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RESEARCH

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SCHOOLING AGE ADOLESCENTS' KNOWLEDGE CONCERNING CONTRACEPTIVE METHODS: CHALLENGES

O conhecimento de adolescentes escolares sobre os métodos contraceptivos: desafios

El conocimiento de los adolescentes escolares sobre los métodos anticonceptivos: desafíos

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ABSTRACT

Objective: The study's main purpose has been to investigate the schooling age adolescents' knowledge in regards to contraceptive methods. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was performed with forty-six adolescents from three public schools in the *Macapá* city, Capital of the *Amapá* State. Data collection took place through interviews performed with the authorization of the respective parents, later transcribed and processed according to thematic content analysis. **Results:** It was observed that the adolescents' knowledge regarding contraceptive methods is based on the educational activities carried out by the Health at School Program, addressing mainly male condoms, contraceptive pills and intrauterine devices. **Conclusion:** It is necessary to expand strategic actions towards ensuring comprehensive and qualified care for young people and adolescents, targeting both the promotion and prevention of sexual and reproductive health issues.

Descriptors: Adolescents, Sexual and reproductive health, Contraceptives, Health education.

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RESUMO

Objetivo: Analisar o conhecimento de adolescentes escolares sobre os métodos contraceptivos. **Método:** estudo descritivo e exploratório, de natureza qualitativa, realizado com quarenta e seis adolescentes em três escolas públicas do município de Macapá, capital do Estado do Amapá. A coleta de dados ocorreu através de entrevistas realizadas com a autorização dos respectivos responsáveis, posteriormente transcritos e submetidos à análise de conteúdo na modalidade temática. **Resultados:** observou que o conhecimento dos adolescentes quanto aos métodos contraceptivos se baseia nas atividades educativas realizadas pelo Programa Saúde na Escola, principalmente a camisinha masculina, a pílula de emergência e o dispositivo intra-uterino. **Conclusão:** há necessidade de ampliação de ações estratégicas para a garantia de um cuidado integral e qualificado com jovens e adolescentes para a promoção e prevenção de agravos na saúde sexual e reprodutiva.

Descritores: Adolescentes, Saúde sexual e reprodutiva, Anticoncepcionais, Educação em saúde.

RESUMEN

Objetivo: Analizar el conocimiento de los adolescentes escolares sobre los métodos anticonceptivos. **Método:** estudio descriptivo y exploratorio de carácter cualitativo, realizado con cuarenta y seis adolescentes en tres escuelas públicas en la ciudad de Macapá, capital del Estado de Amapá. La recolección de datos se realizó a través de entrevistas realizadas con la autorización de los respectivos responsables, posteriormente transcritas y sometidas a análisis de contenido en la modalidad temática. **Resultados:** observó que el conocimiento de los adolescentes sobre los métodos anticonceptivos se basa en las actividades educativas llevadas a cabo por el Programa Salud en la Escuela, principalmente el condón masculino, la píldora de emergencia y el dispositivo intrauterino. **Conclusión:** es necesario ampliar las acciones estratégicas para garantizar una atención integral y calificada con jóvenes y adolescentes, para la promoción y prevención de problemas de salud sexual y reproductiva.

Descriptorios: Adolescentes, Salud sexual y reproductiva, Anticoncepción, Educación en salud.

INTRODUCTION

The discovery of sexuality during adolescence is a symbolic landmark for sexual life, which can occur even when the adolescent has no clarification/maturity, especially vis-à-vis access to information in the field of sexual rights, since it can culminate in risks to Sexually Transmitted Diseases (STDs), in addition to unplanned pregnancies.¹ Therefore, the adolescent population today is configured as a sexually active group and demands preventive care concerning sexual and reproductive health. So, the initiation of adolescent sexual activity cannot be due to the lack of information linked to the adolescent's immaturity, especially those with low education and economic and social vulnerability, thus causing possible damage to their sexual and reproductive health.²

Adolescents need to be guaranteed the right to access information, education, and contraceptive methods, as well as active participation in the choice of the protection method, with these young people having access to the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health

System] to guarantee guidance for such measures. It is even guided by the World Health Organization (WHO) that governments structure quality care for this population.³ There is an increasing need for information and educational aspects, and the school space is configured as a means for the execution of activities to guarantee adolescents the right to safe sexual choice.

