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Editorial



Social representations on sexuality among adolescents in the Amazonian context

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ABSTRACT

Objective: To identify the structure of the social representations on sexuality among adolescents in the Amazonian context. **Method:** A qualitative and descriptive study with a qualitative approach, having the Theory of the Central Core of Social Representations as input, developed with 101 young individuals from a public school in Belém do Pará in September and October 2018. The data were collected by means of freely evoking the inducer term "sexuality" and analyzed by means of the openEvoc 0.84 software. **Results:** The central core was integrated by the "pregnancy and diseases" elements. The peripheral system was constituted in greater frequency by: "sex and having sex", in the first periphery; "condom and pleasure", in the second periphery; and "sperm and penis", in the contrast zone. **Discussion:** For the adolescents, the main elements are "sex", "to having sex" and "orgasm". In the representative core of the girls, the most readily evoked words were "pregnancy", "diseases" and "first-time". **Conclusion:** It is up to the nurses to think in health education strategies along with the adolescents.

Descriptors: Adolescent Health; Sexuality; Nursing.

INTRODUCTION

Adolescents go through important biological, cognitive, emotional, and social changes; and this stage is a period of great physiological/body changes, but mainly, of transition to new social, work, affective, and sexual experiences. It is during adolescence that new behaviors, experiences, and habits are experienced. However, some of these experiences are considered health risk factors, such as sexual activity. Sexuality is a central aspect that shapes the identity of the young individual and involves elements such as sex, gender roles, sexual orientation, pleasure, intimacy, and reproduction⁽¹⁾.

The concept of sexuality is wide, comprising manifestations of feelings, desires, behaviors, and discernment belonging to the affective, sexual, and social life and to the bond established between people. The perception of sexuality is intimately linked to the events experienced and built in a continuous

process in the individual's life, by means of continuous learning permeated by social, cultural, and historical conceptions, the triad responsible for the formation of understanding of sexuality between individuals⁽²⁾.

Data from the United Nations Population Fund points out that male adolescents face high infection rates of Sexually Transmitted Infections (STIs) and HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), in addition to being involved in high rates of accidents and deaths in traffic, violence, suicide, and higher rates of tobacco consumption, among other substances compared to female adolescents⁽³⁾.

The World Health Organization states that nearly 90% of the violent acts resulting in deaths are committed by men, and they also represent 83% of all homicide victims. As for young women, they are at a greater risk of becoming victims in

courtships, sexual attacks, and violence acts perpetrated by intimate partners⁽⁴⁾.

In Brazil, in 2017, there were 4,936 femicides, 311 of them in the State of Pará alone. Of this national number, 28.5% occurred within the house, which suggests that these are cases of intimate femicides, which result from domestic violence⁽⁵⁾.

The social representation on the sexuality of adolescents living in the Amazon region has not been the object of many studies. In view of this, a stereotyped view historically associated with a riverine man of *caboclo* traits prevails, marked by traces of indigenous culture. This represented view, although not necessarily false, is partial and tends to hide or conceal a broader view of the Amazonian people. Amazonian men and women are the result of the cultural and historical exchange between different people and ethnicities⁽⁶⁾.

In this sense, it is sought to identify the structure of the social representations on sexuality among adolescents in the

Amazonian context, considering that we cannot reduce all this knowledge to the mere reproduction of a piece of knowledge, but "indicate how these representations are rooted in the social and historical reality, as they contribute to building it"⁽⁷⁾.

METHOD

This is a descriptive study with a qualitative approach that has as its theoretical-methodological framework the Theory of Social Representations, as proposed by Moscovici (2015), and the Central Core or Structural Approach to the Social Representations.

The Theory of Social Representations (TSR) corresponds to an action of thought by which subjects relate to an object, but "modeled by a cognitive and symbolic universe that is, in fact, pre-existent to them"⁽⁷⁾.

