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To cite this article: Vinicius Jobim Fischer & Antonio José González-Jiménez (2017): Using a comprehensive sexuality education framework to analyse the contents of a Brazilian adolescent health handbook, *Sex Education*, DOI: [10.1080/14681811.2017.1308858](https://doi.org/10.1080/14681811.2017.1308858)

To link to this article: <http://dx.doi.org/10.1080/14681811.2017.1308858>



Published online: 11 Apr 2017.



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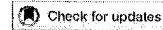
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## Using a comprehensive sexuality education framework to analyse the contents of a Brazilian adolescent health handbook

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### ABSTRACT

This study set out to analyse the sexuality contents of the *Caderneta de Saúde do Adolescente*, an adolescent health handbook developed for use in Brazil. Using content analysis, the adequacy of the document was assessed using an approach informed by the International Planned Parenthood Federations comprehensive sexuality education theoretical framework. Findings suggest that six out of the seven categories present within this framework were partially covered, with the handbook providing information on the prevention of sexually transmitted diseases, pregnancy and contraception. Certain key concepts were, however, discussed differently in the male and female versions of the handbook, the handbook does not address gender issues, and has very limited coverage of sexual diversity. The adolescent health handbook was a tool created to help young Brazilians to better understand what it is like to be young person, explaining some of the physical and psychological changes that occurs at this time. However, with respect to sexuality, some changes are appropriate to increase the comprehensiveness of the sexuality education that the resource provides.

### ARTICLE HISTORY


Received 2 September 2016;  
Accepted 16 March 2017

### KEYWORDS

Adolescent health; health policy; *Caderneta de Saúde do Adolescente*; comprehensive sexual education; Brazil; content analysis

### Introduction

Young people, defined as those living in the period between childhood to adulthood (UNESCO 2016), constitute 27% of the world's population (Anthony 2011; UN 2011) and 24.5% of Latin America's population (PAHO 2010). Despite being considered a healthy group, young people are still at high risk of morbidity and mortality (Gore et al. 2011; Viner et al. 2011) and are likely to experience more difficulty obtaining services and education for sexual and reproductive health (SRH) than adults, limiting their ability to more fully enjoy sexual health (Palazzo, Béria, and Tomasi 2003; Huaynoca et al. 2015). Worldwide, 16 million young people aged 15–19 years give birth every year, 95% of them from low and middle income countries, such as Brazil. Complications from pregnancy and childbirth are a leading cause of death for women (Patton et al. 2009). Pregnancy and childbirth in girls under the age of 15 years pose especially high health risks for mothers and infants (Chandra-Mouli et al. 2014; Soriano-Ayala, González-Jiménez, and Soriano-Ferrer 2014).

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Brazil has an estimated population of over 205 million people, and approximately 17% (over 34 million) are aged 15–24 years (IBGE 2016). These young people face numerous challenges to their health, including with respect to SRH (Aslam et al. 2014). For instance, around of 30% of boys and 9% of girls have their first sexual intercourse before the age of 15 (Wellings et al. 2006). In 2014, the adolescent birth rate (15–19 years) in Brazil was 6.7% (World Bank 2016). In addition, between 2006–2011 HIV prevalence increased by 33.3% among young people aged between 17 and 20 years (Federal Republic of Brazil 2012). Gender violence is also a concern, 23% of girls aged 15–24 who have ever been in intimate partner relationship, report having experienced physical and/or sexual violence (Stöckl et al. 2014).

