



Impact of infectious diseases on the sexual life of school-age adolescents: A theoretical discussion

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ABSTRACT

The article in question discusses the lack of and/or access to adequate information about sexually transmitted infections - ITIs and HIV/AIDS where access should occur in the school space-time from Sex Education in Basic Education. To this end, it was decided to carry out a bibliographic research supported by the following authors: Saito; Leal (2000), Dacroce; Corrêa (2021), Freire (2021). Danzmann et al (2022), Cruz (2022) among others added to official data, Brazil (2022). It was observed from the bibliographic material found that adolescents are insecure about the discovery of sex and sexuality, as well as access to proper information about ITIs and HIV/AIDS, since parents/guardians do not give feedback due to the concerns of adolescents in their phases of change. It is concluded that the school space-time is the appropriate place for teachers and health professionals to provide adequate information to adolescents about their physical and psycho-emotional changes, sex, sexuality, prevention of STIs and HIV/AIDS, so that the discovery of sex and their sexuality is not permeated by uncertainties and traumas.

Keywords: STI's, HIV/AIDS, Adolescence, School.

1 INTRODUCTION

With the advent of the Internet, teenagers have had access to information about everything, it's just the right time: *smartphone*, *Tabletcomputer* *Video Game* and TV among other media, but they do not access scientific knowledge about sex and/or sexuality and parents/guardians do not talk about it, leaving the adolescent without structure to have an active and safe sex life, consequently they will be prone to contracting Sexually Transmitted Infections - ITI's and HIV/AIDS, so sex becomes painful and the discovery of pleasure can become a nightmare (Dacroce; Corrêa, 2021, Danzmann et al, 2022 and CRUZ, 2022).

The ITI's e HIV/AIDS, These are pathologies affected by microbes, bacteria and viruses that



manifest themselves mainly through unprotected sexual intercourse with infected individuals. They are persistent, have multiple clinical presentations and etiologies that impact the quality of life of affected people, becoming one of the five main causes of the world population's demand for health care (Freire, 2021).

The Ministry of Health (Brazil, 2022) states that in the discovery of new treatments, a decrease in HIV/AIDS cases has been observed in almost the entire country in recent years. Part of this reduction may be related to the underreporting of cases, especially in 2020, due to the COVID-19 pandemic. This decrease has been considerable in the South and Southeast regions, but there was a significant increase in new cases in the North and Northeast regions, especially in the states of Acre, Pará (Belém, Ananindeua and Castanhal have the highest rates in Brazil), Maranhão, Sergipe and Tocantins. With regard to young people aged between 15 and 24 years, especially among women of reproductive age, especially pregnant women, parturients and puerperal women with an incomplete level of education between the 5th and 8th grades.

The Brazilian Society of Pediatrics (2019) states that adolescence can be characterized as a phase that has important changes, such as physical, behavioral, sociocultural, spiritual growth, psychic restructuring, and the arrival of puberty. In general, ITI's affect 30% of the young adult population, but their highest rate of infection occurs in adolescence (Magalhães *et al*, 2021).

In adolescence, there is a high incidence of ITI's and HIV/AIDS, because young people start their sexual life at an increasingly younger age, with a greater number of partners and irregularities in the use of condoms. Young people's vulnerability to ITI's They are diverse, involving aspects such as the early onset of sexual activity, the need for acceptance and insertion in social groups, increased consumption of alcohol and other drugs, and gender issues. Many of them consider themselves sufficiently informed to the point of not perceiving the risk of acquiring such pathologies (Santos, 2019 and Freire; Lima, 2022).

It can be seen that the information about the ITI's HIV/AIDS are not reaching the adolescent and, because they do not have it, they start their sexual life without adequate information about prevention, personal hygiene, birth control, among others, especially the risks of sex without prevention. And one cannot forget the emotional and affective of this adolescent sex cannot be confused with pure expression of feeling, but goes beyond the walls of pleasure and touch.

