ADOLESCENCE AND SEXUALITY: REFLECTIONS FOR THE PRACTICE OF NURSING IN HEALTH EDUCATION

ADOLESCÊNCIA E SEXUALIDADE: REFLEXÕES PARA A PRÁTICA DA ENFERMAGEM EM EDUCAÇÃO EM SAÚDE

ADOLESCENCIA Y SEXUALIDAD: REFLEXIONES PARA LA PRÁCTICA DE LA ENFERMERÍA EN EDUCACIÓN EN SALUD

Karenina Elice Guimarães Carvalho¹, Natália Oliveira de Freitas², Josueda Carvalho de Souza³, Camila Pessôa Santos⁴, Elisandra Cristina de Souza Barbosa⁵, Ednalda Cavalcante de Araújo⁶

ABSTRACT
Objective: to reflect on nursing practice in Health Education for the promotion of sexual health for adolescents. Method: the subjects discussed were adolescence, their sexuality, possible situations of vulnerability to Sexually Transmitted Infections (STIs) and how nursing activities can act in order to improve the quality of life of this population through health educational. Results: nursing should take innovative methodologies to discuss issues of daily life and the construction of knowledge by adolescents, contributing to the education of individuals with critical view of their reality, which will be empowered to transform it and obtain better life conditions. Conclusion: dynamic, constructive and dialogued Health Education activities with the participation of all individuals, appear as effective methods for acquiring and sharing information, enabling the adoption of practices more favorable to health and wellness. Descriptors: Adolescents; Sexuality; Health Education; Nursing.

RESUMO
Objetivo: refletir acerca da prática da Enfermagem na área da Educação em Saúde para a promoção da saúde sexual de adolescentes. Método: discutiram-se os temas adolescência, exercício da sexualidade, possíveis situações de vulnerabilidade para as Infecções Sexualmente Transmissíveis (IST) e de que forma a Enfermagem, por meio de atividades de Educação em Saúde, pode atuar em prol da melhoria da qualidade de vida dessa população. Resultados: a Enfermagem deve se apropriar de metodologias inovadoras que permitam a discussão de questões do cotidiano e a construção do conhecimento pelos adolescentes, contribuindo para a formação de indivíduos com visão crítica da própria realidade, os quais estarão empoderados para transformá-la e adquirir melhores condições de vida. Conclusão: as atividades em Educação em Saúde dinâmicas, dialogadas e construtivas, com a participação de todos os indivíduos, mostram-se como métodos efetivos para aquisição e compartilhamento de informações, possibilitando a adoção de práticas mais favoráveis à saúde e ao bem-estar. Descriptores: Adolescente; Sexualidade; Educação em Saúde; Enfermagem.

RESUMEN
Objetivo: reflejar acerca de la práctica de la Enfermería en el área de la Educación en Salud para la promoción de la salud sexual de adolescentes. Método: se discutieron los temas adolescencia, ejercicio de la sexualidad, posibles situaciones de vulnerabilidad para las Infecciones Sexualmente Transmisibles (IST) y de qué forma la Enfermería, por medio de actividades de Educación en Salud, puede actuar a favor de la mejoría de la calidad de vida de esa población. Resultados: la Enfermería debe perfeccionar metodologías innovadoras que permitan la discusión de preguntas del cotidiano y la construcción del conocimiento por los adolescentes, contribuyendo para la formación de individuos con visión crítica de la propia realidad, los cuales estarán con poder para transformarla y adquirir mejores condiciones de vida. Conclusión: las actividades en Educación en Salud dinámicas, dialogadas y constructivas, con la participación de todos los individuos, se muestran como método efectivo para adquisición y compartilhamento de información, posibilitando la adopción de prácticas más favorables a la salud y al bienestar. Descriptores: Adolescentes; Sexualidad; Educación en Salud; Enfermería.

¹Nurse, Master in Nursing, Master of Nursing Program, Federal University of Pernambuco/PPGENF/UFPE. Recife (PE), Brazil. E-mail: karenelice@hotmail.com; ²Nurse, Master of Nursing Program, Federal University of Pernambuco/PPGENF/UFPE. Recife (PE), Brazil. E-mail: natalia.freitas2509@hotmail.com; ³Nurse, Master student, Master of Nursing Program, Federal University of Pernambuco/PPGENF/UFPE. Recife (PE), Brazil. E-mail: josuedacarvalho32@gmail.com; ⁴Nursing student of the Federal University of Pernambuco/UFPE. Recife (PE), Brazil. E-mail: ladydrums11@hotmail.com; ⁵Nursing Graduate of the Federal University of Pernambuco/UFPE. Recife (PE), Brazil. E-mail: elisandracristinastlive.com; ⁶Nurse, Professor Post-Doctor, Department of Nursing / Master of Nursing Program, Federal University of Pernambuco/PPGENF/CCS/UFPE. Recife (PE), Brazil. E-mail: edhenijo@gmail.com
INTRODUCTION

The adolescent sexual health has become a focus of public health policies due to the increasing number of Sexually Transmitted Infections (STIs), pregnancies and abortions in this age group. One of the best ways to fight for these diseases is to take actions of Health Education leading to the public awareness.

