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Sexual and reproductive health of adolescents in Primary Health Care: reflections of professionals from the culture circle

Saúde sexual e reprodutiva de adolescentes na Atenção Primária à Saúde: reflexões de profissionais a partir do círculo de cultura

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ABSTRACT

Introduction: Primary Health Care services can contribute to actions to promote and prevent serious adverse effects on adolescents. However, difficulties in implementing these assumptions are perceived, highlighting the adequacy of health services, the creation of bonds, the strengthening of the relationship with the family and the community, and the inclusion of adolescents in activities. **Objective**: To investigate the perceptions of family health team professionals about the best strategies to improve sexual and reproductive health care for adolescents in their territory. **Methodology**: Qualitative study of the participatory action type, which adopts the theoretical methodological framework of the Freirean Itinerary (IF), a methodological strategy based on the liberating pedagogical perspective that is guided by dialogue and horizontal relationships. **Results**: Nine professionals participated in the research. In the first stage of the Culture Circle, 21 themes were raised, 4 of which were coded and decoded, with 2 of them being critically unveiled: Work Management, in which they presented the characteristics and difficulties of the work process in approaching adolescents, as well as possible alternatives to be incorporated into the work process; and Health Education, a moment in which they considered the communication barriers faced by professionals and families with adolescents, in addition to the knowledge gaps for providing care to adolescents. **Final considerations**: The study revealed the team's distance from adolescent sexual health, due to weaknesses in training and legal challenges. Continuing Health Education actions are crucial to overcome barriers and ensure comprehensive care.

KEYWORDS: Primary Health Care. Reproductive Health. Health Promotion. Adolescent Health.

RESUMO

Introdução: Os serviços de Atenção Primária à Saúde podem contribuir com ações de promoção e prevenção de agravos voltados aos adolescentes. No entanto, são percebidas dificuldades na implementação destes pressupostos, destacando-se a inadequação dos serviços de saúde, as dificuldades de criação de vínculo, a fragilidade da relação com a família e a comunidade e a escassez de atividades envolvendo os adolescentes. **Objetivo**: Investigar as percepções dos profissionais da equipe de saúde da família acerca das estratégias para o aprimoramento da atenção à saúde sexual e reprodutiva dos adolescentes de seu território. **Metodologia**: Estudo qualitativo do tipo ação participante, que adota o referencial teórico metodológico do Itinerário Freiriano de pesquisa, estratégia metodológica que se alicerça na perspectiva pedagógica libertadora que é conduzida pelo diálogo e relações horizontalizadas, no dia 29 de outubro de 2024, durante um encontro de três horas e meia. **Resultados**: Nove profissionais participaram da pesquisa. No primeiro momento do Círculo de Cultura foram levantados 21 temas, codificados e descodificados 4, sendo 2 trabalhados no desvelamento crítico. Gestão do Trabalho e Educação na Saúde. **Considerações finais**: O estudo revelou o distanciamento da equipe em relação à saúde sexual dos adolescentes, devido a lacunas na formação e legislação local. Ações no âmbito da Educação Permanente em Saúde são cruciais para superar barreiras e garantir assistência integral, além disso, o envolvimento da família em ações específicas mostra-se como alternativa ao impedimento legal regional.

PALAVRAS-CHAVE: Atenção Primária à Saúde. Saúde reprodutiva. Promoção da Saúde. Saúde do Adolescente.

INTRODUCTION

Adolescence is the stage of life between childhood and adulthood, marked by a complex process of growth and biological, psychological and social development. According to the World Health Organization (Organização Mundial da Saúde - OMS), adolescence corresponds to the second decade of life, a period between 10 and 19 years, 11 months and 29 days[1].

Adolescents and the youth in general demand new ways of producing health, as they are subject to vulnerabilities resulting from a number of habits. These habits stem from both their social context and from historical inequalities, and they compromise their rights and opportunities. In this scenario, attention must be continuous and must respect the diversity of experiences of this audience[2].

Furthermore, adolescence is marked by sexual maturation, a physical and psychological event. The transformations experienced in this vital period are multifactorial and go beyond biological changes, including those of psychosocial nature. In this sense sexuality stands out as it permeates all stages of one's life - not only adolescence - and involves biological, psychological, cultural, historical and social dimensions[3].

In Brazil the National School Health Survey (Pesquisa Nacional de Saúde do Escolar - PeNSE) is an essential source of guidance for public policies aimed at the sexual and reproductive health of adolescents, monitoring behaviors, safe practices and access to information. The historical analysis of its data reveals the need to reinforce actions regarding topics such as condom usage in the prevention of Sexually Transmitted Infections (STIs) and early pregnancy[4].

Based on the results of a PeNSE survey, it was possible to affirm that the probability of girls starting sexual life increased 4.0% per year on average. It also presented a variation of 41.0% during the course of the period stated on the survey. This logistic model was also applied to the data of sexual initiation under the age of 13 and the results indicated a stable linear relationship over the years, public schools included. However, taking private schools into account, the rates for said behavior were shown to decrease - as much as by 4.4% per year[5].

In the capitals, in 2019, 59.0% of school children stated they had used condoms in their last sexual experience. The results of the logistic model confirmed this behavior, indicating a decreasing linear trend whose odds ratio indicates a reduction of almost 7.0% per year in the probability of condom use in their last experience[5].