In this sense, it was thought to carry out a bibliographic research on the theme so that it can discuss adolescence and the ITI's and HIV/AIDS and the security of having a healthy sexual and sexual life without fears, traumas and sins, proposing that the information reach the Basic Education school where health and education professionals can instruct the adolescent to understand and accept the changes in their body and the differences and limitations, care with sex and sexuality, that is, to promote Sex Education.

According to Saito; Leal (2000) and Dacroce; Corrêa (2021) urges the need to promote Sex Education in Basic Education Schools as a way/means to prepare adolescents to experience their sexuality



and safe and trauma-free sex and, consequently, improve their learning in the space-time of the classroom.

It is believed that the discussion carried out here will enable a reflection on the information about ITI's and HIV/AIDS and attitudes that are held about sex and sexuality in adolescence with professionals in the area of health and education, passing on the possibility of carrying out Sex Education in the school environment of Basic Education.

In this sense, the article in question is organized in three moments, the first being the methodology, presented the type of research and how the research was organized until the organization of the final text of the article.

In the second Adolescence: a period of uncertainty and many questions about Sexuality, concepts and characteristics of adolescence and what ITI's and HIV/AIDS are presented.

The third Adolescent, School and Sexuality; At the time of knowing, the concept of adolescence and the need to know about sexuality and information about STIs, HIV/AIDS, contagion and ways to avoid it were addressed.

2 METHODOLOGY

Discussing ITIs and HIV/AIDS in adolescence during school led us to carry out a bibliographic investigation. According to Sousa; Olive tree; Alves (2021, p.65) "Bibliographic research is mainly inserted in the academic environment and has the purpose of improving and updating knowledge, through a scientific investigation of works already published".

Each reference found enabled a more comprehensive view of the theme at hand. The Epidemiological Bulletins produced by the Government are easily accessible for those who are in the health area, but for those students of Basic Education it is not the language used and the presentation becomes a barrier to the understanding of the students, so being able to oppose research, books, articles found and digitize them in a simple and accessible way to the adolescent is the task of the educator and/or health professional who reaches the school space-time.

From the survey of theoretical references already analyzed, and published by written and electronic means, such as books, scientific articles, web pages. Any scientific work begins with a bibliographic search, which allows the researcher to know what has already been studied on the subject. There are, however, scientific studies that are based solely on bibliographic research, looking for published theoretical references in order to collect information or prior knowledge about the problem to which the answer is sought (Fonseca, 2002, p. 32).

The survey of studies/research carried out on the theme in question enables the proper knowledge and deepening of the topic of discussion of the article, enabling the crossing of information about ITI's and HIV/AIDS and the vulnerability of adolescents and young people about their sexual life.

Thus, we opted for a documental analysis investigation, seeking to answer the following question:



what information is available to adolescents about the prevention and care of ITIs and HIV/AIDS? The general objective of the research was to carry out a bibliographic observation on the knowledge of adolescents regarding prevention and care with ITIs and HIV/AIDS.

To cover the type of research selected, a review of the existing literature on the topic was conducted to understand the context and previous studies related to the research topic.

After the review, the documents were selected, determining the types of documents to be chosen: books, articles, statistics, government reports, among others.

Then, this carried out the criteria for inclusion and exclusion of documents, based on the date of publication 2018 to 2023, source, PubMed, Lilacs, Bireme, Elsevier, Scielo, *American Journal of Therapeutics*, based on the search for works relevant of sexuality in adolescence and ITI's and HIV/AIDS in the school period as inclusion and exclusion of works that do not discuss the theme. We found 80 (eighty) relevant articles, of which 31 (thirty-one) works, 4 books, 6 epidemiological bulletins were selected, after reading. Which were sufficient for due analysis.

Thus, the following methodological steps were followed:

- Survey of bibliographic material;
- Registration of the material found;
- Preparation of abstract;
- Elaboration of the text of the article.

Once the documents were organized, an analysis protocol was elaborated, which described how the analysis would be carried out, defining the following categories or themes: Adolescents; Infectious diseases; Sex Education at School.

With the defined categories, the data were coded using a consistency table, where similar themes, agreement and disagreement of the authors regarding the theme addressed were considered.

