

COMPREHENSIVENESS AND GENDER AS A THEORETICAL BASIS FOR HEALTH CARE OF PREGNANT ADOLESCENTS

INTEGRALIDADE E GÊNERO COMO BASE TEÓRICA PARA O CUIDADO À SAÚDE DE ADOLESCENTES GRÁVIDAS

INTEGRALIDAD Y GÉNERO COMO BASE TEÓRICA PARA LA ATENCIÓN DE LA SALUD DE LAS ADOLESCENTES EMBARAZADAS

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ABSTRACT

Meeting the demands of women's health, from the perspective of wholeness and gender, requires overcoming the reductionist view that guides the practice of care, incorporating human multidimensionality. This article aims to reflect about fundamentals that govern comprehensiveness and gender as a theoretical basis for nursing care, with emphasis on teenage pregnancy as a social phenomenon that expresses this interaction. It is an update article, whose construction took place from select, reading and reflection of bibliographic material that underlies this comprehensiveness, and its intersection with gender in the health care of women. The theoretical bases mentioned are analyzed from their principles articulating them to the context in which the demands of pregnant teens are generated. Comprehensiveness is expressed when care is effective, respecting singularities of pregnant adolescents and providing changes in professional posture with response of individualized care to the needs of adolescents. Individualizing the nurse's practice, who responds widely for primary care, the text invites us to reflect the possibilities to intervene in reality and to promote changes in the formulation of strategies and actions that enable meeting the demands of teenagers.

Keywords: Pregnancy; Adolescent; Nursing.

RESUMO

Atender às demandas de saúde das mulheres a partir da perspectiva da integralidade e de gênero requer superar a visão reducionista que orienta a prática profissional de cuidado, incorporando-a à multidimensionalidade humana. Este artigo tem como objetivo refletir sobre fundamentos que regem a integralidade e gênero como bases teóricas para o cuidado de enfermagem com ênfase à gravidez na adolescência como fenômeno social que expressa essa interação. Trata-se de artigo de atualização cuja construção deu-se a partir de seleção, leitura e reflexão sobre material bibliográfico que fundamenta a integralidade e sua interseção com o gênero no cuidado à saúde das mulheres. As bases teóricas referidas são analisadas a partir de seus princípios, articulando-as ao contexto no qual as demandas das adolescentes grávidas são geradas. A integralidade se expressa quando o cuidado se efetiva respeitando singularidades das grávidas adolescentes e proporciona mudança de postura profissional com resposta individualizada de cuidados às necessidades das adolescentes. Particularizando a prática do enfermeiro, que responde amplamente pela atenção básica, o texto convida a refletir sobre as possibilidades de intervir na realidade e promover mudanças com formulação de estratégias e ações que possibilitem ir ao encontro das demandas adolescentes.

Palavras-chave: Gravidez; Adolescente; Enfermagem.

RESUMEN

Satisfacer las demandas de salud de la mujer, desde la perspectiva de integralidad y género, requiere superar la visión reduccionista que guía la práctica profesional de la atención, incorporándola a la multidimensionalidad del ser humano. Este artículo tiene como objetivo reflexionar sobre los fundamentos que rigen la integralidad y el género como bases teóricas para la atención de enfermería, con énfasis en el embarazo en la adolescencia como fenómeno social que expresa dicha interacción. Se trata de un artículo de actualización cuya construcción se llevó a cabo a partir de la selección, lectura y reflexión del material bibliográfico que subyace a la integralidad y su intersección con el género en el cuidado de la salud de la mujer. Las bases teóricas mencionadas se analizan desde sus principios, vinculándolas al contexto en el que se generan las demandas de las adolescentes embarazadas. La integralidad se expresa cuando la atención muestra respeto a las particularidades de estas adolescentes y

proporciona un cambio de postura profesional con respuesta individualizada de cuidados a sus necesidades. Al enfocar la práctica del enfermero, que responde por la atención primaria, el presente texto nos invita a reflexionar sobre las posibilidades de intervenir en la realidad y promover cambios con formulación de estrategias y acciones que permitan satisfacer las demandas de las adolescentes.

Palabras clave: Embarazo; Adolescente; Enfermería.

INTRODUCTION

The necessity of overcoming the reductionism, a consequence of the hegemonic model of health care that was centered on the biological, made Comprehensiveness essential to professional practices. In this perspective, the care becomes distant from the prescriptive act, becoming permeated by dialogue, listening, welcoming, bonding, access and responsibility, with a formal and political quality.¹

Comprehensiveness does not despise clinical practice, but values its prudent use with a view toward the other needs of the subjects, and answers to specific health problems or those that afflict a certain population group. Seeking to understand the individual's necessities is a therapeutic act that is implied in the responsibility of a team, which integrates itself to overcome structural contradictions of the work process, organization of services and of health practices.²

The construct of comprehensiveness in Brazil had contributions of the feminist movement, because until the early 1980s of the twentieth century, the governmental policy for women was focused on pregnancy and the puerperal cycle. The development of proposals for health care that would ensure comprehensive care was urgent, which led to the creation of the Program of Comprehensive Assistance to Women's Health (PCISM). It resulted from internal pressures of the social movement, specifically the feminist movement that claimed for women the fullness of their rights, with maternity being just one of the many options for their lives.

