



RESEARCH-ACTION: PROMOTING HEALTH EDUCATION WITH ADOLESCENTS ON SEXUALLY TRANSMISSIBLE INFECTIONS

PESQUISA-AÇÃO: PROMOVENDO EDUCAÇÃO EM SAÚDE COM ADOLESCENTES SOBRE INFECÇÃO SEXUALMENTE TRANSMISSÍVEL

INVESTIGACIÓN-ACCIÓN, PROMOVENDO EDUCACIÓN EN SALUD CON ADOLESCENTES, SOBRE INFECCIÓN SEXUALMENTE TRANSMISIBLE

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ABSTRACT

Objectives: to identify the doubts of the students of a federal public school about Sexually Transmitted Infections and to propose a more appropriate educational approach or methodology for The data was produced from individual interviews, with a semi-structured script, and analyzed by the Content Analysis technique. **Results:** of the 127 invited students, 81 students attended (64%); 69% of them said they knew what an STI was and 41% did not know how to define it. When asked who they would like to learn about STIs with, they chose education and health professionals. **Conclusion:** the school and health partnership is one of the alternatives to promote health for adolescents, through the interaction of health and education professionals. **Descriptors:** Health Education; Adolescent; Sexually Transmitted Diseases.

RESUMO

Objetivos: identificar as dúvidas dos alunos de uma escola pública federal sobre Infecção Sexualmente Transmissível e propor uma abordagem ou metodologia educacional mais apropriada para os alunos. **Método:** estudo qualitativo, descritivo e exploratório, do tipo pesquisa-ação. Os dados foram produzidos a partir de entrevistas individuais, com roteiro semiestruturado, e analisados pela técnica de Análise de Conteúdo. **Resultados:** dos 127 alunos convidados, compareceram 81 alunos (64%); 69% deles disseram que sabiam o que é IST e 41% não sabiam definir. Ao serem questionados sobre com quem gostariam de aprender sobre IST, escolheram os profissionais de educação e os de saúde. **Conclusão:** a parceria escola e saúde é uma das alternativas para promover a saúde aos adolescentes, por meio da interação dos profissionais de educação e saúde. **Descritores:** Educação em Saúde; Adolescente; Doenças Sexualmente Transmissíveis.

RESUMEN

Objetivos: identificar las dudas de los alumnos de una escuela pública federal sobre Infección Sexualmente Transmisible y proponer un enfoque o metodología educativa más apropiada para los alumnos. **Método:** estudio cualitativo, descriptivo y exploratorio, del tipo investigación-acción. Los datos fueron producidos a partir de entrevistas individuales, con guion semiestructurado, y analizados por la técnica de Análisis de Contenido. **Resultados:** de los 127 alumnos invitados, asistieron 81 alumnos, (64%); El 69% de ellos dijeron que sabían lo que es IST, y 41% no sabían definir. Cuando cuestionados sobre con quienes quisieran aprender sobre IST, escogieron a los profesionales de educación y los de salud. **Conclusión:** la unión escuela y salud es una de las alternativas para promover la salud para los adolescentes, a través de la interacción de los profesionales de educación y salud. **Descriptores:** Educación Para La Salud; Adolescente; Enfermedades De Transmisión Sexual.

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INTRODUCTION

For a long time, it was believed that sexuality began in adolescence and, only in the last century, through psychoanalytic studies, it was discovered that its beginning was in childhood. Much of what is learned in childhood about sexuality, ie behaviors, sexual roles, taboos and prohibitions, can interfere positively or negatively in the near future, in adolescence. It is emphasized that adolescence is a dynamic process from childhood to adulthood, and may represent a critical period for many individuals, since it is a phase of rapid body growth, development of sexual characteristics, cognitive, social and emotional maturation.¹⁻²

The Child and Adolescent Statute (CAS) circumscribes adolescence between the ages of 12 and 18 and the World Health Organization (WHO) established this period in the second decade of life (ten to 19 years) in 1975. It is worth stressing that it is at this stage that various habits and behaviors are established and possibly transferred into adulthood.²⁻³

Several authors characterize adolescence as a period of transition, a phase of life between childhood and adulthood, marked by a complex and dynamic process of maturation, growth and development, in which learning is intense, since it involves the contexts of social, school and family interaction, and the exercise of sexuality and affectivity, in which adolescents relate and interact.⁴

