

KNOWLEDGE AND PREVENTION OF SEXUALLY TRANSMITTED DISEASES AMONG HOMELESS ADOLESCENT¹

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ABSTRACT

This study aims to identify the knowledge and prevention of Sexually Transmitted Diseases among homeless adolescents. An exploratory descriptive qualitative carried from January to March 2011 in a government hostel in Fortaleza-CE. through notes on field diary and interviews with 19 adolescents aged between 12 and 18 years. The results were analyzed and interpreted in a qualitative context, expressed mediante themes categories. Three categories were identified: knowing about STD, prevention, and risk and experiences / experiences with STD. According to the reports expressed in the categories, we verified that adolescents' knowledge on Sexually Transmitted Diseases is inadequate and leads to greater vulnerability. By expressing that ignored the issue, we identified not only the insufficient knowledge, but the shame in approaching the issue, which hindered the possibility of receiving necessary guidelines for the disease prevention. Nurses should appropriate the needs of the adolescents, seeking the planning and implementation of effective strategies to prevent Sexually Transmitted Diseases.

Keywords: Homeless Youth. Health Education. Sexually Transmitted Diseases.

INTRODUCTION

Adolescence is characterized by the period of the discoveries, sexual experimentation and the development of autonomy that create the desire to be an adult, to have the same rights. However, in the field of sexuality teens are lack of experience and maturity⁽¹⁾. Imbued with the desire to be an adult and the search for early initiation of sexual activity, the teenager is culturally influenced by the media that compose conditions that determine this vulnerability to HIV infection⁽²⁾.

The subjects are vulnerable to HIV, however this vulnerability is not equal, since socioeconomic and cultural conditions contribute to the subject and social groups more or less expose to the virus⁽³⁾. In Brazil, the existing social and economic inequalities

constitute itself as aids-related vulnerability structuring.

Among the teenagers who live in a situation of exclusion, it is highlighted in the present study the homeless adolescent who experience social exclusion and divided the space with sex professionals. This intense group interaction facilitates the early awakening of genital sexuality, permeated with violence and abuse, makes adolescents susceptible to sexually transmitted diseases and HIV⁽⁴⁾.

It is worth mentioning that the HIV infection, as well as other STDs, has as the main route of infection the unprotected sex. However, there is a lack of data with respect to notification of many STDs, a fact that leads to no visibility of the problem of various STDs that affect teenagers.

When looking at the data of HIV in the world, in 2009, there were 2.6 million [2.3 – 2.8

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million] of new HIV infections, 1.8 million [1.6 – 2.1 million] aids-related deaths, about 33.3 million [31.4 – 35.3 million] people were living with HIV. Of this total, 2.5 million [1.6-3.4 million] were children under 15 years old and mostly resided in countries of major socio-economic disparities⁽⁵⁾.

In relation to the world panorama of STDs, the data available showed that approximately 40% of sexually active teenagers have been infected by the human Papillomavirus (HPV). No less troubling, the Genital Herpes virus infection (Herpes simplex virus) increased by more than 50% with this population. In the United States, the prevalence of STDs among teenagers is around 25%, and the age group of 15 to 24 years is the one that presents a higher risk⁽⁶⁾.

National epidemiological investigations indicate that approximately 25% of STDs are diagnosed in young people less than 25 years of age. It is pointed out that in Brazil only syphilis and aids are compulsory notification and the rest are sub notifications⁽⁷⁾.

Epidemiological data show the vulnerability of adolescents to STD/aids, social exclusion being an additive factor to their greater susceptibility. Homeless adolescents are a population socially not privileged and with many facilities for the practice of unprotected sex, sometimes due to lack of information, awareness or prevention technologies access, i.e. access to condoms⁽⁸⁾. Therefore, this group has aroused the attention of professionals who aim to STD/aids prevention and health promotion.

On the relationship between vulnerability, STD/aids and homeless adolescents, it becomes relevant to the nursing professional who works in the health care scenarios learn more this problem so they can plan and execute effective educational activities of STD/aids prevention with this audience. In this sense, the objective of this study was to: identify the knowledge and the prevention of Sexually Transmitted Diseases among homeless adolescents.

METHOD

It is a qualitative, descriptive-exploratory study, which used as data collection techniques the individual interview, and notes in field diary

in which were recorded the impressions of the researcher about teenagers' environment.

