

KNOWLEDGE AND FEELINGS OF YOUNG ADULTS REGARDING SEXUALLY TRANSMITTED INFECTIONS

SABERES E SENTIMENTOS DOS ADULTOS JOVENS ACERCA DAS INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS

CONOCIMIENTOS Y SENTIMIENTOS DE LOS JÓVENES ADULTOS SOBRE LAS INFECCIONES DE TRANSMISIÓN SEXUAL

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How to cite this article: Silva LEA, Alves BP, Sá BA, Fernandes MC. Knowledge and feelings of young adults regarding sexually transmitted infections. Rev Enferm Atenção Saúde [Internet]. 2023 [access: ____]; 12(2):e202389. DOI: <https://doi.org/10.18554/reas.v12i2.5140>

ABSTRACT

Objective: to investigate the knowledge of young adults related to Sexually Transmitted Infections. **Method:** Study with descriptive design and qualitative approach, carried out in the action-research modality, developed with 15 high school students from Youth and Adult Education of a State School, in the city of Cajazeiras Paraíba, in the high Sertão Paraibano, in the year 2019. Data were obtained after approval by the Ethics and Research Committee, and displacement through the Collective Subject Discourse. **Results:** With data collection, there was a lower level of understanding among young adults about Sexually Transmitted Infections, thus demonstrating a current vulnerability that deserves attention for this age group, exposed to several intrinsic and extrinsic factors. **Conclusion:** The inclusion of health education for young adults is a way of expanding knowledge and legal rights, for a crucial and necessary understanding regarding sexual and reproductive education.

Descriptors: Sexually Transmitted Infections; Sexuality; Young Adult.

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RESUMO

Objetivo: investigar o conhecimento dos adultos jovens relacionado às Infecções Sexualmente Transmissíveis. **Método:** Estudo com delineamento descritivo e abordagem qualitativa, realizado na modalidade pesquisa-ação, desenvolvido com 15 estudantes do ensino médio da Educação de Jovens e Adultos de uma Escola Estadual, na cidade de Cajazeiras Paraíba, no alto Sertão Paraibano, no ano de 2019. Os dados foram apurados após aprovação do Comitê de Ética e Pesquisa, e analisados por meio do Discurso do Sujeito Coletivo. **Resultados:** Com a obtenção dos dados, verificou-se um nível menor de entendimento dos adultos jovens sobre as Infecções Sexualmente Transmissíveis, demonstrando assim uma vulnerabilidade vigente que merece atenção para esta faixa etária, exposta a diversos fatores intrínsecos e extrínsecos. **Conclusão:** A inclusão da educação em saúde para os adultos jovens apresenta-se como forma de ampliação do conhecimento e direitos legais, para entendimento crucial e necessário referentes à educação sexual e reprodutiva.

Descritores: Infecções Sexualmente Transmissíveis; Sexualidade; Adulto Jovem.

RESUMEN

Objetivo: Tuvo como objetivo investigar los conocimientos de los adultos jóvenes relacionados con las Infecciones de Transmisión Sexual. **Método:** Estudio con diseño descriptivo y enfoque cualitativo, realizado en la modalidad de investigación-acción, desarrollado con 15 estudiantes de secundaria de Educación de Jóvenes y Adultos de una Escuela Estatal, en la ciudad de Cajazeiras Paraíba, en el alto Sertão Paraibano, en el año 2019. Los datos se obtuvieron tras la aprobación del Comité de Ética e Investigación, y el desplazamiento por el Discurso del Sujeto Colectivo. **Resultados:** Con la recolección de datos, se verificó un menor nivel de comprensión de los adultos jóvenes sobre las Infecciones de Transmisión Sexual, demostrando así una vulnerabilidad actual que merece atención para este grupo etario, expuesto a diversos factores intrínsecos y extrínsecos. **Conclusión:** La inclusión de la educación en salud para jóvenes adultos es una forma de ampliar conocimientos y derechos jurídicos, para una comprensión crucial y necesaria en torno a la educación sexual y reproductiva.

Descriptor: Infecciones de Transmisión Sexual; Sexualidad; Adulto joven.

