Sexual health education and promotion for students in public schools in the municipality of Anápolis- Goiás

Educação e promoção em saúde sexual para estudantes de escolas públicas no município de Anápolis-Goiás

Educación y promoción en salud sexual para estudiantes de escuelas públicas del municipio de Anápolis- Goiás

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REVISA

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RESUMO

Objetivo: identificar as interfaces do conhecimento dos jovens sobre educação sexual e sua relevância no contexto escolar e familiar. **Método:** Realizou-se um estudo exploratório, longitudinal e descritivo, com abordagem qualitativa, envolvendo 30 estudantes do Centro de Educação de Jovens e Adultos Professor Elias Chadud, em Anápolis, Goiás. **Resultados:** os resultados apontaram desconhecimento sobre ISTs, déficit em relação a métodos contraceptivos e ausência de implementação eficiente do Programa de Saúde nas Escolas (PSE). **Conclusão:** o letramento em saúde sexual e a atuação de enfermeiros são essenciais para o fortalecimento das políticas públicas de prevenção às ISTs e gravidez indesejada, promovendo saúde sexual e reprodutiva entre os jovens.

Descritores: Educação em saúde; Educação sexual; Enfermeiro; Infecção sexualmente transmissível; Juventude.

ABSTRACT

Objective: to identify the interfaces of young people's knowledge about sexual education and its relevance in the school and family context. **Method:** an exploratory, longitudinal, and descriptive study with a qualitative approach was conducted, involving 30 students from the Elias Chadud Youth and Adult Education Center in Anápolis, Goiás. **Results:** findins revealed a lack of knowledge about STIs, a deficit concerning contraceptive methods, and insufficient implementation of the School Health Program (PSE). **Conclusion:** sexual health literacy and nurses' roles are essential for strengthening public policies to prevent STIs and unintended pregnancies, promoting sexual and reproductive health among young people.

Descriptors: Health education; Sexual education; Nurse; Sexually transmitted infections; Youth.

RESUMEN

Objetivo: identificar las interfaces de los conocimientos de los jóvenes sobre educación sexual y su pertinencia en el contexto escolar y familiar. **Método:** Se realizó un estudio exploratorio, longitudinal y descriptivo, con enfoque cualitativo, con 30 estudiantes del Centro de Educación de Jóvenes y Adultos Profesor Elias Chadud, en Anápolis, Goiás, Brasil. **Resultados**: los resultados mostraron un desconocimiento sobre las ITS, un déficit en relación a los métodos anticonceptivos y la ausencia de implementación eficiente del Programa de Salud Escolar (PSE). **Conclusión:** la alfabetización en salud sexual y el trabajo de las enfermeras son esenciales para fortalecer las políticas públicas de prevención de ITS y embarazos no deseados, promoviendo la salud sexual y reproductiva entre los jóvenes. **Descriptores:** Educación para la salud; Educación sexual; Enfermera; Infección de transmisión sexual; Juventud.

ORIGINAL

Introduction

Youth is recognized as a crucial phase of human development, marked by emotional, social, and physical changes that begin after puberty. According to the World Health Organization (WHO), youth corresponds to the period between 15 and 24 years of age, characterized as a stage of transition and intense personal transformation[1]. During this phase, issues related to identity, values, and life choices emerge, often accompanied by internal conflicts and existential crises[2].

These transformations also impact sexuality, often awakening behaviors for which many young people are not prepared. Early initiation of sexual life, associated with lack of information on prevention, increases vulnerability to sexually transmitted infections (STIs), unwanted pregnancies, and other risks to physical and mental health[3]. The absence of adequate health education exacerbates these vulnerabilities, limiting young people's access to the knowledge and resources needed for informed decisions.

Sexual health, as defined by the World Health Organization, is a state of physical, emotional, and social well-being in relation to sexuality, and includes the right to access quality information and services. These resources allow safe and informed choices regarding sexual and reproductive life, ensuring respect for the sexual and reproductive rights of each individual[4].

The concept of health literacy plays a central role in this context. It is understood as the ability to access, understand, and apply health-related information, allowing for informed decision-making[5]. Studies show that low health literacy is associated with risk behaviors, such as not using contraceptive methods and greater exposure to STIs and early pregnancy, with consequences that can negatively impact the future of young people in multiple spheres[6].