The main structural approach theory is that of the central core, in which the social representations are organized in a central system and a peripheral system,

which have distinct characteristics and functions. The core is composed of a limited set of elements that determines the social representation and organizes it. The peripheral system comprises the greater part of the representation's elements, which have a conditional nature and a more flexible and practical character, adapting the representation to the daily life experiences⁽⁸⁾.

Data collection took place from September to October 2018, at the Duque de Caxias Elementary and High School, in Belém do Pará. 101 adolescents, male and female, participated in the study, with ages between 10 and 17 years old, attending the 7th grade of Elementary School and the 1st year of High School.

The choice for students from a public school in a peripheral neighborhood is related to the fact that they are young individuals in social and physical vulnerability, with the greatest victims of verbal and physical violence being found in this groups, if compared to the students from private schools⁽⁹⁾;

therefore, this is a quite peculiar group, with specific needs, and that need urgent interventions capable of improving the reality in which they inserted at school and in the family.

The school was repeatedly visited, in the morning shifts, and an interview was conducted for an initial application of a Word Free Association Test (WFAT), with the inducer stimulus of "sexuality", seeking to obtain up to three evocations from each adolescent.

For the structural analysis of the free evocations, a board was designed using the OpenEvoc® 0.84 software. This program organizes the representational elements in a board with four houses, according to the frequency of the terms evoked and to the mean order of appearance of the evocations (Mean Evocation Order, MEO), graphically demonstrating the words belonging to the central core and the peripheral system of social representations⁽¹⁰⁾.

The importance of each word was in accordance with its order of evocation

and, thus, the first word promptly evoked was considered the most significant for the structure of the social representations. The spontaneous character and the projective dimension of this technique allow access to the elements that constitute the semantic universe of the object under study, with greater ease than in an interview⁽⁸⁾.

The study was approved by the Research Ethics Committee of the Federal University of São Paulo (*Universidade Federal de São Paulo*, UNIFESP), under Opinion No. 2,805,787; and meets all the stages and requirements mentioned in Resolution 466/13 (Brazil, 2013), which rules on scientific research studies in the health area, and takes into consideration the principles of autonomy, benefit, non-maleficence, justice and equality.

RESULTS

Among the 101 participants, there was predominance of female individuals (58; 57.43%), who were in the eighth year (7th

grade) (36; 35.64%). Their age ranged from 10 to 17 years old, the mean being 11, with most of the sample concentrated in the 13-to-15-year-old age group (68; 67.3%).

The inducing stimulus "sexuality" gave rise to a universe of 300 evocations that, after treated and analyzed, constituted a total of 18 different terms. The evocations were grouped according to stemming procedures (equivalence treatment).

The minimum frequency of evocation calculated by the OpenEvoc® software for the appearance of the terms in the four-house chart was of six evocations. As there were three responses per adolescent, the cutoff point value was two (cutoff point criterion of the evocation order). Words with a mean evocation order of less than two were classified as having low evocation order.

The mean frequency among the responses was calculated, after excluding the evocations with low frequencies in the evocation orders, remaining with an intermediate frequency equal to three.

Only 18 terms integrated the structure of the social representations on the sexuality of the interviewees, thus generating the four-house chart illustrated bellow.

Figure 1. Structure of the social representation on sexuality among adolescents. Belém, Pará, Brazil, 2018.

| Frequency <3 | | MEO <2 | Frequency |
|--------------|-------|--------|------------|
| Words | Freq. | MEO | Words |
| Sperm | 8 | 1.50 | Condom |
| Penis | 8 | 1.50 | Pleasure |
| Gay | 7 | 1.43 | To prevent |

