

Adolescent sexuality and sexual health: intersecting demands for care

Sexualidade e saúde sexual de adolescentes: interseção de demandas para o cuidado

Sexualidad y salud sexual de adolescentes: intersección de demandas para el cuidado

Rosália Teixeira Luz^I; Edmeia de Almeida Cardoso Coelho^{II}; Marizete Argolo Teixeira^{III}; Andriara Rodrigues Barros^{IV}; Maria de Fátima Alves Aguiar Carvalho^V; Mariza Silva Almeida^{VI}

ABSTRACT

Objective: to examine demands for care in the field of adolescent sexuality. **Methodology:** deploying gender as an analytical category, this qualitative, descriptive study was carried out in 2014 with 12 adolescents from two state public colleges in Bahia. Reflection workshops and a questionnaire were used for data collection and data were analysis by the discourse analysis technique. **Results:** adolescents consider sexuality to be a human dimension demanding health care, posing needs for guidance and care directed to vulnerabilities and body knowledge. It is also an affective and sexual process of shared pleasure, and a pathway to overcoming gender inequalities. **Conclusion:** the demands presented revealed a group that advocates healthy, pleasurable sexuality, free from taboos and prejudices, but lacking guidelines. The demands extend beyond what are considered health care priorities, and urge approximation between school and health services to implement adolescent education and care policies.

Descriptors: Sexuality; sexual health; adolescent health; health service needs and demands.

RESUMO

Objetivo: conhecer as demandas para o cuidado no âmbito da sexualidade de adolescentes. **Metodologia:** estudo descritivo, abordagem qualitativa, tendo o gênero como categoria analítica. Realizado com 12 adolescentes de dois colégios públicos estaduais do interior da Bahia, em 2014. Foram utilizados oficinas de reflexão e questionário para coleta de dados e o tratamento se deu pela técnica de análise de discurso. **Resultados:** adolescentes consideram a sexualidade como dimensão humana que demanda atenção à saúde, com necessidade de orientações e cuidado direcionados a vulnerabilidades e conhecimento do corpo. É também processo afetivo-sexual, com prazer compartilhado, caminho para superação de desigualdades de gênero. **Conclusão:** as demandas apresentadas revelam um grupo que defende uma sexualidade saudável e prazerosa, livre de tabus e preconceitos, mas carente de orientações. As demandas extrapolam o que está posto como prioridade para atenção à saúde e urge a aproximação escola e serviços de saúde para implementar políticas de formação e cuidado de adolescentes.

Descritores: Sexualidade; saúde sexual; saúde do adolescente; necessidades e demandas de serviços de saúde.

RESUMEN

Objetivo: conocer las necesidades para el cuidado en el área de la sexualidad de adolescentes. **Metodología:** estudio descriptivo, de enfoque cualitativo, siendo el género la categoría de análisis. Fue realizado junto a 12 adolescentes de dos colegios públicos estatales del interior de Bahía, en 2014. Se han utilizado talleres de reflexión y cuestionarios para la recolección de datos y el análisis se basó en la técnica de análisis del discurso. **Resultados:** adolescentes consideran la sexualidad como dimensión humana que demanda atención a la salud, con necesidad de orientaciones y cuidado dirigidos a las vulnerabilidades y el conocimiento del cuerpo. Es también un proceso afectivo-sexual, con placer compartido, un camino para la superación de desigualdades de género. **Conclusión:** las demandas presentadas revelan un grupo que aboga por una sexualidad saludable y placentera, sin tabús y prejuicios, pero con pocas orientaciones. Las demandas extrapolan lo que se muestra como prioridad para la atención a la salud y urge el acercamiento escuela y servicios de salud para poner en marcha políticas de formación y cuidado de los adolescentes.

Descriptores: Sexualidad; salud sexual; salud del adolescente; necesidades y demandas de servicios de salud.

INTRODUCTION

Adolescence is a transition stage between childhood and adulthood marked by biological, psychological and social transformations. It has a sociocultural character and is experienced in different ways by adolescents depending on their context.

The corporal changes and assumption of social roles by adolescents require an intense work of psychic elaboration, therefore, this is a singular time in a person's life in which changes generate affective, sexual and social metamorphosis¹.