The health sector's interest in investigating sexuality is tied to concerns over the risks of unprotected sexual practices. Sexuality as a theme still faces weaknesses in the assurance of care due to taboos, prejudices and their association with the private sector despite being a central theme in preventive actions. This affects academic training and professional practice, both for

nursing and in the multidisciplinary team of health institutions[6].

Thus, in Primary Health Care (Atenção Primária à Saúde - APS), understanding the experiences of adolescents regarding sexuality proves challenging for nurses and other professionals involved in the multidisciplinary team, but it is essential in order to apply policies and to guarantee sexual and reproductive rights. Although the Family Health Strategy (Estratégia de Saúde da Família, ESF) is a model to promote health it lacks specific actions which in turn makes access to services difficult for adolescents[7].

In addition, within the scope of Brazilian public policies, the School Health Program (Programa Saúde na Escola, PSE) created in 2007 by the Ministries of Health and Education stands out. The program aims to promote the students' health in the public network through integrated actions between schools and Primary Care teams. Among its goals are the battle against chronic diseases, the promotion of sexual and reproductive health and the reduction of STIs, as well as the prevention of school drop-out caused by teenage pregnancy[8].

In this sense, sexual health education at school is fundamental to promote the adolescents' autonomy and self-care, recognizing sexuality as a social construction. To that end, it is necessary to address topics such as: sexual development, reproductive health, gender, interpersonal relationships, self-esteem and body image. These actions aim to reduce risky behaviors and unsafe sexual practices[9].

Despite the presented data indicating an even greater need for attention to the subject, it was enacted in June of 2024 in the State of Rondônia the Law No. 5.788, which prohibits the participation of children and adolescents in events, demonstrations and other activities themed around sexuality[10].

Therefore, the Permanent Health Education (Educação Permanente em Saúde - EPS) actions aimed at the multidisciplinary team seek to provide training and improvement of professional service skills, and to improve the quality of management and care actions for adolescents, their families and the community, considering the current transformations and health needs of this population group in their own territories. EPS is extremely relevant, since it provides moments of reflection and critical analysis over the instituted processes, contributing to the valorization of work as a source of knowledge[11].

Thus, this study seeks to answer the question: What are the actions of APS professionals in the sexual and reproductive health care of adolescents in the municipality of Porto Velho? The objective is to describe actions of APS professionals in the sexual and reproductive health care of adolescents in the municipality of Porto Velho.

METHODOLOGY

It was employed a qualitative study of the participatory action type, which adopts the theoretical-methodological framework of Freire's Itinerary (Itinerário Freireano - IF) of research. This methodological strategy is based on the liberating pedagogical perspective, driven by dialogue and horizontalized relationships. The IF is comprised of three stages: (1) thematic investigation, which seeks to discover the vocabular universe of the participants, including words and themes of daily life, originating the Generating Themes (Temas Geradores - TG); (2) coding and decoding, which seeks the meanings of the TG, expanding knowledge and awareness; and (3) critical unveiling, which promotes a reflection of what was proposed in the objective coding in order to ponder its possibilities for intervention and to interpret it's reality, reducing - that is, dividing - them based on the participant's interests[12-13].

The study was developed in a Basic Health Unit (Unidade Básica de Saúde - UBS) located in the east of Porto Velho that has five Family Health teams and is traditionally used as a field for practical teaching and curricular internships at the Federal University of Rondônia.

Professionals working in an ESF team participated in the research, including nurses, dental surgeons, physicians, nursing technicians, Community Health Agents (Agentes Comunitários de Saúde - ACS), dental office assistants and professionals under residency training in family health. All of them were included, regardless of the time of participation in the team. On the other hand, professionals who were on vacation or on any type of leave were excluded.

Data collection took place on October 29, 2024, during an approximately three hour long meeting. The participants were arranged in a circle and acted as protagonists, dialogically providing data on the generating themes, their meanings and possible coping strategies. Another study also developed the Freire Itinerary in a single meeting[3]. This was possible because the researcher used the results of a previous research carried out with the very same professionals on adolescent health, which allowed for the rapid identification and confirmation of the generative themes[14].

Participants were initially encouraged to recall their first experiences in an UBS as a way of welcoming and warming up for subsequent discussions. This was done in order to emphasize that most of the time the first experience with health care happens during childhood or adolescence.

Afterwards, the results of a previous research that was carried out in the same unit were shown, which raised a series of questions related to the health of adolescents in order to debate the theme with the participants. From this point on, the discussion was developed, and during the discussion they were able to define the generating themes that would be coded and decoded throughout the IF process. The stages of the IF were systematized as described in Chart 1.

For further exploration of some generative themes, the mediators used excerpts from the Statute of Children and Adolescents (Estatuto da Criança e do Adolescente, ECA), as well as the codes of Ethics of Nursing and Medicine[15-17] regarding the service for adolescents in order to foster discussion.

Finally, participants were encouraged to reflect on coping strategies for the identified problems.

The meeting was recorded in audio in order to collaborate with the course of the research. Furthermore, a field diary was also used to record the researcher's impressions of the entire process. The meeting was mediated by the main researcher and her advisor.

