

The Epidemiological Profile of Pregnancy in Adolescence against Care Policies in the Public Health System

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Abstract

This is an exploratory and descriptive study with documentary character, built from a review of publications from the Ministry of Health regarding the theme of adolescence and pregnancy. The analysis was made from the actual existing actions related to teenagers and their intersection with actions directed to women during pregnancy and how they form the basis for a teenage pregnancy epidemiological profile. When considering the genealogy of subjectivity forms, one of the vectors of analysis is the way of daily life production, not just from State policies, but from the government conduction, the ways in which they create relationship strategies and production of the subjectivity with themselves and others. Thereby, the truth systems subjectify the teenager ways of being and their sexuality exercise, changing from thinking the sexuality within the law field to thinking in the protection and control fields. It is necessary to consider the teenagers as regulators of their own sexuality and as society co producers. The conception of adolescence needs to be learned, together with the pregnancy character for the construction of care policies and practices that seek actions integrated to their potential for the purpose of changing the view faced to the teenage vulnerability.

Keywords: pregnancy in adolescence; epidemiological profile; bio power; public health system; michel foucault

1. Introduction

This article aims to contribute by bringing up a subject which surrounds the public health plan in Brazil: pregnancy in adolescence. The general objective is to analyze the organization of the epidemiological profile of pregnancy in adolescence regarding public health policies and how it determines care practices. And as specific objectives:

- Identify care practices towards pregnant teenagers in the relations established with themselves, family and life, paying attention to their particularities
- Understand the articulation of public policies with the epidemiological profile of pregnancy in adolescence
- Make a viable contribution to the formulation of social policies which take care of these pregnant teenagers.

From these objectives, one of the first points analyzed was regarding the concept of adolescence, which has been changing over the years. We may consider that adolescence is a way of subjectivity which is constituted from relations of power and truth, giving thus a primordially cultural tone to the question.

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When objecting that over the years youngsters should learn how to be recognized by society as adults and there are ways to do so, a regime of truth is produced about being an adolescent and what characterizes this dimension of existence: through sexual / love relationships and labour market insertion. These characteristics are not taken as natural but as social arrangements, through relations of power and truth inside a community. Therefore, one does not consider what adolescence is, but how it is constituted. When we talk about pregnancy in adolescence, most of the times, it is from a problem and social vulnerability point of view, which will be a crisis generator for the family as well as for the society. In order to be able to make an analysis about this subject, one must understand the regimes of truth produced about adolescents and their sexuality and how these regimes will normatize and regulate youth sexuality and how, from this regulation, they can become individuals agents of their own body and sexuality. According to Rose (2011), during the XX century, Psychology began to mold with greater emphasis the way how people and social authorities used to think the individuals, diseases, health, normality and pathology, through its techniques, norms and values having as a characteristic the use of 'subjectification technologies' which aimed to 'provide inscription devices which resulted in individualizing problematic subjects, making the human soul intelligible on the form of calculable traces' (ROSE, 2011, p.108). In other words, Psychology begins to reflect on the development phases and their specificities producing problematizations of individuals in each step as mentioned by Guareschi (2007, p.233) about Psychology and its practices making it possible to 'safeguard individualities' focusing 'on the form of internal manifestations in terms of behavior, conduct, daily habits, a territory where the individual becomes intelligible and practical according to a model of social balance'. When discussing adolescence and pregnancy in adolescence, we must take into account discursive practices which produce regimes of truth that search to regulate and normatize the teenage subject. Each society has its regime of truth, its general policy of truth, i.e., its kinds of discourse as true, its mechanisms and instances which allow us to distinguish between true and false enunciations, the ways in which they sanction of one another, the techniques and procedures which are valued in order to obtain both statements from those who are in charge of saying what works as true. (SILVEIRA, 2005, p.108).

