

Perception of adolescents about the life activity "express sexuality"

Beserra, Eveline Pinheiro

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Beserra, E. P. (2017). Perception of adolescents about the life activity "express sexuality". *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(2), 340-346. <https://doi.org/10.9789/2175-5361.2017.v9i2.340-346>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see:
<https://creativecommons.org/licenses/by-nc/4.0>

Percepção de adolescentes acerca da atividade de vida “expressar sexualidade”

Perception of adolescents about the life activity “express sexuality”

Percepción de adolescentes acerca de la actividad de vida “expresar la sexualidad”

Eveline Pinheiro Beserra¹; Leilane Barbosa Sousa²; Vanessa Peres Cardoso³; Maria Dalva Santos Alves⁴

How to quote this article:

Beserra EP; Sousa LB; Cardoso VP; et al. Perception of adolescents about the life activity “express sexuality”. Rev Fund Care Online. 2017 abr/jun; 9(2):340-346. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i2.340-346>

ABSTRACT

Objective: To analyze the perception of adolescents about the life activity “express sexuality”. **Method:** This is an action-research developed at a school in the periphery of Fortaleza, Ceará, Brazil. We selected 25 adolescents to participate in an educational workshop on sexuality. **Results:** We observed vulnerability of adolescents to early pregnancy and STDs. Despite having prior knowledge about safe sex practices, we verified they expose themselves to risky situations. **Conclusion:** We concluded that the inclusion of school activities that promote not only the acquisition of knowledge, but, above all, activities of reflection in search of awareness of body protection, prevention of unwanted pregnancy and STDs is needed.

Description: Adolescent; Sexuality; Health education; Nursing models.

¹ Nurse. PhD in Nursing. Professor of the Federal University of Ceará.

² Nurse. PhD in Nursing. Professor at the University of Lusophone International Integration African-Brazilian.

³ Nurse. Degree in Nursing by the Ceará Estacio University Center.

⁴ Nurse. PhD in Nursing. Professor of the Federal University of Ceará.

RESUMO

Objetivo: Analisar a percepção de adolescentes acerca da atividade de vida “expressar sexualidade”. **Método:** Trata-se de pesquisa-ação desenvolvida em uma escola localizada na periferia de Fortaleza, Ceará. Foram selecionados 25 adolescentes para participarem de uma oficina educativa sobre sexualidade. **Resultados:** Observou-se vulnerabilidade dos adolescentes para gravidez precoce e DSTs. Verificou-se que, apesar de possuírem conhecimento prévio sobre práticas sexuais seguras, expõem-se a situações de risco. **Conclusões:** Conclui-se que há necessidade de inserção de atividades na escola que promovam não apenas aquisição de conhecimento, mas, sobretudo atividades de reflexão em busca da conscientização sobre proteção do corpo, prevenção de gravidez indesejada e DSTs.

Descritores: Adolescência; Sexualidade; Educação em saúde; Modelos de enfermagem.

RESUMEN

Objetivo: Analizar la percepción de adolescentes acerca de la actividad de vida “expresar la sexualidad”. **Método:** Investigación-acción desarrollada en escuela de Fortaleza, Ceará, Brasil. Fueron elegidos 25 adolescentes para participar de taller educativo sobre sexualidad. **Resultados:** Fue observada vulnerabilidad de adolescentes a embarazos precoces y enfermedades de transmisión sexual. A pesar de tener conocimiento previo acerca de las prácticas de sexo seguro, los adolescentes se exponen a situaciones de riesgo. **Conclusiones:** Hay necesidad de inclusión de actividades escolares que promueven no sólo la adquisición de conocimientos, pero actividades de reflexión en busca de la conciencia acerca de la protección del cuerpo y la prevención de embarazos no deseados y ETS.

Descritores: Adolescencia, Sexualidad, Educación en salud, Modelos de enfermería.

INTRODUCTION

Sexuality is an intrinsic issue in the development of the human being, and every stage of life is seen in a way that meets the correct needs and positive expectations about each age group and according to the reality of each one.¹

Adolescence is characterized by being a peculiar time for the beginning of sexual maturity, which affects the onset of physical transformation and the development of sexual identity.

