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## SEXUALLY TRANSMITTED INFECTIONS: KNOWLEDGE AND ACCESS TO INFORMATION BY PUBLIC SCHOOL ADOLESCENTS

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### ABSTRACT

Sexuality in adolescence raises social concerns because of their exposure to the risks of sexually transmitted infections. The present work sought to identify the level of knowledge and access to information of public school adolescents about safe sexual practice. It is an observational study of the transversal type of quantitative approach, carried out through the application of a semi-structured survey. The results showed that adolescents have limited knowledge about sexually transmitted infections and their means of protection, which makes them exposed to risks of transmission and stigma of sexuality. Thus, it is observed that strategies currently designed to meet the needs of adolescents' present flaws, which expose adolescents to the risks of early pregnancy and infections.

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### INTRODUCTION

Adolescence is a phase of great physical and emotional changes due to hormonal changes that usually occur between 12 and 16 years of age. Moment of a transition between childhood and adulthood, where they find it difficult to deal with the challenges and new changes that are occurring (PEREIRA, 2018). It is at this stage that the initiation of the sexual practice can begin, where reciprocal intimacy is sought, through visual and sensorial stimuli. However, due to inexperience, adolescents are exposed to risks of unsafe sexual practices, either because they are not aware of the means of prevention or because they do not recognize the importance and impact of their use. Individuals with whom the adolescent cohabits, as well as family members and circle of friends, are not prepared to promote sexual health or the care the adolescent requires. In fact, sexuality in adolescence, for these, is a challenge to be faced, where one seeks to understand and recognize educational needs about sexual development, which is often neglected (Barayos *et al.*, 2010).

Thus, the educational hierarchy in both schools and Basic Health Units (BHU) has become the escape valve, through which knowledge for safe sexuality is taught, with risk reduction for Sexually Transmissible Infections (STIs) and early pregnancy. Taking this fact into account, the empowerment of these young people through a preventive education, entails a series of positive actions, mainly in the epidemiological area, contributing to a decrease in sexual relations without prevention, thus avoiding the spread of STIs among adolescents. Based on this information, the present study identified the level of knowledge and access to information of public school adolescents about safe sexual practices, allowing the identification of fragile points that limit or hinder the access of information to adolescents.

### MATERIALS AND METHODS

This is an observational cross-sectional quantitative study that investigated the level and access to information of school adolescents about Sexually Transmitted Diseases (STDs). The research was part of one of the projects developed in 2017 by the Tutorial Education Program of the municipality of

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Imperatriz, Maranhão. The sample population was composed of high school students from a public school in the outskirts of the municipality of Imperatriz. The selection of the school was based on the observation of the number of students enrolled, access conditions and public promotion status. For the sample calculation, a significance level of 5% ( $p < 0.05$ ) and a 95% confidence interval (CI = 95%) were adopted, which recommended the inclusion of 360 participants. However, surpassing the number of recommended samples, the study included 370 participants, selected using the simple random sample method. The application of the instrument occurred during the period between classes, granted and authorized by the school management. The survey was applied between August and October 2017. The data were collected manually through a semi-structured survey, which aimed to identify the profile, level of access and means of access to the information of school adolescents on Sexually Transmitted Diseases. The steps included both closed and open questions, for which we sought to have access to reliable and not limited information. After data collection, simple descriptive statistical analysis of the information collected was started, using the Microsoft Office EXCEL®201 spreadsheet. The present study complied with the guidelines of Resolution 510 of April 7, 2016, which establishes the norms applicable to research in Human and Social Sciences. Therefore, there was a Free and Informed Consent Term to the legally responsible for the minors and to the participants over 18 and application of the Free and Informed Consent Term to participants under the age of 18.

## RESULTS

The majority of the participants were female (53.8%), between 14 and 20 years old, the majority being 16 years (36.2%), followed by 15 years and 17 years. Regarding marital status, the study showed only two classes: single (98.4%), who presented a prevalence, and married (6%). As for active sex life, most of the students revealed as non-sexually active (63.2%). Among the group of sexually active, when asked about the use of prevention methods, condom use was cited by 81.1% of these, followed by contraceptive use (9.8%). Because it was an open question, pills and pills of the following day (3%) were also mentioned, which were included in the same category, and drugs and antibiotics, which were also categorized together. Those who said they did not use any method were 1.5%, while 18.2% did not respond. In this question, participants were able to cite more than one method used. It is also worth noting that the questioning about the use of methods was made through an open question (qualitatively evaluated), with the objective of identifying the methods and strategies used, without limiting the responses or inducing the random responses without trustworthiness.

**Table 1. Sexually transmitted infections knowledge**

<b>Do you know the meaning of STI transmission?</b>	<b>N</b>	<b>%</b>
Yes	280	75,7
Not	82	22,2
Didnotanswer	8	2,1
<b>Do you know any STIs?</b>	<b>N</b>	<b>%</b>
Not	138	37,3
Yes	223	60,3
<b>Whichone?</b>		
AIDS	170	76,2
Syphilis	83	37,2
HIV	64	28,7
Gonorrhea	40	18
HPV	19	8,5
Didnotanswer	9	2,4

About the knowledge about IST, detailed in Table 1, the research indicates that most students claim to know some IST, 60.3% said yes, citing mainly AIDS (75.7%) followed by syphilis (37.2), HIV (28.7%), gonorrhea (18%) and HPV (8.5%). On the search for help, 92.2% of teens said they would seek help if they appeared on their genitals. In the majority, the choice for help would be of the health professionals (73.2%), followed by the relatives (33.5%). This question was openly applied, allowing participants to signal the response they had received (Table 2).

