

Protagonism of adolescents in preventing sexually transmitted diseases

Protagonismo de adolescentes na prevenção de doenças sexualmente transmissíveis

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Abstract

Objective: To analyze the protagonism of school adolescents in preventing sexually transmitted diseases.

Methods: This is a qualitative action-research study, which was developed with ten adolescents (aged 15-16 years) from a public school. The data were collected from focus groups, interviews, and observation, being analyzed by using the discourse analysis technique.

Results: The adolescents testimonies revealed that they participated in planning of the educational intervention, and defined and organized the school environment. In addition, they prepared materials and themes for use in the preventive actions against sexually transmitted diseases, which generated a feeling knowledge on the subject.

Conclusion: The participants in the study showed protagonism in the school environment by preparing activities for prevention of sexually transmitted diseases.

Resumo

Objetivo: Analisar o protagonismo de adolescentes escolares na prevenção de doenças sexualmente transmissíveis.

Métodos: Estudo qualitativo do tipo pesquisa-ação desenvolvido com dez adolescentes, com idade entre 15 e 16 anos, de uma escola pública. Os dados foram coletados em grupos focais, entrevistas e observação e analisados na técnica de análise do discurso.

Resultados: Os depoimentos revelaram que os adolescentes protagonizaram suas participações no planejamento da intervenção educativa, definindo e organizando o espaço educativo escolar, e confeccionando materiais e temas a serem utilizados nas ações de prevenção às doenças sexualmente transmissíveis, gerando um sentimento de domínio sobre o assunto.

Conclusão: Os participantes do estudo apresentaram protagonismo na elaboração de atividades de prevenção de doenças sexualmente transmissíveis no ambiente escolar.

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Introduction

Establishing a horizontal relationship between health professionals and adolescents, by accepting them as protagonists in the process of constructing their personal and collective health and giving them a potential of emancipation, autonomy, and social responsibility, can allow a new form of approach in the health care.⁽¹⁾

When the dimension of adolescence is taken into account, meeting their current needs of development and expanding the alternatives to prevent vulnerable situations through education is essential. Assuming the challenge of applying participatory methodologies that promote the adolescents' protagonism in planning and implementing actions it is also necessary.⁽²⁾

In combating sexually transmitted diseases (STD), human immunodeficiency virus (HIV), and acquired immunodeficiency syndrome (AIDS) among adolescents, construction of strategies that bring them closer to the self-care, with focus on the risks of unprotected sexual intercourse, should be preferred. Thus, the importance of changing behavior, such as using condoms in all sexual intercourse, should be emphasized.^(2,3)

In the last 10 years, the age profile in cases of AIDS has changed to younger individuals, tending to an 11.8%-increase in the detection rate. The chronic character of AIDS and advances in drug therapy have led the population to leave preventive measures aside, and thus adolescents are more vulnerable to this type of behavior.⁽⁴⁾

Investigation showing the importance of adolescents as protagonists in developing solutions to issues related to their health is necessary to both open spaces and facilitate processes that allow them to effectively participate in building strategies in the social dynamics of STD/HIV/AIDS prevention.^(2,3,5)

The objective of this study was to analyze the protagonism of adolescents in creating spaces in the school environment to prevent STD.

Methods

This qualitative study was developed in the period Jan-Jun 2013, in a public school in the city of

Imperatriz, State of Maranhão, Northeast region of Brazil.

A convenient sample of ten adolescent students (younger than 18 years) regularly registered was included in the research because this intermediate phase of adolescence is considered to have a higher incidence of infection with STD/HIV/AIDS. Adolescents who did not participate in all steps were excluded from the research.

Interviews, focus groups, and participant observation were the techniques utilized to collect data. Interviews were conducted of an individual and semi-directed way, providing a socio-demographic characterization of adolescents. The interviews were audio-recorded (mean duration: 30 min). Later, their contents were fully transcribed.