In the beginning of the XX century, from studies firstly carried out by classic developmental psychology, adolescence starts to be considered as a period of crisis and turbulence. This vision excludes the perspective of thinking the diversity as any pattern deviation was seen as a crisis period, thus to a positioning of the adolescent as subaltern to the adult, once they are emotionally unstable and immature. The young starts to be object of the other's discourse, sometimes represented by the family or other disciplinary institutions, but always in an incapable position of governing himself, thus the practices legitimate 'ways of being juvenile through (...) techniques anchored to a scientific discourse about interiority of the psychological individual and naturalized characterizations on the perspective of a normal, adapted and governable subject.' (GUARESCHI e GONZALES, 2008, p.481) These regimes of truth produced by Psychology are firm on the youth device, as explained by Foucault ([1978] 2005, p.244) the device embodies 'discourses, institutions, architectural organizations, regulatory decisions, laws, administrative measures, scientific enunciations, philosophical, moral and philanthropic propositions. Summarizing, the said and the non-said are elements of the device.'

Therefore, whenever one discusses the question of adolescent sexuality beneath the veil of pregnancy in adolescence the focus is always on social issues, leaving behind the dimensions of pleasure, desire and right. Foucault (2010a) points out that the history of sexuality can be understood as practice of coexistence among 'culture, fields of knowledge, kinds of normativity and forms of subjectivity' (p.193). With a change over the centuries in relation to sexual and cultural norms (FOUCAULT, 2010b), before exclusion, it goes to a model that no longer excludes, but controls individuals, their bodies, searching inclusion and control. This new model brings the 'invention of positive power technologies' which present reactions of 'inclusion, knowledge formation (...) that produces, observes, knows and multiplies from its own effects'. Among these effects we have the 'normalization of sexuality' (p.41). For that, thinking about how this normalization has affected the young and their relation with sexuality. Altmann (2007) states that, although sexuality is a construction from the XVIII century, the consolidation of the question about sexuality as 'political investment and instrument of government technology' (p.289) becomes stronger with bio power, model of social control from the XX century, which is marked by a political investment which qualifies, measures, hierarchizes, which focuses on life, and the control of sexuality as a fundamental piece of power technology (FOUCAULT, 2006). The sexual conduct of individuals begins to be object of analysis of different interventions, political and governmental, which articulate with the intention to 'manage adolescent sexuality in order to, among others, avoid pregnancy which, in our society, is not accepted as an experience to be lived in this stage of life' (ALTMANN, 2007, p.287). Understanding adolescence as a form of subjectivity or modalities of relation which the subject establishes with himself in a certain culture means understanding the relations of power and the way power is exercised.

It is about a study of exploratory and descriptive approach with documental character, built from a review of publications from the Ministry of Health regarding the theme of adolescence and pregnancy. The analysis was carried out from existing actions referring to young adolescents and their intersection with actions aimed to women during gestational period and how they form the base for an epidemiological profile during pregnancy in adolescence. The search for articles was carried out by associating the describer 'public policies' to the describers 'adolescence', 'epidemiology', and 'pregnancy'. After bibliographic selection, the publications from the Ministry of Health were established as object of analysis. Through the analysis of the publications and the act of structuring categories, the discussion contemplates the relations of power and subjectivity, the forms of subjectification and the public policies and the final considerations. Data interpretation was founded on the theory of the writer Michel Foucault.

2. Relations of Power and Subjectification

There is a break with the traditional idea of power, in this epistemological perspective, power as being something different which somebody has, not necessarily being repressive, coercive. 'We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production.' (FOUCAULT,1977,p.172). The truth, reality are built, historically, as effect of the relations of power, the idea of power is worked as productive instance 'What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse' (FOUCAULT,1979a,p.8). In other words, power also as productive instance. Power, as discussed here, should not be centered in any institution, nor disseminated from a single point. We ought to see power as a net, a thread which articulates all institutions and parts, members of society, that is why we understand adolescence from power, as this invests on certain ways of living that end up naturalizing adolescence as a stage of human development by attaching physical maturation to living modality. And this comes through a net, for example, the theories about human development, schooling process, requirements to get into the job market. There is not a class which detains power and another which is submissive. There is always one individual exercising power over another, not directly, but through power strategies, actions over other possible actions, relations between individuals are relations of power. 'Between every point of a social body, between a man and a woman, between the members of a family, (...) between everyone who knows and everyone who does not, there exist relations of power' (FOUCAULT,1980a,p.187). The man, the society is the main target and object of power, which aims to incorporate in bodies characteristics of sweetness with the intention to create a whole, with functions which differ, but rule the same way, and for one common objective: a government of the living, the society.