Chart 1 – Planning the meeting with the family health team – Culture circle

(continues)

Workshop	Culture Circle Stage	Objective	Activities	Workshop
1st stage 08:30 – 09:30 Coffee break: 09:30	Thematic research	Discover the vocabular universe of the participants: words and themes of their daily lives in order to reach the generative themes	1. Welcoming; Presentation of data collected by previous surveys to the team; 2. Confirmation from the team about the relevance of the generating themes identified and listing of new generating themes.	Arrangement of the whole in a circle; Reading of previously collected printed cards with speeches that represent the team: Record of the generated topics of interest to the team.
2nd stage 10:00 to11:00	Encoding and decoding	To seek the meaning of the generating themes in order to expand knowledge and decision making	1. Exploration, alongside the team, of their knowledge and experiences in the face of the identified generating themes; 2. Expansion of knowledge about the generating themes raised; 3. Review of the generating themes, identifying the relationships between them and the possible categories.	Reading fragments of texts on the Statute of Children and Adolescents and Manuals of the Ministry of Health (Ministério da Saúde - MS).

(conclusion)

Workshop	Culture Circle Stage	Objective	Activities	Workshop
3rd Stage 11:00 am to 12:00 am	Critical unveiling	To interpret reality and its possibilities of intervention based on the interest of the participants	Discussions and reflections of the team to face the identified problem-situation.	Development of a matrix of possibilities and alternatives in face of the team's challenges with the theme; Evaluation of activities based on the questions: did this intervention contribute to the team in any way? Were the dynamics enlightening? Checking if they have any comments and suggestions.

Source: prepared by the authors

The audio recordings of the meeting were transcribed in full and analyzed according to the IF. Being a participatory methodology, the entire analysis process happened alongisde the participants, who identified 21 generating themes and explored them in the coding and decoding process, reaching four themes of interest. These themes underwent development in a process of reflection - also called critical unveiling - in which two main generating themes were defined via a process of grouping.

The entire process was recorded, discussed and interpreted in the light of the scientific literature. A field diary was used to assist in the registration and interpretation process. The most representative speech excerpts in the text were highlighted and the participants were identified by the letter "P", followed by Arabic numerals that represented the order in which they manifested themselves in the dialogue of the culture circle.

This study consists of a work plan belonging to the matrix project entitled "The challenge of health promotion in Primary Health Care in Rondônia", approved by the Committee of Ethics regarding Research on Humans of the Health Center of the Federal University of Rondônia Foundation. The work plan was also presented to the Municipal Health Department, from which it received consent.

RESULTS AND DISCUSSION

The nine study participants worked in an UBS and were composed of: a physician, a nurse, a dentist, an oral health assistant, three ACSs, a nursing resident and a dentistry resident. Both residents were part of a multiprofessional residency program in Family Health. The participant

with the shortest time working in the team had been working at the institution for three months, the residents for 11 months and the other professionals were working there for more than 10 years.

In the first two stages of the Culture Circle, 21 generating themes were raised. These themes were coded and decoded into four groups of themes and of these, two underwent development during critical unveiling: "Work Management" and "Health Education".

Chart 2 – Investigation, Coding and Decoding of generator themes

(continues)

(GENERATING THEMES)	CODING AND DECODING	CRITICAL UNVEILING
Adolescent's approach	Work process in the adolescents' approach	Work management
Invisibility of adolescents in the territory		
Demands of the adolescents served		
Complaint-conduct based Service		
Fear of the lack of support for one-on-one service		
Fear of addressing issues related to sexuality		
Gender barrier in health service		
The need of a reference for adolescents		
The teenagers are in school	Alternatives to be incorporated into the work process	
School health as a way of attracting adolescents		
State law preventing events that deal with topics related to sexuality with children and adolescents		
The need to seek parents		
Parents speak for teenagers	Communication barriers with the adolescents	Health Education
Resilient and withdrawn behavior in teenagers while in the presence of their parents		
Parents who do not accept discussing topics related to sexuality		
Difficulty of communication of adolescents with the family		

(conclusion)

(GENERATING THEMES)	CODING AND DECODING	CRITICAL UNVEILING
Adolescents raised by grandparents	Communication barriers with the adolescents	Health Education
Difficulty in communication between the professional and the adolescent	Gaps in knowledge for serving adolescents	
Learning to work with this group		
Understanding the health of adolescents		
Brief contact with adolescent health during training		

Source: prepared by the authors

Work management

Within the "work management" theme where 12 generating themes were codified and decoded by grouping and relevance, two more relevant themes emerged, namely: "work process in the approach of adolescents" and "alternatives to be incorporated into the work process".

Work process in the approach with adolescents

Eight generator themes were coded and decoded, which will be specified below. The participants reflected on the adolescent's approach highlighting the absence of this demographic in the unit, and the fact that despite this they do receive adolescents looking for the unit with complaints about mental health and, in the case of girls, when they are pregnant:

> **(P1):** (...) since they're human beings they're bound to getting sick like any other age group, and yet (...) I don't see them here.
>
> **(P3):** (...) what I have noticed since I joined the team is a greater demand for mental health treatments for adolescents, (...) this has been happening with considerable frequency, but (...), it's true, girls appear when they are pregnant, I tend to a lot of pregnant teenagers and I have not yet had this kind of service for quick tests or issues of sexuality.

From the results, it was clear that the health team has troubles in addressing the adolescent demographic, from their reception to the recognition of their real needs. However, as the organizer of the Unified Health System (Sistema Único de Saúde - SUS), the ESF is of paramount importance in adolescent Health Care, taking into consideration the proximity with users from the discussed demographic, as well as the possibility of greater understanding of the social determinants that involve them on a daily basis. Another important and fundamental aspect is the longitudinality of care, as bonds have the opportunity to be established since childhood,

followed by adolescence and beyond, expanding the possibility of promoting health among these individuals[18].

