

● Original article

ADOLESCENTS IN THE SCHOOL ENVIRONMENT AND KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH *

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ABSTRACT: Objective: to analyze the knowledge of adolescents about sexual and reproductive health in the school environment. **Method:** qualitative exploratory descriptive study with 46 adolescents from three public schools of the state of Amapá, in the city of Macapá, from August to December 2016. Data was collected through interviews with the youngsters. The interviews were authorized by their parents or legal guardians and then transcribed and submitted to thematic content analysis. **Results:** Knowledge of the adolescents about sexuality associated with sexual intercourse, use of contraceptive methods, sex-related diseases and sexual orientation was analyzed. **Conclusion:** the various expressions of the adolescents revealed a direct relationship between sexual intercourse and the risks of unwanted pregnancy, and contamination by sexually transmitted infections and sexual orientation.

KEYWORDS: Adolescent; Sexuality; Reproductive Health; Sexual Health; Nursing.

ADOLESCENTES NO ESPAÇO ESCOLAR E O CONHECIMENTO A RESPEITO DA SAÚDE SEXUAL E REPRODUTIVA

RESUMO: Objetivo: analisar o conhecimento de adolescentes sobre saúde sexual e reprodutiva no espaço escolar. **Método:** estudo descritivo, exploratório, de natureza qualitativa, realizado com 46 adolescentes de três escolas do ensino estadual do município de Macapá, estado do Amapá, no período de agosto a dezembro de 2016. A coleta de dados ocorreu por meio de entrevistas realizadas com a autorização dos respectivos responsáveis, e posteriormente foram transcritas e submetidas à análise de conteúdo na modalidade temática. **Resultados:** observou-se o conhecimento de adolescentes sobre a sexualidade relacionado ao ato sexual, à proteção contra gravidez, às doenças relacionadas ao sexo e à orientação sexual. **Conclusão:** as variadas expressões dos adolescentes permitiram evidenciar uma relação direta entre o ato sexual e os riscos de gravidez indesejada, o contágio por infecções sexualmente transmissíveis e a orientação sexual.

DESCRIPTORIOS: Adolescente; Sexualidade; Saúde Reprodutiva; Saúde Sexual; Enfermagem.

ADOLESCENTES EN EL AMBIENTE ESCOLAR Y EL CONOCIMIENTO ACERCA DE LA SALUD SEXUAL Y REPRODUCTIVA

RESUMEN: Objetivo: analizar el conocimiento de adolescentes acerca de la salud sexual y reproductiva en el ambiente escolar. **Método:** estudio descriptivo, exploratorio, de naturaleza cualitativa, realizado con 46 adolescentes de tres escuelas de enseñanza estadual del municipio de Macapá, estado de Amapá, en el período de agosto a diciembre de 2016. Se recogieron los datos por medio de entrevistas realizadas con autorización de los respectivos responsables, siendo después transcritas y sometidas al análisis de contenido en la modalidad temática. **Resultados:** se observó el conocimiento de adolescentes acerca de la sexualidad asociado al acto sexual, a evitar la gravidez, a las enfermedades relacionadas al sexo y a la orientación sexual. **Conclusión:** las distintas expresiones de los adolescentes posibilitaron evidenciar una relación directa entre el acto sexual y los riesgos del embarazo indeseado, el contagio por infecciones sexualmente transmisibles y la orientación sexual.

DESCRIPTORIOS: Adolescente; Sexualidad; Salud Reprodutiva; Salud Sexual; Enfermería.

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● INTRODUCTION

Adolescence is defined as a stage of life where several biological, emotional, psychological and social transformations take place⁽¹⁾. The WHO defines 'Adolescents' as individuals in the 10-19 years age group, while the Brazilian Statute of the Child and Adolescent (ECA) considers adolescence as the age group of 12-18 years old⁽²⁾.

