REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH

DOI: 10.9789/2175-5361.2016.v8i4.5054-5061

Conhecimento de estudantes adolescentes sobre transmissão, prevenção e comportamentos de risco em relação às DST/HIV/AIDS

Adolescent students knowledge about transmition, prevention and risky behavior related to STD/HIV/AIDS

Conocimiento de estudiantes adolescentes sobre transmisión, prevención y comportamientos de riesgo en relación a DST/VIH/SIDA

Richardson Augusto Rosendo da Silva[1]; Ana Raquel Cortês Nelson[2]; Fernando Hiago da Silva Duarte[3]; Nanete Caroline da Costa Prado[4]; Jose Rebberty Rodrigo Holanda[5]; Danyella Augusto Rosendo da Silva Costa[6]

How to quote this article:
Silva RAR; Nelson ARC; Duarte FHS; et al. Adolescent students knowledge about transmition, prevention and risky behavior related to STD/HIV/AIDS. Rev Fund Care Online. 2016 out/dez; 8(4):5054-5061. DOI: http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5054-5061

ABSTRACT

Objective: To evaluate adolescents' knowledge, public school students in the city of Natal/RN, about transmission, prevention and risk behavior regarding STD/HIV/AIDS. **Methods**: Descriptive study with a quantitative approach carried out from March to December 2013 with 222 students of a public school in the city of Natal, Northeastern Brazil. Data were collected from a semi-structured questionnaire answered in the classroom. This study was approved by the Ethics Committee in Research of the Federal University of Rio Grande do Norte, CAAE: 13831113.6.0000.5537. Prior written consent was obtained from parents or caregivers and adolescents. The inclusion criteria consisted of the student being regularly enrolled in school, in high school, and agree to participate voluntarily in the research. **Results**: The study found significant levels of ignorance about transmission, prevention and treatment of AIDS, and elucidated some risk behaviors that make young people vulnerable to STD/AIDS. **Conclusion**: Sexual orientation programs in schools are needed to encourage adolescents for a safe sexual behavior, healthier and less exposed to risk.

Descriptors: Adolescent Health; School Health; HIV; Acquired Immunodeficiency Syndrome; Sexually Transmitted Diseases; Sexual Behavior.

[1] Nurse. Ph.D. in Health Science. Associate Professor III of the Graduate Course of the Post-Graduate Program (Master degree and Ph.D.) in Nursing at the Federal University of Rio Grande do Norte/UFRN. Natal/RN, Brazil. Member of the Assistance and Epidemiological Practices in Health and Nursing Research Group /PAESE/UFRN. Natal/RN, Brazil. E-mail: rirosendo@yahoo.com.br.

[2] Nurse by the Federal University of Rio Grande do Norte/UFRN. Natal/RN, Brazil. E-mail: ana_nelson88@hotmail.com.

[3] Nurse of the Family Health Strategy of São Paulo do Potengi/RN. Natal/RN, Brazil. E-mail: fernandohiago@hotmail.com.

[4] Nurse. Resident in Neonatal Intensive Therapy-RES/TERINTNEO by the Federal University of Rio Grande do Norte/UFRN. Natal/RN, Brazil. E-mail: caroline_k16@hotmail.com.

[5] MD. Resident in Family and Community Medicine by the Federal University of Rio Grande do Norte/UFRN UFRN. Natal/RN, Brazil. E-mail: rebbertyufrn@hotmail.com.

[6] Nurse. Master degree in Nursing by the Post-Graduate Program in Nursing of the Federal University of do Rio Grande do Norte / PGENF/UFRN. Federal Institute of Education, Science and Technology of Rio Grande do Norte/IFRN. Natal/RN, Brazil. E-mail: danyellaaugusto@yahoo.com.br.