^INurse. PhD. Adjunct Professor, Universidade Estadual do Sudoeste da Bahia. Brazil. E-mail: rosluz@gmail.com

^{II}Nurse. PhD. Associate Professor, Universidade Federal da Bahia. Brazil. E-mail: edmeiacoeelho@gmail.com

^{III}Nurse. PhD. Full Professor, Universidade Estadual do Sudoeste da Bahia. Brazil. E-mail: marizete88@yahoo.com.br

^{IV}Nurse. Master's. PhD Student, Hospital Universitário Professor Edgar Santos. Brasil. E-mail: andiarabarrois@gmail.com

^VNurse. PhD. Adjunct Professor, Universidade Federal do Vale do São Francisco. Brazil. E-mail: fatimaaguiar@hotmail.com.br

^{VI}Nurse. PhD. Adjunct Professor, Universidade Federal da Bahia. Brazil. E-mail: marizaal@yahoo.com.br

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Regarding adolescent care, the Adolescent Health Program created in 1989 was the first initiative of the Ministry of Health. Although based on the principle of integrality, multidisciplinary perspective and a preventive and educational approach, it could not be implemented as proposed². Other strategies and programs were created later in coordination with education and social services. For example, the National Policy for Comprehensive Health Care of Adolescents and Youngsters in 2004, and the Health at School Program in 2007. However, they have been implemented in a specific manner with disarticulated actions^{3,4}.

In view of this finding, the research question is about what are the demands for care by objective; to know the demands for care in the field of adolescent sexuality.

LITERATURE REVIEW

In adolescent care, integrality is understood as the guarantee of care with listening and embracement of health demands by responding to the needs through health promotion, prevention and recovery from diseases⁵. Demands of adolescents are an expression of their care needs. They are commonly difficult to deal with according to the standards established in institutions, especially those related to sexuality.

Sexuality involves behavior and processes, including the biopsychosocial, physiological, cultural, political, spiritual and religious aspects related to sex and sexual behavior. It is linked to a dimension of the personality that is shaped by these aspects, and is often repressed and imprisoned in the field of desire⁶. It refers to sensual pleasure, seduction, arousal, eroticism, orgasm, knowledge of one's own body and of the body of the other⁷.

The socialization process has been happening rapidly, especially in developing countries, hence the need for adolescents finding people capable of supporting them. Through socialization, human beings internalize values, beliefs, attitudes and norms of conduct that are specific to their social group or society, and these interfere in adolescents' attitude towards sexuality⁸.

Adolescents need to be mentored and encouraged through specific programs, thus the importance of training professionals and the society for sexual counseling and addressing sexuality. However, these professionals must review their individual values in order to avoid that myths, beliefs and prejudices are perpetuated. Formal sex education is not a tool of repression, but a positive contribution to the integral development of adolescents⁹.

METHODOLOGY

Descriptive, qualitative study with the gender as analytical category. Such analytical category was built from the recognition that the roles played by men and women are products of a social and cultural construction that carries ideas, beliefs, values and symbols, and legitimizes power relations that favor the male gender¹⁰.

Participants were 12 adolescent students from two public schools in a city in the inlands of the state of Bahia. Four were male and eight were female; eight participants were 18 years old and four were 17 years old; eight were in the third year of high school; four reported being Evangelic, five Catholic and two had no religion.

The schools were chosen because during July, they were a field of practice for undergraduate health courses of a university in the state of Bahia. The inclusion criteria were: to be enrolled in the selected public schools and aged between 10 and 19 years, which is in accordance with the definition of adolescence by the World Health Organization (WHO)². In the study, were respected the requirements of Resolution 466/2012 of the National Health Council. The project was approved by the Research Ethics Committee of the Nursing School of the Universidade Federal da Bahia under number 655.873, CAEE 27288414.2.0000.5531.

Data were collected through two reflection workshops and a questionnaire. Workshops offer the opportunity to articulate subjectivity, rationality, personal experience and knowledge. Nowadays, they are used in several areas such as psychology, sociology, nursing and autonomous groups of women of the feminist movement, from the problematization¹¹. In the scope of research, the workshops stand out for the articulation between two basic and inseparable dimensions of knowledge construction, namely theoretical-methodological articulations and ethical-political implications¹².

The workshops were called *Adolescents and health needs*. They included the steps of integration, development of the theme, including reflection and discussion on the theme, synthesis and relaxation.