According to the IBGE, in 2012 adolescents began their first sexual experiences around the age of 15 and suffered strong direct and indirect influences of sexual freedom and the media, becoming vulnerable to STIs due to lack of information and experience, thus having to assume, on many occasions, a risk behavior for their health, to reaffirm themselves in a group or as "masters" of their life.⁴

Adolescents' mistaken belief that they are unattainable, indestructible, with anticipation of sexual activity, associated with lack of information, makes this phase of life, a period of intense vulnerability, resulting in the adoption of health risk behaviors, that is, a lifestyle that can negatively affect health levels, such as the occurrence of one of the Sexually Transmitted Infections (STIs). Thus, it is believed that education can be a strategy to minimize the lack of information and the occurrence of these infections.²

When talking about health education with adolescents, one has to keep in mind that they are a differentiated public, because this

is a period of profound biopsychosocial changes, especially with regard to sexuality and personal identity. Thus, it is necessary to identify the cultural context in which they are inserted, respecting their fears, longings, knowledge and, especially, their individuality. Therefore, when thinking about health education with adolescents, the main theme is sex education, with a focus on the prevention of Sexually Transmitted Infections (STIs).⁴

According to the World Health Organization, STIs are among the most common causes of illness in the world and can be considered a public health problem with vast health, social and economic consequences due to the difficulty of diagnosis and early treatment, as a prognosis, severe sequelae such as infertility, fetal loss, ectopic pregnancy, anogenital cancer and premature death, as well as infections in newborns and infants.²

Epidemiological statistics show an undeniable increase in these diseases in adolescence, and the prevalence of AIDS among adolescents aged 15 to 19 rose from 0.6% in 1990 to 2.0% in 1991-2000 and 2.4% to 10.5% among young people aged ten to 24 years in 2003. In that year, a total of 9,762 new AIDS cases were diagnosed. Of these new cases, 7.2% were young men, 13 to 24 years old, while 11.3% were young women of the same age group. This data indicates a rapid dissemination of HIV / AIDS infections among adolescents and young women, rather than males, and points to epidemiological feminization, thus demonstrating the vulnerability of this group to infection.⁵

Later in 2012, the AIDS-Sexually Transmitted Diseases (STD) Epidemiological Bulletin highlights that, in the State of Rio de Janeiro, 1,958 new cases of AIDS were reported, accounting for, from 1980 to 2012, 92,178 cases of AIDS in the State. This survey showed that men are most affected, with a notification of 426,459 cases of AIDS, from 1980 to 2012, against 230,161 reports in women.⁶

But educating for sexuality is not easy and, especially, with adolescents, because it is not only the transmission of information "from one subject who knows to another who learns". Sexuality is intimately linked to the human being in his or her private sphere and may be the result of his or her personal culture or relationships established by men and women throughout their lives.

It is in this context that the school becomes a privileged place, because it is where the adolescents spend most of their time, and can

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be well used by education and health professionals, because there they can recognize the value of health.

The objective of this study was to identify the doubts of the students of a federal public school about Sexually Transmitted Infections (STI) and to propose a more appropriate educational approach or methodology for them.

METHOD

A qualitative, descriptive and exploratory study of research-action type. As a scenario, there is a federal public high school in the municipality of Campos dos Goytacazes, RJ, Guarus District, and the participants of this research are in the first year of high school, in courses in environment and electronics, of said school.

After approval of the research project in the Research Ethics Committee, an informal invitation was held in the classroom in the two school shifts (afternoon and morning), from September to November 2014, to students of the first year of high school of technical course of electronics and environment. In all, 127 students were invited to participate in the STI survey.

And, thus, the details of the research are explained, that is, that it would be a semistructured interview with questions about: What is STI?; How and with whom would you like to learn about STI? And that, in order to participate, everyone would have to sign the Free and Informed Consent Form. Those under 18 years of age would take the FICF home, so that their parents could sign the document, authorizing their participation in the research, and with that, they would receive the Agreement Term.

For the analysis and interpretation of data, the Content Analysis technique was used. Next, the data was organized in categories discussed with the theorists Paulo Freire and Dorothea Orem and with theoretical foundation made available in the scientific literature.⁷

Subjects were guaranteed confidentiality regarding the identity and information provided, as well as the right to refuse to participate in the study or to be absent from it at any time, and thus, the subjects of this research are identified as A1, A2. The research was submitted to the ethics committee of the Fluminense Federal University Medical School MS/FFU/UH and approved on August 8, 2014, with ordinance number 741.076.