Nursing care, which is the primary function of the nursing staff and in particular, the nurse, focuses on attendance of the needs of individuals in collective environment. The objective is to promote, to restore and to rehabilitate the health as well as to prevent these diseases. Thus, care nursing are actions with therapeutic intention, as it aims to solve problems or meet the needs of individual, family and/or the community.

Within the nurses’ work, nursing care can be directed to various areas, such as Adolescent Health, which in Brazil is becoming a priority in the Family Health Strategy (FHS). This is due to proof that the training in the style of healthier living and responsible for the adolescent is fundamental to achieve a better quality life. In this context, it is highlighted the Adolescent Health Program (PROSAD), established in the late 80s of the twentieth century, whose mission is to promote the health of the adolescents (10-19 years old) and youth (20-24 years old). The PROSAD actions have completeness, preventive and educational approach and identify the vulnerable groups, early detection of health problems as well as have a proper treatment and rehabilitation. One of the basic areas of priority actions of this program is the area of sexuality in adolescents.

Sexuality is the whole life of the human being, it has its claim in adolescence starting with the genitals. However, the exercise of sexuality is not always together with cognitive and affective maturity. Then, the adolescence starts a stage of extreme biological vulnerability with danger of unwellcome pregnancies and Sexually Transmitted Infections (STI) that can break the life project partially or totally. In addition, sexual initiation without the adoption of preventive measures, the lack of information on sex education and communication among family and belief in myths and taboos can influence the sexual behavior to adopt practices that increase their vulnerability.

In epidemics of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), the adoption of proper and frequent use of condoms is the desirable behavior because it is the only proven effective barrier against sexual transmission of HIV and several IST. Condoms are contraceptive devices than avoid pregnancy, reduce the risk of transmission of HIV and other transmission sexually agents. They also prevent the contact of semen and/or vaginal fluids with cavities and/or organs of the body, thus reduce the chances of contamination with disease agents.

The educational activities on sexuality, mostly marked by discussion and reflection of the reality of teenagers, is one of the most appropriate strategies for disease prevention and adoption of healthier behaviors and sexual practices. In this context, the nurse can use the tools of Health Education to act in the exercise of sexuality, thereby promoting improvements in quality of life in this population. Thus, it arose the interest in researching the topic and answer the question: How nurses can use health education to promote sexual health of adolescents? Considering this question, this article aims to reflect on the practice of nursing in the area of Health Education for the promotion of sexual health for adolescents.

METHOD

Study from the dissertation "Nursing are to adolescent health: the health education strategy" presented to the Post-Graduation Program in Nursing of the Federal University of Pernambuco/PPGENF/UFPe, Recife/PE, Brazil, in 2012.

Descriptive study to support the reflection of how nurses can use the Health Education for the promotion of sexual health for adolescents, based on research conducted based on Latin American Literature data and Caribbean Health Sciences (LILACS), ADOLEC Base and Database of Nursing (BDENF).

After reading and literature report, we proceeded with the descriptive and content analysis, which contributed to the achievement of reflective approach expanded and contextualized from two analytical categories: “Adolescence and sexuality” and “Health education for promoting sexual health of adolescents: a practice of nursing.”

RESULTS

- Adolescence and sexuality

Adolescence is a transitional period between childhood and adulthood characterized by intense growth and development and anatomical, physiological, psychological and social transformations.
Puberty, sexual development, claiming attitudes, challenges and paradoxical perceptions of invulnerability changes are modifications that produce difficulties in the process and the adolescent that can generate a particular risk exposure.

Sexuality is part of all stages of the life of men and women and it involves practices and desires related to affection, feelings, satisfaction, pleasure, the exercise of freedom and health, among others. For teenagers, sexuality is area of discovery, experimentation and experience of freedom, as well as capacity building for decision-making, choice, responsibility and affirmation of identities.

The experience of sexuality is an experience of great influence in the lives of adolescents; it is the discovery of new and personal experimentation process that is influenced by social and cultural factors of the group that they belong. Most teenagers start their sexual life between 12 and 17 years old. Sometimes they do it without the least information about safer sex practices, adopting practices and/or sexual behaviors that leave them more vulnerable to STI.

In the anxiety to live everything fast and intensely, the teenagers do not have any reflection and/or judgment, and associated with the lack of dialogue with parents, the experience of friends and impaired sexual health policies, exposes this individual to a vicious circle of risk. Moreover, subjective conceptions, transmitted and shared cultural aspects within a social circle, economic and psychological factors that underlie the experiences of sexuality eventually increase vulnerability to AIDS and other STIs, pregnancy and abortion, which could endanger the life of the teenager.

HIV transmission in the adolescence has become a public health problem. Between 2000 and 2009, 2,448 AIDS cases were diagnosed in teenagers between 13 and 19 years old. Between 20 to 29 years old, the numbers was 42,097 cases, worrying fact since the approximate interval between HIV infection and the clinical manifestations of the disease is ten years. From this perspective, the contamination in the second group occurred during adolescence.

