

**ADOLESCENTS IN CONFLICT WITH LAW AND VULNERABILITY FOR STI/  
HIV/AIDS: KNOWLEDGE AND LIVING****ADOLESCENTES EM CONFLITO COM A LEI E A VULNERABILIDADE PARA  
IST/HIV/AIDS: CONHECIMENTOS E VIVÊNCIAS****ADOLESCENTES EN CONFLICTO CON LA LEY Y LA VULNERABILIDAD PARA  
ITS/VIH/SIDA: CONOCIMIENTOS Y VIVENCIAS**

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**ABSTRACT**

**Objective:** to understand the experiences of young people in conflict with the law in a Center of Socio-educational Attention of Pernambuco about vulnerabilities for STI/HIV/Aids. **Method:** the qualitative research was carried out by structured form and individual interviews with 43 young re-educators between March and April of 2017, analyzed by the Discourse of the Collective Subject (DCS) method. **Results:** Even though intimate visits are not allowed in the detention unit, it was noticed that juvenile inmates not stops experiencing sexuality or practicing sex. The vulnerability seemed a little distant, even if they had a notion that they adopted behaviors that exposed them to the risk of contracting them, but they had precarious knowledge on the subject. **Conclusion:** It is necessary to take more measures that affect young people from socio-educational institutions, inserting educational actions in the routine of the environment, helping them to understand factors that intensify vulnerability. **Descriptors:** Institutionalized Adolescent; Health Vulnerability; Sexually Transmitted Diseases; Prisons.

**RESUMO**

**Objetivos:** compreender conhecimentos e vivências de jovens em conflito com a lei em um Centro de Atendimento Socioeducativo de Pernambuco acerca da vulnerabilidade para IST/HIV/Aids. **Método:** a pesquisa qualitativa ocorreu por formulário estruturado e entrevistas individuais com 43 jovens reeducandos entre março e abril de 2017, analisadas pela técnica do Discurso do Sujeito Coletivo. **Resultados:** Encontrou-se que a sexualidade do jovem em conflito com a lei não deixa de ser vivenciada e praticada quando em unidade de internação, mesmo que a visita íntima não seja permitida. Observavam a vulnerabilidade como algo distante, embora tivessem noção de que adotavam comportamentos que os expunham ao risco de contrair as IST, conquanto tinham conhecimento precário sobre o tema. **Conclusão:** faz-se necessário que outros olhares recaiam sobre os jovens de instituições socioeducativas, inserindo ações de cunho educativo na rotina do ambiente, auxiliando na compreensão dos fatores que intensificam a vulnerabilidade. **Descritores:** Adolescente institucionalizado; Vulnerabilidade em saúde; Doenças Sexualmente Transmissíveis; Prisões.

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## RESUMÉN

**Objetivo:** comprender las vivencias de los jóvenes en conflicto con la ley en un Centro de Atención Socioeducativa acerca de vulnerabilidades para IST/VIH/SIDA. **Método:** la investigación cualitativa se dio a partir de formulario estructurado y entrevistas individuales con 43 jóvenes reeducandos entre marzo y abril de 2017, analizadas por la técnica del Discurso del Sujeto Colectivo. **Resultados:** Se ha encontrado que la sexualidad del joven en conflicto con la ley no deja de ser vivenciada y practicada, aunque la visita íntima no sea permitida. La vulnerabilidad parecía algo distante, aunque tengan noción de que adopta comportamientos que los expusieron al riesgo de contraerlas, sin embargo tienen conocimiento precario sobre el tema. **Conclusión:** Se hace necesario hagan más medidas que recaigan sobre los jóvenes de instituciones socioeducativas, insertando acciones de cuño educativo, auxiliándolos en la comprensión de factores que intensifican la vulnerabilidad.

