviors, conceptions, and prejudices, with an understanding of the different aspects involved in the experience of sexuality, is related to the development of safe sexual practices and behaviors and the prevention of pregnancy. The school community needs to develop, together with health services and through the school health care programs, actions that expand the understanding about sexual health, overcome the understanding of the anatomophysiological character (OBACH; SADLER; CABIESES, 2019) and achieve the promotion of critical reflection of students, helping them to build an emancipating knowledge (MASSON *et al.*, 2020). For this, it is important to improve the dialogue between students, teachers, principals, health professionals and family members (LOPES; NOGUEIRA; ROCHA, 2018; SFAIR; BITTAR; LOPES, 2015).

The nurse (ARRUDA; MORAES, 2018), as a facilitator in the process of re-signification of concepts, knowledge or practices, can be a connector between the field of health and education through health education programs within school spaces, since he/she can be an element in the understanding of health processes in adolescence (CINTRA; SAWAIA, 2000).

The investigation of activities focused on aspects of sex education and pregnancy in adolescence, based on the understanding of health promotion and ABHC, presents relevance to research in health and education, since it starts from the understanding that these processes occur through human relations, being a social production. The health and education sectors point to the need for expansion of knowledge about adolescent health and understanding of their needs, investigating whether health actions provide a sexual education that values emancipation, questioning and debate (SAAVEDRA; NOGUEIRA; MAGALHAES, 2010; SENA FILHA; CASTANHA, 2014) and if they build the school space as a reference for emancipatory health actions.

This paper aims to analyze the meanings constructed by women who have experienced pregnancy in adolescence and about the actions developed by the school related to pregnancy prevention, integrating part of a research on teen pregnancy prevention.

Method and material

This is a descriptive and cross-sectional study with a qualitative research approach, which aims to understand how the subjects mean the social processes in which they are involved, enabling the understanding of the subjectivity of the subjects through their historical construction and their social reality, in addition to enabling the achievement of the complexity of the phenomena in their lives (MINAYO, 2012). It is noteworthy, in this case, how women who became pregnant during adolescence understand sexual health education activities in the school environment. The ABHC framework enables a deeper understanding of the phenomenon of teenage pregnancy, not only in its biological and objective aspect, but also in the subjective and relational aspects that are present in the reality of each participant. In this referential, the figure of the subjects is not understood in a neutral position, that is, the understanding of the senses and meanings occurs in the interactions, in a dynamic and dialogical relationship/interaction between those involved in the research process. The field diary and the narrative interview were used as instruments to collect the records.

Field of study

The study was developed with women living in the catchment area of a family health strategy unit (USF in the Portuguese acronym), located in a city in the countryside of the state of São Paulo. The choice for the insertion in this scenario was based on the possibility of understanding the complexity of the reality experienced by each participant. Conducting the research from a USF, which develops the care model based on the territory, was essential for the understanding and apprehension of these aspects. In addition, the participation of the health team, particularly the community health agents (ACSS in the Portuguese acronym), was of fundamental importance for the development of the research, so that it was possible to search for women who met the inclusion criteria. The territory of this USF is subdivided into five micro areas.

Research Participants

Women over 18 years of age who experienced their first pregnancy during adolescence were invited to participate in the study. The inclusion criteria were as follows: women over 18 years old and who had their first pregnancy at the age of 17 or younger. To make possible the development of the research from the selection to the invitation to participate, three stages were developed, ending with home visits to get to know the characteristics of each micro area,

presentation of the research, and invitation to participate. The home visits (HV) occurred between September 2018 and December 2019. The first meeting always occurred in the presence of the ACS and contacts by phone also took place. Among the 13 women listed since the first HV, it was possible to conduct narrative interviews with three women. The other women did not accept to participate and/or did not meet the inclusion criteria and/or were not found in their homes at different periods of immersion in the field.

This project was prepared according to the guidelines contained in CNS Resolution 466/12 for the development of research with human beings. As the selection of participants and data construction involved the settings of a public health unit, the project was filed with the Municipal Health Secretariat and subsequently submitted and approved on October 16, 2017 by the Research Ethics Committee of the Ribeirão Preto College of Nursing (EERP-USP), opinion number: 2.329.912, CAAE: 71139817.1.0000.5393. The participants signed the Informed Consent Form after reading and clarifying the research.