RESUMO

Objetivo: Avaliar o conhecimento de adolescentes, estudantes de uma escola pública na cidade de Natal/RN, sobre transmissão, prevenção e comportamentos de risco em relação às DST/HIV/AIDS. **Métodos**: Estudo descritivo-exploratório, com abordagem quantitativa, realizado de março a dezembro de 2013 com 222 estudantes de uma escola da rede pública de ensino na cidade de Natal, Nordeste do Brasil. Os dados foram coletados a partir de um questionário semiestruturado respondido em sala de aula. Este trabalho foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte, CAAE: 13831113.6.0000.5537. Foi obtido dos pais ou responsáveis e do adolescente o prévio consentimento por escrito. O critério de inclusão consistia em o aluno ser regularmente matriculado na escola, cursando o ensino médio e aceitar participar espontaneamente da pesquisa. **Resultados**: O estudo apontou índices significativos de desconhecimento em relação à transmissão, prevenção e tratamento da AIDS e elucidou alguns comportamentos de risco que tornam a população jovem vulnerável às DST/AIDS. **Conclusão**: Programas de orientação sexual nas escolas são necessários para incentivar os adolescentes a terem um comportamento sexual seguro, saudável e menos exposto a riscos.

Descritores: Saúde do Adolescente, Saúde Escolar; HIV, Síndrome de Imunodeficiência Adquirida, Doenças Sexualmente Transmissíveis; Comportamento Sexual.

RESUMEN

Objetivo: Evaluar el conocimiento de adolescentes, estudiantes de una escuela pública en la ciudad de Natal/RN, sobre transmisión, prevención y comportamientos de riesgo en relación a las DST/VIH/AIDS. **Métodos:** Estudio descriptivo-exploratorio con enfoque cuantitativo realizado de marzo a diciembre de 2013 con 222 estudiantes de una escuela de la red pública de enseñanza en la ciudad de Natal, Nordeste del Brasil. Los datos fueron recogidos a partir de un cuestionario semi-estructurado respondido en sala de aula. Este trabajo fue aprobado por el Comité de Ética en Investigación de la Universidad Federal de Rio Grande do Norte, CAAE: 13831113.6.0000.5537. Hubo previo consentimiento por escrito de los padres o responsables y del adolescente o. El criterio de inclusión consistía en el alumno ser regularmente matriculado en la escuela, cursando la secundaria, y aceptar participar espontáneamente de la investigación. **Resultados:** El estudio mostró índices significativos de desconocimiento en relación a transmisión, prevención y tratamiento del sida, y elucidó algunos comportamientos de riesgo que tornan la población joven vulnerable a las DST/sida**. Conclusión:** Programas de orientación sexual en las escuelas son necesarios para incentivar a los adolescentes para un comportamiento sexual seguro, sano y menos expuesto a riesgos.

Descriptores: Salud de los Adolescentes; Salud Escolar; VIH; Síndrome de Inmunodeficiencia Adquirida; Enfermedades Sexualmente Transmisibles; Conducta Sexual

INTRODUCTION

Biopsychosocial changes occurring in adolescence can interfere with the natural process of development, making them feel the need to experience behaviors and situations making them more vulnerable to risks to their health, including on sexuality.[1]

Thus, adolescents are often among the most vulnerable groups to risk behaviors for acquiring sexually transmitted diseases (STDs). The early onset of sexual activity, multiple partners, sporadic use of condoms, the consumption of alcohol and illegal drugs have been considered preceptors for STDs.[1]

In Brazil, it is estimated that four million young people become sexually active each year and there are about 12 million STDs a year, of which one third are individuals under 25 years old.[2] Considering the long period latency of HIV/AIDS, these data suggest that infection occurs probably in adolescence.[3]

Young people are vulnerable in all societies of the globalized world, according to publication of the United Nations Population Fund (UNFPA)[4], every 14 seconds, a young person between 15 and 24 years old is infected with HIV; and, of all new infections, about half occur in this age group. Therefore, the implementation of prevention programs for young people before they start behavioral practices that may increase the risk of HIV transmission, as well as evaluating its impact, become indispensable.