Financing: Not applicable

INTRODUCTION

Young adults with active sexual practices without correct sexual and reproductive education are, in general, more prone to diseases due to several factors, whether individual, cultural, religiosity, political, economic or fear of knowing and assuming their sexuality. In this way, the search for the new and the lack of guidance on these issues leave them

vulnerable to risk situations, among them, Sexually Transmitted Infections (STIs).

Through unprotected sexual activity, more than 20 types of STIs can be transmitted, caused by 30 different etiological agents (viruses, bacteria, fungi and protozoa) and, although many have a cure, the number of infected is increasing. In this perspective, aspects related to sexuality, methods of barriers, STIs and

AIDS get a prominent position as indispensable tools in education and health promotion for the population, in emphasis, young adults, because the corporality assumes significant changes, quickly and markedly, often with some adversities that interfere in the life of the subject.¹

According to a study by the World Health Organization (WHO), there is an estimate that in every 20 adolescents, between 15 and 24 years old, they acquire some type of STI. Among them are Viral Hepatitis, Acquired Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), which is registered annually in approximately 40,000 new cases in the last five years.²

The pertinence of this topic is supported by the fact that STIs are a public health problem, with adolescents and young adults being the most vulnerable, relating their occurrence to the early onset of sexual life, without acquiring preventive attitudes.³

The diversity of STIs in society encompasses a multitude of conditioning factors that involve vulnerable subjects in this situation. Young adults, for example, between 15 and 24 years of age, present characteristics corresponding to these distinctions, such as early relationships and numerous partners, lack of knowledge, low education, influence of alcohol and other

drugs, irrational use of contraceptives and the entry into universities, due to the new responsibilities, autonomy and decisions.⁴

Furthermore, young adults are aware of the importance of using condoms, but these measures are not used as a correct practice for a safe relationship; the information on its use is transmitted erroneously, many times, or not used by the subject because he does not feel comfortable, thus increasing the probability of experiencing a situation associated with risks.⁴

STIs do not only affect the physical and mental well-being, but also the social factor of the subjects affected by it, with divergent aspects from one individual to another, favoring situations of social distancing, affective problems, work and study, in addition to the risks of family conflicts.

Indeed, sexual health has been gaining space in several studies in the literature, but its complexity still plagues a world in constant change, even considered a modern era, issues about sex and sexuality are difficult, mainly associated with culture and its beliefs, so, sex education presents itself as a crucial increment in the prevention of possible problems.⁶

Given the above, it was decided to develop this research considering the importance of the theme in the current

scenario and its adversely generated influences on the affective health of young adults, who are in a transition period and discovering their sexual behaviors.

Faced with the delimited framework, the present work aimed to investigate the knowledge of young adults related to Sexually Transmitted Infections (STIs).

METHODOLOGY

This is a descriptive study with a qualitative approach, carried out in the action-research modality. The study is a part of the Completion Work of the graduation course in Nursing and respected the ethical and legal precepts that involve research with human beings, having been approved by the Research Ethics Committee of the Federal University of Campina Grande - Teacher Training Center under number 3,412,870. All research participants signed the Informed Consent Form (TCLE), as established by Resolution 466/12 of the National Health Council.

The members of this study were young adults studying in the third year of EJA high school at a State School, in the city of Cajazeiras, in the Sertão Paraibano - Brazil, in 2019. In that year, about 247 students were enrolled in EJA . It was adopted as an inclusion criterion: young adults who are regularly enrolled in EJA.

As exclusion criteria: young adults with verbalization difficulties and who have visual limitations.

The research was conducted through a semi-structured interview containing the following questions: "Describe what you mean by Sexually Transmitted Infections"; "What feelings/sensations do you experience when thinking or talking about STIs?" and "What problems or difficulties do you notice in the environment where you live and that are directly related to the emergence of STI?". After the survey of the responses of the subjects surveyed there was the analysis to identify the problem studied.

Interviews were carried out with 15 EJA students, and after identifying the theoretical saturation, that is, from the moment that no additions of new information were observed, the interviews were interrupted. All took place in a reserved place, with the use of guiding, discursive and recorded questions, only after permission from the interviewee and signature of the Free and Informed Consent Form (TCLE).