**Descriptor:** Adolescente Institucionalizado; Vulnerabilidad en Salud; Enfermedades de Transmisión Sexual; Prisiones.

## INTRODUCTION

It is considered to be minor in conflict with the law every young aged between 12 and 18 years old to whom it was designated the infractional act, which is the conduct typified as a crime or misdemeanor under Brazilian law, being the individual subjected to socio-educational measures after officially judged as inflicting the law. The deadline for the fulfillment of these relates to the severity of the committed offense and/or its recurrence.<sup>1</sup> Although they assured the exercise of citizenship by the Child and Adolescent (ECA) 1988, such as attending school and services health, such teenagers are constrained in their freedom through punitive and disciplinary mechanisms.<sup>2</sup>

It is known that the young person feels the need to confront, experience limits and even transgress them, especially when inserted into certain groups. The desire to know the new and the feeling of

invulnerability leads them to test limits. Thus, some situations may lead to the insertion of youth under the condition of conflict with the law.<sup>3</sup>

It is necessary to understand that these youth, young boys in 90% of the cases, most of the time, in their daily routine, often lack access to goods and services time - health, social and cultural.<sup>2</sup> Such factors favor the vulnerability as the social, cultural, family and gender issues that trespass the personal universe and influence their way of life.<sup>4</sup>

It is known that sexual life begins increasingly earlier. From adolescence, many changes take place and, if they are not accompanied and guided, the result of early sexual activity can affect their lives, especially sexual and reproductive health, contributing to the acquisition of Sexually Transmitted Infections (STIs), HIV/AIDS and other situations. Among the markers that corroborate with the increased risk for

such infections, the early onset of sexual life is highlighted. Furthermore, studies show that practices and risk behaviors in youth will reflect in adulthood, especially since corporate care in daily life do not always match presently knowledge about the subject.<sup>5,6</sup>

In this context, young offenders require specific attention from public policies for health promotion and disease prevention, especially those transmitted sexually, besides educational activities about sexuality.<sup>5</sup> Some receive the right to conjugal visits, what shows that the sexual life does not have a break when inserted into the institutionalization condition; others have sex with other interns.<sup>7</sup>

STIs and AIDS are serious health problems, directly related to vulnerability.<sup>8</sup> It is noteworthy that in recent years, AIDS detection rate in young males aged between 15 and 19 years almost tripled (from 2.4 to 6.9 cases per 100 thousand inhabitants), and among young people from 20 to 24 more than doubled (from 15.9 to 33.1 per 100 thousand inhabitants).<sup>9</sup>

The growth rate of people aged 15 to 19 years with HIV rose from about 800,000 in 2005 to 940,000 in 2015 in 25 countries surveyed; confirming the high incidence in this population.<sup>10</sup> In Brazil, in 2015, there was a record of people in

treatment of HIV/AIDS. Only this year, 81 million began treatment with antiretroviral therapy.<sup>9</sup> Still, research indicates that even with the presence of mass media campaigns related to the transmission of infection through sex as HIV/AIDS, they are not effective enough to stop all doubts on the prevention and transmission.<sup>5</sup>

Young people in conflict with the law are also seen as highly vulnerable by the logistics that make up the incarceration, associated, for the most part, to overcrowding. Added to this there is the lack of condom use during sex, a proven risk attitude that stands between the others.<sup>11</sup>

Due to the above, this study aimed to understand the knowledge and experiences of young people in conflict with the law in a Socio-Educational Service Center of Pernambuco, about vulnerability to STI/HIV/AIDS.

## **METHOD**

A descriptive study with qualitative approach, with young people of a Socio-Educational Services Center (CASE) in Pernambuco, which promotes inclusion work in society with minors in conflict with the law. This site is one that makes up the Socio-Educational Services Foundation (FUNASE), responsible for the

hospitalization and rehabilitation of juvenile offenders, together with the Provisional Internment Center (CENIP) and Semi-Liberty House (Casa de Semiliberdade) (CASEM).

The sample consisted of 43 young people aged between 15 and 21 years, male, who were linked to the institution as students and inmates in the data collection period, which occurred between March and April 2017, excluding those who did not want to participate or who were under the age of interval mentioned.