In this context, it is possible to elucidate the school as a strong interference environment in adolescent sexual education. It is known that the school is a very appropriate scenario for the development of a sexual education program, which in addition to a direct action on the students, indirectly encourages the family to play its role.[5]

The school is the social environment in which the individual spends much of his life, and is a major factor in interpersonal contacts, so it should contribute to the development of a sexual education that promotes the adolescent sense of self-responsibility and commitment to his own sexuality.[6]

Given the above, knowing that sexual orientation is an essential factor to the safe development of sexuality in adolescence, and having the school as a scenario to this work, the following research questions emerged: what do adolescents, students of a public school, know about transmission, prevention and risk behavior regarding STD/HIV/AIDS? Do adolescents received guidance on HIV/AIDS inside and outside the school environment? What type of guidance do they received?

Therefore, the aim of this study was to evaluate the knowledge of adolescents, students at a public school about transmission, prevention and risk behavior regarding STD/HIV/AIDS.

In this sense, this research is justified by the possibility of deepen the discussions on the practices of STD/AIDS used by adolescents. The study is relevant because it enables contribute to the development and improvement of prevention and health promotion programs as well as sexual education campaigns aimed at adolescents in the school environment, with a view to promoting a better quality of life and health.

METHODS

It is a descriptive, exploratory study with a quantitative approach carried out from March to December 2013 with 222 students who attended high school in a public school in the city of Natal, Rio Grande do Norte, Northeastern of Brazil.

The descriptive study design promotes an outline of reality once it describes, registers, analyzes and interprets the current nature or processes of the phenomena. The authors claim that the focus of this method is on the prevailing conditions of reality, or as a person, group or thing is conducted or works in the present, using for this purpose the comparison and contrast. In problem solving, it informs current conditions, needs and how to achieve results.[7]

The selection of public school of high school was done for convenience, subject to the permission of the leaders. The sample was established according to the calculation for finite populations sampling error of 5% and a reliability of 95%, constituting a sample of 222 patients.

This study was submitted to the Ethics Committee in Research of the Federal University of Rio Grande do Norte (CEP/UFRN), in accordance with the provisions of Resolution 466/12, defining the regulatory guidelines and standards for research involving human beings, receiving approval nunber CAAE: 13831113.6.0000.5537.

Prior consent in writing was obtained from parents or caregivers of adolescents, and the refusal or if the adolescent does not want to participate in the survey were the only exclusion criteria. The inclusion criteria consisted of the student being regularly enrolled in school, in high school, and agree to participate voluntarily in the research.

A semi-structured questionnaire, self-administered, anonymous, developed by the authors was used, containing two parts. The first part had questions about the socio-demographic characteristics such as gender, course number, age, marital status, number of children, religion, residence, housing situation, existing items in the house of the participants and higher education of the household head. The second part addressed questions about transmission, prevention and risk behavior regarding STD/HIV/AIDS and sexual orientation inside and outside the school environment, as well as the types of guidance received.

To correct possible imperfections and prepare the definitive instrument, the survey pilot test was previously performed in adolescents from another school. The questionnaires were applied by researchers and answered in the classroom, explaining in advance the purpose of the research and asking to sign the TCLE, considering the Resolution of the National Health Council for achievement with human beings ensuring anonymity of the interviews and the removal at any time of the survey.

Data were analyzed using descriptive statistics and the results were divided into three categories (knowledge about STD/AIDS, risk behavior and sexual orientation in schools) and presented in tables with the values of frequencies and percentages.

RESULTS AND DISCUSSION

The study sample consisted of 222 participants in the distribution of questionnaires per classroom. The largest participation was from students enrolled in the first year of high school with 111 (50%). Regarding gender, most students were women with 133 (60%), with predominant age group 16-17 years old (45%). Regarding the Marital Status, 217 (98%) were single and 212 (96%) had no children. With regard to religion, participants found predominantly Catholic 117 (53%), the data will be illustrated in the figure below.