*Minimum frequency of evocation calculated by means of the OpenEvoc® software; **MEO - Mean Evocation

| Central core | | | First periphery | | |
|----------------------|--------|--------|-------------------------|---------|--------|
| Frequency >=3 | MEO <2 | Order. | Frequency >=3 | MEO >=2 | Order. |
| Words | Freq.* | MEO** | Words | Freq.* | MEO** |
| Pregnancy | 23 | 1.87 | Sex | 42 | 2.00 |
| Diseases | 22 | 1.73 | Having sex | 26 | 2.15 |
| First-time | 13 | 1.77 | Having pleasure | 20 | 2.50 |
| Orgasm | 11 | 1.91 | Pain | 17 | 2.18 |
| Menstruating | 9 | 1.44 | Virginity | 10 | 2.10 |
| | | | Dance | 10 | 2.10 |
| | | | Vagina | 10 | 2.80 |
| Contrast zone | | | Second periphery | | |
| | | | | | |

responsible attitude regarding sexual and reproductive health.

In the upper right quadrant are terms with a relative frequency of evocation, but appear in the last positions (high MEO). In the structural analysis, the terms "sex" and "having sex" appear with a high evocation frequency in the first periphery of the representation, being the first and second most evoked terms, respectively and, although they are not in the central core for they have a higher evocation order than the cutoff point, they evidence a likely centralizer and organizer character of the representation on sexuality, relating to the "first-time" and "orgasm" terms.

The second periphery, in the lower right quadrant, is formed by terms evoked by a small number of subjects and also in the last positions (high MEO); therefore, they are weaker terms for the organization of the social representations, the determination of attitudes and behaviors related to sexuality, being more easily demonstrated to adapt to everyday situations, interfering with less force if compared to the other structural

zones⁽¹¹⁾. The elements evoked with greater frequency in this quadrant were "condom", "pleasure", and "preventing". The contrast zone gathers elements likely to build the central core of some individuals, indicating the existence of subgroups that consider other elements, organizers of the significance of their representations⁽¹¹⁾. In this quadrant, elements referring to aspects linked to masculinity, "sperm" and "penis" are observed.

Considering that gender and sexuality are interconnected phenomena, where the cultural and social construction of the identities of men and women directly affects their sexual and reproductive health, the comparative analysis of the representations for the adolescents took place, as shown in Charts 2 and 3.

Figure 2. Structure of the social representation on sexuality among male adolescents. Belém, Pará, Brazil, 2018 (n=43 subjects).

| Central core | | | First periphery | | |
|----------------------|--------|-------|-------------------------|--------|-------|
| Frequency >=3.6 | | | Frequency >=3.6 | | |
| MEO <2 | | | MEO >=2 | | |
| Words | Freq.* | MEO** | Words | Freq. | MEO |
| Sex | 20 | 1.90 | Having sex | 18 | 1.94 |
| Having sex | 18 | 1.94 | Vagina | 6 | 3.00 |
| Orgasm | 10 | 1.80 | Moaning | 4 | 2.00 |
| Gay | 6 | 1.50 | Central core | | |
| Condom | 6 | 1.67 | Frequency >=2.6 | | |
| Penis | 6 | 1.83 | MEO <2 | | |
| Sperm | 5 | 1.80 | Words | Freq.* | MEO** |
| Diseases | 4 | 1.25 | Pregnancy | 22 | 1.82 |
| | | | Diseases | 18 | 1.83 |
| | | | First-time | 11 | 1.82 |
| | | | Menstruating | 8 | 1.50 |
| Contrast zone | | | Second periphery | | |
| Frequency <3.6 | | | Frequency <3.6 | | |
| MEO <2 | | | MEO >=2 | | |
| Words | Freq. | MEO | Words | Freq. | MEO |
| Masturbating | 8 | 1.00 | Pleasure | 3 | 2.33 |
| First-time | 8 | 1.50 | Penetrating | 2 | 3.00 |
| Dating | 7 | 1.50 | Contrast zone | | |
| | | | Pornography | 2 | 3.00 |
| | | | Frequency <2.6 | | |
| | | | Women | 2 | 3.00 |
| | | | MEO <2 | | |
| | | | Words | Freq. | MEO |

*Minimum frequency of evocation
calculated by means of the OpenEvoc®

| | | | | |
|-------|---|------|-----------|------|
| Sperm | 3 | 1.00 | Sexuality | 2.33 |
| Fear | 3 | 1.00 | Risk | 2.00 |
| Love | 3 | 1.67 | Pleasure | 2.00 |
| | | | Condom | 3.00 |

*Minimum frequency of evocation calculated by means of the OpenEvoc® software; **MEO – Mean Evocation Order.

