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RESEARCH

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EDUCATIONAL PRACTICES FOR THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS IN ADOLESCENCE: A REALISTIC REVIEW

Práticas educativas para a prevenção de infecções sexualmente transmissíveis na adolescência: uma revisão realista

Prácticas educativas para la prevención de infecciones de transmisión sexual en la adolescencia: una revisión realista

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ABSTRACT

Objective: to analyze the scientific evidence about educational practices for the prevention of sexually transmitted infections in adolescence. **Method:** a realistic review was carried out, used as a basis for intervention practices and policies in complex social realities, in February 2022, to answer the guiding question: what are the educational practices for the prevention of sexually transmitted infections in adolescence? **Results:** 17 studies were included, from which the theoretical precept emerged: dialogic and participatory practices regarding sexually transmitted infections, carried out in groups, in the school environment and on a long-term basis, favor adherence to participation in educational activities and are better received and evaluated by adolescents. **Conclusion:** the realist review achieved its purposes in determining what, how, for whom and under what circumstances a given intervention works in a social context.

DESCRIPTORS: Adolescent; Adolescent health; Sexually transmitted disease; Sex education; Health education.

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RESUMO

Objetivo: analisar as evidências científicas acerca das práticas educativas para a prevenção de infecções sexualmente transmissíveis na adolescência. **Método:** foi realizada uma revisão realista, utilizada para o embasamento de práticas e políticas de intervenção em realidades sociais complexas, em fevereiro de 2022, para responder à questão norteadora: quais são as práticas educativas para a prevenção de infecções sexualmente transmissíveis na adolescência? **Resultados:** foram incluídos 17 estudos, dos quais emergiu o preceito teórico: práticas dialógicas e participativas a respeito das infecções sexualmente transmissíveis, realizadas em grupo, no ambiente escolar e de longa duração favorecem a adesão à participação nas atividades educativas e são mais bem recebidas e avaliadas pelos adolescentes. **Conclusão:** a revisão realista alcançou os seus propósitos em determinar: o que, como, para quem e em quais circunstâncias determinada intervenção funciona em um contexto social.

DESCRITORES: Adolescente; Saúde do adolescente; Doenças sexualmente transmissíveis; Educação sexual; Educação em saúde.

RESUMEN

Objetivo: analizar la evidencia científica sobre prácticas educativas para la prevención de infecciones de transmisión sexual en la adolescencia. **Método:** se realizó una revisión realista, utilizada para sustentar prácticas y políticas de intervención en realidades sociales complejas, en febrero de 2022, para responder a la pregunta orientadora: ¿cuáles son las prácticas educativas para la prevención de las ITS en la adolescencia? **Resultados:** se incluyeron 17 estudios, de los cuales surgió el precepto teórico: las prácticas dialógicas y participativas en torno a las infecciones de transmisión sexual, realizadas en grupo, en el ámbito escolar y a largo plazo, favorecen la adherencia a la participación en las actividades educativas y son mejor recibidas y evaluadas por adolescentes. **Conclusión:** la revisión realista logró sus propósitos al determinar: qué, cómo, para quién y en qué circunstancias funciona una determinada intervención en un contexto social.

DESCRIPTORES: Adolescente; Salud del adolescente; Enfermedades de transmisión sexual; Ecuación sexual; Educación en salud.

INTRODUCTION

The World Health Organization defines adolescence as the period from 10 to 19 years.¹ However, this definition can be limited by considering that the development of values, habits and behaviors can be experienced beyond this age group.^{2,3} This process leads adolescents to new experiences, placing them in situations of risk and vulnerability, sexually transmitted infections (STIs).^{4,5}

Some factors predispose adolescents to STIs, namely: ineffectiveness of public policies, fragile socioeconomic conditions, gender differences, difficulty in accessing/communicating health services, professional limitation in the theme/public, non-adhering to preventive measures and early sexual initiation associated with fragility in the knowledge of STIs and the correct use of condoms.^{3,6-9}

STIs are one of the main public health problems in the world.⁹ It is estimated that more than 1 million new cases of curable infections occur daily among people aged 15 to 49 years.¹⁰ They are caused by different pathogens and transmitted mainly sexually unprotected, negatively affecting the life/health of those infected and may lead to death.¹¹

