SEXUAL AND REPRODUCTIVE RIGHT: A HEALTH EDUCATION ACTIVITY AT A STATE SCHOOL IN THE CITY OF PETRÓPOLIS

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Abstract: Sexual and reproductive rights, based on human rights, guarantee the individual the autonomy to make decisions about their sexuality, maternity and contraception. In adolescence, sexuality is one of the dimensions of development that assumes significant relevance, as the reproductive capacity of human beings begins. The general objective of the research was to analyze the knowledge of secondary school adolescents about contraceptive methods and sexual behavior, considering the need to educate this population about their sexual and reproductive rights. Methodologically, the research is of an exploratory nature, of a diagnostic nature, of a quali-quantitative nature. The surveyed population consisted of students in the 2nd and 3rd years of Colégio Estadual Rui Barbosa, located in the city of Petrópolis, RJ. The instrument for data collection was a questionnaire, developed exclusively for the research. 110 students answered the questionnaire: 70% aged between 16 and 17 years old; 30% aged over 17 years; 62% female; 38% male; 55% declared themselves as non-white (black or brown); 45% declared themselves white; 60% of respondents had already experienced sexarch, 70% aged 15 or 16; 80% want to have at least one child; 14% do not want children; 5% expressed doubt and 1% considered adoption. These data point to the need for an effective and permanent health education policy for this specific population. Keywords: sexual and reproductive rights; sexually transmitted infections; Health education.

INTRODUCTION

Sexual and reproductive rights, based on human rights, guarantee the individual the autonomy to make decisions about their sexuality, maternity and contraception. In adolescence, sexuality is one of the dimensions of development that assumes significant relevance, as the reproductive capacity of human beings begins. In this process, there is a rapid and widespread change in the body; the child's body is transformed into the adult body and the first sexual experiments begin. This physical development is accompanied and supported by the development of the psyche, thus determining a period of intense, profound and not always simple changes for the subject.

These changes can have different consequences, among which are the high incidence rates of teenage pregnancy and also the high incidence of Sexually Transmitted Infections (STIs). The worldwide teenage pregnancy rate is estimated at 46 births for every 1,000 girls aged 15 to 19 years. In Brazil, this rate is 68.4 (UN, 2018). According to data from the World Health Organization (WHO), more than 1 million cases of curable STIs are recorded every day in the world among people aged 15 to 49 years. STIs are on the rise in Brazil and syphilis is the most serious case, with an increase in the rate from 59.1 cases/100,000 inhabitants in 2017 to 75.8 cases/100,000 inhabitants in 2018. Viral hepatitis, potentially serious diseases, are also on the rise high. From 2008 to 2018, almost 633 thousand cases were registered in the country, and in 2018 alone there were 43 thousand cases. For HIV, from 2010 to 2018, Brazil had a 21% increase in the number of new cases, while the rest of the planet had a 16% decrease (PAHO, 2019).

STIs are often prevalent in adolescence, generally as a result of little or no information and guidance regarding health, especially in this phase of intense changes. This is a public health situation and highlights the need for a broader and more enlightening discussion with the young population, especially with regard to body care. In this sense, the research presented here aimed to develop preventive action in the area of health education; This
action is aimed at the adolescent population of a state school in the city of Petrópolis, State of Rio de Janeiro.

Therefore, the general objective of the research was to analyze the knowledge of secondary school adolescents about contraceptive methods and sexual behavior, considering the need to guide this population about their sexual and reproductive rights. And the specific objectives, which allowed the realization of the research were: a) discuss with the research population topics relevant to sexual and reproductive rights; b) promote spaces for exchanging knowledge and learning about teenage pregnancy, sexual orientation and STIs.

**SEXUAL RIGHTS, REPRODUCTIVE RIGHTS AND SEXUALLY TRANSMITTED INFECTIONS**

Sexual rights guarantee that every individual can live and express their sexuality according to their desires, free from discrimination and, mainly, with a focus on safe sexual practice, with the use of condoms, aiming both at preventing STIs and unplanned pregnancy (MINISTRY DA SAÚDE, 2005).

Reproductive rights guarantee the autonomy of the individual to decide whether or not to have children, how many, at what time in life, what is the spacing between them, and also all the different variables involved in this decision (MINISTRY OF HEALTH, 2005).