The study was carried out at a hostel on the Secretary of Labor and Social Development of the State of Ceará. The place's mission is to welcome homeless children and adolescents in especially difficult circumstances in the city of Fortaleza. The objective was to carry out educational work that will provide the restoration of family links, the insertion in the community and return to school. This institution receives teenagers up to 18 years old, which made it possible to select 19 subjects of 12 to 18 years old to be part of the study.

The data collection was held from January to March 2011, being January to February the relative period on the immersion of the researcher in the research scenario. In March individual pre-scheduled interviews were conducted with teenagers and with the institution.

The information was described and organized from the transcript of the speeches of the participants in full, as the narration, the discussion and the systematic examination of the *corpus* of reports of teenagers. The results were analyzed and interpreted in a qualitative context, expressed through thematic categories, presented and discussed in two steps. At first, it was tried to describe the profile of the subjects who participated in the study, and in the second, to describe and analyze the list of vulnerabilities that emerged from reports of adolescents according to the following categories: the knowledge of STIs; prevention and risk; and the experiences with the STD/aids.

In order to preserve the anonymity of the participants there were used names of heroes of Greek mythology to identify the answers. This choice was made because it was believed that these teenagers, living in social exclusion condition and even maintain the struggle for life, had the spirit of heroes. The heroes chosen were: Pyrrha; Atalanta; Deucalion; Achilles; Orpheus; Castor; Bellerophon; Europe; Agamemnon; Lo; Ajax; Hector; Oedipus; Ariadna; Cadmus; Ulysses; Pollux; Jason and Perseus.

The research followed the ethical principles contained in resolution No. 196/96, issued by Decree No. 93,933/87, of the National Health Council⁽⁹⁾. It was submitted to the Research

Ethics Committee of Federal University of Ceará and approved under the number: 301/10.

RESULTS AND DISCUSSION

Of the 19 adolescents' participants in this study, 5 were female and 14 male. With regard to age, it was found that 9 were between the ages of 12 and 15 years, and 10 were between 16 and 18 years of age. As for the education level of participants, one was illiterate, 17 had incomplete elementary school, and a teenager attended the first year of high school.

Mostly these teens were homeless due to the rupture of family links. Even those who still had some family link reported daily leaks of the houses-homes for the street, so like this they avoided assaults and violations on the part of their parents, who often were drug users.

The following are the categories that emerged from the information obtained through individual interview applied to teenagers.

The knowledge of STIs

In the speeches of adolescents about the knowledge on the subject of Sexually Transmitted Diseases (STD), the content of the reports showed that some of the study participants had idea of contagion by STD, genital intercourse being the main route of infection. In addition, aids, syphilis and gonorrhea were the most cited diseases among teenagers, who claimed to know the STD, according to the reports:

[...] Aids I know, it's when a man penetrates a woman without a condom, then it passes, right? (Achilles).

[...] I know Aids, syphilis and gonorrhea (Lo).

[...] I know more or less. I know Aids, syphilis, I know that they are taken by vaginal intercourse (Atalanta).

I've heard on Aids [...] I know that is dangerous (Jason).

The knowledge and information about a particular disease are essential elements for the adoption of preventive measures. It is obvious, however, that attention should go not to the knowledge of the common sense, but for knowledge based, built from the applicability of scientific knowledge in the everyday actions of

the subject. However, it should be noted that the scientific knowledge must have some respect or familiarity with knowledge of common sense⁽¹⁰⁾.

This category has the knowledge and even the interrelation that teenagers were doing to address the issue of STDs when they spoke of the types of diseases that existed, but also clearly stated the name of some of these diseases:

[...] It is aids, Syphilis, gonorrhea, they are dangerous diseases and that it is caught in sex without a condom (Europe).

[...] DST I know, yes [...] I've heard on aids [...] I know that is dangerous (Ulysses).

[...] STDs are serious diseases and passing on sex (Ariadne).

[...] I think are transmissible diseases and is taken doing sex without a condom (Bellerophon).

Is an important skill subjects establish a relationship of concept and types of STDs that exist, so will be, effectively, building knowledge about sexually transmitted diseases. The seizure of knowledge, which is characterized by something that goes beyond naive consciousness, makes this a knowable object whose subject from criticality guided by a critical reflection of the world in which it operates try to meet it and take possession of the itself⁽¹¹⁾.