Guidance on sexuality distorted, incomplete or exposed ineffectively makes the adolescent knowledge poor and vulnerable to the risk of an unwanted pregnancy, allowing greater chances of contracting an STD. Even with large numbers of information about sexuality, contraception to prevent pregnancy and STDs, teens are still getting pregnant and contracting diseases, which generate social, psychological and economic implications.²⁻³

Nursing has a responsibility and participation at this time of education and sexual health, which is essential in promoting the health of adolescents and prevention of potential problems and diseases that threaten your well-being, clarifying doubts about the changes that occur in this phase, considering their life values, their personality, their family relationships, social and gradually stimulating their

maturation. Based on this, the objective of this study was to analyze the perception of adolescents about the life activity “express sexuality”.

METHOD

This is an action-research in a school located in the Pirambu district, in Fortaleza, Ceará, Brazil. This neighborhood has different social problems such as poverty and violence. The research was conducted from April to June 2011.

The activities had as a theoretical reference, the Life Model.⁴ It is important to note that the Life Model consists of 12 activities, namely: 1) maintain a safe environment; 2) report; 3) breathe; 4) eat and drink; 5) delete; 6) take care of personal hygiene and dressing; 7) check the temperature of the body; 8) if mobilizing; 9) work and entertain (leisure); 10) express sexuality; 11) sleep; and 12) die.

In this article, we chose to expose some of the results that relate to the life activity “express sexuality” in relation to STDs and teenage pregnancy.

Inclusion criteria for the participants in educational activities were to study at night, not benefit from the health promotion actions by the Family Health Strategy and to be between 10 and 19 years old. Thus, we selected 25 participants, who were between 15 and 18 years.

To provoke the dialogue and learn more about these adolescents were used four videos covering the following topics: condom negotiation, unprotected relationship, homosexuality and condoms and HIV carriers.

For data analysis, we used the discursive practices. Legal and ethical aspects of research involving human beings were respected according to the Resolution nº 196/96. Adolescents and their guardians signed a consent form. The study was approved by the Ethics Committee of the Federal University of Ceará's protocol nº 038/11. To maintain the anonymity of the teenagers, it was appointed the name Maria and a letter to the girls and Joseph and a letter to the boys.

RESULTS AND DISCUSSION

Before submitting the video as a way of welcoming them, it was started the discussion on the multiplicity of partners and contamination vulnerability. The reflection of a safe sexual practice is necessary to happen early on. And from then, emerged the dialogue on long-lasting relationships free from risk of contamination by an STD.

“It’s like she said, you are not there 24 hours with your partner to know what he’s doing. Today he is with you, tomorrow he can be with someone else!” (Joseph E)

The ending of relationships and partner multiplicities are common in their coexistence. The age of first sexual intercourse is from 14 to 15 years, tending to a casual

relationship without commitment, a form of discovery, a “sexual experience”, which, in fact, shows the precocity, multiple partners and the unpredictability of sexual relations.^{2,5-6}

“Today even the dogs are not faithful, and they say that dogs are faithful to man.” (Joseph E)

“[...] it is true that there is love, crying, he says he will kill himself, the father of my son tried to kill himself. Then I said, if you want to kill yourself, go ahead, it is not my fault. Did not work because I saw myself catching a disease. He was with me here and out there, I knew things. The woman was seeking for him at my door. I came to the health station to prevent myself because I was afraid I had some disease. But I did not. Thank God.” (Maria I)

Young people have many experiences that often mark them and situate them in vulnerability. Maria I exemplifies the risk that she suffered from the father of her son of contagion by an STD. Adolescence is a stage of findings towards sexuality, making them more fragile, and being necessary preventive practices and care more targeted to young people to reach maturity.⁷⁻⁸

The first video also depicts a young woman with a condom in her purse, addressing the bargaining power of its use. About the video content emerged the following narrative:

“It’s good for her, because she is preventing catching some disease.” (Joseph E)

“[...] it is responsibility of both to use a condom.” (Maria D)

“But in the video, only she was preventing it, he was not!” (Maria I)

The participants paid attention to the gender issue in the negotiation of condom use, emphasizing the need of the man to also be aware of the importance of condom use. Condom use among adolescents requires management of negotiations, because adolescents are vulnerable and exposed to sexual violence, sexual exploitation and, when she/he presents more antiquated partners, have little power or negotiation ability to use condoms during sexual intercourse.⁵ The discussion was grounded in mutual responsibility of the couple to sexually relate to, but respect was prioritized over other.

Moments of reflection promote healthy development in adolescents. Before the discussion, when establishing the onset of sexual activity, they showed up with stereotypical comments of conduits that weren’t consistent with their reality and justify the very beginning.

