



Category: Applied Research in Health and Medicine

REVIEW

Community Nursing and Education: Strategies for Promoting Adolescent Health

Educación y Enfermería Comunitaria: Estrategias para Promover la Salud en Adolescentes

Fiama Micaela Arduzzi ¹, Hernán Petrin ¹, Ruth Castillo ¹

¹ Universidad Abierta Interamericana, Facultad de Medicina y Ciencia de la Salud, Licenciatura en Enfermería. Sede Rosario, Santa Fe. Argentina.

Cite as: Arduzzi FM, Petrin H, Castillo R. Community Nursing and Education: Strategies for Promoting Adolescent Health. SCT Proceedings in Interdisciplinary Insights and Innovations.2025 Jan.1;3:478. DOI: <https://doi.org/10.56294/piii2025478>

Submitted: 12-09-2025

Reviewed: 27-11-2024

Accepted: 03-01-2025

Published: 05-01-2025

Editor: Emanuel Maldonado 

ABSTRACT

Introduction: Adolescence is a vital stage marked by emotional and behavioral changes that frequently derive in risk behaviors, including early initiation of sexual activity without adequate protection. These actions have increased the cases of sexually transmitted infections (STIs) and unplanned pregnancies in adolescents, especially in Argentina, where interest in addressing this phenomenon intensified with the HIV/AIDS epidemic. This context underscored the importance of comprehensive sexuality education and the promotion of responsible health practices.

Development: The role of Primary Health Care (PHC) and community nursing as fundamental pillars to mitigate these problems was explored. PHC, defined by WHO as accessible care based on scientific evidence, emphasized preventive and educational strategies that include access to contraceptive methods and community training. For its part, community nursing was positioned as a critical link between health systems and communities, playing roles as educator, manager and advocate. Resource and policy constraints that hindered the effective implementation of these interventions were also addressed.

Conclusions: The article concluded that health promotion and disease prevention in adolescents requires a comprehensive approach involving PHC, community nursing and sound public policies. Sex education was highlighted as an essential tool to empower adolescents, reduce inequalities and improve community health indicators, effectively facing the challenges associated with sexual and reproductive health in this population.

Keywords: Adolescence; Community nursing; Primary care; Sexual health; Prevention.

RESUMEN

Introducción: La adolescencia es una etapa vital marcada por cambios emocionales y conductuales que frecuentemente derivan en conductas de riesgo, incluyendo el inicio precoz de la actividad sexual sin protección adecuada. Estas acciones han incrementado los casos de infecciones de transmisión sexual (ITS) y embarazos no planificados en adolescentes, especialmente en Argentina, donde el interés por abordar este fenómeno se intensificó con la epidemia de VIH/sida. Este contexto subrayó la importancia de una educación sexual integral y la promoción de prácticas de salud responsables.

Desarrollo: Se exploró el rol de la Atención Primaria de Salud (APS) y de la enfermería comunitaria como pilares fundamentales para mitigar estas problemáticas. La APS, definida por la OMS como un cuidado accesible y basado en evidencia científica, enfatizó estrategias preventivas y educativas que incluyen el acceso a métodos anticonceptivos y la capacitación de las comunidades. Por su parte, la enfermería comunitaria se posicionó como un enlace crítico entre los sistemas de salud y las comunidades, desempeñando funciones como educadora, administradora y defensora. También se abordaron las limitaciones en recursos y políticas que dificultaron la implementación efectiva de estas intervenciones.

Conclusiones: El artículo concluyó que la promoción de la salud y la prevención de enfermedades en adolescentes requiere un enfoque integral que involucre a la APS, la enfermería comunitaria y políticas públicas sólidas. La educación sexual fue destacada como herramienta esencial para empoderar a los adolescentes, reducir desigualdades y mejorar los indicadores de salud comunitaria, enfrentando de manera efectiva los desafíos asociados con la salud sexual y reproductiva en esta población.

Palabras clave: Adolescencia; Enfermería comunitaria; Atención primaria; Salud sexual; Prevención.

INTRODUCTION

Adolescence has characteristics such as a lack of impulse control, emotional ambivalence, and emotional and behavioral changes. In turn, the sexual development of this population occurs at earlier stages, which can lead to the onset of active sex life at an early age. These characteristics can be predictors of a series of risk behaviors, such as the consumption of substances, drugs, and/or casual relationships.

In particular, sexual behavior is of key importance in this study, given the growing number of sexually transmitted infections and teenage pregnancies. Risky behavior such as not using condoms in adolescence exposes them to the risk of acquiring a sexually transmitted disease, HIV/AIDS, for example, with significant consequences for their health such as infertility, complications in pregnancy, and even death (Sam-Soto, Osorio-Caballero, Rodríguez-Guerrero and Pérez-Ramírez, 2014).

In Argentina, as in other countries in the region, interest in exploring the sexual and reproductive behavior of adolescents arose from a concern to understand the phenomenon of adolescent fertility and was deepened by the HIV/AIDS epidemic (Gogna & Binstock, 2017).

As for the consequences of sexually transmitted infections on the human reproductive system, it can be observed male and female sterility, ectopic pregnancies, cervical cancer, premature mortality, fetal loss, low neonatal birth weight, premature births, ophthalmia in the newborn, among others, and to a lesser extent chronic pain, foul odors, irritations, depending on the aggressiveness of the infection and the body's response to this invasion (Areco, 2016).

General objective

To evaluate the role of community nursing in health promotion and disease prevention, with a special focus on reducing teenage pregnancies and the incidence of sexually transmitted infections, through comprehensive, education-based primary care strategies within the context of local communities.

DEVELOPMENT

Primary Health Care.

The World Health Organization (2019) defines primary health care (PHC) as essential care based on practical methods and technologies, with a solid and scientific basis, acceptable to and accessible to every individual and family in the community through their participation and at low costs that can be met by all people.

With this proposed definition, basic elements such as methods and practical technologies can be specified for the individual, family, and community. Through their participation, it is established as essential care based on strategies, methods, techniques, and practices in relation to health processes. It is within the reach of all people through their participation and, above all, at a cost that is accessible to all individuals.

