



Adolescent development and sexual health in the curriculum of health science careers

Desarrollo del adolescente y la salud sexual en el currículo carreras ciencias de la salud

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ABSTRACT

Adolescence is one of the most complex, profound and transitional stages of the life cycle, a time of interconnection in the biological, psychological, emotional, social, behavioral and cognitive dimensions until reaching maximum maturity; in response to this, society demands health professionals to contribute to the community in activities to promote health and prevent disease. In this sense, this study arises with the intention of determining the sexual health culture in sexually active adolescents. For this purpose, a qualitative, phenomenological type of research was carried out, in which interviews were conducted with previously structured open-ended questions to 4 adolescents who met the inclusion and exclusion criteria. After collecting the information, the results were subjected to analysis and interpretation through the process of categorization and coding, having obtained that: sexually active adolescents have little

information on sexual health, sexual practice is generally monogamous, early onset, product of peer and acquaintance pressure, coupled with curiosity; there is condom use; however, the information comes from various sources and scarcely from the health unit.

RESUMEN

La adolescencia es una de las etapas del ciclo vital muy compleja, profunda y de transición, de interconexión en las dimensiones biológica, psicológica, emocional, social, conductual y cognitiva hasta llegar a la máxima madurez; en respuesta aquello, la sociedad demanda del profesional de salud que aporte dentro de la comunidad en actividades de fomento de la salud y evitar enfermedades. En tal sentido, surge este estudio con la intención de determinar la cultura de salud sexual en adolescentes sexualmente activas. Para lo que, se realiza una investigación cualitativa, de tipo fenomenológico, en la cual se realiza entrevistas con preguntas abiertas previamente estructuradas a 4 adolescentes que cumplen criterios de inclusión y exclusión. Posterior a recolectar la información se somete a análisis e interpretación los resultados mediante el proceso de categorización y codificación, habiendo obtenido que: los adolescentes sexualmente activas tienen escasa información sobre la salud sexual, la práctica sexual generalmente es monógama, de inicio precoz, producto de la presión de compañeros y conocidos, aunado a la curiosidad; existe el uso de preservativos; no obstante, la información surge de varias fuentes y escasamente de la unidad de salud.

Keywords / Keywords

Adolescente-salud sexual-curriculum

Adolescent-sexual health-curriculum

Introduction

Referring to the conglomerate of adolescents means thinking of 20% of the total population of the planet, with the particularity that 85% of these are found in countries in a situation of progress; that is, in these geographies the largest population of this age range is found. In Latin America, the adolescent population between 10 and 19 years of age increased 138% during the 30 years since 1960, and by 1990 the group of 10 to 24 year olds reached 155 million, constituting

approximately one third of the population of Latin America and the Caribbean. (Mori, 2018).

According to INEC for 2017 in Ecuador there are approximately six million children and adolescents aged 0 to 17 years, which means 35% of the total population, a decade ago the demographic group in Ecuador represented children under 18 years old, today they represent 28% and 33% corresponds to the age of 12 to 17 years old (Ecuador, 2018).

The World Health Organization (WHO) conceives the stage of adolescence as a cycle of human growth and development after childhood and before adulthood, which lasts from 10 to 19 years; time that includes 3 chronological moments known as early, middle and late adolescence; the first from 10 to 13 years, followed by 14 and 16 years known as middle and the last from 17 to 19 years. This cycle is determined by the increase in independence and marked autonomy, self-esteem, self-worth and personal identity. Particularly in the early stage the first physical characteristics stand out, in the subsequent intermediate stage the sexual alignment develops progressively, while in the late stage there is important cognitive, emotional and behavioral maturity; which together with the social sphere are determinants of behavior.

In this sense; identifying the needs in this life cycle requires decisively to capture in the educational units most of this age group; it is in these places where according to Blanco there are difficulties related to risky sexual activity, high incidence of drug use, alcohol consumption, unhealthy habits caused by social coercion or lack of information on health issues, situations that most of the time are minimized at this age due to an apparent self control. (Blanco Pereira, 2011).

Regarding sexual activity at risk, one of its consequences is pregnancy in adolescents, which is diagnosed as a public health problem. Adolescents have early sexual relations and with it multiple complications and risks according to the Paladinez study, which sought to determine the sociodemographic conditions and complications that increased the rate of adolescent pregnancies, in which it was observed that 57.65% of pregnant women belong to middle adolescence, 37.65% correspond to the late adolescence stage. However, 4.71% of the adolescents are in the early stage, which indicates a high risk of maternal and neonatal morbidity and mortality. (Paladinez, 2020).

The World Health Organization (WHO), orients sexuality as a vertical axis of the human being, since 1974 it was closely contemplated by some psychologists such as Freud, Kolbert, and Piaget who related it to psychological, social, cognitive, language development; which are in tune with ethical and social values as an expression of sexual and reproductive behavior; which is more marked in adolescence compared to the other life cycles.