To address some of these challenges, comprehensive sexuality education is a powerful tool. There are several internationally recognised frameworks developed to help countries build their sexuality education programmes, including the International Technical Guidance on Sexuality Education developed by the United Nations Educational, Scientific and Cultural Organization (UNESCO 2009) and the International Planned Parenthood Federation (IPPF) framework for comprehensive sexuality education (IPPF 2010). The IPPF defines comprehensive sexuality education as education about all matters relating to sexuality. It

... covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognises and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. (IPPF 2010, 6)

The Brazilian Ministry of Health has focused its efforts on addressing adolescent health through various policies and programmes. In 2004, as a result of a strategic engagement between the *Departamento de Ações Programáticas Estratégicas* (Department of Strategic Programmatic Actions) and the Ministry of Health's Secretariat, a *Programa de Saúde do Adolescente* (Adolescent Health Policy) was developed. As part of this policy, an adolescent health handbook, known as *Caderneta de Saúde do Adolescente* was developed in 2009 (Federal Republic of Brazil 2009), aiming to support young peoples during this stage of development by providing information about different topics regarding their health. The handbook is given to young people to bring at health service consultations but can also be used in educational settings. It contains information about rights, healthy eating, bodily development, oral health, hygiene, vaccines, puberty, sexuality and life planning.

The present study aimed to analyse the sexuality contents contained in the handbook using the IPPF's comprehensive sexuality education framework and to make recommendations for further strengthening its contents.

## Methods

After consulting a group of sexuality education experts, we chose to evaluate the handbook using the internationally recognised framework for comprehensive sexuality education developed by the IPPF and endorsed by agencies including the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), since the framework offers a clear description of the key components of a comprehensive sexuality education programme.

Content analysis (Bardin 1977; Taylor and Bodgan 1992; Krippendorff 1997) was employed to conduct the analysis. The IPPF's framework identifies seven principal themes, together with sub-themes, that must be addressed as part of a comprehensive approach to delivering sexuality education (Table 1). These seven themes and their sub-themes were used to examine the contents of the *Caderneta*.

**Table 1.** Themes and sub-themes within the IPPF comprehensive sexuality education framework.

1. Gender	<ul style="list-style-type: none"> <li>1.1. Difference between gender and sex</li> <li>1.2. Exploring gender roles and attributes</li> <li>1.3. Understanding perceptions of masculinity and femininity within the family and across the life cycle</li> <li>1.4. Society's changing norms and values; manifestations and consequences of gender bias, stereotypes and inequality (including self-stigmatisation)</li> </ul>
2. Sexual and reproductive health and HIV	<ul style="list-style-type: none"> <li>2.1. Sexuality and the life cycle (i.e. puberty, menopause, stigma, sexual problems)</li> <li>2.2. Anatomy</li> <li>2.3. Reproductive process</li> <li>2.4. How to use condoms; other forms of contraception (including emergency contraception)</li> <li>2.5. Pregnancy options and information</li> <li>2.6. Legal and safe abortion</li> <li>2.7. Understanding sexually transmitted infections (STIs) and HIV, including transmission and symptoms</li> <li>2.8. HIV and STI prevention, treatment, care, and support</li> <li>2.9. HIV voluntary counselling and testing (VCT)</li> <li>2.10. Antiretroviral therapy and living with HIV</li> <li>2.11. Prevention of mother to child transmission</li> <li>2.12. Injecting drug use and HIV</li> <li>2.13. Virginity</li> <li>2.14. Abstinence</li> <li>2.15. Faithfulness</li> <li>2.16. Sexual Response</li> <li>2.17. Social expectations</li> <li>2.18. Self-esteem and empowerment, respect for the body</li> <li>2.19. Myths and stereotypes</li> </ul>
3. Sexual rights and sexual citizenship	<ul style="list-style-type: none"> <li>3.1. Knowledge of international human rights and national policies, laws and structures that relate to people's sexuality</li> <li>3.2. Rights-based approach to sexual and reproductive health (SRH)</li> <li>3.3. Social, cultural and ethical barriers to exercising SRH rights</li> <li>3.4. Understanding that sexuality and culture are diverse and dynamic</li> <li>3.5. Available services and resources and how to access them</li> <li>3.6. Participation</li> <li>3.7. Practices and norms</li> <li>3.8. Different sexual identities</li> <li>3.9. Advocacy</li> <li>3.10. Choice</li> <li>3.11. Protection</li> <li>3.12. Negotiation skills</li> <li>3.13. Consent and the right to have sex only when you are ready</li> <li>3.14. Right to freely express and explore one's sexuality in a safe, healthy and pleasurable way</li> </ul>
4. Pleasure	<ul style="list-style-type: none"> <li>4.1. Being positive about young people's sexuality; understanding that sex should be enjoyable and not forced</li> <li>4.2. That it is much more than just sexual intercourse; sexuality as part of everybody's life</li> <li>4.3. The biology and emotions behind the human sexual response</li> <li>4.4. Gender and pleasure</li> <li>4.5. Sexual well-being</li> <li>4.6. Safer sex practices and pleasure</li> <li>4.7. Masturbation</li> <li>4.8. Love, lust and relationships</li> <li>4.9. Interpersonal communication</li> <li>4.10. The diversity of sexuality</li> <li>4.11. The first sexual experience</li> <li>4.12. Consent</li> <li>4.13. Alcohol and drugs and the implications of their use; addressing stigma associated with pleasure</li> </ul>

