ORIGINAL ARTICLE

Women's vulnerability in the puerperium from the view of family health teams: emphasis on generational aspects and adolescence*

VULNERABILIDADE DE PUÉRPERAS NA VISÃO DE EQUIPES DE SAÚDE DA FAMÍLIA: ÊNFASE EM ASPECTOS GERACIONAIS E ADOLESCÊNCIA

VULNERABILIDAD DE PUÉRPERAS EN LA VISIÓN DE EQUIPOS DE SALUD DE LA FAMILIA: ÉNFASIS EN ASPECTOS GENERACIONALES Y ADOLESCENCIA

Fernanda Beheregaray Cabral[1], Dora Lucia Leidens Corrêa de Oliveira[2]

ABSTRACT

The paper analyzes the emphasis of the professionals of Family Health Teams (FHTs) on adolescent women's puerperium as a period in which women are particularly vulnerable. The adolescent women's special vulnerability in the puerperium period is justified by their way of living, showing a natural tendency to making the adolescence phenomenon something natural. The analysis was performed on some results from a qualitative study performed with FHTs of Santa Maria/RS, which used the focus groups strategy and content analysis. This study adds important contributions to the work of health professionals, indicating and giving visibility to the circumstances and elements implied in the production of adolescent women's vulnerability in the puerperium. Results suggest that a reorientation of education and health promotion practices that goes beyond the informative component are needed. In addition, there is a need to incorporate the vulnerability perspective in the planning of those actions.

KEY WORDS

Adolescent.
Postpartum period.
Vulnerability.

RESUMO

O artigo analisa o destaque conferido por profissionais de Equipes de Saúde da Família (ESFs) ao puerpério na adolescência como um período em que as mulheres estão particularmente vulneráveis. A especial vulnerabilidade de puérperas na idade da adolescência é justificada em função de modos adolescentes de viver a vida, revelando uma tendência à naturalização do fenômeno da adolescência. A análise traz alguns dos resultados de um estudo qualitativo realizado com ESFs de Santa Maria, RS, desenvolvido por meio de grupos focais, cujos dados foram submetidos à análise de conteúdo temática. Este estudo contribui para o trabalho dos profissionais de saúde, no sentido de indicar e dar visibilidade às circunstâncias e elementos implicados na produção da vulnerabilidade de adolescentes no puerpério. Os resultados sugerem a necessidade de reorientação das práticas de educação e promoção da saúde das ESFs dirigidas a puérperas adolescentes, para além do componente informativo, e a incorporação da perspectiva da vulnerabilidade no planejamento destas ações.

DESCRITORES

Adolescente.
Período pós-parto.
Vulnerabilidade.

RESUMEN

El artículo analiza el énfasis otorgado por profesionales de Equipos de Salud de la Familia (ESFs) al puerperio en la adolescencia, como un período durante el cual las mujeres están particularmente vulnerables. La especial vulnerabilidad de las puérperas adolescentes se justifica en función del modo adolescente de vivir la vida, revelando una tendencia a la naturalidad del fenómeno de la adolescencia. El análisis incluye algunos de los resultados de un estudio cualitativo realizado con ESFs de Santa María, RS, desarrollado a través de grupos focales, cuyos datos fueron sometidos al análisis de contenido temático. Este estudio contribuye con el trabajo de los profesionales de la salud, en el sentido de indicar y poner de manifiesto las circunstancias y elementos implicados en la generación de vulnerabilidad de las adolescentes puérperas. Los resultados sugieren la necesidad de una reorientación de las prácticas de educación y promoción de la salud de las ESFs dirigidas a puérperas adolescentes más allá del mero componente informativo y la incorporación de la perspectiva de la vulnerabilidad en el planeamiento de estas acciones.

DESCRIPTORES

Adolescente.
Periodo de posparto.
Vulnerabilidad.