Figure 1 – Socio-demographic characterization of adolescents enrolled in high school of a public school. Natal/RN, 2013

Socio-demographic data		
Socio-demographic characterization	**N**	**%**
Gender		
Female	133	60
Male	89	40
Age group		
14 – 15 years old	73	33
16 – 17 years old	99	45
18 – 19 years old	44	20
≥ 20 years old	5	2
High school grade		
1º grade	111	50
2º grade	35	16
3º grade	74	34
Marital status		
Single	217	98
Married	6	1
Separated	1	1
Religion		
Catholic	119	53
Protestant	60	26
Without religion	22	10
Other	24	11
Children		
With children	10	4
Without children	212	96
Total	**222**	**100**

Source: Data collected by researchers.

When asked about the level of education of the household head, 64 (29%) of the students said they completed high school. With regard to housing, 137 (62%) of respondents lived in their own home. Most of the participants, 178 (81%) said they live with their parents. The socioeconomic data, in its fullness, are shown in the figure below.

Figure 2 - Socioeconomic characterization of adolescents enrolled in public high school. Natal/RN, 2013

Socioeconomic data		
Socioeconomic characterization	**N**	**%**
Higher level of education of the household head		
Illiterate	4	2
1st to 3rd grade of elementary school	20	9
4th to 7th grade of elementary school	32	14
Complete elementary school	32	14
1st ou 2nd grade of high school	33	15
Complete high school	64	29
Incomplete higher education	17	8
Complete higher education	20	9
Housing		
Own house	138	62
Rented house	84	38
Housing situation		
Alone	4	2
With parents	178	81
Other members of the family	39	18
Items in participants´houses		
Television		
None	6	2
Only one	76	34
Up to two	78	36
Up to three	46	21
Up to four	16	7
Radio		
None	65	29
Only one	110	50
Up to two	35	15
Up to three	8	4
Up to four	4	2
Bathroom		
None	2	1
Only one	112	50
Up to two	80	36
Up to three	16	7
Up to four	12	6
Bathroom		
None	86	39
Only one	95	44
Up to two	28	13
Up to three	11	4
Up to four	2	1
Washing machine		
None	49	22
Only one	160	73
Up to two	11	4
Up to three	2	1
Up to four	0	0
DVD		
None	33	14
Only one	129	58
Up to two	45	21
Up to three	13	6
Up to four	2	1
Refrigerator		
None	5	1
Only one	196	89
Up to two	18	8
Up to three	3	1
Up to four	0	0
Computer		
None	39	17
Only one	113	51
Up to two	44	20
Up to three	20	9
Up to four	6	3
Internet access		
Yes	176	80
No	46	20
Total	**222**	**100**

Source: Data collected by researchers.

Knowledge about STDs/AIDS

When asked about the Human Immunodeficiency Virus (HIV) be the causative agent of acquired immunodeficiency syndrome (AIDS), 175 (80%) of the students said yes, 30 (14%) did not know and 15 (7%) said no.

Asked about the possibility of a healthy-looking person can be infected with HIV, 110 (50%) answered no, 88 (40%) said they did not know and 24 (10%) said yes.

When asked whether AIDS is a disease that affects only males, 205 (93%) answered no, 12 (5%) did not know and 4 (2%) said yes. They were asked whether AIDS is a disease that only occurs in male homosexuals, prostitutes and drug users, where 196 (89%) answered no, 13 (6%) did not know and 12 (5%) said yes.

As the possibility of using cutlery, glasses or meals shared with an infected person can transmit HIV, 136 (62%) answered no, 49 (22%) said yes and 36 (16%) did not know. When asked whether HIV can be transmitted by mosquito bite, 128 (58%) answered no, 60 (27%) did not know and 33 (15%) said yes. In relation to hugs or kisses on the cheek transmitting HIV, 183 (83%) responded that is not possible, 25 (11%) did not know and 13 (6%) said yes. As regards the transmission of HIV through soap, towels or toilet seats, 126 (57%) responded no, 55 (25%) did not know and 40 (18%) said yes. Asked if it is possible the spread HIV by sharing needles and syringes,

201 (91%) said yes, 14 (6%) did not know and 6 (3%) said no.