Two researchers developed the workshops, both with experience in the methodological strategy. The process was photographed, speeches were recorded and transcribed in full for analysis and discussion.

Among the different topics addressed, those related to sexuality were deepened because they involve intimate issues and a more restricted discussion in the group. Thus, a questionnaire was applied to nine adolescents present in the classroom at this stage of data collection in the absence of researchers and the teacher responsible for the discipline.

The empirical material was transcribed in full and treated by the discourse analysis technique. Discourse is a social position with ideological formation embodied in language. Throughout the discourse analysis, while studying the discursive elements, was identified the world view of subjects enrolled in the discourses, and was revealed what determined it¹³. The process included the following steps: reading the text to find recurrences; understanding the partial themes; grouping the topics into a block of meaning; construction of empirical categories; analysis of the material articulated to the relevant literature¹³.

The following empirical categories emerged from the analysis: sexual health and sexuality as demands for information and care in adolescence; sexuality as a space of shared pleasure and mysteries; and sexuality as a source of libido, pleasure and sexual fantasies.

The interviews were coded by using the initial letter of the word adolescent (A) followed by the corresponding numeral in order to guarantee participants' anonymity. For an easier identification of the sex, was used the letter F to designate the female sex and M for the male sex.

RESULTS AND DISCUSSION

When expressing their view on sexuality, the discourses of adolescents revealed an intersection between sexual health and sexuality. Their curiosities and demands make up the categories analyzed below:

Sexual health and sexuality as demands for information and care in adolescence

The discourses of adolescents participating in this study expressed social positions in which sexuality has intrinsic relation with sexual health, as follows:

A very troubled phase with marked changes in the body, where medical follow-up is necessary sometimes, for example, the menstrual cycle. (A1, 18 years, F)

I already had and I do have the need regarding the gynecologist, routine and doubts, nutritionist and physiotherapist. (A2, 18 years, F)

In adolescence, there are many problems and curiosities, and the health issue is very involved. Follow-up on sexuality is necessary. (A3, 17 years, F)

I think the matters involving the care in sexual relations are important; because it is not something easy, simple or just pleasurable. Many think of sexuality as something related only with pleasure, and forget that it is necessary to take care of health. (A4, 18 years, F)

In the following statements, when asked about health curiosities related to sexuality, adolescents emphasized the need for protection with use of condoms in sexual intercourse by identifying aspects of the relationship between sexuality and health. Thus they reported:

Protection always interferes with health, some people do not like to use protection and end up with diseases. People care about pregnancy, but I think the worst is catching a disease. That's why I think it's important to use a condom. In unprotected sex, you can catch AIDS or get pregnant. (A5, 17 years, F)

Sex with condoms is safe. (A6, 18 years, F)

I think condoms are healthy, we have to be safe, you can even have it with whoever you want, but you have to be safe. (A1, 18 years, F)

Problems related to sexual relations, mostly. Diseases such as AIDS [Acquired Immunodeficiency Syndrome]. (A7, 18 years, M)

Sex without condoms, remedies to help men, because it is dangerous, there are STDs [sexually transmitted diseases], there is the danger of unplanned pregnancy. (A8, 18 years, F)

I consider the practice with many people an interference with health. As everybody knows, STDs are everywhere. (A4, 18 years, F)

In their speeches, adolescents who participated in the study expressed demands at the level of prevention that require professional actions and refer to the need of knowing the body. In the perspective of integrality, which is the guiding axis of the National Policy for Integral Health Care of Adolescents and Youngsters and the Health at School Program, this demand must be met urgently in health services and schools through group educational processes in

which adolescents have a voice. In these processes, exchanges and collective learning about the body, sexuality and sexual health also open paths for overcoming gender stereotypes that make relationships unequal.

Sexual health represents the freedom of women and men to live their sexuality consciously and without risk of acquiring Sexually Transmitted Infections (STIs) and unwanted gestation. Therefore, the approach to human sexuality must be positive and with mutual respect in sexual relations. Sexual health includes pleasure and stimulates determination, communication, and interpersonal relationships¹⁴.

In a study conducted in Amapá, was found that adolescents' knowledge on sexuality is related to sexual intercourse, protection against pregnancy, diseases related to sex and sexual orientation. The relationship between the sexual act and the risks of unwanted pregnancy, STI contagion and sexual orientation was evident¹⁵.