The participants' statements indicate a convergence in relation to the predominant service model, which is based on the complaint-conduct approach. According to the reports, this format makes it difficult to attract the adolescent public, increasing the distance in relation to their demands and resulting in the absence of comprehensive care:

> **(P6):** The model of our service is based on the complaint-conduct isssue, which performs care based mainly on the issue of spontaneous demand. I am talking about a model of attention. It should be one of the main subjects in the professional agenda since it's supposed to be a vigilance model for health - one that should also care about attention to cycles of life - but unfortunately said agenda is still far too rigidly based on the biological issues once you look into it. Little attention is fundamentally being paid to issues that go beyond biological issues, to concerns in trying to understand what really is the need of the user [adolescent], and to connecting the issue of integrality of care and by neglecting these points we risk distancing ourselves from effective care.

The participants discussed that the service provided by the team is based on the complaint-conduct model and that this trait is one of the impediments to an improvement in integrated care. This model has a reductionist character of intervention, excluding dimensions that take into account socio-historical aspects (cultural and political) and their influences on health from its field of care[19]. Therefore, since they are naturally seen as a demographic that does not get sick, adolescents do not attend the unit if they do not present complaints since only the occurrence of a complaint justifies an appointment with a professional[20].

The participants highlighted the fear they feel in the face of the lack of support for one-on-one service - that is, solely in the presence of the professional - both for the professional and for the adolescent, recognizing this as a barrier to the service:

> **(P3):** This issue of legality is difficult even during work. Because... how am I going to do a physical exam on a 15-year-old girl, alone and inside an office? It is not within the legality for us to serve the adolescent alone and this creates another barrier in the service, since I need them to come, but I need their guardian to come too. And that creates yet another barrier.

This insecurity of health professionals in assisting adolescents by themselves is related to the lack of knowledge of some legal precepts that guarantee autonomy, privacy and confidentiality to adolescents, such as the Statute of Children and Adolescents, the Nursing Code of Ethics[15] and the Code of Ethics of Medicine[17].

There is also misinformation about the publications made by the Ministry of Health, since these documents present guidelines for the care and monitoring of adolescents, clarifying some topics pertinent to the health of adolescents, but also operational aspects, such as the consultation in two stages - in which the adolescent can be attended in the presence of the guardian and then privately, in the same meeting with the professional[21].

Participants reported that the topic had already been discussed previously in a meeting

with the team and revealed the fear they feel when addressing issues related to sexuality with adolescents, which becomes a hindrance during service:

> **(P1):** This topic... we discussed it in the last meeting, this situation of the professional's fear of talking about sexual health, about sexuality during adolescence. The issue continues: parents reject it. Particularly, as a father, I'm against it, quite a lot. Not because of the topic's importance or lack of it, but because of the way it was being approached, in a way that was biased in a manner that I didn't want my children to follow.

Both the issue of professional support and the difficulty of addressing aspects related to sexuality should essentially be subjects of observation of the EPS by municipal departments and their equipment. Furthermore, there is a need for the publishing of service standardization protocols so that professionals can be updated and supported in ensuring adolescents' access to health promotion actions as well as to sexual and reproductive health[20].

Participants pointed out that gender is also a barrier for the service, making it difficult to initially approach and attract this audience:

> **(P1):** I even worked out with the SAME staff that when it came to gender, when it's a man, rapid test or suspicion of an STI, they can forward them to me or to the another nurse (...). We take over from there since there's a lot of fear, this gender issue weighs heavily on the service, of any age group, in any situation.
>
> **(P3):** Women have a tendency to have a better time in a consultation with another woman than with a male doctor, during the consultation they have this ease of talking about sexual issues, actual female issues with another woman and when it comes the male doctors the relationship is not the same.

The professional's gender proved to be an important barrier in the performance of health care for adolescents. Participants believe that the service offered by professionals of the same sex as the adolescent minimizes shame or modesty for both, both during anamnesis and in the physical examination. Another study verified a similar situation, in which professionals also reported that individuals of all ages are more comfortable with professionals of the same sex, citing that discomfort can even generate avoidance behaviors in individuals[22].

The participants highlight the need to establish a reference for adolescents, aiming to promote their confidence in the health unit as a support network, so that they can feel safe to express their demands:

> **(P4):** We need to make ourselves present, we need to show adolescents that they can also find support here in the health sector, it's important because they always follow a reference, like I did. They didn't have it at home, but, I wanted the reference of someone I could trust, who could give me information, someone who teaches. "Look, you have to use a condom, there's the pill (...)".

To show itself as a truly adequate support network is essential, in a manner unlike others units that they may seek. This is essential as adolescents find themselves exposed to a number of situations in a very vulnerable phase, such as violence, accidents, neglect, lack of protection, affective-social abandonment, inadequate housing, social exclusion, issues related to sexuality, and difficulty in accessing culture, education and health services[18].

