Sexual and Citizenship Education

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Abstract

Sexual and reproductive rights are a part of human rights, protected by international law. As a teaching support for development of actions to promote the exercise of these rights in adolescent education, the Ministry of Education issued a program for sexual education and citizenship. The education process must start from the knowledge understanding and awareness of teenager meanings, which guide their sexual relationships, in order to adjust education strategy for teenagers to assume responsible exercise of such right. Understanding these meanings was achieved from social representations, understood as the expression of relationships that individuals keep with the world and with others, supported by interaction and contact with speeches circulating in the public space; in addition, they are perception programs, constructions serving as a guidance for action and understanding the reality. (Vergara, 2006).

The teenagers involved in the study reported that information on sexual and reproductive rights is basic, vague and insufficient, and that they obtained it from their parents, school, friends and search on internet. In addition, they agree on the need of providing awareness about existence of these rights, with special emphasis on birth control, and prevention of sex transmitted diseases. Education campaigns should emphasize on erotic roles, affective and communicative-relational of sexuality, preserving the importance of reproductive function.

Keywords: Attitudes, rights, social representations, sexuality, values.

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Introduction

In the whole scope of human rights, sexuality is a right which exercise should be ensured by all societies, which topic is educable, and is a part of human potential to be developed in childhood and youth, in building an integral education (Onusida, 2005).

Sexual and reproductive rights are a part of human rights, protected by international law. Among international legal main instruments supporting such rights, the following are included: Universal Declaration of Human Rights (1948); International Pact on Civil and Political Rights (1976); Pact on Economic and Social Rights (1976); International Convention for Elimination of all ways of Discrimination against Women (1981); Convention on Chidren Rights (1990); Declaration and Action Program of the International Conference on Human Rights, Vienna (1993); Action Program of International Conference of Population and Development, El Cairo (1994); Action Program of the World Conference of Women, Beijin (1995) (Onusida, 2005).

Taking into account the difficulty of States to protect adolescent rights, the Committee of Child Rights recommends to the States, to make steps to provide family education, and proper services to teenagers at school, and matters of health, by preparing and executing programs which ensure access to services of sexual and reproductive health (Onusida, 2005).

In addition, the National Demography and Health Survey 2005 (Profamilia, 2007), studies and analyzes the various aspects related to sexual health and reproductive in Colombia, which has passed from high specialty individual attention and approach, to integral processes of attention for large groups of population, with a social approach and human development, becoming one of the most important specialties in public health.

Regarding adolescents, the survey shows a rate of 90 birth per 1,000 women. As compared to 2000, adolescent fertility in urban area, shows a increase from 7 to 79 births per one thousand.

In Cartago city, the diagnostic on sexual and reproductive health, the Territorial Plan of Health, found a low quality of prenatal control, adolescent pregnancy, high incidence of ETS and HIV Aids, absence of prevention culture, and early diagnosic of tumor diseases, access barriers for adolescent and young individuals to health care, among other.

The Plan provides that sexual and reproductive health, involves adolescent and young population. Only the work with this group of age could ensure a population of healthy and safe sexual life. Municipal health care service should include friendly services for this group of age, as a way of providing tools and methods for such young individuals to enjoy their sexuality with no harmful consequences.

Important experiences that contributed to construction of a gnoseological route in this work were found.

In El Salvador, Centero and Caceres (2005), proposed a research work on sexual and reproductive health of 15-24 year age women, parting from data provided by the Ministry of Public Health and Social assistance of that country, where it was demonstrated that policy makers and health care providers, should eliminate legal and institutional barriers, which prevent young individuals from access to birth control and reproductive health; stressing that the most successful programs are those involving young people in stages of preparation, implementation, and use of communication means, among other strategies, performing any action similar to sexual education.

In the research on conceptions and perceptions about sexual and reproductive rights, Chavez and Espinosa (2007) in Lima, Peru, established that exercise of sexual and reproductive rights by adolescents is partially recognized. Information is well accepted, but not access to birth control resources, or other type. For most of those adult men and women interviewed, sexual education should have a dissuasive approach rather than realization and integral formative process.

In the research work on "Appropriation of sexual and reproductive rights of adolescents: an experience from the theory of reasoned action by Vasquez et al (2005), a survey was realized to evaluate influence posed by beliefs, attitudes, and subjective standards in exercise of sexual and reproductive rights, in school adolescents of Jamundi city, State of Valle del Cauca. A psychometric scale was applied to 128 adolescents, previously to an educative intervention, three and six months after the same; results showed that adolescents positively modified most of their intentions, attitudes and subjective standards, related to sexual and reproductive rights, concluding that execution of an integral strategy for education on sexual and reproductive health, aimed at adolescent empowerment in front of their sexual rights and reproductive, may positively modify their inten-

tions, attitudes, and percentions regarding sexuality.