Given that adolescents make up about 17.5% of the world population and 23% of the population of poor countries, the WHO recommends that studies focused on the sexual and reproductive health of adolescents are conducted and public policies targeted to this specific age range are implemented by the countries⁽³⁾.

In the Greco-Roman culture the individuals enjoyed guilt-free sex without the concern with sexual morals. Sex was intended both for reproduction and for the search for deep feelings of love, for sexual pleasure and sensuality. However, with the rise of Christianity a new sexual morality was imposed, according to which sex should be practiced only for biological reproduction⁽⁴⁾.

The development of human sexuality is a process that is exacerbated in early adolescence when, due to physical and hormonal changes, adolescents begin to experience and explore sexual feelings. However, lack of or poor knowledge about sexuality among adolescents results in high rates of teenage pregnancy and sexually transmitted infections (STIs)⁽⁵⁾.

Therefore, measures of effective support to adolescents that ensure their quick access to accurate and reliable information are needed. Based on this information, they will be able to make sound decisions about their sexual and reproductive lives⁽⁶⁾. Also, the elaboration and implementation of public policies focused on the improvement of adolescent sexual and reproductive health (ASRH), as well as the creation of health services that support ASRH rights are needed.

It is necessary to implement the National Curricular Plan regarding sexuality in the schools, since the topic is present in the daily lives of the students, parents and teachers. This will allow that important topics related to adolescent health are debated, with emphasis on education to ensure the autonomy of their choices and the prevention of STIs and unwanted pregnancies.

Thus, strategies for the dissemination of information to adolescents, especially those who are attending school, are necessary for the promotion of critical thinking among adolescents, their parents or legal guardians and teachers. However, there are obstacles to the right of adolescents to freely experience their sexuality. There are difficulties in reconciling the process of independence with the ability to make decisions of adolescents. Therefore, it is necessary to protect adolescents in situations such as vulnerability to STIs⁽⁸⁾.

In the geographic context of the present study, conducted in the city of Macapá, capital of the State of Amapá, the government must promote actions that address the sexual and reproductive rights, through dissemination of information, monitoring, supply of contraceptive methods and health services. Also, health professionals and teachers should be properly trained to deal with adolescents, breaking cultural taboos about sexuality and showing the importance of knowledge and exercise of the sexual and reproductive rights by adolescents.

The indexes released by the Medical Records and Statistics Service of Maternal Hospital Mãe Luzia, a reference center in high-risk gestation in the state of Amapá revealed that from 2011 to 2015 there were increased appointments at the hospital for young pregnant women aged 10 to 19 years, and an absolute frequency of 9,322 births in this age group. In the same period, 1,306 adolescents underwent uterine curettage. The relative frequency of the number of pregnancies and curettages performed annually in the study period shows a variation from 38.21% (2011) to 48.47% (2015), demonstrating that almost 50% appointments of pregnant women concerned adolescents. This situation deserves special consideration from basic care services, and particularly in the school environment, through safe approaches of the sexual health dimension⁽⁵⁾.

Therefore, the present study aimed to analyze the knowledge of adolescents about sexual and reproductive health in the schools.

● METHOD

Qualitative exploratory descriptive study conducted in three public secondary schools of the state of Amapá, in the city of Macapá, from August to December 2016.

The study sites were selected through a simple random sampling procedure. One school was selected for each region, namely: Escola Estadual Professora Sebastiana Lenir de Almeida (Southern region), Escola Estadual Professor Alexandre Vaz (Central region) and Escola Estadual Professora Maria Ivone de Menezes (Northern region).

The study participants were 46 students who met the following inclusion criteria: aged 13-18 years and regularly enrolled in a public state school. The exclusion criterion adopted was adolescents with any physical, emotional or psychological disorder that might impair their capacity to participate. Semi-structured interviews on sexual and reproductive health were conducted in a private environment to ensure the participants' privacy. The interviews ceased when data saturation was achieved.