Although CASE had capacity for 40 minors, at the time of the survey there were 49 inmates. Because it was a relatively small population, it was decided to interview all those who fit the inclusion criteria. The objectives of the study were explained to all participants, being marked the collection process according to the availability of the place. The study was approved by the Ethics Committee (CAAE 60579516.2.0000.5196).

The collection was through structured questionnaire containing questions to characterize the sample, as well as interview, recorded in digital device with subsequent transcription, applied individually and identically to all participants in a private room to do so on

in the institution, with questions developed specifically for the study on the knowledge and vulnerability to STI/HIV/AIDS. Everybody signed the Informed Consent or, in the case of minors, the Term of Informed Assent, with the consent given by the manager of the place.

Data of the form are presented in descriptive tables. Material from the interviews was transcribed and interpreted by the Discourse of the Collective Subject (DCS) method, having the testimonies as raw material and expressing the collective thought. The most significant extracts were separated, comprising the key expressions (ECH) corresponding to the central ideas (CI) synthesizing the discourse content. From these elements, discourse-syntheses were constructed, which are the DSC regarding knowledge and experiences of vulnerability to IST for youths in trouble with the law.

## **RESULTS AND DISCUSSION**

Regarding the biographical characterization, the results showed that the mean age of participants was 16.7 years, standard deviation 1.16, with a minimum age of 15 years and maximum of 20 years, predominantly single, no children and low education (Table 1).

**Table 1.** Socio-demographic characterization of the sample of young people deprived of freedom of CASE, Petrolina-PE. N = 43.

Characteristics	Specifications	N°	%
Age	15 years	09	20.9
	16 years	06	14
	17 years	18	41.9
	18 years	09	20.9
	20 years	01	2.3
Race	Black	12	27.9
	Brown	23	53.5
	Yellow	03	7
	White	05	11.6
Marital status	Not married	40	93
	Stable union	03	7
Affective situation	Alone	27	62.8
	Seeing someone	05	11.6
	Dating	09	20.9
	Other	02	4.7
Children	Yes	07	16.3
	No	36	83.7
Religion	Catholic	12	27.9
	Evangelical	05	11.6
	No religion	24	55.8
	Other	02	4.7
Education	Attending from 1st to 5th year of the ES*	11	25.6
	Attending from 6th to 9th grade of ES*	25	58.1
	Attending from the 1st to 3rd year of HS**	06	14
	Completed the 3rd year of HS**	01	2.3

Source: Field research.

\* ES = elementary school; \*\* HS = high school.

As for the employment situation, most reported work before being deprived of their freedom, by developing various legal and/or non-legal activities. Most

lived with their family or relatives, with income between 1 and 2 minimum wages, as shown in Table 2.

**Table 2.** Socioeconomic data of juveniles deprived of freedom of CASE, Petrolina-PE. N = 43.

Characteristics	Specifications	N°	%
Worked	Yes	34	79.1
	No	09	20.9
Own income	Yes	16	39
	No	25	61
	Did not inform	02	4.7
Who lived with	Family	30	69.8
	Relatives	10	23.3
	Lifemate	02	4.7
	Others	01	2.3

<b>Family income</b>	<1 salary	11	26.2
	1-2 wages	19	45.2
	2-5 wages	12	28.6
	Did not know	01	2.3

Source: Field research.

All of them had already had sex, with 12.6 years the average age for the onset of this practice (standard deviation 1.84), ranging from 7 to 16 years the age of the first intercourse (Table 3).