The Ministry of Public Health also refers to Primary Health Care as a strategy that guides the development of comprehensive health systems and points out that its implementation, like any social process, has always been subject to the contradictions and economic and political interests of societies' organizational structures.

Origins of primary care

In the 1980s, a momentous event was the Conference on Health Promotion in Primary Health Care, where the Alma Atta charter was born, providing a framework for health promotion. This conference took place in Ottawa, Canada, in 1986. It was summarized in the following points:

- To understand health promotion mainly as providing people with the necessary means to improve their health and exercise greater control over the social determinants.
- To create healthy environments.
- To develop personal skills beyond mere information that enable individuals to take measures to promote their health.
- To strengthen local community action.
- Reorient health services to focus on the needs of the individual as a whole in a holistic way (Jaquier, Dos Santos, Wolhein, and Martínez, 2011).

From its beginnings, Primary Health Care, as stated in the Alma Ata Declaration, has been to address the basic needs of the population, achieved with the participation of individuals. It is also based not only on the curative system of medicine but also on comprehensive, interdisciplinary care and health promotion aimed at individuals, families, and communities (Basantes Rodríguez, 2018).

Moreira Flores (2013) refers to the Ottawa Charter, which incorporates the concept of Health Promotion. The Charter argues that health promotion is the process of enabling people to increase their control over and improve their health.

Another vital conference was the fifth Global Conference on Health Promotion, which built on the four previous conferences on this topic. These conferences were: 1) Initiative for a New Public Health Action, which took place in Ottawa in 1986; 2) Healthy Public Policy, which took place in Adelaide in 1988; 3) Health-Enabling Environments, which took place in Sundsvall in 1991 and 4th: New Era, New Actors: Adapting Health Promotion to the 21st Century, the latter held in Jakarta in 1997 (Jaquier et al., 2011).

At the fifth conference, five priorities for health promotion in the 21st Century were established:

- Promote social responsibility for health.
- Expand the capacity of communities and empower the individual.

- Consolidate and expand partnerships for health.
- Ensure the necessary infrastructure for health promotion.

The objectives established for Primary Care lie in reducing the inequalities that currently exist, establishing strategies that help to achieve a healthy and equitable future in families and communities through their full social responsibility and participation, and aiming to improve health, reduce morbidity and mortality, increase equity, and, above all, efficiency related to the health system (Jaquier et al., 2011).

Community Nursing

Nursing encompasses autonomous and collaborative care, which is provided to people of all ages, families, groups, and communities, sick or healthy, in all their contexts. It includes health promotion, disease prevention, and care for the sick, disabled, and dying. Essential nursing functions are advocacy, promoting a safe environment, research, participation in health policy and the management of patients and health systems, and education. (Jaquier, et al., 2011, p 69)

When we refer to community nursing, we are referring to the care provided to the individual, family, and community through skills and scientific knowledge about nursing and public health (Basantes Rodríguez, 2018).

Jaquier et al. (2011) argue that community nursing has the responsibility of shaping society's texture in the way our citizens approach the world; it can be said that community nursing is a key link between the health system and the community.

Consequently, community nursing is based, on the one hand, on the demographic and epidemiological transformations of the population, but on the other hand, on socioeconomic and environmental changes, such as health reforms, scientific and technical progress, and the gradual increase in the number of socially excluded people (Jaquier et al., 2011).

Community health nursing focuses on the global community, and its actions are aimed at the population as a whole. In their daily practice, they integrate the sciences of public health with those of nursing to promote, maintain, and restore the community's health. Through planning, they carry out preventive actions at all three levels of care and mobilize the individual and collective resources of the community to help it achieve better levels of health (Jaquier et al., 2011).

Functions of community nursing

The International Council of Nurses (ICN) adopted an international code of ethics for nursing. When it was last revised in 2005, its preamble stated that nurses have four essential functions: promoting health, preventing disease, restoring health, and alleviating suffering (Jaquier et al., 2011).

In addition, the following functions can be identified.

Educator: Can educate individuals and the community about diseases.

Administrator: Will be able to distribute the resources available to make their service more efficient.

Consultant: Their services are provided to the family and the community to identify and facilitate resource access.

Family Advocate: Works to help families and provide safety and service access guidance.

Researcher: Responsible for research to develop and improve professional knowledge to provide quality service to individuals.

Care provider: This person is in charge of managing, collaborating, and serving individuals, families, and the community to improve the care provided. (Basantes Rodríguez, 2018).

These actions restore independence, prioritize self-care, promote adaptation, encourage growth, and benefit the individual's interaction with their environment (Basantes Rodríguez, 2018).

Community nursing cares for the community as a whole, including both the healthy and the sick, to help them meet their needs and maintain life, health, and well-being. Basantes Rodríguez (2018) argues that when a person is unable to care for themselves, is ill, or lacks the necessary knowledge, nursing

acts by identifying the problem and providing a care strategy based on their knowledge, experience, and professional training.

The functions carried out by this profession promote more effective services by identifying the community and its needs, by providing constant education to people, with promotion and prevention actions, with the sole intention of reducing sexually transmitted diseases and unwanted pregnancies, which are currently a serious public health problem (Basantes Rodríguez, 2018).

The primary function of community nursing is to identify the population's health needs and provide answers to them through health education. Therefore, given the high prevalence of adolescents who contract sexually transmitted infections and/or become pregnant unintentionally, the role of health education is fundamental for this group. For this reason, adolescents are one of the populations where community intervention is essential. Sexual relations are starting at an increasingly early age, making preventive programs necessary (Basantes Rodríguez, 2018).

Sex education is the vital process in which knowledge, attitudes, and values regarding sexuality in all its manifestations are acquired and transformed (Orgaz & Pellón, 2014).

Another function of the community nurse is to provide counseling and respond to individual and/or community concerns. They also make home visits to the population, aiming to promote health and prevent disease development (Basantes Rodríguez, 2018).