Therefore, for an individual to be able to fully exercise his sexual and reproductive rights, he must have access to all up-to-date information in this regard and be able, from this information, to build safe and reliable knowledge that will allow him to decide on how and what choices to make.

In 2016, the WHO determined to replace the term *sexually transmitted disease* (DST) by term *sexually transmitted infection* (IST), since after contamination, the individual may remain for years with the infection in its latent phase until some sign or symptom appears. The most prevalent STIs in adolescence are herpes simplex, Human Papillomavirus (HPV), gonorrhea, trichomoniasis, hepatitis B and C, syphilis and HIV (MINISTÉRIO DA SAÚDE, 2005).

Herpes simplex is a viral infection characterized by the appearance of small, painful, grouped vesicular lesions, which may be preceded by local itching. There is no cure for this infection, but the infection can be controlled so that it remains in its latent phase – the phase in which it is not transmissible (MINISTRY OF HEALTH, 2005).

Another extremely relevant viral infection in adolescence is HPV, which is a risk factor for cervical cancer. Vaccination against HPV is provided by SUS for girls between 9 and 14 years old and boys between 11 and 14 years old. The evolution of an STI to cancer is not exclusive to HPV, which is also observed in hepatitis B and C, which can culminate in the appearance of hepatocellular carcinoma, when not properly treated (MINISTÉRIO DA SAÚDE, 2005).

Gonorrhea and trichomoniasis are associated with the presence of vaginal discharge and, if not treated, can progress to more serious conditions (MINISTÉRIO DA SAÚDE, 2005).

Hepatitis is an infection, most often silent, that affects the liver and can cause mild, moderate or severe changes. In Brazil, the most common viral hepatitis is caused by viruses A, B and C, and hepatitis B or C often becomes chronic and is sexually transmitted (MINISTÉRIO DA SAÚDE, 2023). “Viral hepatitis A, B and C are responsible for more than 1.34 million deaths annually worldwide, of which 66% are due to hepatitis B, 30% to hepatitis C and 4% to hepatitis A” (MINISTRY
Syphilis, on the other hand, is a bacterial infection characterized by the appearance of a single and painful lesion of self-limited evolution in its primary phase. After this first manifestation, the disease remains latent in the body for years and in case of pregnancy it can be transmitted to the baby causing the so-called congenital syphilis. Data from the Notifiable Diseases Information System (SINAN) of the State Department of Health of Rio de Janeiro (2023), indicate for the State of Rio de Janeiro (SES/RJ), 20,965 cases of congenital syphilis were reported between 2020 and 2023 (until 06/06/2023), as shown in Table 1.

All of these aforementioned infections are considered risk factors for Human Immunodeficiency (HIV), since they make the individual more vulnerable to contamination. Besides, according to data from the Notifiable Diseases Information System (SINAN) of the Rio de Janeiro State Health Department (2023), the statistics of HIV infection in high school students in the State are the most significant (Graph 1).

Thus, considering the harmfulness that sexually transmitted infections pose to health, considering the current situation of notifications for HIV and syphilis in the State of Rio de Janeiro and considering that health education is one of the strategies already known to be effective in preventing health problems health, the research reported here was inserted precisely in this context of health education for schoolchildren.

THE SEARCH

This way, the research was of an exploratory nature, as it assumed the purpose of knowing a specific phenomenon not yet studied in a given reality; it was of a diagnostic nature, because it analyzed the object of study from the analysis of the relationships of its constituent parts; it was of a quali-quantitative nature, insofar as it sought to understand the behavior of a given social group as well as analyze the frequency with which this behavior occurs; and it was of the survey type, because the data are collected directly from the surveyed population (MASCARENHAS, 2012).

The surveyed population consisted of students in the 2nd and 3rd years of Colégio Estadual Rui Barbosa, located in the city of Petrópolis, State of Rio de Janeiro. The instrument used for data collection was a questionnaire, developed exclusively for the research (Chart 1). The research was carried out in the period between 04/2019 to 06/2019.

After analyzing the collected data, which allowed the development of a previous script for a health education action, carried out using the conversation wheel as a privileged method for discussing the relevant issues pointed out by the results. This previous script included information about the contraceptive methods available today, the importance of family planning and the main sexually transmitted infections, which were the issues on which the most misinformation was identified by the surveyed population.

