




ORIGINAL ARTICLE

KNOWLEDGE OF SCHOOLS ABOUT SEXUALLY TRANSMITTED INFECTIONS AND
CONCEPTUAL METHODS

CONHECIMENTO DE ESCOLARES SOBRE INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS E MÉTODOS
CONTRACEPTIVOS

CONOCIMIENTO DE LOS ESTUDIANTES SOBRE INFECCIONES DE TRANSMISIÓN SEXUAL Y LOS MÉTODOS
ANTICONCEPTIVOS

Marcela Estevão Brasil¹, Fabrício Bruno Cardoso², Lauanna Malafaia da Silva³

ABSTRACT


Objective: to assess students' level of knowledge about sexually transmitted infections and contraceptive methods. **Method:** this is a qualitative, action research study, with 153 schoolchildren aged 11 to 16 years, of both sexes, who answered a questionnaire, and then the simple statistical analysis of the data was used. **Results:** it appears that 94.1% of students said they know at least one way to prevent pregnancy, with male condom known by 86.9% of respondents and the "morning after pill" by 80.4%. Regarding sexually transmitted infections, 15.7% could not answer; 22.9% said they did not know any means of prevention; 61.4% could not report any possible symptoms; 24.2% said they were unaware of the aggravations if left untreated and 41.9% of respondents said they thought it was possible to be contaminated with some without being aware of this fact. **Conclusion:** the precariousness of the information that students have about the theme of sexuality is perceived. Thus, there is a need to make them aware of the risks they face when engaging in early sexual practice without proper preparation. **Descriptors:** Disease Prevention; Health Education; Adolescent; Sexually Transmitted Diseases; Nursing; Self Care.



RESUMO

Objetivo: avaliar o nível de conhecimento de escolares sobre Infecções Sexualmente Transmissíveis e métodos contraceptivos. **Método:** trata-se de um estudo qualitativo, tipo pesquisa-ação, com 153 escolares na faixa etária dos 11 aos 16 anos, de ambos os sexos, que responderam a um questionário, em seguida, empregou-se a análise estatística simples dos dados. **Resultados:** revela-se que 94,1% dos discentes disseram saber, pelo menos, uma maneira de prevenir-se de uma gravidez, sendo a camisinha masculina conhecida por 86,9% dos entrevistados e a "pílula do dia seguinte", por 80,4%. Pontua-se, sobre o que são as infecções sexualmente transmissíveis, que 15,7% não souberam responder; 22,9% afirmaram não conhecer nenhum meio de prevenção; 61,4% não souberam relatar nenhum possível sintoma; 24,2% declararam desconhecer os agravamentos se não tratados e 41,9% dos entrevistados disseram achar possível estar contaminados com alguma, sem ter o conhecimento desse fato. **Conclusão:** percebe-se a precariedade das informações que escolares possuem sobre a temática da sexualidade. Aponta-se, assim, a necessidade de conscientizá-los sobre os riscos a que estão expostos ao assumir uma prática sexual precoce sem um preparo adequado. **Descritores:** Prevenção de Doenças; Educação em Saúde; Adolescente; Doenças Sexualmente Transmissíveis; Enfermagem; Autocuidado.

RESUMEN

Objetivo: evaluar el nivel de conocimiento de los estudiantes sobre las Infecciones de Transmisión Sexual y los métodos anticonceptivos. **Método:** este es un estudio de investigación de acción cualitativo, con 153 escolares de 11 a 16 años, de ambos sexos, que respondieron un cuestionario, y luego se utilizó el análisis estadístico simple de los datos. **Resultados:** se informó que el 94.1% de los estudiantes dijeron que conocen al menos una forma de prevenir el embarazo, siendo el condón masculino conocido por el 86.9% de los encuestados y la "píldora del día siguiente" 80,4%. Con respecto a las infecciones de transmisión sexual, el 15,7% no pudo responder; el 22,9% dijo que no conocía ningún medio de prevención; 61,4% no pudo reportar ningún síntoma posible; el 24.2% dijo que no estaba al tanto de las molestias si no se trataba y el 41,9% de los encuestados dijo que pensaba que era posible contaminarse con algunos sin ser conscientes de este hecho. **Conclusión:** se nota la precariedad de la información que los estudiantes tienen sobre el tema de la sexualidad. Por lo tanto, se señala la necesidad de hacerlos conscientes de los riesgos a los que están expuestos cuando toman una práctica sexual precoz sin una preparación adecuada. **Descriptor:** Prevención de Enfermedades; Educación en Salud; Adolescente; Enfermedades de Transmisión Sexual; Enfermería; Autocuidado.