They were asked about the sexual routes of transmission of HIV, compared to contagion through oral sex, 121 (55%) said they did not know, 72 (33%) said yes and 28 (13%) said no. On anal sex can transmit HIV, 139 (63%) said yes, 66 (30%) did not know and 16 (7%) said no.

As for the vertical transmission of HIV, participants were asked if a carrier pregnant woman can transmit HIV to her child during pregnancy, 156 (71%) said they did not know, 47 (21%) said no and 18 (8%) said yes. With regard to HIV transmission through breast milk, 77 (35%) stated that no, 38 (17%) answered yes and 106 (48%) did not know.

When asked if the use of male or female condoms can prevent transmission of HIV, 208 (93%) of the students said yes, 6 (3%) said no, and 7 (4%) did not know. Figure 3 shows better the results above.

When asked whether AIDS has a treatment, 171 (77%) said they did not know, 27 (12%) said yes and 23 (10%) said no. Regarding AIDS having a cure, 175 (79%) answered no, 31 (14%) did not know and 15 (7%) said yes.

Risk behavior

There were 133 (60%) responding that they have had sexual intercourse. Out of them, 120 (90%) said they have had at least one sexual intercourse without using a condom. In addition, 7 (5%) reported that they never use a condom during sexual intercourse.

When asked about the following situation "Recently I met someone interesting, there was something going on, and I had a strong desire to have sex. Then I...", 102 (46%) said they have experienced such a situation, 65 (64%) reported that when going through this circumstance they had sexual intercourse without using a condom, 20 (19%) said they had sexual intercourse using a condom they had in hands and 17 (17%) almost had sexual intercourse without a condom, but gave up.

As for their opinion about the condom, it was found that 149 (67%) responded that it is useful to prevent children, HIV and Sexually Transmitted Diseases; 41 (19%) said it is easy to handle it, 21 (10%) said that can be used in a pleasant way and 10 (5%) that is not required to be used with the person you love and trust.

Figure 3 - Knowledge about STD/AIDS of adolescentes enrolled in a public high school. Natal/RN, 2013

KNOWLEDGE ABOUT HIV/AIDS	YES (N)	%	NO (N)	%	DID NOT KNOW (N)	%
The HIV virus is the causative agent of AIDS	175	80	15	7	30	14
Healthy-looking person can be infected with AIDS	24	10	110	50	88	40
AIDS only affects homosexual men, prostitutes and drug users	12	5	196	8	13	6
STD/AIDS TRANSMISSION						
By shared cutlery, glasses, or meals	49	22	136	62	36	16
Mosquito bite	33	15	128	58	60	27
Hug or kiss on the cheek	13	61	183	83	25	11
Through soap, towels or toilet seats	40	18	126	57	55	25
By sharing needles and syringes	201	91	6	3	14	6
Through oral sex	72	33	28	13	121	55
Through anal sex	139	63	16	7	66	30
During pregnancy	18	8	47	21	156	71
Through breast milk	38	17	77	35	106	48
Condom prevents transmission	208	93	6	3	7	4

Source: Data collected by researchers.

Sexual guidance in school

Of the participants, 178 (81%) said they sometimes received guidance on HIV/AIDS outside the school environment, 34 (15%) had received no guidance on HIV/AIDS and 9 (4%) said they did not remember. By the author of information, (85%) reported being friends, (10%) older siblings and (5%) their parents. When asked whether they received guidance on HIV/AIDS in school, 99 (45%) answered yes and 123 (55%) answered no. Among those who received information on HIV/AIDS, 141 (64%) said they received information about how to prevent it, 40 (18%) on risk behavior related to HIV/AIDS, 34 (15%) guidelines on the ways of transmission and 6 (3%) on the treatment of the disease.

