

VULNERABILITIES OF ADOLESCENTS TO SEXUALLY TRANSMITTED INFECTIONS: A BIBLIOGRAPHIC REVIEW

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Abstract: Introduction: The most important tool in preventing problems related to the reproductive and sexual health of adolescents is education. When the beginning of sexual life is accompanied by a lack of guidance and prevention, the adolescent is placed in risk situations, such as Sexually Transmitted Infections (STIs) and unwanted pregnancy.

Goal: to investigate the vulnerabilities among adolescents for the occurrence of Sexually Transmitted Infections. **Method:** This is a literature review, with data collection performed through a search in the MEDLINE, LILACS, ADOLEC, SciELO, REDALYC and BDNF databases during the month of April 2020. The descriptors used were: adolescent; sexual behavior; Sexually Transmitted Infection; knowledge; condom; risk factors; sex education; and acquired immunodeficiency syndrome. **Results:** surveys were found mostly carried out in public schools (82%) in the Northeast (47%). The most cited risk behavior was inconsistent condom use, followed by early sexual initiation and alcohol use. Insufficient sex education was also widely discussed as a vulnerability factor. **Conclusion:** it was possible to identify a profile of greater susceptibility to STIs, demonstrating the existence of broader contexts. In this sense, sex education and public health stand out in the prevention of STIs.

Keywords: Adolescent; sexual behavior; Sexually Transmitted Infection; sex education; Condom.

INTRODUCTION

Adolescence, considered as the transition between childhood and adulthood, is defined by the World Health Organization (WHO) as the age period corresponding to the age range from 10 to 19 years (WHO, 2014), characterized by a set of transformations. anatomical, physiological, psychological

and behavioral aspects, which influence the formation of autonomy and the construction of an identity (PEREIRA et al., 2019). This entire process of biopsychosocial transformation is full of questions and doubts, being seen as one of the most turbulent phases of life (FARRE et al., 2017).

Due to the influences of psychological, social and cultural factors, the events of adolescence are phenomena experienced differently by subjects according to the contexts in which they are inserted. The main milestone of adolescence is puberty, characterized by somatic transformations that involve growth acceleration, systems development, neuroendocrine reorganization and sexual maturation (SULTAN et al., 2018). In turn, puberty is universal and follows a slightly variable flow of psychological and physiological changes, not being, therefore, synonymous with adolescence, but a part of it (SCHAFFHUSER; ALLEMAND; SCHWARZ, 2016).

The changes of puberty give rise to secondary sexual characteristics, which represent the beginning of the reproductive capacity of the human being and bring with them the inevitable questions about sex and sexuality (BRASIL, 2017). Despite manifesting itself in all stages of life, it is mainly at puberty that sexuality emerges, being discovered through different sensations, experiences and intensities hitherto unexplored (COSTA et al., 2017; FERREIRA et al., 2019). With this, sexuality becomes the focus of numerous doubts, concerns and curiosities that are fundamental for the construction of identity, autonomy and self-knowledge (TORQUATO et al., 2017). It is at this point that proper guidance becomes essential to ensure a healthy sex life.

The most important tool in preventing problems related to the reproductive and sexual health of adolescents is education. When

the beginning of sexual life is accompanied by a lack of guidance and prevention, the adolescent is placed in risk situations (OLIVEIRA; LANZA, 2018) which, added to the reduced or incorrect use of condoms and the adoption of behaviors, increase the risk of exposure, leaving adolescents increasingly vulnerable to unplanned pregnancy and STIs (CORREA; BARROS; CARRETT, 2020).

In view of this situation, the following guiding question emerged: what factors contribute to the vulnerability of Brazilian adolescents regarding STIs? In this perspective, this article aims to investigate the vulnerabilities among adolescents for the occurrence of Sexually Transmitted Infections.