The connection between education and health is recognized as a key element for the promotion of well-being. According to the Ministry of Health (MS), health education is a set of pedagogical practices that integrate technical and social content, shared between health professionals, educators and the community, with the aim of promoting better living conditions[4]. In this sense, nurses emerge as an essential actor in the implementation of health literacy, acting as educators, care managers, and facilitators of pedagogical actions aimed at promoting sexual health[7].

The implementation of public policies, such as the School Health Program (PSE), reflects the intersectoral efforts between health and education to strengthen primary care and promote the sexual and reproductive health of young people. The PSE aims to reduce vulnerabilities and expand access to information and health services, promoting prevention and comprehensive care actions in the school environment[8]. However, the effectiveness of these policies still faces challenges, such as the lack of integration between school and health teams, as well as the insufficient training of professionals to deal with the complexity of issues related to sexuality[9].

This study sought to explore these issues in the context of public schools in the city of Anápolis, Goiás. By considering the challenges imposed by the lack of sex education, the research proposes to understand the knowledge gaps among young people and offer subsidies for the development of more effective educational and care strategies.

In view of this scenario, the problem of this study is based on the following question: What is the knowledge of students from public schools in the city of Anápolis, Goiás, about sexual health?

In this sense, the objective of this study was to identify the interfaces of young people's knowledge about sex education and its importance in the school and family environment.

Methodology

This study was characterized as exploratory, longitudinal and descriptive, with a qualitative approach, carried out between June and August 2023 at the Professor Elias Chadud Youth and Adult Education Center, located in the municipality of Anápolis, Goiás.

The target population was composed of students aged between 18 and 19 years, totaling 30 participants selected by convenience. This selection was based on the representativeness of the group in relation to the context of teaching young people and adults, as well as on the relevance of this age group for the study of issues related to sexuality and sexual health.

To ensure the consistency and validity of the data collected, the following inclusion and exclusion criteria were adopted:

- **Inclusion criteria**: young people aged between 18 and 19 years, regularly enrolled in the educational institution; signing of the Informed Consent Form (ICF), ensuring voluntary and informed participation in the research.
- **Exclusion criteria:** students who had cognitive deficits that compromised the comprehension and response to the questionnaire; young people under the influence of illicit substances at the time of data collection; questionnaires filled out incompletely or with inconsistencies that made the analysis unfeasible.

These criteria ensured the inclusion of participants able to answer the questions in a reflective and reasoned manner, avoiding biases and inconsistencies in the results.[10]

Data were collected through individual interviews conducted in a reserved environment within the educational institution. This strategy aimed to provide privacy and anonymity to the participants, encouraging sincere and detailed answers. For data collection, a semi-structured questionnaire was used, consisting of open and closed questions, designed to investigate aspects such as knowledge about contraceptive methods, sexually transmitted infections (STIs) and perception of the role of nurses in the school context.

The collected data were submitted to content analysis, according to the technique proposed by Bardin (2016). This method made it possible to identify thematic categories emerging from the participants' answers, grouped into three main axes of analysis.

The categories were defined based on a careful reading of the transcripts of the interviews, followed by the codification of recurrent themes and the systematic organization of the data, ensuring rigor and interpretative consistency.

The study was conducted in accordance with the ethical principles established by Resolution No. 466/12 of the National Health Council (CNS), ensuring the protection of the rights, privacy and well-being of the participants[12].

Results and Discussion

The collection of studies had a total of 30 participants, whose socioeconomic and cultural information are highlighted in Chart 1.

The prevalent age among the participants was 18 years (n=17, 57%), followed by a minor age of 19 years (n=13, 43%). Regarding gender, males were identified as the majority (n=22, 73%), followed by a minority of females (n=8, 27%). Regarding marital status, the majority that prevailed were single (n=28.94%), followed by a minority who declared themselves separated (n= 1.3%) and married (n= 1.3%).