The respondents' statements were recorded on a digital device, transcribed in full and submitted to thematic content analysis⁽⁹⁾. To preserve the anonymity of the participants, they were identified as "Adolescents" and their names were replaced by a sequential alphanumeric code, i.e. letter "A" followed by the interview order number (A1, A2, A3, ... A46). Units of meaning were used as a strategy for organizing the content of the interviews. Thus, different colors were selected, with the purpose of identifying each unit and grouping them, thus allowing an overview of the theme. The following units were originated: Sexuality as sexual intercourse; Contraception methods; Male-female thing; Avoiding sexually transmitted diseases; Sexual Orientation. These units supported the construction of the following thematic category: Adolescent knowledge about sexuality - a challenge for the school environment.

The study was approved by the Research Ethics Committee of Hospital Universitário Antônio Pedro, under protocol no 1.349.794/2015, pursuant to Resolution No. 466/2012 of the National Health Council⁽¹⁰⁾. All the participants signed an assent form, and permission was obtained from their parents/guardians, who signed the informed consent form.

● RESULTS

Adolescent knowledge about sexuality – a challenge for the school environment

In this category, knowledge about sexuality of adolescents was related to sexuality as sexual intercourse; contraception methods; male-female thing; avoiding sexually transmitted diseases; sexual orientation, as shown in the following statements:

I have some doubts. Does sexuality mean having sexual intercourse? (A13)

Sexuality is necessary to have children, to have pleasure, to complement romantic relationships (A22)

Sexuality means talking about sex, I've only heard of it, that's all. (A27)

It is a very intimate relationship, and so I don't think it is something risky, it depends on the person. (A30)

The correlation of sexuality with homosexuality was perceived by many respondents:

It's having a sexual intercourse with someone of the opposite sex. And there are also people who have sexual intercourse with same-sex people. (A7)

Sexuality, such as heterosexual people, but there are also bisexual, gay, lesbian people. And diversifying sexualities. (A17)

Sexuality, I've heard about sex, homosexuals, that's all. (A20).

Sexuality itself or sexual choice, I cannot provide an accurate explanation of what sexuality is, but I think it's a sexual option, i.e. be attracted to men or women. (A25)

The model used relates sexuality to the health-disease process and to disease prevention, as shown in the statements of the respondents when they associate only biological components and prevention of unwanted pregnancies, according to the current social standards:

Contraceptive methods are necessary, and many people who don't have money get sexual diseases (A23);

You have to use a condom to avoid pregnancy; some don't use condoms when they want to get pregnant do not use condoms, and others, although aware of the need to use condom, do not use them. (A32)

I don't know much about it., I know that we must always be careful not to get pregnant and not to have sexual diseases. (A37)

Well, last year I learned about contraceptive methods at school, but I do not remember it well. I think the science teacher talked to use about these contraceptive methods. (A40)

While some students perceive sexuality as sexual orientation, heterosexual relations, bisexuality and homosexuality, others perceive it as sexual intercourses solely anchored in the male/female binary:

I think it concerns sex between men and women. For example, people date, then end up having sex (A12)

It is a sexual intercourse between a man and a woman. (A18)

Sexuality ... it is a lot of things, male and female gender.. Man! It is a lot of things. I cannot specify, you know (A26)

It is a sexual intercourse between a man and a woman to give birth to a child. (A33)

The biological components are mentioned again in the statements of the students, and the relationship between sexuality and prevention of STIs suggests that perhaps the approach of sexuality in the schools is only focused on the risks posed by having sex without a condom. Infections are caused by unprotected sex:

I've heard a lot of things, but I cannot explain it right... I have some notions, but nothing very specific. Sexually transmitted diseases. (A17)

I understand that sexuality is not just about making love. I think it's something between a man and a woman. Sexual intercourses can be appropriate or no ... there are other methods to prevent communicating diseases. This is sexuality for me. (A24)

It is about what we should now to have sex with someone, not having sex with any partner, find out whether or not our sexual partner has any communicable disease, it is about using condoms and adopting contraceptive methods. (A37)