**Table 3.** Characteristics of the sexual practices of young people deprived of freedom of CASE, Petrolina-PE. N = 43.

<b>Variables</b>	<b>Specifications</b>	<b>N</b>	<b>%</b>
<b>Partnership of the first relation</b>	Girlfriend	14	32.6
	Fixed fling	19	44.2
	Eventual fling	09	20.9
	Others	01	2.3
<b>Used condom</b>	No	29	67.4
	Yes	14	32.6
<b>Sexually active</b>	No	05	11.6
	Yes	38	88.4
<b>Partners last year</b>	None	3	7
	1	9	20.9
	2 or 3	5	11.6
	4 or more	26	60.5
<b>Fixed partner currently</b>	No	30	69.8
	Yes	13	30.2
<b>Current use of condoms</b>	Never	7	16.3
	Sometimes	26	60.4
	Always	10	23.3

Source: Field research.

Table 4 presents data on alcohol and other drugs. Almost everybody reported having used legal and illegal drugs before incarceration. It is also noteworthy the high rate of drug use by family and/or friends.

**Table 4.** Use of alcohol and drugs by young people deprived of freedom of CASE, Petrolina-PE. N=43.

<b>Variables</b>		<b>N</b>	<b>%</b>
<b>Current or previous use of alcohol</b>	No	3	7
	Yes	40	93
<b>Previous drug use</b>	No	01	2.3

	Yes	42	97.7
<b>Current drug use</b>	No	33	76.7
	Yes	10	23.3
<b>Family drug user</b>	No	15	34.9
	Yes	28	65.1
<b>Friend (s) user (s) of drugs</b>	No	03	7
	Yes	40	93

Source: Field research.

From the analysis of the interviews, the keyword phrases that match the central ideas were identified, enabling the construction of the Discourse of the Collective Subject (DCS) method, shown by Figure 1 below.

**Figure 1.** Central ideas and collective subject discourse of young people deprived of freedom of CASE, Petrolina-PE.

Central idea	Collective Subject Discourse
(1) knowledge of STI/HIV/AIDS	I do not know what this is. DST is AIDS? It is a disease we take during sexual activity ... you know, it's HIV! I don't know exactly, but I think we take these diseases with women from streets, who uses drugs and dates anyone; we also takes it from saliva, if there is wound in the mouth, by kiss. And through sex. I get information about it with people from the 'Postinho' staff, with the teacher in the classroom or ask a guy who already knows it, or even to my relatives.
(2) Experiences about prevention of STIs/HIV/AIDS	To prevent from some of them I know, you have to use the 'agu', right? The condom. It is using condoms and only cut your nails with your 'unhex'. I did not prevent myself much, but if I have sex out of the relationship, I use condom. I use condom in the others, I pay attention to things. I do not get every woman and not touch on who's sick. It is not very good to use condoms, but we use. It's the way to use not to have disease and no girl get pregnant, but it's like if it were not normal, as if it were not skin on skin.
(3) Personal vulnerability to STI / HIV / AIDS	Be vulnerable I do not know, I think it is to be drunk or drugged, or it is you are not be able to take a disease? It's like being with the body open to a disease, not to prevent ... At the moment I do not think I am vulnerable to these diseases because I only have one person who I have sex with and I trust my girl, and when I go out with another woman, I use condom. Besides, I made an exam and I found that I do not have AIDS. But when I was out there I was (vulnerable). I already had much sex without condom! I did not prevented me. And there were women that I had sex with and I do not know about their life ... right here I look a girl who came to see me to the bathroom and had sex with her. It was hidden from the director, but I ended up catching syphilis and had to take injection, and has a boy who had oral sex on me.

Source: Field research.

## DISCUSSION

The sociodemographic characterization presented reveals that the young participants of this research, most of them minors, reported not maintaining stable relationships with anyone, which may be linked to the fact of deprivation of freedom. Some said they were "flinging" with someone. With regard to the emotional situation "flinging", this is characterized as a relationship devoid of any commitment, with no involvement, which is characteristic of this stage of life, when the interesting is to experiment, know the new.