Regarding gender identity (n=29, 97%) consider themselves heterosexual, followed by a minority that considers themselves bisexual (n=1, 3%). When asked who they live with, the majority said they live with their parents (n=18, 60%), followed by a second majority who say they live alone (n=6, 20%), the third majority say they live with relatives (n=3, 10%) and the minority report living with friends (n=2.7%) and children (n=1.3%). Most participants live with 3 people (n=10, 33%), followed by a second majority living with 1 person (n=8, 27%) and the minority with 2 people (n=6, 20%) and 4 or more people (n=6, 20%).

In most of these households, the participants live in their own homes (n=17, 57%), followed by rented houses (n=9, 30%) and the minority is divided into their own apartments (n=3, 10%) and rented apartments (n=1, 3%). Regarding skin color, most of the participants declared themselves to be brown (n=18, 60%), followed by a second majority who declared themselves white (n=8, 27%) and a minority who declared themselves black (n=3, 10%) and yellow (oriental) (n=1, 3%).

The most used means of communication among the participants is the internet (n=27, 30%) and television (n=5, 17%), followed by the minority who use books (n=2, 7%) and magazines (n=1, 3%) emphasizing that this was a matter of multiple choices for the participants.

Regarding the transportation used among them, the majority use motorcycles (own transportation n=11, 36%), followed by public transportation (n=7, 23%), the third majority is the automobile (own transportation n=6, 20%), and the minority uses hitchhiking, cycling or walking (n=2.7% in both categories).

The participants reported that most did not have health insurance (n=24, 80%) and the minority had some health insurance (n=6, 20%), but (n=4, 67%) of these participants were unable to specify which plan they used.

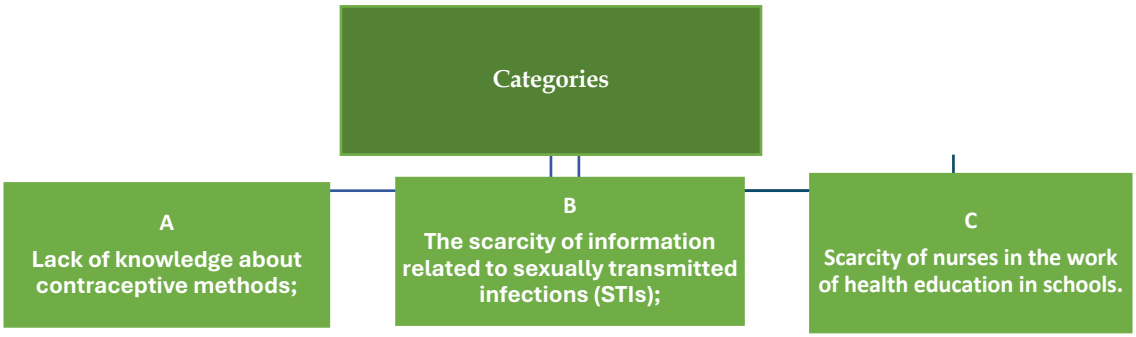
Chart 1- Arrangement of the socioeconomic and cultural aspects of the participants, Anápolis, 2023.

AGE	**n**	**%**
18 years old	17	57%
19 years old	13	43%
SEX		**%**
Female	8	27%
Male	22	73%
Other	0	0%
MARITAL STATUS		**%**
Single	28	94%
Married	1	3%
Stable union	0	0%
Divorced	0	0%
Separated	1	3%
Widow(er)	0	0%
GENDER IDENTITY		**%**
Heterosexual	29	97%
Gay	0	0%
Bisexual	1	3%
Transsexual	0	0%
Other	0	0%
WHO YOU LIVE WITH		**%**
Alone	6	20%
Parents	18	60%
Offspring	1	3%
Companion	0	0%
Relatives	3	10%
Friends	2	7%
Domestic servants	0	0%
Other	0	0%
HOW MANY PEOPLE LIVE THERE		**%**
1 person	8	27%
2 people	6	20%
3 people	10	33%
4 or more people	6	20%
CURRENT HOUSING		**%**
Own home	17	57%
Rented house	9	30%
Own apartment	3	10%
Rental apartment	1	3%
Other	0	0%
SKIN COLOR		**%**
White	8	27%
Brown	18	60%
Black	3	10%
Yellow (Eastern)	1	3%
Red-Indigenous	0	0%
He prefers not to declare	0	0%