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[1] M.Sc. in Nursing. Assistant Professor at *Centro de Educação Superior do Norte do Rio Grande do Sul* at *Universidade Federal de Santa Maria*. Researcher in the Study and Research Group on Woman, Gender and Public Policies at *Universidade Federal de Santa Maria*. Santa Maria, RS, Brazil. fb.cabral@terra.com.br [2] Ph.D. in Education. Adjunct Professor at the School of Nursing of *Universidade Federal do Rio Grande do Sul*. Porto Alegre, RS, Brazil. dora@enf.ufrgs.br

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INTRODUCTION

The puerperium is a critical moment of transition in women's lives. This period starts right after giving birth and its duration varies. During the puerperium, physiological adjustments occur. They are necessary for the regressive manifestations of recovery and for adapting to the alterations suffered by the organism since its pre-pregnancy state.

Although women in the puerperium experience a special condition in their health process, they are not ill. On the counterpart, due to the possibility of clinical problems like anemia, hemorrhages and infections, as well as the high maternal mortality rates in Brazil, the puerperium is considered a risk period for women's health.

The complexity of the puerperium results from the interweaving of biological, psychological, behavioral, relational, sociocultural, economic and gender aspects. Besides, it is during the puerperium that the demands of motherhood are exacerbated, entailing important transformations in the women and couples' lifestyle, affecting the marital relationship and their affective and sexual life. All of these aspects, individually or in combination, result in different vulnerability situations for women during this period.

Vulnerability is understood here as

> [...] people's chance of exposure to illness as a result of a set of not only individual, but also collective, contextual aspects, entailing greater susceptibility to infection and illness and, inseparably, greater or lesser availability of all kinds of resources to protect themselves against both[1].

When incorporating cultural, social, political and economic aspects related to the production of susceptibilities in health into the analysis of disease processes, the notion of vulnerability expands the traditional epidemiological interpretations of health-related phenomena, promoting a new understanding of these susceptibilities[1].

Three components are proposed in literature as constituent elements of vulnerability: the individual, the social and the programmatic component. The individual component is cognitive-behavioral and relates to the extent and quality of information individuals have about a given problem; to the capacity to elaborate this information and incorporate it into their daily repertoires of concerns and, finally, to the interest in and effective possibilities of transforming these concerns into protected and protective practices[1].

The social component of vulnerability analyses refers to individuals' different possibilities of getting information, their capacity to process it and power to incorporate it into practical changes in daily life. Considering that possible changes do not only depend on people's will, but also on the context in which these individualities are established and manifested, these conditions are directly related to aspects of social wellbeing, such as housing, education, quality health and education services, availability of material resources and access to consumption goods[1].

The programmatic component of vulnerability links the individual and social components. Its elements are financial investments in the health and education sector, in trained human resources for prevention, diagnosis and care, with a view to the development of program actions and intersectoral public policies[1-2].

Without considering the notion of vulnerability, the majority of research on women's health in the puerperium is still based on biomedical approaches and reduced analyses of the puerperium phenomenon, in most cases departing from the understanding that this is only constituted at the limits of the biological. This perspective has influenced health professionals discourse and practices, ignoring the subjectivity and complexity of past experiences, their potential production of vulnerability and the multiple aspects involved, which should be taken into account in care delivery to women during the puerperium. Most of the times, care delivery to these women is eminently technical and directed at physiological functions, which ends up simplifying and devaluing possible demands beyond the biological sphere.

In this scenario, the research this paper was based on is justified, with the goal of examining Family Health Program Team (FHPT) professionals' view on women's vulnerability in the puerperium. Adopting the notion of vulnerability to discuss women's health issues in the puerperium can provide a broader look, beyond biological determinism, produced in health discourse, and can support the planning and development of health promotion actions for these women.

This paper presents an excerpt of data produced in the abovementioned research, analyzing some aspects of this vulnerability which, according to the FHPT professionals, is more frequent among adolescents, in function of a certain way of life that is considered typical of adolescent age. In this sense, the analysis questions the naturalization of adolescence, which is evidenced in the professionals' emphasis on adolescent girls' vulnerability in the puerperium. The focus on generational aspects[a] as responsible for the production of vulnerability in the puerperium, to the detriment of other factors related to their life context, reveals a simplification of the understanding about how this vulnerability is constituted, which can influence the FHPTs work in this context.