The absence of religiosity was also remarkable factor and, in this sense, studies bring that religions have significant influence in society, especially when it comes to preventing criminal behavior and may act as an important tool of pacification and social harmonization.<sup>12</sup>

As for the data on education, which was presented low, although the adolescents had a school bond in the unit, the disagreement found among the age-grade was somewhat expected, as they should be attending high school. These findings were also confirmed in the literature, which shows that offenders tend to have education level below what is expected for their age.<sup>7,13</sup>

It was also observed that they maintained family ties, since many of them declared were previously living with relatives, and low family income, although having referred they worked to help support the house.

As seen, the onset of sexual activity follows the parameter for the contemporary young, starting early. It is worth noting that an event so important in the life of a person must be accompanied by knowledge of the subject for the development of safe and conscious sexuality; otherwise, allows the formation of risk behavior patterns, compromising future health.

Even though the conjugal visit was prohibited while inmates at the institution, they stated they have active sexual life. It also draws attention the number of young people who did not use a condom at the 1st sexual relation. Especially in younger people, curiosity and impulsiveness in undergoing new experiences may cause the event of unprotected sex, producing risky behavior.<sup>14</sup>

Even though they had certain level of information about preventive methods for STI/AIDS, its use is presented as a separate issue, since they do not normally use condoms during sexual intercourse, even if they have multiple partners. Thus, one cannot infer that the use of condom is



linked only to the knowledge of the subject.<sup>5</sup> As such, it is necessary to define health measures to adolescents, taking into account their specificities.<sup>17</sup>

Drug use is a concern in many areas of knowledge, especially because they cause dependence. The increasing consumption and their problems are connected to different aspects, featuring a public health problem. In the midst of young offenders, the frequency of this use is even higher than in other groups, as well as the number of illicit drug users in the family context or with friends. As in this study, it was also significant in others the use of alcohol and drugs by young offenders among themselves, their families and circle of friends.<sup>3,13</sup> It is emphasized that there is already a positive correlation to alcohol/drugs use and contamination by STI/HIV/AIDS.

Data that deal with the central idea 1, *knowledge on STI/HIV/AIDS*, show that the vast majority did not know what IST meant, giving vague and limited answers, showing insecurity on this issue. The fact that some of them know nothing about the subject causes concern. It is necessary the creation of strategies for prevention to be put in discussion in social and educational institutions, contributing to the reduction of such disorders in inmates, a quite

unsettling fact among the researchers of public health and other areas.

Studies bring the lack of knowledge on the part of young people in spite of the routes of transmission and development of IST, as well as the relationship between HIV/AIDS and other factors.<sup>16</sup> This finding appears to be even more complicated with young offenders, especially by the very low schooling of the study participants, what makes difficult the understanding of more specific questions related to the theme.

The information they usually held were arising from various sources, among them friends, relatives, teachers and health professionals. In the institution, obtaining information occurred in the school environment, specifically in the science classes and specific health actions in CASE, or with the nursing technician. It is worth noting that the school was the primary means also found by other researches to address this issue<sup>18,19</sup>, what increases its responsibility to treat about important topics and laden with myths and taboos. This factor makes the role of the teacher significant among adolescents, since this is often the main disseminator of information on the topic. However, some education professionals do not feel prepared to deal with the matter, as their singularities.<sup>5</sup>

The central idea 2, Experiences on the prevention of STIs/ HIV/AIDS, points out that the participants said they know how to prevent themselves from these infections in their experiences, agreeing that not using condoms is the greatest means for contracting them. Even though, many said the male condom inhibits pleasure, which restricts its use to specific times when they are in situations they consider risky.

The significance that young people attach to preventive method, affective trust in their partnerships and ignorance on the subject shows that personal experiences were worrying, especially for keeping actions and attitudes that put them in a vulnerable situation because of the little prevention of STIs/HIV/AIDS. At risk it always seems to be the other, leading them to deny to themselves their risk experiences.

It can be seen that although most recognize unprotected sex as the main route of infection for STI, they still bind the contamination to specific risk groups to contract such infections, believing they do not fit into any of these groups. Moreover, they considered the fact of multi-partnership be a driver of vulnerability.