Then, the interpretation and synthesis were carried out, where the information obtained during the literature review process was analyzed and synthesized, for which comparative tables and citations of the authors considered for the study were used.

Throughout the research process, ethical standards were met, including the correct attribution of sources and respect for copyright.

3 ADOLESCENCE: A PERIOD OF UNCERTAINTY AND MANY QUESTIONS ABOUT SEXUALITY

3.1 ADOLESCENCE AND SEXUALITY: CONCEPT AND CHARACTERISTICS

The Pan American Health Organization (PAHO/WHO) states that adolescence comprises the period between 10 and 19 years of age, marked by the transition from childhood to adulthood. In this phase, there



are some changes, which are inherent to several factors, such as: culture, religion and socioeconomic conditions in which adolescents find themselves. It can be inferred that religion is one of the aspects that most influence the development of young people's sexual and reproductive behavior (WHO, 2021).

Adolescence is characterized by the impulses of physical, mental, emotional, sexual, and social development and by the individual's efforts to achieve goals related to the cultural expectations of the society in which he lives. The increase in sexual desire at this stage coincides with the appearance of secondary sexual characteristics, having a great influence coming from the high hormonal activity present at this time. In this scenario, sexuality is a fundamental aspect in the formation of the being as a whole, being present in human life from birth (WHO, 2020).

Pear tree *et al* (2018) Emotional instability, lack of knowledge, the need for self-affirmation, the early onset of sexual life, among other factors, place adolescents in risky situations, such as unplanned sexual intercourse, without the use of condoms.

Torquato *et al* (2017) It is common for the term "sexuality" to be understood as the practice of sexual intercourse itself, however, this property encompasses much larger aspects, such as gender, personal fulfillment, social and reproductive roles. The teenager goes through physical changes added to psychological ones that lead to a new relationship with parents and with the world in which they are immersed. This phase is marked by a process of loss: "The loss of the child's body, the loss of childhood parents and the loss of childhood identity" (Costa; Pacheco; Silva, 2007, p.1)

Thus, in the construction of sexuality, the adolescent begins to discover his own characteristics, preferences and desires. After the emergence of sexuality, it is common for young people to be moved by curiosity in moments when they have the possibility of experiencing sexual experiences. This can predispose them to a number of risks, such as the acquisition of ITI's and the occurrence of abuses. Other determining factors in this context are the socioeconomic conditions and the color/ethnicity of the adolescents (Queiroz; Almeida, 2017).

According to Dacroce; According to Corrêa (2021), regardless of the fact that sexuality is present and active in all periods of life, in the most diversified aspects and affirmation of the human being, there is still a lack of wisdom about what sexuality really is. Sexuality is the essence of human existence that comprises "ethics, dialogue and aesthetics".

In this way, but once again the literature confirms that our acts and attitudes contribute significantly to the quality of life that we may develop, since the presence of an ITI, such as syphilis or gonorrhea, considerably increases the risk of acquiring or transmitting Human Immunodeficiency Virus infection.

3.2 SEXUALLY TRANSMITTED INFECTIONS, HIV AND AIDS, AND ADOLESCENCE

Brazil (2020), the ITI's They are usually caused by viruses, bacteria or other microorganisms and are



considered an important public health problem due to their harmful magnitude in quality of life and their worldwide epidemiology. They are considered to be of great magnitude for public health because they present recurrent infections that can cause male and female infertility, vertical transmission from mother to child, premature birth, pregnancy losses, congenital malformations, neurological diseases, cervical cancer, and leukemias. Thus generating high costs for public health (Araújo et al, 2021)

Data from the World Health Organization (WHO) reveal that, every day, about one million new cases of UTIs and treatable HIV/AIDS are diagnosed among people aged 15 to 24 years. In the state of Pará, there is a significant increase in compulsory notifications in pregnant women (Brasil, 2022). In this sense, Sex Education in schools can promote an improvement in the quality of life of these young people, since it is a privileged place for a systematic approach to the prevention of sexually transmitted diseases/AIDS, drugs and contraceptive methods; due to the length of stay of young people and the opportunities for exchanges, social interaction and romantic relationships (Bordino et al, 2023).