¹College of Sciences, Education, Health, Research and Management / CENSUPEG, Sao Fidelis (RJ), Brazil. ¹ <https://orcid.org/0000-0003-4503-5875>

²Federal University of Rio de Janeiro / UFRJ, Rio de Janeiro (RJ), Brazil. ² <https://orcid.org/0000-0002-0279-6079> ³Federal Fluminense University / UFF, Niterói (RJ), Brazil. ³ <https://orcid.org/0000-0001-8904-5245>

How to cite this article

Brasil ME, Cardoso FB, Silva LM. Knowledge of schools about sexually transmitted infections and conceptual methods. J Nurs UFPE online. 2019;13:e242261 DOI: <https://doi.org/10.5205/1981-8963.2019.242261>

INTRODUCTION

It is known that adolescence is a natural moment of human development, but it is not an easy phase to go through. It is understood that during this transition period from childhood to adulthood, many physiological as well as psychosocial changes arise. It transforms the whole body inside and out, and the young person notices these changes, notices an evolution of his sexuality and, with all the hormones in the skin, desires arise that were previously unknown.¹⁻¹¹

It can be observed that, in the whirl of discoveries of their own body and the world around them, the adolescent goes through uncertainties and insecurities daily and needs to overcome self-knowledge to defend their own identity and impose themselves before the society in which they are inserted. It is added that while the young person goes through this stage, they are extremely vulnerable and, without much effort, suffer many influences, starting from the media - seductive and irresistible in soap operas, movies, clips, advertising - and especially friendships. It is clear that the tendency is to try a behavioral reproduction of your circle of friends. It is warned that, without having knowledge of the concepts of Health Education, the adolescent will only copy, surely, without any personal preparation, the same steps of their friends who have already started their sexual activities and, unprotected during sex, their vulnerability increases.

Sexual life begins at an earlier age, between 13 and 15 years old, thus emphasizing the importance of sexual education for adolescents, bringing information to young people before they start their sexual relations, so that they can adequately prevent not only early and unwanted pregnancy but also numerous sexually transmitted infections which may be exposed.²

Even today, there is great difficulty for many families in addressing the issue of sexuality, considered taboo for most of them. Thus, many young people are not open to talk with their parents about this issue, making it difficult to acquire adequate knowledge and clarify their doubts. In the information age, some are supposed to look for this content on the internet, but they will not always get information the right way.

It is known that an unwanted and early pregnancy in adolescence can generate not only several risks to the health and life of the mother and baby, but also psychosocial difficulties, mainly because the young person has to postpone or annul personal and professional dreams. It is emphasized the extreme importance of teaching young people how to prevent themselves, but it is also considered equally important to guide them on what to do when prevention fails. It should be noted that many people are unaware of Sexually

Transmitted Infections (STIs), a relatively new name that replaced the previous one - Sexually Transmitted Diseases (STDs), which has been used for some time by the World Health Organization (WHO) and other health organizations. updated in Brazil by Decree of the Ministry of Health No. 8.901 / 2016, as it is considered more appropriate, since the term "disease" implies visible symptoms and signs in the body and not all infected individuals have symptoms of pathology. It is explained that some infections, if not treated in time, can develop, causing serious complications such as infertility, cancer and even death. It is observed that many people do not recognize when they have STI precisely because they do not have symptoms or even ignore the symptoms that they eventually present.³

OBJECTIVE

- To assess students' level of knowledge about sexually transmitted infections and contraceptive methods.