In the central core, which expresses what is most lasting in the representation, we observe that for male adolescents the main elements are "sex", "having sex", and "orgasm", that is, they associate sexuality to sexual activity and pursuit of body pleasure. On the other hand, in the female adolescents' representational core, the three most promptly evoked words were "pregnancy", "diseases", and "first-time", which evidence an attitude of concern and a sense of responsibility⁽¹²⁾.

In the upper right quadrant, the young individuals associated the term

In the second periphery, the terms evoked with greater frequency by the adolescent boys were "pleasure" and "penetrating" and, as for the girls, the terms "transmitting" and "risk" stand out. In the contrast zone, the terms "masturbating" and "sperm" appear in the first positions for the men and women groups, respectively.

DISCUSSION

Besides the socio-cultural influence, human sexuality expresses specific particularities, in conformity with which each individual's developmental phase. It is in adolescence that sexuality arises driven by curiosity, desire and need for affection or independence. Thus, the

comprehension of the Amazonian youth's sexuality can contribute especially to perceiving the different ways of interaction between the families, communities, the school, and in the life stories themselves in the construction of being an adolescent⁽¹¹⁻¹²⁾.

In the structural analysis (Chart 1), the most promptly evoked words "pregnancy" and "diseases" demonstrate that the adolescents have a representational structure of concern, prevention, and a responsible attitude in relation to sexual and reproductive health.

In contrast, a research study on the knowledge of the adolescents regarding Sexually Transmitted Infections (STIs), AIDS, and pregnancy demonstrated that they get information predominantly from friends, magazines, films, television, and the Internet and, less often, from teachers and health professionals⁽¹³⁾.

The research data also show that the adolescents fear a premature pregnancy, perhaps for not knowing their own body and having difficulty recognizing the

symptoms caused by STIs and the forms of AIDS transmission. They believe, for example, that a person with a healthy appearance cannot be infected, which increases the chance of contracting STIs⁽¹³⁾.

The terms "sex" and "having sex" are those with the highest evocation frequency in the first periphery of the representation, demonstrating a possible centralizer and organizer character of the representations on sexuality.

The element most frequently evoked in the second periphery was "condom", evidencing the curiosity and restlessness of the adolescents in relation to its use, which they often associate only to preventing premature pregnancies, but not to preventing STIs. Also, it is noticed that they relate the decrease in sexual pleasure to the use of a condom, leading them to a risky sexual practice⁽¹¹⁾.

According to the Information System of Notifiable Diseases (*Sistema de Informação de Agravos de Notificação, SINAN*), in 2015 alone, the city of Belém-

Pará received 246 new notifications among men versus 111 among women, with 56 cases being recorded among youths aged 15 to 19 years old. In 2014, the city recorded a mortality rate of 16.1 deaths due to AIDS per 100,000 inhabitants, higher than the national rate, which was 6.1⁽¹⁴⁾.

The beginning of sexual life is an event that tends to occur prevalently during adolescence. In this sense, understanding the possible complications arising from this practice, as well as the means for protection and prevention of STIs, is of paramount importance. However, an ambivalence is perceived between what is standardized and what is practiced by the adolescents⁽¹³⁾.

Based on these concepts, it is understood that the field of sexuality, sexual and reproductive health in adolescence needs to be associated with broader notions of health. With regard to sexual health, this is about physical, emotional, and social well-being and not only related to

pleasure or to the absence of diseases/dysfunctions⁽¹⁵⁾.