“I got pregnant by chance, I wonder why, and it was because the desire was greater. It had been going on for a little while and I was just rolling with it and he was agonizing and eventually they showed it on television, it made was wanna do it and so things happened. I moved in with him, I have my house...” (Maria I)

“You have to have a relationship. Let the time pass, I have to know the person enough to then give myself to him. He got to know me. A point is that today I’m with him, but tomorrow I’m with another person. It is no use to give it time because no one knows where they’re headed.” (Maria D)

“I think it should be after she has her life planned.” (Joseph E)

By their narrative, we note that young people begin their sexual lives driven by desire and passions. Joseph E reports that the onset of sexual life should be after the arrival of a “stability,” but sometimes, teenagers are in a phase of youth and contradictions, problems and reckless behavior, and they are subjected to many vulnerabilities, resulting of myths and taboos about sexuality.^{5,9}

There was also the view of having a stable relationship, an aspect to the beginning of sexual life, to know your partner, but then there is the perception that it does not mean stability, because the future is uncertain. This already can be seen as a factor for multiple partners.

In the group, we noticed the onset of sexual activity linked to the risk of motherhood or early parenthood. It also came up the word “planning” as conscious action for the exercise of their sexuality. Although they referred to desires and passions, there was also a concept of rationality evidenced by word “thought”.

Sexuality for the teen generation is connected to dating, hooking up, to establish a more intimate relationship between two people, and from that interim, you must create specific approaches to be an exercise in space of the transposed relationship attitudes and sexual practices and contraceptive methods for a good sexual start among young people and adolescents, that more vulnerable to such a situation.^{7,10}

Taking into account the perception of young people it was wondered, then, why so many young people become sexually active in an unsafe manner.

“We get carried away by the will, I say it because of the father of my son, he says that using condoms is the same thing as chewing gum with the paper wrap on.” (Maria I)

“I say, sometimes, you’re having a good time, you let it roll, then you forget to use it, it feels so good, that you

let it go, but then you regret it, but I do not use condoms because doesn't feel good.” (Joseph I)

“There are people who does not use it because have already caught a disease.” (Joseph I)

It is observed much sexual desire as a mediator of unsafe sexual practices even mediated by curiosity. Joseph I, in his last comment refers to the transmission of diseases through unprotected practices consciously. Sex education should be focused on teaching values, promoting stimulation of sexual health of adolescents in an attempt to prevent problems related to sexual context in the reproductive phase.^{9,11}

Self-control and self-knowledge are conducive to safe sexual practices. The young man, in the explosion of emotions and desires, makes the choice to venture out without thinking of the consequences and risks to his health.

The second problematizing video approached a man unable to sleep after having had sexual intercourse without using a condom, his condition was tense because of the risk of having been infected. Given the above content, the following statements emerged:

“The next day the woman takes the morning-after pill.” (Maria I)

“Because you know the risk of catching the disease.” (Joseph I)

“Because he knows the cost that it is to have a child, for food, responsibility, study and the person ends up seeing that they will not have that.” (Joseph E)

“Since there is a doubt, it is better to take the exam.” (Joseph I)

It was found that the young instigated various risky situations. Based on the video, participants understood the presence of risk of pregnancy and infection by an STD. It was conducted, however, a dialogue rooted in the decision of reflection for safe practices. Maria I put in question the use of the morning-after pill as a way to address the consequences of a relationship without a condom, yet guided a reflection on preventive self-care.

Early sexual activity and unprotected sex does not cause immediate effects only in adolescence, but especially throughout life by the degree of vulnerability to which they belong as unwanted pregnancy, abortion, maternal morbidity, sexual violence and frustration. Anyway, sexual activity becomes intrinsic to the right of human life in the pursuit of pleasure, occurring the devaluation of the negative impacts that may be generated in the future adulthood.^{1,12-13}

Discussing sex life involves taking young people to reflect on their practices and recognize that emotions often put them in a vulnerable place with permanent implications. There was the question about the fact that an unsafe sexual act, motivated by momentary desire, was or not worth the risk to which they expose themselves. The adolescents were unanimous in saying no. It was contextualized to this issue the increased incidence of adolescents infected with the AIDS virus who make use of continuous medication, as well as adolescents with other STDs. Participants reported cases of known people of their circle holders of an STD, which made them think about STD/AIDS as something real and close.

The multiplicity of partners and little information on the subject is something that they clearly perceive as a vulnerability factor as well as the feeling of anger about the disease, which in a way is transmitted to other people. The third problematizing video used in this workshop was about the use of condoms also in homosexual relationships.