Alternatives to be incorporated into the work process

The participants coded and decoded the theme “Alternatives to be incorporated into the work process” based on four generative themes, revealing where to find the adolescent audience, leading the team to a reflective process on how to use it to capture these adolescents:

> **(P4):** It was also something that the team noticed, that in the morning they are at school, but if so why don't we go to the school? If we can't get them here, if we can't find them at home, we can go to where they are. We need to mobilize, reach this audience, they are also important (...). If we can't find them in our comfortable field, we need to take steps towards them by going to their field.
>
> **(P1):** (...) I think that school health should be a way of contacting and attracting this audience, but not of actual service because schools don't provide conditions and shouldn't provide individualized care on school grounds.

Participants prefer to know where to look for and find the teenagers. They see school as a very important place to work on knowledge, skills and changes in behavior, as it is the place where adolescents stay most of the day, making it an appropriate and adequate space for the development of educational actions spanning several areas[8].

In the perception of the interviewees, the PSE is seen as an opportunity to attract adolescents. Thus, Basic Education (Educação Básica - EB) and APS being responsible for the implementation of specific policies for adolescents, must act by aiming at social protection and health promotion, educating these young people and reducing the identified vulnerabilities, valuing the multiplicity of themes to be worked on in this phase, including sexuality[23].

The team also reported how the current State Law in the State negatively affects their performance in the process of care and promotion of health for the adolescent public, in addition to being harmful in the issue of recognition of abuses:

> **(P3):** Now the children don't have the information that we passed on at school and they won't be able to know when they are abused, they will not know what to do in the matter of sexuality, or how to prevent diseases and teenage pregnancy, so it is miseducating.

State Law No. 5.788[10] represents an obstacle to the development of activities done directly with adolescents involving the theme of sexuality. Thus, the participants reflected on the possibility of seeking out the parents of the adolescents, in order to enable them to talk about sexual and reproductive health with their children, since the family's role can be used as an instrument to enhance the sexual education activities of adolescents. The family is one of the most important spaces for the transmission of role models, values, opinions and behaviors related to sexuality. However, experiences of repression and intimidation around this theme can hinder communication between parents and children, negatively affecting the adolescent's sexual life. Family, health professionals, education and society must work in tandem so that the sexual and

reproductive education of adolescents happens effectively[24].

Through the process of refletion the participants identified the need to involve the parents of the adolescents, taking into account that the State Legislation restricts direct action with this public. The objective is to provide enlightenment, information and health education to parents, enabling them to dialogue with their children on issues related to sexual and reproductive health.

> **(P5):** I believe that, within the reality here, what must be done is to look for the parents and talk to them, creating a conversation circle and exchange information on the subject since the law prevents it from being directly discussed with a teenager.

It was observed that obstacles such as parents who speak for adolescents impair the care provided by the team, making teenagers resistant and withdrawn in the presence of their parents. Such conceptions may represent barriers in the care of adolescents and in the construction of therapeutic projects, as they may corroborate stereotypes such as: "communication is difficult", "they are rebels", or that "they do not care about their own health" and "they will not follow the proposed treatment"[25].

Health Education

Two more relevant themes were coded and decoded by grouping and relevance from nine initial generating themes, namely "Communication barriers with adolescents" and "Knowledge gaps for adolescent care".

Communication barriers with the adolescents

Regarding communication barriers, participants report that parents speak for adolescents during consultations - a characteristic that ends up hindering care - as the following statement reveals:

> **(P1):** Teenagers don't want to talk. This difficulty of communication in the adolescent personality is very interesting because sometimes, when they come with their parents, their parents speak for them. I've had situations of asking parents to be quiet because I was attending to the teenager.

The above statement corroborates the fear expressed by the team in discussing topics related to sexual health, because, according to them, there are parents who do not accept approaching such topics. However, it is essential that parents, health professionals and health managers seek ways to establish strategies and partnerships to facilitate access to care and health promotion for adolescents.

It is also important to maintain a frequent bond between family, school and health, as adolescents do not always attend Basic Health Units regularly. The lack of this bond makes health professionals unaware of the social and family problems to which adolescents are exposed, which

for the most part are initially observed by teachers at school[14].

Another characteristic noticed by the participants in this demographic is that the presence of parents tends to increase the adolescent's resistance, compromising the use of care.

> **(P3):** “When parents are present, they [the adolescents] are more resistant to opening up.”.

Furthermore, the team revealed that some parents do not accept discussing issues related to sexuality and are afraid of addressing the issue despite recognizing the need, as can be seen in the following statement:

> **(P3):** Some parents don't accept that we address these topics and that makes professionals get a bit stuck in the office when they attend to the adolescent. Because... which themes will the parents allow us to discuss or not? If I see that there is something the teenager sometimes want to talk about but their parents don't allow, then anytime I address it the teenager acts ashamed and afraid. This really happens and ends up preventing the adolescents from bringing up everything they could if they were alone, but what if the father doesn't accept it? Later on this can put me in a situation that will harm me, there are several questions we ask before diving into some themes with people from this age group.

Moreover, the team highlighted the adolescent's lack of dialogue with the family, a fact that also impacts the care and continuity of care for this adolescent.

> **(P7):** Yesterday I was talking to a mother and she said, "everything is perfectly fine here, thank you, all is wonderful". When I talked to her son, who is 20 years old, he told me that he was very resentful and hateful of his parents (...), there is no dialogue.

Another striking characteristic mentioned by the participants was the adolescents who are raised by their grandparents and how this context influences the care for these individuals.