We reassert that sexuality is the result of a socio-cultural construct that is directly linked to masculinity and femininity themselves, in which men and women need to play opposite, "heteronormative" roles, that is, rules and patterns that are historically imposed by society, being produced and spread by institutions such as the school, the family and religion^(15,16).

In this study, a social representation structure on sexuality different for the adolescents was verified. The elements at the central core of adolescent boys are "sex", "having sex" and "orgasm", relating sexuality to the sexual practice and to the pursuit of body pleasure. For the girls, the three words most readily evoked were "pregnancy", "diseases" and "first-time", showing an attitude of concern and a sense of responsibility.

During the analysis of the answers about sexuality among male adolescents, evocations such as "sperm and "penis"

were observed, which make a reference to the characteristics of an hegemonic masculinity, suggesting that the adolescents anchor sexuality as a sexual act by itself, between opposite-sex individuals.

However, when dealing with sexuality, the boys expressed their most intimate feelings through evoked terms which evidence that the experience of sexual initiation is related to certain meanings of being a manly, masculine and sexually active man. In contrast, the words evoked by the girls reflect care with health, which is a result of the social reproduction process in which, historically, the female role is associated with caring for the body⁽¹⁶⁾.

In this regard, gender issues in adolescence are one of the most important and biggest conflicts present in the life of the young individuals, where rules and prerogatives are established about the role played by men and women. In view of this, we postulate that representations about sexuality among

adolescents cannot be dissociated from discussions about gender^(12,15).

This inequality of social roles causes sickness in both men and women⁽¹⁷⁾. While the boys are disproportionately represented among the violent death victims and physical injuries cared for in emergency and urgency sectors, adolescent girls are more subjected to violence perpetrated by boyfriends and to sexual violence in the family and extra-family contexts⁽⁴⁾.

That said, the performance of the health professionals in this context is crucial. Understanding attitudes, values, and discourses, as well as the social representations of adolescents on sexuality and its practice, is a necessary factor, serving as a contribution so that initiatives for health prevention, promotion, and recovery are planned, contributing to greater effectiveness in implementing public policies in the health and education sectors⁽¹⁷⁾.

A study conducted with adolescents pointed out in the girls' speeches that,

although they value autonomy in decision-making over body sexuality, part of them presented a romantic and idealized view of intimate relationships, especially with regard to the first sexual intercourse. They tend to get psychologically and emotionally involved in their relationship and, therefore, they can be more affected by an unwanted pregnancies and are more vulnerable to contracting STIs⁽¹⁸⁾.

Men, in turn, seek sexual pleasure in their intimate relationships, considering this act as an achievement. Regarding their anatomy and the greater non-coital experience, such as masturbation, they are more likely to have an orgasm and, then, a "physical gratification" during the first sexual relationship⁽¹⁸⁾.

In the upper right quadrant, the words evoked by the adolescents, "having pleasure", "vagina", and "moaning", make a reference to the coitus itself and to the pursuit of body pleasure; in addition to that, it is evident their preoccupation in maintaining sexual

relations in which they have control over women's bodies and pleasures. As for the girls, the terms "sex", "pain", and "virginity" indicate, beyond the experience of the sexual act itself, the concern in relation to sexual initiation, the loss of virginity, and its association with the pain from penetrations and hymen rupture.

A research study that analyzed high school students' perception of violence in intimate relations has evidenced that, in the boys' discourse, the sexual practice can represent an instrument of domination – in general male – given that, in some comments, the sexual relation was considered a form of harm to women, by means of the use of the male sex organ⁽¹⁷⁾.

The elements of the second periphery reflect, to the adolescent boys, the concern of maintaining and reinforcing their virility and masculinity, as we can observe in the terms "pleasure" and "penetrating". Unlike the female group, which showed a focus on the terms

“transmitting” and “risk”, relating sexuality to sexual and reproductive health care.

