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SEX EDUCATION FOR TEENAGERS

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ABSTRACT: The ECA (Child and Adolescent Statute) reflects the universal rights of children and adolescents, including protection against violence - whether physical, psychological, or sexual - neglect, and abandonment. However, the alarming frequency of sexual violence in Brazil raises questions about the effectiveness of regulation. The challenge lies in the difficulty of reporting, especially when the perpetrators are legal guardians, resulting in structural and psychosocial consequences for the victims. In addition, young people's lack of knowledge about sex education leads to problems such as high rates of suicide and early pregnancy, which can contribute to an increase in STIs, as evidenced by the increase in HIV rates in the city where the action took place. For this reason, this report aims to describe an initiative carried out in a school with high school students that aimed to clarify doubts and transmit knowledge on the subject of sex education, including contraception, sexually transmitted infections, and the importance of consent in sexual relations.

KEYWORDS: Violence; Education; Prevention.

INTRODUCTION

The Statute of the Child and Adolescent¹, enacted in July 1990, was collectively drafted by civil society, experts in various fields, and religious and social institutions. It is one of the ratifications of the resolutions adopted at the United Nations Convention, which states that all children and adolescents, regardless of color, ethnicity, age, sex, socioeconomic status, physical or intellectual disability, have the right to dignity, respect, and, among other things,

protection from physical and psychological violence. However, one wonders, if there is legislation for this age group, how can we explain that every hour, three children and adolescents are victims of sexual violence in Brazil?

One explanation for this question can be found in the specific article of the Statute that deals with this issue, Article 130, which discusses the removal of the aggressor from the victim, given that, statistically, he lives within the home itself. Thus, the difficult fight is due to the main perpetrators are the legal guardians of the adolescent, or, when this is not the case, their own family members or sexual partners, which makes it difficult for the victim to report the abuse to the Child Protection Agency, as they feel responsible for the structural and psychosocial consequences within their own family. This is when it is possible to identify that they are suffering sexual violence, since, even though adolescents may have access to the internet, they are often restricted by their families on topics involving sexuality, which allows the aggressor to confuse the meaning of obscenities with routine jokes, normalizing and reproducing practices ranging from harassment to rape of vulnerable individuals, which takes on new features when mixed with existing social inequalities imposed by patriarchy, racism, and classism. ⁽²⁾

In addition, there is another issue that affects adolescents: neglect. This neglect, so to speak, is multifaceted. There is neglect in pediatrics, as demonstrated in the book *Fundamentos da Hebiatria no século XXI* (Fundamentals of Adolescent Medicine in the 21st Century) by Viviane Colares, which addresses how age is repeatedly overlooked in care by various medical specialties due to the bio-psycho-social complexity

that is imposed, and there is a neglect of psychological support for these young people ⁽³⁾ which explains the high suicide rate, more than ten thousand in the period from 2012 to 2021, the majority between the ages of 15 and 19 ⁽³⁾. There is neglect in the prevention of early pregnancy, which explains the survey by the Ministry of Health, which shows that currently 1,043 adolescents become mothers every day in Brazil. There is a lack of awareness about methods of protection against sexually transmitted infections (STIs), which helps explain the 32% increase in one year in the rate of HIV-positive cases in the city of Campinas, according to local health surveillance sources, as well as the 434,803 cases of HIV infection recorded in Brazil between 2007 and 2022, with 23.7% of cases affecting young people aged 15 to 24. ⁴ There were 1,115,529 cases of acquired syphilis, with a significant increase between 2020 and 2021. ⁵

In addition, the 2019 National Health Survey (PNS) revealed that 29.1 million Brazilians aged 18 or older suffered psychological, physical, or sexual violence, which was more common among women, young people, and black or brown people. These data highlight the high prevalence of violence and STIs in the country, especially among young people, who often begin their sexual lives without proper guidance. The lack of access to educational information and family support or schooling puts this group at risk of situations that are harmful to their mental and physical health. Therefore, it is essential to address issues such as sexual health, STI prevention, and abusive relationships with adolescents to promote greater awareness and prevention.