Construction of the data

To construct the data, narrative interviews were conducted and notes were taken by the researcher in the field diary. The interviews for qualitative studies enable the understanding and deepening of the narratives made by the women in the study (BAUER; GASKELL, 2002). The interviews took place in the participants' homes. In total, 14 HVs were performed to achieve the objectives and better understanding of the aspects that were presented in the narratives.

The data obtained were recorded, later transcribed and typed. After that, the analysis was performed based on Braun and Clarke's (2006) proposal. The use of this analysis model in conjunction with the ABHC framework proved to be effective, since the proposal enables a greater capacity to apprehend the contradictions and the dynamic aspects present in the meanings that the phenomena present to the participants. This apprehension and processing demonstrate coherence with ABHC, particularly in the dialectical vision of the construction of the senses and meanings about the phenomena.

Results and discussion

The data coding process identified how the health education activities developed by the schools impacted the health of the participants, what contents and themes were addressed about teen pregnancy prevention and sexual health, and if there was the presence (absence) of health services or professionals in these activities. It is possible to identify, from the speech of

participant Pagu, how adolescents depend on spaces such as schools and/or other social institutions for access to information:

So, at school there was always this kind of education, I participated in an NGO that even had this kind of conversation and I knew what to do, the pills I had to take to not get pregnant [...] my friends were always the same age as me and none of them also did not know, as nobody did, we did not know [...] The only way I had to know something was at school, only! In this NGO that I participated was the only information I had, at home there was never this conversation (Pagu, 25 years, single, studied until the 2nd year of high school incomplete, first pregnancy at the age of 17).

Pagu points out a Non-Governmental Organization (NGO) and the school as spaces that propitiated the approximation of contents related to pregnancy prevention, even though they were not carried out in depth. She also reports that this type of issue was not addressed in her family.

Celina also has memories about how the actions about pregnancy prevention and sexually transmitted infections were developed in the educational institution where she was inserted, in the period when she had access to the school: “ [...] *They would talk, it was like a lecture they gave, and, you know, they would talk to us, the boys and the girls, they would talk and say that it was good to prevent diseases and send the paper to the mother at home.*” (Celina, 18 years old, studied until the 5th grade of elementary school incomplete, first pregnancy at the age of 15).

On the other hand, Dandara, in her speech, does not remember activities developed at school about pregnancy prevention or sexual health. Her mother also never offered subsidies at the time as an element in favor of understanding about the subject, as mentioned by the participant:

I didn't see it there, because there are schools that teach how to use condoms. There I never saw it! Never. So, I don't know, since when I started, I never saw it and my mother didn't talk about it either, you know, it's those people who hold on and don't want to talk about how to use a condom, how you have to prevent yourself. (Dandara, 22 years old, living with a partner, studied until her third year of high school, first pregnancy at the age of 17).

According to Pagu, it is understood that the knowledge offered to her in her adolescence, regarding sexual health and pregnancy prevention, was more informative (and not formative) without in-depth study. Even if activities were carried out within the school environment, they were not enough for the participants to seek effective forms of protection against an unplanned pregnancy.

In this sense, it is important to highlight that health education actions need to overcome the informative character and the provision of technical content, so that activities are developed that cover the needs of the subjects and consider their stage of development, addressing the aspects that surround them and favoring reflective spaces on these issues through the construction of their life projects (SILVA *et al.*, 2018).

Pagu, at a certain point, states that she had appropriated knowledge that gave her the ability to know the pill as a contraceptive method: "[...] I knew what I had to do, the pills I had to take to not get pregnant" (Pagu, 25 years old, single, studied up to the 2nd year of high school incomplete, first pregnancy at the age of 17).

However, for Pagu, pregnancy involved other types of affections and meanings. For health-related practices, only the provision of information was not enough. Thus, in the actions of health promotion (WHO, 1986), senses and meanings socially constructed and internalized by each subject were not problematized in the actions to which the participants had access. The ABHC brings the strength of the signification process in human processes (VIGOTSKI, 1997), articulating meanings and affections for the construction of personal meanings, so that in the school space the approach of the theme pregnancy in adolescence seemed to have been little significant to direct the social practices of the participants related to pregnancy prevention. From the perspective of health promotion (WHO, 1986), these aspects need to be made explicit, accepted and appropriated to have meaning in the lives of adolescents.