METHOD

This is a qualitative study, like action research, which uses the context assessment technique, which allows defining and describing the environment concerning a phenomenon, diagnosing problems that prevent the development of previously determined objectives. Frequency, characteristic, relationship and association between variables, experiences, observations, unusual events, programs and treatments are sought. Thus, the search for explanations, to describe, explore, classify and interpret aspects of facts or phenomena begins.¹⁵

Students from Mestra Maria Firmina Municipal School, from São Fidélis, Rio de Janeiro, from 11 to 16 years old, of both sexes, duly authorized by their parents and / or guardians to be interviewed, are evaluated, answering a questionnaire formulated with structured questions and participating in Health Education interventions. The questionnaire was applied in June 2018, to know and evaluate the adolescents' level of knowledge about the theme, resulting in the way in which it would be approached later with the selected group.

It is emphasized that the best form of prevention is knowledge, and there would be no better place than school to be the intervention space, where one can have direct contact with the students and, at the same time, strengthen the bond with their families.

It is noteworthy that it is urgent to demonstrate the current reality of the growing number of pregnant adolescents and adolescents with STIs in the municipality of São Fidélis with concrete data, which will help in understanding that the theme of sexuality demands from the point of view of young

people, their families and public health. It is believed to be fundamental, despite continuing to be censored today, that the issue is treated as a demand for public health and not as a "subversion" of young people, as some understand. It is, however, essential to implement, as soon as possible, health education projects that promote self-care, because, dangerously, this is a despised and banal theme and it is known that many people do not dominate minimally the comprehensive content of infections, which are usually summarized only to HIV / AIDS.

It was noted that this research was conducted with human beings in their social, professional and educational context, for developing it according to the norms established in Resolution 466/2012 CNS-CONEP. Thus, the principles of respect for dignity and autonomy, confidentiality, privacy, image protection and non-stigmatization of the research participants are considered as fundamental ethical aspects in conducting the work.

After the research project was approved by the Research Ethics Committee, under the opinion 1.776.408, the validation of the questionnaires and the selection of the students who met the inclusion criteria for the research development. The parents of the students and / or their guardians participating in this work were invited to meetings, when they explained to them all the research procedures, including the risks and benefits arising from it, collecting their signatures in the Free and Informed Consent Term (FICT) for its accomplishment. At the time, it was informed about the right to withdraw from the activities at any time without prejudice, as well as about ensuring the confidentiality and privacy of the shares.

Based on the consent and signature of the FICT by the parents of the students and / or their guardians, meetings were scheduled with the students to present the research and the actions to be developed and, based on their agreement to participate, they scheduled activities with the respondents and the application of the questionnaires.

Participating students were submitted to the questionnaire, which has two sheets. Firstly, they were asked to inform their age and gender, thus preserving their identity, and then, 13 questions were presented, in the "closed" mode, to facilitate the objectivity of data collection, eight questions with only one answer possibility and five questions that presented several answer options. It should be noted that the first question was intended only to know if the subject is aware of the changes that occur in their own body during this period, their adolescence.

It is noticed that the next two questions sought to know if the student is aware of how to prevent pregnancy and what would be the contraceptive methods for this prevention. In the fourth question, the student was asked if the student understands what STIs are. They were later asked about their knowledge of prevention and immunization.

It was determined that the seventh question aimed to know by what means the teenager seeks information on these topics, whether it is through the internet, in conversations with friends, with parents or at school. It is stated that the eighth question asked the student to indicate which diseases presented recognized as STIs. It is noteworthy that in the next questions, it was asked if the student knew possible symptoms, and then asked to indicate which symptoms shown would be STIs. It is noteworthy that the eleventh question asked to indicate the option that contained the way it believes that STIs are transmitted.

It is emphasized that the twelfth question sought to know if the student is aware of the aggravating factors present in STIs, and the last question asked whether he considers it possible or not to be contaminated by an STI and not knowing.

A simple statistical analysis of the data was used.

RESULTS

A study was conducted with 153 individuals duly enrolled in MS Maria Maria Firmina, in the school year 2018, who participated in the interview, answering the questionnaire, being 47.1% (n = 72) female and 52.9% (n = 81) male; Regarding the age group of the students, 53.6% (n = 82) were between 11 and 13 years old and 46.4% (n = 71) between 14 and 16 years old.

When asked about the science of changes in their own bodies during adolescence, 3.3% answered that they have no knowledge, even though they are physically remarkable; Regarding knowledge of pregnancy prevention, 94.1% (n = 144) of the students said they knew at least one way to prevent themselves. Table 1 presents information on the questioning about contraceptive methods, among which male condoms appear to be known by 86.9% (n = 133) of respondents and the "morning after pill", by 80.4% (n = 123).