The community nurse:

They establish and maintain regular contact with the places where citizens and groups live, work, or socialize, where actual or potential health needs become apparent, and where most of the risk factors that negatively affect health are found, to provide strategies for the recovery and/or maintenance of health. (Jaquier, et al., 2011, p. 102)

The functions carried out by these professionals make the services more effective with the sole purpose today of being able to reduce sexually transmitted diseases and/or unplanned pregnancies, which are serious health problems today (Basantes Rodríguez, 2018).

Limitations and obstacles in community nursing care

In health centers, care is managed in two ways: intramural, which is all those actions provided within the establishment, such as vaccination, follow-up of the tuberculosis plan, family consultations, family planning, wound healing, and control of vital signs, among others. On the other hand, there is extramural care, when medical professionals and nurses go out onto the streets searching for patients with specific pathologies for monitoring who do not come to the health center. (Castro Araujo, 2023)

However, in community nursing, certain limitations can be found when carrying out both intramural and extramural care, the most common of which is the shortage of supplies or obsolete equipment, and in turn, this equipment is not usually of the best quality to guarantee optimal care for the community; likewise, the management of health policies sometimes does not favor the health area, as do the cuts in the number of professionals or the precariousness of work, so it is common for professionals have to divide their time between different activities to meet the needs of the users of the health system, which notably increases waiting times, work-related fatigue, emotional stress and a lack of organization among the members of the work team. Extramural care has other limitations, such as insecurity and areas that are difficult for professionals to access (Castro Araujo, 2023).

Health promotion.

Health promotion is one of the essential functions of public health.

Jaquier et al. (2011) understand promotion to be all the activities aimed at promoting the lives of individuals, families, and communities. However, he argues that this term is confused with that of prevention, distinguishing it by the form of its action since prevention actions are specific and are carried out by the health team in the health field, while promotion actions require an intersectoral approach with community participation, this focuses on empowering daily self-care in personal, family and community health from the subject himself.

The World Health Organization (2019) mentions that primary health care provides promotion, prevention, treatment, and rehabilitation services. It refers to the fact that health promotion and prevention can lead to a better quality of life for individuals and the community.

The term Health Promotion fits within the more general concept of public health, which is understood as the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (Jaquier et al., 2011).

In the previous Ottawa Charter, the term "promotion" is defined as "the process of enabling people to increase control over, and to improve their health" (Jaquier et al., 2011, p. 111).

Until very recently, promotion consisted of distributing health information in the belief that the population would increase their knowledge about a particular problem and, as a result, change their attitudes by acquiring self-care guidelines. However, the traditional, normative, and vertical transmission model is not effective for self-care or promotion actions. Therefore, it is considered necessary to act through health education; it is the responsibility of the community nurse to adequately inform society, through simple language, about the health system (Goikoetxea Saizar, 2014).

Nursing as a science and discipline must expand its field of action beyond the clinical and hospital setting. Nurses must reach out to the community to identify health problems in advance and deal with these situations effectively through health promotion and disease prevention (Cabanillas de Oyague, 2018).

Goikoetxea Saizar (2014) comments that the WHO maintains that sexually transmitted infections occur mainly in young people between the ages of 15 and 23, mentioning that in adolescence, there is insufficient knowledge about these diseases; however, having optimal education and information about sexual behavior would favor their prevention.

This age range is classified as adolescence, a key period in life for health empowerment. Although health teams have not yet managed to resolve many needs, education about elements that put their health at risk and protective factors is a strategy that nursing must address (Cabanillas de Oyague, 2018).

Basantes Rodríguez (2018) mentions the importance of providing sex education in adolescence when young people begin to discover changes in their bodies, which leads them to experience feelings and attractions towards the opposite or same sex, and they also tend to have misconceptions about sexuality. For this reason, sex education is a process that provides adequate information to promote a free, complete, and responsible encounter with the other and with one's sexuality to reduce the risk of contracting a sexually transmitted infection or of generating unwanted pregnancies. It is, therefore, essential to provide adequate advice on the prevention of pregnancy and sexually transmitted diseases, informing about risky behavior and offering protective behavior.

The risks associated with adolescent sexuality tend to arise from a lack of information, and it is the job of nurses and other health professionals to promote healthy sexual behavior among young people through health education. It is the job of public health professionals to prevent risky sexual practices among young people (Cabanillas de Oyague, 2018).

Attempts are being made to improve the information that adolescents have about Sexually Transmitted Infections through the promotion of responsible and adult behavior. Having the necessary information about them is essential for this to be achieved. Informing about their existence, their danger, and the possibility of suffering from them, as well as the existence of an unwanted pregnancy, favors responsible and protective behavior in adolescents, as well as the necessary skills for their prevention (Goikoetxea Saizar, 2014).

Disease prevention.

Prevention should aim at Educating individuals, families, and the community on risk perception to achieve their participatory commitment to modifying it; identifying risk factors in individuals, families,

and communities to design strategies to avoid disease; and reducing risks and detecting potential dangers in individuals and the community. (Jaquier, et al., 2011, p. 118).

Preventive actions are aimed at avoiding possible damage to health in anticipation of an identified threat, taking the necessary measures to prevent the appearance of damage and protect health (Jaquier et al., 2011).

The World Health Organization refers to Prevention in Health as measures aimed not only at preventing the presence of disease, focusing on reducing risk factors but also at containing its advance and mitigating its consequences once established (Moreira Flores, 2013).

Moreira Flores (2013) says that prevention involves promoting health, diagnosing and treating a patient promptly, rehabilitating them, and avoiding the sequelae of their illness through the three levels of intervention.

Through prevention and promotion actions, the aim is to reduce the incidence of sexually transmitted infections and unplanned pregnancies through education in adolescents, generating in this group skills and abilities for daily life and not only imparting theoretical knowledge (Areco, 2016).

Nowadays, it is not clear how significant the risk of acquiring a sexually transmitted infection is during sexual intercourse; what is always thought of is the possibility of pregnancy. Now, although oral contraceptives have become more widespread, sexually transmitted infections have also increased because unplanned pregnancy is avoided, and sexual relations without prophylactic protection are facilitated. It is essential to make young people aware of the existence of sexually transmitted infections and to encourage responsible sexual behavior (Goikoetxea Saizar, 2014).