However, how to participate of this net of power existent in society? How to be a part of this something that produces knowledge and discourse? Nowadays, there is an investment on bodies by using disciplines; it is 'a political technology that destabilizes barriers between the familiar and the strange in contemporary body practices' (FRAGA, 2006,p.63). That is to say, it is through discipline that the forms of power are more evident in society, featuring two main technologies. The first one is directly on the body, through disciplinary mechanisms – institutions – it is an anatomo-politics discipline and the second one is on the population, indirectly on the body, through regulatory mechanisms – State –it is a discipline of life qualification through norm, therefore bio politics. Our society makes use of a discipline 'which is a political anatomy of 'detail', it is a tactical device of power, sustained by an economical or technical rationality. Discipline becomes art and technique of putting forces together in order to obtain an efficient device' (WELLAUSEN, 2007, p.9-10). Power over bodies can be called bio power. These technologies of power control were created and directed to the body which has desire and pleasure, so that its disciplining occurs. This disciplining is carried out by measuring the environment; it acts on the body, not on the subject. Disciplining techniques aim the creation of 'not just standardized bodies, but also controlled subjectivities' (MISKOLCI, 2006,p.682). Thus, making the contact surface between power and subject possible. Bio politics, on the other hand, is the investment on circulation mode; it is the body movement in the environment, i.e., population in general. An example of bio politics is public policies. Youth, this way, becomes one of the focuses of bio politics investments, transforming youngsters in adolescents, as it determines the characteristics which circumscribe in terms of experience, of modalities of relations with the self and the world.

This way, adolescence is a form of subjectification ; in relation to society values, affective maturity, the obligation to be happy, most part of behaviors are seen as reactive and there is also the doubt of when and how will be recognized as an adult (CALLIGARIS,2009). Thus, adolescence becomes what is in the process of being recognized as adult in affective manner, from adopted behaviors, i.e., constituted by culture from the relations of power and truth. One of the answers to this power and truth game is to make youth an age group or a social group where adults are excluded, by creating communities, adolescent groups. Another way is the recognition through delinquency, violence or rebelliousness; the groups are formed to transgress. This is because relations of power and truth constitute an adolescent who lives in a society in which he should always go after his wishes, something more, a desire that is never drained. We are going to work, therefore, with this concept of adolescence, with this ideal of living and experience of the young, in this case the adolescent girls, as forms of subjectification constituted in a certain social / cultural arrangement.

3. Forms of Subjectification and Public Policies: an Analysis of Documents

The research has analyzed a set of documents which pointed to adolescence. Not all documents are specifically related to policies towards adolescents, but they refer to the relation of the woman with pregnancy and allowed us to consider how the young goes through health policies and how these end up constituting forms of subjectification. At last, try to follow the perspective brought by Rocha, in which: Actions toward juvenile population should be, then, more proactive and less reactive, so that we are able to break with vicious circles traced on the fear of possible misdirection of youngsters. It is necessary to listen, plan, act and evaluate with the young, bet in their power of creation, comprehension of their needs and execution of different proposals. Youth groups are innumerable and diverse among themselves, but they have in common this propositional, inquisitive and reflexive capability. (ROCHA, 2005, p. 221). When we analyze the question of woman's sexuality, we can say that the first action from the government directed to woman's health registered in Brazil was released by the Ministry of Health in 1977, with the **Programade Saúde Materno-Infantil**, which contemplated the prevention of high risk gestation. With the democratization process, the question regarding family planning started to be defended inside the context of whole woman's health – the **Programade Assistência Integralà Saúdeda Mulher(PAISM)**, released in 1983, which understood the question regarding woman's health thoroughly, not exclusively on conception and contraception issues. The PAISM proposed to care about woman's health during their vital circle, not only during pregnancy and lactation, paying attention to all the aspects of their health, including cancer prevention, gynecological attention, family planning and fertility treatment, pre-natal attention, delivery and post-delivery, diagnosis and treatment for Sexual Transmitted Diseases – STDs, as well as occupational and mental illnesses (PORTALDASAÚDE,2003).

