



## EXPERIENCE IN HEALTH EDUCATION ON SEXUALITY WITH INSTITUTIONALIZED ADOLESCENTS

*Experiência de educação em saúde sobre sexualidade com adolescentes institucionalizados*

*Experiencia con educación en salud sobre la sexualidad de adolescentes institucionalizados*

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### ABSTRACT

**Objective:** To describe the experience of a project that consisted in fostering reflection and learning about healthy sexuality through health education. **Data synthesis:** This is an experience report on an university extension activity carried out in November 2015, with the involvement of undergraduates and students of a master's program, at an institutional unit of the Fundação Centro de Atendimento Socioeducativo do Adolescente - Fundação CASA, in the municipality of São Paulo, SP, Brazil. The experiment had the participation of 75 institutionalized male adolescents. The project emphasized the involvement of adolescents and managers in steps such as: 1. Survey of questions on the theme; 2. Discussion and search for research sources by the graduate students; 3. Elaboration, application and evaluation of the action project, in carousel format, with alternation of three groups: anatomy and care with the male reproductive system, sexually transmitted diseases (STDs), and healthy lifestyle and sexuality. **Conclusion:** Through the health educational activity, the reflexion on thinking the sexuality was proposed, both in the preventive hygienic dimension and in the orientation towards health-promoting life habits.

**Descriptors:** Sex Education; Sexuality; Adolescent, Institutionalized; Adolescent Behavior; Health Education; Health Promotion.

### RESUMO

**Objetivo:** Descrever a experiência de um projeto de ação que consistiu em fomentar a reflexão e a aprendizagem sobre sexualidade saudável por meio da educação em saúde. **Síntese dos dados:** Trata-se de um relato de experiência de uma atividade de extensão universitária realizada em novembro de 2015, com envolvimento de graduandos e mestrandos, em uma unidade da Fundação Centro de Atendimento Socioeducativo do Adolescente – Fundação CASA, no município de São Paulo/SP, Brasil. Na experiência, houve participação de 75 adolescentes internos do sexo masculino. O projeto enfatizou o envolvimento dos adolescentes e gestores em etapas como: 1. Levantamento de questionamentos na temática; 2. Discussão e busca de fontes de pesquisa pelos mestrandos; 3. Elaboração, aplicação e avaliação do projeto de ação, em formato carrossel, alternando três grupos: anatomia e cuidados com o aparelho reprodutor masculino, doenças sexualmente transmissíveis (DSTs), e estilo de vida saudável e sexualidade. **Conclusão:** Por meio da ação educativa em saúde foi proposta a reflexão por um pensar a sexualidade, tanto na dimensão higiênica preventiva como na orientação a hábitos de vida promotores de saúde.

**Descritores:** Educação Sexual; Sexualidade; Adolescente Institucionalizado; Comportamento do Adolescente; Educação em Saúde; Promoção da Saúde.



## RESUMEN

**Objetivo:** Describir la experiencia de un proyecto de acción para fomentar la reflexión y el aprendizaje sobre la sexualidad saludable a través de la educación en salud. **Síntesis de los datos:** Se trata de un relato de experiencia de una actividad de extensión universitaria realizada en noviembre de 2015 con alumnos de la graduación y máster en una unidad de la Fundación Centro de Atención Socioeducativa del Adolescente – Fundación CASA del municipio de São Paulo/SP, Brasil. En la experiencia participaron 75 adolescentes internos del sexo masculino. El proyecto enfatizó la interacción de los adolescentes y gestores en las etapas como: 1. Búsqueda de dudas sobre el tema; 2. Discusión y búsqueda de fuentes de investigación de parte de los alumnos del máster; 3. Elaboración, aplicación y evaluación del proyecto de acción en la forma de carrusel alternando tres grupos: anatomía y cuidados con el aparato reproductor masculino, enfermedades de transmisión sexual (ETS) y el estilo de vida saludable y la sexualidad. **Conclusión:** A través de la acción educativa para la salud se propuso la reflexión para pensar sobre la sexualidad en la dimensión de la higiene de prevención y la orientación de hábitos de vida promotores de salud.

**Descriptores:** Educación Sexual; Sexualidad; Adolescente Institucionalizado; Conducta del Adolescente; Educación en Salud; Promoción de la Salud.