The correct use of contraceptives, and more specifically condoms, dramatically reduces the risk of acquiring and spreading these infections. The best treatment that exists for sexually transmitted infections is prevention through education and information on safe sex practices. Sexually transmitted infections can be caused by bacteria, viruses, and/or parasites. Their treatment is specific and must be prescribed by a doctor to eliminate them. However, there are infections caused by different viruses for which there is no cure. Medicines keep the disease under control without eliminating it (Goikoetxea Saizar, 2014).

When discussing prevention, mention should be made of the natural history of the disease, which presents an approach that can help look at the organization of the health system in levels of care according to the type of activity provided to people in different states of health. Action can only be taken early and promptly in health situations before significant damage occurs. Health services are organized this way, and human resources in health are trained similarly (Jaquier et al., 2011).

Levels of care- natural history of the disease.

The scientific discoveries of the 19th century, as well as the prevention and treatment of communicable diseases by Leavell and Clark, led to the development of a classic model. In 1965, they formulated a model that interrelates the three levels of disease prevention with the paradigm of the natural history of the disease (Jaquier et al., 2011).

The natural history of the disease refers to its spontaneous evolution without any human intervention or treatment that alters its severity, duration, and impact. This perspective encompasses the course of the disease from its onset to its resolution. It is divided into three periods: pre-pathogenic, pathogenic, and post-pathogenic, which are related to the three levels of prevention that correspond to the different phases of the development of the disease: primary, secondary, and tertiary (Jaquier et al., 2011).

The first pre-pathogenic period comprises the interaction between the human being and the etiological agent of the disease in a given environment, which is a stimulus that initiates the disease in a susceptible host and the pathogenic period. Depending on the moment of the disease's detection and its evolution, we can speak of early, late, or convalescent diagnosis. During the third period, progress

can be made toward recovery, rehabilitation, chronic illness, disability, or death (Jaquier et al., 2011).

Relationship of the paradigm of levels of the natural history of the disease.

Jaquier et al. (2011) show the paradigm of the three levels of prevention and their relationship with the appropriate health interventions in each of the aforementioned periods of the disease's natural history.

The classification of the three levels emerges: "The first, primary prevention, which are those actions that the health team carries out to strengthen health and/or avoid disease, are actions of specific health promotion and protection" (Jaquier et al., 2011, p. 39).

When referring to sexual practice, we can mention actions and sex education for health, and it also encompasses practices such as safe sex, including the use of condoms (Areco, 2016).

Secondary prevention, meanwhile, refers to health professionals' actions to ensure that sick people are cured and recover without after-effects, including early diagnosis, timely treatment, and limiting disability (Jaquier et al., 2011).

With this type of prevention, we refer to the treatment of sick people, in the case of a sexually transmitted infection, with which the chain of transmission is interrupted, making the patient no longer infectious, and in the case of an unplanned pregnancy, providing advice with the medical team/psychologists of the health team ensuring their care. (Areco, 2016)

Finally, tertiary prevention aims at individuals with sequelae of their illness so that they can be reintegrated into society with as few limitations as possible through physical, psychological, and social rehabilitation (Jaquier et al., 2011). At this level of prevention, it must be ensured that those individuals who need lifelong drug treatment for HIV/AIDS receive this care from the state in the correct way, and in the case of pregnancy, accompany those women who do not wish to have a pregnancy (previously advised by the medical team and psychologist) during the decision to terminate the pregnancy legally and to advise those women who do wish to continue with the pregnancy so that they can obtain financial assistance from the state if necessary.

Some authors argue that it is the government's responsibility to provide and guarantee the necessary resources to teenage mothers so that the repercussions of their motherhood are as minor as possible. They also explain that community policies are needed to support these mothers and enable them to continue their studies to achieve their socioeconomic development. Improving socioeconomic conditions is one of the most important ways to solve this problem (Moreira Flores, 2013).

Adolescence stage

The World Health Organization defines adolescence as a stage in human life between the ages of 10 and 20, with a difference between early adolescence (10-14 years) and late adolescence (15-19 years). It also refers to the period of life in which the individual acquires reproductive capacity and transitions to socioeconomic independence (Correoso, Dandicourt, and Soria, 2012).

As Moreira Flores (2013) explains, the word adolescence derives from the Latin word adolescent, which means to grow and develop towards maturity.

Villa (as cited in Moreira Flores, 2013) defines this period as a stage in an individual's life between biological puberty and the recognition of adult status.

Adolescence has specific characteristics, such as a lack of impulse control, emotional ambivalence, and emotional and behavioral changes (Basantés Rodríguez, 2018).

This stage is considered to be free of health problems. However, their daring sexual maturation leads them to seek out early sexual relations as the beginning of their active sex life, and this currently exposes them to potential health problems, which are caused by incorrect sex education (Correoso, Dandicourt, and Soria, 2012).

Classification of adolescence

It is classified into two types: (a) early adolescence (between 10 and 14 years of age) and (b) late adolescence (between 15 and 20 years of age).

Early adolescence is between the ages of 10 and 14. In this phase, physical changes in growth begin to develop slowly, followed by the development of sexual organs. Boys and girls should have a greater understanding of their gender in order to become friends with this cognitive, emotional, sexual, and psychological transformation, and also have the support of responsible adults at home, at school, and in the community. Late adolescence, on the other hand, covers the age range between 15 and 20 years, during which physical, mental, and emotional growth takes place, ending with puberty, which in turn marks the beginning of maturity when adolescents gain greater confidence and clarity in their identity and their own opinions. It is a period of rapid growth; they are sure of their gender and also become aware of adverse health consequences, discrimination, and gender-based abuse (Basantes, Rodríguez, 2018).

During these stages, young people require information on the prevention of sexually transmitted infections and/or pregnancy, as they may be confused about their own personal and sexual identity due to the changes in their bodies and may not have enough confidence in their parents to help them cope with these transformations or the lack of information on STIs/pregnancy (Basantes Rodríguez, 2018).

Adolescence and sexuality.

The sexuality of adolescents is expressed in their relationships with their peers, parents, society, and also with themselves. Adolescence takes on great significance due to the complex physical, cognitive, and psychosocial changes that occur, which determine different meanings and forms of expression of sexuality (Moreira Flores, 2013).