Using the Discourse of the Collective Subject (DSC) method for data processing, the research is based on the type of social investigation, with the use of active methodologies as a tool between the researcher and the participating subject,

thus, for a better understanding of the situation studied which surrounds them.⁷

Following the operative proposal⁸ for analyzing the material obtained in the research of critical, systematized and expressive integration, by using the DSC technique to collect the Central Ideas (CI) and Key Expressions (ECH), they were divided into four stages: 1. Execution intermediated by the semi-structured interview, where interviews were recorded, transcribed and analyzed, in order to elaborate a data collection to identify the problem; 2. Classification of data, after starting from the first action in which we sought to establish the focus on the first reports, followed by the organization of new ideas for future actions to be worked on the theme; 3. Identification of the knowledge deficit in the studied group, through meetings with educational games and a conversation wheel about STIs,

RESULTS AND DISCUSSION

Based on the reports of young adults, three categories were identified that will be presented and discussed using the CSD.

The first category emerged through an approach to STIs, with the aim of working and identifying existing gaps related to the topic. Eleven participants participated in the construction of this DCS.

Category 1 – Perception of young adults about STIs.

DCS01: These are diseases transmitted during the sexual act, both through physical contact and kissing, and if you don't use a condom when you have sex, there are many things you can catch. I think it's kind of irresponsible for the person who has sex without a condom and doesn't even know the person, he goes there and has sex, the person talks, has sex and I don't know what, he doesn't even know the person and a disease happens. They have sex without a condom, not even bothering to know, like, if the partner has a disease or those things. These diseases are very dangerous, they can even cause death, they are very contagious diseases that people have to be aware of to prevent these diseases, it is something that you should be very concerned about, right?!

According to DSC01, it could be seen that the students presented a coherent definition of what STIs are, therefore, their conception resembles what the literature brings.

In part of the speech, the students defined what STIs would be, but they still stuck to the old term that defined them as sexually transmitted “diseases”. This understanding is understood as natural, since this nomenclature, until then, is disseminated in the population, pointing out that this new form of conceptualization will still take some time to be understood.

The terminology Sexually Transmitted Infections (STIs)³ started to be used to highlight the possibility of the subject having and transmitting the

infection, even without showing characteristic signs and symptoms of the disease. Often because they are asymptomatic, they end up making it difficult to correctly detect the possible problem and transmitting it more easily.

The students stated that, in addition to sexual contact, the STIs can be transmitted through kissing; however, in addition to kissing, it can be transmitted by several other routes, such as unprotected sex and blood transfusion. Direct transmission through kissing occurs through the contact that the individual has with the oral mucosa, saliva or even the blood of the infected person, therefore it will be classified as acquired syphilis.^{1,4,11}

Based on what the students said in their speech about the forms of transmission, it could be seen that they have mastery in this regard, which can be understood as something positive, as it is very important that they know how the transmission of STIs in general even for their own prevention.

In this perspective, the students talked about condoms being one of the forms of prevention used, since, according to the Ministerial document¹, one of the main forms of prevention against STIs is the use of male and female condoms. In addition, the use of condoms can be correlated with prevention actions, carrying out anti-HIV tests, vaccination

against HPV and Hepatitis B, among others.

In view of the above, the students remained aware that the condom is a method that must be used and that its non-use could result in an STI, however, they did not mention other types of important prevention, which reveals a knowledge basics on the subject.

One of the main contributing factors for young adults' lack of knowledge about STIs is the lack of understanding of their vulnerability. Vulnerability is characterized by a set of situations that directly imply their nature, namely, epidemiological, social, cultural, political, educational and biological, in addition to not being recognized as subjects with sexual and reproductive rights.⁹ Young people are not adequately prepared to deal with sexuality, so they make hasty decisions governed by a need between feelings and managed transformations of puberty.

In this way, vulnerability also applies to the lack of implementation of Public Policies specific to this public, since educational programs on health, sexuality and prevention provide learning and awareness about the body itself, in which the discharge of these tend to strengthen the information deficit about infections resulting from unprotected sex.¹⁰

Another fundamental aspect for understanding the vulnerability of young adults: gender.¹¹ When related to the male gender, the social pressure regarding sexual practices differs from the teachings to the female gender. In many cases, men start their sexual activity at a very young age, with little knowledge about safe and preventive methods, most of whom are resistant to condom use. Vulnerability increases for the female audience due to the machismo present in society, within the structural context, in which the expression of sexuality for women is not fully adequate before marriage.