In this respect, addressing themes that involve sexuality in the school environment is not a new practice. Since the 1960s, there were government proposals that dealt with the topic, but restricted to biological, moral, and religious aspects. From the 1990s onwards, the theme gained strength with the country's adherence to international documents on the rights of women and young people, with the Federal Constitution of 1988, with the Child and Adolescent Statute [hereafter, *Estatuto da Criança e do Adolescente (ECA)*] in 1996, and with campaigns for the prevention of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). In 1997, the National Curriculum Parameters were published, proposing the inclusion of the term "sexual orientation" as a cross-cutting theme, and body, gender relations, and STD/AIDS prevention as conceptual approaches.⁴

The United Nations Educational, Scientific, and Cultural Organization (UNESCO) publishes in 2010 the International Technical Guidance on Sexuality Education, and the UNESCO Representation in Brazil in 2015 publishes the Technical Guidelines on Sexuality Education for the Brazilian Scenario. In the UNESCO publication, sexuality education was defined as: an age-appropriate and culturally relevant approach to teaching sex and relationships, providing scientifically correct, realistic, and non-judgmental information.⁵

It is known that sexuality is an integral part of human development, and support for adolescents in clarifying possible doubts is of fundamental importance. Thus, the school has an important role in the formation of the individual and represents a conducive space to work skills, knowledge, and behavioral changes, since it is the place where the adolescent stays the longest time of their day and constitutes a space for exchange and shares.⁶

Given the relevance of this topic mostly by understanding contraceptive methods, as it allows to be combined with the informative and educational process for the prevention of further issues concerning the adolescents' both sexual and reproductive health. Hence, by bearing the aforesaid in mind, this work meant to investigate the schooling age adolescents' knowledge in regards to contraceptive methods.

METHODS

It is a descriptive-exploratory study with a qualitative approach, which was performed in three public high schools located in the *Macapá* city, *Amapá* State, Brazil.

The choice of locations took place through a simple random process, obtaining a school by region, namely: *Escola Estadual Professora Sebastiana Lenir de Almeida (South Region)*; *Escola Estadual Professor Alexandre Vaz Tavares (Central Region)*; *Escola Estadual Professora Maria Ivone de Menezes (North Region)*.

The study participants were forty-six (46) students who met the following inclusion criteria: being within the age group from 13 to 18 years old; regularly enrolled in the state school system. And having as exclusion criteria: adolescents with any physical, emotional, or psychological problem that could compromise their participation.

The semi-structured interview, which took place from August to December 2016, portrayed the knowledge of contraceptive methods, took place in a private environment, guaranteeing the privacy of the participant, and each interview lasted 20 minutes, as an instrument. Moreover, from the thirty-eighth interview, there were disregarded any eventual repetition of the testimony themes, observing data saturation;⁷ there were applied eight more interviews, then totaling forty-eight.

The statements were collected using a digital device, then fully transcribed and processed according to thematic content analysis.⁷ Participants were identified as 'adolescents' and received a sequential alphanumeric code (A1, A2, ... A46) to ensure the confidentiality and anonymity of the respective testimony. The registration unit from the theme was used as a strategy for organizing the content of the interviews.

The strategy of selecting different colors allowed each unit to be identified and grouped, allowing an overview of the theme, giving rise to the following registration units: family in the contraceptive information process; the lecture and the class as exhibitors of contraceptives; knowledge of contraceptive methods; advantages and disadvantages of the methods. These units supported the construction of the thematic unit Reproductive Health: Contraceptives in the daily life of adolescence, which gave rise to the following thematic category: The expression of adolescents towards contraceptive methods: a challenge for health services.

The research was approved by the Research Ethics Committee from the *Hospital Universitário Antônio Pedro (HUAP)* [University Hospital] of the *Universidade Federal Fluminense (UFF)*, under the Protocol No. 1.349.794/2015, as provided by Resolution No. 466/2012 from the National Health Council. To achieve participation, all adolescents signed the Informed Consent Form (ICF), complementing with the authorization of the respective guardians and/or legal representatives who also signed the ICF.

RESULTS AND DISCUSSION

Concerning the participants' profile, they were female within the age group from 13 to 18 years old, where the majority were from 13 to 15 years old, with incomplete

elementary education, and living with their fathers and/or mothers. There was a predominance of the self-declared brown, black, and indigenous ethnicity of the participants. Considering the religion, most were either Catholic or Protestant, but not practicing. Most had only school activities as a form of occupation.

With regards to personal relationship, all adolescents stated that they were single and held active sex life.