METHOD

This exploratory and descriptive qualitative research involved professionals from two Family Health Units (FHU)

The term generational refers to the emphasis on the age factor as a determinant of the study phenomenon. In this research, this emphasis is questionable, given the important influence of the political, economic, social and cultural context in the space-time the subject is inserted in and which mark the phases of human life very distinctively, resulting in different ways of experiencing adolescence, despite age similarities among the adolescents.

in Santa Maria, RS, totaling 18 participants. Data were collected between November 2006 and January 2007, using the focus group (FG) technique. This technique was chosen because of its potential to explore ideas, opinions and different viewpoints generated in discussion groups, mobilizing participants' critical-reflexive awareness, as well as FHPT members' collective thinking about women's vulnerability in the puerperium[3]. Two groups were constituted for the focal meetings, called 1 and 2. The first group included 1 physician, 1 nurse, 1 nursing technician and 7 community health agents, professionals who worked at one of the FHU under analysis. The second group included 1 physician, 1 nurse, 1 nursing technician and 5 community health agents who worked at the other FHU.

Meetings were held weekly at each of the FHUs, on the days of team meetings, totaling five meetings for each group of 1h30min each and moderated by the researcher. Data collected during FGs were submitted to thematic content analysis[4], which permits the consideration of empirical data in their peculiarities, in their social and historical context. The analysis involved pre-analysis, exploration of the material, treatment of the obtained results and interpretation.

In the pre-analysis phase, the recorded tapes were transcribed and re-read with a view to the initial selection of the material for analysis and a general view of the collected data. Exploration of the material involved the execution of the coding process with a view to classification, aggregation of data and transformation of gross data, composing units of meaning that permitted the identification of recurring themes for analysis. In the next phase, when the obtained results were treated and interpreted, the researchers returned to the data produced in the previous periods, which were submitted to content analysis for a more in-depth treatment of the categories through the articulation between the empirical material and the theoretical framework.

The project was approved by the institutional Review Board at *Universidade Regional Integrada do Alto Uruguai e das Missões* – URI/Santiago – RS. Participants were informed about the objectives, justification for the research and data confidentiality, after which they signed the Free and Informed Consent Term.

RESULTS AND DISCUSSION

The research subjects highlighted adolescent motherhood as a situation directly associated with women's vulnerability in the puerperium, which suggests an essentialist and naturalized view on adolescence. In the analysis, this view is understood as the cause and consequence of a simplified understanding on how and why processes occur that make these women vulnerable, particularly adolescents. In the analysis process, this emphasis on the adolescence period in the testimonies was understood as directed at a generational focus, due to being related with issues linked to these women's age.

Essentializing a phenomenon means reducing it to the possibility of an essence that should be repeated whenever this phenomenon is reproduced, that is, although some of its characteristics can vary, other more important ones, because they define its contents, will remain intact and practically immune to possibilities of transformation. In this sense, this kind of understandings is problematic because they depart from analyses that isolate the phenomenon in question from the context it occurs in.

The simplifying bias of FHPT professionals' analyses of women's vulnerability in the puerperium and adolescent motherhood indicates a devaluation of the range of contexts these phenomena and their developments occur in. These contexts take the form of very distinct social conditions, which can produce or strengthen vulnerability situations, especially for poor adolescents[5-8]. In this sense, what one wants to argue is that it will not be age or the human development period the women are in that will significantly influence the vulnerability potential of the puerperium adolescent women are going through, but their living conditions, including the contextual elements that will favor a healthy pregnancy, birth and puerperium.

In the group discussions, it was evidenced that the adolescent puerperal users of the FHP services the study teams are active in live in a context marked by socioeconomic, cultural and gender inequalities. The following stand out among the elements that produce these adolescents' vulnerability identified in these professionals' statements: low education level due to difficulties to have access to and continue in school, considerable poverty and, mainly, lack of future perspectives to construct their life projects. According to the FHPT professionals, all of these factors influence the production and/or strengthening of vulnerability situations, like in the case of an adolescent pregnancy.