*(Continued)*

**Table 1.** (Continued).

5. Violence	5.1. Exploring the various types of violence towards men and women and how they manifest, particularly gender-based violence 5.2. Non-consensual sex and understanding what is unacceptable 5.3. Rights and laws 5.4. Support options available and seeking help 5.5. Community norms (power, gender) and myths 5.6. Prevention, including personal safety plans 5.7. Self-defence techniques 5.8. Understanding the dynamics of victims and abusers 5.9. Appropriate referral mechanisms for survivors 5.10. Preventing the victim from becoming a perpetrator 5.11. Men/boys as both perpetrators and allies in violence prevention
6. Diversity	6.1. Recognising and understanding the range of diversity in our lives (e.g., faith, culture, ethnicity, socio-economic status, ability/disability, HIV status and sexual orientation) 6.2. A positive view of diversity 6.3. Recognising discrimination, its damaging effects and being able to deal with it 6.4. Developing a belief in equality 6.5. Supporting young people to move beyond just tolerance
7. Relationships	7.1. Different types of relationships (e.g. family, friends, sexual, romantic, etc.) 7.2. That relationships are constantly changing 7.3. Emotions, intimacy (emotional and physical) 7.4. Rights and responsibilities 7.5. Power dynamics; recognising healthy and unhealthy or coercive relationships 7.6. Communication, trust and honesty in relationships 7.7. Peer pressure and social norms 7.8. That love and sex are not the same

## Findings

Table 2 details the overall results of our assessment.

### **Gender**

At first glance, the *Caderneta* would appear to engage constructively with gender issues since it appears in two versions, one for boys and one for girls. Comparing both of these versions, however, there are important omissions in the girls' version when compared to the boys'. For instance, while in the boys' version the male genitalia are presented as having two separate functions (sexual/reproductive and urinary) the girls' version does mention the sexual/reproductive aspects of the female genitalia. Additionally, the document does not make mention any of the subcategories suggested by the IPPF comprehensive sexuality education framework, failing to discuss the difference between gender and sex or provide information on gender roles and attributes, perceptions of masculinity and femininity, changing norms and values, and the manifestations and consequences of gender bias, stereotypes and inequality.

### **Sexual and reproductive health and HIV**

With respect to the category Sexual and Reproductive Health and HIV, rather more information is offered. That said, the *Caderneta* does not present specific information about sexuality

Table 2. *Caderneta* content analysed using IPPF's comprehensive sexuality education framework.