The fragile knowledge of adolescents on the subject, sometimes permeated by taboos, indicates the need for educational actions in order to demystify the subject¹² and promote protective factors.¹³ In this sense, educational practices emerge as a device for the viability of health promotion and disease prevention, creating responsibility and autonomy for behavioral changes.¹⁴

Having said that, educational practices are relevant for the prevention of STIs among adolescents, evidencing a path to be seen in order to stimulate and consolidate knowledge about the

existing possibilities to be implemented in educational activities with the public.

Thus, considering the vulnerability of adolescents, the persistence of STIs as a global endemic and the feasibility of preventing injuries by educational practices, the objective was to analyze the scientific evidence about educational practices for the prevention of STIs in adolescence.

METHOD

This was a realistic review, a synthesis approach of qualitative studies that aims at developing models/theories to support intervention policies and practices in complex social realities, which focused on identifying: what, how, for whom and in what circumstances a particular intervention works in a social context. The six methodological steps of their own were used, as described below.¹⁵

In the definition of the scope, it was assumed that the realistic review evokes the idea of intervention (educational practices) in a phenomenon/process (prevention of STIs) belonging to a social context (adolescence).¹⁵ Thus, the fundamental question was shaped by: what are the educational practices for the prevention of STIs in adolescence?

The search for evidence was carried out in the databases: Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Library in Adolescent Health (ADOLEC), Nursing Database (BDENF) and Spanish Bibliographic Index in Health Sciences (IBECS), via Virtual Health Library (VHL), Current Index to Nursing and Allied Health Literature (CINAHL), via EBSCOhost, Web of Science (WOS), SCOPUS (Elsevier) and

Medical Literature Analysis and Retrieval System (MEDLINE), via PubMed.

To systematize the search, controlled descriptors were used and inserted in the Database of Descriptors in Health Sciences (DeCS) and in the Medical Subject Headings (MeSH), combined with the Boolean operators “AND” and “OR”, enabling the construction of search strategies for each base (Chart 1).

Original articles with a qualitative/participatory approach on educational practices for the prevention of STIs in adolescence and published in the Portuguese, English or Spanish were included. Quantitative publications, unavailable in full/non-free and repeated were excluded.

The search was conducted by peers through the journal portal of the Coordination for the Improvement of Higher Education Personnel, independently, including only the articles selected by both researchers. There were no disagreements in this process.

The collection occurred in February 2022 and resulted in 7905 studies, 4780 in MEDLINE, 2739 in SCOPUS, 140 in ADOLEC, 86 in LILACS, 74 in WOS, 42 in BDENF, 38 in CINAHL and six in IBECs. The selection was made by reading the title and/or abstract and in full.

Added to this search was studies identified in the references of the selected studies in the databases/libraries of data (reverse search). To this end, the 242 studies went through the same selection process, resulting in the final sample.

In the evaluation of the quality of evidence, we analyzed the contribution to the model and the quality of the data.¹⁵ The scientificity was inherent, since the articles included are from journals indexed and/or classified by the Brazilian evaluation system.

In data extraction, the information necessary for realistic review was withdrawn: social context, educational practices and main results. In the synthesis of the findings, the theoretical precept capable of explaining the question of realistic revision was constructed.¹⁵

The dissemination of the findings occurred through dissemination to the scientific community in this article. Because it is an investigation that does not involve human beings, the study did not require consideration from the ethics committee.

RESULTS

The sample of the studies included in the realistic review consisted of 17 articles. The flowchart of the selection process is shown in Figure 1.

The studies were published between 2005 and 2020, with the majority (n=11) published before 2017. Chart 2 presents the characterization of the included studies.

Only one study was not Brazilian, and the study originated in Colombia.^{A7} The majority (n=9) of the studies were experience reports. Chart 3 presents the educational practices, the social context and the main results evidenced.