“Because we, like ... there are many homosexuals doing programs right? Some have intercourse without condoms with men. I say it because I've seen it. Many of them do it without a condom and it is easier to catch a disease. I know gay men who have AIDS.” (Joseph I)

“I was told that homosexuals are more likely to get HIV than a person of the opposite sex.” (Joseph E)

Joseph I put in question homosexuality and prostitution, realizing the risk on this practice due to a conscious situation of contagion risk and recognizes people already infected for not using condoms. It is important to note that this young man is homosexual, he suffered bullying in school because of his sexual orientation, but facing it naturally without interfering with the expression of his sexuality. Joseph called himself a bisexual and brought misconceptions about the transmission of STDs.

It was clarified then, that in all age groups and different forms of relationship there is a risk of contagion, minimized with the use of condoms. It is important to consider that individual vulnerability to acquire STD involves information, awareness of the problem and ways to address it, as well as access to resources and power to adopt protective behaviors. It is observed that many teens have distorted information that are misleading and incomplete about the ways of transmission of STDs, making them increasingly vulnerable.¹⁴ This is highlighted by the knowledge and mislearning: “I was told that the sperm is in the bone of the people or is that AIDS that is?”

In the dialogue, there was the clarification of various concepts, such as contagious diseases through oral sex and the right time to take the exam for HIV. It was caused in the discussion the question “If a person has acted unsafely and

the following day takes the exam, will it show the result of contamination of this action?”

“I think so, because it is the blood.” (Maria A)

“I have a friend who is a prostitute, she caught a disease, but does not know who she caught it from, because people do not have a sign on their face with the name of the disease. Then she went to her town and she was in doubt about the treatment, if it was done in the hospital or elsewhere.” (Joseph E)

Informed about the HIV test, teens described signs and symptoms of an infected person with this disease. It appears that again there were introduced in discussing issues related to prostitution. In a study conducted with adolescents exposed to prostitution situations, there was the report that had knowledge about STD/AIDS and the use of contraceptive methods for prevention; however, in practice, didn't join this conduct with some clients, perhaps for inability to broker the practice of safe sex.¹⁵ This fact implies a vulnerability aspect also identified in the speech of teenagers.

With the views of young people, there was a discussion about the symptoms of AIDS, considering that teens are a group that in the last year, were the great vulnerability and exposure to situations of physical, emotional and social risks, and the HIV transmission one important and intense form of expression of acquired vulnerability.¹⁶ Clear strategies for clarification allow a reflection of their practices.

“I have a friend that had to do without preventing (using condom) and she traveled away and by the time she returned, she was thin, began to feel pain in the head, pain in the belly, spots on the body. Then she was afraid to take the exam, but when she took it, she found out she had AIDS. With more than 7 months of the relationship.” (Maria A)

The adolescent's experiences with friends and the community also favor the reflections on the implications for themselves in concept formation and discussion of the realities they established.

The fourth video involved a person living with AIDS usually featuring a clarification message to break the prejudice. Negative attributes of people living with HIV are a kind of social control that needs to be revised, it is necessary to see AIDS as a chronic disease, even stigmatizing, psychosocial issues.¹⁶ The stigma is still due to the lack of knowledge on non-transmission of the disease only by establishing the social bond.

In their speeches, they say that people with AIDS probably felt very unhappy and different from others, for possessing a disease that has no cure, only treatment. Other comments were highlighted.

“[...] You will always have prejudice, even when people say there is no prejudice, but the fact is that everyone who is here has it. If I had here an infected person, there are people who would be disgusted by it.” (Maria I)

“[...] It is what happens in the soap opera, in the scene that the parents make a claim to know who is an HIV-positive student.” (Joseph I)

“I studied in a school that had a student who had AIDS and the boys called him a person with AIDS. They named him like this in front of people. The boy would complain and they would said that was what he had.” (Maria I)

“[...] sometimes those who have the disease hide it.” (Maria D)

“And with prejudice, the person may even go into depression. When the person knows they have the disease the first thing is to want to kill themselves.” (Joseph E)

The narratives have clearly demonstrated prejudice perceived by these adolescents. They contextualize, through mass media and their experiences, the perception of society on HIV positive as a member of social exclusion, as well as implications for that carrier. The virus physically and emotionally affects carriers.¹⁷ The diagnosis causes the carrier to change the lifestyle in favor of feelings of fear of family abandonment, partners and friends, death, disease itself, social rejection, stigmatization, discrimination and sometimes they make the choice to keep it a secret, creating a greater risk of becoming ill with AIDS. More discussion is required on this topic.