Currently, adolescents discuss more about sexual behavior, the risks of sexually transmitted diseases and pregnancy prevention, but when it comes to general knowledge related to STDs, it can be observed that this topic is not fully understood by adolescents in this study, according with the results evaluated. However, it is noted that the conversations and dialogues related to the topic were only superficial, that is, there is no clarification of due care on the use of contraceptives, before the start of sexual life.[9]

Together with the results, the authors report that the first sexual intercourse of adolescents translates the meaning of autonomy, where they spend the living sexuality in more liberal way. In recent years, it was observed that sexual initiation has been increasingly early, around 14 to 15 years old, but this decision varies between men and women.[10]

It is true that the perception of sexual activity and the love life of adolescents in this generation is quite different from previous generations, due to multiple sexual partners, diversity and form of relationship, providing increased acquisition of infection or pregnancy.[9]

With regard to the age of the students, this study can evaluate individuals from 14 years old to students above 20 years old, which according to the studies evaluated they are within the age group referring to the beginning of most of the sexual life individuals nowadays. This shows that the level of education of adolescents was close to the expected in this age group, as eighteen adolescent/young should be finishing high school.[11]

In the marital status of the respondents, studies show that single adolescents are more inclined to relate with multiple partners, but those who live with their parents, in this period there is less possibility of acquiring an STD/HIV. That is, the family acts as a reference for guidance on health, talking about sexual and reproductive issues.[11]

Among the 220 adolescents studied, 40% have already taken early sexual activity. Among them, 14% started between 14 to 15 years old, and 26% started after 16 years old. This proves the early onset of sexual life of these individuals. A study conducted in São Paulo revealed that the average age for onset of sexual activity among adolescents was 14.8 years old, then, at 19, a large portion has already begun sexual life. This fact proves the anticipation of the age of sexual initiation affecting significantly in the concepts surrounding sexual behavior in adolescence, as well as the development and implementation of strategies of sexual and reproductive health of adolescents.[12]

Another study conducted in São Paulo/SP reports that adolescents had their first sexual intercourse because they felt the need to lose their virginity, because after a certain age virginity becomes a weight in their lives, also serving as a pressure element to sexual initiation.[11]

In addition, sexuality is an individual and social manifestation, adolescents' sexual development is influenced by themselves, by the family and their equal groups, but the pressure exerted by this group contributes an important factor for onset of sexuality.[13]

Some studies suggest the low rate of condom use by adolescents at first intercourse, which can be confirmed by the results of this study. This is related to the difficulties of negotiation between partners. The literature also brings conceptions of adolescents who still associate condom use as interference in pleasure during sexual intercourse.[13]

A research conducted in Piauí found that condom use at first intercourse is frequent , but knowledge about the use of condoms is not enough to trigger a positive attitude, and it is necessary to strengthen the ongoing guidance for adolescents have a risk free sexual life. For this, it is up to family, school, and health services to guide these adolescents before they start their sexual activities in order to minimize the risks of STDs and unwanted pregnancy.[14]

There are several reasons for these unprotected sexual behavior among adolescents. One is misinformation, as the adolescents seem unaware of their fertile period or contraceptive use in the right way; or simply do not believe in the existence of the risk of pregnancy and disease since the first intercourse, considering themselves indestructible and unattainable in their magical thinking.[15]

With regard to general knowledge about STD/AIDS, it was noted that this topic is not totally unknown by adolescents studied, although the number of adolescents who showed some level of knowledge about STDs was significant, it is important to emphasize this theme in schools and spread the dialogue on the risks of sexually transmitted diseases.[16]

In this context, Romero et al. reported that 12% of all adolescents who participated in their study believed that AIDS could be transmitted by insect bites, and sharing objects such as plates, cutlery or glasses used by a carrier of the disease. They reported also that the level of knowledge is different by socioeconomic status and that these gaps in knowledge could contribute to generate adolescents beliefs that they should make them think that AIDS would not reach them. In this study, it was found that there are similar percentage; showing the misinformation and imminent need for awareness actions directed to young Brazilian students.[15]