From childhood, children experience pleasurable sensations when they touch themselves when they are caressed and kissed, and they observe the expressions of affection and the sexual attitudes of the adults around them, which they sometimes try to imitate (Moreira Flores, 2013).

Sexuality is not only about the act of reproduction but also about the generation of desires, feelings, fantasies, and emotions; it is the development of a sexual identity, which can be defined as that part of the individual's identity that allows them to recognize themselves and act as a sexual being (Basantes Rodríguez, 2018).

Exploration and first sexual contact begin in adolescence. The physical development that precedes the complete cognitive and psychosocial development of the adolescent to face this new stage of life gives him the physical tools to carry out these activities, but not the maturity to face them, manage them, and accept the consequences that this brings to his life (Moreira Flores, 2013).

National Law 25,673.

This law established the National Program for Sexual Health and Responsible Procreation (PNSSyPR) (Ministry of Health, 2002) to guarantee the sexual and reproductive rights of the entire population and reduce the inequalities that affect sexual and reproductive health from rights and gender perspective. In 2020, the law was amended, and the Sexual and Reproductive Health Program was renamed.

Article 2 highlights the general objectives of the program, which include:

a) Guarantee access for all to the information, benefits, methods, and services necessary to achieve the highest level of sexual and reproductive health; b) Promote measures that guarantee increasing levels of autonomy and the exercise of sexuality without discrimination, coercion, or violence; c) Reduce maternal and infant morbidity and mortality; d) Promote the sexual and reproductive health of adolescents; e) Prevent unwanted pregnancies; f) Guarantee comprehensive care during pregnancy, childbirth and the postpartum period to pregnant people of all ages and promote/enhance their decision-making capacity. g) Contribute to the prevention and early detection of sexually transmitted diseases, HIV/AIDS, and genital and breast pathologies; h) To draw up care and information protocols about this program that all members of the health teams of the institutions will provide to patients who, for whatever reason, attend the different health services."

Of great relevance is article 3 of the program, which highlights the importance of accessibility to contraceptive methods, access to counseling, women's participation in their sexual and reproductive health, raising awareness of the responsibility of unwanted pregnancies and/or sexually transmitted infections on both partners in the relationship, raising awareness among children and adolescents of the prevention of unintentional pregnancy and the importance of generating actions to provide access to the entire population.

The aforementioned Article 3 of this law establishes that the program's specific objectives will be to: a) Guarantee access to contraceptive methods to all those who require it to promote free choice. b) Prevent induced abortions through quality counseling and guarantee adequate pre- and post-abortion care in order to ensure free and informed decisions. c) To promote the participation of women in decision-making regarding their sexual and reproductive health; d) To promote awareness of the responsibility of both partners in a sexual relationship in the prevention of unwanted pregnancies and the transmission of diseases. e) To raise awareness among the general population, and among children and adolescents in particular, in order to prevent unintentional pregnancy in childhood and adolescence. Moreover, the right to develop actions to reach geographically isolated people, indigenous peoples, and those excluded from the school system.

For its part, article 4 grants the right of every child and adolescent to access sexual and reproductive health services at any stage without the need for parental permission.

Specifically, this article establishes that all children and adolescents have the right to access services that guarantee their sexual and reproductive health and can independently exercise the acts that are permitted by the current legal system. Likewise, all health professionals must guarantee that children and adolescents have access to guidance on sexual and reproductive health, to contraceptive methods and tests for sexually transmitted diseases and HIV/AIDS without requiring permission from a parent, caregiver, or guardian in charge of the minor, as established in the Civil and Commercial Code of the Nation and by the principles of direct participation, progressive autonomy, equality and non-discrimination and the best interests of the child in the full enjoyment of their rights and guarantees enshrined in the International Convention on the Rights of the Child through Law 23,849 and the law on the Comprehensive Protection of Children and Adolescents number 26061.

Article 5, on the other hand, refers to the constant training and improvement of knowledge related to sexual and reproductive health in health teams, including adequate, safe, and validated information to the population, building autonomy on the exercise of sexual and reproductive health rights, all to educate, advise and covering all sexual and reproductive health needs, especially in the case of sexually transmitted diseases and genitourinary pathologies, among others.

This article establishes that the Ministry of Health and Social Development will be in charge of the compulsory training, improvement, and updating of knowledge related to sexual and reproductive health of health teams, educators, social workers, and other community operators. It should train agents to be able to: a) Provide adequate, timely, and scientifically validated information to the whole community; b) Guide and facilitate access to sexual and reproductive health practices, care, and resources; c) accompany with health education strategies, in the construction of autonomy and in the raising of awareness about the exercise of sexual and reproductive rights to favor decision-making and the adoption of care practices; d) To promote spaces for reflection and action in the community for the apprehension of basic knowledge related to sexual and reproductive health; e) Strengthen and improve neighborhood and community resources in order to educate, advise and cover all levels of sexual and reproductive health, in particular the prevention of sexually transmitted diseases, HIV/AIDS and genitourinary pathology, the early detection of risky behavior and its respective containment.

Teenage pregnancy

Pregnancy at this stage is related to neonatal and maternal complications and each year, it occurs at an ever earlier age, thus aggravating the complications. Pregnancy in adolescents entails a large

number of complications for both the mother and her child, during pregnancy and at the time of delivery, and can even cause the death of both (Cabanillas de Oyague, 2018).

The main complications are hypertensive disorders of pregnancy, premature birth before 37 weeks of gestation, fetal growth restriction (IUGR), the need for an episiotomy, cephalopelvic disproportion, and postpartum hemorrhage (Cabanillas de Oyague, 2018).

It can also impact school problems, entry into the labor market, and the possibility of earning sufficient income (Cabanillas de Oyague, 2018).

The use of condoms as a barrier method continues to be an important pillar in the prevention not only of sexually transmitted infections but also of pregnancy. Therefore, it should be an objective of the health system to provide education in this regard in the community and specifically among adolescents in order to bring them closer and closer to the practice of safe sex (Correoso, Dandicourt, and Soria, 2012).