The FHPT professionals perceived adolescence as a phase of instability, strongly marked by crises, difficulties and irresponsible attitudes, characteristics that, according to them, entail important effects during the puerperium, producing vulnerability situations.

> The difficulties I see in my area are adolescents. They are very careless (S6G2).

> The adolescent puerperal women who live here are very irresponsible, they don't take good care of themselves. So, soon afterwards, they get pregnant again! (S2G1).

The professionals' understanding of adolescent pregnancy reproduces the traditional technical approach of the issue, associating the notions of 'problem' and 'risk' in this approach, with excessive emphasis on the age factor[5-6,9], which is an aspect that is given supremacy among the social conditions that constitute the problem. The problem definition of women's vulnerability during the puerperium and adolescents' vulnerability in particular, according to a generational focus, as evidenced in the FHPT professionals' statements, ignores the social differences that mark the

phases of human life in distinct ways. This definition tends to obscure the asymmetry in gender relations, the concrete and distinct possibilities of 'choices' for adolescents from different social layers and the multiple implications of adolescent motherhood for the course of their lives[5].

Adolescence transcends time limits, incorporating the conception of adolescents as protagonists in the construction of their personal and collective life, granting potential emancipation, autonomy and social responsibility[5,10]. Criticism against some approaches' trend to homogenize adolescents' experiences is presented in literature based on research data. In this sense, arguments are developed that emphasize the generalizing and chronobiomedical way in which most scientific productions analyze adolescent parenthood. Criticism emphasizes that this phenomenon should be understood as biographical, that is, associated with individual and contextual aspects at the same time[6].

According to data by the Ministry of Health – MH, adolescent hospitalizations due to pregnancy, birth and puerperium in the Unique Health System - SUS, correspond to 37%, and 16% of the 1,650 deaths registered in DATASUS in 2002 were related to adolescents[11]. With respect to the postpartum period, the MH acknowledges that adolescent puerperal women are more vulnerable and, therefore, demand special care.

For most research participants, the FHPTs play their role, doing everything within their reach to intervene in this adolescent pregnancy problem. The main investments refer to female contraceptives, either by offering contraceptive methods or the necessary information with a view to its adequate use. This should guarantee the non-occurrence of adolescent pregnancies and, consequently, according to these professionals, reduce possibilities of vulnerability among puerperal women.

> [...] they are not concerned with not getting pregnant. But, it's not that we didn't warn them, because we tell them all the time to take care of themselves. But, it seems that they don't even care for what we say. So, what's the use of all of our work? Nothing! They don't take care of themselves. I think that's because they are adolescents really! (S7G2).

Only one member of one of the FHPTs gave less relevance to the essentialist bias that is recurrent in these professionals' discourse:

> Ah, but I don't think it's like that really! Because, in my area, there's a girl who had a baby when she was fourteen. She always comes here to pick up the pill and she does everything very well like the nurse tells her to, both care for the baby and for herself. And she's really young. So, it depends, right! (S8G2).

The research participants' statements indicate the FHPTs investment in advising adolescents about self-care in the context of sexual relations, suggesting that they work coherently with the guidelines of the Family Health Strategy, in which health education stands out. This emphasis on educative actions aimed at preventing adolescent pregnancy in personal accountability for self-care, traditional in health education, presupposes that competency for self-care mainly depends on knowledge about prevention modes. A research on the recurrence of adolescent parenthood strongly criticizes this kind of interventions, which are recurrent in public health, evidencing that *isolated information is not enough to modify adolescents' sexual and reproductive behavior*[6]. The study results indicated that, despite knowledge about contraceptive methods, several adolescents *neither used them nor planned the pregnancies*[6], strengthening the need to consider that other elements may be involved in the adolescent pregnancy phenomenon and in the possible production of vulnerabilities due to this situation.