The work on "social representations in health which guide life experience of some young groups in Manizales city", prepared by Vergara (206), achieves an approach and a methodology to understand young individuals perception regarding health, in such a manner that it allows an approach to their knowledge, awareness, meaning, and how they see their health, in order to include in politics their vision and interests, parting from what they say, and their individual posture and collective.

The above mentioned works allowed to ratify importance of sexual and reproductive rights, importance of education on this issue, and pertinence of using social representations to learn about information on these rights held by adolescent individuals of Cartago city.

From Education

The Ministry of National Education-MEN (2008), jointly with the UN Population Fund, has designed a National Program of Education for Sexuality and Citizenship Building, as a step to meet the challenges faced by Colombia in front of the need of educating its boys, girls, adolescent and young people for sexuality, not only to counter some problems associated to sexuality exercise – such as adolescent pregnancy, or sex transmitted diseases and HIV, but to ensure integral and quality education, which encourage consolidation of citizens who exercise all of their rights, among them, sexual and reproductive ones.

In its studies the MEN (2008) has defined sexuality as a dimension of the human being, which is built and experienced along the whole life, since birth. It is much more than sexual relationships or genitality; it is construction made of the individual as men and women, along the whole devepopment process. It is a condition inherent to all human beings, and it is a right which enjoyment should be ensured by all societies.

As a teaching support to develop actions aimed at exercising human rights, sexual and reproductive in adolescent education, the Ministry of National Education, has included in the Program for Sexuality and Construction of Citizenship, some driving axles from their functions and components.

Sexuality functions are reproductive, communicative and relationship, erotic and affective; and its components are gender identity, cultural and gender behavior, and sexual orientation.

Table 1. Sexuality functions (see annex 1).

Sexuality components include three main aspects: gender identity, gender cultural behavior, and sexual orientation.

Table 2. Sexuality components (see annex 2).

Approach knowledge on sexual and reproductive rights is made from social representations defined as an action guide, and reality reading. Taking into account that they are not produced on any phenomenon, such approach should suppose, among various circumstances, a change of perception on the world and the human being, parting from phenomena and processes found in social life of individuals (Moscovici, 1986), this element found in sexual and reproductive rights.

The study considers adolescent social representations, considering as a reference the definition of adolescence, stated by the joint declaration of the WHO in 1988, the UN Fund for Infancy (UNICEF) and the UN Population Fund (UNFPA), as the human group ranging from 10 to 19 years age. Between 10 and 14 years age, they are considered as "early adolescents", while between 15 and 19 are defined as "late adolescent" (United Nations, 2009).

In defining adolescence, other disciplines such as medicine and psychology, have contributed. From the biological point of view, adolescence is related to the time between the time of sexual maturation (pubertiy) and adult age, the same which generally occurs between 13 and 19 years age. During this period of time, adolescents undergo a series of physical changes in their body, and which also give surge to new biological functions, such as sexual and reproductive.

Scope of sexual rights

Profamilia¹ (2006), considers sexual and reproductive rights, as the same human rights interpreted from sexuality, and from reproduction, and as a fundamental pillar for citizenship exercise, since it implies men and women possibility of making autonomous decisions about their own body and life, in sexuality and reproduction fields.

For Profamilia (2006), sexual rights, imply, the following rights, among other:

- The right to recognize themselves as sexuated beings
- To increase self esteem and autonomy to make decisions on sexuality
- To investigate and enjoy a pleasant sexual life, with no shame, fear, prejudices, inhibitions, guilt, groundless beliefs, and any other factors which prevent free expression of these rights, and sexual pleasure plenitude.
- Experience sexuality with no violence, coaction, abuse, exploitation, or harassment.
- To select sexual partners
- To full respect for physical integrity, and their sexual expressions.
- To decide whether or not the individual wants to begin sexual life, or whether or not desires to be active.
- To hold agreed sexual relationships
- To freely decide about marriage contracting, cohabitation with his/her partner, or remain alone.

 $^{1\,}$ A non-profit prívate entity specialized in sexual and reproductuve healh, which provides medical service, education, and sale of products to Colombian population. Within the People Advocate Agreement (OI (2006), it has prepared the Guide for education on Sexual and Reproductive Rights, for population under displacement situation, with emphasis on intra-family violence.

- To free and autonomously express sexual orientation
- The right of protection to prevent pregnancy, sexual transmitted infections and diseases.
- To access quality service of sexual health

Sexual rghts are also considered as the right to select on the possibility of procreating, regulate fertility, and get information and means for such purpose. It also implies the right to enjoy reproductive health services which ensure maternal health, prevention of non-desired pregnancy, and products of reproductor apparatus.