The expression of adolescents towards contraceptive methods: a challenge for health services

During the interviews, it was observed that the presence of members of the health teams (nurses and health agents) was constant in the school environment and related to the holding of educational lectures on contraceptive methods and STDs prevention, among other components of the Health at School Program (HSP). Hence, it is understood that the activities proposed by the partnership between health and education are being fulfilled, according to the following statements:

There have been many lectures here at the school, all addressing the use of condoms and other methods. It was the staff from the health center. BLUE, 17 years old. (A3)

At school, and when health professionals come to give lectures and campaigns, I also see it around. (A16)

At school, with people who come from the medical unit. (A24)

At school, in science classes. There was also a lecture, but I didn't get it right. At school, there are always lectures during science classes. (A31)

The participants' statements regarding the support of their family members and/or guardians in their constructions on sexuality and reproductive health were quite evident and demonstrated that there is already greater freedom on the part of some families, although repression still persists by others in the analyzed group:

My mother taught me from the moment she allowed me for dating, she asked if I wanted to take medication and we went to the pharmacy, and she showed me several other methods to not get pregnant, in this case, the condom, that's it. (A27)

My mother was always very open with me about this, she never wanted to hide anything from me, when I got older, she talked to me and explained what it was and how we should use a condom. I was always much more open with my mom. (A35)

I've heard of it, but I think it's a kind of controversial topic to talk about, many parents are against it, I don't know why everyone does it in quotation marks, then they don't

intend to speak, I think that's it. (A40)

Another important aspect was about which contraceptive methods are recognized by adolescents, regardless of their use or not. Below are some statements:

Well, I know some, but I don't know all the names, I know the condom, there are contraceptive pills and that's it. The only one I know I think was the Intrauterine Device. So, as I don't have an active sex life, I didn't focus enough on knowing these things. (A1)

The contraceptive pills, also some very important things are condoms and injections. (A13)

I am not very knowledgeable about the methods. But as everyone says better known as the contraceptive pill, it is the pill that everyone says that after having sex, wait for the 24-hour moment to take the contraceptive pill in order not to get pregnant. (A19)

Considering Macapá's regionality, it is also important to report local knowledge about alternative methods used, such as teas that were mentioned by two participants when they reported experiences in their community and families, according to the statements:

In the countryside where my father lives, on our land, women have several types of tea, which the person drinks and can be in any month and the person loses the child; one of those teas that is horrible from the marijuana leaf, I do not know what tea is this one, I know that there are several methods in the countryside; I only know about this tea. (A7)

I've also heard about teas, it's a name they gave to tea, anti-child tea, something like that, they said it precludes having a child, my cousin takes it, she says it works, but I don't believe it. (A16)

Based on the participants' experience concerning contraceptive methods available on the market, this work sought to obtain their understandings regarding their advantages, as identified in the statements below:

I think I would use the contraceptive pill because it is 99.9% safe. (A2)

For me, the best one is the condom, because it is safer. Medication is also like that, isn't it? There is this injection thing also for the person not to get pregnant. (A18)

I do know, for instance, that girl who had sex that she is 15 or 14 years old, for her as she is young, I think that a pill to prevent pregnancy would be good, so she would be

able to complete her stage of life. (A25)

The partnership between health and education, in addition to the wide dissemination of services and the guarantee of adequate access by adolescents to basic health units, sexual and reproductive health would make health education a possibility. And expanding the actions in education related to sexual health and reproductive health becomes essential to guarantee adolescents' access to services and supplies, as it is a commitment of the Brazilian Ministry of Health (MH) in the implementation of public policies that strengthen the ability of adolescents and young people to fully experience their sexuality with freedom, responsibility and respect.⁸

In this respect, the statements reaffirm such positions, and it is essential that this articulation with the school and health professionals, mainly to carry out educational strategies with adolescents, providing information and discussion on sexual and reproductive health, as well as the offer of methods contraceptives. Should use different approaches, either individually or in groups, to debate about the theme and guide towards sexually healthy choices. So, the debate on sexual and reproductive rights is inserted in one of the priority areas of primary health care, which is sexual and reproductive health, and the school allows a greater attraction for health professionals to carry out their educational activities and ensure better guidance and monitoring of adolescents.⁹

The number of parents and/or guardians who, according to the students, presented a more repressive approach when asked about sexuality was considerably higher. Given this background, several statements from parents and/or guardians were compiled that provided guidance or information to support the construction of this group's knowledge about sexual and reproductive health, and even those who at least reported listening to their children and also presented the speech of the character biological and loaded with risk. It seems to be a common posture among parents and/or guardians, teachers, and health professionals to address this issue while maintaining a focus on the biological, not strengthening the understanding of the subjective, desire, empowerment, and youth autonomy.

In this regard, parents and/or guardians experience difficulties in naturally addressing the issue of sexuality with their children, passing the primary responsibility to the school and, thus, exempting themselves from the role of also educators. Nevertheless, the institution is not always prepared to take on the demand, leaving adolescents unprepared and vulnerable to the opinions of friends and the media.¹⁰ Thereby, questions about affectivity, relationships, autonomy, and independence of choices in relationships, thus favoring their own social and cultural recognition. Accordingly, the approach only from the biological aspect reduces the adolescent's sexuality, which does not receive adequate guidance and allows him to obtain in sometimes

inadequate means, promoting unhealthy sexuality.