However, the range of social opportunities is not equally offered to all women, particularly for young women of underprivileged classes that find themselves deprived of educational and professional projects, in which the significance of traditional gender roles associated with economic limitations exists, along with the lack of access to various social benefits, violating fundamental rights. This group also lacks information and knowledge about their own bodies, as well as ways to deal with sexuality without being exposed to unplanned pregnancy and the risk of acquiring diseases.

In adverse conditions, these young women have compromised formation for the effective exercise of citizenship and are exposed to the reproduction of more traditional values and social conceptions.³

In the context of limited opportunities, pregnancy can be translated as an alternative life and source of social recogni-

tion. The contradictions of reality make adolescent pregnancy a major focus of health care institutions, and society, in this population group.

In the health system, biomedical databases guide health actions, with nursing practice being a part, under a vision of adolescent pregnancy based in the concept of risk and vulnerability, as reported by obstetrics. Invariably, the scenario in which pregnancy happens is not appreciated, which includes factors of economic, social and cultural order, among which gender relations become concrete. The young women find nurses in the health services following the model of care based on techniques focused on the adult population, denying the specificities of this group which also lives with histories of domestic and sexual violence, abortion, sexually transmitted diseases (STDs), among others problems.⁴

In the women's universe, the view on pregnancy and maternity oscillates between an idealized and socially naturalized vision and the right to free will. Situations of ambivalence tend to allow the occurrence of the pregnancy and, once the desire, not always manifested, is met, she starts to adopt more effective strategies to prevent pregnancy in an inopportune moment. Those who live their sexual experiences in panoramas that hinder the access to information and to means to take control of their fertility – including difficulties of negotiating with partners – have the recurrence of unexpected pregnancy in common. There is an important participation of the public health system in this process that requires, in addition to information and input, teams formed by nurses sensitive to the uniqueness of women.⁵

The incorporation of comprehensiveness as a theoretical basis for nursing care implies further reflection on the intersections between comprehensiveness and gender, as bases to sustain the practice of the profession. In order to offer subsidies for the reflection on the practice of care, aiming at its transformation, the goal of this article is to reflect on the fundamentals that rule comprehensiveness as a theoretical basis for nursing care in its intersection with gender, focusing on the adolescent pregnancy as a social phenomenon that expresses this interaction.

METHODS

This is an update article based on two theoretical bases, those being Comprehensiveness and its intersection with gen-

der in the health care of women. The work took place from selection and reading of, and reflection on, bibliographic material that underlies the two bases cited, analyzed from principles articulated within the context in which demands of pregnant teenagers are generated. The text was organized in two parts, with the thematic approach: "Comprehensiveness and gender in women's health care" and "Comprehensiveness in the care of pregnant adolescents".

COMPREHENSIVENESS AND GENDER IN WOMEN'S HEALTH CARE

Comprehensiveness is an ideal not achieved in its fullness, but which can be reached in part; it is articulated with concepts such as welcoming, bonding, responsibility, and quality of care. Therefore, comprehensiveness is polysemic and wide, impregnated with critical senses directed toward the current reality, aiming to overcome it.²

Welcoming consists of a humanized relationship and listening posture, and resolution of actions, with referral of cases and an offer of technological options reconstructing an individualized, therapeutic care in a collective panorama. It implies changing attitudes of professionals, specifically nurses, with denial of the clinical, prescriptive model of self-worth, leading to the exchange of knowledge in the construction of answers for the needs of others. The accessibility complements the concept of welcoming, enabling the care found connected to the offer and available characteristics of the service.⁶

Bonding means connection, relationship and a therapeutic instrument in which the nurse establishes a link, surpassing the expectations of the human being in a relationship that considers the singularity and subjectivity of the professional relationship with the patient. The bond "reveals itself in an attitude of giving attention, showing interest, sharing and being with each other with pleasure; not in an attitude of subject-object, but of subject-subject, in a relationship not of domain, but of *co-existence*, not of intervention, but of interaction."⁷ In this sense, bonding requires responsibility for the other.

In the context of women's health, comprehensiveness can be understood as:

*The implementation of practices of care to ensure the access of women to resolute actions, built according to the specificities of the female life cycle and of the context in which needs are generated. Accordingly, the care must be permeated by welcoming and sensitive listening to demands, valuing the influence of gender relations, race/color, class and generation in the health and illness process of women.*⁸

Comprehensiveness is not intended to fulfill all the needs, but seeks quality of care for women, valuing their rights, which have been committed in the process of construction of gender identity.⁹

For the feminist network, quality of care is "the one that offers maximum well-being to the users, from the perspective of their needs, their human rights, their experience, and the strengthening of power over themselves"¹⁰

Thus, regarding women's health, comprehensiveness values the feminine universe in the gender perspective, and should be defended as a path to the construction of autonomy and power to women's voices. The gender approach, introduced in sociological studies in the 1980s of the twentieth century and, later in health, unveils a reality of recognizing that women are inserted into the world in a condition of inequality with men. Under patriarchal foundations, the limitations of opportunities and rights are socially legitimized and, under the same references, the social function of reproduction and raising children is naturalized as destiny and the primary place for female achievement.