METHODS

This is a literature review. Data collection was carried out in April 2020, through a search on the platforms VHL (Virtual Health Library) and CAPES Periodicals (Coordination for the Improvement of Higher Education Personnel), in which the MEDLINE databases were selected (Online System of Search and Analysis of Medical Literature), LILACS (Latin American and Caribbean Literature in Health Sciences), ADOLEC (Virtual Library in Adolescent Health), SciELO (Scientific Electronic Library Online), REDALYC (Scientific Journals Network from Latin America and the Caribbean, Spain and Portugal) and BDENF (Nursing Database).

The guiding question of the revision process was based on the mnemonic structure Population, Concept and Context (PCC), Population: adolescents; Concept: vulnerabilities of adolescents; and Context: occurrences of sexually transmitted infections in the Brazilian scenario¹² (Table 1). From this, the following question was formulated: what factors contribute to the vulnerability of Brazilian adolescents regarding STIs?

The descriptors used in the search

were: adolescent; sexual behavior; Sexually Transmitted Infection; knowledge; condom; risk factors; sex education; and acquired immunodeficiency syndrome, together with Boolean operators “AND” and “OR”.

The 628 articles found in the searches were initially analyzed by reading the title and eventually the abstract. Those that did not meet the research interests were discarded at this stage. Subsequently, the remaining 50 articles were read in full and evaluated according to inclusion and exclusion criteria.

The inclusion criteria were: being original research articles, qualitative or quantitative, from national journals, carried out nationwide, published between 2015 and 2020, being available in Portuguese and having been peer-reviewed. Papers that did not have an approach related to the topic, literature reviews that were not published in scientific journals were excluded from the research. Duplicate articles were not counted, being considered only once.

After the contextual analysis of the bibliographic material, the information was organized, converging on the elaboration of the following thematic categories: beginning of sexual life; Gender issues and vulnerability for STIs; Use and abuse of licit and illicit drugs; Socio-economic and cultural conditions; and Sex education as a prevention strategy.

RESULTS

According to the established criteria, 17 articles were selected for this work. This is a corpus of analysis of research carried out mostly in public schools (n=14, 82%) in Northeastern states (n=8, 47%), published in 2015 (n=7, 41%), in the journal “Revista Online de Pesquisacuidado é Fundamental” (n=5, 29%) which have a quantitative approach (n=11, 65%) and use questionnaires as the main data collection tool (n=12, 71%).

The analysis of the articles was carried out

Mnemonic Structure	Meaning	Description
P	Population	Adolescents
C	Concept	Teenagers' Vulnerabilities
C	Context	Occurrences of sexually transmitted infections in the Brazilian scenario

Table 1 - Description of the PCC strategy.

