

Review

## Sexual education of institutionalized minors

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**This research analyzes the common sexual characteristics of the minors who pass part-time or full-time courses in the institution. There is a possibility to implant programs of sexual education in schools which serve children from home with their parents present, and whose parents and teachers could act together to develop their sexuality, bringing a better integration of the children, when they become adults in the environment. There is no adjusted communication in traditional schools. Students, teachers, employees and school directors, as well as parents do not know how to handle minors' sexuality, and everything about this subject is unknown. They punish children for it, which originates apprehension, doubts or traumas, adding to the troubles that make part of their own deficiency. In institutions which receive children at social risk, sexuality receives the same treatment. It is either ignored or children are punished for it. It is not clarified or taught to the children, because most often the professionals that work in this area have no proper preparation to deal with sexuality. However, the expression of sexuality is natural in these age groups irrespective of the problem that caused the minors to be institutionalized. In most cases, sexuality is exacerbated due to natural curiosity, pleasure, day-to-day boredom and lack of affection from parents and educators. How to deal with these children is difficult because lack of information, age or situation lead to different performances of the teachers, employees and their own parents. With these facts, we have general and other specific procedures for the public involved.**

**Key words:** Anti-conception, sexual education, sexually transmitted diseases, mass communication, sexuality

### INTRODUCTION

#### REPRODUCTIVE AND SEXUAL HEALTH

Women's sexual emancipation, emergence of anti-conception pill, freedom of means of communication, and the building up of big urban centers contributed to the so called Sexual Revolution. However, often times, this revolution has reduced to sexual appeal and tyranny; at a time, it was impossible to bring together knowledge and freedom of choice to the new sexual practice. In some cases, the changes in cultural physiognomy concerned with sexuality have been characterized by permissivity,

with no counterpart awareness that irresponsible sex can provoke deep lesions in the stability of the individual and family. All of these are due to lack of knowledge/information. This lack of information begins by the individual not knowing his/her own body, its structure and functions. As women have their genital apparatus "hidden", they know less about their sexual anatomy. It is known that they lack knowledge of or make improper use of anti-conception methods. STD and AIDS are acquired by this means and they proliferate in a frightening way.

Sexual appeal comes to us by any means of mass

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communication, such as newspapers, television, radio, books, magazines, outdoors, cinema. For this reason, a clarifying sexual education which can be offered in schools or at home becomes the main *combat weapon* against the disinformation generated by the media (Barroso and Bruschini 1982). In the educational field, sexual matters are still surrounded by omission and/or negligence. However, fortunately, some institutions have already realized the need to develop a competent, serious, true, wide and updated work of sexual information – to facilitate the acquisition of proper information and orientation about the biological, psychological, sociological, and cultural aspects of sexuality – offering conditions for a critical continuous reflection of humans' sexual development. To meet this need, we decided “to embrace this cause”, consequently to enable students of the 8<sup>th</sup> period of Psychology Course of Gama Filho University to have the opportunity of enjoying some of the basic information for the development of this project (Barroso and Bruschini 1990).

### Justification

The openness of our society to the matter of sexuality expresses itself through the media, flow of information, sexual appeals, changes in customs, and imposes the need to establish a frank dialogue with individuals about sexual and reproductive health.

The contemporary society has shown increasing concern in things relating to reproduction and prevention of diseases. However, one should also take into consideration the realization of the individual, the meeting itself and affective relationship. Consciously or unconsciously, the society realizes it cannot remain distant to an aspect as important as this. So, how do we assist? How do we participate in a positive way to help individuals to better position themselves in matters related to sexuality without fear and guilt? Hence, our work is important. Somehow, we can contribute to better information regarding such topics. So this is a project of love and commitment, which has the participation of various professionals who work in this area, in an interdisciplinary way. Thus, it is considered to be deeply reflected. And it is with immense pride that we participate in this effort, certain of the contribution, even if small, to the society.

