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PREGNANCY AND STIS IN ADOLESCENCE

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INTRODUCTION

Adolescence is a period of great anatomical, psychological, physiological and social changes, a period of transition between childhood and adulthood. In this period, the Corporeal Mind is something fundamental to the individual due to the load of rapid, profound and remarkable changes, which can positively or negatively impact the young person's life.[1]

According to the World Health Organization (WHO) adolescence is the period between 10 and 19 years of age [2]. The Ministry of Health in Brazil, on the other hand, defines it as between 10 and 24 years old [3]. The child and Adolescent Statute describes that adolescence is between 12 and 18 years old, in exceptional cases the statute may consider up to 24 years old. years.[4]

Within this it is understood that this is a stage of life that many young people begin to explore their bodies in physical and sexual ways. Sometimes starting their sex lives. Due to the existence of a taboo in addressing these issues within the family, young people are vulnerable to cases of early pregnancy and sexually transmitted infections (STIs).

In Brazil, one in five women have their first child before the age of 20, a proportion that has been maintained for 10 years.[5] The birth rate per thousand young people in Brazil is 68.4 births/1,000 girls at ages from 15 to 19 years old, with the world average being 43.9 births/1,000 girls. [6]

The number of cases of STIs has increased, from 2008 to 2018, in the group of people aged between 15 and 24 years, and the detection rate (per 100,000 inhab) of HIV/AIDS is 13,8[7]. Syphilis has shown an increase in detection rate, currently 75.8, but this is general cases. [8]

In view of this, the objective of this article is to discuss social and economic factors of young women who end up having pregnancy

during adolescence and the presence of STIs in adolescents.

METHODOLOGY

The steps completed in the work were:

- 1.A bibliographic research was carried out on the topic in the main database – Scientific Electronic Library Online (SciELO).
2. Critical reflection on the material obtained and
- 3.Creation of a synthesis on the topic

DISCUSSION AND RESULTS

A debate started in 2020 about postponing the sexual life of adolescents as a public policy to avoid pregnancy in this age group.

To discuss teenage pregnancy, you need dexterity, responsibility and knowledge, as you need to take into account the scenario of inequalities, such as gender and ethnicity. In addition to respecting teenagers, they also have rights just like everyone else.

The discussion took shape after the Ministry of Women, Family and Human Rights (MMFDH) announced the creation of a national policy to prevent the risk of early sexual activity. In 2019, the MMFDH promoted a seminar in the Chamber of Deputies addressing the postponement of the sexual initiation of adolescents, inspired by the initiative I chose to wait.

The MMFDH together with the Ministry of Health promoted a national campaign showing the undesirable effects of an early pregnancy, with the objective of raising awareness among young people. The campaign's slogan was Adolescence first, pregnancy after - everything has its time.

Researchers from various fields of knowledge have looked at pregnancy prevention policies in the United States, and have come to the conclusion that delaying adolescent sexuality is not recommended as the only option. The American Society

for Adolescent Health and Medicine has pronounced that there needs to be a respectful and understanding approach considering culture, gender, in addition to presenting knowledge about contraceptive methods.

Reviews on the subject showed that public policies on sexual abstinence are ineffective. They showed that there is only a small delay in sexual initiation and greater chances of not using contraceptive methods at the beginning of sexual life.

Sexual life tends to happen as early as adolescence. A study carried out in Brazil showed an average age of 16 years for boys and 17 years for girls. Another study analyzed ninth grade students aged between 13 and 17 and showed that 36% of boys have had at least one sexual contact, while 20% of girls have also had at least one sexual contact.

There is a challenge to deal with teenage pregnancies, which is the sociocultural diversity of the target audience. Treating young people aged 10 to 19 with the same look is a mistake, it is necessary to take care of different age groups separately and exclusively with different care. In Brazil, fertility rates among young people aged 10 to 14 years remained unchanged, while those for young people aged 15 to 19 fell. In another analysis, there is strong evidence that a good part of sexual relationships among young people aged 10 to 14 years are not consensual, there are strong relationships between sexual abuse and pregnancies at these ages.

First, the State needs to provide other means for young people to develop other important aspects of life, such as the professional, academy, artistic and sports ambitions. There is a great difficulty for children and young people to be happy while facing poverty, inequalities, violence, abandonment and quality of life. The problems do not restrict early pregnancies, but they show that they are the result of social exclusion.