Author/year/journal	Title/place	Abstract
BESERRA et al., 2017 Revista de Pesquisa Cuidado é Fundamental <i>Online</i>	Adolescents' Perception of Life Activity "Express Sexuality" - CE	Adolescents become increasingly vulnerable, as many have distorted, misleading and incomplete information about ways of transmitting STDs, in addition to the multiplicity of partners and early sexual initiation.
BORGES et al., 2016 Revista de Saúde Pública	ERICA: Beginning of Sexual Life and Contraception in Brazilian Adolescents - BR	There are heterogeneities in the prevalence of sexual initiation and use of contraceptive methods among adolescents, depending on their age, where they live and the type of school they attend. Younger adolescents and those residing in the North region seem to be the most vulnerable.
BRILHANTE et al., 2015 Revista Brasileira em Promoção da Saúde	The "Macho Nordestino" in Formation: Sexuality and Gender Relations Among Adolescents - CE	The need for male self-affirmation, female submission to male desires, the responsibility of women for reproduction and the veiled prejudice in relation to homosexuality expose adolescents to situations of vulnerability.
COSTA et al., 2017 Adolescência e Saúde	Alcohol and Sexual Behavior Among High School Students in Brazil - PE	Although alcohol consumption and non-use of condoms were not associated in the population studied, age of alcoholic beverage experimentation and first sexual intercourse were significantly associated, suggesting that alcohol consumption is a risk factor.
COSTA; GUERRA; ARAÚJO, 2016 Revista <i>Online</i> de Pesquisa Cuidado é Fundamental	Knowledge, Attitudes and Practices About Contraception for Adolescents - PB	Most adolescents who started their sexual practices never used any contraceptive method or were instructed on its use, being exposed to unplanned pregnancy. Adolescents aged between 10 and 14, coming from low-income families with a basic level of education, are the most vulnerable.
DALLO; MARTINS, 2018 Ciência & Saúde Coletiva	Association Between Risk Behaviors of Alcohol Use and Unprotected Sex in Adolescents in a City in Southern Brazil - PR	The risk of drinking while intoxicated was highlighted, which affects decisions, judgment and discernment. In addition, single men use less condoms during sexual intercourse. Casual sex, with little affective and intimate involvement and performance anxiety, can be obstacles to condom use.
FERREIRA et al., 2019 Revista de Pesquisa Cuidado é Fundamental <i>Online</i>	Sexuality in the Perception of Adolescents Students in the Public School System: Contribution to Care - AP	Adolescents demonstrate a lack of knowledge about sexuality, health and reproduction. School education related to these themes is usually discussed from the point of view of the threat or has a strictly biological approach, ignoring the historical, social and cultural aspects involved.
GONÇALVES et al., 2015 Revista Brasileira de Epidemiologia	Beginning of Sexual Life Among Adolescents (10 to 14 years old) and Health Behaviors - RS	The results of this study suggest a relationship between sexual initiation up to 14 years of age and the occurrence of behaviors considered to be a risk to health, such as experimentation with alcohol and tobacco, episode of drunkenness and use of illicit drugs by adolescents.

LINS et al., 2017 Revista Brasileira em Promoção da Saúde	Analysis of the Sexual Behavior of Adolescents - PE	The sociocultural influence on the behavior and practices of adolescents affects the sexual behavior of this group. The pressure for early sexual initiation, especially for males, and the existence of taboos, especially for females, makes both genders vulnerable.
NEVES et al., 2017 Epidemiologia e Serviços de Saúde	Simultaneity of risk behaviors for sexually transmitted infections in Brazilian adolescents, 2012 - BR	As for risk behaviors for STIs, the results show: smoking and alcohol consumption in the last 30 days; experimenting with illicit drugs at some point in their lives; not using a condom in the last sexual intercourse and having two or more sexual partners in life.
OLIVEIRA et al., 2015 Revista de Pesquisa Cuidado é Fundamental <i>Online</i>	Adherence of Adolescents to Male Condoms - RN	It was found that men tend to have their first sexual intercourse unplanned, with occasional companions and without protective measures. In addition, using condoms just to avoid pregnancy is a behavior that puts adolescents, particularly males, at risk, since STDs are neglected.
RUSSO; ARREGUY, 2015 Physis Revista de Saúde Coletiva	Project "Health and Prevention in Schools": Perceptions of Teachers and Students on the Distribution of Male Condoms in the School Environment - RJ	The existence of taboos, prejudices and gender stereotypes make it difficult to promote safe sex and overcome contexts of vulnerability. Many teachers are distant from students and public policy with regard to addressing the issue of sexuality and the distribution of male condoms in schools.
SASAKI R et al., 2015 Ciência & Saúde Coletiva	Prevalence of Sexual Intercourse and Associated Factors in Adolescents from Goiânia, Goiás, Brazil -GO	The study points to an association between the beginning of the adolescent's sexual life and lower socioeconomic conditions, situations of violence and gender inequalities, as well as unfavorable behaviors such as the use of alcohol, smoking and other drugs.
SILVA; JACOB; HIRDES, 2015 <i>Aletheia</i>	Knowledge of High School Adolescents About STD/AIDS in Southern Brazil - RS	Adolescents are vulnerable to risk factors such as not using condoms in all relationships and consumption of alcoholic beverages and illicit drugs. In addition, the lack of information and the existence of doubts also make adolescents vulnerable, since there is superficiality both in the dialogue with parents and at school.
SILVA et al., 2016 Revista de Pesquisa Cuidado é Fundamental <i>Online</i>	Knowledge of adolescent students about transmission, prevention and risk behaviors in relation to STD/HIV/AIDS - RN	The lack of knowledge regarding the transmission, prevention and treatment of STD/AIDS, as well as the early initiation of sexual life and the infrequent use of condoms are factors that expose adolescents to risk situations.
SOUSA et al., 2018 Revista de Saúde Pública	Sexual Behavior and Associated Factors in Adolescents from Rural Areas - BA	The highest prevalence of sexual intercourse was among adolescents who worked, did not attend school, did not live with their parents, their problems were not understood by their parents, felt lonely and had already tried alcohol/tobacco.
TAQUETTE.; RODRIGUES; BORTOLOTTI, 2015 Ciência & Saúde Coletiva	HIV infection in male adolescents: a qualitative study - RJ	Disbelief in the possibility of HIV transmission, sexual subjection, homophobia and commercial sexual exploitation, in addition to multi-partnership and the inconsistent use of condoms are configured in contexts of vulnerability for adolescents.