In this sense, it can be argued that the actions of the FHPTs that participated in this research still remain strongly guided by health education conceptions that should have already been overcome, in favor of more promotion than prevention actions[1-2,6,12]. Health education approaches that tend to isolate the problems one wants to intervene in from their context, ignoring their social and cultural conditioning factors and assuming behavioral and individual solutions, have had very limited results and have been criticized[1-2,6,12].

In recent years, according to some studies[1-2,9,12] , many of these interventions have resulted in an extreme and non-critical universalization of educative practices, due to their centrality in information transmission and behavioral change, their sustainability in the biomedical model and in the prescription of healthy behaviors, to the fallacy of their generic and decontextualized messages and to the disregard of the fact that many ways of life are transient.

The idea that, in the field of adolescent pregnancy prevention, the FHP's work is satisfactory, considering its role in the distribution of contraceptive medication and in the dissemination of preventive information, as the research participants indicate implicit and explicitly, support the argument that, among FHPT professionals, little value is given to the importance of contextual elements in women's vulnerability during the puerperium, especially in adolescents' vulnerability. For a problem related to *all of them*, but originates in individual behavior, there is nothing more obvious than a generic solution that is applied in an isolated way to each of these adolescents:

> But they are not concerned with not getting pregnant. They don't care about family planning [...]. So, it's like, they take the pill some months but forget during other months [...]. These adolescents do have access to all methods! Over here we have the pill, we have IUD, injection and plenty of condoms! They don't use them because they don't want to. But there is a great lack of maturity, lack of commitment, of responsibility actually (S1G2).

This understanding of the adolescent pregnancy phenomenon as an eminently negative situation, independently of the circumstances it occurs in, derives from normative

discourse in the context of disciplines guided by cognitive-behavioral paradigms. This is the case of traditional psychology, which affirms *[...] adolescents' physical and mental immaturity to have a child, which would, in turn, represent risks for themselves as well as for their offspring*[8]. The biological, psychological and social consequences of adolescent motherhood and its repercussions for these girls' biography have been used on a large scale to affirm adolescent pregnancy as a social and health problem[5,7,13].

Although many approaches to the adolescent pregnancy phenomenon commonly emphasize negative aspects, literature indicates that, in many cases, this situation results in the adolescents' social valuation and offers more benefits than harms in their lives[6].

Still with regard to the attitudes and behaviors the research subjects identified as typical of the adolescent phase, the puerperium was recognized as a vulnerability period, also based on the premise that adolescent mothers do not take adequate care of their own and their babies' health. According to these professionals, the adolescents are *unprepared*, *irresponsible* and *insecure* to take care of their children, because they do not master care for the baby nor know the baby's needs. In the participants' view, this ends up making it difficult for these adolescents to assume the demands of motherhood responsibly.

> I think that adolescent puerperal women are more complicated. As they are not prepared to be a mother yet, they feel more insecure. So, when anything happens she rushes here to the FHU (S6G1).

> Our adolescents take more time to take up their role as mothers (S10G2).

> They are very young, inexperienced. They have a lot of doubts [...]. If the baby sneezes she rushes here to see if that is normal or not (S5G2).

These statements support the argument that the professionals who participated in the research share an essentialist and naturalized view on the adolescent motherhood phenomenon, linking the perceived difficulties with characteristics all adolescents supposedly have in common, independently of their living conditions. One argument that can be raised to indicate that this perception needs to be widened is that, as literature suggests[8,13-14], it is not the woman's age that results in difficulties during the puerperium. These difficulties are inherent in all mothers' need to adapt to the responsibilities of motherhood, as

> [...] For any woman, the birth of a child determines a set of activities and concerns she cannot exempt herself from and which have an obvious impact and are more urgent and priority than any other activity. Therefore, from the start, this determines a routine that is very similar for all mothers[13].

Another argument that can contest this idea that the vulnerability of adolescent puerperal women is punctually related to the characteristics of adolescence is that, independently of the mother's age, the demands of motherhood will be more or less heavy, depending on available resources and the available social support network. During the puerperium, adult and adolescent women with one or more children need people to share these demands with. Primiparous women may face difficulties to take care of their baby alone, using the support of their family group to take care of the child and do their housework[14]. In this sense, the presence of other women from the family contact group is very important[14-15], especially in popular classes as, for them, access to kindergartens and other social support networks is quite restricted. According to the research participants' reports, they receive this help from female figures, particularly their grandmother.