The main context evidenced was the school (n=15). The educational practices performed were: pedagogical workshops (n=12),^{A4-A12,A15-A17} lectures (n=4)^{A1,A2,A13,A14} and peer education (n=1).^{A3} These practices were performed by health undergraduates (n=10)^{A1,A2,A4,A5,A8-A10,A14,A16,A17} and in periodic meetings (n=12).^{A4,A6-A10,A12-A17} There was an average of 64 participants per study, between 10 and 19 years.

The practices were conducted with participatory and dialogical methodologies (n=13),^{A3-A12,A15-A17} such as games, games, conversation wheels, dynamics and others. The themes of the activities included, in addition to STIs, gender/sexuality, puberty, life project and others (n=17). In two studies^{A2,A10} the interest in the discussion about STIs came from the public.

The results indicate that the creation of bonds and the collective construction of knowledge, as well as the perception of protagonism and autonomy, were factors that influenced adolescents in the participation and better receptivity/evaluation of educational practices on STIs.

Chart 1 – Search strategies used to systematize the collection in the databases/libraries of data. Maringá, PR, Brazil, 2022

Database/ library	Search strategy
LILACS	
IBECs	(MH:(Adolescente)) OR (MH:(“Saúde do Adolescente”)) AND (MH:(“Doenças Sexualmente Transmissíveis”)) AND (MH:(“Educação Sexual”)) OR (MH:(“Educação em Saúde”))
BDENF	
ADOLEC	(Adolescente OR “Saúde do Adolescente”) [Descritor de assunto] AND (“Doenças Sexualmente Transmissíveis”) [Descritor de assunto] AND (“Educação Sexual” OR “Educação em Saúde”) [Descritor de assunto]
MEDLINE	((Adolescent[MeSH Terms]) OR (“Adolescent Health”[MeSH Terms])) AND (“Sexually Transmitted Diseases”[MeSH Terms]) AND (“Sex Education”[MeSH Terms]) OR (“Health Education”[MeSH Terms]))
WOS	ALL=(Adolescent OR “Adolescent Health”) AND ALL=(“Sexually Transmitted Disease”) AND ALL=(“Sex Education” OR “Health Education”)
SCOPUS	TITLE-ABS-KEY(Adolescent OR “Adolescent Health”) AND TITLE-ABS-KEY(“Sexually Transmitted Diseases”) AND TITLE-ABS-KEY(“Sex Education” OR “Health Education”)
CINAHL	MH(Adolescent OR “Adolescent Health”) AND MH(“Sexually Transmitted Diseases”) AND MH(“Sex Education” OR “Health Education”)

Figure 1 – Flowchart of the study selection process. Maringá, PR, Brazil, 2022



Chart 2 – Characterization of the included studies. Maringá, PR, Brazil, 2022

ID	Author and year	Title	Type of approach
A1	Franco et al., 2020 ⁽¹⁶⁾	Educação em saúde sexual/reprodutiva do adolescente escolar	Experience report
A2	Baldoino et al., 2018 ⁽¹⁷⁾	Educação em saúde para adolescentes no contexto escolar: um relato de experiência	Experience report
A3	Santos et al., 2017 ⁽¹⁸⁾	Promoção da saúde sexual/reprodutiva de adolescentes: educação por pares	Descriptive-participatory
A4	Silva et al., 2011 ⁽¹⁹⁾	A educação em saúde junto aos adolescentes para a prevenção de doenças sexualmente transmissíveis	Experience report
A5	Barbosa et al., 2010 ⁽²⁰⁾	Jogo educativo como estratégia de educação em saúde para adolescentes na prevenção às DST/aids	Exploratory-descriptive
A6	Silveira et al., 2010 ⁽²¹⁾	Educação sexual com adolescentes: uma abordagem de pesquisa participatória na escola	Participatory

Chart 2 – Cont.