RESULTS AND DISCUSSION

After the data collection, the presentation of the results began. As for the characterization of the students participating in the research: of the 127 invited students, 81 students attended, or 64%. Of those interviewed, 62% were girls and 38% were boys. In relation to the age group of the students, 78% were between 12 and 15 years old; 23%, aged between 16 and 19 years, and there was no participant aged over 20 years. In relation to the institution where they attended middle school, 58% of the students reported that they studied in public schools; 5% of the students reported that they studied in mixed schools (private and public school) and 37% of the students reported that they studied in private schools.

In the structured interview with the students, 69% said they knew what STI was and 41% did not know how to define it, when they pointed out that they need to know almost everything about STI, that is, prevention, epidemiological data that goes beyond sexual contact, according to this statement:

"I cannot explain" (A41); "Something that is transmited by sex". (A59)

During the process of data collection, the students' resourcefulness regarding the interviews was perceived. They did not, at any moment, show shyness or embarrassment to talk about STIs. It is worth mentioning the great enthusiasm they showed when participating in the research.

Through the semi-structured interview, it was noticed that the majority of the participants were female, evidencing their availability in talking about subjects related to sexuality. It has also been shown that they, in the case of STIs, "think they know everything." Interesting this way of seeing the world, since nobody can know everything, about anything.

When asked who they would like to learn about STIs with, they chose education and health professionals. For these reasons, the relevance of the union of actions and ideas of these professionals in defense of the right of the student to have a full life and quality of life is highlighted.

Regarding the results, it was concluded that, with the students (boys and girls), one of the best ways to carry out health education would be at school, in lectures or videos (visual aids) with health professionals, with their family, groups of young people and friends.

With this result, a path or way to reach the adolescent and promote health education can be outlined, even more if it is Sexual

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Orientation and STI. Thus, actions would start with:

- STI lectures by health professionals at school;
- Permanent Education with the servers, to stimulate the dialogue on STIs;
- Family support group to discuss STIs;
- Conversation wheels with teens about sexuality.

In this way, Health Education favors the interaction of the educator with the student, through the realization of educational strategies that aim at shared learning and the collective formulation of knowledge. However, the actions of health education with adolescents, in a school environment, should consider the social, economic and cultural context in which they are inserted and must cause critical reflections on the subject under discussion.²

The intervention was carried out according to the students' self-care demands in relation to STI. Health education, together with the student, develops self-care and, if the promotion of life is one of the ideals of Nursing, health education is the way to be followed to reach this goal.²

Because it is a research-action, it is emphasized that all these activities, proposed by the students in the research, have been carried out since the year 2014, through the research and extension project: Discovering the Consequences of the Right Choices and Permanent Education in Sexually Transmitted Infections.

After analyzing the data, two categories emerged:

- Lack of knowledge + sexually transmitted infection = danger
- Health education for adolescents in school settings

♦ **Lack of knowledge + sexually transmitted infection = danger**

STIs are a major cause of acute illness at a global level and are at the threshold of serious long-term health problems such as infertility, disability and death. They reach millions of people, highlighting their economic impact. It also extends the development of cancers, usually caused by viral infections, such as cervical cancer (the agent of which is the human papillomavirus), hepatocellular carcinoma (caused by the hepatitis B virus), lymphomas and Kaposi syndromes (a disease associated with human immunodeficiency virus infection - HIV, whose infectious agent may be the herpes virus). The pathologies causing ulcerative lesions of the skin and mucous membranes create, in the carrier, greater sensitivity to contract HIV infection

and increase the probability of transmitting this infection to other partners.⁸

There is still a widespread belief today that in order to contract an STI, it is necessary to have sex with several people. It is worth mentioning that STIs can be transmitted even by simple contact with the infected skin site, such as herpes or HPV and hepatitis B, through mucosal counts. In addition, it is essential to clarify the risks associated with oral or anal sex, highlighting the high probability of contracting STIs.⁹

From the foregoing, it can be seen that an adequate orientation to adolescents about STIs, risk behaviors and safe sexual practices is of great importance. Concerning prevention, in relation to STIs, it is necessary that these should be given priority attention, especially when the target of actions is the adolescent population, since adolescence is a common phase for all those who reach adulthood. Dynamic process from childhood to adulthood, which may represent a critical period for many individuals, is a phase of rapid body growth, development of sexual characteristics, cognitive, social and emotional maturation. It is at this stage that various habits and behaviors are established and possibly transferred into adulthood.¹