### Impact of sex in childhood

Adults have an interesting belief: they believe that the young child understands everything that he/she sees on television and knows that what he/she is watching is just fantasy. Faced with such a belief, one can ask: does the child understand what he/she is seeing when watching a sexual act? If we agree with such statement, the TV

networks would no longer need to display the age intended to watch sex scenes on screen. This statement implies that the child is seen as a miniaturized adult. If we do, we are not allowing a distinction between the adult and the child. In case we do not agree with such statement, we emphasize childhood once we distinguish the child from the adult. While we cannot deny that the child does not need sex, this does not apply to knowledge of genital or knowledge about sex. The ideology of TV networks about the increase in number of viewers and the declared fight for audience has transformed most programs to pornography, irrespective of the time. Sex is widespread in TV and the worst is that children watch. When asked about bad quality programs, those responsible for programming defend themselves using the following argument: “We offer what the public want to see”.

According to the Brazilian deputy, Mr. Mauro Monteiro “pornography on TV in broad daylight hurts the statute for children and adolescent”. The ostensive divulgation of erotic provocative low level scenes on Sunday prime-time, when children and parents are meeting constitutes a clear violation of the law. Given the exacerbation of sex, we can ask: what are the impacts of these scenes on the mind of the child? How do very young children, without understanding of sex, feel about such scenes? (Maldonado 1994).

In conclusion, a child in the early childhood does not have the means to understand a scene of sexual nature. His/her development has not reached yet the stage of comprehending such an act. The excess of sex visualized by children can be pernicious for their development, being presented to them as the model of immorality, by which they will learn that people are immoral, causing them to have an unreal idea of the world.

### THE CONSTRUCTION OF FEMALE AND MALE SEXUALITY

Sexuality, understood from a broad and comprehensive approach, manifests itself in all phases of human life and, unlike the most common concepts, has genitality as one of its aspects. Within a wider context, one can consider that the influence of sexuality permeates all human manifestations, from birth to death. However, this influence was denied during the height of humanity history, especially among people linked to the Jewish and Christian traditions, the so-called “Western civilization”. The curious thing about this event is that in the older known biblical tradition (circa 950 b.C.), there is no contempt for the sexual nature of man.

In fact, Genesis could interpret the sexuality exposed there as just one aspect of life; it is neither inferior nor enhanced in relation to any other one. Thus, the most exempt exegesis features motivation for the divine creation of woman and the attenuation of the anguish of

vital loneliness of man. However, the patristic interpretation of the Bible, which has influenced our culture for centuries, considers sex as a necessary evil, permissible only for the reproduction of species. Based on this interpretation, the confusion between sexuality and genitality continues to this day.

## ANTICONCEPTION AND SEXUALITY

In recent years, there has been growing concern of society in general, and health and education professionals in particular about the serious consequences of the exercise of sex by young people, who by their own peculiar characteristics due to their age are not capable to evaluate and to bear the burden of an active sexual life. Although in an irresponsible manner, it is evidenced that among adolescents this way of practicing is more usual.

Among the frequent "side effects" in the exercise of sexuality, undesirable pregnancy is one of the most fearsome, due to the biological, psychological and social consequences that come with it. In fact, once there is an undesirable pregnancy, the adolescent (usually single, because nowadays marriages are increasingly late) is left with the only three possible solutions, with none satisfactory: abortion, marriage of convenience or, to be an unmarried adolescent mother. Thus, as in any other issue related to health, prevention is still the best medicine. And how do we prevent? The ideal thing is for the adolescents to be educated by their families in a way for them to assume their sexual life in a positive and responsible manner (Costa 1986). However, as this is not done, it is up to us, health professionals and educators to take the task of minimizing the negative consequences of their sexuality exercise through family planning.

## Sexually transmitted diseases (STDs)

From the earliest known civilizations such as the Mesopotamian, the Egyptian and the Greek, gods and goddesses of fertility were worshiped, the latter being universally renowned as a gift. In these civilizations, the worship of such goddesses was not uncommon; it was usually done through ritual prostitution, and this certainly was also exercised with more pragmatic purpose. Therefore, already in these societies, promiscuity was one of the determinants of the rise of Sexually Transmitted Diseases (STDs).