With the new health policy, built through propositions of the Sistema Único de Saúde, in 2004 the **Política Nacionalde Atenção Integralà Saúdeda Mulher-Princípiose Diretrizes** was released. This was a more recent and advanced version of the public policies implemented in the past. However, this attention directed to women decreased the existence of assistentialist policies related to contraception and maternity. In 2005, the **Política Nacionalde Direitos Sexuais e Direitos Reprodutivos** took effect through the Special Policies Secretary for women, and it has three main guidelines: increase of voluntary sterilization by SUS, distribution of reversible contraceptives and introduction of assisted reproduction by SUS. It is noticed quite more freedom and autonomy of the woman in relation to her own will and her own body. Another public policy of great importance directed to women is the law Project which regulates the **Family Planning**, which was approved by the National Congress and sanctioned by the President in 1996. The Law establishes that the manager instances of the Sistema Único de Saúde (SUS), in all their levels, are obligated to guarantee to the woman, man or couple, in all their service network, access to information, assistance to conception and contraception through scientifically accepted methods as part of the further actions which compose whole assistance to health. A The Family Planning Law (n.9.263), approved by the National Congress, in 1996, establishes the parameters and norms to access to information and contraceptive methods. The Sistema Único de Saúde(SUS)has a conception of broad and universal cover. Therefore, it is enough to observe the law and assist all the people in need of the service. It is the ministry, state and municipal secretaries of health responsibility to guarantee the adequate means for the exercise of reproductive rights. It is the media's duty to help clarify the question. It is the civil society's duty to mobilize and contribute to make the sexual and reproductive well-being effective. (CAVENAGHI;ALVES,2003,p.1) All these policies are directed to the subject woman, regardless of age, they are policies which protect and help women from the condition they are found in the Sistema Único de Saúde.

Even though there is no specific policy for the pregnant teenager, there are innumerable actions of assistance policies to the young implemented in the country, all of them in an action among the Ministry of Health and the Municipal and State Health Secretaries. They treat sexual initiation on adolescence and the discovery of sexuality from a cultural concept of health⁴ which considers the regional diversities through an articulated and intersectional work. An example of action from the Ministry of Health regarding this subject is the distribution of the **Caderneto Adolescente**, which in a very simplified and accessible way explains to the youngsters the changes in puberty, sexuality and safe sex; once it is important that they know their own body in order to have better control over reproductive capability and to understand and avoid sexual transmitted diseases. Another example is the elaboration of the **Diretrizes Nacionais para a Atenção Integral à Saúde de Adolescentes e Jovens na Promoção da Saúde, Prevenção de Agravos e de Enfermidades na Assistência** which work with the idea that: It is necessary to emphasize that the production of health for adolescents and youngsters cannot be made without strong intersectional bonds which open ways between the health sector and the participation and collaboration of other sectors and of the community itself, mainly young people and their families, as the needs of amplified health of this population go beyond the health sector. (page 15)