As knowledge about AIDS, studies show that the current perception of AIDS and HIV patients changed

considerably losing the former profile adopted where it was thought that only adults homosexual men and drug users were carriers of the disease.[16]

Regarding the prevention, studies show that in Brazil and other countries, there was a significant increase in condom use by adolescents, although other studies of adolescents reported never having used a condom, although they were knowledgeable of risks.[14]

As for the healing and treatment, most of the population reported having knowledge about it, or have heard of strategies to minimize the clinical signs of AIDS. However, it must also consider that saying "to know a disease" can mean simply to heard of it and many times, just vaguely. Schools, campaigns, health services, all the entities involved in adolescent guidance, including the sexual guidance, should be concerned not only to transmit knowledge, but to make periodic backups of teachings, since many times adolescents have not their attention focused on the issue of prevention.[17]

In this sense, most of the students interviewed said they had some guidance on HIV/AIDS in school, so it is valid to emphasize the importance of including sexual education in schools, because it is essential in this orientation process changing reality, understanding and increasing awareness of the risks of sexually transmitted diseases and prevention of STD/AIDS. Thus, it is evident that STDs are a serious public health problem among young Brazilians requiring incisive and uninterrupted fighting.

CONCLUSION

In general, students who participated in this research were mostly female, aged 16-17 years old, single, living with parents without children and Catholic.

It was found that most adolescents are unaware of the possibility of contagion of STD/AIDS through oral sex, vertical transmission and on breast milk, in addition to the possibility of a healthy-looking person can be infected with HIV. It was found that among the study participants, who have already had sexual intercourse, most reported having experienced at least one sexual intercourse without using a condom, and some are still not using condoms during sexual intercourse and others consider not required its use with the person you love and trust.

It was evident that most participants of this study had not received guidance on HIV/AIDS in the school environment. However, a large number got that guidance out of school, mostly by friends, which can be superficial, full of taboos and prejudices, and that come from untrusted sources, which also often did not have access to sexual education.

Finally, the results of this research showed significant levels of ignorance of adolescents in relation to transmission, prevention and treatment of AIDS, as elucidated some risk behaviors that make this population vulnerable to STD/AIDS, such as early onset of sexual life and the infrequent use of condoms.

In this way, it is imminent the need for effective programs of sexual orientation in schools with attention focused on the integral health of adolescents, in order to prevent young people get involved with vulnerabilities that may cause damage to their health, and thus provide consistent knowledge, able to generate safe and healthier sexual behavior, and less exposed to risk.