Table 1. Systematization of literature according to authorship, journal and year of publication, title, place of study and brief summary of the results found.

in a comparative way, including a synthesis of each study present in the review, pointing out the differences and similarities between them. The most cited risk behavior in the articles was inconsistent condom use, followed by early sexual initiation and alcohol use. In addition, insufficient sex education was also widely discussed as a vulnerability factor. A compilation of information from these articles is presented in Table 1.

DISCUSSION

SEXUAL BEHAVIOR

The onset of sexual life usually occurs in adolescence, due to several factors such as puberty and sociocultural influence. During puberty, a series of physiological and psychological changes occur, leading to a greater exploration of activities that cause intense and pleasurable sensations, such as extreme sports, psychoactive substances and sexual practices (GONÇALVES et al., 2015). In addition, social coexistence influences the conduct and practices of adolescents, since there are pre-established standards for each age, group and gender, which directly affect sexual behavior (LINS et al., 2017).

Most of the articles consulted found an average age of sexual initiation between 14 and 15 years (GONÇALVES et al., 2015; SILVA et al., 2016; BESERRA et al., 2017; SOUSA et al., 2018). Although the adolescent is physiologically developed in reproductive terms, sexual practice at this age is considered precocious, since psychosocial maturity does not follow biological maturity (OLIVEIRA et al., 2019). Many factors can influence adolescents' reactions to the psychological and emotional maturation process, such as individual characteristics and the contexts in which they live (ALSAKER; FLAMMER, 2020).

The premature onset of sexual life may be due to precocious puberty, lack of sexual

education, unfavorable socioeconomic conditions and low educational level (MARANHÃO et al., 2017). The central issue of early sexual initiation is not the event itself, but its association with a series of risk behaviors (PINTO et al., 2018). The earlier sexual intercourse takes place in the adolescent's life, the greater the tendency not to use condoms, to consume alcoholic beverages and to have multiple partners (SILVA et al., 2016; BESERRA et al., 2017).

Multipartnership is significantly higher among male adolescents who are single, who are independent from their parents, do not attend school, have family conflicts and feel alone (SASAKI et al., 2015; SOUSA et al., 2018). These individuals tend to engage in casual sexual relationships, with little intimacy and affective involvement, suggesting a non-planning character, which contributes to the eventuality of protective measures (OLIVEIRA et al., 2015).

The association between the multiplicity of partners and exposure to risks may also be related to the difficulty of negotiating condom use with each new relationship (MARANHÃO et al., 2017). This negotiation is still a reality for many couples, since the association with decreased pleasure is a very common argument, especially among men (OLIVEIRA et al., 2015). Condoms are an effective barrier method to protect against STIs, but they must be used correctly and in all sexual relations, otherwise the adolescent remains vulnerable (SILVA; JACOB; HIRDES, 2015).