Table 1. Knowledge of contraceptive methods from the options provided by question three of the data collection form. Sao Fidelis (RJ), Brazil, 2018. (n = 153)

Known contraceptive methods	Scholars(n)	%
Male condom	133	86.9%
Calendar method	13	8.4%
Diaphragm	13	8.4%
IUD	11	7.1%
Contraceptive pill	111	72.5%
Female condom	91	59.4%
Billings	4	2.6%
Day-after pill	123	80.4%
Could not comment	6	3.9%

When asked what Sexually Transmitted Infections are, 15.7% (n = 24) could not answer, among them 42% (n = 10) were male and 58% (n = 14). , female; regarding the knowledge of what to do to prevent STIs, 22.9% (n = 35) said they did not know any means of prevention and, about the possibility of immunization of some STIs through vaccination, 52.9% (n = 81) said they found this impossible. With respect to who and where they

seek to know about sexual intercourse and prevention, only 35.2% (54) answered that they dialogued with their parents about this theme (Table 2), emphasizing the importance of implementation, health education projects and actions at school and in the community, aimed at preventing unwanted early pregnancy and STI contamination, also involving students' families.

Table 2. Possible places where they seek information and have open dialogue about sex, pregnancy and STIs from the options provided by question seven of the data collection form. Sao Fidelis (RJ), Brazil, 2018. (n=153)

Places to look for information	Scholars (n)	%
Internet	59	38.5%
Chat with friends	73	47.7%
With the parents	54	35.2%
School	76	49.6%
Could not comment	10	6.5%

Table 3 shows all known STIs, which were listed among the ten STI options provided, and the first placed in the list, with 87.6% (n = 135), was AIDS, and in the In the second position, hepatitis and

syphilis were tied, both with 37.6% (n = 58). Donovanosis and chlamydia together amount to 3% (n = 1.8) of the students' knowledge.

Table 3. Knowledge of Sexually Transmitted Infections from the options provided by question eight of the data collection form. Sao Fidelis (RJ), Brazil, 2018. (n=153)

STIs	Scholars (n)	%
Syphilis	58	37.6%
HTLV	13	8.4%
Gonorrhea	41	26.6%
Candidiasis	30	19.4%
Hepatitis	58	37.6%
Soft cancer	5	3.2%
Chlamydia	1	0.6%
Herpes	49	31.8%
Donovanosis	2	1.2%
Aids	135	87.6%
Trichomoniasis	5	3.2%
Could not comment	6	3.9%

It is noted that, when asked if they were aware of some possible symptoms of STIs, 61.4% (n = 94) answered no and, when asked to mark the options of which symptoms they believed to be STIs, 20,

3% (n = 31) could not comment on any symptoms, leaving the alternatives blank. This data is shown in table 4.

Table 4. Knowledge of the possible symptoms of some STIs from the options provided by question ten of the data collection form. Sao Fidelis (RJ), Brazil, 2018. (n=153)

Some symptoms of STIs	Scholars(n)	%
Discharge	29	18.9%
Pain during intercourse	54	35.3%
Itching	49	32%
Odor	70	45.7%
Pain while urinating	60	39.2%
Warts	30	19.6%
Sores inside the mouth	56	36.6%
Could not comment	31	20.3%

When asked what were the likely means of transmission of infections, among the options given, vaginal sex was the main answer, marked by 77.8% (n = 119), followed by the option to share

personal effects. 60.8% (n = 93), which was erroneously attributed to HIV contamination (Table 5).

Table 5. Knowledge of the means of transmission of STIs from the options provided by question eleven of the data collection form. Sao Fidelis (RJ), Brazil, 2018. (n=153)

Forms of transmission of STIs	Scholars (n)	%
Vaginal sex	119	77.8%
Kissing	83	54.2%
Oral sex	88	57.5%
During pregnancy	64	41.8%
Anal sex	85	55.5%
Sharing personal objects	93	60.8%
Could not comment	4	2.6%

Regarding the question of whether they knew about the worsening of STIs, if not treated, 24.2% (n = 37) answered that they did not know them. The questionnaire was completed revealing that 41.9% (n = 64) of respondents stated that they did not find it possible to have any sexually transmitted infection without being aware of this fact.