However, it is important to note that not all participants in this study were able to associate aids to an STD, and that the information contained in the speeches of the teenagers were not expressed properly, occurring confusion with other diseases and with the form of STD infection:

[...] I do not know the STD, I see talking on aids. I know that is dangerous (Jason).

[...] The DST, I do not know, I just know that there is aids and syphilis (Atalanta).

[...] These diseases take up when we do not take bath or live sleeping on the floor without protection (Ajax).

The content expressed in previous speeches ratifies the cohesion between knowledge and its applicability that involves the problem of STD/aids and the vulnerability that surrounds this stage of life. So become necessary continuous actions to return not only for the transmission of specific information, but also

promote the opening of discussions about the vulnerability of these subjects to STD/aids. It must be considered the social needs of the group and the objectives proposed by the STD/aids prevention programs among adolescents, recomposing innovative educational practices aimed at health promotion⁽¹²⁾.

It was noted that most of the teenagers involved in this study presented a superficial level of understanding about STDs, not being aware about the risks to which they are exposed during sex. The misinformation was showed when stressed:

[...] STD? What is this? I know not, it gives me shame (Pyrrha).

[...] STD? No, no, never heard of this (Pollux).

I know more or less, is how it can pass in sex (Jason).

[...] Well, I don't know, I forgot. But, I think it's Street disease (Hector).

I have no knowledge about these diseases [...] (Cadmus).

Expressing that were unaware of the STD/aids thematic realizes that was not only insufficient knowledge, but also shame on addressing the issue that hindered the adolescents receiving guidelines necessary for the prevention of diseases, as seen in the following reports:

[...]who does not know (Beaver).

[...]that people talk that gives shame (Pyrrha).

[...]I have never heard of this (Pollux).

According to the reports expressed in this category, it might seize that inadequate knowledge of adolescents on the STD/aids leads to a greater vulnerability to harms to health. Therefore, it becomes necessary to open and dialogal action to consider the beliefs, the values and customs that surrounds the life context of these subjects⁽¹³⁾.

The nurse should use the institutional environment of coexistence of these adolescents to make feasible the manifestation of difficulties and constraints in talking about sexuality and sexual behavior. The teenagers, because they are in groups of the same age and with the same reality, will be able to establish a close relationship between the subject dealt with and

how to behave in front of health/disease situations.

Prevention and risk

Most participants reported that already had active sex life. They mentioned the need to meet the day to day partner, believing that the life style can favor or not the HIV infection.

Some have claimed that the prevention of sexually transmitted diseases was adopted using more condoms, ratifying the direct association made between the STD/aids and the sexual contact, identified in the reports:

[...] If I hear the people say that that person has aids [...] I no longer have contact with them. I no longer have sex more with this person (Cadmus).

[...] First, I'm not having sex with anyone I don't know. When I go out with some girl I need to know if she does not have the disease. I don't stay with anybody. On the street I see a lot, girls and travesties, I know the girls. They called me several times and I've even made relationship with some girls there, but when I do it, I do it with a condom (Ulysses).

On the street, people take street women. Woman who takes diseases. I won't do anything with a women when I'm without a condom. On the beach, have many women doing programs, they call me, I don't go, no. I'm afraid of catching diseases (Bellerophon).

It was noticed that condom use was the most outstanding form for protection during sex, were those with known partners or from programs. In some reports it was noted that the concern with the infection by STD/aids ceded place to fear of pregnancy, shared between boys and girls. Often there was a confusion by associating the contraceptives as a means of protection against aids:

[...] To not take the aids we have to use a condom, pill, injection to not take the disease or children (Lo).

[...] The people there on the street calls us to do it. But when I go, I'm afraid, so I do it only with condom and pill, soI do not get caught a belly and not aids (Atalanta).

The use of condoms, as already mentioned, was referred to by teenagers who claimed to already have active sex life as more adopted during sexual intercourse to STD/aids

protection. This finding corroborates the data found in studies conducted with teenagers who also said that condom use is, above all, in the concern about a possible pregnancy, and not as a measure of protection and prevention of STD/aids. The fear of pregnancy is perceived as more likely, being this the most acceptable for the partners^(4,14, 15).

For the homeless teenagers and early leaving home without accurate information about pregnancy, and without receiving proper assistance by the health services, the risk of infection by STD/aids and unplanned pregnancy are present realities on the lack of safe sexual practices and insufficient prevention⁽⁴⁾.