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## INTRODUCTION

It is still current and recurrent in different parts of the world the concern with the frequent presence of adolescents associated with circumstances unfavorable to health and life, considered risk factors in this vulnerable phase of transition between childhood and adult life. These are psychosocial risk indicators: violence, sexually transmitted diseases (STDs), adolescent pregnancy, abortion, drug use and/or behavioral infractions, which intensify in the face of social issues present in communities of marginal interest to large urban centers, thus becoming a public health problem and, more specifically, a challenge for health education<sup>(1-5)</sup>.

According to Ordinance no. 2,446, dated November 11, 2014, which redefines the National Policy on Health Promotion (*Política Nacional de Promoção da Saúde - PNPS*), Health Promotion is understood in an expanded way, namely, “as a set of strategies and ways of producing health, in the individual and collective scopes, being characterized by the articulation, intra and intersectoral cooperation, and by the formation of the Health Care Network (RAS), seeking to articulate its actions to other social protection networks with broad social participation and control”. In this context, health education has constituted a way to promote a more innovative, critical and reflexive health paradigm, as well as to intervene and guide a better understanding of the health practices, operating knowledge in a double way with students and institutions, demystifying common sense-based myths and practices, towards the valorization of life and the promotion of health<sup>(6,7)</sup>.

From world conferences, it was possible to define the sexual and reproductive rights, and the principles that underpin them, creating the opportunity for the community itself to recognize these rights as human rights<sup>(8)</sup>. Health promotion letters bring forward documents which, at their core, emphasize the need for implementing thematic programs addressing sex education and sexual health directed at the youth, clarifying the importance of these adolescents’ participation in these services<sup>(9)</sup>. It is important to provide them guidance on ways to protect against sexually transmitted diseases and to bring actions to encourage them to change their attitudes towards the sexuality, the promotion of gender equality, and the prevention of sexual violence<sup>(10)</sup>.

Public policies that corroborate what has already been said so far, focused on sex education, began in Brazil in the 1960s. After that, the demands of the women’s movement of the 1970s collaborated to advance debates aimed at reflecting on the sexuality, strengthening the background of the discussions by bringing the theme to fore<sup>(11)</sup>. Among the strategies used to accomplish these results, we highlight the launching of the National Policy on coping with Sexually Transmitted Diseases STD/AIDS, in addition to the Adolescent Health Program (PROSAD)<sup>(8,11)</sup>. In 1988, by means of the Brazilian Magna Carta, that is, at the time of the establishment of the Federal Constitution, important steps were taken in order to clarify that the State, the family and the society have the responsibility to protect the child and the adolescent in a comprehensive way, which includes the sexuality and reproductive aspects<sup>(12)</sup>.

Finally, in 1990, Law 8,069, which defines the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente - ECA*), was enacted, enabling the establishment of state and tutelary councils in the municipalities of Brazil<sup>(13)</sup>. The focus of these councils and actions is the fight against child prostitution, domestic and sexual violence, and unemployment<sup>(11)</sup>.

In a study of the factors associated with the adolescents’ entry into sexual life, there was a perception that they often share information regarding sexuality with their friends or colleagues to whom they talk more frequently, with the teacher or health professionals, when it comes to more complex and STD-related situations, and only 20% of the adolescents participating in the study reported seeking their parents to clarify doubts. Therefore, the study affirms the need for practices for enlightenment of this public, engaging parents and other family members during these interventions in an instrumentation of a health-promoting environment<sup>(14)</sup>.

Another interesting study points out that the adolescent male seeks to construct his own identity/masculinity, therefore, he expresses invincibility before others, thus exposing himself to greater risks, such as not adopting protective measures against diseases<sup>(15)</sup>.

It has been possible, through the advances in the field of health, the reeducation on themes such as adolescent pregnancy, abortion, vulnerability to the human immunodeficiency virus (HIV)/AIDS and STDs, with attention to the way this young population inserts into society, the National Program for Coping with Sexually Transmitted Diseases, which allows us to visualize the need for an effective and up-to-date strategic planning in the area of sexual education<sup>(11)</sup>, which can be articulated by initiatives in health promotion and be operationalized by means of health education actions, a subject that is still scarcely discussed in scientific publications when associated with the sexuality of adolescents<sup>(16)</sup>.

The development of intersectoral projects aimed at health promotion is important for the young population to have a more fulfilling and healthy experience of sexuality, being able to promote changes in the dynamics in all the environments, causing an integrative pro-health action in a large variety of social spaces, in a joint effort by the most diverse sectors and institutions of society<sup>(10,17)</sup>, which becomes even more essential in psychosocial care spaces where adolescents are institutionalized<sup>(2)</sup>.