The guarantee of condom protection depends on the discipline of the users, however, this is not always observed among adolescents, especially the younger and inexperienced ones, translating into a potential risk of failure and discontinuity in use (BORGES et al., 2016; COSTA; GUERRA; ARAÚJO, 2016). Hormonal, chemical or surgical contraceptive methods are effective in preventing pregnancy,

but only the male/female condom, which, in addition to preventing sperm from reaching the uterus, protects against STIs (BORGES et al., 2016).

Most of the studies analyzed point to the discontinuous use of condoms as the main risky sexual behavior. Adolescents may neglect condoms in more lasting and stable relationships, replacing it with the contraceptive pill (BORGES et al., 2016). Concern about condom use is greater in the first sexual intercourse and with the stability of the relationship, this practice is put aside for knowing and trusting the partner (SILVA; JACOB; HIRDES, 2015; LINS et al., 2017). It is very common to think that it is not necessary to protect yourself with the person you love and trust (OLIVEIRA et al., 2015; SILVA et al., 2016). In relationships based on a fixed and single partnership, the request to use condoms can be understood as revealing betrayal or distrust of the partner, even leading to acts of violence (RUSSO; ARREGUY, 2015).

The male condom is for male use and its use depends on negotiation between the couple (REIS; MELO; GIR; 2016). This is because a very common reason for not using it is not liking it or feeling uncomfortable, which can interfere with performance and pleasure (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015; LINS et al., 2017). In addition, many adolescents claim that unplanned intercourse and high libido at the moment are obstacles to condom use (OLIVEIRA et al., 2015; LINS et al., 2017).

Public health units distribute male and female condoms free of charge, facilitating the access of the population with lower purchasing power to this input. However, this has not guaranteed the acquisition and use among all adolescents (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015). Many feel ashamed to buy or request condoms in public places such as pharmacies and/or health clinics, as

this implies admitting to society that they are sexually active. This embarrassment in front of the adult public makes it difficult for them to have autonomy and decision-making regarding their protection (RUSSO; ARREGUY, 2015).

Even having some knowledge about safe sexual intercourse, this does not place them in a group that is less vulnerable to STIs (OLIVEIRA et al., 2015). Concern about condom use demands rational thinking, whose conciliation with the feelings and emotions inherent to coitus is complicated, especially for adolescents, who normally consider themselves unattainable (BESERRA et al., 2017). Many believe that they will not be infected, despite the absence of safety and self-care, as a kind of abstract thought (SILVA et al., 2016).

This disbelief in the possibility of infection is known as “magical thinking”, a normal syndrome in adolescence (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015). This way of thinking allows the adoption of attitudes and practices considered risky in sexual behavior, such as early initiation, multiple partners and not using condoms (COSTA; GUERRA; ARAÚJO, 2016). However, there are other realities that overlap with individualities and may limit the adoption of safe sexual practices by adolescents.

GENDER ISSUES AND VULNERABILITY FOR STIS

The adolescents are often influenced by behavioral norms established by the sexist culture, which can interfere with their acceptance in social interaction groups. Boys, for example, need to prove that they are heterosexual and virile (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015; GONÇALVES et al., 2015). Girls, on the other hand, are encouraged and required to adopt a sensitive, demure and submissive way to the

“dominant male”, waiting to be conquered by them (BRILHANTE et al., 2015; FERREIRA et al., 2019). This condition of submission leads the girls to trust their partners, being subject to their desires, including those that represent risk. Women are expected to romanticize their relationship, which must be lasting, filled with love/passion and with a steady partner (LINS et al., 2017).

Unlike teenagers, boys can feel coerced into starting their sex life very early, not only in order to have an active sex life, but in order to prove their masculinity to society and receive the reputation of being “virile” and “macho”, in addition to wanting to demonstrate his skills to his partners (BRILHANTE et al., 2015). Inexperience combined with worry and anxiety about the need for impeccable performance makes condom use difficult (DALLO; MARTINS, 2018). In addition, the pressure to be “the catcher” influences the increase in casual relationships, which suggests a lack of planning and consequent unpreparedness in preventing a possible STI (OLIVEIRA et al., 2015).