According to Rosadas et al. (2021), there are several types of Sexually Transmitted Infections, but the most well-known examples are: Human Cell Lymphotropic Virus (HTLV), Human Immunodeficiency Virus (HIV), Human Papilloma Virus (HPV), Genital Herpes, Syphilis, Gonorrhea, Viral Hepatitis B and C Infection. These infections are usually transmitted through sexual contact (oral, vaginal, anal) without the use of male or female condoms, with a person who is infected, whether from a symptomatic or asymptomatic individual (Brasil, 2020).

Sexually transmitted infections mainly affect the active population in the reproductive age group and are largely acquired through sexual intercourse or close contact with the genitals. Although it is the most frequent, it is not exclusive, considering that there are other routes of transmission, which also deserve to be highlighted, such as: vertically, when the mother passes to the fetus transplacentally, during pregnancy, childbirth or breastfeeding, blood transfusion, needle sharing, organ transplantation (Rosadas et al., 2021).

According to the Brazilian Institute of Geography and Statistics - IBGE (Brazil, 2018), infections from ITIs have been a global phenomenon, currently presenting themselves as one of the most important public health problems. It is estimated that there are more than one billion people in this age group, which is almost 20% of the world's population. In Brazil, there are about 16,991,000 adolescents between 15 and 19 years old and about 17,245,000 young adults, of both sexes, according to data from the Brazilian Institute of Geography and Statistics, which corresponds to approximately 18% of the total Brazilian population.

In 2021, 35,246 cases of AIDS were registered, in the period from 2011 to 2021 there were 52,513 young people infected with HIV, in the age group of 15 to 24 years old, the evolution to AIDS was higher in men in the proportion of 36 men for every 10 women. Between 2000 and 2022, 149,591 pregnant women/parturients/puerperal women infected with HIV were notified, in the north and northeast regions they had a significant increase in infection (Brasil, 2022) if there is a vertiginous increase the error must be



in the Pedagogy of Prevention or in the Pedagogy of Treatment, the actions are not having an effect (Bordino et al, 2023).

According to Bordino et al (2023), the full experience of sexuality brings to the school space discussions that were previously limited to the students' family environment and/or neighborhood. The fact is that schools cannot or should not remain silent in the face of some situations that occur in the social universe, such as: an increase in cases of HIV/AIDS, adolescents attacked and killed for being homosexual, transsexuals are killed in their workplace (prostitution), men and women lose their jobs for assuming their liking for people of the same sex, There are also men and women who present themselves as bisexual or for a while transit between heterosexuality-homosexuality-bisexuality are still in the process of constructing their sexual profile.

4 ADOLESCENT, SCHOOL AND SEXUALITY: THE TIME TO KNOW

Adolescence is characterized as a phase of the human life cycle, marked by the transition from childhood to adulthood. This is a time when young people seek new experiences, test their limits and the affirmation of their identity, in search of their autonomy, moving away from their family and getting even closer to their friends with whom they share their fears and their discoveries. That is why it is important to understand the phases of adolescence and how it all begins in the sexual life of young people and their transition periods, such as: guiding and welcoming them towards a healthy life in all its areas (Silva; Engstrom, 2020).

Shannon; Klausner (2018), regarding the behavior of adolescents, it is known that they are more susceptible to high-risk sexual relationships, such as competing partners or sex without a condom. This is partly due to the fact that the prefrontal cortex, which is responsible for executive formation, is still developing throughout adolescence.

In view of this reality, there is a need for improvement in the school environment, which according to Queiroz; According to Almeida (2017), sex education is effective for adolescents to perceive that they have the assistance of reference adults (family, teachers, or health professionals) so that there is an exchange of correct information on the subject, but Torquato et al. (2017) state that parents reveal fear and difficulty in guiding their children regarding the topic of sexuality. Therefore, they transfer this responsibility to the educators.