Therefore, in this elaboration, the objective of the present study is to describe the experience of an action project that consisted in fostering reflection on and learning of healthy sexuality through health education.

## DATA SYNTHESIS

The Professional Master's Program in Health Promotion of the Adventist University Center of São Paulo - UNASP/SP, authorized and recommended by the Coordination for the Improvement of Higher Level Personnel (CAPES) under Ordinance 601, of July 9, 2013, is inserted in the interdisciplinary area of evaluation, in which health promotion is understood as the field of a multiple view that enables effectiveness through a dialogue between different sets of knowledge, which is natural in the face of the complexity of the human being, and his integral health as well. Therefore, it seems that, regardless of the current epistemological approaches that are undertaken in health promotion, for the implementation of health education projects, the interdisciplinary nature becomes essential<sup>(18-20)</sup>.

Therefore, projects like this, which strengthen the links between the academic and the social space, enable an experience and a dialogue closer to reality, bringing real relevance to training and research in health promotion. Furthermore, taking into account the emphasis on the practice that characterizes the professional master's program, it opens interdisciplinary workspaces for the students of various backgrounds that make up the postgraduate program.

For a relevant and participatory action, the first step was contacting the nearest unit of the higher education institution proponent of the intervention, in order to enable better interaction between the social institution and the academic one, and an understanding of the needs that are pointed out by the social institution itself, a procedure that is in line with other intervention projects reported in the literature, which seek, through different strategies, to survey the demands in a horizontal way, through an active interaction on the part of those receiving the action<sup>(21-23)</sup>.

Because of limitations of the institution receiving the project, the survey of the theme of the action was based on the perception by the leaders and caregivers of the entity, as well as through the assistance related to one of the institution's important work focuses, evidenced in its internal regimen: sexuality in adolescence and youth.

The action reported here was held in November 2015, at the Foundation Center of Social Educational Care for the Adolescent (CASA Foundation), an institution located in the southern region of the city of São Paulo, São Paulo State, Brazil. A setting for social and educational reintegration of juvenile offenders, with 75 male adolescents, the CASA Foundation is intended to be one of these spaces for health promotion and education in adolescence for the population they serve. It is instituted by Law 12,469, of December 22, 2006, inaugurating a new proposal of assistance to adolescents in conflict with the law. These consist of internment or semi-freedom care units where, according to Normative Ordinance 224, of 2012, which establishes the institution's internal regime, "care must guarantee the full protection of the adolescents' rights through an articulated set of governmental and non-governmental actions, of the Union, State and Municipalities". The document also addresses, in chapter IV (sections III and IV), on educational assistance and health, the importance of developing educational activities on health development and knowledge of the body, as well as sexual and reproductive guidance. The socio-educational character of this document is also explicitly stated, even comprising actions of health promotion and education<sup>(24,25)</sup>.

By means of bibliographical research in SciELO and Medline databases using as criteria the titles of interest, from the Descriptors in Health Sciences (DeCS) in Portuguese (namely *sexualidade*, *adolescentes*, *adolescente institucionalizado*, *educação em saúde*, *promoção da saúde*), as well as the correspondencing terms in English (sexuality, adolescents, institutionalized adolescents, health education, health promotion); and by means of discussions in a group of students attending the subject of Health Education in the Master's Program in Health Promotion - UNASP/SP, the strategies of action were developed and the lesson plans were organized, in order to carry out the intervention project. The specific references to each theme addressed were included in the lesson plans, and the references of the empirical literature base guided the strategies and followed the operation of the action in three moments: introduction, working groups, closure.

**First Moment** (15 minutes - Opening with the institutionalized adolescents held on the sport court and instructions for the three working groups)

The institution favored the organization, and those controlling the action were in charge of the recognition of the places and the facilities, considering that the spaces where the workshops would be held had already been defined in previous contact with the CASA Foundation. After that, the team was presented to the adolescent inmates and the general instructions were given, and a brief exposition was then made based on the question “What is sexuality and why shall we talk about it?” In order to enable this first moment, a microphone and a sound box were necessary, since the place for the general gathering with the institutionalized adolescents and the students of the institution proposing the action was a sport court with a semi-open environment.

**Second Moment** (three 20-minute working groups, in which groups of 25 to 27 institutionalized adolescents participated alternately).