Despite such knowledge, adolescents still do not use condoms in all relationships, what can be explained by

cultural factors. For this reason, unwanted pregnancy and HIV transmission among young people, especially male, are still increasing.<sup>15</sup> It is known that the proportion of young people who use condom during sexual intercourse increased. However, the condom is not used by everyone and not at all sexual activities.<sup>18</sup>

As revealed by the Central Idea 3, the representations of personal vulnerability to STI/HIV/AIDS appeared to be confusion among the young participants. When asked about the self-perception about the vulnerability, it was observed that the vast majority of respondents did not feel vulnerable to acquiring these, because they believe not keeping risk behaviors. On the contrary, they judged themselves vulnerable when they were still free, referring the practice of unprotected sex with people who seemed to be belonging to risk groups, according to them, in addition to having multiple partners.

Interesting reporting that no one mentioned the fact that they themselves used drugs as a vulnerability factor for the acquisition of IST, what shows the lack of knowledge on the subject. Thus, the personal vulnerability seemed to them something far away, who had been outside the walls, beyond the institution that

housed them, anchoring it in the perception of invulnerability, peculiar to the adolescents, and believing be vulnerable someone promiscuous, sick and drugged, a totally fragile being and unprotected sex practitioner. It is noteworthy that although they had in their experiences some attitudes that fit in this description, they did not declare themselves vulnerable, especially because they have previously received the results of examinations conducted by the Testing and Counseling Center (CTA) in the unit.

Institutionalized young people have different social, economic, cultural and affective needs, or even all of them together. Nevertheless, there may be greater fear of losing their lives due to factors related to violence that permeates the daily lives of young offenders, and not those related to IST.<sup>20</sup>

Therefore, an accurate look deserves to be directed to institutions that do not allow conjugal visits. The absence of this type of visit does not necessarily mean absence of sex. It is important, thus, that special attention be paid to young people who share cell with others and do not have access to condoms, as some of them claimed to have sexual practices on the environment, as well as others who confided the existence of signs and symptoms of STIs.

Unprotected sex is the main risk factor for these diseases. Moreover, because it is a group that in itself has several vulnerabilities, the concern with the prevention of these diseases should be something that permeates the actions in socio-educational environments, entering in their daily routine activities that promote health and enable the reduction of the high levels of contamination.

## CONCLUSION

Data helped in understanding what adolescents think about the vulnerability, facilitating its understanding. Thus, they proved being vulnerable, especially for initiating sexual life increasingly early, and also, often, although they have some information; adopt risky behaviors during the course of their sexual life so far.

Participants are anchored on the idea that the vulnerability to STI/HIV/AIDS refers to people who engage in unprotected sex, being exposed to acquiring such diseases, and although they did it, they believed themselves free from danger, mostly.

One of the main characteristics found among the young people studied was the practice of unprotected sex, which is closely related to vulnerability, and even recognizing the importance of prevention, they did not used to use condoms during

sex, only focusing on the momentary pleasure.

Although experienced situations that increased vulnerability factors, what can be translated by imprisonment, the vast majority did not considered as such. They propagate limitations of knowledge regarding the subject. Nevertheless, they showed no interest in seeking information regardless of the subject.

It is concluded that the representations they have on the subject are linked to risky behavior adopted, associated to misinformation. Vulnerable is only the other, even though that I have no notion of acting within the parameters that remain distant aspects of vulnerability. The belief of invulnerability proved decisive for the vulnerability itself.

It emphasizes the importance of exercising health education as a facilitator tool for change of sexual behavior and should be promoted in addition to health

services, including the school level, so that young people can reflect on their knowledge and incorporate them to sexual practices, being able to perform them safely.

It is necessary other visions to be directed to the youth of the socio-educational institutions, especially because they have all kinds of vulnerability, increasing the risk they are exposed. Educational nature of actions should be included in environmental routine, assisting the internal understanding of factors that enhance risk experiences for contamination by sexually transmitted infections.

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