Public policies aimed at the healthy practice of sexuality in adolescence need to have better schooling, self-analysis of young people about affective and sexual choices, autonomy, knowledge of contraceptive methods in addition to combating racism, machismo, among other discrimination. They are important elements for the formation of young people and for sexual practice based on human rights [9].

In Brazil, between 2006 and 2010, the number of live births to teenage mothers dropped by 12.7%, but between 2010 and 2014 there was an increase of 1.8%. Within this group, it is observed that most mothers are aged between 15 and 19 years and this group showed the greatest reduction in the rate of live births by adolescents of 14%. The other group, which would be the age group from 10 to 14 years old, had a smaller reduction of about 3%.

Analyzing the regions of Brazil, in the period from 2005 to 2015, we have that the North region showed an increase, in the rate of live births by adolescent mothers aged 10 to 14 years, of 5%, while all other regions had a decrease in the rate with highlight the southern region which was 18%. In the age group between 15 and 19 years old, there was a general reduction in the rate, with emphasis on the Northeast region with 18% reduction being the largest and the North region with 9% being the smallest.

From this data, the drop in the number of live births per adolescent mother is a reflection of the general drop in the fertility rate in Brazil, thanks to the expansion of the family health program economic conditions in the regions showed influence when looking at age groups from 10 to 14 years old, considering that the Northeast had the lowest rate of reduction (2%) and the North even an increase when compared to the Human Development Index (HDI) of both states, being the lowest in

Brazil, to create a relationship with the data presented[10].

From another scope and analyzing the socioeconomic conditions and skin color of these young mothers, it appears that classes D/E have the highest proportion of teenage mothers and are the ones with the highest number of age-inadequate schooling, the lowest number of prenatal visits and are those who start prenatal care late. Skin color was another important factor, with young black and brown women with low schooling for their age and practically all black and poor girls made use of the Universal Health System (SUS) to perform prenatal care (93.9%). In addition, approximately one-fifth of black girls in D/E classes did not have a syphilis test (VDRL). Brown women had a similar pattern, but a little more attenuated. This scenario was repeated for ultrasound and HIV serology [11].

The majority of teenage pregnancies are unplanned (80%), and between 28 to 63% of mothers have a repeat pregnancy within 18 months, with two-thirds of these girls reporting not having planned this second pregnancy. Within this, it is understood the importance of an educational initiative on contraceptive methods, even more so in the postpartum period, as women are more motivated to avoid a new pregnancy. In the study, 77.5% of the girls chose to use contraceptive methods and 37% of them chose the intrauterine device (IUD). LARC) minimizes these risks because it is a new opportunity for health professionals to reinforce the importance of contraceptive methods through counseling. Studies show that most adolescents opted for LARC after being introduced to different methods of contraception and that the number of cases of pregnancy and abortion, in girls who were educated, dropped.[12]

Young people under the age of 25 are less likely to use condoms constantly. Unprotected

and early sexual activity among adolescents is an important risk factor for STI exposure and unplanned pregnancy.

A study shows that condom use depends on beliefs and values, and even on the myth of impaired sexual performance. Attention needs to be paid to adolescent sexuality to help reduce problems related to personal and social life. In this context, the school plays an important role in sex education, as it is an environment conducive to learning not only about the anatomy and physiology of the human body, but also about methods of preventing early pregnancy and STIs.

The school complements the education given by the family, and has great responsibility in the formation of the students.

During the school period, hormones drive adolescents' sexuality and cause body development. That's why the school must hold discussions and awareness about sexuality and maturation.

This study is of importance in the current health scenario, especially considering that early and unwanted pregnancy, in addition to STIs, are important factors that can affect the sexual and reproductive health of adolescents, as they compromise the natural process of growth, as well as the physical one. and emotional development and can lead to other consequences, such as dropping out of school. Therefore, it is necessary to pay attention to the sexuality of adolescents to help reduce problems related to personal and social life. This involves the whole of society, as it affects adolescent mortality rates, low schooling, unemployment and child abandonment, among other factors.[13]

CONCLUSION

Young people under the age of 25 are less likely to use condoms constantly. Unprotected and early sexual activity among adolescents is an important risk factor for STI exposure

and unplanned pregnancy. School and health services play a key role in sex education. This study is of importance in the current health scenario, considering that early and unwanted pregnancy, in addition to STIs, are important factors that can affect the sexual and reproductive health of adolescents.

Therefore, it is necessary to dedicate attention to the sexuality of adolescents to help reduce problems related to the whole society, as it affects adolescent mortality rates, low schooling, unemployment and child abandonment, school dropout, among other factors.

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