A7	Gómez-Marín et al., 2019 ⁽²²⁾	Estrategias lúdicas para aumentar el conocimiento de un grupo de adolescentes sobre el virus del papiloma humano	Descriptive
A8	Martins et al., 2011 ⁽²³⁾	Oficina sobre sexualidade na adolescência: uma experiência da equipe saúde da família com adolescentes do ensino médio	Experience report
A9	Beserra et al., 2011 ⁽²⁴⁾	Pedagogia freireana como método de prevenção de doenças	Exploratory
A10	Gubert et al., 2009 ⁽²⁵⁾	Tecnologias educativas no contexto escolar: estratégia de educação em saúde em escola pública de Fortaleza-CE	Action search
A11	Souza et al., 2007 ⁽²⁶⁾	Programa educativo sobre sexualidade e DST: relato de experiência com grupo de adolescentes	Experience report
A12	Carvalho et al., 2005 ⁽²⁷⁾	Oficina em sexualidade humana com adolescentes	Experience report
A13	Nascimento et al., 2018 ⁽²⁸⁾	Um olhar para a educação em saúde com adolescentes escolares: relato de experiência	Experience report
A14	Caetano et al., 2017 ⁽²⁹⁾	Educação em saúde na escola: plano de intervenção escolar para debater infecções sexualmente transmissíveis no ensino médio	Experience report
A15	Caliani et al., 2008 ⁽³⁰⁾	Ações educativas com adolescentes: uma intervenção necessária	Descriptive
A16	Maheirie et al., 2005 ⁽³¹⁾	Oficinas sobre sexualidade com adolescentes: um relato de experiência	Experience report
A17	Araújo et al., 2008 ⁽³²⁾	O grupo de adolescentes na escola: a percepção dos participantes	Descriptive

Chart 3 – Social context, educational practices and main results of the studies included. Maringá, PR, Brazil, 2022

ID	Social context	Educational practices	Main results
A1	School	Guided lecture with digital resource and prostheses	There was interaction and participation of adolescents. The school environment has shown promise
A2	School	Guided lecture with digital resource, posters and prostheses	The lecture on STIs was the choice of adolescents, with greater participation
A3	Home, school and community	Peer education among adolescents	The proximity of the profile provided a link between the parties. The school and the home were timely
A4	School	Guided pedagogical workshop with dynamics, games, pamphlets and images	The awareness took place in a playful, interactive and participatory way. The number of participants was increasing
A5	School	Guided pedagogical workshop with domino game	The game integrated debate, information, reflection, reciprocal influence and group participation
A6	School	Pedagogical workshop guided by the culture circle	There was interest in the theme, good receptivity and participation
A7	School	Guided pedagogical workshop with videos, images and games	The use of play was essential, since it enhanced the processes and connected to reason, affection and emotionality
A8	School	Guided pedagogical workshop with drawing, painting, images, games and gymkhanas	There was an approximation between the health team and adolescents, favoring future educational strategies
A9	School	Pedagogical workshop guided by the culture circle	The method was effective and evidenced the importance of addressing themes and doubts emerged from the subject
A10	School	Pedagogical workshop guided by the culture circle	Educational technologies were paramount, overcoming the traditional model and promoting the autonomy of the subject
A11	Community, school and church	Pedagogical workshop guided by problematizing learning	There was mutual and affective interaction between those involved. The potential of exchanging experiences has been prioritised
A12	School	Guided pedagogical workshop with dynamics, games, conversation wheels and games	It was possible to reconstruct and create meanings, in addition to reexperiencing remarkable situations and relationships
A13	School	Guided lecture with digital resources, prostheses and folders	Participation provided the development of critical sense for awareness and adoption of protective conducts
A14	School	Cycle of lectures guided in lectures	The activity was fundamental for the criticality and autonomy of adolescents
A15	Health service	Pedagogical workshop conducted with slides, books and dynamics	There was clear and accessible communication, creating a link to free expression
A16	Non-governmental organization	Guided pedagogical workshop with dynamics, games, realistic simulations and technical visits	Adolescents had an increase in the level of information on the subject, favoring the adoption of preventive practices
A17	School	Pedagogical workshop conducted with dynamics and dramatizations	Learning, with listening and verbalization, increased belonging to the group and attention to self-care

In view of the analysis, the theoretical precept emerged: dialogical and participatory practices regarding long-term STIs, performed in groups and in the school environment favor participation in educational activities and are better received and evaluated by adolescents.