In the following statements it can be seen that sexuality and reproductive health are addressed in the disciplines of Science and Biology and in lectures of Family Health Strategy teams in the schools:

At school, only in the Science class on STD. (A12)

Well, some professionals, like biology teachers, are always willing to talk about sex issues. (A29)

At school and with my parents. I have science classes. (A30)

Well, in the middle of last year I learned about it, but I do not remember right. I think the science teacher talked about the use of contraceptive methods, about sexual intercourses, about pregnancy problems and things like that (A31)

● DISCUSSION

Human sexuality concerns:

a set of features that translates into different ways of expressing the vital energy, called by Freud 'libido', which means the energy through which the ability to connect with people, pleasure/displeasure, desires, needs and life is manifested. Reflecting a little more on the subject, one can perceive that the body as a whole is a source of pleasure because it is through our bodies that from the moment we are born we feel, perceive and communicate the world^(11:39).

Sexual vulnerability of young people is demonstrated by some indicators such as lack of knowledge about reproductive cycles, juvenile pregnancies, condoms, conversation with adults, individual limits and discrimination based on gender and sexual orientation⁽¹²⁾. These indicators express the difficulties faced by adolescents to satisfactorily understand their sexual health.

Sexuality, especially in adolescence, is an intrinsic component of the individual. It is essential to the health of young people because it transcends the merely biological aspect, manifesting itself as a psychological and social phenomenon, strongly influenced by personal and family beliefs and values, moral standards and social taboos⁽¹³⁾. Thus, sexuality should be discussed as an integral process, involving adolescents, caregivers, teachers, health professionals and society, to foster dialogue and knowledge, contributing to minimize vulnerability factors.

The visibility of homosexuality in the Brazilian educational system should be urgently addressed. A survey by the United Nations Educational, Scientific and Cultural Organization (UNESCO) on youth and sexuality involving Brazilian elementary school students, their parents/guardians and teachers revealed that they not only ignored the discrimination against homosexuals, but also actively collaborated to reproduce this violence⁽¹²⁾.

In the school environment, educational measures aimed to address respect to sexual orientation are apathetic. Therefore, people tend to view homosexuality as an abnormal condition. Homosexuality is not discussed in the schools and is centered on stereotypes. Thus, a discourse that reinforces intolerance towards homosexual sex leads results in a naturalization of heterosexuality. The desire is fragmented, the debate is centered around the causes of sexual orientation, a duel between nature and culture that does not consider the various aspects of human sexuality⁽¹⁴⁾.

Thus, rather than highlighting statistical data, we warn that these vulnerabilities exist and "hurt," "distress," "upset" and "jeopardize" what may be one of the richest and most important constructs in human life regarding the process of construction of the identity of young individuals: sexuality, especially if understood as a link of life, affection and feelings, something that goes beyond genitality⁽¹²⁾.

Sexuality must be understood in the context of history and culture. In this view, sexual identities are no longer conceived as mere results of "biological imperatives"⁽¹⁴⁾, but rather as parts of the social relations of power, in complex processes and in multiple levels of management in society⁽¹⁵⁾.

Sexuality-related sex education provided by the schools should address, along with children and young people, the consequences of all messages transmitted by the media, the family and society. It is about filling gaps in students' knowledge about the subject and, above all, encouraging these individuals to form their own opinions about what is or has been presented to them⁽¹⁵⁾.

Addressing sexual orientation means broadening and deepening the view on sexuality, highlighting the different points of view in society, including sexual practices related to affection, pleasure, respect and sexuality. Such work should not be limited to the delivery of information on reproduction and prevention of sexually transmitted diseases, but also include a historical, cultural, ethical and political dimension of the individual: body and spirit, reason and emotion, that is, sexuality can be expressed in different ways: caresses, kisses, hugs and looks. Therefore, sexual orientation should address sexual development as reproductive health, gender relations, interpersonal relationships, emotional relations, body image and self-esteem⁽¹⁶⁾.

