



RISK AND PROTECTION AGAINST ADOLESCENTS ON STD/HIV/AIDS
FATORES DE RISCO E DE PROTEÇÃO ENTRE ADOLESCENTES EM RELAÇÃO ÀS DST/HIV/AIDS
FACTORES DE RIESGO Y DE PROTECCIÓN ENTRE ADOLESCENTES EN RELACIÓN A LAS
DST/VIH/SIDA

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ABSTRACT

Objective: to investigate the risk and protection factors related to STD/HIV/AIDS among adolescents. **Method:** it is a descriptive, qualitative study with 30 adolescents. A semi-structured interview, a codification of the testimonies originating two thematic categories and subcategories were used for the collection. The analysis was by literature. **Results:** two central categories emerged: 1 - Risk Factors, 2 - Protection Factors. Also, subcategories emerged. It has been shown that adolescents recognize the use of condoms, but many do not, adopting risk behaviors. The dialogue was positively assimilated, being a factor of protection. **Conclusion:** this study enabled to identify the risk situations in which adolescents are exposed, and the protection factors that minimize the consequences arising from risk situations. **Descriptors:** Nursing; Sexually Transmitted Disease; Teenager.

RESUMO

Objetivo: investigar entre os adolescentes os fatores de risco e de proteção em relação às DST/HIV/Aids. **Método:** estudo descritivo, de abordagem qualitativa, realizado com 30 adolescentes. Para a coleta, utilizou-se uma entrevista semiestruturada e uma codificação dos depoimentos, as quais originaram duas categorias temáticas e subcategorias. A análise foi realizada mediante a literatura. **Resultados:** emergiram duas categoriais centrais: 1 - Fatores de Riscos; 2 - Fatores de Proteção; a partir destas surgiram subcategorias. Evidenciou-se que os adolescentes reconhecem o uso do preservativo, porém, muitos não o fazem, adotando comportamentos de risco. O diálogo foi assimilado positivamente, sendo um fator de proteção. **Conclusão:** esse estudo possibilitou a identificar as situações de risco em que os adolescentes estão expostos e os fatores de proteção que visam minimizar as consequências oriundas das situações de riscos. **Descritores:** Enfermagem; Doenças Sexualmente Transmissíveis; Adolescente.

RESUMEN

Objetivo: investigar entre los adolescentes, los factores de riesgo y de protección en relación a las DST/VIH/Sida. **Método:** estudio descriptivo, de enfoque cualitativo, realizado con 30 adolescentes. Para la recolección fue utilizada una entrevista semi-estructurada; se utilizó una codificación de los testimonios originando dos categorías temáticas y subcategorías. El análisis fue mediante la literatura. **Resultados:** surgieron dos categorías centrales: 1 - Factores de Riesgos, 2 - Factores de Protección; de esas surgieron subcategorías. Se evidenció que los adolescentes reconocen el uso del preservativo, pero, muchos no lo hacen, adoptando comportamientos de riesgo. El diálogo fue asimilado positivamente, siendo un factor de protección. **Conclusión:** ese estudio permitió identificar las situaciones de riesgo en que los adolescentes están expuestos, y los factores de protección que minimizan las consecuencias de las situaciones de riesgos. **Descriptor:** Enfermería; Enfermedades de Transmisión Sexual; Adolescente.

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INTRODUCTION

Adolescence is defined as the period from 10 to 19 years old by the World Health Organization (WHO), a phase that usually begins sexual activity. Such practice involves attitudes of great importance to adolescents such as the use of contraceptive methods, pregnancy and especially STDs.¹⁻²

Adolescents are mostly exposed to different forms of risk, making them more susceptible to common vulnerabilities in this stage of life. This view is supported by the argument that the structural dimension of reality, tailored to the needs of individuals and groups, producing different levels of exposure and health problems.²

Thus, risk and protection factors are strictly linked to concepts of vulnerability. Also, adolescence is a crucial period in the life cycle, in which individual vulnerability is present in many adolescents, leading them to an earlier onset of sexual intercourse without Infection and prevention of STD/HIV/AIDS.³

This work is a cut-off from a course conclusion monograph entitled Risk Factors and Protection Factors in Adolescents in the STD/HIV/AIDS. In this sense, the question was which risk and protection factors are involved in the field of adolescent sexuality and the prevention of STD/HIV/AIDS? Thus, this study aims to investigate the risk and protection factors about STD/HIV/AIDS among adolescents.

METHOD

This is a descriptive, qualitative study carried out at the Center for Culture, Art, Science and Sport (CUCA) located in the city

of Fortaleza, Ceará, Brazil. Thirty adolescents enrolled in the courses offered by CUCA participated in the study.