MOST USED MEANS OF COMMUNICATION (multiple choice)		%
Newspapers	0	0%
Books	2	7%
Internet	27	90%
Magazines	1	3%
Television	5	17%
TRANSPORT USED		**%**
Walking	2	7%
Bicycle	2	7%
Motorbike (own transport)	11	36%
Public transport	7	23%
Car (own transport)	6	20%
Ride	2	7%
IT HAS AN AGREEMENT		**%**
Yes	6	20%
No	24	80%

The following categories of analysis were listed to highlight the results found in the research: Lack of knowledge about contraceptive methods; The scarcity of information related to sexually transmitted infections (STIs); The relationship between nursing performance and the Health Program in Schools.

Figure 1 - Representative arrangement of the thematic categories that emerged from the interviews with the participants.



Category A – lack of knowledge about contraceptive methods

Category A intends to highlight, through the analysis of the answers obtained during the interviews, the students' knowledge about contraceptive methods and what family planning is.

It was possible to notice through the data collected that most participants had no knowledge about contraceptive methods and family planning. In addition, there were students who said they did not know about the importance of the contraceptive method, or even did not hear about the subject, with this, through the conversations it was possible to perceive the deficit of knowledge among them, such as when they said "it's just so I don't have children" or during the answer they said that "it was important, but they didn't know how to explain", or even answered "no" directly or remained silent.

> [...] No! I didn't even hear about it to tell the truth [...] And... What would that be in this case? (laughs) [...] (Pink 02)
> [...] Vish, several but I can't explain it (laughs) [...] (Sunflower 05)

Contraceptive methods aim to tutor men and women against sexually transmitted infections (STIs) and prevent unwanted pregnancy. There are barrier, hormonal, intrauterine, surgical, and behavioral methods[13].

Reproductive rights and reproductive health, in turn, emphasize the right of people to decide freely and responsibly whether they want to have children, how many children they want, and at what stage of life they want to have them. They include the right to access information, means, methods and technologies to have or not to have children, and to exercise sexual and reproductive rights without discrimination, coercion and violence. Reproductive health is linked to these rights because it allows people to have access to safe, permissible and acceptable information and methods of reproductive planning of their own choosing, as well as to health protection, promotion and rehabilitation services that respect and relate to reproductive life.[13]

Knowledge about family planning allows young people to space and limit pregnancies according to their will, directly affecting their health and well-being, as well as the outcome of each pregnancy. This allows for adequate spacing and can delay pregnancy in young women, reducing health problems, preventing STIs, and decreasing maternal-infant risks or lethality[15].

There is an estimate, based on the National Health Survey (PNS), which shows that, in 2019, the prevalence of contraceptive use among young people aged 18 and over who had sexual intercourse in the last 12 months prior to the date of the interview was only 22.8% who used condoms in all sexual relations, 17.1% used it a few times and 59% of these young people did not use it once[16].

Contraceptive methods are resources available to both men and women, reversible or irreversible. Analyzing the data collected, it can be observed that, when asked about who needs to use contraceptives, many answers were related to only the boy using it, because he produces semen and, consequently, impregnates the girl. Few answers were related to the importance of use by both parties.

Finally, it is of great importance to emphasize that youth is a very remarkable period, a divider of information. Physical and psychological changes, as well as opportunities, discoveries, and new experiences, make guidance related to sexual health, sexual behavior, family planning, contraception, and health care fundamental to prevent unwanted pregnancies and sexually transmitted infections[13].

Category B – the scarcity of information related to sexually transmitted infections (STIs)

The present category seeks to demonstrate, through the collected data, the relationship between the lack of knowledge about STI and the impact on the family planning of the interviewees.

Analyzing the data collected during the survey, it was possible to observe that, of the young people interviewed, only 13% said they knew what sexually transmitted infections were.

> [...] STI is Sexually Transmitted Infection. They are, they are diseases that happen, when you have unsafe sex, in this case without a condom [...] (Pink 20)
> [...] It is a sexually transmitted infection [...] (Sunflower 17)

For 87% of the participants, STI is a word that does not exist in their daily lives, which they do not know and do not even know how to speak. The lack of dialogue/guidance in the prevention of sexually transmitted infections and even visibility affects the life, well-being and quality of life of the young people interviewed.