The technique of the focus group had the participation of all subjects involved in the research, and was based on a script that addressed the following issues for discussion: What adolescents want to know about sexuality and STD/HIV/AIDS? How should educational intervention be called? What makes an environment warm and attractive to work with adolescents in health education? How should we organize the intervention site? What educational materials will be provided?

Adolescents of both sexes remained together during the development of focus groups because the unique gender experiences are considered important mechanisms to ponder and analyze the topic to be discussed.

The study took as its reference the Community-based Participatory Research (CBPR) in which investigation and collaboration occur simultaneously and equanimously between researchers and participants.⁽⁶⁾

For data analysis, we used the discourse analysis technique,⁽⁷⁾ which allows addressing the sense of the text not only its content, to reveal the essence of each testimony.

In this analysis technique, reading and rereading by the researchers contributed to their understanding of the sense given to testimonials by the participants. Identification of participants in the



Figure 1. Space of educational intervention for STD/HIV/AIDS prevention as planned and prepared by adolescents

interviews and focus groups was coded with MA (male adolescent) and FA (female adolescent) to ensure confidentiality of information.

The project of the study met the national and international standards of ethics in research involving human subjects.

Results

The adolescents (aged 15-16 years) were single and some of them had a fixed partner. They lived with their biological parents and brothers/sisters and participated in the project “Health and Prevention in Schools” activities for at least 6 months.

During planning of the intervention, the adolescents suggested the location and environment preparation, educational material, topic for discussion, and identification of space. In addition, they proposed a denomination that both could identify the location and facilitate approaching of other adolescents to participate in educational activities.

After actively listening to the adolescents, some of their suggestions for construction of the educational intervention environment were listed. Thus, they were asked to propose words or elements that could express formation of the educational environment as a whole.

Preparation of the educational intervention had the participation of the adolescents, who followed the principles of the Community-Based Participatory Research (CBPR) in room planning, in terms of organization, layout and deco-

ration (Figure 1). This showed their motivation and interest in collaborating with the educational activity, and allowed that the space could reflect the adolescent’s image and a sense of belonging could emerge, giving way for authoring and protagonism.

Besides composing the environment, adolescents reported the need to include educational material on STD/HIV/AIDS, which could be discussed at the time of intervention, in order to potentiate knowledge. The adolescents considered the use of condoms during sexual intercourse as a priority issue to be discussed in the intervention, with focus on adherence.

Discussion

The limits of the results of this study are related to its qualitative design, which has low reproducibility and representativeness. However, the school and participants in the study are very similar to the Latin American scenario, an issue that helps in supporting some information.

Previous publication did not analyze the content and quality of the protagonism of young people in developing spaces to prevent sexually transmitted diseases and thus help other young people. Health professionals in the Primary Care Units should pay attention to the potential of these young people to educate other subjects of the same age group, always in a contextualized, clear, and satisfactory way.

The participants had some knowledge about the subject and commitment to a shared construction

of intervention.^(8,9) This fact enabled us to understand the need for a different look to the experience of sexuality at this stage, which allowed the adolescents themselves propose strategies to bring and define subjects difficult to approach or with greater resistance to healthy behaviors.

The studies consulted in the literature have an approach based on epidemiologic data, which is adequate to healthcare professionals, but which ignores the universe of aspirations for autonomy of adolescents, so that they can decide on issues of their health.^(8,10) However, the practice of an active listening to adolescents about their expectations and needs in this theme allowed us not only learn but also form bonds and belief in the intervention goals.

Bonds favor differentiation of health professionals in relation to others in the health care of young people. Active listening to adolescents by health professionals is an approaching behavior that establishes a convivial relationship, because they convey messages related to body-mind imbalance and hear the real views and learning interests of these adolescents.⁽¹¹⁾

Analysis of adolescents' opinions on identification of the space to carry out the educational intervention, revealed their concern in providing individualized care, when they suggested an environment that could be both welcoming and favorable to discuss the issue, with typical characteristics of adolescence. The juvenile protagonism offers rich possibilities to participate in the construction of their identities and strengthen the transformative power of adolescents and their peers regarding health.⁽¹²⁾

Contextualizing the adolescents' ideas, we can summarize that the school is an environment favorable to their health (since it offers a space for adolescents as persons), to the opportunity for their own care, and to the free report of their problems (since the school is attentive to what is meaningful to them, who can then position in relation to it). Therefore, introducing in the school environment welcoming elements (brought by the adolescents themselves), which may make sense in assiduity to their colleagues in the educational

intervention, can indeed facilitate discussion on STD prevention.