REFERENCES

1. Silva P, Oliveira MDS, Matos MA, Tavares VR, Medeiros M, Brunini S, et al. Comportamentos de risco para as doenças sexualmente transmissíveis em adolescentes escolares de baixa renda. Revista Eletrônica de Enfermagem. 2005; 7(2): 185 -9.
2. Ministério da Saúde (BR). Programa Nacional de DST e AIDS. Boletim epidemiológico AIDS [periódico na Internet]. 2012 [citado 2013 Dez 11]. Disponível em: http://www.aids.gov.br/publicacao/2012/boletim-epidemiologico-aids-e-dst-2012.
3. Oliveira SHS, Dias MR, Silva MIT. Adolescentes e AIDS: Fatores que Influenciam a Intenção de Uso do Preservativo. J Bras Doenças Sex Transm 2005;17(1):32-8.
4. Fondo de Población de las Naciones Unidas. Estado de la población mundial 2003: inversiones en su salud e sus derechos. Nova York: UNFPA, 2003.
5. Jardim DP, Bretas JRS. Orientação sexual na escola: A concepção dos professores de Jandira- SP. Rev. bras. enferm. 2006; 59(2): 157-162.
6. Costa COM, Lopes CPA, Souza RP, Patel BN. Sexualidade na adolescência desenvolvimento, vivência e propostas de intervenção. J Ped. 2001; 77(2): 217-24.
7. Triviños ANS. Introdução à pesquisa em ciências sociais. São Paulo (SP): Atlas; 1992.
8. Assis MR, Silva LR, Pinho AM, Moraes LEO, Lemos A. Gravidez na adolescência e sua relação com a prática do sexo seguro. Rev. Enferm. UFPE on line [internet]. 2013 [cited 2013 dez abr];7(4):1073-80. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3028/pdf_2358.
9. Araújo TME, Monteiro CFS, Mesquita GV, Alves ELM, Carvalho KM, Monteiro RM. Fatores de rico para infecção por HIV em adolescentes. Rev. Enferm. UERJ. [internet]. 2012 [cited 2013 dez18]; 20(2):242-7. Disponível em: http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/viewArticle/4072
10. Costa ACPJ, Lins AG, Araújo MFM, Araújo TM, Gubert FA, Vieira NFC. Vulnerabilidade de adolescentes escolares às DST/HIV, em Imperatriz – Maranhão. Rev. Gaúcha Enferm. [internet] 2013 [cited 2013 dez 18]; 34(3):179-186. Disponível em: http://www.scielo.br/pdf/rgenf/v34n3/a23v34n3.pdf.
11. Barbosa SM, Costa PNP, Vieira NFC. O comportamento dos pais em relação à comunicação com os filhos adolescentes sobre prevenção de HIV/AIDS.Rev. RENE. Fortaleza. [internet]. 2008 [cited 2013 dez 18];9(1):96-102. Disponível em: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/527/pdf.
12. Albuquerque JG, Pinheiro PNC, Lopes MVO, Machado MFAS. Conhecimento deficiente acerca do HIV/AIDS em estudantes adolescentes: identificação de diagnóstico de enfermagem da NANDA. Rev. Eletr. Enf. [internet]. 2012 [cited 2013 dez 18];14(1):104-11. Disponível em: http://www.fen.ufg.br/fen_revista/v14/n1/pdf/v14n1a12.pdf.
13. Brêtas JRS, Ohara CVS, Jardim DP. O comportamento sexual de adolescentes em algumas escolas no município de Embu, São Paulo, Brasil. Rev. Gaúcha Enferm. [internet]. 2008 [cited 2013 dez 18]; 29(4):581-7. Disponível em: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/3875/6543.
14. Mendonça RCM, Araújo TME. Métodos contraceptivos: a prática dos adolescentes das Escolas Agrícolas da Universidade Federal do Piauí. Esc. Anna Nery Rev. [Internet]. 2009 [cited 2013 dez 18]; 13:863-71. Disponível em: http:/ /www.scielo.br/pdf/ean/v13n4/v13n4a24.pdf.
15. Romero KT, Medeiros EHGR, Vitalle MSS, Wehbba J. O conhecimento das adolescentes sobre questões relacionadas ao sexo. Rev. Assoc. Med. Bras. [internet]. 2007 [cited 15 dez 2013]; 53(1): 14-9. Disponível em: http://www.scielo.br/pdf/ramb/v53n1/12.pdf.
16. Silva RAR, Duarte FHS, Nelson ARC, Holanda JRR. A epidemia d aids no Brasil: análise do perfil atual. Rev enferm UFPE on line. [intenet]. 2013 [cited 2013 dez 18];1(10):6039-8. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4882/pdf_3677.
17. Martins LBM, Costa-Paiva L, D'Osis MJ, Sousa MH, Pinto Neto AM, Tadini V. Conhecimentos sobre métodos anticoncepcionais por estudantes adolescentes. Rev Saúde Pública. [internet]. 2006 [cited 2013 dez 15];40(1):57-64. Disponível em: http://www.scielo.br/pdf/rsp/v40n1/27116.pdf.

Received on:17/03/2014
Required for review: 24/11/2014
Approved on: 10/02/2015
Published on: 01/10/2016

Mailling address:
Ana Raquel Nelson
University of Rio Grande do Norte
Central Campus. Department of Nursing.
Rua Lagoa Nova, S/N. Natal (RN), Brazil.
ZIP code: 59078-970.