In relation to the risks faced by these teenagers by the condition of street experience, the reports were clear and precise:

[...] On the street there are many girls whores, sex on the street is very easy, everyone have sex without a condom (Perseus).

[...] On the street no one uses condoms [...]the girls I know most has been pregnant because make love without a condom (Lo).

[...] In the street there are boys using syringes to drugging (Deucalion).

It was noted by the reports that the injecting drug use and unprotected sex are realities present in the daily life of these teenagers. This corroborates the results of research that showed that Brazilians teens become more vulnerable to HIV/aids infections due, among other factors, the large number of sex without the condom use and increased drug use among this audience⁽¹⁶⁾.

It was verified that among teenagers is still present an attitude that reinforces the idea and the risk that the "STD/aids problem will never happen to them". The fear of contagion by STD/aids was not sufficient for the adoption of protective measures and the belief that if it were to "catch aids" would get, regardless of prevention, because if it was determined nothing could change this destination⁽¹²⁾.

It is believed that a likely explanation for this behavior is the belief that their lives were defined by the will of God, namely, the destiny was already mapped out and if they were to become infected by HIV nothing would prevent. This can be seen through this speech:

[...] I listen to the people talk that prevents these diseases bydoing the right thing, do it with a condom. People say do it with anyone is dangerous. But I don't like to use condoms. Because if I catch this Aids I won't avoid it, because each one has the destiny that God wants. I know that it is dangerous to have sex without a condom, because anyone can get this disease, but I always do without a condom and never take anything, thanks to God (Achilles).

Among the participants of this study and who have said they have already experienced sexual experiences, some mentioned not using condoms during sexual practices justified by the following arguments:

I don't use a condom, because it onlytake clean girls and I don't have sex with gays. (Perseus).

I do not use condoms because they say that sex is better in the flesh (Cadmus).

I don't use a condom, because I am is not afraid of catching diseases (Achilles).

Through the testimonies it was showed that adolescents perceive the risk in a wrong way. At the same time who claimed to know the risks that are involved the unprotected sexual practices, they did not use a condom in all relations because of several factors, mainly due to drug use.

It is in the passage from childhood to adolescence that the drug use starts. In relation to adolescents in street situation, social exclusion and violence are part of daily reality. They use drugs in order to survive of so much suffering⁽¹⁷⁾.

Many teenagers have claimed that drugs were the means of supplying what they wanted because they gave them powers and made it invulnerable to the risks to which they are exposed daily. This strategy adopted by most of these adolescents leads them to all kinds of violence and makes them vulnerable to unprotected sex, conditioned by the loss of perception of the importance of the adoption of measures for the prevention of STD/aids.

It was availed, from the speeches of the participants of this study, that the problem of prevention of STD/aids shows concern and fear of the disease, but many teenagers are not motivated to adopt effective protection measures. In General, the fear that claims to have the diseases is not enough to bear safe

sexual practices, changing behaviors in relation to the prevention.

Experiences with the STD

In this category, called experiences with the STD, deals with the perception of some STDs prevention of adolescents of this study who reported having already experienced or were experiencing one of these diseases.

Having the individual change of subject in the course of his life trajectory, without or with an STD, it talks initially about the experiences/experiences before the infection.

It was figured out that the teenagers before experiencing the infection with an STD adopted postures of carefreeness with the vulnerability and adoption of behaviors for the non-use of condoms, as confirmed in the reports:

At the beach are a lot of girl and travestis, they called me and I was going to make money, for money I would. I did not use a condom, because there were men who did not like to use condoms. They did not accept. Sometimes I used to say that onlygo if it was with condoms, but they did not accept and I ended up going without a condom (Atalanta).

I took the girls who used drugs. They called me to have sex with them and I was going to. I did not want to know if they were carrying diseases in the body. Where I was it had a lot of piranha girl. Where I was I took someone known and make love with her without a condom (Cadmus).

According to the reports of teenagers, the STD before the infection were not regarded as problems, being completely ignored the needs of adopting preventive measures during sexual practices. However, it was found that even the information being proper or not, was present in the speeches.

When there are put up carefree sexual behavior with the need for preventive measures, adolescence and their characteristics favor the intense sexual activity, whether by the high level of hormones or by curiosity to know the new. This scenario is favorable to the occurrence of unprotected sex⁽¹⁸⁾.