> [...] IST? No, I won't know answers [...] (Sunflower 03)
> [...] IST... I've heard that but I don't remember [...] (Sunflower 08)
> [...] I have no idea [...] (Pink 22)

From the field research carried out and from the data obtained from the interviewees, most do not know what STI is and, consequently, do not know the severity of this infection. In most homes, the members do not talk about STI care and which of these means are available in the SUS.

The issue of sexual health education is essential, as it brings a process designed to clarify issues related to sex, body, sexual behavior, pregnancy, condoms, contraception and STIs. The goal is to deliver information in an accurate, enlightening, natural, positive and authentic way, without taboos and prejudices. In the previous category, the lack of knowledge about the contraceptive method was explained, which justifies the present category, which demonstrates the same about STIs. The insufficiency of knowledge about STIs is noticeable, often due to the lack of health education, bringing with it the structural and functional fragility of the knowledge policy on the "Mandala of Safe Sex" of the Ministry of Health[17].

The "Safe Sex Mandala" is one of the ways of thinking about Combined Prevention, with the aim of relating different methods (actions) of HIV prevention to demonstrate the importance of preventing STIs and viral hepatitis in human health in general. These actions can be combined depending on individual characteristics and moments. The basic premise established is that a comprehensive prevention strategy must simultaneously observe these different priorities, considering the specificities of the theme and its context[18].

The most reported reasons for not using condoms are the lack of condoms during sex and overconfidence in the partner. Another reason to consider is the loss of sensitivity. This is repeated in the literature. For example, in the study by several authors, the majority believed that condoms reduced pleasure[19].

Category C – the relationship between nursing performance and health programs in schools

This category aims to demonstrate the relationship between the role of nurses in health education and the importance of the Health Program in Schools. Schooling is a factor that is related to health education, as it is at school that one has the first contact with sex education issues and the rights that each young person has during their discoveries related to sexual health. Of the interviewees, most declared to be attending high school. In view of this, another factor arose about the low knowledge of these young people about sexual health.

The level of education is a factor closely related to knowledge about sexual health, since, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO), 32.8% of Brazilian young people aged 12 to 17 have initiated sexual intercourse, of which 61% are boys and 39% are girls. The lower the level of education, the earlier sexual intercourse begins. Getting pregnant soon after the beginning of sexual life is frequent[19]. Thus, it is necessary to involve Primary Health Care (PHC), especially the Family Health Strategy (ESF), and other social groups in partnership with schools to improve the health education of these students.

The need for more sexual health education actions beyond empowerment is undeniable. Therefore, it is essential to provide preventive issues such as sexual and reproductive health, discussions that include social relationships, citizenship and human rights, including respect for sexual diversity. Sex education in schools respects the right of each citizen to practice and question their moral values without neglecting care and respect for themselves and others. Sexuality education in schools must go beyond the mere dissemination of information and take steps to ensure a comprehensive transformation of the educational process[20].

In Brazil, Popular Health Education (PHE) was initiated in 2003, with the objective of ensuring that information on the health of social groups contributes to increasing the visibility of their historical, social and political participation, raising their representations and demands, understanding areas of subjectivation and designing creative paths.

Faced with this need, a government initiative was instituted in Brazil with the aim of understanding this entire integration process, the Health and Prevention in Schools Project (SPE). This project, launched by the Ministry of Health, was a joint action between the Ministries of Health and Education, established in 2003, whose objective was to promote sexual and reproductive health to reduce the vulnerabilities faced by adolescents and young people, such as sexually transmitted diseases (STI/HIV/AIDS), unwanted pregnancy and the use of psychoactive substances. In addition, the initiative sought to encourage the active participation of young people in the formulation of public policies[21].

Later, in 2007, the School Health Program (PSE) replaced the SPE. This program proposes an intersectoral policy between the Ministries of Health and Education, aiming at comprehensive health care for children, adolescents and young people in public basic education. Such an approach encompasses prevention, promotion and health care. It is the responsibility of the Family Health Teams, together with the school teams, to offer events and consultations for this public. It is worth mentioning the role of the nurse in dealing with the school population, providing clarification on physiological issues, as well as guidance for the prevention of STIs and pregnancy in youth[21].