> **(P9):** Most of their time is spent with their grandparents, in my area this happens a lot. Due to their age, the grandparents don't have much information, they're much more closed off, uncouth. They don't talk about sexual relationships. (...) the parents don't take responsibility for this with their children and the ones who are left responsible for it are their grandparents, and they don't have this understanding, they have already been raised in a specifc way, so they will raise their grandkids in that same way.

Thus, the perceptions identified by this study reveal that an important part of adolescents in the territory have communication difficulties with their families and are raised by their grandparents. That said, studies highlight that parents may have faced the same difficulties of talking about the subject in their youth, suggesting intergenerational influence around this problem and that they may still not have enough information to help their children, and that the grandparents' situation is the same. Thus, even if parents are not intimidated to talk about sex and sexuality the task of discussing these topics with a teenager can be difficult, as well as risking damaging the interpersonal relationship. The family discourse in relation to sex education should go far beyond sex in adolescence, aiming at the protection, prevention and promotion of health[26].

Gaps in knowledge for assistence for adolescents

This group was coded and decoded based on 4 generating themes that will be presented below.

The participants discussed and recognized the difficulty they face when communicating directly with adolescents, acknowledging the need to change the language used to communicate with them, as well as to adapt it for this age group in order to finally be able to serve them.

> **(P4):** Often they [adolescents] find it hard to understand what the professional is saying and sometimes our language is not adequate. We must have a very clear way of approaching them so that they can understand, because they need this authorization from their parents, especially those who come by themselves.

Regarding the knowledge gaps for adolescent care, the difficulty of communication between the professional and the adolescent was noticeable, evidencing the need to learn to work with this demographic and to understand the adolescent's health as a whole. Furthermore, the lack of training of professionals regarding the approach and performance of activities with young people builds a great barrier, since the professionals can often find themselves not knowing how to deal with the situation due to being unprepared. They recognize the importance of professional preparation, of EPS, as well as the availability of material and educational resources capable of attracting the attention of adolescents. Other studies have shown similar perceptions[25].

The participants were able to observe the need to be closer to the adolescent's sexual and reproductive health as well as learning to work with this age group and its demands, training the team to understand the adolescent's health, as the following statements can verify:

> **(P1):** Firstly, learn to work with this group. Why are we going to work with something we don't know anything about? Something we are not familiar with? It makes no sense because we have to learn how to work with this group and get to know them first.

In addition, the participants recognized the little contact with the adolescent's health during their academic training as a true gap, revealing that these knowledge gaps certainly interfere with how the team works with this audience, as the following statements show:

> **(P1):** (...) in our undergraduate training course we learned about women's health, children's health, elderly health, men's health but nothing about the adolescent's health, it's as if there is no such phase of people's lives, as if there's no such group.
>
> **(P6):** In my graduation, we had a brief contact with the adolescent health booklet, but not an exclusive look at adolescence.
>
> **(P3):** It's like there's a leap from child to adult. The area that represents adolescent is grey and they are left to fend for themselves.

The participants reflected on how the brief contact with the adolescent's health during the training impairs the care provided by the team. Also, the educational limitations in health undergraduate courses are historical. In general, the themes related to adolescence are not worked on properly in the curricular matrix of health courses, restricting themselves to a

conservative and technical approach to the reproductive process/sexuality. In light of this, the set of actions of professionals focus on certain population groups and/or specific diseases to the detriment of integrality, going against the goal of a comprehensive APS and an expanded clinic[24].

At the last stage of the circle, the participants revealed that through “work management” it is possible to expand the access for and reception of adolescents, to identify and attend to them in the area and modify the consultation model to a two-stage format. In this model, the first stage happens in the presence of their parents, while the second takes place with the adolescent by themselves. Another issue listed as a request in order to ensure professional support was the participation of a second professional, whose gender would be defined according to the context of the service, offering support to both the patient and the professional.

They also inferred that actions regarding "health education" are necessary. That is, EPS actions to qualify the entire team so that they learn and grow closer to the theme of sexual and reproductive health of adolescents, as well as other relevant themes. Also, there is also a need to carry out health education activities for the parents of adolescents, since the current State Law[10] prevents the performance of activities directed to adolescents on the subject of sexuality.

Participants reflected on the issues at hand as protagonists. Guided by their own experiences, their vocabular universes translated their worldviews, which could be discussed and confronted with each other and, thus, critically unveil their reality, pondering and deciding collectively which paths points towards alternative strategies to everyday practices[27].

CONCLUSION

In this study, it was revealed that the team had little familiarity with the sexual and reproductive health of adolescents. However, the participants were able to reflect in order to find out what motivations led to this lack of familiarity and also revealed which strategies can be expanded so that this lack of familiarity ceases to be a problem.

Among the roots of this problem-situation, the participants mentioned their own knowledge gaps, the little contact with the theme during academic training, the team's lack of training in recognizing the demands and perceiving these individuals in their own territory, as well as the current obstacles, such as the current impeding State law, which has resulted in distancing this age group, making it difficult to create bonds and failing to give full assistance to this vulnerable population segment.

In this way, understanding the perspective of the multidisciplinary team placed in the context of APS is essential to adjust the work processes, ensuring personalized assistance aligned with the particularities of this population. Therefore, the discussion proved to be essential as a strategy to fill these gaps and to promote qualified care for this population, contributing to

the reduction of barriers - be it cultural barriers or communication stigmas.