Reproductive rights specifically include the following:

- The right to, freely, and on responsible basis, decide on the number of children and spacing among them, and availability of information, education, and means for such purpose.
- The right of men and women to, freely, and on responsible basis, decide on whether or not become parents.
- The right to freely decide on the kind of family to be formed.
- The right to availability of safe, acceptable and effective birth control methods (including emergency anticonception).
- The right of women not to suffer discrimination of unequal treatment because of pregnancy or maternity, at study, work, and within the family
- The right to enjoy medical care services which ensure maternal and infantile health, from pregnancy, delivery, and nursing period.
- The right to education services and information to ensure reproductive autonomy.

Sexual and reproductive rights bear special meaning for women, by including their right to be recognized and treated as integral individuals, and elect exercise of their reproduction capacity; therefore, the interest in this matter, and importance of their education.

Materials and methods

Knowledge on social representations of adolescents regarding sexual and reproductive rights, is approached through a qualitative – descriptive study on a population formed by nine adolescent boys and girls, who attended the call, and granted their informed consent. The purpose of the study is to identify, describe, and analyze what is said by practices related to sexuality, analyzing information sources used by adolescents for construction of social representations on sexual and reproductive rights.

This research is located in qualitative posture of representation in Moscovici's original proposal, interested in cognitive or mental individual processes, and in interaction processes within a social context. Therefore, representations go toward a socio-construction posture. The purpose of this posture is to explain how people describe, explain or account for the world where they live in. For such purpose, the following hypothesis are taken:

- 1. What is considered as knowledge on the world is determined by culture, history, of social context. For example, expressions such as 'man', 'wom-an' or 'anger' are defined from a social use of the same.
- 2. Terms which the world is understood with are social devices, product from exchange among people, historically located. Example: 'child', 'love' etc., vary in their sense according to historical epoch (Gergen, 1999).

For Botero (2008), talking about representations refers to the world of human symbology in two trends: the first, as abstraction, deduction and logic operation; the second one, from construction of sense. One of pioneer disciplinary fields is Psychology, parting from three special references: cognitive tradition, psychodynamic tradition, and developments of social psychology, considering Serge Moscivici (1986) as the main exponent.

In addition, Sociology has explained the notion from two approaches: the one, collective representations, by Durkheim, equaling this notion to ideology and tradition, that should be seen for purposes of change; the other, from psychology of knowledge, understanding for social representations, thought systems which relate the subject to the world, and the other, to interpret and build the reality with the function of promoting behavior and practice by social actors.

Moscovici's proposal is centered in building psychology of knowledge, in the study of how and why people share knowledge and build their common reality, to transform ideas into practice. Recognizing importance of sociological category, he considers that social psychology may deepen on ways of knowledge of the social in individuals and how they become collective methods.

In analyzing information of representations, Jodelet's information analysis of precedence was used, which consists of examining information sources, experience, what is thought, what is acquired through social communication, observation and knowledge acquired from formal means such as study, readings, in order to break down the degree of personal implication, and social rooting of such knowledge (Botero, 2008).

Instruments

Information was collected through surveys, and later, we interviewed a group of nine adolescents who attended the call, by asking them questions based on analysis of Jodelet's information precedence.

For this author (1997), there are three conditioning elements in structuring a social representation: the context, gender, and information sources, that in turn, may become four: personal experience, thought, social communication supported on observation, and knowledge acquired through formal means. According to the above, the instrument designed to get information from the individuals, involved in the study, requested data about gender, age, marital status, class, number of children, and literacy; in addition, it was included a question on *¿*what information have you obtained, on sexual and reproductive rights, and through what means?

Social representations are organized into two components: 1. Central node, and 2, peripheral system. The first one is a stable system and coherent of beliefs, attitudes and values. The function of the second one is to define the central system in terms of a way of posture, or a speech of action, it is flexible and tolerates contradictions, allows adaptation to concrete reality, contents differentiation, and protects the central node. It may indicate what is normal, what is allowed to do and thinking.

For recognition of social representation on sexual and reproductive rights it was necessary to organize a corpus which allowed to answer these questions: ¿what is known?, 'how is it interpreted, ¿what is done, and how to act?, such questions were asked as follows: What sexual and reproductive rights are? ¿how do you thing sexual and reproductive rights are experienced?, 'what conditions do you think that adolescents require to exercise their sexual and reproductive rights?

The research process implied fedbak from three moments: description, interpretation, and theoretic construction.

Texts transcribed from speeches given by adolescents, in preparing a survey and semi-structured interview, were used as a unit of work. The unit of analysis is composed of descriptions on knowledge, values, experience, sense given to their life, regarding sexual and reproductive rights. Selected reporters were 18 and 19 aged students, who signed the protocol of informed consent.

Validity and reliability was made from triangulation of informaction collected in the survey, with subsequent verification through a structured interview; in addition, information obtained, and repeated in the various participants was related to each question.