With regard to adolescent puerperal women's inability to assume motherhood, this is a problem that

> [...] should be considered not exclusively based on a set of demands and responsibilities that are imposed a priori on whom experiences them, but on the analysis of how characteristics of the sociocultural context the adolescent's family is immersed in modulate the repercussions of this motherhood[13].

As demonstrated in research, adolescent mothers may be taking very good care of their children and having a positive experience of motherhood. The family support they receive is very important during this period[6,15].

Another aspect that comes up in the group discussions as associated with greater vulnerability among adolescent puerperal women when compared with adults refers to the relation between the responsibilities of motherhood and the necessary restriction of the young girl's participation in the adolescent context and in the group of friends she used to have contact with before the pregnancy.

> As the baby cannot be exposed to either sun or remain out in the open at night [...], she's more stuck because she has to take care, give a bath, breastfeed all the time. They're young girls, right? So they want to go out, hang out, [...] but now, everything revolves around the baby (S9G1).

Other studies present similar arguments and evidence that indicates the adolescent motherhood phenomenon as a situation that is inherently understood as problematic. That is the case of a research about adolescent puerperal women's experience with infants at home, which evidenced that the status of *being a mother* weighs in on these young girls' routine, who ceases to do activities she used to do before, arousing contradictory feelings[15].

On the other hand, as highlighted earlier, research[6-8,13] demonstrates that motherhood can be a positive experience for some adolescents. *Being a mother* can be part of their life project, not necessarily as a result of an irresponsible or accidental attitude. In this perspective, it is argued that *[...] the birth of a child during adolescence represents a phase of transition to adult life*[7], and that, in some cases, this can contribute to the adolescent's quality of life.

Another issue mentioned in the FHPTs' statements was that the adolescents' vulnerability during the puerperium can result from a new pregnancy during the same period, a situation that is indicated as common in the context they work in.

> We explain that yet another baby makes everything more difficult. But it seems that, for them, getting pregnant is even good because, if not, they would take better care of themselves. Don't you think so? (S7G2).

For these professionals, *risky*, *irresponsible* and *careless* behaviors are emblematic of adolescent identity and exert a decisive influence in the occurrence of repeated pregnancies during short time periods. Holding the adolescents guilty for the lack of self-care in issues mainly related to contraception, as evidenced by the FHPTs, makes the situation seem like the adolescents' personal failure. That is why the information these teams offer about how to prevent a new pregnancy during the puerperium would not be adequately incorporated into their daily lives.

Despite maintaining the essentialist bias in the understanding of the problem, some statements suggest, though, the acknowledgement that the way social relations are organized in this context can favor the occurrence of repeated pregnancies. This may mean awareness that not only individual but also social conditioners are implied in the adolescent pregnancy phenomenon and in the vulnerability adolescent girls can experience during the puerperium.

> When they are pregnant, the community, neighbors treat them better. Besides the privileges they will get, because they won't make that much effort, they won't need to wash clothes by hand, they are more respected even (S4G2).

> She becomes important here at the unit, for our team. Because we are always visiting here, bringing her here, taking her medication, calling the social worker to get food, you see (S1G2).

The acknowledgement of motherhood as a possible positive experience for the adolescents attended by these FHPTs implies awareness of the range of context in which the adolescents experience motherhood, as its repercussions and subsequent arrangements affect these adolescents' lives differently (mainly girls living in distinct social classes), influencing their choices and the way they structure their life projects. Thus, against the official rhetoric that the repercussions of adolescent motherhood are always and undeniably negative, limiting the concretization of the young mother's life projects, the statements suggest, like in other studies, that being a mother during adolescence can also be good, mainly in low-income communities[5-8]. In these scenarios, motherhood constitutes a life project connected with the logic of social insertion into the adult world, being socially and culturally acknowledged and valued.