Each individual, within their particularities, possesses multiple and subjective personalities and characteristics; however, there are social mechanisms that insist in shaping the subjects by means of stereotypes that support exclusion and discrimination of a certain pattern of a social subject in favor of the consideration of another social subject matrix. It is known that gender stereotypes that put the man in a position of sexual domination also limits the capacity of women to control their own sexual and reproductive right^(2,19).

It is highlighted that the violence manifested in intimate relationships between adolescents and young people is an early form of gender-based violence practiced by an intimate partner that limits the practice of sexuality in an autonomous, conscious, and safer manner.

The stereotypes are transmitted in several aspects of society: customs, media, religion, and family unity, among others. Its perpetuation and repercussion vary depending on the individuals' gender, race, and social class. Usually, women are more affected; their subordination to men and social inferiority is mutually reinforced and naturalized through discriminatory discourses and behavior⁽¹⁹⁾.

One example is the belief that it is a man's responsibility to acquire condoms, since a young woman who has her own condoms can be seen as promiscuous. Another example is that men must know more about sex than women, who should show an image of innocence and modesty⁽¹⁹⁾.

Debating over sexuality aligned to gender issues is therefore indispensable for the idealization of methods and tools that corroborate for fighting against prejudices and stereotypes linked to sexuality, as well as for the formation of critical and reflexive individuals endowed

with knowledge and respect to one's own body and choices⁽¹⁶⁾.

The words of the contrast zone, "masturbating" (in the male group) and "sperm" (in the female group), ratify the previous analyses that relate sexuality to aspects linked to biological and bodily pleasures.

However, there is evidence that adolescence can be a crucial moment for the development of attitudes related to gender rules; that said, we reinforce the importance of the social role that the nurse plays in the health education practice in the school space, contributing for the young individuals to build healthy personal values of self-care and respect to others⁽¹⁴⁾.

In this context, it is urgent to confront the "school with no party" movement, whose motto is "for a law against the abuse of freedom to teach", as the infeasibility of an education process that does not go through freedom both to teach and to learn is understood⁽¹⁾.

A chat developed with youths in the Ananindeua and Ilha de Cotijuba region, in Belém do Pará, evidenced that sexuality in this phase is repressed by the family and/or is associated to costumes, religion, or external factors that transform this movement into a taboo; thus, this study reinforces the need to work not only with the young individuals, but also with the entire society, in several institutions, and that the family is prepared to educate their children without fears or restrictions, strengthening the bond between their components⁽²⁰⁾.

It is important to point out that the limitations of the study stem from the fact that the research was developed in a single public school, among others that exist in the city, which expresses a reality based on the subjectivity of a specific group, not allowing for the generalization of the data.

Furthermore, there is the need for further studies with young individuals that take into account the association of socioeconomic and demographic data,

such as race, skin color, social class, schooling of the parents, and family income, among others.

CONCLUSION

This study pointed out that the representational structures of the youths are anchored in an attitude of responsibility and prevention regarding sexual and reproductive health. In addition, some terms indicated the association of the concept of sexuality with the sexual act itself, not considering affective, behavioral, and social aspects. Regarding the structures of the representations by gender, it is noticed that they are distinct, where for the male adolescents, the main elements ("sex", "having sex", and "orgasm") point to a view of sexuality as sexual practice and pursuit of body pleasure. On the other hand, in the representational core of the female adolescent, the three most readily evoked words ("pregnancy", "diseases", and "first-time") evidence an attitude of

care and responsibility with sexual and reproductive health.

In this sense, it is observed that the social and symbolic representations of the adolescents on sexuality are intimately related to gender stereotypes, where the manly, virile, active and, dominant roles are imposed on men, and women are assigned the passive behavior, demure image, and health care.

Such unequal gender roles cause illnesses in men and women, both physical and emotional, and generate countless types of violence. Therefore, this research contributed so that the professionals, especially nurses, may think in educational strategies along with the adolescents, making them reflect on social and gender inequalities, turning them into major players in sexual and reproductive health actions and in the exercise of citizenship.

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