For this group the STD/aids were virtually harmless, because their attitudes provide the denial of information about how the diseases could be purchased, how they could be avoided, and about the problems that these could cause.

The STD/aids were problems that seemed almost not part of the experiences of these adolescents.

It was viewed from the speeches of these subject, they had little information, and does not have any experience. They showed, thus, the denial of the possibility of these diseases being part of their lives.

The image that the teenagers had the STD/aids, even when recognized as a possible further health, stresses that even aids, perceived by most people as a progressive disease, linked inevitably to death, was not feared by them. It is likely that, in part, that thought is the idea that justification to prevent aids is required only the distance of those people who have physical signs of the disease.

This perception may be supported by the fact that the media, for a few years, misguided HIV image as a poor person and with disease aspect of the patient. Thus was created the false idea that to have the disease the apparent characteristics were highlighted.

Teenagers have the false perception that the HIV infected person is that aids sick with opportunistic infections, not recognizing the HIV positive as someone who presents risk. Therefore, they judge people by appearance and prevent only when convenient.

In relation to attitudes and to the vision of adolescents about STD prevention, after infection, these were enlarged and bearing the following thoughts:

Due to my lack of care I have been through a disease like this, but now I've learned, when having sex I have to prevent, if not the person takes HIV. (Jason).

[...] The doctor said that I have a problem of infection, I took it in a sexual relationship, I didn't care and I ended up picking up a problem. But I'm dealing with, and now I only have sex if it is with condoms. (Pyrrha).

[...] I have a disease. The doctor said it's an STD. But I'm almost cured. If I had used a condom when I have had sex with my boyfriend there in the Siqueira terminal I was not sick nor was expecting a baby. (Ariadne).

Adolescents who participated in this research 5 have already been infected by some STD. In their reports have shown that prior infection with STD/aids they could not realize the risk that were exposed to HIV. It was showed up a bit of

outrage for having adopted attitudes not responsible in sexual relations, affirming the denial of risk.

The behavior change requires awareness of man. This awareness implies the knowledge of the meanings that guide their exist and historical moment that experiences a commitment with themselves and the world they live in⁽¹⁹⁾.

The lack of commitment with themselves and with the society that surrounds teenagers was expressed in their reports at the time they ignored the possibility of contagion by STD/aids. They highlighted that they knew that aids was in the world, but even so they were not afraid of infection, perceiving it as something distant of their reality. Thereby, they did not adopt preventive behaviors, even if infected with these diseases.

It was found, at certain times, in the reports of adolescents, the perception that the STD/aids were diseases to which all were subject, however, dipping in the context experienced by them, viewed that there was the denial by the vast majority of these adolescents of the STD/aids being part of their reality. This finding suggests that it is possible that the subject recognizes the ways of infection and STD/aids prevention, but does not apply such knowledge to protect them increasing their vulnerability.

It was identified from the findings expressed in this category that the preventive attitude depends on the identification of risks to which they are subject than the information which has accumulated about how STD/aids can be transmitted/prevented. It was questioned the reasons that make the teens deny the possibility to get infected with those diseases.

For teens who have experiences with the STD, the idea of risk proved to be incompatible with the condition of omnipotence in adolescence, whereas in Brazilian society, adolescent sexuality is exerted at the sight of infinity, love and permission and denial of risk⁽²⁰⁾.

CONCLUSION

The teenagers set up as public vulnerable to infection by STD/aids, being that this vulnerability is involved in the biological determinants and psychological and social

aspects. As for the homeless adolescent, there is the factor of vulnerability to STD/aids the street, in easy sex place, prostitution and of indiscriminate use of drugs. This context does not offer these subjects suitable conditions for the awareness with a view to effective preventive measures against sexually transmitted diseases.

Most adolescents of this study showed to know the STD/aids and prevention way, however they fail to incorporate the infection of these diseases in their daily lives and in their relationships. For some of them the risk of infected with a STD does not configure as reason enough to adopt appropriate preventive measures.

It was viewed, among other things, that the use of licit and illicit drug use was regarded as one of the conditions factors for performing unprotected sexual practices, which contributes to the increased vulnerability of this population to STD/aids.

In this reality, the nurse that operates in various sectors of the health care and conducting prevention and health promotion need to empower more and more to meet the homeless adolescents entirety.