Sexually transmitted infections in adolescence

When having sex, the only risk that is always present in the mind is the possibility of pregnancy. The risk of sexually transmitted infections is rarely taken into account; although the incidence of these STIs has decreased since the beginning of the epidemics, they are still around us, and we are continuously exposed to them (Goikoetxea Saizar, 2014).

Currently, sexually transmitted infections have significantly increased among the young population, particularly the 15 to 25 age group. It could be considered that a kind of STI epidemic has broken out among young people, partly because, in recent years, the age of sexual debut has been brought forward and, consequently, the number of sexual partners that the individual has throughout their life has increased. Worldwide, the highest rates of sexually transmitted infections have been reported among young people aged 15-24. In developed countries, two-thirds of STI infections were reported among men and women under the age of 25. In developing countries, this proportion is even higher (Areco, 2016).

Sexually transmitted infections are a cause of morbidity in adults, but they can also lead to complications and sequelae, both in the mother and in the newborn (Areco, 2016).

The pathogens that cause these types of infections can be viruses, fungi, bacteria, and protozoa; these agents develop in mucous membranes (humid areas) found in fluids produced by the body, such as blood, saliva, vaginal discharge, and semen; they can affect both men and women of any age regardless of their social status (Basantes Rodríguez, 2018).

Although a person may have a sexually transmitted disease (STD) without showing symptoms of the disease, the concept of sexually transmitted infection is broader and more comprehensive. Common symptoms include vaginal discharge, urethral discharge in men, genital ulcers, and abdominal pain, although in many cases, these infections do not present symptoms (Basantes Rodríguez, 2018).

Both adolescents and sexually active adults are prone to acquiring these infections, with risk factors being ignorance, unsafe early sex, drug addiction, and social and gender inequality. The most common STIs are gonorrhea, syphilis, AIDS/HIV, hepatitis, chlamydia, human papillomavirus (HPV), genital herpes virus (HSV), and trichomoniasis (Basantes Rodríguez, 2018).

Areco (2016) maintains that in 70% of cases of gonococcal or chlamydial infection in women, there may be no symptoms, which can lead to the development of serious complications. The most serious long-term sequelae and complications, if left untreated, usually occur in women and newborns.

There are sexually transmitted infections that can be transmitted from mother to newborn child, either transplacentally or through the birth canal, but with proper treatment at the right time, they do not have as much impact on the newborn (Basantes Rodríguez, 2018).

The only method of protection against sexual infection is the use of condoms, and even then, that protection is not one hundred percent safe if misused. Condoms are designed not to fail if used properly. (Basantes Rodríguez, 2018).

Furthermore, Basantes Rodriguez (2018) believes it is a public health issue since these pathologies are increasing. If they are not diagnosed and treated in time, they put the health of other individuals at risk; what is worrying about this situation is that the majority of people suffering from these infections are young people who are starting their sexual lives and doing so incorrectly with practices that are considered risky. Sexual activity at a very early age, without obtaining adequate information, without being aware of the existence of sexually transmitted infections, puts the lives of adolescents at risk, as does not understand the importance of having a safe sex life, putting the health of other adolescents at risk due to misinformation.

Most common sexually transmitted diseases in adolescents

- a) HIV/AIDS
- b) Hepatitis
- c) Genital herpes
- d) Human papilloma virus
- e) Syphilis
- f) Chlamydia
- g) Gonorrhoea
- h) Trichomoniasis

AIDS/HIV

Etiological agent: HIV 1 is more frequent and aggressive, and HIV 2 is less transmissible to people.

General information: HIV kills or damages the cells of the body's immune system.

Incubation period: From infection with HIV to the transformation to AIDS can take up to 10 years.

General symptoms: Fever above 38 degrees, sweating, chills for almost two weeks, fatigue or muscle pain, sore throat, and loss of appetite.

In women: Red, itchy rash on the arms or torso, headache, inflammation of the membrane covering the brain and spinal cord (meningitis) due to HIV, and vaginal ulcers.

In men: ulcers or rashes, which appear all over the body, including in the groin, penis, or anus, painful ulcers in the mouth or throat, and swollen lymph nodes (Basantes Rodríguez, 2018).

This type of virus destroys all the body's defenses against infection. AIDS is transmitted through contact with bodily fluids of the infected person, such as blood, breast milk, semen, or vaginal secretions. These fluids must come into contact with a mucous membrane or damaged tissue or be injected directly into the bloodstream for transmission. Mucous membranes can be found inside the rectum, the vagina, the orifice of the penis, and the mouth (Goikoetxea Saizar, 2014).

It was determined that among adolescents who become infected with this type of virus, it is by having unprotected sex, and this ends up affecting their lives permanently because there is no cure for AIDS, only a treatment that keeps it under control, turning it into HIV (Basantes Rodríguez, 2018).

Hepatitis

Etiological agents: Scientists have identified five hepatitis viruses, which are designated by the letters A, B, C, D, and E. All-cause liver disease but are distinguished by several important features (WHO, 2019).

General information: Hepatitis A and E are generally caused by ingesting contaminated water or food. Hepatitis B, C, and D are caused by contact with infected bodily fluids. Typical forms of transmission are the transfusion of contaminated blood or blood products, invasive medical procedures using contaminated equipment, and, in the case of hepatitis B, transmission from mother to newborn at birth and through sexual contact (WHO, 2019).

Hepatitis B (HBV) is transmitted through exposure to blood, semen, and other bodily fluids. The hepatitis C virus (HCV) is almost always transmitted through contaminated blood samples. Sexual transmission is also possible but less common.

Hepatitis D virus (HDV) infections only occur in people infected with HBV; simultaneous infection with both viruses can cause a more serious condition and have a worse outcome (WHO, 2019).

Symptoms include jaundice (yellowing of the skin and eyes), dark urine, severe fatigue, nausea, vomiting, and abdominal pain (WHO, 2019).

Genital herpes.

Etiological agent: Herpes simplex virus (HSV), types 1 and 2. HSV type 1 is the usual cause of cold sores, and type 2 of genital herpes, although HSV 2 can also cause cold sores.