The school space can also contribute positively to sex education, since it is a place where adolescents spend much of their time. As stipulated in the National Curriculum Parameters, this theme must be addressed in a transversal way in all subjects taught, making the teacher an important guide for safe sexual behavior (Lins et al., 2017).

According to Lara *et al.* (2018), health professionals, as well as educators, can contribute



significantly to young people's questions about promotion, prevention, and sex education. Although there has been a School Health Program (PSE) since 2007, aimed at assessing health conditions such as: fluoride application, visual acuity test, weighing, through clinical practices. There is still a great scarcity in relation to sexuality, generating a high prevalence of ITI's, an increase in the numbers of HIV/AIDS, psychological disorders, prejudice in relation to sexual options, suicide among homosexual adolescents and the abusive consumption of illicit drugs. In view of this scenario, it is necessary to strengthen the school so that it becomes a foundation for the most diverse specificities of adolescents.

Seeking to implement primary care, there is education through conversation circles, a moment of individual therapy with the educator or health professional. To discover the causes of their afflictions and their longings.

Sex and sexuality have always been a subject of difficult access for human beings, and when it comes to adolescents, it gets even worse, due to the various factors mentioned at various times in this article. It is worth noting, however, that the difficulties are mostly due to discrimination related to moralism and religion, which even today insist on remaining in the last century with stories of a false moralism, where one cannot expose one's opinion and feelings to the other who is not in society's standards. In this sense, in order for there to be transformation, it is necessary to implement sex education in school, so that adolescents are accompanied throughout their school development, and adapting the theme according to their growth, thus avoiding prejudice, discrimination, uncertainties, creating expectations of freedom and respect for others. Giving society thinking and active young people, with their own opinions free of taboos and prejudices.

Table n° 01 – Summary Table of ITI's and HIV/AIDS

| DISEASES | ETHIOLOGICAL AGENT | SYMPTOMS | TRANSMISSION | PREVENTION |
|-----------------------------|---|---|---|---|
| HIV | Human Immunodeficiency Virus (virus) | Fever, weight loss, appearance of lymph nodes, enlargement of the spleen and liver, electrical changes in the heart, inflammation of the meninges in the most severe cases, night sweats, diarrhea. | Sexual intercourse (homosexual or heterosexual, blood transfusion, Mother-to-child vertical transmission, sharing of contaminated syringes and needles, | Condom use, gynecological medical visits, avoiding drug use, Previously test blood and blood products for transfusion, use of antiretrovirals by HIV-positive mothers, avoid breastfeeding their children |
| HTLV TYPE 1 / TYPE 2 | Human T-cell lymphotropic virus (Virus) | Systemic disease | Via sexual, perinatal; Vertical transmission; Blood transfusion and organs. | Condom use, gynecological medical consultations. |



| | | | | |
|----------------------------|---|---|--|--|
| SYPHILIS | Treponema pallidum (gram-negative bacteria) | Sores on the penis, vulva, vagina, cervix, anus, mouth and other skin sites, spots on the body, palms, soles of the feet, fever, malaise, headache and swollen lymph nodes and lumps in the groin | Contato sexual (oral, vaginal, anal) Vertical transmission; Cutting hole sharing; Contaminated needles and syringes | Condom use, Personal hygiene, avoiding drug use, Doctor's appointments |
| HEPATITIS B e C | HBV/HCV (Virus) | Tiredness, nausea, dizziness, vomiting, fever, abdominal pain, yellowing of the skin and eyes, hepatosplenomegaly. | Sexual contact, Vertical transmission (hepatitis B); Sharps; Contaminated blood and materials; Reuse of tattoo materials. | Condom use, Immunization vaccine, Doctor's appointments |
| HERPES GENITAL | Herpesviridae. HSV1- HSV2 (virus) | Lesões eritemato- papulosas; Fever; Malaise, myalgia, dysuria, urinary retention, inguinal lymphodemomegaly | Contato sexual (vaginal, oral, anal) | Use of condoms, Personal hygiene, Medical consultation. |
| HPV | Papilloma virus Humano (Virus) | Anogenital warts, cervical cancer, Squamous intraepithelial lesions | Sex (anal, oral, vaginal) during childbirth | Condom use, Immunization, Personal hygiene, medical consultations |
| GONORRHOEA | Gram-negative bacterium <i>Neisseria gonorrhoeae</i> (bacteria) | Mild to severe pain when urinating, greenish-yellow discharge of pus, and a frequent urge to urinate | Sexual, oral, nasal and conjunctival mucous membranes | Use of condoms, medical consultation, Personal hygiene |