The occurrence of sexual intercourse between genders is significantly unequal, which in a way is expected, since the ideal roles for each gender are unquestionable (BORGES et al., 2016). These patterns make both sexes vulnerable, when they stimulate sexuality merely for the sake of appearance, to meet social demands. The very idea of binarism, by itself, is already questionable, as it stigmatizes those who do not fit into the social roles of man-woman, such as people: LGBTQIAP¹ (BRILHANTE et al., 2015; TAQUETTE; RODRIGUES; BORTOLOTTI, 2015).

The heteronormativity present in society determines rules that are the basis for prejudice and discrimination (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015). Even though it is often veiled, homophobia can be

1 LGBTQIAP+ is an acronym used to designate Lesbian, Gay, Bisexual, Transgender, Queers, Intersex, Asexual, Pansexual and more.

perceived in speeches loaded with judgments and stereotypes, said in a “joking tone”, but which explain a huge lack of knowledge and respect (BRILHANTE et al., 2015; RUSSO; ARREGUY, 2015). An example of this is the persistent association of AIDS with homosexuality, generating greater stigmatization and perpetuating prejudice (SILVA et al., 2016; BESERRA et al., 2017).

Unfortunately, male hegemony is still supported by a vast segment of men who enjoy its advantages, while women and homosexuals are more exposed to violence, sexual exploitation and STIs (BRILHANTE et al., 2015; BESERRA et al., 2017). Although the sexist conceptions of contemporary society are in the process of change, the inequality of power is still accentuated, especially in the most conservative families and groups in society (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015). Despite being a great challenge, it is essential to understand the particularities of each sexuality to face the different forms of discrimination and violence.

CONSUMPTION OF LICIT AND ILLICIT DRUGS

During puberty, the relative functional instability of the prefrontal cortex culminates in increased immediate reward seeking, emotional reaction, and risky behavior. However, the maturation of cognitive control, which is responsible for impulse control and self-regulation, only occurs during youth (OLIVEIRA et al., 2019). Perhaps that is why drug consumption is such a common reality among teenagers.

Alcohol is the most used substance, especially among those who have greater purchasing power and have easy access to these inputs (NEVES et al., 2017). The act of drinking helps with socialization and acceptance of the group, especially at parties

and meetings with friends. In addition, in the adolescent ideal, it leads to an increase in libido and improved performance in sexual intercourse (COSTA et al., 2017). This behavior may be related to the effects on the body that make them more uninhibited and encouraged to have attitudes that they might not have if they were sober (DALLO; MARTINS, 2018). Alcohol abuse, however, can interfere with adolescents' critical judgment and full awareness of their actions, impair the development of their sexuality and assume risky postures (GONÇALVES et al., 2015; SASAKI et al., 2015).

Among these practices, the tendency to have multiple partners and the failure to negotiate condom use in sexual relations stand out (SILVA; JACOB; HIRDES, 2015; NEVES et al., 2017; SOUSA et al., 2018). In addition, alcohol makes the individual more prone to violence and more vulnerable to violent behavior from others (PIRES, et al., 2018). Many women report unwanted sexual advances from individuals under the influence of alcohol, and many men admit not to worry about condoms under these conditions (SILVA; JACOB; HIRDES, 2015; DALLO; MARTINS, 2018).

In addition to alcohol, the consumption of tobacco and illicit drugs, such as marijuana and cocaine, were mentioned in some articles, however, due to the interference of several factors, no direct association was found with risky sexual relations or STIs (SILVA; JACOB; HIRDES, 2015; NEVES et al., 2017). The lack of information and exposure to drugs make adolescents vulnerable and need to be considered in health promotion and STI prevention strategies (SOUSA, 2018). Likewise, education for safe and healthy sexual behavior in adolescence must be expanded to cover issues related to violence and the prevention of consumption of alcohol, tobacco and other drugs (SASAKI, 2015).