These diseases have always brought a strong emotional component in addition to organic symptoms. Until recently, named "Venereal Diseases" took this denomination of the priestesses of the temples of Venus, who worked as prostitutes as a way to worship the goddess of love.

Maybe it is necessary to remember that sexual activity -

especially sexual initiation - has undergone profound changes in recent decades. In fact, contrary to what occurs among adolescents now, male sexual initiation was usually performed with prostitutes, and the development of a "venereal disease" had ambivalent feelings. If on one hand, it was considered as a proof of virility and thus resulted in boasting; in contrast it was also a reason to feel guilty, with a certain mustiness of "impurity". STDs then had a markedly pejorative character, reaching young singles, for which a certain tinge of promiscuity was tolerated, or prostitutes.

Serious men, zealous parents, as well as "family women" were theoretically protected from such dirty infections. In cases when a husband, in a "moment of weakness", acquired an infection and he conveyed it to his wife, the doctor would be involved in an attempt to treat his wife without her knowing the "seriousness" of her harm.

Way back, when therapeutic resources were not very efficient and some of these diseases (example, syphilis) were practically incurable, fear triggered - as it is done today with AIDS - the most conservative sectors of the society aiming to suppress sexual expression not to get involved.

## Acquired immunodeficiency syndrome (AIDS)

Acquired immunodeficiency syndrome (AIDS) is an infectious disease caused by a virus of the retrovirus family (composed of RNA), called "Human Immunodeficiency Virus" (HIV), able to parasitize the human immune system, leading to depression of immunity.

Consequently, there is the emergence of opportunistic infections and malignant neoplasias, especially the "Kaposi's sarcoma." It is a serious disease with no cure so far, which affects men and women in varying proportions. The syndrome is complex in its pathophysiology, at the point of questioning the existence of a single etiological factor. Some authors, like Duesberg (1992) believe that HIV is just another opportunistic micro-organism, considered as safely correlated to the syndrome "risk behavior" for over eight years.

It is assumed that the first cases of AIDS dated from 1977 and 1978 in Africa, Haiti and the United States. However, pneumonia caused by *Pneumocystis carinii* in homosexual male in 1980 and 25 cases of Kaposi's sarcoma found also in homosexual male in 1981, suspected as a viral etiological factor, were used to clarify these cases (O'Brien et al. 1999).

The transmission of HIV, initially linked to anal intercourse (mostly homosexual), is now also accepted as being transmitted by vaginal heterosexual contact, transfusion of blood components, sharing of contaminated needles and via placenta. Sexual contact accounts for cases of death, focusing more on men than women, with an average ratio of 10 to 1 in the United States

(O'Brien et al. 1999). After contamination, the virus penetrates the interior of white blood cells (macrophages, in particular) and can remain there for an unknown time interval between infection and onset of symptoms. The viral replication occurs primarily in immune cells, such as in lymphocytes, macrophages, Langerhans cells and nervous system cells.

### **Child sexuality**

The Puritan society of early twentieth century believed in the absence of sexuality in children, because the false moral proclaimed at that time conceived childhood as innocence.

When people were asked about sexuality, they would say it was absent during childhood and that it would awaken only at puberty (Calderone and Ramey1996).. According to Freud (2010), sexual instinct does not penetrate in children during puberty. Thinking that a child is free of sexuality is not just an error; it is a major mistake, because a child presents manifestations of this instinct since his earliest age. Sexual development takes place amid an individual's peculiarities. However, it is difficult to determine the correct priority of sexual development. In a child, the manifestation of his sexual life can be observed at about three or four years old. The discovery of infantile sexuality postulated by Freud placed sexuality at the center of psychic life.

Sexual constitution differs from individual to individual due to the intensity of the source of excitation. Freud's investigations led him to discover that most of the repressed thoughts and desires referred to conflicts of sexual order are seen in the first years of the individual's life (the neurotic symptom refers to a substituted satisfaction of repressed sexuality). That means in childhood, it is concluded that early experiences during childhood leave deep marks in the individual.