Even if there is disclosure on social media and even in textbooks about sexual health and STIs, it is not enough to combat or reduce the chances of new cases of diseases. The patriarchal contribution of society contributes to deviations in the teaching-learning process of adolescents, evidencing the search for the new in the wrong practice.¹²

However, most programs in the field of sexual health are limited to the problem of some STIs, such as HIV/AIDS, for example, without contemplating other aspects that equally contribute to the appearance of this disease and different disorders, such as unplanned pregnancy and unsafe abortion.

The deficit in knowledge about these subjects corroborates for the subject

to look for health institutions only when they have a more serious illness, in this way, the dissemination of STIs continues to flow among groups of different age groups, including young adults, as they are the group with the greatest potential for contamination and transmission.¹³

According to data from the World Health Organization (WHO), most young adults start sexual relations earlier, sometimes with different partners, starting between 12 and 17 years of age. With understanding, the most known and effective condoms are the female and male condoms, but although it is publicized, the use of condoms is not well targeted.¹⁴

With the decrease in the use of condoms, the use of contraceptive methods, such as oral pills or injectables, but without effectiveness against STIs, thus developing another problem for the population lacking information: the irrational use of medication and the adverse and harmful reactions to health. This complexity works together with a rooted result of stigma, judgment and lack of education in society.

For the construction of the second category, the feelings of young adults related to STIs were considered. This category explains the relationship of the unknown in the lives of young adults and how they face this reality, with the DSC being composed of six participants.

Category 02 - Fear linked to the unknown

DSC02: I am very afraid of these diseases, because at any moment, we could have them or it could happen that we have them, and when we have them, we are afraid to tell people. It's a feeling of fear, because I can be with a person there and the person simply gives me an STD or a disease and I have to undergo treatment for the rest of my life. So it's fear, because like, like everyone nowadays is with everyone, we never know who that trustworthy person is. The fear I have is like this, of taking it from another person who has it and passing it on to someone who doesn't have it, getting the blood and the person also has a disease. Fear, it's fear, fear of living like this all your life with that disease like, we see that there is no cure, for example, AIDS has no cure, then you'll live that life almost all your life taking medicine and stuff, I'm afraid.

Participants claim to have fear of the risk of contracting an infection during the sexual act, linked entirely to the incorrect handling or lack of use of condoms. According to a study¹⁵, the lack of educational preparation in sexual and reproductive health reverberates the reality that surrounds us; therefore, the lack of perception about STIs stimulates, mainly, the health-disease process in the population, in particular young adults.

The lack of some information in relation to STIs is directly related to the social determinants that influence the risk of transmission of these health problems¹⁶, this stage of life changes the act in the subject's life as the feeling and the search for the new arise. Thus, many situations occur during adolescence, as well as unprotected sex without proper knowledge contributes to the onset of

sexual infections or an unplanned pregnancy.

Added to that, it is also possible to observe the fear of not knowing if the sexual partner has an STI, different situations, but that should not happen. In view of this, the absence of an adequate space for sexual health education leads to the emergence of some negative conflicts such as fear, guilt, stress, social exclusion, anxiety and prejudice.¹⁷

Another literature explains that the family environment is another process attributed to the fear of adolescents to talk openly about sex and sexuality, as it is related to the taboo in which encouraging dialogue about sexual and reproductive education will induce early practices in adolescence.¹⁸

Although most young adults, considering the early onset of sexual life, have basic knowledge about STIs, the inclusion of classes involving the theme promotes significant changes derived from the information provided about reaching those who are still vulnerable.

In this way, this theme being widely debated in society opens a possible way to demystify several mistaken positions that the population still has, therefore, knowledge becomes a possibility even to overcome the fear of the unknown.

For the construction of the third category, the content addressed is related

to prejudice and shame about STIs still in force in the current scenario and how young adults deal with the problem. For the DCS, four participants were used.