In view of these considerations, it reaffirms that the nursing professional, undertaking to promote the integral health of adolescents, need to plan and implement interventions that promote the exchange of experiences and information and awareness from the use of methodologies such as Paulo Freire. It must also have the systematic thinking of working with groups that raise the awareness of the subject to change of behavior and, consequently, to improve the quality of life, enhancing the capacity and capability of care from a multidisciplinary and intersectional approach.

Through redemption of care as act of citizenship, the interventions should be linked to cultural, social and family context of adolescent. The nurse's competence allows to articulate strategies with groups, since they facilitate the identification of adolescents' vulnerabilities and consider the particularities and specificities in the reality of these subjects. The needs presented by teenagers are essential for the planning and implementation of effective strategies in the prevention of STD/aids.

On the context exposed, infers that nurses, as health promoter, need to use methodologies that promote the integration of adolescents in the educational process, enabling the exchange of experiences and information and raising awareness about ways to prevent STD/aids.

It is concluded that support for awareness to protect against STD/aids among adolescents in

street situation appears as a challenge that nursing must face in order to find answers that lead professionals to know the ways of prevention of STD/aids, so that young people can develop their sexuality safely. Therefore, it is recommended to carry out further studies in this regard.

CONHECIMENTO E PREVENÇÃO DAS DOENÇAS SEXUALMENTE TRANSMISSÍVEIS ENTRE OS ADOLESCENTES EM SITUAÇÃO DE RUA

RESUMO

Este estudo tem como objetivo identificar o conhecimento e a prevenção das Doenças Sexualmente Transmissíveis (DST) entre os adolescentes em situação de rua. Estudo qualitativo, descritivo-exploratório, realizado de janeiro a março de 2011, em um albergue governamental do município de Fortaleza-CE. Os participantes foram 19 adolescentes com idades entre 12 e 18 anos incompletos. A coleta de informações ocorreu por meio de anotações em diário de campo e de entrevista. Os resultados foram analisados e interpretados em um contexto qualitativo, expressos mediante categorias temáticas. Foram identificadas três categorias: conhecimento acerca das DST; prevenção e risco, e experiências/vivências com as DST. De acordo com os relatos expressos nas categorias, apreendeu-se que o conhecimento dos adolescentes sobre as doenças sexualmente transmissíveis é inadequado e conduz a maior vulnerabilidade. Ao expressarem que desconheciam a temática, foi percebido que não era apenas o conhecimento insuficiente, mas também a vergonha em abordar a temática que os impossibilitava de receberem orientações necessárias à prevenção das doenças. O enfermeiro deve se apropriar das necessidades apresentadas pelos adolescentes, visando ao planejamento e à implementação de estratégias eficazes na prevenção das doenças sexualmente transmissíveis.

Palavras-chave: Adolescentes. Educação em Saúde. Doenças Sexualmente Transmissíveis.

CONOCIMIENTO Y PREVENCIÓN DE LAS ENFERMEDADES SEXUALMENTE TRANSMISIBLES ENTRE ADOLESCENTES EN SITUACIÓN DE CALLE

RESUMEN

El estudio tiene como objetivo identificar el conocimiento y la prevención de las Enfermedades Sexualmente Transmisibles (EST) entre los adolescentes en situación de calle. Estudio cualitativo, descriptivo-exploratorio, realizado de enero a marzo 2011, en un abrigo gubernamental del municipio de Fortaleza-CE. Los participantes fueron 19 adolescentes con edad entre 12-18 años incompletos. La recolección de informaciones ocurrió a través de apuntes en diario de campo y entrevistas. Los resultados fueron analizados e interpretados en un contexto cualitativo, expresos mediante categoría temática. Fueron identificadas tres categorías: conocimiento sobre las EST; prevención y riesgo; y las experiencias con las EST. Según los relatos expresados en las categorías, se apprehendió que el conocimiento de los adolescentes sobre las enfermedades sexualmente transmisibles es inadecuado y conduce la mayor vulnerabilidad. Al expresar que desconocían el tema, se percibió que el conocimiento no sólo era insuficiente, sino también la vergüenza al abordar la cuestión dificultaba la posibilidad de recibir orientaciones necesarias para la prevención de las enfermedades. El enfermero debe apropiarse de las necesidades presentadas por los adolescentes, pretendiendo la planificación e implementación de estrategias eficaces en la prevención de las enfermedades sexualmente transmisibles.

Palabras clave: Adolescentes. Educación en Salud. Enfermedades Sexualmente Transmisibles.

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