Problematizing the social constructions of masculinity and femininity in a pedagogical proposal is a way to contribute to gender equity, since the biological differences may provide a justification for a series of social inequalities between men and women. In turn, such inequalities provide the basis for the justification of the behavior of men and women⁽¹⁷⁾.

Therefore, the school institution, through the actions of its players, has a special role in the production of sexual and gender identities, as well as in the validation of certain forms of expression of masculinities, femininities and sexualities⁽¹⁸⁾.

Recognizing sexuality as a social construction means understanding that the practices and desires are also culturally constructed, depending on the diversity of peoples, world views and customs, even when this diversity comprises only one country, such as Brazil⁽¹⁹⁾.

The schools have devices to regulate and manage students' sexuality. Thus, this topic is discussed to prevent teenage pregnancies and contamination by STIs, particularly from the Acquired Immunodeficiency Syndrome (AIDS). Therefore, the educational institutions have adopted a standard approach on the sexuality of individuals and on society⁽⁷⁾.

The mobilization around adolescent sexuality leads to various forms of institutionalization of the problem. The schools are now considered a political device for intervention, through the control of the sexuality of children, especially adolescents. However, this process must go beyond access to information on birth control and preventive practices, forming subjects capable of critical thinking and who initiate their sexual life with responsibility, using contraceptive methods and preventing the incidence of STIs⁽⁷⁾.

The concepts expressed in the statements of the participants revealed that issues such as sexuality and reproductive health are not being addressed in the schools in a transversal way, as proposed in the National Curriculum Plan.

Transversality implies an integrated approach of all the involved areas and a commitment of all the players with the issues addressed, to ensure coherence between the values experienced in the school environment and the intellectual contact with these values⁽²⁰⁾.

In this regard, the National Curriculum Parameters presented the proposal of sexuality and other social and/or current issues that should be discussed in the schools, because such questions are present in the daily routine of teachers and students, and therefore, are experienced by them. Also, according to the proposal of the National Curriculum Parameters sexual orientation will not be addressed in the schools as a specific discipline, but as a theme that pervades all areas of knowledge. Thus, topics on bodies, genders and sexualities are social issues and are part of the daily routine of schools, e.g. in the girls' queues and boys' queues, in the courtship in school corridors, or in the pregnancy of a teenager⁽⁷⁾.

The Guidelines of the Brazilian Educational System (LDBEN), through Law 9,394/1996, regulated the right to education as a subjective public right of any citizen. According to this legislation, the Federal Government is responsible for the elaboration of the National Education Plan, in collaboration with the States, Federal District and the Municipalities. As for the National Education Council, it has normative and supervisory functions. Based on the aforementioned, and considering the political and administrative decentralization determined by the Brazilian Constitution of 1988, the National Curriculum Parameters provide references for the decentralized elaboration of curricular proposals at the state and municipal levels, including health and sexuality among the themes to be addressed in a transversal way in the school curriculum⁽²¹⁾.

● CONCLUSION

Studies on adolescents and their social, demographic and biological conditions, and particularly on sexuality, reproductive health and knowledge of contraceptive methods, are common in Brazil. However, the taboos related to sexuality still pose difficulties for the implementation of qualitative research in the schools.

The study showed the diversity of adolescents' information about sexuality. The testimonies demonstrated the existence of a direct relation between sexual act and the risk of an unwanted pregnancy, contamination by sexually transmitted diseases in heterosexual or homosexual intercourses and the idea of sexual orientation.

Moreover, the participants' statements revealed that the schools do not address the issue of reproductive health on a regular basis, using clear language and based on a multidisciplinary approach. On the contrary, the theme is still approached in a traditional way without taking into account the expressions and reality of the students. It can be said that the lack of a transversal and inter-sector approach expresses vague or even mistaken responses of the students regarding their own sexuality. Thus, in order to address sexual and reproductive health using critical thinking in the education and health process, it is necessary to talk about sexual rights and reproductive rights.

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