Students were transferred for interviews, preferably individually, from the classroom they were in to a room provided by the school management, in order to ensure their privacy and facilitate dialogue, not embarrassed or inhibited by the presence of a classmate. Thus, the interview approach was completely free, leaving them free to answer the questions and also to question any point. It is noted that during the interview, the students enthusiastically answered each question on the data collection form and, when questions arose, asked without inhibition. In addition, some have made many personal reports about their life and sexual experiences, thus creating a bond of trust between interviewer and interviewee.

After the interviews ended, an intervention in the school was held, through a joke entitled “Gymkhana of Knowledge”, in which they faced classes from the same grades. Seven questions were elaborated, with two alternatives each, for each moment of the game; therefore, the questions were not repeated and their number was

odd to rule out the possibility of a tie. The contest followed as follows: the question was read into the microphone for both teams, and the alternatives were given; each team chose a representative to blow a bladder, and at the sign of “yes” the representatives began to blow it; the bursting bladder first, by the filling mechanism, gave the right to the answer to the question that was previously asked, and at this time of bladder filling the groups argued about the correct alternative; If the team chose the wrong alternative, they should pay a gift (such as dancing to a song, juggling, running, among others). After answering the chosen alternative, the content complements for each question were received. Winning teams were rewarded with a basket of chocolates and teams that failed to win won individual pralines.

DISCUSSION

With this study, it was possible to perceive the precariousness of the level of information that students of the Mestra Maria Firmina Municipal School of São Fidélis have on the theme of sexuality and confirms the imperative need for an intervention project at school to raise awareness of adolescents about the risks they face when engaging in unprepared sexual practice and the consequences. In this context, it is considered that the nursing professional is the primary instrument of this intervention, to strengthen the work of

health education with adolescents, seeking equity in relation to health practices/nursing, paying attention to the importance of social factors and environmental issues involved in compromising health by promoting educational prevention and counseling actions aimed at helping schoolchildren cope responsibly with sexuality and to minimize the aggravation caused either by early pregnancy or sexually acquired infection.⁶

It is known that the earlier young people begin their sexual practices, the greater their vulnerability: the earlier they are likely to increase the number of sexual partners and they tend to acquire practices that are risky to their health (and their partner's health or their sexual partners). Thus, the occurrence of STIs is also increasing in the adolescent population. It ends up generating, due to the lack of knowledge about risks and prevention, more difficulties for public health management. Keep in mind that information is not synonymous with encouragement. It is understood that this needs to be increasingly clear to people who continue to "marginalize" Sexual Health Education just out of prejudice.⁷

It is noted that the level of lack of knowledge of the young respondents, regarding sexuality, reflects their unpreparedness to initiate sexual life safely, and the results clearly indicate this. It can be seen, for example, from the data in table 1, how frightening is the number of young people who identify the "morning after pill" as the second best known contraceptive method, losing the first position only to the popular male condom. This emergency contraceptive method, known only in specific cases of failure of other barrier contraceptive methods or in cases of sexual abuse, has been widely used by adolescents. It is clear that there is a complete lack of knowledge of the side effects and risks caused by frequent use of the already famous "morning after pill", which can lead to infertility, as it has a high hormonal concentration, which becomes harmful to the body when ingested successively and cannot be used as a conventional contraceptive method.⁴⁻¹⁴

Students without knowledge of STIs accounted for 15.7% (n = 24) and, among these, 12.5% (n = 3) were between 11 and 13 years old and 87.5 % (n = 21), between 14 and 16 years old. It is shown by the careless speech of one of them, the level of ignorance of the subject: "Seriously, Aunt, I never heard of it!" (A37). It can be seen that with the information collected, even the majority of students claiming to know what STIs are, it was evident that students do not have enough information to maintain self-care and adequately prevent themselves.