There is, so, the release of contraceptive methods, including emergency contraception, in the system of primary health attention. The project **Saúde e Prevenção nas Escolas**, a partnership among the Ministry of Education, UNICEF, UNFPA and Unesco articulated with state and municipal secretaries is a tool to promote dialogue and sharing of experiences. A project which has contributed to organized society, families, youngsters and schools to work together and discuss issues, such as juvenile participation, sexual health, reproductive health, diversity and citizenship. Nowadays, there are 300 cities acting with these strategies. There is also the production of 400 preservative dispenser machines for the schools which develop educational actions about sexual health and reproductive health; production of educational materials and online courses for health and education professionals about adolescent sexuality; development of professionals in health and youngsters education regarding sexual health and reproductive health. Released on September, 2008, the **Programa Saúde na Escola (PSE)**, articulated with MEC, releases financial resources to cities with lower Basic Education Index, which has already guided eight million students on sexual health. The partnership between the Health and Education Ministries allows that, inside the classroom, contents such as safe sex, alcohol and drugs are approached. These resources are going to be used in primary attention on health promotion, offense prevention and health assistance at school. Currently, 608 cities have joined the PSE. According to the National Research of Scholar Health – PeNSE, 80% of the teenagers were given lessons on how to avoid pregnancy in 2012. We may infer, therefore, that young girls are assisted by the government on the prevention attitudes to be taken. The Ministry of Health also makes it freely available for contraceptive pills, hormone injections and IUD at the public health system. At the program **Aqui tem Farmácia Popular** oral and injectable contraceptives are also made available at a low cost price. However, some young women end up pregnant during adolescence between 10 and 24 years old⁵. This is going to be our object of study, we are going to work with young women who 'escape' from these actions of the government and end up forming a new group: Pregnant Adolescents. The pregnant teenager has guaranteed assistance by the Sistema Único de Saúde, not only during pre-natal, but also during delivery and post-delivery. If a young girl is pregnant, she must look for the nearest health unit to confirm the gestation through an exam. This exam can be carried out by the program **Rede Cegonha**. The amplification of a quick test all over Brazil is an excellent opportunity to guide these girls so that they can exercise their sexuality with responsibility. During pregnancy and lactation, the girl who goes to school is also entitled to reschedule tests and justify absences, according to the federal law 6202/75 (BRASIL, 1975).

⁴ The way a subject lives life, the culture defines what health is. It is always related to pleasure, religion, society and health itself. The human starts to be seen as a desiring subject and with a certain autonomy regarding practices. There is collectivization, but also singularization in practices. Always working with the idea of damage decrease, with ways of negotiation for the subject. (Gastão Wagner de Souza Campos, 2002)

⁵ The Ministry of Health follows the convention established by the World Health Organization (WHO) which sets the period between 10 and 19 years, 11 months and 29 days old as adolescence, and the one between 15 and 24 years old as youth. There is, therefore, an intersection between the second half of adolescence and the first years of youth. It also uses the term 'young people' to refer to the group of adolescents and youngsters, i.e., the gap between 10 and 24 years old. (Diretrizes Nacionais para a Atenção Integral à Saúde de Adolescentes e Jovens na Promoção, Proteção e Recuperação da Saúde, 2010)

In order to understand the term epidemiology in its complexity, it is necessary to go back in history; taking into account that some concepts as body disciplining, power, bio politics and bio power are already known. From the XVIII century on, inquiries take place in order to cure poverty so that it does not infect the rest of the population, changing, thus, the vision of hospital. Until the XVIII century, the vision of hospital was assistentialist, which sheltered the poor. Medicine was considered private, because there were no doctors at the hospitals as they did not cure people. Hospital began to be sanitariat through medication, there was a passage from the assistentialist logic to therapeutic, resulting in a social medicine. And body disciplining started to be through the measurement of the environment, i.e., hospital disciplining through medication created disciplining of the social body. Disease is not seen as something natural any longer and it becomes object of intervention, concerning life qualification (FOUCAULT,1979a). Epidemiology appears at this point of history as a way of regulating population, it arises from social medicine, with the intention to control and know the population. Therefore, it is an epidemiology inside and from a social medicine directed to the population and not just to the individual. As population was not homogeneous (urban / rural, rich / poor), epidemiology scanned the society, constituting differences of characteristic according to space organization, relations of power, and kinds of investments on different social groups scanned epidemiologically.