Returning to the forms of contagion, emerged the questioning on whether kissing and hugging can be means of contamination.

“They told me if you kiss the bleeding mouth the other person catches it.” (Joseph I)

“You can catch it by touching the bleeding wound of the other person.” (Maria I)

“If the person that has AIDS was bloodied and knocked on my arm that is not, can I catch it?” (Joseph D)

In a quantitative study with adolescents in Cuiabá, it was observed that the knowledge of adolescents about the ways of transmission of STDs/AIDS had a success rate below 20%.⁵ Another study conducted in Porto, Portugal, found that the routes of transmission of STDs that teens were more aware of sex (vaginal, anal and oral) and that 28.9% of adolescents did

not associate condoms with a joint protection against STDs and pregnancy.¹⁸ Therefore, the lack of clear knowledge about the forms of contagion and the consequences of these diseases lie in the vulnerability and are likely to prejudice the carriers.

With support on the above, there was a reflection on unsafe sexual practice that young people tend to submit themselves to.

“Time of weakness, will and desire, obsession with that body when it looks so say, I do not want to know of a condom, a man like that I want to touch directly. I’ve seen a lot of people say that. And myself also, but thanks to my good God I never caught the disease, but I’m very lucky.” (Maria I)

“This is so good that you forget. I went out with a guy and then he forgot the condom, but it is so good... Will I or will I not. Then ends up happening.” (Joseph I)

“I know there is a wretch will, but when there is, no one wants to know... throw the condom to the side. I’ve done it, I say for myself.” (Maria D)

The reflection space should be atoning self reflection on the issues involved with their vulnerabilities in social relations in which young people are included. Giving opportunity to discuss in group about their values, which hardly ever they do in everyday life, creating spaces for young people to reflect on the relativity or the hierarchy of risks currently experienced by them and what they can do differently to improve if they are acting in the wrong way.¹⁹

The sexual life involves the determination process of relating sexually, adding the issues of first sexual relation to the type of relationship with the first partner and choices about contraceptive practices.¹⁸ Teenagers, when taken autonomy in their decisions, must be aware that all their acts involve consequences, regardless of the personal and social level. It is important to emphasize the attempt to postpone the first relationship, which favours a time to mature and fully development of this teenager, because the later they start their sexual life, less exposed they will be to the risks and vulnerabilities, like STDs, maternity and paternity and psychological and social impacts.

In the dialogues, some participants said it was the first time they were participating in an educational activity so clear about sexually transmitted diseases. They realize the importance of health education.

“If there are so many people catching diseases as well, for me it is lack of... little communication, if I ask here real quick if anyone has ever heard anything else about these diseases, anyone has seen more than these images? No one here is well informed.” (Joseph E)

The prevention and promotion necessities of sexual life were observed, characterized by STDs among adolescents, involving the active participation of the individual to talk about personal experiences, exchange experiences and receive information and form of active participation, subject to change.²⁰

This subject is inexhaustible, requiring continuous work of self-care and awareness to the body. The school is the best place to carry out preventive actions to sensitize teenagers to the development of self-esteem to know how to make choices, to position themselves autonomously to the situations, taking responsibility for their decisions and the exercise of citizenship, an aspect which also involves sexuality.^{20,21}

CONCLUSION

The use of provocative videos favored different discussions with these teenagers. They had some prior knowledge about safe sex practices, reported experiences of other adolescents on the issues addressed, but still exposed themselves as well. At first, the dialogue began on the multiplicity of partners as an inherent consequence often by early sexual initiation, then the negotiation of the use of condoms. It is not easy to combine feelings and emotions with rational use of condoms, and, for the teenager, it is even more complicated.

It was also discussed the onset of sexual activity, when participants reported stereotypical models, how to have a life planning, but they had already started theirs. About unprotected sex, they listed several factors including the fear of being infected by an STD or getting pregnant.

Under the theme of homosexuality, condom use in every relationship has been strengthened, being it of the same sex or the opposite sex. And finally, it was identified the stigma of an HIV positive person, being clear that all people with unhealthy sexual habits are likely to become carriers of this virus.

The nursing school has a primary role in orientation. Much is produced and dialogue about the adolescent and STDs, but still remains the challenge of promoting reflection on the importance of safe sex practices, using different strategies. This challenge involves a broader, interdisciplinary and continuous works involving parents, teachers, students and the community.