A semi-structured interview to collect the information was used consisting of four parts: 1) identification data, such as age, gender, family income, sport, origin, education, color/race, religion, marital status; 2) knowledge and prevention about STD/HIV/AIDS; 3) Risk factors to which adolescents were exposed; 4) protection factors present in the participants' lives. It is emphasized that a portable recorder was used during the application of the interview to ensure the veracity of the information.

The presentation of the information was used to encode the participants' statements, emerging two thematic categories: risk factors and protection factors. Next, the subcategories that were organized by the literal description of the adolescents' testimonies (Figure 1) were extracted from these categories.

The discussion of the information was through the pertinent literature on the thematic investigated. The study obeyed all the ethical-legal aspects that involve research with human beings, by Resolution 466/12 of the National Health Council and with an appreciation of the Ethics Committee with opinion N° 119.712.

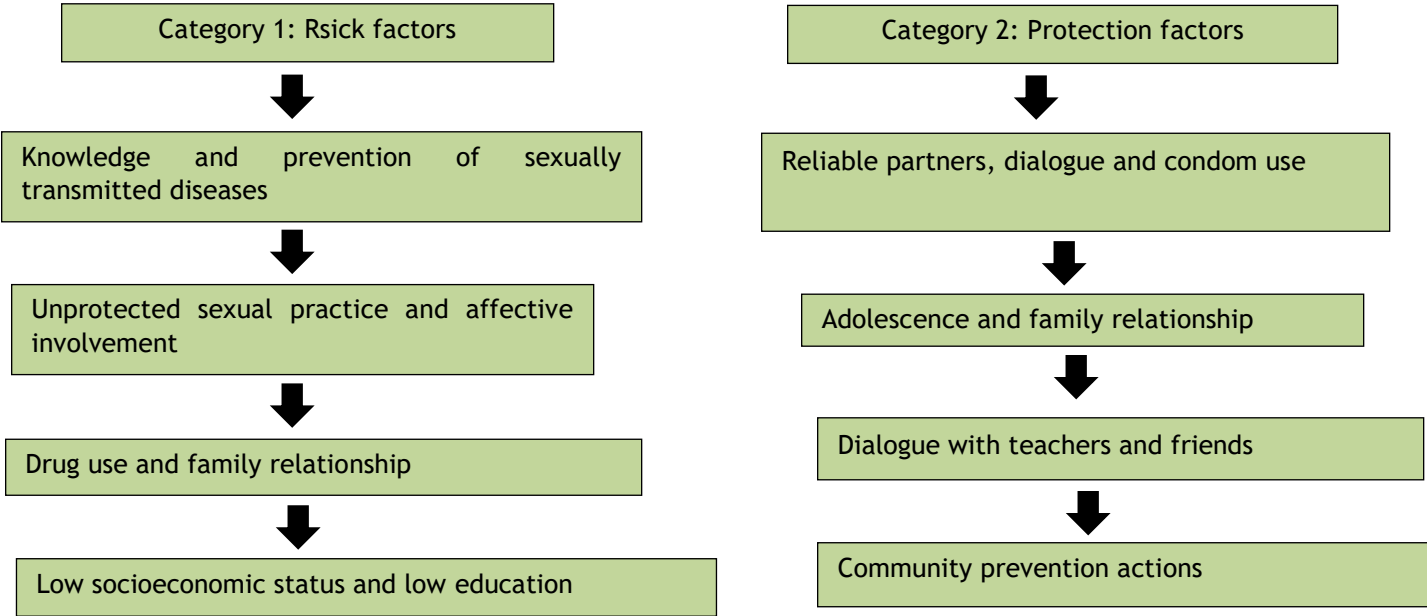


Figure 1: Flowchart of Categories and Subcategories. Fortaleza (CE), Brasil, 2015.

RESULTS AND DISCUSSION

♦ Characterization of participants

The participants were in the age group between 12 and 19 years old, predominantly male, from Fortaleza/CE. Most of them completed high school, three in elementary school and only two in higher education. The predominant color/race was brown and indigenous, respectively. The predominant religion was Catholic, followed by evangelical, spiritist, and those who did not have defined religion claimed only to believe in God. As for marital status, all adolescents were single.

♦ Category 1: Risk factors

The risk is understood as the consequence of exposure to situations in which desire is sought, including the possibility of loss or some physical, material and psychological suffering.⁴ In this study, insufficient information on prevention, drug use, and low socioeconomic conditions were the most important risk factors.