SOCIOECONOMIC AND CULTURAL CONDITIONS

The sociocultural characteristics of the different Brazilian realities act directly in the lives of adolescents, especially in perceptions and decisions related to the sexual universe (BORGES et al., 2016). Social, cultural, regional, economic, ethnic-racial, gender inequalities and many others draw vulnerability profiles, each with its conflicts, specificities and key points. It is not by chance that the profile of greater sexual vulnerability is attributed to people in early adolescence, male, black, with less education and low economic level (GONÇALVES et al., 2015; SASAKI et al., 2015; COSTA; GUERRA; ARAÚJO, 2016).

Low income is a striking fact throughout the country, with a high percentage of individuals living in poverty (25.3%) or extreme poverty (6.5%) (IBGE, 2019). Economic level and education are inversely proportional to sexual vulnerability, which shows a large volume of pressures and oppressions suffered by the poorest population (GONÇALVES et al., 2015). Socioeconomic inequality consumes the opportunities of many adolescents who need to leave school to contribute to family expenses, being absorbed by the labor market or giving in to marginality (GONÇALVES et al., 2015; RAMOS et al., 2020).

For subsistence reasons, many adolescents enter the context of prostitution and commercial sexual exploitation (BESERRA et al., 2017). The clandestine nature that is imposed on this profession, the difficulty in negotiating condom use, multi-partnership and barriers to accessing health services make this group even more susceptible to STIs (TAQUETTE; RODRIGUES; BORTOLOTTI, 2015). This way, responsibility must be understood beyond individual care, but rather an essential demand of the Unified Health System (SUS), especially when it comes to

adolescents (BESERRA et al., 2017).

The free distribution of condoms in all units of the public health network was a major step in the implementation of strategies to prevent early pregnancy and STIs. It is a measure with a socioeconomic character, which allows access to those who cannot afford the purchase costs, that is, a considerable portion of the population (RUSSO; ARREGUY, 2015), in addition to acting in the context of a policy of family planning. Facilitating access for adolescents, however, requires the choice of more reserved environments and constant visitation for the installation of automatic condom dispensers, such as school bathrooms, for example (RUSSO; ARREGUY, 2015; COSTA; GUERRA; ARAÚJO), 2016).

Society and culture establish which sexual practices are good or bad, moral or immoral, healthy or unhealthy, however, it is the socioeconomic factors that establish who can or cannot contribute to the decrease in the statistical data of STIs (BRILHANTE et al., 2015). It is important to remember that the human being is a historical-cultural being, constituted through social interrelationships and is part of a previously established system (OLIVEIRA et al., 2015). Inequalities directly influence the development of identity, worldview and consequently sexuality. Thus, quality of life, self-care and health do not depend exclusively on the will of the subjects, but on the social, economic and educational realities of their worlds.

SEX EDUCATION AS A PREVENTION STRATEGY

Reducing individual vulnerability involves information, awareness of risks, acquisition of protective supplies and, above all, their correct use and handling (BESERRA et al., 2017). Over time, different means of obtaining knowledge such as the internet, books, booklets, television, school, expanded access to information and

allowed greater freedom of discussion on the subject (RUSSO; ARREGUY, 2015). However, greater accessibility does not always guarantee that the adolescent has a sufficient basis to develop awareness of sexuality and health.

The internet is, relatively, an easily accessible vehicle, which, in addition to bringing important information, provides privacy and autonomy in the search for knowledge. However, there are many unreliable pages, which present myths or misrepresented information, generating even more doubts (VIÇOSA et al., 2020). Another source of unreliable instruction can be colleagues and friends who are also inserted in contexts of vulnerability, and may pass on distorted information, which continues a cycle of misinformation (BESERRA et al., 2017; SILVA; JACOB; HIRDES et al., 2015).

Many adolescents have started their sexual activities with a lack of guidance and with attitudes that do not prioritize safe sex (COSTA; GUERRA; ARAÚJO, 2016). Despite having already had contact with the subject, there are still many doubts related to the pathogenesis of STIs, forms of transmission and methods of protection and contraception (FERREIRA et al., 2019; COSTA et al., 2016). The first teaching environment is the family and it plays an essential role in the sexual education of children, being the main reference that adolescents have since childhood (BRILHANTE et al., 2015).