Among the elements considered useful in learning, and to fit to the educational space, condom use was the element most mentioned by adolescents, especially when availability of information about its use is not compatible with its regular use. Although young people under 24 years have more information than those of earlier generations, they ignore condom use because they are not afraid of disease and trust in their partners.⁽¹³⁾

The fact that adolescents use condoms only in their first sexual intercourse, leaving them to the first signs of confidence in their partners, is the great current challenge regarding prevention. Besides providing information, approaching and knowing the adolescents' universe is necessary to discover the existing causes of divergence between knowledge and behavior.⁽¹³⁾

In reports by adolescents, we find that providing delivering educational materials to prevent sexually transmitted diseases does not ensure that healthy sexual practices are acquired. Giving immediate responses is necessary to open discussion and acquire knowledge. However, some authors state that other factors should be related to apply theory to practice.⁽¹⁴⁾

Therefore, in the present study the objective of the space for educational intervention was to create a reference location to prevent sexually transmitted diseases in school, which makes the concern of the participating adolescents relevant. It was also possible to notice that the suggestions by the adolescents in identifying the location of intervention showed their concern of not labeling those who could seek it, as being sexually active or intending to initiate his/her sexual life.

Many adolescents may find barriers during health education actions, for example, collective environments for discussion on sexuality, shyness, difficulty in expressing doubts, and little interaction with the educator.^(15,16)

For effectiveness of health education actions, the health professionals need to recognize the autonomy, assimilation capacity, and previous knowledge of adolescents, through dialogue, respect, and shar-

ing of knowledge, using the elements as proposed by the adolescents.⁽¹⁶⁾ References that may identify the adolescents' sexual life, such as naming the educational intervention with titles associated with sexuality, can generate feelings of rejection and resistance to participate in the educational moment.⁽⁹⁾

Working with the protagonism of adolescents contributes to affirmation of their emancipatory ideas, starting from respect to the other and different ways of exerting their sexuality, and facilitating discussion through questions, opinions, and values of adolescents. Therefore, it may contribute to an expansion of their own self-protection capabilities.

The concern about listening all peers, openly and without judgment, is a common characteristic as observed in the juvenile protagonism. The practice of listening allows an adolescent feel comfortable to put his/her questions and problems (which are typical during this period) before another adolescent, extending this practice before health professionals.⁽¹⁷⁾

Adolescent listening is not an ordinary listening or technique, but listening to direct, guide, and search for a solution, using the available resources, not to judge.⁽¹⁷⁾ Active listening contributes to extend the adolescents' concepts of sexuality, which are generally restricted only to the sexual intercourse, brings new knowledge, thus allowing to share experiences and give subsidies for responsible choices.

Conclusion

The participants in this study presented protagonism, carrying out activities to prevent sexually transmitted diseases in the school environment.

Collaborations

Costa ACPJ and Vieira NFC declare that they contributed to the study design, collection, analysis, and interpretation of data, and final approval of the version to be published. Araújo MFM; Araújo TM, and Gubert FA contributed to the interpretation and analysis of data, critical review of the relevant

intellectual content, and final approval of the version to be published.