Source: Prepared by the authors (2023)

The table above was organized based on the information collected from the bibliographic research, allowing us to elaborate a summary table of the most common pathologies affected by adolescents and young people who are bitterly aware of ITIs and in some cases HIV/AIDS and in this case there is treatment, but no cure.

The synthesis table can be used by teachers who work in Basic Education and other health professionals to explain to adolescents and young people about care in the active sexual life, where prevention and hygiene can avoid future problems, for this the teacher should be instrumentalized about ITI's and HIV/AIDS and health professionals should review their language and resources that they use in the didactic transposition on the theme on screen, giving adolescents and young people the necessary



precautions to be taken in the face of sexual life.

The human immunodeficiency virus (HIV) is a serious infection of compulsory notification, with no cure and with a high mortality rate directly related to STIs. Its main target is the immune system, presenting itself in two phases: asymptomatic, the individual has the virus, but has not yet developed the disease. In the chronic phase, there is a low production of TCD4+, giving the possibility for the manifestation of opportunistic diseases (Brasil, 2020). For the most part, it is common for some people to associate sexual orientation with having HIV/AIDS, but the fact denotes another reality, because today we have key populations and/or risk practices, but it cannot be said that every gay person will have HIV/AIDS, this derogatory label was there in the mid-80s and 90s.

It is worth mentioning that there has been an evolution in the treatment of HIV/AIDS, we have left the cocktail given to AIDS patients, we have moved on to retrovirals, which promotes quality of life for People Living with HIV/AIDS – PLWHA, not leaving their dreams and life goals, but rather living. This information should reach the adolescent who is in the space-time of the classroom.

The human T-cell lymphotropic virus – HTLV that is found in the synthesis picture generates a great concern among health professionals, because it is a pathology that has a long incubation period and when it comes to give symptoms the individual may no longer have conditions of quality of life. HTLV is a serious infection that affects 2.5 million Brazilians, leaving the country with the highest number of cases, with prevalence in the north with the state of Pará; in the State of Bahia, there has been compulsory notification of HTLV occurrences since 2011 (BRASIL, 2023). It is worth mentioning that the means of transmission occur: sexual, perinatal and blood. Although the infection is severe with major losses in long-term quality of life and is associated with STIs/AIDS, there are few studies on the virus.

The Basic Education teacher who has the information about ITI's and HIV/AIDS will be able to guide his students to have an active sexual life based on their questions, so in an individualized way the teacher clears doubts and guides the best way to prevent an unwanted pregnancy, of having sex without a condom, personal hygiene, forms of contagion of sexually transmitted diseases.

With regard to syphilis, it is a serious infection with major repercussions for public health due to its various stages of contamination, classified into Phases: Primary with an incubation period of 10 to 90 days characterized by a single wound with involvement of the bacteria in the penis, vagina, cervix, vulva, mouth, anus and other parts of the skin, Latent or asymptomatic there are no signs and symptoms and can be divided into: recent latent (up to one year of infection) and late (more than one year of infection). This phase can be interrupted by the appearance of the signs and symptoms of the secondary or tertiary phase, Secondary phase: Occurs between six weeks to six months, after the appearance and healing of the initial wound. Causing spots on the body including the palms of the hands and soles of the feet that may disappear in a few weeks, regardless of the treatment giving a false impression of healing, they usually do not itch. Tertiary



phase: Appears between 1 and 40 years after the onset of infection. At this stage, it presents as a systemic infection causing cardiovascular, neurological, bone, and skin changes (Brasil, 2022).