♦ Knowledge and prevention of sexually transmitted diseases

Knowledge and prevention about sexually transmitted diseases were negatively assimilated by adolescents. Most of them knew only the “basic,” expressing erroneous information, permeated by beliefs and myths:

I know the basic. I know they are transmissible if the person has sex without a condom. (Adolescent 1)

Aids and STDs are diseases that if you do not protect yourself, you are subjected to. (Adolescent 2)

This finding is worrying, since the lack of knowledge about prevention, infection and transmission make adolescents more susceptible to situations of risk and vulnerable to STD/HIV/AIDS infection. Moreover, the adolescent in its essence, becomes vulnerable to these situations, since the practice of inappropriate behaviors is common in these groups than the other groups.⁵

As for the forms of STD/AIDS prevention, the use of condoms was the most cited by adolescents. However, contraceptive use has also been reported as a form of prevention by adolescents in the study, deserving a great deal of attention because this method is not considered as a method of STD/AIDS prevention, but rather an unplanned pregnancy.⁶

I use contraceptive in relationships not to become infected, and the condom. (Adolescent 8)

I use contraceptive, condom, morning-after pill. (Adolescent 8)

It is noteworthy that this misconception of the use of contraceptive is also evidenced in other studies, in which the adolescents use the contraceptive as a form of prevention. However, some adolescents point to sexual abstinence and the use of condoms in all sexual relationships, especially if the person has STD/HIV/AIDS, as prevention methods.⁷⁻⁸

♦ Unprotected sexual practice and affective involvement

Regarding unprotected sexual practice because of and affective involvement, some adolescents stated that they would continue with their partners, even being knowledgeable about the disease:

When you like you take the risk. The advise is do not do it, but it is difficult. It happened to me, and I ended up doing it. Then I bought the morning-after pill, then she took it and ready. (Adolescent 6)

If I liked her, I would stay. I think because of what I saw, what I learned was that I usually have to live with the person who has these diseases, which can have a relationship with her without a condom. (Adolescent 10)

Similar studies show that partners of adolescents with STD/HIV/AIDS remain in the relationship, even after learning about the partner's diagnosis.⁹ On the other hand, in this study, some adolescents say they do not have sex if their partner is infected, and their fear of becoming infected by some STD/HIV/AIDS is the main cause:

I would not do it at all. (Adolescent 12)

No, so I always use a condom. (Adolescent 5)

♦ Drug use and family relationship

Drug use is one of the main vulnerabilities in adolescence. Access to these substances is considered easy for adolescents.¹⁰ In this respect, the use of these substances by family members is disturbing, since in these circumstances the adolescent becomes more conducive to experiencing:

My mother drinks and smokes. I have been a victim of this too, I have had too much to drink, I have been very drunk, and I have not always remembered protecting myself. (Adolescent 16)

My brother is an alcoholic and sometimes when I go out with him to parties I end up drinking because he drinks and gives me, and then I drink. (Adolescent 8)

The use of these substances before sexual intercourse is considered a strong risk factor for unprotected sex and STD/HIV/AIDS infection, due to the state of ecstasy, decreased reasoning, increased number of partners and feeling invulnerability to any

Mesquita JS, Costa MIF da, Luna IT et al.

situation, especially in the adolescent public.¹¹

I think it makes it easier because you are already on the same path. Who uses drugs, is close to crime, is close to drinking and to follow another addiction is fast. (Adolescent 12)

The person loses half the senses and there comes the facility of being contaminated with a sexually transmitted disease. (Adolescent 17)

♦ Low socioeconomic conditions and low education

Socioeconomic conditions, as a risk factor for STD/HIV/AIDS infection, were assimilated by two aspects among adolescents. Some of them agree that socioeconomic conditions influence the risk of STD/HIV/AIDS infection, while others disagree:

Information is everywhere. Health care centers are everywhere, informing both the poor and the wealthy. (Adolescent 1)

I think that a poorer person is easier to contaminate because he has no access, although nowadays every corner has access. (Adolescent 6)

Studies indicate that the lower the education and income, the more vulnerable adolescents, and other individuals to STD/HIV/AIDS due to the lack of information and inputs for protection. Thus, these factors are directly related to the factor of contamination by STD/HIV/Aids.¹²⁻³

The disease shows that low levels of education and other socioeconomic characteristics are associated with increased infections of Brazilian adolescents and young people by STD/HIV/AIDS. Although the data reveal that adolescents are knowledgeable about STD/HIV/AIDS prevention, there is still an increase in HIV infection, showing an increase in the distribution of cases among adolescents.¹⁴

♦ Category: Protection factors

♦ Reliable partners, dialogue, and condom use

Sexual habits begin at the beginning of sexual life and last throughout life, so it is necessary that safe sexual behavior is emphasized from adolescence, especially on the use of condoms. In this regard, it is important that partners discuss their intimacy, and the use of condoms.¹⁵⁻²³

Condom use was positively assimilated by adolescents during sexual intercourse. In a similar study, the use of oral contraceptives and condoms are the best known and used contraceptive methods, followed by interrupted coitus, tables, and diaphragm.¹⁶

Risk and protection against adolescents...