	Present	Partially present	Absent
<b>1. Gender</b>			
1.1. Difference between gender and sex			X
1.2. Exploring gender roles and attributes			X
1.3. Understanding perceptions of masculinity and femininity within the family and across the life cycle			X
1.4. Society's changing norms and values; manifestations and consequences of gender bias, stereotypes and inequality (including self-stigmatisation)			X
<b>2. Sexual and reproductive health and HIV</b>			
2.1. Sexuality and the life cycle (i.e. puberty, menopause, stigma, sexual problems)		X	
2.2. Anatomy	X		
2.3. Reproductive process		X	
2.4. How to use condoms; other forms of contraception (including emergency contraception)	X		
2.5. Pregnancy options and information			
2.6. Legal and safe/abortion		X	
2.7. Understanding sexually transmitted infections (STIs) and HIV, including transmission and symptoms			X
2.8. HIV and STI prevention, treatment, care, and support			X
2.9. HIV voluntary counselling and testing (VCT)			X
2.10. Antiretroviral therapy and living with HIV			X
2.11. Prevention of mother to child transmission			X
2.12. Injecting drug use and HIV			X
2.13. Virginity.	X		
2.14. Abstinence			X
2.15. Faithfulness			X
2.16. Sexual response		X	
2.17. Social expectations		X	
2.18. Self-esteem and empowerment, respect for the body		X	
2.19. Myths and stereotypes			X
<b>3. Sexual rights and sexual citizenship</b>			
3.1. Knowledge of international human rights and national policies laws and structures that relate to people's sexuality	X		
3.2. Rights-based approach to sexual and reproductive health (SRH)	X		
3.3. Social, cultural and ethical barriers to exercising SRH rights			X
3.4. Understanding that sexuality and culture are diverse and dynamic			X
3.5. Available services and resources and how to access them	X		
3.6. Participation			X
3.7. Practices and norms.			X
3.8. Different sexual identities			X
3.9. Advocacy			X

(Continued)

Table 2. (Continued).

	Present	Partially present	Absent
3.10. Choice			X
3.11. Protection			X
3.12. Negotiation skills			X
3.13. Consent and the right to have sex only when you are ready	X		
3.14. Right to freely express and explore one's sexuality in a safe, healthy and pleasurable way	X		
4. <i>Pleasure</i>			
4.1. Being positive about young people's sexuality; understanding that sex should be enjoyable and not forced	X		
4.2. That it is much more than just sexual intercourse; sexuality as part of everybody's life	X		
4.3. The biology and emotions behind the human sexual response		X	
4.4. Gender and pleasure			X
4.5. Sexual well-being			X
4.6. Safer sex practices and pleasure	X		
4.7. Masturbation	X		
4.8. Love, lust and relationships		X	
4.9. Interpersonal communication			
4.10. The diversity of sexuality			X
4.11. The first sexual experience	X		X
4.12. Consent	X		
4.13. Alcohol and drugs and the implications of their use; addressing stigma associated with pleasure	X		
5. <i>Violence</i>			
5.1. Exploring the various types of violence towards men and women and how they manifest, particularly gender-based violence	X		
5.2. Non-consensual sex and understanding what is unacceptable	X		
5.3. Rights and laws			X
5.4. Support options available and seeking help	X		
5.5. Community norms (power, gender) and myths			X
5.6. Prevention, including personal safety plans			X
5.7. Self-defence techniques			X
5.8. Understanding the dynamics of victims and abusers			X
5.9. Appropriate referral mechanisms for survivors			X
5.10. Preventing the victim from becoming a perpetrator			X
5.11. Men/boys as both perpetrators and allies in violence prevention			X





throughout the life cycle. It does, however, offer a broad definition of sexuality encompassing more than sexual intercourse, and it contains large amount of information about puberty and development. Both male and female versions address anatomy, with drawings of bodily changes and Tanner's stages of puberty. When it comes to the reproductive process the resource contains only limited information. The boys' version contains explanations of penile functions (ejaculation and sperm). On the other hand, the girls' version contains no information on the reproductive process and only indicates the time from when a pregnancy is possible. Both versions do address condom use and contraceptive methods, reinforcing the importance of condom use as a means of preventing sexually transmitted infections and pregnancy. Additionally, there is mention of double protection (the condom and another contraceptive method), and the importance of going to a health centre for emergency contraceptive pills in the case of unprotected sexual intercourse.

Both versions partially describe how to proceed in the case of pregnancy and covering maternal rights. But neither version provides any information about safe abortion, nor about prevention, treatment, care and support for HIV and other sexually transmitted infections, including mother to child transmission, and injection drug use and HIV. With regard to subcategories related to virginity, abstinence and faithfulness, the document only address virginity, recommending that the decision to engage in sexual intercourse must be a personal one, not influenced by peer or social pressures. In relation to sexual response, the male version describes the male sexual response but the female version does not include the female sexual response.