FINAL CONSIDERATIONS

The essentialist and naturalizing tone of FHPT professionals' statements about women's vulnerability in the puerperium, especially adolescents, limits the understanding of their possible health problems to failures in self-care. The premise seems to be that these problems could be prevented and/or solved based on educative actions capable of correcting inadequate behaviors or promoting correct choices. This simplistic understanding reproduces and strengthens the idea that is widely disseminated in health professions' context, i.e. that most of the illness processes the population experiences derive from personal failure and that people do not take care of themselves because they do not want to. In the specific case of the puerperium during adolescence, this ends up relating the understanding of adolescent puerperal women's vulnerability to the adolescent way of life, ignoring the whole range of contextual elements affecting this vulnerability and the experience of adolescence.

This naturalization process of adolescence and the puerperium that guides FHPT actions influence the situations that make them vulnerable. By being naturalized, issues related to the health of puerperal adolescents tend to become invisible and, therefore, the teams under analysis do not value them as health demands. The little visibility of these issues can, in turn, reduce these women's health service access. As these teams do not consider puerperal care a necessity, other more traditional demands (like hypertension and diabetes) end up being prioritized. This results in the possible production and/or expansion of vulnerability situations, which could be avoided by the FHPTs' effective intervention.

To the extent that professionals do not clearly understand that the FHPTs' own actions can generate vulnerability processes[b] and that they understand the vulnerability of adolescent puerperal women as a problem with generational and individual origins at the same time, it is quite probable that these professionals will accept, without questioning, the vulnerability condition of these adolescent puerperal women as something restricted to the individual level, ignoring the interdependence between the social and programmatic levels that are part of this condition.

During the field work, possibilities came up to expand the research participants' understanding about the vulnerability processes puerperal women in general and adolescents in particular may be subject to. These could not be discussed in this paper, but it should be acknowledged that they existed. The focus group discussions did not always show a consensus, revealing conflicts and contradictory positions, with the predominance of generalizing and simplified analyses. It was perceived, though, that as the research developed, the discussions encouraged the subjects to reconsider their positions, permitting a broadening of the personal view on the elements that produce or strengthen the vulnerability of the puerperal women they attended. Moreover, the research promoted reflections

[b] Refer to the different situation that can be implied in the production of vulnerabilities.

about the implications of the FHPTs' work on the minimization or production of this vulnerability.

Looking at the health of the puerperal adolescents based on the vulnerability notion allowed the FHPT professionals to understand the health and non-health production processes of adolescents during the puerperium beyond their reproductive experiences and, to a certain extent, to consider that different aspects are implied there. The incorporation of the vulnerability perspective into the adolescent health field constitutes an important strategy to redirect care production models for this group, with a view to a broader understanding of the situations that can make them more or less vulnerable, like in the case of the puerperium.

The research evidenced that the vulnerability notion is an important instrument to rearticulate health education and promotion practices beyond their informative component. The intention of this reference framework is to contribute to the transformation of individual and collective life and health conditions, attempting to take into account the multiplicity, complexity and interdependence of the aspects involved in the social production process of health. These vulnerabilities can be minimized by means of actions aimed at overcoming the situations that make them vulnerable, helping them to go through their daily experiences and to construct their life and happiness projects.

The approach of questions related to the vulnerability situations adolescents experience in the puerperium allowed FHPT professionals to acknowledge that not all adolescents have the same experiences and needs, so that their demands need to be considered in their singular expression. Both adolescents' differences and specificities need to be taken into account when planning health interventions, as the circumstances of life produce distinct vulnerability situations.

Based on these reflections, it should be argued that professionals who work in the Family Health Strategy need to be prepared to adopt the vulnerability focus in their work. This should promote the expansion of their theses about women's vulnerability in the puerperium, no matter at what age, an expansion that is considered necessary to reveal the impact of the context (including professionals' own actions) on the more or less healthy way these women go through this period.

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Correspondence addressed to: Fernanda Beheregaray Cabral
Rua dos Andradas, 1492/201
CEP 97010-030 - Santa Maria, RS, Brasil