Category 3 - Prejudice and shame surrounding the health-disease process of STIs

DSC04:*I notice a lot of prejudice, for example, when a person has HIV, even people are looking away from them, because they don't want to have contact, and it's not that easy to catch. Nowadays this subject is still treated as a taboo, but it shouldn't be, so much so that many people were embarrassed to come here to answer you, because "ah but I don't have a disease" "ah but I won't know", but I think that everything depends on the person's opinion, this is totally personal. It's the shame people have to talk about these things! But he's ashamed to talk about it. Reality is stamped on many people's faces, but they don't see it, they don't have the same thought that I have, that because a person is sick, because a person has this disease, I can't get close.*

As they become more present in the modern world, STIs still constitute a position with many inquiries and questions about their conditions, not only because of the number of people infected, but also because of the socioeconomic repercussions and the ability to affect sexual, reproductive, mental and social health. Much is known from the studies offered and available, but there is still a large percentage of the population far from this knowledge, causing a cycle of vulnerabilities and greater probabilities of illness.¹⁵

The perception of the existence of prejudice surrounding the STI carrier and how much it affects the subject's personal and emotional life must consider the adversities arising from its negative effect, leading to isolation and distancing from society, both due to shame and prejudice, not limited only to morals, but encompassing political, behavioral, aesthetic, cultural and other values.¹⁹

The stigma created around STIs, especially HIV and AIDS, has had a great social impact, requiring interventionist action that can help in the context of life in which these people are inserted. Planned interventions are needed that are aimed at this group of people in order to minimize prejudice and discrimination, offering moments of satisfaction and demystifying STIs and HIV/AIDS as taboos.²⁰

Another challenge faced by individuals diagnosed with an STI or seropositive: family relationships. Since the family environment is seen as the foundation for good social and educational development, most of those infected suffer from discrimination, prejudice and rejection by relatives.²⁰

Prejudice and sexual discrimination surround the HIV/AIDS carrier and it has been carried out since it emerged as an STI, this occurs through the standards imposed by society and stereotypes related to behavior and social morality.²⁰ When

the subject is isolated and disregarded by society and family members for having an STI, ends up causing serious psychological consequences, favoring the emergence of other diseases.

Therefore, it was noticed during CSD03 that some young people do not propose to try to solve their doubts and this directly reflects on their attitudes towards society, since it is of paramount importance that young adults have prior knowledge about STIs, since that they may be present in your life cycle. In addition, they are part of a group that are starting their sex life and consequently are increasingly discovering their body and sexuality.

There are several strategies that can be worked on to facilitate adherence to the use of safe methods, treatment of diseases and awareness of cases, such as: support groups and conversation, educational and recreational activities, with reinforcement of illustrative material, free of charge, with support of health, education and political institutions.

FINAL CONSIDERATIONS

Based on the analysis of young adults' knowledge, it was possible to identify the limitations related to STIs and the sexual and reproductive health that surround their personal and social environment.

With the reports obtained, it was verified that the students participating in the research had a lower level of understanding about STIs, even regarding the level of education they were in. This demonstrates the impasses present in society and public education institutions, which deserve increasing attention in order to understand the crucial need for adequate education on sexual health and reproductive rights for the youth public, adolescents and young adults.

However, considering the fact that greater access to information through social media, it is observed through the reports that there is a long way to go in the social and personal structuring of this population. There are other reasons to be concerned about the knowledge of young adults, including in relation to STIs and HIV/AIDS, despite the fact that most people know about some infections and how they are transmitted, many are in the process of discovering what is right and what is wrong, sometimes, judging or being judged, they end up making the teaching process difficult.

This study had some limitations, such as the availability of respondents, as there were days when there were no classes and thus making contact with young adults difficult, directly reflecting on the number of meetings.

It is necessary to emphasize the awareness of the theme, through more responsible and continuous attitudes, with inclusion of knowledge-teaching-learning also for parents, teachers and health professionals, as continuing the educational process clarifies new directions for a new world.

It is concluded that, considering that the information related to the theme

was worked and discussed in a school, it is faced with the knowledge of young adults below average. Therefore, it emphasizes the need to include educational activities for the young adult population, with the inclusion of disciplines related to sex and sexuality that promote awareness of legal sexual and reproductive rights.

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RECEIVED: 06/21/21

APROVED: 07/03/23

PUBLISHED: 07/23