**Table 2. Exposure and search for aid**

<b>If there were sores on your penis/vagina, would you consider seeking help?</b>	<b>N</b>	<b>%</b>
Yes	292	79
Not	74	20
Didnotanswer	4	1
<b>If so, who would you look for?</b>	<b>N</b>	<b>%</b>
Health professionals	271	73,2
Relatives	124	33,5
Friends	22	5,9
Teachers	5	1,3

Regarding access to information on means of prevention, 64.7% stated that they had already obtained any information about the means of STD prevention, among them the teachers (25.1%) and school (21.3%), followed by TV (23.8%), internet (12.5%), health centers (8.3%) and family (2.9%) (Table 3).

**Table 3. Means of access to information**

<b>Have you already obtained information about the means of prevention of health in some media?</b>	<b>N</b>	<b>%</b>
Didnotanswer	10	2,7
Not	121	32,7
Yes	239	64,7
<b>Which one?</b>	<b>N</b>	<b>%</b>
School	51	21,3
Speeches	60	25,1
TV	57	23,8
Internet	30	12,5
Health center	20	8,3
Family	7	2,9
<b>Do you know of a health service in this region that serves people with HIV?</b>		
Yes	128	34,6
Not	238	64,3
Didnotanswer	4	1,1

The present question was an open alternative, which did not limit the number of responses, thus cited by more than one medium by the research participants. It should be noted that although the lectures are frequently held in schools, the alternatives were not counted together because, when the 'school' option is mentioned, the means of access was assumed in the classroom, either by work or subjects of lectures, not necessarily through lectures at the school itself.

## DISCUSSION

The study reveals that adolescents' knowledge about STIs is due to educational lectures on the subject and information disseminated by social media. This is an important factor but, due to the following results, they show a failure to disclose this information, which is limited. School-based educational practices for sexuality are often limited to thematic seminars or educational lectures with health professionals, who do not fully explore the subject, only undertake to introduce the subject, not clarifying doubts or allowing adolescents to feel

comfortable for such clarifications. The study also highlights the large number of adolescents who say they do not know about STI, their means or who did not have access to the information. This points to an enormous problem that elucidates the reality of precocious pregnancy currently observed, which is in opposition to the means of access to information and transmission of STIs among the young people. This problem is further intensified by the reality experienced by adolescents, where sexuality is seen and treated as taboo. This problem, in small steps, being overturned by the media and educational actions in schools, intensifies in the family structure, where parents assume the position of social leaders, who, in a failed attempt to avoid exposure of children to early sexual activity, pregnancy and STI, does not create the environment for conversations on this topic. According to Savegnago and Arpini (2016), conversations about sexuality are limited to matters related to the prevention of illness and pregnancy, without further conversations, necessitating that they approach their children more adequately, thus assuming a fundamental role in the development of sexuality of themselves.

However, as pointed out by Pinheiro, Silva and Tourinho (2015) in their study, parents lack the knowledge to effectively address this issue with their children, as well as their non-acceptance of their children's contact with this subject, even if developed in the school environment. On this, Abtibol et al. (2015) affirms that sexuality is a theme that must be worked in a group formed by school, Health Unit and family, and that the latter presents problems in the way they approach such theme. In this sense, there is also the need to prepare parents for the sexual education of their children, where they enter schools and health units with strategies and guidelines. The present study also reveals the lack of knowledge of the participants about the existence of services that attend people with STI, which tends to decrease the search and access to information, especially after exposure to a potential transmission situation. Testing and counseling centers should be the first contact of the exposed individual, so that they have access to quick tests and guidance. The disclosure of their existence tends to guarantee access to information and treatments to those with STIs, and because of this, it is important the individuals' knowledge about their existence. As for the contact chosen in cases of wounds in the genitals, the study pointed out that the majority of them are health professionals. In this sense, it is highlighted the fact that the choice of this contact is due to the adolescent's recognition that the health professional is an individual who can attend to their needs, allows the good evaluation and establishment of strategies that involve these professionals, based on its condition as a carrier and disseminator of scientific knowledge. The study also reveals that friends have a higher preference for contact than teachers. Which points out that trust and intimacy become necessary for conversations involving sexuality.

### Final considerations

Sexuality in adolescence is seen as taboo and this limits and impairs the exercise of healthy sexuality and exposes adolescents to risks rather than preserving them. By prohibiting access to information, it is not protected or prevented from sexual practices. On the contrary, the lack of access to information does not prevent the initiation of their

sexuality, since it is something common in the human biological cycle. As verified in the research, the schools have special space regarding the guidelines for the risks of STIs, but there is a lack of information about these adolescents when they are aware of them. This failure, however, is not due only to schools, but to those legally responsible for adolescents. The taboo on the subject of sexuality is present in the home, and for this reason, it must be worked out so that the subject may be better explored by the adolescent. Sexuality, if not exploited to seek and evidence information, is considered to be unhealthy by placing the subject in a risk group at unplanned pregnancy, and thus delaying or dropping out of school, and transmission of infections. In this sense, the study found that it is necessary to carry out projects that consolidate existing strategies for sex education with adolescents, but need to include health teams with family and school, in order to attend adolescents effectively. In this sense, the present study reveals the need to clarify the specific flaws in the access to information and clarification of the adolescents of public schools regarding safe sexual practice, in order to highlight if the difficulty is either in the way to approach such subject, which does not allow openness and complete elucidation, where contact is limited to sporadic subjects in the school, or absence of the introduction of the parents in the sexual education of the children.

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