The lack of active participation of health services in the lives of adolescents, the merely informative view by the school in the development of pregnancy prevention actions, and the lack of effective development of programs in the guidance and monitoring of the development of children and adolescents in the community were identified in this research through the narrative interviews with the participants. Thus, they also express the absence of a vision of care based on health promotion by the Health and Education sectors. It is possible to identify, in the course of the participants' lives, the absence of the State as an articulator of services in favor of quality of life and social empowerment regarding a planned pregnancy.

With the help of the narrative interviews, it was possible to identify how the activities were developed at school and how they were passive listening processes, since the activities were limited to lectures to many students in the schoolyard. Pagu also describes that the activities in which she participated looked like jokes, due to the approach adopted by the people in charge:

It wasn't always, no. It was not recurrent, it was every... 2 times a year, it was very little [...] I think that as I was very young, I was only 13 years old, I think, I was in the eighth grade, there everyone took it as a joke... so they put a rubber penis for people to learn how to put on a condom, but at that time everyone played, no one wanted to put their hands on it (Pagu, 25 years old, single, studied up to the 2nd year of high school incomplete, first pregnancy at 17 years of ages).

[...] It was only inside the school... Only at school and what they said at school that I remember, they came there every five months to give this lecture because they couldn't give this lecture to everyone in the school and in the classroom, so they put a class together with another class and took us there in the courtyard and then they put everyone together, ok, and then they gave the lecture (Celina, 18 years old, studied until the 5th grade of elementary school incomplete, first pregnancy at the age of 15).

Regarding involvement in the activities, participant Dandara says:

So, I thought so, that yes, it could, because there are schools that talk, but there are schools that do not talk, where I was studying I did not see, but like I say nowadays, we have to talk because most mothers, they are all underage girls, who are becoming mothers right, so we could have more lectures, courses to talk about how you need to prevent, show, right, each one has his choice, each one knows what he wants for his life, so I will not... but, for my part, I think we could have lectures, this business of coming and talking. More mothers and fathers talking to their children because there are boys who can already be fathers, my mother used to say "ah, but a boy of 11-12 years old can be a father if he lets them! So, in this part it could be like this, to talk a little more about this that is more specific [...]" (Dandara, 22 years old, married, studied until her third year of high school, first pregnancy at the age of 17).

Participant Celina comments on how the talk about contraceptive methods was one-way and without dialogue:

They came dressed as condoms, they talked about everything they had to say, that if we were going to have sex, we had to use a condom and not only because of pregnancy, but also because of the diseases that could affect us, both men and women, so I think that what the guy said... he always talked, you know, he never left us in doubt, you know, but he always talked, everything was clear and he also said that it was for us to listen more, he even explained it with a microphone and a box (Celina, 18 years old, studied until the 5th grade of elementary school incomplete, first pregnancy at the age of 15).

In their speeches, the research participants emphasize that developing activities on teen pregnancy goes far beyond describing and informing about the subject, with participant Pagu suggesting the use of methods that bring professionals closer to the adolescents, in the search for the construction of a bond and meaningful counseling: “[...] talk in a way that is like you walk into the room and talk about a movie and the conversation flows, you try to really talk and

not talk in a class-like way” (Pagu, 25 years old, single, studied up to the 2nd year of high school incomplete, first pregnancy at the age of 17).

Even though the content for the participants Pagu and Celina was contemplated at school, the use of traditional strategies, such as lectures, did not enable the understanding and appropriation of the theme addressed. It is possible to identify that no meanings were built that could direct their choices and practices towards a reflective process about the impact that an unplanned pregnancy would have on their lives. From the speeches, it is possible to identify that the action at school about contraceptive methods, many times, is not done in a dialogical way and the non-understanding by the participants becomes more difficult to be evidenced.

Thus, the choice of method and strategies (DOURADO *et al.*, 2021) is of fundamental relevance in the development of activities so that they are meaningful, as well as contribute to the knowledge of adolescents. It is understood that to approach contents related to sexual health and sexuality, as well as pregnancy in adolescence, one should start from concrete cases with deepening in the meanings constructed (SOUZA; SILVA, 2018), based on social practices in the different spaces experienced by adolescent subjects, whether at school or in health services (SILVA; ENGSTROM, 2020).