The cases of sexually transmitted infections or STIs have been on the rise in recent years according to the study of Reyes, who argues as causes of that the beginning of early sexual activity, dragging with it the possibility of the association with the greater number of sexual partners. The 94% of infected women are located in undeveloped countries, about 275,000 of the deaths are due to HIV, therefore, they are among the main causes of maternal deaths. (Reyes A. , 2017)

172 In this context, dealing with the problems of adolescence, according to the study by González, whose objective was to analyze the reality of a group of adolescents in the intermediate stage with the possible intention of designing a Pediatric Nursing program that gathers specific competences and contributes to their development, he found that young adolescents anticipate situations such as the consumption of narcotics, conditions concerning sexuality, experiences during their lifetime, the permutations that have occurred, the relationship with their peers and family members. (González Zúñiga, 2015).

In this sense, Primary Care professionals play a crucial role in the early detection and prevention of the problems mentioned in the previous paragraph, since they work at the gateway to the healthcare system. According to Lopez, in the study aimed at raising awareness of the need for health education intervention in adolescents in the school setting, particularly on issues related to sexuality, he concludes that the school nurse is a key figure in the context of training and plays a decisive role in health care and health promotion, and that the lack of information on the subject of adolescence, its changes and needs is one of the determining factors in risky behavior. (López, 2019)

In the study on "Experience of nursing care to children and adolescents in risk centers to know the experience of nursing care, unveiling the motivations and values to care for children and adolescents in these centers in the Araucanía-Camaguey Chile region", the codes presented are: incentive to work in the center,

beginning and evolution of nursing care;; identification, performance and experience of institutional values, professionals in the care. The codes of care activities were focused on drug administration and drug management, administrative activities with institutional goals, emotional charge and containment, both oriented to the characteristics of the population, attention to vulnerable groups such as the child population, performance values such as responsibility, dedication, ethics, patience, empathy, scarce scientific production on the subject, children who have been violated, values such as ethics, tolerance, empathy and dedication, as well as disciplinary responsibility. Lack of research on the nurse's work. (Mercado-Elgueta, 2020). In this context, all the efforts made by academia to contribute to adolescent health still leave a bias in society, which calls on higher education institutions to reassess what is really happening in society and intervene in it by means of links.

- 173 According to Mori's study, in which he seeks to analyze the attributes of the nurse's competencies in the care of schoolchildren as seen by managers of educational institutions, he presented the following empirical categories: The nurse in the promotion of the health of the educational community; The nurse in the prevention of disease in the educational community; The school nurse articulating health-education in the everyday life of these (Mori F. M., 2018) . In this sense, considering what the WHO indicates, about sexuality in man, regarding the influence that this has biological, psychological, social, religious, spiritual, political, economic, legal, ethical, historical aspects, allows inferring that it is a state that has multidimensional influences whose commitment is deep in adolescence and puberty, requires intimacy, autonomy, responsibility, its impact will be the product of the sexual thoughts lived (Mullinax and Mathur, 2017).

According to Sanchez's study, which aims to evaluate a Health Education (HE) experience in adolescents on health topics chosen by them, using Instagram. A change in their knowledge, attitudes, as well as their satisfaction and adherence to the activity is assessed. Satisfaction with the overall program has been high, which shows that the vast majority liked this new way of learning. Add that this great majority of participants think that Instagram can be a good tool to promote health. The good reception of social networks as tools for Health Education is also the result of studies with similar interventions (Sanchez, 2021) . In this sense, technology and its computer applications are a good current channel to address the needs and issues in adolescents, i.e. inadequate nutrition or physical

activity, substance use and abuse, sexual activity leading to unwanted pregnancy or possible infections, and behaviors that contribute to violence and unintentional injuries (suicide/homicide). It is through the School Health Programs (PSE) that interventions on healthy habits will be carried out. The exchange of knowledge and information, promoting safety and improving the quality of life of young people.

In this sense, this group is the one that in a short time makes up the economically active population, they are the ones who are responsible for family, political, social, educational, productive and demographic life; promptly identifying the problems that involve them from a preventive and promotional philosophy constitutes a hope and better prognosis for society, addressing better living conditions for each one of them.

174 With this background, what can be done in the training of health professionals, involves taking a look at the ways of teaching and learning; according to Algarra, the nurse is trained with solid theory that he/she applies in practice, initially guided by teachers, depending on the real experiences to which he/she has access during this phase, the future professional acquires the necessary competencies for his/her job performance (Algarra, 2018).

In this context, the health of the schoolchild is conditioned to social, educational, didactic dimensions, conglomerates such as the family, nucleus of society that demands observation, which leaves said Cardenas, in the study "Analysis of nursing situation: caring for the family from Roy's model of adaptation" which states that there is a lack of effective dialogue within the family, insecure scenarios due to adverse events or situations that surround it, which determines alterations in coping and accommodation, which directly impacts on reflected in negative changes in the self-concept and interdependence relationships in families. (Cárdenas-Martínez, 2019)..

Materials and Methods

For this study a qualitative research of phenomenological, non-experimental, field, interpretative type is carried out. It uses theoretical methods, synthesis analysis, induction, deduction, historical-logical, and interview. A questionnaire of previously

structured questions in which sex education in sexually active adolescents is examined, for which it is diagnosed what sexually active adolescents think about sex education and the factors that condition it are identified. The sample consisted of 4 adolescents who attended the consultation at the San Francisco de Asis CS in the Guayaquil Canton, who signed the informed consent for their participation.