It is considered the percentage of students who reported lack of knowledge of the HPV vaccine, for example, 52.9% (n = 81), an alarming number, because they should already be immunized, since

they are above the age indicated for receive the vaccine, which reinforces the importance of mass immunization. In the vaccination calendar, two doses of the vaccine are recommended for girls aged 9 to 14 and boys aged 11 to 14. If the vaccination schedule was not started at age 9, apply the vaccine as soon as possible.⁸⁻⁹

It is emphasized that 41.9% (n = 64) of respondents said they found it impossible to be infected with any type of STI unknowingly, and more than half of the adolescents approached said they were unaware of STI symptoms, even though they were left untreated. It is very clear that most infections are asymptomatic in their onset: They deny it simply because they do not believe it can happen to them, and denial is an ego defense mechanism that leads the individual to deny situations that can lead to conflict. It should be noted that this is something that should be observed and treated with the attention it deserves, because, as Freud explains, it is known that the unconscious refusal to perceive disturbing facts deprives individuals of the ability to deal with challenges, giving a misleading and dangerous perception of being unreachable and indestructible.^{7,12-7}

As for school intervention, it was decided to do it in an interactive and fun way, instead of giving another lecture on Sexual Health Education, which would certainly become dull for students, who would tend not to fix their attention for a long time. It is believed that the scavenger hunt was a way to ensure everyone's participation, and it was possible to see how much they were applied so as not to lose any information given to each phase of the scavenger hunt. As previously stated, the questions were formulated and the alternative answers were presented, and while the members chosen by each group blew the bladder, the groups thought about the answer. After answering, the content of each alternative was complemented and, while this was done, the participation of the adolescents remained active, which showed that the objectives of the intervention were achieved.

It is necessary, in the studied community, the accomplishment of a work of protection and health promotion, guaranteed by Law 8080/90, with the opening of the doors for self-care, which is, in fact and of law, a social and social issue. not only biological or individual. It is believed, through the dissemination of self-care, with nurses as the main agent, that raising awareness among schoolchildren and their families about the reduction of the risk of STI infection and early pregnancy may allow the achievement of a better quality of life of the whole population involved, school and community.¹⁰⁻³

CONCLUSION

It is concluded that there is an almost total lack of information among the young participants of the research about STIs and the risks of a teenage pregnancy. Despite a certain level of knowledge found in part of the students, there is a great pending information that makes them vulnerable to sexual practices. Thus, the importance of the development of action research studies in Education and Health in the school units of the city is emphasized, in order to establish a set of practices oriented to the protection and health promotion of these adolescents, taking into account in view of the valorization of self-care.

It is considered appropriate that the professional acting as the main agent is the nurse - the care professional par excellence. It is considered necessary to reduce the distance between the health professional and the school, to strengthen the bonds with the adolescents and to build a bridge with their families, verifying their real needs, valuing the questions raised by them and advising them according to their instances and demands, thus improving the quality of life of the population as a whole and creating a culture of self-care and a healthier lifestyle.

It is believed that nurses play a major role in the implementation of the Health at School Program, also in the sense of destroying existing prejudice and censorship regarding sexual education. In addition, at a time when witness to the affirmation of the dictatorship of the image and the overwhelming power of advertising on people, especially adolescents, with its seductive and irresistible appeals in soap operas, films, clips, networks Social influences, with their digital influencers promising to "empower" everyone, it is considered unavoidable to implement actions aimed at the sexual education of schoolchildren such as those mentioned above.