In a recent study, was shown that adolescent sexual initiation happens early and more than 90.0% of participants reported knowing at least one STI¹⁶. In another study, most adolescents had had sexual intercourse, approximately one third did not use a contraceptive method in the first relation, and a significant part had already got pregnant or the partner became pregnant, demonstrating the vulnerability of young people to STIs and unwanted early gestation due to unprotected sex¹⁷.

In the interior of Pernambuco, 282 adolescents from municipal public schools participated in a study that found early sexual initiation in both sexes, earlier among male adolescents, and the male condom was the most used contraceptive method¹⁸.

A study with 29 public school students revealed a divergence between what is established in the laws and its effectiveness in the daily life of adolescents with violations of their sexual rights, lack of education focused on sexuality issues at schools and lack of specific health care services for adolescents and consequences for sexual health¹⁹. Thus, the suggestion of developing dialogic strategies and emancipatory educational interventions in which health professionals, students, school and family exchange experiences for the exercise of sexual citizenship and reduction of diseases related to adolescents' sexual health¹⁷⁻¹⁹.

The pertinent concern of adolescents with AIDS and the Acquired Immunodeficiency Virus (HIV) is justified by the history of this infection. Between 2003 and 2012, the highest rates of AIDS detection were observed among people aged 30 to 49 years. However, there is a downward trend in this group and a slight stabilization among people aged 40 to 49 years. However, there is an upward trend in detection rates among youngsters aged 15 to 24 years and adults aged 50 years or older²⁰.

The aim of a study conducted with 532 students from a municipal school in the state of Rio Grande do Sul, Brazil, was to evaluate the sexual knowledge and behavior of adolescents on sexually transmitted diseases. It showed that 89.2% of the girls and 90.3% of the boys knew how to properly define the concept of these diseases, and for almost all adolescents, the most effective preventive method was the use of condoms. However, 37.1% of the girls and 30.5% of the boys referred the use of contraceptive pills as a preventive method for sexually transmitted diseases, which highlights the importance of carrying out educational activities at schools about issues such as sexuality and reproductive health²¹.

Gender relations interfere, given the difficulty of negotiating condom use. In the female population, this negotiation is aggravated when there is economic subordination to the partner, as new dependencies are generated and the woman tends to accept unprotected relationships to avoid losing the partner.

Sexuality as a space of shared pleasure and mysteries

Adolescents in this study translate sexuality as an affective-sexual process involving satisfaction in response to desire and the search for pleasure. The statements below are a representation of that:

When you talk about pleasure, you soon think about sex. Sexuality results in pleasure, satisfaction. (A9, 18 years, F)

Desire, will, pleasure, meet other people, having relationships. (A6, 18 years, F)

Sexuality is to feel pleasure in making with the one you love. (A3, 17 years, F)

Something normal, that for many people is controversial, embarrassing. But yes, it is something normal and everyone will do it because it is part of life and it is good. (A10, 17 years, M)

In addition to being a controversial subject for many people, in my thinking is the most normal thing in the world, even because, for me being born, this had to happen. And I also think that waiting for the right time is always good. (A8, 18 years, F)

I no longer feel surprised with the subject that for me, is a normal thing. (A11, 17 years, M)

An adolescent of the present study assumed that feminine physical beauty is a source of libido, expectation of pleasure, full satisfaction and it feeds fantasies. His position reproduces a culture in which physical beauty defines

attraction and lasting relationships. At the same time, he expressed doubts and curiosities about sexuality that oscillated between the reaffirmation of the manly man and the quest for overcoming the macho mentality. In a study developed with youngsters, were found similar results; as they consider themselves as sexual subjects and subjects of rights, they have the right to exercise their sexualities²².

Historically, sexuality was placed in the field of sin, and under dogmas of the Catholic Church, were imposed prohibitions to its full exercise, especially on women, to whom were associated all evils arising from desire. These representations go back to the Middle Ages, but have their historical mark in the nineteenth century, when women became someone to be watched and controlled by confession, by men or by family. Sex took its place in marriage and only for procreation²³.