The importance of social expectations, self-esteem, autonomy and bodily respect are only partially covered. Both versions suggest the importance of knowing about the body, autonomy and responsibility and the importance of feeling well about oneself. Myths and stereotypes are not covered at all.

### ***Sexual rights and sexual citizenship***

Regarding sexual rights and sexual citizenship, both versions of the *Caderneta* partially address the subcategories. Child and adolescent rights are explained in terms of the Brazilian *Estatuto da Criança e do Adolescente* (Child and Adolescent Statute). It is explained for example that sexual relations must always be voluntary and, how to proceed in the case of sexual violence, as well as, pregnancy and maternal rights, and the right to freely express and explore one's sexuality in a safe, healthy and pleasurable way is discussed. However, the document does not include information about social, cultural and ethical barriers to exercising SRH rights, understanding that sexuality and culture are diverse and dynamic, participation, practices and norms, different sexual identities, advocacy, choice, protection and negotiation skills.

### ***Pleasure***

In relation to pleasure, some of the subcategories are well addressed. Both versions reinforce that sex should be enjoyable and not forced and, that it involves much more than just sexual intercourse. Both versions describe safer sex practices and pleasure, masturbation as something natural, the importance of personal decisions about first sexual experience, consent, and the implications of alcohol and drug use.

Nevertheless, only the male version includes information regarding the biology and emotions associated with human sexual response. Both versions briefly mention that adolescence is a period of arousal of interest in others. The subcategories concerning gender and pleasure, sexual well-being, interpersonal communication and the diversity of sexuality are not addressed.

### **Violence**

With respect to violence, the *Caderneta* partially addresses the comprehensive sexuality education recommendations. Both versions explore various types of violence (physical, psychological and sexual), restate the role of consent and discuss support options for help when necessary. However, they do not discuss rights and laws, community norms (power, gender) and myths, prevention, self-defence techniques, the dynamics of abuse, appropriate referral mechanisms for the survivors of abuse, the prevention of victims becoming perpetrators, or men/boys as both perpetrators and allies in violence prevention.

### **Diversity**

As with the gender category, diversity is a theme not engaged with in the *Caderneta* except for the notion that we all have responsibility for a better world, free of prejudice and discrimination. Concepts such as diversity, equality and tolerance are not mentioned.

### **Relationships**

The relationships category is only very briefly addressed. The document suggests the importance of self-esteem, and of being emotionally well (it does not mention intimacy), and the importance of making one's own decisions and not succumbing peer pressure or social norms. Nonetheless, different types of relationships and the fact that relationships are constantly changing are topics not covered at all; neither are other aspects of relationships, including rights and responsibilities, power dynamics, recognition of healthy and coercive relationships, communication, trust and honesty in relationships, and the fact that love and sex are not the same thing.

### **Discussion**

To the best of our knowledge, this is the first analysis of the sexuality content present in the Brazilian *Caderneta de Saúde do Adolescente*. Using a content analytic approach, we have shown how the document addresses several of the components of an effective comprehensive sexuality education programme, but lacks information in several domains.

One of the most important topics to be mentioned when engaging young people in sexuality education is gender. For instance, knowledge about gender and sexual diversity is basic to ensuring that citizens are not be discriminated against on the grounds of sexual orientation and gender identity (O'Flaherty and Fisher 2008; WHO 2015). However, these issues are not addressed at all in either version of the *Caderneta*.

Regarding sexual and reproductive health and HIV, several of the subcategories are addressed. The information offered about contraceptive methods and safe sex is adequate.

In contrast, there is no mention abortion, although it is known that unsafe abortion brings risks to children and mothers (WHO 2011a), and is one of the leading causes of women's death in Brazil (Laurenti, Melo Jorge, and Gotlieb 2004). Given that abortion is illegal in Brazil, it would be advisable to include information about the physical and legal risks of doing so clandestinely.