The adolescent in their sexual intercourse may come into contact with the hepatitis B and C virus, which are serious infections that affect the liver with great costs for public health, manifest themselves in a silent way, causing acute changes when it presents with a short duration and chronic when it lasts for more than six months. They are directly associated with STIs because they are most often caused by sexual intercourse. They are diagnosed decades after the infection because they present symptoms related to other pathologies of the liver, thus making their diagnosis and treatment difficult. As a result of their difficult diagnosis, they can cause cirrhosis, liver cancer, and death (Luppi et al, 2022).

Genital herpes is also an ITI caused by the herpes simplex virus (HSV), causing lesions on the skin and genitals of both sexes. Once inside the body, it will be difficult to eliminate, as it presents itself with periods of remission (numbness of the virus, without causing symptoms) and recurrences (clinical manifestation of the pathology). HSV can be classified into two types: HSV1 is responsible for facial herpes with manifestations in the mouth, nose and eyes and HSV2 mainly affects the genital region, anus and buttocks. Having an incubation period between 10 and 15 days after sexual intercourse, it can be transmitted even in the absence of skin lesions or when they are already healed, remaining in the human body in a state of lifelong latency, hiding in the roots of nerves (Brasil, 2022).

It is important to remember that cross-infection of herpes virus type 1 and 2 can happen if there is oral-genital contact. That is, one can get genital herpes in the mouth or oral herpes in the genital area. During pregnancy, it can cause miscarriage, as it is a congenital disease (which passes from the mother to the fetus), extremely serious and lethal. Even if the woman does not have visible lesions, she should inform health professionals that she is a carrier of the genital herpes virus if she intends to become pregnant (Brasil, 2022).

HPV affects 80% of the sexually active population who have not been vaccinated in the period of 9 to 12 years, both sexes. The virus contaminates the skin and mucous membranes - oral, genital or anal, causing warts on the genital area (genital region and anus) and cancer, depending on the type of virus. Being classified into clinical and subclinical lesions: Clinical lesions: they are externalized through (warts in the genital and anal region called condylomas acuminata and popularly known as "rooster's crest", "fig tree" or "crested horse"). They can be single or multiple, of variable sizes, flattened or papular (raised and solid). They are usually asymptomatic, but they can cause itching at the site. Subclinical lesions: being found in the same places as clinical lesions, they do not present signs/symptoms. They can be caused by low- and high-risk HPV types for developing cancer, and are not visible with the naked eye (Carvalho et al. 2021).

There is a vaccine against HPV is an effective way to immunize adolescents so that in the future they can have a healthy sex life, but there is another problem: dealing with the ignorance of parents/guardians where they associate the vaccine with active sexual life, and that they are children who



do not have sex, so they do not need to take the vaccine. This restricted view of reality is due to the religious conditions of the parents/guardians.

In the case of gonorrhoea It draws our attention to the fact that it is caused by bacteria *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, Ureaplasmas and Mycoplasmas. They are usually associated, causing infection that affects the genitals, throat and eyes. The most frequent symptoms are in women (vaginal discharge and pain in the lower abdomen), and in men (discharge from the penis and pain when urinating). However, most of the time they can be asymptomatic in most cases. (Miranda, et al. 2022).

It is worth remembering that Sex Education must be developed in the school environment, so that students can have access to clear, pertinent, scientific information free of moral and ethical judgments, respecting their age group and thus promoting citizenship (Medeiros, 2020).

It is common knowledge of the population that, at the end of 1997, the Ministry of Education made official the National Curriculum Parameters (PCN) which, in line with LDB n.9.394/96, consider that sexual orientation (a term with which I disagree) is a social and urgent issue, which needs to be contemplated in the elementary school curriculum. This requirement can, without a doubt, give new strength to the history of Sex Education, which has been registering a growth in the interest of schools in sexually educating their students, from the end of the 80s, more specifically, the beginning of the 90s. (Figueiró, 1998, p. 123)