This study employed fundamental methodology as it treated the participants as protagonists in the construction of their own stories. Through this process they were encouraged to reflect on significant problem-situations from their individual experiences, allowing for the critical analysis of these circumstances and the elaboration of alternatives that favored the search for possible solutions.

This research presented some limitations, such as not considering the vocabular universe of adolescents and performing such analysis only from the professionals' point of view. It is suggested that more research on the legal issues related to the care of unaccompanied adolescents must be carried out, aiming to inform professionals and users about the way one can guarantee security in order to make better use of their consultations and other health promotion activities.

REFERENCES

1. Organização Mundial da Saúde (OMS). The health of young people: a challenge and a promise [Internet]. Genebra: OMS; 1985 [accessed in 2023 feb. 20]. Available at: https://iris.who.int/handle/10665/37353
2. Brasil. Ministério da Saúde. Proteger e cuidar da saúde de adolescentes na atenção básica [Internet]. Brasília: Ministério da Saúde; 2017 [accessed in 2024 apr. 24]; 234 p. Available at: https://bvsms.saude.gov.br/bvs/publicacoes/proteger_cuidar_adolescentes_atencao_basica.pdf
3. Vergueiro ACB. Acesso de adolescentes à saúde sexual na atenção primária no município de Francisco Morato [Internet]. São Paulo: Instituto de Saúde, Secretaria de Estado da Saúde; 2023 [accessed in 2024 apr. 24]. Monografia (Especialização). Available at: https://docs.bvsalud.org/biblioref/2023/03/1418935/tcc-ana-carolina-barbosa-vergueiro.pdf
4. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional de Saúde do Escolar – PeNSE [Internet]. Brasília: IBGE; 2022 [accessed in 2024 apr. 24]. Available at: https://www.ibge.gov.br/estatisticas/sociais/educacao/9134-pesquisa-nacional-de-saude-do-escolar.html
5. Instituto Brasileiro de Geografia e Estatística (IBGE). PeNSE – Pesquisa Nacional de Saúde do Escolar [Internet]. Brasília: IBGE; 2019 [accessed in 2024 apr. 24]. Available at: https://www.ibge.gov.br/estatisticas/sociais/educacao/9134-pesquisa-nacional-de-saude-do-escolar.html
6. Santos C, Roso A. Saúde sexual e reprodutiva nas adolescências no contexto brasileiro: indicadores, potencialidades e desafios. Estud Psicol [Internet]. 2024 [accessed in 2024 Jan. 20];24:e67677. Available at: https://www.e-publicacoes.uerj.br/revispsi/article/view/67677
7. Sehnem GD, Crespo BTT, Lipinski JM, Ribeiro AC, Wilhelm LA, Arboit J. Saúde sexual e reprodutiva dosadolescentes: percepções dos profissionais em enfermagem. Av enferm [Internet]. 2019 [accessed in 2024 Jan. 20];37(3): 343-352. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0121-45002019000300343
8. Cirino MGL, Silva PE, Souto CGV, Dias RP, Nogueira WBAG. Repercussões das ações educativas no Programa Saúde na Escola (PSE) para saúde sexual dos adolescentes. Rev Ciênc Saúde Nova Esperança [Internet]. 2024 [accessed in 2025 Jan. 17];21(2):556-573. Available at: https://revista.facene.com.br/index.php/revistane/article/view/951
9. Oliveira GAS, Couto GBF, Pereira RA, Marcuks GWS. Estratégias da Atenção Primária em prol da diminuição da mortalidade infantil no Brasil. Facit Bus Technol J [Internet]. 2021 [accessed n 2024

Oct. 20];1(31). Available at: https://revistas.faculdadefacit.edu.br/index.php/JNT/article/view/1269

10. Rondônia. Proibição da participação de crianças e adolescentes em eventos cujo tema seja sexualidade. Lei Estadual nº 5.788, de 2024 [Internet]. 2024 [accessed in 2024 Aug. 01]. Available at: https://sapl.al.ro.leg.br/media/sapl/public/normajuridica/2024/12121/l5788.pdf

11. Quitete JB, Moniz MA, Pontes BF, Silva BMS, Paixão TO, Rocha BCO, et al. Saúde sexual e reprodutiva na adolescência: abordagem baseada em problemas com enfermeiros da atenção primária. Rev Caribeña Ciênc Soc [Internet]. 2023 [accessed in 2024 Jan. 20];12(2):787-802. Available at: https://www.researchgate.net/publication/372801276_Saude_sexual_e_reprodutiva_na_adolescencia_abordagem_baseada_em_problemas_com_enfermeiros_da_atencao_primaria

12. Vieira ICB, Ribeiro EAW, Heidemann ITSB. Educação em saúde: ponderações de um itinerário freiriano. Hygeia Rev Bras Geogr Méd Saúde [Internet]. 2022 [accessed in 2024 Aug. 27];1-11. Available at: https://seer.ufu.br/index.php/hygeia/article/view/63882

13. Souza JB, Barbosa MHPA, Schmitt HBB, Heidemann ITSB. Paulo Freire's culture circles: contributions to nursing research, teaching, and professional practice. Rev Bras Enferm [Internet]. 2021 [accessed in 2023 Dec. 20];74(1). Available at: https://www.scielo.br/j/reben/a/tJ7yxnDCD8cKJb7JYWRX7yk/?lang=en

14. Guedes EM, Fernandes DER, Parmejiani EP, Cunha AJG, Moreira KFA, Freitas JLG. Dificuldades e possibilidades na atenção à saúde dos adolescentes: percepções de profissionais da atenção primária à saúde. Contribuciones a Las Ciencias Sociales [Internet]. 2024 [accessed in 2024 Nov. 10];17(7):e8633. Available at: https://ojs.revistacontribuciones.com/ojs/index.php/clcs/article/view/8633

15. BRASIL. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da União [Internet]. Brasília; 1990 [accessed in 2023 apr. 10]. Available at: http://www.planalto.gov.br/ccivil_03/leis/L8069.html.