General information: The virus inside the person is in a latent period and is then reactivated, as it cannot survive for long outside the host.

Incubation period: 3 to 14 days.

Symptoms: For both men and women, genital herpes does not generate any symptoms that would allow the person to know that they are infected, so they continue to be contagious during sexual intercourse. Since HSV-2 causes it, it has symptoms similar to the flu.

In women: Burning when urinating, swollen glands in the pelvic area, throat, and armpits, fever, chills, headache, sensations of pain, and tiredness.

In men, Burning occurs when urinating if the urine touches the herpes sores, and there is difficulty urinating (the sores and inflammation block the urethra), itching, and pain in the genital area (Basantes Rodríguez, 2018).

It is a chronic viral infection characterized by skin sores in the latent period and tends to reappear localized. This virus is transmitted when people are unaware they are infected with this disease; they are asymptomatic until the lesion appears. Transmission can occur through an infected sexual partner who does not have a visible sore; in the case of women, it is internal, and who does not know that they are infected (Goikoetxea Saizar, 2014).

Human Papilloma Virus

Etiological agent: Human papillomavirus (HPV) has more than 40 types of virus that can infect the male and female genitals.

Considerations: HPV is transmitted through genital contact through vaginal and anal intercourse. It is transmitted through bodily fluids during oral sex and genital contact, and the infected person may or may not present signs or symptoms (Goikoetxea Saizar, 2014).

It can be divided into two main groups: a- The low-risk group, which is associated with benign lesions, such as warts, and which do not develop into precancerous lesions, and the high-risk group, which can cause cell alterations, generating precancerous lesions, which over time can develop and become cancer, and b-

The most common type of cancer caused by HPV is cervical cancer. Other types of genital cancer related to HPV (penile, anal) are less frequent.

Symptoms: In general, low-risk HPV causes warts on the genitals or anus, which can be of various sizes. The warts can be treated, although they can reappear if the person's immune system has not eliminated the HPV (Fundación Huésped, 1989).

Syphilis

Etiological agent: *Treponema pallidum* bacterium.

General information: This disease can be treated with antibiotics, specifically penicillin. During the first two stages, an infected person who is not undergoing treatment can infect others.

Incubation period: It takes place in four phases: the first lasts from 10 days to 3 months, the secondary phase lasts 3 to 6 months with the appearance of the chancre, the latent phase lasts 10 to 20 years, and the tertiary or late phase lasts years or decades.

Symptoms: Small brown ulcers affecting the whole body, fever, fatigue, headache, and sore throat. In the tertiary phase, the bacteria damage the heart, eyes, brain, nervous system, bones, joints, and almost every other part of the body.

In women, an ulcer called a chancre develops on the cervix, the tongue, the lips, or other body parts. Moreover, in men: an ulcer is called a chancre on the penis (Basantes Rodríguez, 2018).

Syphilis is spread from one person to another through direct contact with an ulcer.

Ulcers mainly appear on the external genitalia, the vagina, the anus, or the rectum, although they can also appear on the lips and in the mouth. It can be transmitted during vaginal or anal intercourse or oral sex. It is mainly contracted through sexual intercourse, but it can also be transmitted from mother to child transplacentally or through the birth canal (Goikoetxea Saizar, 2014).

Chlamydia

Etiological agent: *Chlamydia trachomatis*.

General information: Women can contract chlamydia in the cervix, the rectum, or the throat. Men can contract it in the urethra (the inside of the penis), the rectum, or the throat during oral, vaginal, or anal sex with someone who has the infection. A woman can also transmit chlamydia to her baby during childbirth.

Symptoms in women: Abnormal vaginal discharge, which may have a strong odor, burning sensation when urinating, lower abdominal pain, pain during sexual intercourse, nausea, or fever.

Symptoms in men: discharge from the penis, a burning sensation when urinating, burning or itching around the opening of the penis, pain, and inflammation in one or both testicles, rectal pain, discharge, and/or bleeding.

Bacteria cause chlamydia; it can infect both men and women and can cause severe and permanent damage to a woman's genital organs. This infection can be acquired through vaginal, anal, and oral sex with an infected person. (Goikoetxea Saizar, 2014)

Gonorrhea

Etiological agent: *Neisseria Gonorrhoeae* bacteria

General information: It is a curable disease, and most people know it as a gonococcal disease.

Incubation period: 2-5 days.

Symptoms in women: Vaginal bleeding related to intercourse, painful or burning sensation when urinating, yellowish or bloody vaginal discharge.

Symptoms in men: purulent discharge from the urethra, a burning sensation when urinating, which can be very intense, rectal discharge, anal itching, and sometimes painful defecation with red blood in the stool (Basantes Rodríguez, 2018).

It is an infection that can quickly grow and multiply in warm, moist reproductive system areas, including the cervix, uterus, fallopian tubes in women, and the urethra in both women and men. This bacterium can also grow in the mouth, throat, eyes, and anus (Goikoetxea Saizar, 2014).

Trichomoniasis

Etiological agent: *Trichomonas vaginalis* parasite.

General information: The pathogenic agent causes inflammation of the mucous membranes of the sexual organs and urinary tract, generally without causing discomfort.

Incubation period: 3 to 21 days until symptoms appear.

Symptoms: Stinging when urinating, the sensation of having to urinate more often after urinating, and pain during sexual intercourse.

In women: Inflammation, redness, and itching in the vulva and around the vagina, increased vaginal discharge, thick and yellowish, does not usually produce a bad smell, but it can smell like fish, and there may be a pain in the lower abdomen.

In men: Pain on ejaculation, discharge of a thick, whitish fluid through the urethra (Basantes Rodríguez, 2018).

Education is a key factor in transforming the risk factors for adolescent reproductive health; it is an important tool for preserving and restoring individual health and that of the population in general. Sex education is, above all, a valuable process through which knowledge, attitudes, and values regarding

sexuality in all its manifestations are acquired and transformed formally and informally, from the biological aspects to those related to reproduction, eroticism, identity, and social representations (Vaillant Correoso, Dandicourt Thomas and Mackensie Soria, 2012).