There are a number of impasses in communication between adolescents and their guardians, especially with issues related to sexuality and sex. As it is a topic full of taboos, prejudices and stereotypes, the dialogues are full of constraints (SILVA; JACOB; HIRDES et al., 2015). Many mothers and fathers had a repressive and authoritarian sexual education and have difficulty breaking free from rooted beliefs and principles, ending up reproducing values that are distant and indifferent to the

reality of adolescents (DIAS; ZANDONADI, 2018).

In this context, some families end up exempting themselves from responsibility and even criticizing sexual orientation at school, at the same time they want the spontaneous emergence of a psychosocial maturity of their children (SILVA; JACOB; HIRDES, 2015). Teachers, in turn, do not feel prepared to discuss sexuality in the classroom, as they fear reprimand from more conservative families (RUSSO; ARREGUY, 2015). The articles highlight that the problem is not necessarily the lack of sexual orientation in schools, but the superficiality in the approach (FERREIRA et al., 2019; SILVA; JACOB; HIRDES, 2015).

The school must address the rights related to sexual health, in biological, political and philosophical aspects. However, the contrary pressure exerted by society and the discomfort of many teachers with this theme, makes it generally treated in a discontinuous and unsystematic way (RUSSO; ARREGUY, 2015). Despite being a cross-cutting theme, sexual orientation is not addressed in all curricular components. The responsibility is almost always directed to the discipline of Biology, as it is the one most associated with reproductive systems and related diseases (FERREIRA et al. 2019).

However, sexuality goes beyond physiological aspects, reaching historical, social and cultural dimensions. It is stamped daily in people's lives and is part of human nature (BESERRA et al., 2015). The consistent discussion about sexual orientation in schools provides individuals with self-knowledge and reflection on their way of being, seeing and feeling the world, in a responsible and pleasant way (FERREIRA et al., 2019). Thus, due to its intersectoral and multidisciplinary nature, sexual orientation would by no means be limited to a school subject.

Understanding the school as an ideal

space for risk prevention work, the federal government instituted in 2007 the School Health Program (PSE), with the purpose of making the classroom a more suitable space for the integral formation of(the) public school students (BRASIL, 2007). An important action of the PSE is the promotion of sexual and reproductive health of students who, through prevention and health promotion actions, privilege the autonomy of the student. The action provides for the need for continued training for education, health professionals and students who have an affinity with the topic (RUSSO and ARREGUY).

Although this project aims to minimize risks and promote health actions, there are still several economic and political obstacles that limit its effective implementation (BORGES et al., 2016). This approximation between Health and School, despite the numerous obstacles, can be strategic for the elaboration of action plans aimed at preventing and combating STIs. The implementation of projects that involve health and education professionals, students, mothers, fathers and the community as a whole, promote the debate on the theme of sexuality and quality of life, which can have a positive impact on the reduction of sexual vulnerability.

CONCLUSION

It was possible to identify a profile of greater vulnerability among adolescents for sexually transmitted infections, as well as for early pregnancy, characterized by behavioral, cultural, socioeconomic and educational factors. The attitudes most associated with vulnerabilities are not using condoms, multiple partners, early sexual initiation and abusive use of alcohol; this way, STIs remain a serious public health problem, which - although they can affect any individual - do not affect populations equally.

However, these attitudes are products of

broad conjunctures and many articles point to the importance of sex education and public health as strategies for the prevention of Sexually Transmitted Infections.

It was possible to notice that most studies do not address the vulnerabilities of indigenous adolescents, quilombolas and other minorities; who have other conditions that potentiate the occurrence of STIs; highlighting also the adolescents inserted in contexts of prostitution, sexual violence and commercial sexual exploitation, indisputably more susceptible to STIs. This factor is characterized as a limitation of the study, at the same time it points out possibilities for future studies and investigations.

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