The body begins, then, to be domesticated emerging a somatic dimension which can be psychopathologized. For that, family appears as mediator, relational. By talking about society epidemiology, the bond, the need of body approximation is created in bourgeoisie. With workers, on the other hand, there is the distribution of bodies in physical space (FOUCAULT,1979). From this idea of bourgeois family, there is an investment on the family, but from the pathologization of the somatic dimension, i.e., from the disease. As Deleuze e Guattari (1995) used to say about rhizomes that metaphorically it is a model of ethic-aesthetic-political resistance which treats lines of intensity, being able to escape, hide, confuse, sabotage, take a shortcut. Escape lines are those which escape from the totalizer attempt and get in touch with other roots, follow other directions. The rhizome does not let itself be conducted to unit, it is against closure, against pre-established rules, the rhizomatic thought moves and opens, explodes in all directions, it is not linear, it does not close on itself, it is open to experimentations, it is always surpassed by other lines of intensity which cross it; so that it is possible to create new meanings, micro connections defunding, diluting, confusing, disseminating. 'The question is to produce unconscious and, with it, new enunciations, other desires: the rhizome is precisely this production of the unconscious' (DELEUZE & GUATTARI,1995). There is always something that escapes, as the given example of teenagers who get pregnant, but in this case all that escaped was thrown into the sexuality field, creating a neighborhood zone between psychopathology and sexuality.

Health, when thought by Psychology, builds a series of regulations and modulations which establish the way the human being should relate with himself and the world (BERNARDES, GUARESCHIeMEDEIROS, 2005) This different view of health approximates clinic to critic in order to think about clinic as a device and not just a place where theory is applied. Clinic here as in the meaning of implementation of public policy, of the work of health professionals with their users, the bridge between living and living well. There is the need to change coordinates, change in practice and not just in theory, it is necessary to leave behind the classic dichotomies – health/sickness, normal/pathological, leave the common field and start working with the experience of the other (NEVESeJOSEPHSON,2002). In order to produce health, one must think through the policy of the other, an alterity policy of understanding and experience living with the other. When you consider a genealogy of forms of subjectification, one of the vectors of analysis is precisely the way of production of daily life, not just from State policies, but the government forms of conduct, the ways in which relation strategies and production of the subjects with themselves and the others are created. This is conformed from micro policies of investment in life, in the most ordinary forms of experience in which individuals are positioned and constituted in certain ways in the social field, a way of government in the most infamous details of existence (FOUCAULT,2008). When mentioning data, between 2003 and 2009 there was a decrease of 20% in the number of pregnant teenagers between 10 and 19 due to specific action of prevention and health education with guidance for adolescents such as campaigns regarding the use of preservatives, dissemination of information about contraceptive methods and better access, besides the participation of women in the job market. However, when we look at our state, mainly Campo Grande, the vision is different. Besides all the efforts from the Ministry of Health and the Federal Government, the index of pregnancy in adolescence increased over the years according to the plan of management from SESAU. Here in Campo Grande, there is the **Hospital da Mulher**, located in Moreninhas, which gives assistance to delivery, curettage, medical appointments for pregnant and puerperal women, educational activities about puerperium, nutrition procedures, routing for newborn exams, besides educational activities such as care guidance pre and post-delivery for the mother, newborn care, umbilical care, educational guidance since pre-natal, child's birth and infant care.

There is also the **Centro de Atendimento à Mulher – CEAM**, which promotes health attention to women to guarantee health integrity, where there is gynecological assistance and counseling regarding family planning, contraceptive methods available, promotion of reference and counter reference, as well as specialized care in cervical and mammary pathologies and family planning in the areas of gynecology, sterilization, psychology and social assistant. In 2007, there were 2.795.207 births in the country, from which 594.205 (21,3%) the mothers were between 10 and 19 years old. However, pregnancy in adolescence tends to decrease due to the campaigns about the use of preservatives, dissemination of information about contraceptive methods and better access, besides the participation of women in the job market. In Brazil, out of the total deliveries of adolescents and youngsters between 10 and 24 years old assisted by SUS in 2007, it is possible to collect the following data:

- Deliveries of women between 20 and 24 years old represent 31%,
- Deliveries of women between 15 and 19 years old represent 23%,
- Deliveries of women between 10 and 14 years old represent 1%,

Even with a decrease in fecundity all over Brazil, it is, however, concerning the pregnancy in adolescents in a situation of social vulnerability. According to data from the Instituto Brasileiro de Geografia e Estatística/Instituto de Pesquisa Econômica Aplicada (IBGE/IPEA), the rate of adolescent fecundity in 2006 increased 0,14 in lower economic classes. Pregnancy in teenagers and youngsters, although not always wished for, must be assisted by a health staff responsible for pre-natal. In this stage of life, women suffer several hormone, physical and psychological transformations, that is why a differentiated care policy is made necessary. The pregnant teenager can count on guaranteed assistance by the Sistema Único de Saúde not only during pre-natal, but also during delivery and post-delivery. During pregnancy and lactation, the girl who goes to school is also entitled to reschedule tests and justify absences according to the federal law 6202/75. There is a great use of a neighborhood zone between pregnancy in adolescence and pathology in the framework of public policies as well as the media. The regimes of truth about pregnancy in adolescence produced from the XVIII century have developed a social body that needs to be selective, in which sexuality and the woman's body have become a precise object of a medicalization process. Pregnancy in adolescence is a subject of many faces with the need to problematize about a homogenizing perspective which passes by the discourses and health policies that generally support the idea of motherhood in adolescence as a crisis generator, whose consequence is teenage stigmatization, their sexuality and their forms of subjectification. This way, something which escapes out of control and disciplining of bio power arises as a new subject of social body: the pregnant teenager. In this sense, there is an influence so that a public policy can be built for this population. Spósito et al. (2006, p. 255) states that 'the idea of adolescence carries, not only stigmas of psychological or pathological nature, traditional in some theories easily absorbed by common sense, as well as it incorporates the stereotype which designates those who threaten society.'

By becoming aware of the public policies which surround the themes of sexuality, adolescence and women, we may infer some conclusions, among them, the idea brought by Spósito et al. (2006) once all public policies and programs not only suffer the effects of conceptions, but can also provoke modulations on the dominant images that society builds on its young subjects. Another point to be considered is that, from the beginning, there has been a small qualitative leap concerning the effectiveness of the public policies directed to the young regarding policies, for many times, isolated, where there is absence of listening spaces. The pregnant teenagers are inserted in many other sectional policies such as education, woman's health, or still directed to the young in vulnerability and risk, but there is no specific policy that is articulated to the cultural demands and that enables real participation of these young girls. Policies that permeate the subject, but which bring watching strategies of normatization and control disguised in actions of empowerment, what Zibas, Ferreti e Tartuce (2006) point out as hurried attempts of transforming didactic or operational concepts present in official documents but that end up producing distortions which make the critical understanding of these concepts hard. When reflecting about the official health publications, teenagers still remain on the margin of basic attention as the propositions are reductionist and simplistic. This leads to inflexions on the public sphere around normative models which guide the regimes of truth about juvenile condition in the country, as well as the expectations on their insertion in the adult world pointed out by Spósito e Corrochano (2005).

The policies aimed to the young still do it so as a risk and vulnerability object, therefore, with little capability to inspire change, once they are focused on punctual, programmatic and control actions, thus, not advancing to a policy directed to health promotion, not just among the young in general, but in each particularity of the young subject, particularity which includes these pregnant teenagers and the way they are seen by the health system. So, we may state that, even though they are present, the public policies aimed to adolescents and, in particular, to pregnant adolescents need an extensive dialogue which is capable of seeing the young in his space, attend his demands and needs, not only directed to problems and risks, but understood as ways of subjectification.