The strategies referring to how to teach how to use condoms and contraceptive pills are inserted in the themes related to pregnancy prevention and sexual health. However, there is a need on the part of those responsible for the activities not to restrict the approach of the contents only to technical understanding, which does not favor the promotion of adolescent health. In the case of sexuality and sexual health, depending on the strategies, the activities can bring to most adolescents the meanings of guilt and feelings of shame, in contrast to the sexual interests they share with their friends (MONROY-GARZON; SILVA, 2022).

Thus, when using other teaching strategies to discuss and reflect about these aspects, the use of only lectures or informative speeches was perceived by the participants as something distant in their lives. The approach of strategies creating a greater bond - and/or questioning the relationship between the gestational process in adolescence and the construction of life projects - could have been a way to welcome the different meanings that were being built by the participants and that should have been shared and reflected upon.

The use of other languages and strategies, such as theater, music, dance, drawings, poetry, stories etc., favors the exteriorization of different meanings. The procedures used within the teaching spaces to discuss the theme can be made from different models (DOURADO;

ARRUDA; PONTE; SILVA; FERREIRA JUNIOR; AGUIAR, 2021) as brought by the participants of this research, showing that the traditional method has important limitations.

When the activities are based on the preventive model, using the lecture in large groups as the main strategy, the effectiveness and the construction of this knowledge are reduced. However, when based on the concept of health promotion, studies have shown that the continuity of activities and the construction of significant knowledge, contemplating the needs of the subjects, contributes to the empowerment and reflection of the participants (MASSON *et al.*, 2020).

In addition, participants Pagu and Celina explain that the discontinuity of actions, demonstrating that developing and applying activities that involve health-related themes to be effective, requires engagement, active methodologies, continuity and professional involvement of those involved. When the participant Dandara portrays that the school could be a space used for discussion and implementation of activities in favor of health, we can understand that she identifies the school as a relevant environment for discussion and dialogue, in addition to reinforcing the role of this space before society, as a place for the construction of projects and re-significations, about pregnancy, sexually transmitted infections and contraceptive methods.

It is understood that, in the adolescent phase, the participants emphasize the indispensability of developing health actions from the concept of health promotion as a way to build the empowerment of individuals (MASSON *et al.*, 2020). The absence in these statements of references to the health service shows that, even though information is addressed, the development of a care based on intersectorality between the areas of education and health was practically absent.

Intersectoral practices in which the school strengthens for the adolescents the importance of self-care and the need to seek health units with possibilities for counseling and monitoring of these subjects were not adopted as favorable strategies in the health care of the study participants. Health units did not appear as sources of care related to pregnancy prevention, indicating that there is a "gap" to be better investigated regarding adolescent health.

Although health units are available to adolescents, they are not internalized as needs, so they become invisible spaces for these subjects (ROJAS RAMÍREZ *et al.*, 2017). For this, it is important that there is engagement of the health and education sectors, as well as professionals, who need to review models of health education (FEIO; OLIVEIRA, 2015), thus socially sharing co-responsibility in the development of activities involving adolescent health.

In this sense, nurses, as professionals who are part of primary care teams, have the capacity to understand, comprehend, and re-signify these aspects, and are professionals who can promote health education activities in teaching spaces (SILVA *et al.*, 2018), since their work promotes the construction of care that enhances the autonomy and responsibilities of the subjects involved, as pointed out by the concept of health promotion (LOPES; NOGUEIRA; ROCHA, 2018).

Nurses (SILVA *et al.*, 2018) as trained professionals, as well as family health strategy teams (SILVA; ENGSTROM, 2020), need to get closer to schools for the creation of a space that enables dialogue and listening to the needs of adolescents. Health education carried out from a traditional model and the little reference to health services in their role of guidance and attention to adolescents built dynamics that did not favor more consistent social practices aimed at preventing pregnancy for the participants of this research. Interprofessional actions from the fields of education and health favor the training and performance of school staff, but should be carried out from a critical view of education (FEIO; OLIVEIRA, 2015), seeking to overcome the vision of merely informative activities.

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