When analyzing all the responses of the adolescents, it was possible to observe that the majority are aware of contraceptive methods, however, the three most mentioned were: condom, contraceptive (pill or injectable), and among the pills, the contraceptive pill was the most mentioned. In this sense, these findings are similar to other studies, in which the use of condoms, oral contraceptives, and injectables was identified as the most common among adolescents. It should be noted that, despite this knowledge, there is an increasing need to assess whether such methods are being used correctly. Hence, information alone is not enough to change this reality, making it essential to identify what adolescents think and know.¹¹

Taking into account the information from the media, schools, health services, and social relationships that these adolescents experience, it is relevant to think that they have an adequate collection of information from services and inputs, nonetheless, the exercise of autonomy about their bodies, thoughts built and established through their experiences is still underestimated by families and even by schools and health services. It is necessary to promote strategies for its guarantee.

The Amapá State has a different reality from other Brazilian regions, due to indigenous and quilombola cultures, with tea being common among women. The ingestion of "anti-child teas" occurs in an uninformed and dangerous way. In hospital units, it is common for women hospitalized for abortion who report having used teas intending to terminate the pregnancy. So, adolescents, due to a cultural issue of regionality, may contribute to a greater risk to their health with the use of teas that cause abortion. Thus, guidance to this public becomes increasingly necessary, as well as the promotion of public policies to guarantee inputs and guidelines, especially for indigenous and quilombola men.

The WHO points out that the appropriate use of emergency contraception in adolescents must be guided so that it is done safely and effectively. Offering high security due to low hormonal doses and used for a short time of treatment. Therefore, the risk of this method is small and, therefore, its use should be implemented with adolescents, but with the proviso that it should not be used as a routine, but in an emergency and after unprotected sexual activity.¹²

The condom has numerous advantages, being the only method that offers double protection, in other words, it is proven to be effective against pregnancy and STDs, nevertheless, it must be used correctly and constantly during sexual intercourse. Thus, its efficiency when used correctly exceeds 85%, does not interfere with the menstrual cycle, allows both to decide on the responsibility of contraception, in addition to being distributed free of charge. Consequently, it is the main contraceptive method used by adolescents.¹³

Given this framework, health education strategies

should favor the interaction of the educator with the student through the performance of group dynamics, with a view to shared learning and the collective formulation of knowledge, also seeking the acquisition of autonomy by adolescents in care their physical, mental and emotional health.¹⁴ And the health professional becomes an important element in this relationship of a mediator to provide qualified guidance for sexual and reproductive health.

Accordingly, there was underlined the intersectoral policy of the MH and the Ministry of Education with the HSP, instituted by Presidential Decree No. 6,286, of 2007. Appropriately, "the program is structured from the evaluation of the health conditions of the population promotion of health practices and disease prevention to the continued training of educators and health professionals, in addition to monitoring the program's actions, to improve the quality of life of all population segments that attend the school system public".¹⁵ The HSP should be a foundation for promoting the quality of strategic actions for the sexual and reproductive health of adolescents, preventing health problems and teenage pregnancies; in addition to exchanging experiences to seek autonomy and contribute to the emotional, social, and cultural aspects of your sexuality.¹⁶

Hence, with the constructive process of sexual rights in the political space of human rights and the paradigm of adolescents as subjects of rights, prolonged by the ECA, then adolescents could be holders of sexual rights.¹⁵ Therefore, the guarantee of sexual health and reproductive must be the objective of the action and strategies of educators, health professionals and Brazilian public policies.

CONCLUSIONS

Taking into consideration the Brazilian reality, it is evident the presence of studies addressing adolescents and their social, demographic and biological conditions, and specifically on sexuality, in the field of reproductive health and the knowledge of contraceptive methods. Nonetheless, considering the taboos that still surround the theme, it is necessary to face several difficulties in carrying out qualitative research in schools, or even involving health and education professionals.

The research refers to the greatness of the pluralities and specificities of people with their cultures and access opportunities, and from the final products obtained it might be possible to reveal new behaviors and understandings concerning the sexual and reproductive health of young people and adolescents. Such results permeate new paths that automatically strengthen public policies.

The adolescents' understanding about contraceptive methods was rather general, yet, limited to the following methods: condoms, hormonal contraceptives (oral and injectable), in addition to the emergency conception. It is understood the need to expand actions and offer inputs from the different contraceptive methods for this audience,

as well as the description of the advantages of such methods, helping their choice and use.

Considering the aforementioned and the schooling framework, it is necessary to expand strategic actions towards ensuring comprehensive and qualified care for young people and adolescents, targeting both the promotion and prevention of sexual and reproductive health issues.

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