You have to use the condom not to get Aids and not get pregnant. (Adolescent 18)

I always ask myself. I am a poker face. Are you wearing a condom? I do not, Well then, it is a good thing, it was good to meet you, until the next, anything connects me, and we settle. Always well open. (Adolescent 5)

Adolescents presented difficulties in negotiating condom use with their partner, emphasizing that the man is the one who should take the initiative regarding the use and the dialogue with the partner:

Oh, I usually expect him to talk, right, because he is the man, and I am ashamed too. (Adolescent 3)

I say no, he can think I have experience and I have other people. If he speaks I use, if not, I also do not speak. (Adolescent 20)

This fact reflects the existing prejudice that involves the sexual decision with the partners. Fear and a sense of disdain for partners are the main reasons they do not speak openly about sex. This shows how adolescents become vulnerable to STD/HIV/AIDS because they depend on their partners for dialogue and condom use.¹⁷

♦ Adolescence and family relationship

Adolescents who dialogue with their parents about sex and preventive measures, usually come from a good family relationship. A stable and open relationship is perceived.¹⁸

My family relationship has always been open, despite having lived only with my mother and my grandmother. I have always been sexually educated and never thought of doing anything that would aggravate an illness for me. (Adolescent 27)

I talk to them. The conversation is quiet. Speech to prevent if not, you get a disease. (Adolescent 23)

Some adolescents reported that they did not miss this dialogue with their parents, because they felt embarrassed to talk about it, seeking other means such as health professionals, friends, the internet.

This shame or fear of adolescents in dialogue with their parents about sex, sexuality and STD/AIDS prevention is something that has been changing a lot, but there are still many prejudices.¹⁹ However, it is important that parents participate in this stage of adolescents' life, and that dialogue should be present even before the onset of sexual life, avoiding erroneous attitudes, making them susceptible to STD/HIV/AIDS infections.²⁰

♦ Dialogue with teachers and friends

Studies point to the teacher as the first option for adolescents as a source of information on STD/ HIV/AIDS. However, some

Mesquita JS, Costa MIF da, Luna IT et al.

Risk and protection against adolescents...

adolescents do not seek the school/teachers as a source of information, since they find the educators immature to talk about the subject and for being a strange situation the next day.²¹

Teachers, like parents, have to say what is right, wrong, have to show things. (Adolescent 14)

Friends, there are those who say not to use condoms and others who say we should use them, but if the person is aware they will listen to what they say to use the condom. (Adolescent 25)

In this context, friends are considered the origin of sexual information by most adolescents, mainly because they are not ashamed to talk to peers when it comes to the subject. However, the dialogue among adolescents is directed more towards the sexual act, and little is said about prevention.

Oh, if I am going to talk, I will tell you about sex and such. (Adolescent 11)

I talk to my boyfriend without any problem, we talk about everything, and that is good. (Adolescent 13)

It is noteworthy that adolescents acquire information about STDs/HIV/AIDS with peers. However, they often receive misinformation.²⁰

♦ Community prevention actions

The contribution of social support and participation in community events to favor prevention was positively assimilated by adolescents as a way of teaching and learning:

Talks, I think the talk helps a lot to make people aware. At the health clinic, they distribute condoms. Here at CUCA too, so I find this important. (Adolescent 4)

With the distribution of condoms for free helps a lot. I have never been in the health center, but my dad picked it up, and there are plenty at home. (Adolescent 12)

The school has represented an important place for the health and education, offering wide possibilities of initiatives such as clinical and/or social diagnostic actions, screening strategies and/or referral to specialized health services or basic health care, activities in health education and health promotion.²¹⁻²²

Based on the recognition that there are groups more vulnerable to STD/HIV/AIDS infection, there is a need to propose appropriate technologies to these specific contexts. Community action is of the utmost importance because it provides intermediaries prevention work by members of the groups.¹⁷

CONCLUSION

This study enabled to identify the main risk situations in which adolescents are exposed in their daily lives, as well as the protection

factors that can be used to minimize the damages and consequences arising from common risk situations in this peculiar phase, that is adolescence.

The need for more dynamic and effective educational strategies for the promotion and prevention of adolescent health is evident, since through this study it is noticed that most adolescents know the basics about STD/HIV/AIDS, and they are guided by misinformation, permeated by beliefs and myths. It was also found that the school is an important place to develop education and information related to the sexual and reproductive health of adolescents. We emphasize the importance of the health professional working with the schools since it has a transforming role and power in the lives of adolescents and consequently in the family and the community in general.

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