With respect to sexual rights and sexual citizenship, as for gender, there is a distinct lack of information about cultural aspects and diversity. On the other hand, the document does address the maternal rights of adolescent mothers. This is important since in low and middle income countries such as Brazil being pregnant or giving birth is a major cause school drop-out, impairing young women's personal and academic progress. In other words, the *Caderneta* misses the opportunity to help prevent youth pregnancy, which is an important determinant of social, educational and labour market exclusion for women (WHO 2011b).

With reference to pleasure, the CSA document conveys a generally positive view of sexuality, valuing freedom and autonomy. In contrast, it does not include information about sexual well-being or the female sexual response. These contents are particularly important, since the ability to enjoy a healthy sexuality includes knowledge about the body's response (Hirst 2013), especially for girls, who may encounter more difficulties in achieving sexual pleasure (Salières et al. 2016). Additionally, the inclusion of information about pleasure may result in the greater ability to communicate wishes to others and to be less 'pressured' into unwanted sexual relationships (Ingham 2005).

With respect to violence, the document provides some basic information with which to identify types of violence and describes how to proceed in the case of being a victim. However, it does not engage with violence prevention and victim-perpetrator dynamics. Doing so is vitally important if we are properly to confront violence and prevent its perpetuation (WHO 2010; De Koker et al. 2014).

Gender and sexual diversity is probably the least developed domain in the *Caderneta*. To strengthen the handbook, this domain should be much more fully fleshed out so as to reduce prejudice and discrimination, including the LGBT phobia that exists among Brazilian youth. This inclusion would also help support the *Brasil sem Homofobia* (Brazil without Homophobia) national programme launched in 2004 (Federal Republic of Brazil 2004).

With respect to relationships, the document stresses the importance of self-esteem and being at one with oneself. Here, additional information could be added to fully meet the IPPF's recommendations, such as on privacy and non-coercive healthy relationships, helping teenagers stand up for their sexual rights, and establishing positive sexual relationships (International Commission of Jurists and International Service for Human Rights 2007; Ayala and Jiménez 2012; Lundgren and Amin 2015).

Overall, the sexuality aspects of the *Caderneta* would benefit from improvement. A revised version could include the missing topics identified above and could also incorporate information from both health workers and adolescents who are using the current version of the document. A more ecological approach to the use of the material, with integrated interventions in health services, classroom curricula, and parent education workshops, could also be advocated (Berglas et al. 2016). The inclusion of sensitive topics identified in the IPPF framework may be challenging in the absence of legal requirements and community demands. In such a situation, support for teachers and health professionals is using the materials is important. Additionally, it is important to enlist the support of families and caregivers in partnership with schools and health centres.

## Conclusion

The *Caderneta de Saúde do Adolescente* aims to help young Brazilians understand what it is to be a young person, the physical and psychological changes that occur at this time, and how best to confront the challenges that may arise at this important stage of life. It is a document written in suitable language to reach adolescents and covers health topics of relevance to young people's health and development. Additionally, the document is practical for health professionals to use, with blank spaces to fill in, for example, during consultations.

Education about sexuality, sex and relationships is of value to young people since good quality sexuality education is rare in Brazilian schools. However, taking into consideration the fact that comprehensive sexuality educational programmes should advocate to empower young people to take control of their bodies, and achieve sexual health free from sexually transmitted infections and gender and sexuality stigma, the current version of the document is not fully serving its intended purpose. Changes are required for example to strengthen its contents. These include the inclusion of equivalent information in both versions (boys' and girls') of the *Caderneta* or a single version containing information for both sexes. Additionally, it would be a positive advance if information about gender and sexual diversity, abortion, and positive affective relationships and emotional dependence is added. By making such improvements, future editions of the document will be able to facilitate a better understanding of sexual development during adolescence, thereby assisting young people to achieve better SRH.

## Acknowledgements

This study was not supported by a specific grant from funding agencies in the public, commercial or not-for-profit sectors. Both authors contributed significantly to the work and neither has it been published previously.

## Disclosure statement

No potential conflict of interest was reported by the authors.

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