CONCLUSIONS

Adolescence, as a crucial stage in human development, poses multiple challenges in the field of sexual and reproductive health, with the early onset of sexual activity and associated risk behaviors standing out. This context generates the need to strengthen primary health care with a comprehensive and educational approach that allows for the effective addressing of the high rates of unplanned pregnancies and sexually transmitted infections (STIs) affecting this population.

Community nursing is emerging as an essential pillar in this effort. It acts not only as a care provider but also as an educator, administrator, and advocate for families and communities. Its functions transcend the clinical, contributing significantly to health promotion, disease prevention, and comprehensive care. By implementing strategies based on health education and community planning, these professionals facilitate the creation of healthy environments and promote responsible sexual behavior.

Within this framework, health promotion, as established in the Ottawa Charter, empowers adolescents to exercise control over their health and improve their quality of life. This includes equitable access to sexual and reproductive health information and services, as guaranteed by National Law 25.673 in Argentina, which emphasizes the importance of comprehensive sexuality education and accessibility to contraceptive methods.

Despite these advances, significant limitations in community nursing care persist, such as a lack of resources, inadequate infrastructure, and challenges in extramural coverage. These barriers hinder the effective implementation of preventive and educational programs, especially in vulnerable areas. However, overcoming them is crucial to reducing inequalities and improving health indicators.

In conclusion, addressing the challenges of adolescence from a primary care and community nursing perspective is essential to mitigate the risks associated with sexual and reproductive health. The integration of intersectoral efforts, favorable public policies, and the commitment of health teams are key to guaranteeing the well-being of adolescents and promoting a healthier future for communities. Education, as a transformative tool, must remain the central focus of interventions at this vital stage.

REFERENCES

1. Areco C. Conductas protectoras para evitar contraer enfermedades de transmisión sexual (ETS) que realizan las mujeres que asisten al dispensario de la localidad de La Granja [Tesis de licenciatura]. Facultad de Ciencias Médicas, Universidad Nacional de Córdoba; 2016.
2. Basantes Rodríguez C. Programa educativo para la prevención y disminución de enfermedades de transmisión sexual más frecuentes en los adolescentes atendidos en el centro de salud Morete Puyo [Tesis de licenciatura]. Facultad de Ciencias Médicas, Universidad Regional Autónoma de los Andes Uniandes; 2018.
3. Cabanillas de Oyague J. Enfermería y la salud sexual en la adolescencia [Tesis de licenciatura]. Facultad de Ciencias Médicas, Universidad de Alicante; 2018.
4. Castro Araujo FJ. Limitaciones y retos de la enfermería comunitaria. Facultad de Ciencias Médicas, Carrera de Enfermería, Universidad de Guayaquil; 2023. Disponible en: <https://www.studocu.com/ec/document/universidad-de-guayaquil/atencion-primaria-de-salud/retos-y-limitaciones-de-la-enfermeria-comunitaria/43528835>
5. Fundación Huésped. ¿Qué es el VPH y cómo se detecta? Virus del papiloma humano. 1989. Disponible en: <https://www.huesped.org.ar/informacion/vph/que-es-y-como-se-detecta/>

6. Gogna M, Binstock G. Anticoncepción y maternidad: hallazgos de un estudio cuantitativo con adolescentes de 18 y 19 años de cuatro provincias argentinas. *Salud Colectiva*. 2017;13(1):63-72. doi: <https://doi.org/10.18294/sc.2017.990>
7. Goikoetxea Saizar Z. Prevención de las enfermedades de transmisión sexual [Tesis de grado]. Facultad de Ciencias Médicas, Universidad Pública de Navarra; 2014.
8. Hernández Sampieri R, Mendoza Torres C. Metodología de investigación: las rutas cuantitativas, cualitativas y mixtas. México: McGraw-Hill Interamericana; 2018.
9. Jaquier N, Dos Santos L, Wolhein L, Martínez R. Introducción a la Enfermería Comunitaria. Una contribución a la Salud Colectiva. 1.ª ed. Posadas; 2011.
10. Ministerio de Salud. Programa Nacional de Salud Sexual y Procreación Responsable. 2002. Disponible en: https://www.argentina.gob.ar/sites/default/files/ley_25673_decretos_declaracion_de_reproduccion.pdf
11. Moreira Flores M. Rol de Enfermería en acciones de promoción, prevención en salud sexual y reproductiva para disminuir embarazos en adolescentes de 15-19 años de edad que acuden al Programa de Atención Integral y Diferenciada en el Hospital El Empalme durante el primer trimestre del período 2013 [Tesis de licenciatura]. Facultad de Ciencias Médicas, Universidad Técnica Estatal de Quevedo Unidad de Estudios a Distancia; 2013.
12. Organización Mundial de la Salud. Atención primaria de salud. 2019. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/primary-health-care>
13. Organización Mundial de la Salud. Embarazo en la adolescencia. 2019. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/adolescent-pregnancy>
14. Organización Mundial de la Salud. Infecciones de transmisión sexual. 2019. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/sexually-transmitted-infections-stis>
15. Sam-Soto S, Osorio-Caballero M, Rodríguez-Guerrero RE, Pérez-Ramírez NP. Comportamiento sexual y anticoncepción en la adolescencia. *Acta Pediatr Méx*. 2014;35(6):490-8. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0186-23912014000600008&lng=es
16. Vaillant Correoso M, Dandicourt Thomas C, Mackensie Soria Y. Prevención del embarazo en adolescentes. *Rev Cubana Enfermer*. 2012;28(2). Disponible en: <https://revenfermeria.sld.cu/index.php/enf/article/view/14/12>
17. Vicente Orgaz S, Miguel Pellon A. Conducta sexual en adolescentes de Mejorada del Campo. 2014. Disponible en: <http://www.codem.es/Adjuntos/CODEM/Documentos/Informaciones/Publico/7e040f14-0bea-421f-b327-440fe67f3617/7709bc47-8636-4636-baee-2311b453f4fa/95a74e1f-8271-4229-b76e-406c741b8ca3/95a74e1f-8271-4229-b76e-406c741b8ca3.pdf>.

FINANCING

None.

CONFLICT OF INTEREST

None.