REFERENCES

1. Gonçalves JP. Vital cycle: start, development and end of life possible - contributions for educators. Rev Contexto Educ [Internet]. 2016 Jan/Apr [cited 2019 June 15];31(98):79-110. DOI: <https://www.revistas.unijui.edu.br/index.php/contextoeducacao/article/view/5469>
2. Macedo SRH, Miranda FAN, Pessoa Júnior JM, Nóbrega VKM. Adolescence and sexuality: sexual scripts from the social representations. Rev Bras Enferm. 2013 Jan/Feb; 66(1):103-9. DOI: <http://dx.doi.org/10.1590/S0034-71672013000100016>
3. Ministério da Saúde (BR), Secretaria-Executiva, Subsecretaria de Assuntos Administrativos. Regimento Interno do Ministério da Saúde: Decreto n° 8.901, de 10 de novembro de 2016 [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2019 June 10]; Available form: http://bvsms.saude.gov.br/bvs/publicacoes/regimento_interno_ministerio_saude.pdf
4. Almeida FB, Souza NMM, Barros GL, Almeida FB, Farias PAM, Cabral SAAO. Contraceptive use of Assessment Between Emergency University Students. REBES [Internet]. 2015 July/Sept;5(3):49-55 [cited 2019 June 17]; Available form: <https://www.gvaa.com.br/revista/index.php/REBES/article/view/3720/3341>
5. Ministério da Saúde (BR). Programa Saúde na Escola [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2019 May 20]; Available form: <http://www.saude.gov.br/acoes-e-programas/programa-saude-na-escola>
6. Krabbe EC, Brum MD, Capeletti CP, Costa TS, Mello ML, Vieira PR, et al. Escola, Sexualidade, Práticas Sexuais e Vulnerabilidades para as Infecções Sexualmente Transmissíveis (IST). RevInt [Internet]. 2016 [cited 2019 May 28];4(1):75-84. Available from: http://www.revistaeletronica.unicruz.edu.br/index.php/eletronica/article/view/4387/pdf_73.
7. Cortez EA, Silva LM. Research-action: promoting health education with adolescents on sexually transmissible infections. J Nurs UFPE on line [Internet]. 2017 Sept [cited 2019 June 18];11(Suppl 9):3642-. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/234495/27699>
8. Ministério da Saúde (BR), Sociedade Brasileira de Imunização. Calendário de Vacinação SBIm - Criança [Internet]. Brasília: Ministério da Saúde; 2019 [cited 2019 June 15]. Available from: <https://sbim.org.br/images/calendarios/calend-sbim-crianca.pdf>
9. Ministério da Educação (BR), Sociedade Brasileira de Imunização (SBIm). Calendário de Vacinação SBIm-Adolescente [Internet]. 2019 [cited 2019 June 15]. Available from: <https://sbim.org.br/images/calendarios/calend-sbim-crianca.pdf>
10. Queirós PJP, Vidinha TSS, Almeida Filho AJ. Self-care: Orem's theoretical contribution to the Nursing discipline and profession. Referência. 2014 Nov/Dec; 04(3):157-64 DOI: <http://dx.doi.org/10.12707/RIV14081>
11. Eisenstein, E. Adolescência: definições, conceitos e critérios. Adolesc Saúde [Internet]. 2005 Apr/June [cited 2019 June 29]; 2(2):6-7. Available from: http://adolescenciaesaude.com/detalhe_artigo.asp?id=167
12. Volpi JH. Mecanismos de defesa: artigo do curso de Especialização em Psicologia Corporal [Internet]. Curitiba: Centro Reichiano; 2008 [cited 2019 Aug 25]; Available from: <http://centroreichiano.com.br/artigos/Artigos/Mecanismos%20de%20Defesa.pdf>
<https://periodicos.ufpe.br/revistas/revistaenfermagem/index>

13. Lei nº 8.080/90, de 19 de setembro de 1990 (BR). Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União [Internet]. 1990 Sept 19 [cited 2019 June 26]. Available from: https://www.planalto.gov.br/ccivil_03/LEIS/L8080.htm
14. Madureira L, Mareques IR, Jardim DP. Contracepção na adolescência: conhecimento e uso. Cogitare Enferm [Internet]. 2010 Jan/Mar [cited 2019 June 29];15(1):100-5. Available from: <https://www.redalyc.org/pdf/4836/483648970019.pdf>
15. Stufflebeam DL. The Metaevaluation Imperative. AJE. 2001; 22:183. DOI: [10.1177/109821400102200204](https://doi.org/10.1177/109821400102200204)
16. Workowski KA. Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines. Clin Infect Dis. 2015 Dec; 61 (Suppl 8):S759-6. DOI: [10.1093/cid/civ771](https://doi.org/10.1093/cid/civ771)
17. Unemo M, Bradshaw CS, Hocking JS, Vries HJC, Francis SC, Mabey D. Sexually transmitted infections: challenges ahead. Lancet Infect Dis. 2017 Aug; 17(8):e235-79. DOI: [10.1016/S1473-3099\(17\)30310-9](https://doi.org/10.1016/S1473-3099(17)30310-9)

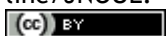
Corresponding author

Marcela Estevão Brasil
Email: brasil.m@hotmail.com

Submission: 2019/08/12

Accepted: 2019/11/12

Copyright© 2019 Journal of Nursing UFPE on line/JNOUL.



This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.