The program was carried out in a carousel format, in which three classes/workshops were conducted in parallel. For this, the group was divided into three smaller groups that participated in all three classes, namely:

(TOPIC A) Human anatomy and physiology:

Contents covered: What is anatomy and its components (brief history); what is physiology and its areas of study; basic anatomy of the male reproductive tract; basic physiology of the male reproductive tract; basic hygiene, tips and care.

Strategies adopted: An anatomical model and an atlas poster were used for initial explanation. It was followed by the use of balloons to display sentences emphasizing self-care from the understanding of the body itself. In the end, the adolescent inmates were encouraged to convey on a sheet of paper their impression regarding the information received, with freedom of expression, as a way of expressing the understanding/reaction.

Resources used: Anatomical model, atlas/poster, balloons, paper sheets, Pilot® pens.

(TOPIC B) Healthy lifestyle for a healthy sexuality:

Strategies adopted: a surprise box was used, representing each boys' body, his life. Inside the box there were words and images related to healthy living, natural remedies, and the safe and conscious exercise of love.

Resources used: Wrapped box, cutouts of images and words

(TOPIC C) Sexually transmitted diseases:

Contents covered: Major sexually transmitted diseases, emphasizing types of treatment, diagnostic procedures based on their signs and symptoms, and prevention strategies.

Strategies adopted: A Power Point presentation and a poster that was exposed in the sport court since the beginning of the action were used, with a discussion of major STDs and a brief description of the main ones (gonorrhea, syphilis and AIDS), informing about the form of contagion, the treatment availability or not and prevention strategies.

**Third Moment** (Closing and evaluation - 15 minutes)

Overall closure with the group of adolescents in the bleachers. Distribution of the leaflet “Healthy life” and mention of the campaign “Blue November - prostate cancer prevention”. Collection of the (unidentified) questions about sexuality that they would like to address to the panelists the next day (75 ballot papers and a pen were used). The evaluation of the actions taken was performed at the end of the two days of intervention by means of a sentence written on the same ballot, in which they emphasized the main point of their learning and suggested how the action could be improved.

The following are the themes discussed in health education actions according to the interest and doubts presented by the group of institutionalized adolescents themselves. These themes may lead to thinking of sexuality as part of the educational agenda with adolescents, being intentionally planned to meet the demand for basic information and knowledge.

The first of the study themes relating to sexuality that was requested by the institutionalized adolescents highlights: intimate male hygiene, nocturnal emission and entry into sexual life; sexuality and psychic life: self-esteem, self-concept and personal satisfaction; sexuality and physical and social effects; myths and popular knowledge regarding the sexual life. The second of the study themes requested by the adolescents was related to family planning: pregnancy prevention methods, personal, social and emotional values involved in human sexuality, and joint family planning.

The third and last theme requested by the adolescents is related to sexually transmitted diseases: general STD prevention; Gallus crest, gonorrhea, HIV/AIDS and syphilis - transmission, treatment and prevention.

During the action, sexuality was emphasized, being represented as more than reproduction, but rather an intrinsic part of each human being, that is related to the development of the relationship with the other person and with the context of the society one belongs to. Sexual and reproductive rights include the access to appropriate information so that they can make informed decisions. Obtaining information in the current era of globalization is extremely easy, which does not bring peace of mind on the theme of sexuality, since the sources of this information will not necessarily be reliable<sup>(26,27)</sup>.

It is known that the vulnerability of sexuality in youth depends on the quality of the information conveyed, on the strategy of teaching in health, and on biological, psychic and social factors. The biological rationalization of the adolescent sexual

behavior, frequently stimulated by the eroticization in the media, may obstruct the understanding of knowledge and practices that favor the development of skills necessary to ensure safe and healthy sexual relations<sup>(28)</sup>.

The institutionalized adolescents participating in the action reported here also made an evaluation of it, expressing themselves with respect to the health and sexual education interventions performed during the two days of the meeting. As previously reported, they manifested freely in the distributed ballot by writing a word or complete sentence. Three inmates, among the seventy-five who attended the workshops, were not yet literate, and the teachers of the very unit assisted them in writing.

## CONCLUSION

The operationalized action project added value for the undergraduates and master's students, mainly for the possibility of extension, combining theory and practice in academic-professional qualification, indicating that the promotion of sexual health requires planned care and actions. Through the educational action in health, a reflection was made possible for a way of thinking about sexuality in both the preventive hygienic dimension and in the orientation towards health-promoting life habits.

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