The gender approach turns to the relational character of feminine and masculine and represents the acceptance that masculinity and femininity transcend the issue of sexual anatomy, referring to the significance of networks that involve various dimensions of people's lives.³ In this sense, the feminist movement is engaged in the struggle for women's autonomy, with full rights in the private and public world; in a way, to move toward the direction of comprehensiveness in women's health, it is necessary to incorporate the gender dimension and the recognition of its influence on the routine of their relationships and demands of health care.

COMPREHENSIVENESS IN THE CARE OF PREGNANT ADOLESCENTS

The PCISM and the Adolescent Health Program (PROSAD), both created during the process of re-democratization of the country and of health reform, increased provision of the public sector offered to the services in the area of women's health. The implementation of these policies was compromised by several factors, including lack of funding and of cooperation of governments. Today, the National Policy for Women's Health, established in 2004, proposes to overcome the primary problems. Its theoretical proposition, comprehensiveness and gender must be axes of health care, guiding the practices of nursing.

The way that health services are organized is distant from the perspective of comprehensiveness of care, being primarily oriented toward actions based on the biomedical perspective and aimed at the adult population.⁴

In the case of nursing care for adolescents in the scenario of changes, maternity among this public gains an importance that redefines social expectations placed on young people these days, especially among female adolescents. In this panorama, adolescent pregnancy appears as a factor that minimizes opportunities, leading to the subordination of the female adolescents to their partners, family and/or both, in order to guarantee the subsistence of themselves and their child.¹¹

In a survey with 191 pregnant women, 66.5% of the pregnancies were reported as unplanned, and 30.7% of this group was composed by young women. There was an association between age and occurrence of pregnancy, with pregnancy occurring more frequently during the adolescence of young women with low education and from low income families. The adolescents presented more chance of having an unplanned pregnancy, although this event is influenced by objective and subjective factors, and occurs in all age groups.¹²

Many adolescents without much perspective in the job market find the performance of the role of wife and mother to be a source of gratification and recognition. Alterations in the pattern of fertility of the Brazilian female population, and the redefinitions of women's social position, have generated new expectations for young females regarding education and professionalization. It is stated that adolescent pregnancy is incompatible with the new demands of professional qualification for inclusion in the job market, and it is mentioned as the origin of diverse problems. Some authors affirm that adolescent pregnancy directs young women toward another path, composed of gender and class inequalities.³

For this population group, comprehensiveness can be elected as a primordial condition, considering its specific needs. Health needs go beyond the organic-biologic aspects, being especially important in this group because it presents a low demand for health services – one more reason for the psychosocial characteristics to be considered and not to restrict actions to the technical models of practice.¹³

Comprehensive health care for the adolescent foresees a set of actions based on her specific needs that require dialogue among a multidisciplinary team, offer health actions that involve care, prevention and promotion aspects, as well as coordinated and continued practice of that care, through relationship with other health units and other sectors.¹⁴ Therefore, comprehensiveness must be exercised as the foundation for care practices in the routine of a health network, materializing itself as a principle, right and quality service within adolescent health care.

All devices listed converge to provide an appropriate professional answer in the search for quality of care, and all are components to a major device: comprehensiveness.

Particular to nursing practice, a nurse faces contradictions of reality and lives with the weaknesses of the services to meet

the specificities of certain population groups. Formulated almost always under conventional normative standards, nurses have difficulties in being the subjects of change, but their broad role in primary care has them creating a relationship of care that is closer to comprehensiveness, especially when inserted into teams of Family Health Strategies, which are constructed under fundamentals of comprehensiveness. This occurs because the relationship of proximity that is built with this population works by facilitating a wider comprehension of reality and because of the sensitive view toward the demands of care articulated to the context where they are generated.

FINAL CONSIDERATIONS

Comprehensiveness gains richness and expression in the care of pregnant adolescents when nursing care is effective, respecting singularities and providing change of the professional posture, responding to the individualized needs of this group, without denying the technical dimension.

However, the effectiveness of comprehensiveness is mainstreamed by gender, which occupies a central position in the construction of the demands of women's care in all stages of the life cycle. Thus, the effort to change the reality of the care requires the challenge of the health teams, especially nurses, in involving young people in activities that generate effective dialogue in services for adolescents, and among themselves, distancing gender inequalities.

Considering that it is important to reach out to this group, the health network is not sufficient for the required changes. It is necessary to work in schools and in the community with strategies that enable the identification of demands, and to build indicators for care for a part of the population of an age in which demands cannot be encoded in the normative labels that still govern formation and health practices.

Individualizing nurses' practice and their responsibility with primary care calls for reflection about the possibilities of intervention in reality and promotion of changes with formulation of strategies and actions that will make it possible to meet the adolescents' demands.

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