As a method chosen for the intervention carried out, the conversation circles

[...] enable dialogical encounters, creating possibilities for the production and redefinition of meaning – knowledge – about the experiences of the participants. His choice is based on the horizontalization of power relations. The subjects that compose them are involved, dialectically, as critical and reflective historical and social actors in the face of reality. [...] speech emerges as a sign of values, norms, culture, practices and discourse. Therefore, in the circle, speech is understood as an expression of ways of life. (SAMPAIO et al., 2014, p. 1301.)

In this sense, this method was justified insofar as it allowed a greater approximation with the needs, potentialities and experiences
Table 1 — Notified cases of Congenital Syphilis in the State of Rio de Janeiro.

Table 1 — Questionnaire.
Source: the authors.

Graph 1 — HIV infection according to schooling categories.
Source: http://sistemas.saude.rj.gov.br/tabnetbd/dash/dash_hiv.htm

QUESTIONNAIRE TEMPLATE

Age:
Color:
Series:
Gender:
Sexual orientation:
1. Have you had your first sexual intercourse? If yes, at what age?
2. Do you know any contraceptive methods? If yes, which ones?
3. Have you ever used any contraceptive method?
4. Have you ever participated in any health education activities regarding this topic?
5. Do you intend to have children?
### CONTRACEPTIVE METHODS

<table>
<thead>
<tr>
<th>Method</th>
<th>It is known</th>
<th>Already used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservative</td>
<td>104</td>
<td>68</td>
</tr>
<tr>
<td>Contraceptive</td>
<td>85</td>
<td>29</td>
</tr>
<tr>
<td>Pill of the next day</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>IUD</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Injection</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Ligadura</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Adhesive</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2 — Information about contraceptive methods.
Source: the authors.

![Graph 2](https://via.placeholder.com/150)

Graph 2 — Intention to have children.
Source: the authors.
of the researched population, allowing the re-signification of experiences about sexuality, body care and the prevention of potential health problems.

RESULTS

A total of 110 students answered the questionnaire, characterized as follows: a) 70% aged between 16 and 17 years old; b) 30% aged over 17 years; c) 62% female; d) 38% male; e) 55% declared themselves as non-white (black or brown); f) 45% declared themselves white; g) 60% of respondents had already experienced sexarch, 70% of whom were 15 or 16 years old.

About the knowledge and use of contraceptive methods, the information collected is as follows, detailed in Table 2.

It must be noted that some respondents demonstrated complete ignorance about contraceptive methods: 6 respondents indicated vaccines as an example of a contraceptive method and 1 respondent indicated Pre-exposure Prophylaxis (PREP) as an example of these methods. In addition, 1 respondent stated not knowing any contraceptive method.

Still, 61% of respondents reported having already participated in some health education activity on the subject and 78% of respondents said they had already researched on the subject.

Regarding the intention to have children, it was found that 80% want to have at least one child; 14% do not want children; 5% expressed doubt and 1% considered adoption (Graph 2).

These results, despite having been limited to a single public high school, corroborate the need for greater emphasis on public health education policies, especially those aimed at the adolescent population and which include information on sexual and reproductive health and rights. of that population.

FINAL CONSIDERATIONS

The data collected showed that, of the available contraceptive methods, only condoms and contraceptives are more widely known by the researched group. However, although known, it was not clearly evidenced that they are always used correctly and consciously.

A large part of the researched group claims to have already participated in sexual education activities, in addition to having already researched the subject, which leads to the assumption that they have knowledge about sexual and reproductive rights. However, the data could show that knowledge about it did not necessarily make them adopt safe sexual behavior.

Considering that the vast majority of respondents expressed the intention to have children and, assuming that they do not always adopt safe sexual behavior, it is worth inferring that teenage pregnancy, unwanted pregnancy and contamination by sexually transmitted infection are considerable risk factors in this population, as evidenced by epidemiological data.

In this sense, it is believed that conversation circles about sexual and reproductive rights for the population of adolescents and young people can contribute to an effective change in their sexual behavior, reducing the high rates of contamination in this specific population.
REFERENCES