Another issue observed is in relation to the absence of health professionals, especially nurses, in teaching units. Based on the data collected, most respondents said they did not have a health education with the health professional:

> [...] No, I never had those..... [...] (Pink 06)
> [...] Wow I'm curious, I have many questions that I wanted to ask, but I never had the opportunity [...] (Sunflower 10)

Another factor that is directly related to sex education is the relationship to the role of nurses in schools. Nursing plays a crucial role in adolescent health and in the educational context, assuming the responsibility of promoting knowledge through health education actions. In addition, nurses have the autonomy to make diagnoses based on the Systematization of Nursing Care (NCS) of the needs of these adolescents, truly knowing the demands of each group when considering their questions related to sexual health. It is up to nursing, therefore, to develop systematized strategies for prevention and health promotion through the diagnoses made.[21].

Nurses' educational actions can be carried out in three different and connected areas. First, in formal education, which aims to train and qualify professionals in public and private schools at different levels of education. Then, in continuing education, which involves the selection, admission, training and updating of human resources in the workplace. Finally, in health education, which encompasses all educational activities aimed at patients, whether through specific actions, such as orientations and lectures, or permanent programs that, without a doubt, bring more solid results[22].

In a study entitled "Role of nursing in adolescent sex education", the results show that the nursing professional is an essential element to strengthen the educational work in health with adolescents, with the objective of helping students to deal with sexuality responsibly and, thus, reduce the damage to the health of this group. Nursing aims to help people acquire and recover skills to take care of themselves. By discussing, based on self-care, health education values individual and collective responsibility as a mechanism to understand human needs, that is, it becomes a tool for learning to live[21].

Thus, nursing professionals are an essential element in strengthening health education activities for young people, with the aim of helping students to deal responsibly with their sexuality and, thus, reduce the damage to young people's health. The goal of nursing is to help people acquire self-care skills and prevent unwanted pregnancy or any type of sexually transmitted infections[21].

Final Considerations

This study showed significant gaps in young people's knowledge about sexual health, highlighting the insufficiency of consistent educational actions in the school context and the limited implementation of strategic programs, such as the Health in Schools Program (PSE). These deficiencies result in inadequate preparation of young people to deal with issues related to sexuality, contraceptive methods and the prevention of sexually transmitted infections (STIs), which increases their vulnerability to risky behaviors[23].

The findings reinforce the urgent need to strengthen public policies that prioritize sex education as an essential tool for health promotion. The performance of health professionals, especially nurses, emerges as a central element in this process. In addition to disseminating information, these professionals play a fundamental role in welcoming and guiding young people, promoting preventive behaviors and a better understanding of sexual health[24].

To address the identified gaps, it is recommended to carry out continuous and participatory educational interventions, such as workshops, lectures and moments of reflection, which integrate students, families and school teams. Such strategies should be implemented in welcoming environments, where dialogue is encouraged and young people feel comfortable discussing issues related to sexuality and reproductive health[25]. These spaces of interaction can contribute to demystifying topics considered taboo, promoting greater awareness and autonomy among young people.

The training of teachers and health professionals is also a crucial aspect. It is necessary to invest in the continuing education of these agents, preparing them to address topics related to sexuality in a clear, empathetic and prejudice-free way. In addition, schools need to integrate sex education into their curricula in a transversal and interdisciplinary way, as recommended by the National Curriculum Parameters (PCNs). This approach can contribute to the construction of a more inclusive school environment committed to promoting the integral health of students[26].

Another relevant point identified in this study is the importance of family involvement in the educational process. Promoting spaces where parents or guardians can be informed and empowered to engage with young people about sexuality can help build a more effective support and guidance network[27].

Finally, it is hoped that the results of this study will serve as a basis for future research and interventions in the area of sexual and reproductive health. Awareness of STIs, contraceptive methods, and family planning is essential to promote autonomy and self-care among young people. Thus, this work seeks to encourage managers, educators and health professionals to develop actions that contribute to the strengthening of sexual and reproductive health, promoting a broader and more integral quality of life for Brazilian youth[28].

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