References

1. Noroozi M, Merghati Khoei E-S, Taleghani F, Tavakoli M, Gholami A. How does a group of Iranian youth conceptualize their risky sexual experiences? *Iran Red Crescent Med J.* 2015; 17(2):e18301.
2. Romero SL, Ellis AA, Gurman TA. Disconnect between discourse and behavior regarding concurrent sexual partnerships and condom use: findings from a qualitative study among youth in Malawi. *Glob Health Promot.* 2012; 19(4):20-8.
3. Choque-Larrauri R, Chirinos-Cáceres JL. [Determining the efficacy of a high-school life-skills' programme in Huancavelica, Peru]. *Rev Salud Publica (Bogota).* 2009; 11(2):169-81.
4. Ramos AN Jr, Matida LH, Hearst N, Heukelbach J. Mortality in Brazilian children with HIV/AIDS: the role of non-AIDS-related conditions after highly active antiretroviral therapy Introduction AIDS. *AIDS Patient Care STDS.* 2011; 25(12):713-8.
5. Faridi Z, Grunbaum JA, Sajor Gray B, Franks A, Simoes E. Community-based participatory research: necessary next steps preventing chronic disease. *Prev Chronic Dis.* 2007; 4(3):A70.
6. Stanley D, Marshall Z, Lazarus L, LeBlanc S, Heighton T, Preater B, et al. Harnessing the power of Community-Based Participatory Research: examining knowledge, action, and consciousness in the PROUD study. *Soc Work Public Health.* 2015; 30(3):312-23.
7. Orlandi EP. *Análise do Discurso: princípios & procedimentos.* 8ª ed. Campinas: Pontes; 2009.
8. DiClemente RJ, Davis TL, Swartzendruber A, Fasula AM, Boyce L, Gelaude D, et al. Efficacy of an HIV/STI sexual risk-reduction intervention for African American adolescent girls in juvenile detention centers: a randomized controlled trial. *Women Health.* 2014; 54(8):726-49.
9. Yonker LM, Zan S, Scirica CV, Jethwani K, Kinane TB. "Friending" teens: systematic review of social media in adolescent and young adult health care. *J Med Internet Res.* 2015; 17(1):e4.
10. DiClemente RJ, Wingood GM, Sales JM, Brown JL, Rose ES, Davis TL, et al. Efficacy of a telephone-delivered sexually transmitted infection/human immunodeficiency virus prevention maintenance intervention for adolescents: a randomized clinical trial. *JAMA Pediatr.* 2014; 168(10):938-46.
11. Smart KA, Parker RS, Lampert J, Sulo S. Speaking up: teens voice their health information needs. *J Sch Nurs.* 2012; 28(5):379-88.
12. Brewin D, Koren A, Morgan B, Shipley S, Hardy RL. Behind closed doors: school nurses and sexual education. *J Sch Nurs.* 2014; 30(1): 31-41.
13. Pérez-Villegas R, Agurto-Vásquez K, Contreras-Escobar K, Medina-Jara L, Muñoz-Henríquez C, Parra-Villaruel J, et al. Vulnerabilidad social y conductas sexuales de riesgo en un grupo de adolescentes chilenos, 2009: estudio de corte transversal. *Rev Colomb Obstet Ginecol.* 2012; 63(4):327-33.
14. Whitfield C, Jomeen J, Hayter M, Gardiner E. Sexual health information seeking: a survey of adolescent practices. *J Clin Nurs.* 2013; 22(23-24):3259-69.
15. Stanton B, Wang B, Deveaux L, Lunn S, Rolle G, Li X, et al. Assessing the effects of a complementary parent intervention and prior exposure to a Preadolescent Program of HIV Risk Reduction for Mid-Adolescents. *Am J Public Health.* 2015; 105(3):575-83.

16. Mantilla BP, Oviedo Cáceres MP, Galvis Padilla DC. Programas de educación sexual y reproductiva: significados asignados por jóvenes de cuatro municipios de Santander, Colombia. *Hacia Promoc Salud*. 2013; 18(1):97-109.
17. González Mora MC, Hernández Gálvez L, Nieves Berrío M. Intervención educativa sobre algunos aspectos relacionados con La sexualidad en adolescentes de un consultorio del Policlínico Belkys Sotomayoricliver de Ciego de Ávila. *Mediciego*. 2011; 17(2):1-2.