In the context of the experience of sexuality, the curiosity about bisexuality and homosexuality was the adolescents' demand in this study. In adolescence, sexual behavior is not always a fixed feature of sexuality, and may be transient or change when reaching adulthood. Thus, adolescents with homosexual/bisexual behavior have greater difficulties in relationships with their peers and family because of the taboos and prejudices surrounding their sexual behavior²⁴. However, a study of 3195 adolescents from ten Brazilian states revealed that adolescents with homosexual and bisexual behavior were more likely to report positive personal experiences and negative relationships than heterosexuals, and they spoke less about religiosity²⁵.

Sexuality as a source of libido, pleasure and sexual fantasies

In the following testimonies, sexuality is considered as a source of libido, pleasure and sexual fantasies:

The first thing that comes to my mind is a beautiful partner, that makes me feel desire, that gives me pleasure, that satisfies both her desires and mine. I have several doubts, but I always have the same purpose of being a good company in bed. (A7, 18 years, M)

Desire, will, pleasure and multiple orgasms, whether with men or women. Knowing that experience does not kill anyone. It is necessary to use condoms, because in parties we lose our heads, today it is very easy to catch diseases. I think daily sex interferes a lot, since it's easy to get tired and weak for other activities. (A11, 17 years, M)

Curiosity of the sexual practice, I have doubts about the union of couples of the same sex, perhaps it can be a loving relationship or troubled and because men feel so horny. (A1, 18 years, F)

Knowing all the precautions I must take, knowing what to do, how to use certain products that are used. Oral and anal sex, because it is a place that has many bacteria. How will it be, how will I behave, how will I feel. (A12, 18 years, M)

This topic seems very restricted, but it is very broad. It arouses mainly curiosity to delve into the subject, but I educate my thoughts, the desire is something uncontrollable not to feel, but I control, thus continuing a broad curiosity. (A6, 18 years, F)

Speeches about sexual practice as a shared moment outweigh the idea of active men and passive women and reveal curiosities of a generation that seeks more freely the right to have pleasure and orgasm. At the same time, they value sex with protection, and women were the most concerned about health care, even when their speeches expressed pleasure as the focus.

As this theme is still impregnated by prejudices and taboos, many family members, educators and health professionals are unprepared to discuss sexuality. When the subject is addressed, speaking is timid, and more focused on the biological aspects linked to reproduction²⁴. A cross-sectional study conducted in 147 outpatient units in Rio de Janeiro showed that in only 12.9% of the units are performed educational activities aimed at adolescents, and less than 1/3 of doctors were trained to deal with adolescent health. In addition, in more than 90% of units, adolescents are cared for together with the adult population; in more than 10% of services, assistance is only given in the presence of the responsible person, showing that the structure of care and human resources does not accommodate the demands of the adolescent public, despite the wide geographical distribution of health units²⁶.

Health education that follows the dialogic model seeks to respect the different worldviews and meanings of adolescents and adults in order to favor intergenerational relations²², thereby opening way for people to become autonomous and co-responsible in the care and promotion of their health. To that end, health professionals should be facilitators of all educational processes, so that care develops under the axis of integrality and of adolescents' search for autonomy.

In view of the gender transversality, public policies must be permeated by this perspective, which implies recognizing and incorporating the social and cultural construction of natural roles for women and men, and

problematizing the reality on the way to overcome inequalities in relationships and in empowerment of women.

CONCLUSION

The adolescents who participated in this study consider sexuality as a dimension that demands health care, and emphasized the need for preventive guidance, professional follow-up and knowledge of the biological changes of the body. Equally important was the value they attribute to safe sex for health preservation, and the emphasis given to the use of condoms in sexual relations for avoiding STIs/HIV/AIDS and/or an early pregnancy.

They consider sexuality is an affective-sexual process involving satisfaction in response to desire, and surpass the idea of active men and passive women, hence represent a freer generation that seeks shared pleasure. Sexuality is also a place of mystery, curiosities and doubts and sex is considered as part of life, but still a subject that causes embarrassment and controversy among people. Especially among adolescent girls, was valued the affective involvement and concern about the use of condoms.

In spite of the limitation of conducting the study in only two public schools in the municipality, it was found that interviewed adolescents have a differentiated view of relationships and sexuality. As currently organized, the health system has no answers to their demands and health needs, because they extrapolate what is defined as priority by services, where the actions directed to prevention and limited to the clinical model lead the offers for this group.

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