### **Sexual myths**

From the moment many individuals are taught to ignore or to get little information about sex, sexual beliefs end up gaining strength of indisputable truth. These are not only part of the repertoire of "uninformed people", but are also accepted by professionals who, even reaching a high status, do not get rid of some degree of "ignorance" about sexuality. This lack of knowledge about human sexuality is present in some professional situations (doctors, nurses, psychologists, among others) that, based on little curiosity about the subject or even a clear bias against it show little knowledge or erroneous beliefs about sexuality and eventually spread these beliefs in their area of expertise, prejudicing their clients/patients.

However, sexual taboos differ from myths and superstitions, not only in their formal meaning, as in day-to-day. Thus, the term taboo is basically linked to the

concepts of sacred and to the notions of purity/impurity, permitted/prohibited and vice/virtue.

### **General purposes**

This work aims to give participants the opportunity to position themselves in various matters relating to the subject of human sexuality and sexual and reproductive health (Gewandsznajder 1997).

### **Specific purposes**

#### ***Construction of female and male sexuality***

- Distinguish between "role" and sexual identity
- Reflect on the distinction between "role" and sexual identity
- Identify sexual identity
- Identify sexual roles
- Reflect on the dynamics and differences of sexual roles
- Detect the characteristics of the role of man and woman
- Reflect on the differences of opinions about sexual roles
- Demonstrate the power of cultural stereotypes
- Identify and reflect upon the stereotypes with relation to the female and male sexual role in Brazilian society today
- Discriminate sex roles in our cultural context
- Discriminate sex roles in the various social classes that make up our society.

#### ***Male and female sexual anatomy and physiology***

- Provide information to the participants on the form and functions of the reproductive organs of man and woman
- Make the participants to identify the sexual organs of man and woman and their respective functions in the reproductive process
- Identify the sexual organs of man and woman and their respective functions in sexual response
- Understand the anatomy and physiology of male and female sexual response
- Identify the stages of sexual response.

### **ANTICONCEPTION AND SEXUALITY**

- Assess the association between sex and reproduction
- Identify the fertilization process
- Identify the conception process
- Know the existing contraceptive methods
- Allow participants to reflect on the feelings associated with the use of contraceptive methods
- Identify methods of contraception from its classification
- Recognize the reversible and irreversible contraceptive methods
- Examine the circumstances underlying the option by either methods of contraception
- Know the available contraceptive methods and their influence on sexuality.

## SEXUALLY TRANSMITTED DISEASES (STDs)

- Learn the several sexually transmitted diseases
- Facilitate the settlement of some concepts about characteristics, causative agents, signs, symptoms and consequences of non-adequate treatment of STDs
- Recognize the emotions raised by STDs
- Analyze the sex factors that determine or facilitate the spread and development of STDs.

## ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

- Facilitate the settlement of some concepts about AIDS
- Facilitate the settlement of some concepts about characteristics, causative agents, risk behaviors and symptoms of AIDS
- Correctly identify ways of transmission of AIDS
- Recognize the emotions raised by AIDS by both the carrier and society in general
- Facilitate the identification of emotions, attitudes, biases, and doubts related to AIDS.

## SEXUAL MYTHS

- Recognize that, alongside scientific information, there are sexual myths, beliefs and taboos
- Identify the most common sex myths in Brazilian culture
- Reflect and evaluate the influence that sexual myths can have on the lives of individuals.

### Type of population served

Adolescents, youths, adults and couples.

### Institutions visited

- Moncorvo Filho Hospital – Sector of Sexology. 90 Moncorvo Filho St. Downtown. Rio de Janeiro-RJ, Brazil. Telephone number: 221-7577, extension 1113.
- Nova Iguaçu General Hospital (Posse Hospital) – Sector of Gynecology, 953. Henrique Duque Estrada Mayer Av., Posse, Nova Iguaçu-RJ, Brazil. Telephone numbers: 667-4112 / 660-3582.