Anticipation of adolescent sexual activity results in increased sexual partners. Added to adolescents' mistaken belief that they are unattainable and indestructible, plus the lack of information, this phase of life becomes a period of intense vulnerability and adoption of health risk behaviors, which are called lifestyles, that may adversely affect health levels, such as the occurrence of one of the Sexually Transmitted Infections.¹

In addition, the limitations faced by the population in acquiring health and preventive programs, plus the lack of knowledge about diseases and risk factors, lead people to seek health services only when they become symptomatic. However, most STIs are asymptomatic. In this way, the infected can transmit the diseases, because they do not know of its existence.⁵

Despite the large investment by states and civil organizations to contain sexually transmitted infections, the focus on vaccine development, vaccination programs, new drugs (such as vaginal microbicides) and prevention programs for behavior change, it cannot be ignored, that schools play a key role in teaching adolescents to protect themselves and their self-esteem by enabling them to become resilient in the face of risky situations.⁸

Freire invites to question the pedagogical models used in the schools so that they are all the liberators of the world and emphasizes the necessity of the hopes and the dreams for human existence. In order to overcome STIs and their dissemination in adolescents and young people, it is necessary to begin a battle against the "oppressor", because the imposition in which the oppressor involves the oppressed causes them to be less, that is, non-thinking beings of their reality and social condition and do not teach him to think.¹¹⁻⁴

It is through education that the freedom of the oppressed will be achieved. Union, the organization of the oppressed, using dialogue as an instrument of transformation, is the driving force to change the reality in which one lives. Awareness is given by a gradual process, in which freedom is sought, without producing new oppressors and oppressed.¹⁴

It is from this perspective that hope for better days for the oppressed is presented, for hope is an ontological necessity and, without a minimum of hope, one cannot even begin the struggle. Hope has the power to transform reality, and "hopelessness immobilizes us and makes us succumb in fatalism where it is not possible to join forces that are indispensable to the world's recreating encounter."^{11:10}

Hope therefore becomes necessary to break these "limiting situations", that is, the obstacles and barriers that need to be overcome throughout personal and social life, such as the spread of STIs in the young world.

Regarding the self-care referential, one of the tasks of the progressive educator is to reveal the possibilities for hope, no matter the obstacles. It should be noted that the educator and the health professional, more specifically the nurse, when acting in a school unit, must take into account all the complexity of the student, developing a holistic view on their concerns and desires and, through educational and effective measures, to promote self-care proposed by Dorothea Orem. Self-care is understood as the performance or practice of activities performed by individuals for their own benefit to maintain health, life and well-being, ie the ability of living beings to take care of themselves. Therefore, it is inseparable from human life and survival and is independent of the identification of biological, psychological, economic, or social diseases or traumas, as a condition of living.¹⁵⁻⁷

Nursing aims to assist people in acquiring and recovering skills, to care for themselves and the other, and declares that the physical, psychological, interpersonal and social aspects of health are inseparable in the individual.

Thus, the author characterizes people as human beings, as they differ from other living things by their ability to reflect on themselves and their environment, possessing the capacity for learning and development.^{7,15-16}

In designing a therapeutic plan for the students, the nurse professional develops greater visibility in the Nursing work process, scientifically supporting their practice and thus allowing the direct participation of the student in their own care. The use of theories reflects a movement of the profession in search of autonomy, to develop care and hope for better days in health.^{7,15-7}

In this perspective, hope is a fundamental element to recover utopia as a possible dream and to understand the future, as well as the present and the past, as a result of human choices and decisions, and that dialogue is the essence of education as a practice of freedom, dialogue in the educational process, where teaching and learning are dynamic. Care helps the individual to grow, to develop and also to prevent, control and cure disease and injury processes.¹¹⁻⁵

• Health education for adolescents in school

When discussing the framework of self-care, Orem's theory fits the purposes of health education, as it values individual and collective responsibilities. The educational practice is a health promotion strategy and should be approached from the knowledge of the other and be understood as a mechanism for good quality Nursing care, which can be carried out in all settings, from primary care, to tertiary level such as schools, work environment, clinics, hospitals or community.^{15,18}

Health education, in the context of Nursing, has been an indisputable reality, due to the change of paradigms of health care, starting from the failed biomedical model for the implementation of the concept of the promotion of human health. As the promotion of life is one of the ideals of Nursing, it is understood that teaching, together with the student, develops self-care. It is inferred that the help provided by nurses, in meeting human needs, is characterized in a systematization of self-care teaching, that is, it becomes an aid in learning to live.^{7,15-8}