Thus, the AIDS epidemic gives visibility to the exercise of sexuality in adolescence. Since 1990, the National Policy on Control of HIV/AIDS has focused on reducing the number of partners and promoting condom use, as the only proven effective barrier against sexual transmission of HIV and other STIs.

However, the lack of knowledge and improper use of condoms with cultural values and gender relations that still suffer influence of inadequate sex education in schools, sexual advice based on prejudices and taboos, lack of dialogue about sexuality in the family, lack clarification on the transmission of STI/HIV and sexual health services without specific actions or little comprehensive actions, make teenagers to continue adopting risky sexual practices.

The educational activities have become important tools in working with adolescent sexual health. However, to be effective, strategies should match the reality and the cultural context of the adolescent contemplating fears and doubts.

In this sense, Health Education is understood as an important aspect of prevention and in practice, it is concerned with the improvement of living conditions and public health. Therefore, individuals must be able to reflect and modify their behaviors, attitudes and practices, and health education a tool for the acquisition of autonomy to identify and use ways to improve living conditions.

Nursing, concerned with the care for human beings and their welfare, works mainly on Health Education activities, being a facilitator of discoveries and reflections on the reality of teenagers.


The educational activities are becoming increasingly effective practices in healthcare. These activities are used to dealing with existing health problems, the technical and popular articulation. Strategies still work as mediators between people and environment aimed at increasing the participation of individuals and the community in the modification of the determinants of health/disease process, for example, employment, income, education, culture, leisure and lifestyle.

Health Education Actions have the active participation of individuals, who decide on their welfare, subsidized by their own experiences. The dialogue and exchange of knowledge between professionals and people are valued, encouraging the autonomy in health care. The actions should be facing the reality of the population with themes according to their needs, resulting in reflection and awareness of the subject, which would feel more autonomous in building improvements to their quality of life.
Adolescence and sexuality: reflections for...

About activities in sex education for teenagers, studies show that the adoption of innovative methodologies allows discussion of issues related to reality, the construction of knowledge by the adolescents and the invitation to know themselves and others, contributing to the formation of individuals with more critical view of reality, empowered to transform it and acquire better living conditions.3,10

Being Nursing a sensitive profession to human problems, seeking new methodologies for achieving improved quality of life and care of the population, it must appropriate the practice of Health Education, influencing the lifestyle of adolescents, pushing them to have their own decisions and contributing to the mobilization of the community for the implementation of healthy public policy.9

In the work of sexual health education to adolescents, the nurse should know the beliefs and cultural values of their life and influence on their sexual behavior. Activities should follow the strategy of group formation. In the group, adolescents meet a space for identity formation, where they can experience and engage new roles; feel less exposed and insecure, and therefore minimize feelings of shame, fear, guilt or inferiority.

Such activities should also encourage the exchange of experiences, knowledge sharing among its members and discussion of topics of interest to the public that are contextualized in the socioeconomic and cultural environment of the participants.12

The elements that make the exercise of sexuality in adolescence are primarily addressed in the private space, through family relationships and behaviors. Thus, explicitly or implicitly, the values that each family adopts as their hopes and adolescents to adopt are transmitted.13

In a study, adolescents reported that questions about sex, pregnancy, STIs and AIDS were canceled with parents and other family members, unfolding that among families a possible space for dialogue was created.4,14 This study also showed the need for teenagers to discuss issues of sexuality with their parents, because in addition to expanding the network of people with whom they talk about sex, they use more condoms, which is the main measure to prevent pregnancies and STIs.14

Adolescents also cited the participation of teachers in information and questions sharing that involve sexuality.14 So, the school can become a place of health promotion in which opportunities of "exchanges" through the social interaction between students and teachers, are facilitated by the extensive time spent in that environment.

Sexuality in schools was worked not because it was believed to be an important tool for the development of an individual, but because of the concern of parents and educators with the increasing number of teenage pregnancies and the AIDS.14 It is known that the biological understanding, although important, is not enough to work sexual orientation in schools. Therefore, we must give importance to emotional, sociocultural, historical aspects, among others, that permeate the sexuality of adolescents.

Therefore, the school, to make a commitment to sexual orientation, may be able to help the adolescent to develop public communication in interpersonal relationships, work values from critical thinking, understand their own behavior and make responsible decisions about their sexual life.13

Considering this scenario, in which family and school constitute spaces for the promotion of adolescent health, nurses must enter these environments and become multiplying agents, through the tools of Healthcare Education, directing, raising awareness and empowering teens for the exercise of sexuality without risk.

**FINAL REMARKS**

Activities in dynamic, constructive Health Education, dialogued and constructive with the participation of all individuals, appear as effective methods for acquiring and sharing information, enabling the adoption of practices more favorable to health and welfare, but the reflective and conscious way in which the act involved critically about individual and collective factors. With regard to adolescents, the shares must be held as early as possible and on an ongoing basis, in order to sensitize them on the need for prevention and behavior change, whether in family spaces, schools or health services.

In the health education process with adolescents, nurses should seek to involve them in the construction and meaning of self-care, valuing, through dialogue, the knowledge they hold about their sexuality, which promote responsibility and active participation in the development care and improvements to the health of this population.

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