DISCUSSION

Sexual/reproductive health actions have predominated in the Brazilian literature involving adolescents.³³ Those with a participatory and dialogical approach emerge, because they enable the exercise of sexuality and guide sexual/reproductive rights.³⁴ Thus, the sooner they are provided, the faster the adolescents' health scenario will change.^{35,36}

Participatory and dialogical methodologies provide collective discussion in a space of reflection/self-reflection,^{A4-A7} and may decrease the incidence of STIs,^{A10,A11,A13,A14,A16} especially when adolescents lead their educational/care process when choosing the theme discussed.^{A2,A10,37} Thus, educator and student learn together, emphasizing emancipatory education.¹⁴

The topics addressed should correspond to the biopsychosocial aspects that influence sexual behavior.^{A1,A2,A4,A8,A11,A14,A15} However, in 2019, the Brazilian Government enacted Law No. 13,798, establishing the National Week for the Prevention of Teenage Pregnancy, which aims to disseminate information to reduce the incidence of early pregnancy.³⁸

The campaign "Everything Has Your Time: Adolescence First, Pregnancy Later" saw about the effects of unwanted pregnancy and did not mention the use of contraceptives, alluding to a policy of sexual abstinence in which pregnancy prevention should consist of non-sexual initiation, rather than the adoption of protective behaviors.^{39,40}

Although sexual abstinence is thought to prevent pregnancy and STIs in adolescence,^{39,40} programs with this approach have been shown to be ineffective in delaying sexual onset and reducing early pregnancy rates.³⁹ On the other hand, actions with comprehensive themes seem to reduce these indicators.^{39,40}

There is, therefore, a scenario of setback in the country in which pregnancy has consolidated itself as a public health problem whose solution consists of sexual self-control. This strategy does not cover the complexity of the transition to adulthood, as well as those influential in the adoption of young people to preventive measures.⁴¹

It is known that strategies focus on older adolescents, usually with active sexual life.⁴² However, actions with younger ones may be more effective in preparing the adoption of protective behaviors in the future.⁴² In this context, because it covers different age groups, school is essential for sexual/reproductive education,^{A1,8} especially when participatory and dialogical methodologies are employed.⁴³

Like schools, the family seems to influence the acquisition of knowledge,⁴⁴ unseeing a path to be improved, since there is a deficit in the discussion of the theme at home due to the

influence of religious/cultural beliefs, insufficient knowledge, embarrassment and underestimation of the child's sexual life.⁴⁵

Moreover, the low use of health services suggests barriers with the public.⁴⁶ Adolescents have access to services,⁴⁷ reinforcing the need for groups of young people to link, interact and learn in the service.^{48,49} Thus, professionals can act as educators,^{34,49,50} improving the effectiveness of preventive programs.^{40,49}

It should be highlighted that the frequency of meetings favors the creation of a pleasant environment and the establishment of a bond between educator and student, stimulating the adhering to interventions^{A15,A17} and improving the receptivity/evaluation by adolescents.^{A1,A4,A5,A15,A17}

Moreover, the realization of group approaches seems to be more effective and timely.^{A4-A12,A15-A17} The collective construction of knowledge from the exchange of experiences considers adolescents as builders of their education, and not just mere deposit of knowledge.¹⁴

It is punctuated that most studies were published before 2017, suggesting a scarcity of recent studies describing educational practices on STIs with adolescents, as a possible consequence of the lower discussion of the theme in current government campaigns.

Thus, the findings of this review may support the elaboration and/or improvement of sexual/reproductive education actions and policies with adolescents, considering the particularities of the phase and aspects of the context in which they are inserted.

FINAL CONSIDERATIONS

The realistic review achieved its purposes, suggesting that dialogical and participatory practices regarding long-term STIs, carried out in groups and in the school environment favor participation in educational activities and are better received and evaluated by adolescents.

In addition, the need for constant actions on the theme was demonstrated, given the decrease in publications evidenced. Thus, it is suggested that these understand the young in their complexity, being performed in schools, health services and home.

As limitations, the limited number of studies found is cited, preventing the expansion of discussions outside schools. Furthermore, research based on the model proposed in this review is proposed, evaluating its applicability and efficacy.

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