The literature emphasizes that health education provides autonomy to the individual. Therefore, in order to be effective, health education must develop, in its students and peers, a critical awareness that stimulates them to reflect and analyze their reality, to solve problems and transform existing situations.¹⁹ Thus, education in health, by preventing diseases and damages to

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human well-being, potentiates the reduction of costs along the various contexts of the assistance and develops the responsibility in them on their habits and lifestyles.^{15,18}

In the elaboration of health education activities in adolescence, considering the level of knowledge of the adolescent population becomes, according to Freire, essential data for the planning and evaluation of educational actions. The exchange of knowledge, dialogue, questioning and participation of people constitute an important opening for change. Therefore, each and every individual has the capacity to develop their potentialities and their willingness to change, in the face of risk situations to some health problem, and it is only necessary that health education actions opt for educational strategies, both for the individual as well as the collective with whom they live, and aim at information and awareness, in order to organize themselves and develop goals from their own priorities¹⁴⁻⁵.

This study corroborates Orem's ideals when she says that "self-care is learned through human interaction and communication"^{15:75} and with the addition of innovative educational methodologies suggested by Freire, which provide students with health education, in a light and dynamic way, where the professional of education and health is not the only holder of knowledge and where the experiences of adolescents are also considered in the teaching-learning process. Dorothea Orem's conceptual model of self-care fits the purposes of health education and values individual responsibility.¹⁵

Authentic learning occurs in the relationship between men mediated by the world, considering different places where people - social subjects - meet and interact, such as school, family, work, social networks, among others. This "world", from its interaction, challenges the social subjects, giving rise to different visions and sets of contradictions about it.¹³⁻⁵

In this way, Health Education favors the interaction of the educator with the student, through the realization of educational strategies that aim at shared learning and the collective formulation of knowledge. However, the actions of health education, with adolescents in a school environment, should consider the social, economic and cultural context in which they are inserted and must cause critical reflections on the subject under discussion.¹⁵

Health education in the school is considered a basic action that aims to

empower individuals and groups to acquire autonomy and self-care with their physical, mental and emotional health. It is an important way to be preventive, giving changes in behavior, practices and attitudes to the acquisition of better living conditions.¹⁰

Believing that education is much more than transmission of knowledge, the students were given the autonomy to choose as they prefer and with whom they would like to learn about Sexually Transmitted Infection, since the student, who exercises his freedom, will be freer and more ethically assume responsibility for their actions. In this way, health education is effectively promoted.¹³

It is in this context that the school becomes a privileged place, as it is the place where adolescents spend most of their time, and can be well used by education and health professionals for health education activities and self-care promotion: adolescents will be able to recognize the value of health.²

Freire says that one of the tasks of the school is to work critically with the students so that they can assume the role of the subjects of the production of their knowledge and that they are not just another receiver of the information transferred by the teacher. In addition, school is one of the first great spaces where children and adolescents begin their social life outside the family, where they can choose their friendships, interests and construct projects for the future, establishing a wide network of interpersonal relationships that can help in the construction of their personal identity.¹³

The reflection of the experiences of sexual education, with a focus on STIs, could lead people to the development of new life projects, and the knowledge pool will be expanded. The awareness, that is, the transformation of their existential projects into a experienced present act may lead to social transformation towards their health and quality of life.^{12 5}

CONCLUSION

The school and health partnership is one of the alternatives to promote health for adolescents, through the interaction of education and health professionals, since the topic of sexuality and consequent STIs is still little debated, either by professional unpreparedness or by prejudices and taboos, which still need to be demystified. The integration of these two sectors was convenient for the establishment of adolescent health education.

Establishing links, understanding the lives of adolescents, their needs and how they

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experience sexuality is essential for conducting a dialogue based on their doubts and concerns, thus building a "bridge" or a "path" with health professionals and educators.

Emphasizing dialogue, interaction with peers, and the exchange of knowledge allow the student to review their practices and values. And with this, when they perceive their actions, they can even change their lifestyle, with healthier and safer attitudes, guaranteeing the right to experience their sexuality fully and with quality of life, and the school is a propitious place for this construction, since it equips the individuals for their life trajectory.

At the moment when health actions happen inside the school, they guarantee the strengthening of the concept of health and show that health is something that goes beyond care with pathologies. Respecting and sharing the knowledge of the students, using elements that the same or the group proposes, favors the action of health education. It is concluded that health education can be therapeutic and pedagogical, as it blends and stimulates participation and commitment to the proposed treatment and allows to rectify or change habits, promoting reflection on the students about their lifestyle.

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