REFERENCES

1. Moraes SP, Vitale MSS. Direitos sexuais e reprodutivos na adolescência. *Rev Assoc Med Bras.* 2012; 58(1): 48-52.
2. Ogueira Neto W. Sexualidade infanto-adolescente e seu reconhecimento como direitos humanos: a necessidade de mais reflexão e teorizações. *Psicol Clin.* 2012; 24(1): 15-32.
3. Ribeiro JM, Pontes AS. Atitudes face à sexualidade nos adolescentes num programa de educação sexual. *Psic. Saúde & Doenças.* 2012; 13(2): 340-55.
4. Roper N, Logan W, Tierney AJ. O modelo de enfermagem: baseado nas atividades de vida diária. Lisboa: Climepsi; 2001.
5. Martins CBG, Almeida FM, Alencastro LC, Matos KF, Souza SPS. Sexualidade na adolescência: mitos e tabus. *Cienc Enferm.* 2012; 18(3): 25-37.
6. Moreira MRC, Santos JFFQ. Entre a modernidade e a tradição: a iniciação sexual de adolescentes piauienses universitárias. *Esc Anna Nery Rev Enferm.* 2011; 15(3): 558-66.
7. Freitas KR, Dias SMZ. Percepções de adolescentes sobre sua sexualidade. *Texto contexto Enferm.* 2010; 19(2): 351-57.
8. Cerqueira-Santos E, Paludo SS, Dei Schiro EDB, Koller SH. Gravidez na adolescência: análise contextual de risco e proteção. *Psicol estud.* 2010; 15(1): 72-85.
9. Altmann H. Diversidade sexual e educação: desafios para a formação docente. *Sex Salud Soc.* 2013;13: 69-82.
10. Gurgel MGL, Alves MDS, Moura ERF, Pinheiro PNC, Rego RMV. Desenvolvimento de habilidades: estratégia de promoção da saúde e prevenção da gravidez na adolescência. *Rev Gaúch Enferm.* 2010;31(4): 640-46.
11. Teixeira SAM, Taquette SR. Violência e atividade sexual desprotegida em adolescentes menores de 15 anos. *Rev Assoc Med Bras.* 2010; 56(4): 440-46.
12. Mendes SS, Moreira RMF, Martins CBG, Souza SPS, Matos KF. Saberes e atitudes dos adolescentes frente à contracepção. *Rev paul pediatr.* 2011; 29(3): 385-91.
13. Levandowski DC, Schmidt MM. Oficina sobre sexualidade e namoro para pré-adolescentes. *Paidéia (Ribeirão Preto).* 2010; 20(47): 431-36.
14. Reis CB, Santos NR. Relações desiguais de gênero no discurso de adolescentes. *Cien Saude Colet.* 2011; 16(10): 3979-84.
15. Santos MA. Prostituição masculina e vulnerabilidade às dsts/aids. *Texto contexto Enferm.* 2011; 20(1): 76-84.
16. Szwarcwald CL, Castilho EA. A epidemia de HIV/AIDS no Brasil: três décadas. *Cad Saúde Pública.* 2011; 27(suppl.1): 4-5.
17. Galvão MTG, Bonfim DYG, Gir E, Carvalho CML, Almeida PC, Balsanelli ACS. Esperança em mulheres portadoras da infecção pelo HIV. *Rev Esc Enferm. USP.* 2012; 46(1): 38-44.
18. Ferreira MMSRS, Torgal MCLFPR. Estilos de vida na adolescência: comportamento sexual dos adolescentes portugueses. *Rev Esc Enferm. USP.* 2011; 45(3): 589-95.
19. Macedo SRH, Miranda FAN, Pessoa Junior JM, Nobrega VKM. Adolescência e sexualidade: scripts sexuais a partir das representações sociais. *Rev bras Enferm.* 2013; 66(1): 103-9.
20. Rodrigues MGS, Cosentino SF, Rossetto M, Maia KM, Pautz M, Silva VC. Talleres educativos en sexualidad del adolescente: la escuela como escenario. *Enferm glob.* 2010; 20: 1-8.
21. Assis MR, Silva LR, Pinho AM, Moraes LE. Prática sexual na adolescência. *R pesq cuid fundam Online.* [Internet]. 2014[cited 201 Nov 08]; 2(Ed. Supl.):458-462 Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1010/pdf_172.

Received on: 17/02/2015

Reviews required: No

Approved on: 17/11/2016

Published on: 10/04/2017

Author responsible for correspondence:

Eveline Pinheiro Beserra

Rua Álvaro Fernandes 891, Montese. Fortaleza/CE

Email: eve_pinheiro@yahoo.com.br

ZIP-code: 60420-570