The analysis of the data begins with the execution of relationships, dispersion in clusters in which characters are included for the design of the interview data package, the codes are those identified as the most significant from the information obtained from the respondents, i.e. the adolescents; then, comparisons and links are made to locate the various categories and sub-categories, assembling a systematized information table that serves as a basis for an approach to the hypotheses.

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The questions asked are: What do you think about sex education during adolescence? What opinion can you give about how your first sexual experience occurred? What do you think about actions to prevent sexually transmitted infections and pregnancy during adolescence? What do you think about sex education provided by the nursing staff of the health unit?

Table 1. Categories, subcategories and codes

Category	Sub-category	Codes
adolescent development and sexual health in the curriculum - health science careers	Adolescents' perception of sex education.	Approval Physical and emotional well-being Reasoning Attention Mutual assent Programming the family Corporeal sexual activity Possibility of STIs Health Protection methods Safe sex
	Sexual behavior determinants	Access to health units Contraceptive methods Information on methods and reproduction within the family

Values: Trust
Disinformation and
curiosity
Sexually transmitted
diseases
Loyalty
Partner- and peer-
induced behavior
Early onset
Monogamy
Mutual consent
Family planning
Reproduction and fertility
Values: Respect,
Responsibility
Risk of contagion
Insecurity, fear, doubts,
embarrassment
Educational talks
Disinformation
Motivation for nursing
students
State of emergency due to
COVID 19
Contraceptive methods
Scarce information issued

Education
received by
health/nursing
personnel

Results

The variables studied are: sexual health in adolescence and the nursing curriculum. Regarding what adolescents think about sex education, the following codes were obtained: approval, physical and emotional wellbeing, reasoning, attention, mutual consent, family planning, sexual activity, possible sexually transmitted infections, health, protection methods, safe sex; some of which coincide with the study by Ibarra, in which 19.04% of pregnant women who receive consultation have co-morbidity such as diabetes, overweight; however, they attend for control, this being the opportunity to develop health promotion and disease prevention activities. (Ibarra, 2021).

In this context, the study by Rojas, for "Knowledge and Experience of the Nursing student in their care practices" yielded categories such as: successful didactics, care learning process, professional competencies, teaching role and pedagogical relationships. The highest levels of evidence are found in the studies on didactics, however, the trends and challenges of this review are oriented towards professional competence because it becomes the transversal concept in nursing education, which denotes the need for an important theoretical basis of how to learn and how to teach in such a way that the didactic competences are evidenced in practice. (Rojas Reyes, 2018).

With regard to the conditioning factors of sexual behavior, the categories obtained correspond to access to health units, contraceptive methods, information on contraceptive methods and human reproduction, values of trust, respect, responsibility, loyalty, misinformation and curiosity, sexually transmitted diseases, behavior induced by peers and partners, early onset, monogamy, mutual consent, insecurity, fear, doubt and shame. Coinciding with this study, the research by González, S., on "The adolescent and his or her experience during the intermediate stage", prioritizes problems at this age, addictions, sexuality and their concerns, experiences, transformations occurring during this stage, interaction with peers and family. (González Zúñiga, 2015) In this sense, this phenomenon is conditioned by personal and contextual factors that can bring with

them, in addition to sexual problems, other problems that will mark their lives in adulthood.

According to Freitas, nursing practice in countries such as London, France, Germany, Scotland, Switzerland and Sweden, is diverse and different from that of the United States and Spain with regard to adolescent health management, the school nurse is an established figure and aims to strengthen prevention and health promotion activities in schools. In the United States, the school nurse has a dual role (in the school and in the health service) and carries out consultations with students, parents and educational professionals both in the school and in the health service. However, they agree on the need to address issues (chronic diseases, emergencies and first aid) and on health promotion (educational activities: healthy eating, cardiopulmonary resuscitation techniques (CPR), environmental health and sex education, etc.) in the various groups in which there are 178 subjects in this life cycle. (Freitas Matos, 2020)

Conclusions

The full development of the adolescent is conditioned by universal principles; participation, accessibility, autonomy, justice and equity involving the family, groups, health units, education, health, economy and political sectors are determining factors in the promotion and fostering of health.

Addressing the social dimension in adolescents is an important basis for achieving their identity and responsible behavior in such a way that they are free of risks with regard to subsequent diseases, as a determinant of their purpose in life and future. Diagnosing the health situation of adolescents, based on the holistic approach, is a real precedent that makes it possible to include in the curriculum of health science courses as a response to social needs, whether for undergraduate or postgraduate training, in order to train professionals with new competencies and profiles for the requirements of young people with contemporary problems.

Adolescents spend most of their time at school, which is why schools have a duty to provide a health-promoting framework. The health

education provided by the school nurse lays the foundations for the healthy development of the individual in adolescence and throughout his or her life. The first contact with the young adolescent and giving the necessary confidence is a way of achieving rapprochement, being a tutorial figure and accompanying him/her throughout the cycle of health education.

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