16. Conselho Federal de Enfermagem (COFEN). Comissão de Formação e Desenvolvimento da Enfermagem. Código de ética dos profissionais de enfermagem. Resolução Cofen nº 564, de 2017 [Internet]. 2017 [accessed in 2024 Aug. 10]. Available at: https://www.cofen.gov.br/resolucao-cofen-no-5642017/#:~:text=Art.%201%C2%BA%20Exercer%20a%20Enfermagem,%C3%A9ticos%20e%20dos%20direitos%20humanos

17. Código de Ética Médica (CFM). Comissão de Formação e Desenvolvimento Médica (CFDM). Código de Ética Médica. Resoluções CFM nº 2.222/2018 e 2.226/2019 [Internet]. 2019 [accessed in 2024 set. 30]. Available at: https://sistemas.cfm.org.br/normas/arquivos/resolucoes/BR/2019/2226_2019.pdf

18. Barros RP, Holanda PRCM, Sousa ADS, Apostolico MR. Necessidades em Saúde dos adolescentes na perspectiva dos profissionais da Atenção Primária à Saúde. Cien Saude Colet [Internet]. 2021 [accessed in 2023 Feb. 20];26(2):425–34. Available at: https://www.scielo.br/j/csc/a/Tsf3JXM6Tw7RkKMfRJz6zJp/

19. Raimundo JS, Silva RB. Reflexões acerca do predomínio do modelo biomédico, no contexto da Atenção Primária em Saúde, no Brasil. Revista Mosaico [Internet]. 2020 [accessed in 2024 Aug. 20];11(2):109–16. Available at: https://editora.univassouras.edu.br/index.php/RM/article/view/2184

20. Turno TAA. Promoção da saúde sexual e reprodutiva do adolescente. BIS Boletim do Instituto de Saúde [Internet]. 2021 [accessed in 2024 Aug. 20];22(2):54–63. Available at: https://periodicos.saude.sp.gov.br/bis/article/view/38639

21. Brasil. Coordenação-Geral de Ciclos da Vida. Coordenação de Saúde dos Adolescentes e Jovens. Nota Técnica nº 2, de 17 de março de 2022. Nota Técnica nº 2/2022 COSAJ/CGCIVI/DAPES/SAPS/MS [Internet]. 2022 [accessed in 2024 Apr. 12]. Available at: https://egestorab.saude.gov.br/image/?file=20220318_N_NOTATECNICAn2-2022-COSAJ_3407892645107799912.pdf

22. Costa-Júnior FM, Couto MT, Maia ACB. Gênero e cuidados em saúde: concepções de profissionais que atuam no contexto ambulatorial e hospitalar. Sexualidad Salud Soc [Internet]. 2016 [accessed in

2024 Aug. 20];(23):97–117. Available at: https://www.scielo.br/j/sess/a/sDWmnkgySt7jMsbXWfx36bv/abstract/?lang=pt

23. Rios MO, Santana CC, Pereira SCA, Brito AOS, Souza LV, Leal LR. O Programa Saúde na Escola como ferramenta para a construção da educação sexual na adolescência: um relato de experiência. Arq Ciênc Saúde UNIPAR [Internet]. 2023 [accessed in 2024 Nov. 10];27(5):2354–69. Available at: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1115147.

24. Fernandes DER, Medeiros M, Guedes EM. Teenage pregnancy and its prevention: meanings attributed by a group of school adolescents. Contribuciones a Las Ciencias Sociales [Internet]. 2024 [acessed in 2024 nov. 10];17(10):e12023. Available at: https://ojs.revistacontribuciones.com/ojs/index.php/clcs/article/view/8633

25. Silva RF, Engstrom EM. Atenção integral à saúde do adolescente pela Atenção Primária à Saúde no território brasileiro: uma revisão integrativa. Interface (Botucatu) [Internet]. 2020 [accessed in 2023 Feb. 20];24(suppl 1). Available at: https://www.scielo.br/j/icse/a/vhxBcLFd8J6GrVGTF7DWPSd/abstract/?lang=pt

26. Danzmann PS, Vestena LT, Silva ACP, Peixoto MJR. Educação sexual na percepção de pais e adolescentes: uma revisão sistemática. Rev Psicol Divers Saúde [Internet]. 2022 [accessed in 2024 Aug. 18];11:e3981. Available at: https://www5.bahiana.edu.br/index.php/psychology/article/view/3981

27. Freire, P. Pedagogia da autonomia: saberes necessários à prática educativa. 25ª ed. São Paulo: Paz e Terra; 1996. [accessed in 2024 Aug. 18]. Available at: https://nepegeo.paginas.ufsc.br/files/2018/11/Pedagogia-da-Autonomia-Paulo-Freire.pdf

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