### Professionals interviewed

- Prof. Dr. Paulo Roberto Bastos Canella – Director at the Gynecology Institute of Rio de Janeiro Federal University (RJFU), Professor of Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).
- Prof. Dr. Maria do Carmo de Andrade Silva – Coordinator of Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).
- Prof. Dr. Maria Luiza Macedo de Araújo – Professor of

Master in Sexology and Supervisor of Clinical Practice at the Sexology Department of Moncorvo Filho Hospital (RJFU).

- Dr. Cleonice Santos da Silva – Chief of Obstetric Center Section of Nova Iguaçu General Hospital (Posse Hospital).

### Research questions

1. Is there a possibility of holding four lectures at the level of information?
2. What are the objectives of the work?
3. What type of attendance is done?
4. Who are the professionals involved?
5. Who are the clients served, their socio-cultural level, gender, age, origin?
6. What days and time do the participants attend the interview?
7. What kinds of subjects are addressed by clients, or do managers indicate the subjects?

### Interviews reports

#### Interview with Professor Paulo Canella - Moncorvo Filho Hospital

Moncorvo Filho Hospital is dedicated to attending to women with gynecological problems, climacteric, carcinogens, breast and clinical and surgical problems. As for attendance, there are patients that come with medical problems and others with medical and surgical problems.

In relation to purchasing power, or socioeconomic status of customers, it is low and medium level, if they would be sorted alphabetically by category of class D, F and/or some class C. These are people with primary education (mostly), some did not complete high school and/or complete with no level of instruction.

People that attended are of all ages from childhood to adulthood, from all over the regions- the suburbs, suburbs of Leopoldina, peripheral zone and slums.

Professionals working in the hospital are doctors and teachers of Federal University of Rio de Janeiro, giving assistance and training. Furthermore, care exists in the Institute of Gynecology located in the hospital, and the Institute of Endocrinology and Diabetes, which is next.

Services are offered from Mondays to Fridays in the morning and afternoon. There are treated gynecological problems, discharge, climacteric, sexuality, breast, uterus, ovary and malformation of organs.

#### Interview with Dr. Cleonice - Nova Iguaçu General Hospital

Yes, there was contact with Dr. Serafim in anonymous testing on Wednesday, Dom Walmor.

### Information and orientation

Psychosocial attendance: Doctors, Nurse, Social worker and Psychologist.

The Moncorvo Filho Hospital is dedicated to attending to people from various districts of the "Baixada Fluminense" with poor socioeconomic profile, and without employment contracts. Their age and gender are very diverse and clientele includes homosexuals, heterosexuals, women and children. There are a large number of children aged zero to one year from the obstetrics and mothers identified from prenatal care. We have special program for pregnant women.

The opening hours are from 8:00 a.m. to 5:00 p.m. Periodic consultations depend on the clinical situation of each patient.

The subjects are approached by clients in individual sessions, so there is support and reflection. When care is in group, the subjects are diverse, respecting the reality of the patient.

### Professionals invited

- Verônica Lúcia Dantas de Gusmão – Clinical Psychologist, Specialist in Human Sexuality and Master of Sexology by Gama Filho University (GFU); Graduation Professor in Psychology and Supervisor of Applied Service (APS) in Psychology of Celso Lisboa University Center.

- Andréa Serra Graniço – Professor of the Graduation Program in Physiotherapy, Specialist in Human Sexuality and Master Student in Sexology by Gama Filho University.

- Luís Moacir Nascimento Pereira – Professor of the Graduation Course in Psychology and Nursery of Gama

Filho University, Clinical psychologist, Post Graduated in Human Sexuality and Master Student in Sexology by Gama Filho University.

- Trícia de Meio Assad – Professor of the Post Graduate Course in Human Sexology of Instituto Brasileiro de Medicina de Reabilitação (IBMR), Physician by Souza Marques Technical Education Foundation, Specialist in Human Sexuality by IBMR, Master Student in TSDs by Fluminense Federal University and Master Student in Sexology by Gama Filho University.

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