The National Curriculum Guidelines (Brasil, 1998) Sexual Orientation at school was already foreseen as a cross-cutting theme to be developed in the space-time of the classroom where information on ITI's and HIV/AIDS could be passed on. In this sense, sex education should be carried out and treated by both health and education professionals with the utmost naturalness for the whole society, since it is part of the nature of every human being. A well-structured sex education unites practices in various specialties that facilitate the development and performance of the being as a thinking and rational person, contributing to their interpersonal relationships, favoring their coexistence in society, in the construction of critical thoughts, accepting and helping the other regardless of their choices. In view of these statements, it was observed the need to accelerate this education, so that our adolescents and young people feel empowered and safe to face obstacles that surround them in relation to sex and sexuality.

Adolescents can and should have access to this information through a teacher or health professional, enabling students to be on guard against ITIs and HIV/AIDS and to be able to experience their sexuality in an appropriate way. Since the school in this context presents itself as the student's second home, it is understood as a place of welcoming, search for knowledge, exchange of experiences, dreams, expectations, discoveries and disappointments. Characterizing the character and personality of the student, and the beginning of coexistence in society, a crucial moment for us to learn to respect the differentials of the other. Seeing this as their alternative to leverage to build a better life, because it is known that it is not the school that makes the student, but it is through it that the mind opens to absorb the knowledge leading them to a



better life.

5 CONSIDERATIONS

It is observed throughout the work that the most difficult phase of the human being is adolescence, due to the peculiarity that it presents because it is a transformation that occurs associated with physical, psychic and social changes, which form and determine the character, personality, sexual option, choice of profession, bonds of friendship and social acceptance. The main source of support in these transformations is the family environment, the school institute and health professionals.

In view of this support network, it was verified the need for training and qualification of these individuals so that an open dialogue occurs, with frequently asked questions that may arise on the subject. In order to raise reflections and differentiations about the stages of adolescence, without prejudice and discrimination in relation to their fears and anxieties that last during this period of discovery. Untying knots, removing the stones and thorns that persist in the journey of adolescents. It is essential to discuss subjects such as virtual and social relationships, primordial concepts that encompass sexuality. Trying to seek critical awareness in order to overcome the moralistic and repressive conception of adolescence through the promotion of meetings, preparation of materials, planning of content for discussion and debates, as well as workshops that involve adolescents.

Understanding adolescents is not an easy task, but we must be able to learn new ways and techniques to deal with the most diverse situations of daily life. The instability that characterizes them is not a symptom of imbalance or disease. The fear of asking questions and dialoguing about their doubts and concerns generates even greater inner conflicts.

Having the teacher as a conductor of safe and certain information about all your doubts, because he is the closest person at this time of your life. There is a need to know how to listen without prejudice and moralism, open and sincere listening gives young people the confidence to show their fears and anxieties. Health professionals stand out in this context because they experience such situations on a daily basis. They know how to welcome, approach, lead, advise, refer the adolescent to prevention and appropriate treatment, demonstrating and justifying the need for knowledge on the subject to avoid serious or irreversible consequences.

In relation to the theme addressed, it is understood that there is a need to continue the studies, since technological advances have made it possible for everyone to access information without distinction and/or discrimination, and adolescents come into contact with wrong information on the subject, so that it is extremely important that there is a correct and open awareness about the theme through public policies agreed with health and education agencies.

The denial of having had contact with ITIs due to the absence of information and/or pure denial due



to ignorance and fear of social labeling leads mostly to emotional difficulties and can lead to depression. Thus, it can be seen that sexual disorientation throughout life transforms adolescents/young people into unbalanced people to the point of not accepting the other due to prejudice, intolerance, repudiation. Thus becoming a social person, with the capacity to destroy oneself as well as one's fellow man, is not but the negation of the body and one's sexuality.

The information about ITI's, sexuality and physical and emotional transformations that each one goes through in biological adolescence should be known by each one, for this the school (teacher) in Primary Health Care (health professional) should guide, welcome, demystify, refer, listen, among others, to the adolescent/young person who wants to know "knowledge is power" and transmit what is correct and scientific should be the focus of Sexual Education of the adolescent/young person.



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