Thus, it is more than necessary to take proactive measures that focus on adoles-

cents, especially with regard to sexual and reproductive health, in order to improve these health indicators and guide these young people toward full dignity.⁴ The aim was to promote sex education and provide legal and safe avenues, often unknown to the general population, through an action organized by medical students with a dynamic and participatory approach, so that reporting, reception, and follow-up of this target audience are more likely to be guaranteed.

METHODOLOGY

The “Sex Education Campaign for Adolescents” initiative was organized by the Organizing Committee (OC) with the aim of educating students on topics such as sexual violence, abortion, STIs, contraceptive methods, teenage pregnancy, body identification, and consent. The activities began with an initial online meeting between the entire organizing committee, in which it was proposed to organize the necessary documentation to start the social action and, in addition, to contact the principal of the state school to verify the number of high school students, number of classrooms, relevant topics, possible dates for action, as well as the best methods of approach. In addition, training was planned with a health professional who had contact with adolescents.

During this period, some team members contacted the school coordinator and assessed which topics and approaches would be most interesting for the school community. There was some resistance to addressing sexual violence due to concerns that the school would not have the resources to deal with the number of complaints that could arise. It was also decided that the activity would take place on November 10, 2023,

and would include three classes from the first and second years of high school, totaling six classrooms. In order to select the 22 volunteers, a form was created and made available in academic groups.

Next, training was provided by a pediatrician who reminded us of basic pediatric concepts, addressing the main issues affecting young people. This was followed by a brief meeting with a pediatrician, who advised us to build the concept of sexuality as a concept of self-preservation and self-respect into the lectures. She also emphasized the importance of highlighting the limits of intimacy and the extent to which there is a distortion between public and private. The doctor was available to guide us in the project, which resulted in a new contact established with her for online training for all volunteers and also in her presence on the date of the social action.

Finally, as a way to assess the impact of the action, those who felt they had learned something were asked to raise their hands, and based on that, we counted how many students raised their hands. Finally, to get a better perspective on the knowledge acquired by the students, we asked the school coordinator to evaluate the students over the next week and inform the organizing committee about the effects that were generated.

REPORT

The “Sex Education Campaign for Adolescents,” held on November 10, 2023, reached a total of 155 high school students, aged 15 to 18, from Adalberto Nascimento State School, and 22 medical students as volunteers, in addition to a pediatrician who accompanied the volunteers in the action.

At first, the volunteers divided into six groups so that no student was left alone in one of the classes. Next, a slide presentation was given on contraception, STIs, teenage pregnancy, abortion, sexual violence, and the issue of love and respect for the body, which had been prepared in advance by the OC and approved by the campaign's supervising teacher. Simultaneously with the presentation, a basket was passed around the classroom so that students could write down their questions anonymously, which were later answered.

In a second stage, the volunteers were responsible for dividing the rooms into two smaller groups in order to create a more intimate and secure environment for students to share their experiences and ask questions. Their questions. It was observed that in these groups, teenagers were usually with their friends, which facilitated the creation of a friendly environment for sharing experiences and questions. In addition, we saw that the initial presentation was extremely important in guiding the discussions and bringing to light some questions that the students had in mind. The interest of all those present was evident, as there was massive participation.

Finally, it is possible to say that the outcome of this volunteer campaign was extremely positive. Both high school students and volunteer students were enriched by the knowledge exchanged and the feeling of gratitude to the school for providing us with such an important moment.

DISCUSSION

During the planning of the "Sex Education Campaign for Adolescents," one of the main objectives was to raise awareness

about contraceptive methods, given the reports of an increase in the frequency of pregnancies made by the school administration, in addition to alarming data from the Ministry of Health, which shows that every day, more than 1,000 Brazilian adolescents become mothers. However, the CO wanted to conduct this discussion based on Freirean logic, in which the audience is listened to so that the best teaching methods can be developed with them. This was successfully achieved, since, through a slide with little text and more images, highlighting the main differences and contraindications of contraceptive methods, it was possible to establish questions and create interest in the students to the point that the questions written on the notes at the end of the class were numerous and very well constructed.