4. Final Considerations

This work had the intention of amplifying knowledge over the thematic of pregnancy in adolescence from the analysis of an epidemiological profile inside care policies in the public health system. The need to learn the concept of adolescence, together with the veil of pregnancy for the construction of a policy and care practices which seek integrated actions with their potential in order to alter the look that has been directed to the field of vulnerability of the young. Advancing in public policies is considering distinct ways of subjectification in a perspective that goes beyond the health-sickness process. There is no space to work only on the risk and vulnerability field, putting the young in a submissive position. The current public policies, either federal or municipal, treat the young as non-sexual beings and, if by necessity there is the involvement of the theme sexuality, it becomes 'a posture of repressive control over teenagers, without and effective bonding to the guarantee of their rights' (Leite, 2012, p. 96), as the discourse is always about prevention, orientation and protection. Even if the human rights policy guarantees the exercise of broad sexuality no matter the age, when we talk about the young there is no effectiveness of these rights, leaving behind the dimensions of pleasure, right and distinct forms of subjectification and not just the epidemiological profile. For Leite (2012, p.100), the discussion of sexuality seems to be only possible as long as the teenager is kept in the 'position of the victim, the one who will be taken care of, protected. Teenage sexuality cannot emerge as pleasure territory.' Thus, youngsters become object of the policies aimed to the guarantee of their rights and not as entitled subjects. In order to be entitled subjects, autonomous, they must have space to exercise their sexuality broadly, as regulator agents of their own sexuality. We may highlight that: (...) an action which intends to be emancipatory along with adolescents and youngsters cannot focus on absences, (...) neither on the problem. Empowering of the young enables a responsible sexual behavior, going mainly through the declaration of their capabilities; being able to experience an autonomous and pleasant practice of sexuality, which may consequently protect adolescents from situations of vulnerability and crisis. In order to bet on adolescents and on a positive construction of their existence and sexuality, we must face that they are entitled subjects.(LEITE, 2012, p.101).

In other words, the discourse of juvenile sexuality is tied to the discourse of autonomy and always bringing up to the discussion 'the prerogative of sexual rights, because together with the affirmation of the teenager's position as an entitled subject, there are emerging questionings more or less radical regarding their real capability of response to the possible effects of this autonomy.' (LEITE, 2012, p.98-99). It is in the sexuality field that the adolescent experiences the exercise of his autonomy. Autonomy that is given in a daily process from the moment the young acquires space to exercise it in a way that there is a change in the discourse of protection to a discourse of 'ethic duty to consider the adolescent as an entitled subject and that the adult role must be to support and guide the youngsters in their responsible choices.' (CARVALHO ET AL, 2012, p.84). That is, so that the youngster may be constituted by different ways from those which are prescribed. This is the challenge for health, producing actions, policies and practices which get close to the daily life of the youngsters, where health goes through an amplified and open perspective taking into consideration determinants of social production of health. Linked to this idea is the necessary qualification of health professionals, whose objective is to make them sensitive to the young from the idea of singularity and not homogenization. As Ferrari, Thomson e Melchior (2006, p. 2.492) state by quoting Peduzzi (2001): From the moment in which strategy professionals reorganize their activities, the need and health actions will correspond, and not only health problems will determine the actions, but also the way service is organized will correspond to the needs of health, contemplating double dimension, individual and collective, of the process of health sickness amplifying the field of attention and care. To sum up, whenever we treat juvenile sexuality there is a neighborhood zone with social problems and public health. However, there is no way to disregard sexuality as effect of a cultural and social construction which relates the fields of power and knowledge with the forms of subjectification and normatization. We cannot forget to mention that, also, this neighborhood zone seeks devices , either of sexuality or youth, so that may be some control, a normatization of adolescent population from the perspective centered in society.

In order to do so, the regimes of truth subjectify the ways of being of the young and the exercise of their sexuality, not thinking about the sexuality in the field of the right and beginning to think about it in the field of protection and control. We have to legitimate the young as regulators of their own sexuality and co-producers of society.

5. Bibliography

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