Another factor that facilitated this dialogue was the training provided by the teacher guiding the action, who is a professor of pediatrics at the volunteers' institution. The professional, who is trained in psychology for adolescents, provided guidance on how to create a welcoming and listening space with adolescents, subverting the neglect that this age group suffers daily from their families, society, and our own medical profession, as reported in the book *Fundamentos da Hebiatria no século XXI* (Fundamentals of Adolescent Medicine in the 21st Century) by Viviane Colares.

As expected, the most prevalent questions in the classrooms were about adolescents' lack of knowledge of female and male anatomy and their desire, especially among girls, for information about contraceptive methods.

However, the greatest difficulty, without a doubt, was bringing the issue of sexual abuse into the conversation. In or-

der not to contradict the guidelines of the school's coordination, which did not want to trigger an uproar of complaints that they might not be able to handle, it was decided that the volunteers would encourage the teenagers to reflect on the limits and respect for their own bodies and deal with everything through more familiar and therefore more comfortable relationships for them. In addition, safe reporting channels were provided, both official and through the CO itself, using an email address created exclusively for this purpose, ensuring privacy for victims and complying with the Children's Statute. However, it was recommended that, in the event of any identification, sexual violence be reported to the school guardian, a more familiar figure in daily life, so that he or she could take appropriate action with the school administration, preventing the victim from being left helpless.

In this way, it was possible to break this taboo on sex education, due to the friendly reception of the entire teaching staff and student body of the school to the presence of the volunteers, in addition to their preparation and dedication to the campaign.

In order to assess the impact of the action, the number of questions asked personally or anonymously by the young people was counted, as well as the number of hands raised after the CO asked if they liked the event and if they would take what they learned that day into the future. In total, 57 questions were asked across all classrooms and a total of 155 hands were raised, representing 100% approval, after the question about what they had learned. In addition, the coordinator stated that after the activity, the young people at the school are indeed sharing mutual respect and treating sexual issues more seriously.

Finally, we also observed great success in the campaign on the part of the volunteers, since when we asked them to rate the following questions from 0 to 10: "How do you rate your knowledge of sex education prior to the campaign?", "How do you rate your knowledge now?" and "How much do you think this activity contributed to your training as a doctor?", the average response to the first question was "6," the second was "9," and the third was "10." This demonstrated significant learning and improvement in the volunteers' knowledge, in addition to their consideration of the activity as beneficial to their medical training.

CONCLUSION

It can therefore be concluded that the initiative was able to achieve its proposed objectives by disseminating information on "Sex Education" to 1st and 2nd year high school students, who lack this type of knowledge. During the initiative, topics of extreme relevance were discussed, including sexual violence, abortion, STIs, contraceptive methods, teenage pregnancy, body image, and consent. A comprehensive slide presentation was used to discuss these topics.

After the presentation, there was a more personal and direct discussion, where students felt more open to talk to the volunteers. For this, each classroom was divided into two groups, each with two volunteers from the initiative. At this point, some questions were asked to see what they knew about the topics that had been presented. In addition, they asked very interesting questions and shared some experiences, which, if necessary, were passed on to the school administration so that they could be resolved. In this way, all questions were very well clarified, as the volunteers were prepared and were all medical students with knowledge on the subject.

As expected, few teenagers made jokes about the topic, and even so, all the volunteers were able to handle the situation well. Thus, most students were very interested and willing to learn about these very important issues, since many really knew very little about the subject. It was an activity that added a lot to the teenagers and also to the volunteers.

CONFLICT OF INTEREST

The authors of this study declare that there is no conflict of interest related to the experience report.

FUNDING

The campaign was carried out at no cost. There was no external funding from government or research institutions. Part of the costs, such as printing the pamphlets, was subsidized by partner companies, while other materials and services were provided voluntarily by the organizers and collaborators.

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