Results

In context level, it is evidenced participation of late adolescents, H.S. graduated, about to begin their professional formation, prevailing the female gender. Information by the group leads to suppose that they should have some information on sexual and reproductive rights; however, there were answers about ignorance, or very vague information, including as information source, in their order: Internet, the school, friends, parents, and TV.

The following information was collected on the context:

Table 3. Context of social representation on sexual and reproductive rights. (See annex 3).

The representation nucleus includes attitudes, values and information representing sexual and reproductive rights, as those related to reproduction, contribute to the right of having descendence and their full development as individuals; imply decision making on sexual orientation; in addition, they state that to exercise of such rights, they require values such as respect, freedom, dignity and equality on how to build couple relationship, based on confidence, and responsibility; and, finally, there should be individual knowledge about how to take care of oneself.

In the peripheral system of the practice, they define as conditions to exercise sexual and reproductive rights, the need of providing knowledge on existence of such rights, with special emphasis on birth control, and prevention of sexual transmitted diseases.

In order to organize collected information, the following grille was designed which represents the main aspects of social representation on sexual and reproductive rights.

Table 4. nucleus information and peripheral system on sexual and reproductive rights (see annex 4).

Discussion of results

Anaysis of sexuality functions, in the Ministry of National Education program model for sexual education and construction of citizenship (2008), does not evidence from erotic function, recognition of sexuality as a source of pleasure, the body as source of welfare, or recognition of the various erotic expressions; but rather, surges recognition to intimacy in exercise of full dominion on the body, getting its respect, and importance of equality between sexes to make decisions related to erotism experience, with full consent by the partner.

About sexuality affective function, there are very little reference to relationship construction based on affection, tenderness, love, assertive use of emotion expression, and accepting affection expression to strengthen human welfare; in addition, there is a reiterated presence of such expressions of adolescents involved in the work, in establishing relationships based on respect and self care, both the individual and the couple, and conviction of the right to elect the type of relationship desired to be established with others, including decision on whether or not to conform a family; however, reference to conform relationships from definition of a marital status does not surge.

There is major reference to reproductive function, on biological operation of sexuality, and human reproduction, including reproduction, psychological and social aspects, the right to physical integrity, psychical and social, the right to make decisions on sexual life and on autonomous basis, and seeking welfare of those involved. It was evidenced the need of freedom to decide on procreation, to exercise sexuality and reproduction in couple and family life, with information, and more than information, formation on these matters; however, representations do not mention defense of life in front of risk in exercise of sexuality and reproduction.

Communication- relationship function is less seen regarding the way of resolving conflicts, establish democratic couple relationships, familiar and social for decision making, according to contributions and needs by all of those involved, but, it is rather more obvious the conception of the right to decide on sexuality with no coaction, and taking into account personal welfare, and others; in addition, on reiterated basis, include the right to education and timely and quality information in order to experience a sexuality free from fear, harassment, and threats.

In the analysis on sexuality components, it was not evidenced in gender identity, recognition to existence of different ways of feeling the fact of being man or woman, statement of a life project which includes this dimension; but, rather, it is recognized the importance of freedom for personality development, the right to get information and care, and to defend such rights when breached; on the second component of sexuality, regarding gender cultural behavior, there is no evidence of representations of flexibility, in such a manner that they are equalitarian, dignifying, with no prejudices or stereotypes, which allow men and women development as individuals, as a couple, as a family, and as active members of a society. The third component of sexual orientation, is the most referred one, where the right to elect a sex-erotic and sex-affective orientation is recognized, with no discrimination, risk, threat, or repression.

Conclussions

There is a great ignorance about sexual and reproductive rights; their social representation is centered in that they determine sexuality exercise, and are interpreted as freedom of intimacy, health, information, and decision making on sexuality and reproduction.

Attitudes refer to the need of confidence, respect, and responsibility to exercise sexual and reproductive rights, and include as a main image, prevention of early pregnancy.

Valuation made by adolescents is that there are conditions to practice safe sexuality, but at the same time, they value others as irresponsible and centered on personal satisfaction.

In exercising these rights, there is awareness of the right to hold sexual relationships, but with a stable partner, as a way of showing feelings, and care to prevent diseases and pregnancy; they recommend, in addition, to strengthen education which divides sexuality from reproduction.

Taking into account that there is ignorance on these rights, it is important to realize more diffusion, through education campaigns with more emphasis on erotic dimension, affective and communicative-relationship of sexuality, preserving importance of reproductive function.

Bibliographic references

- **Botero, P.**(2008). Representaciones y ciencias sociales. Una perspectiva epistemológica y metodológica. Compilado por Patricia Botero Gómez. 1a. ed. Buenos Aires: Editorial Espacio. 160 p. ISBN 978-950-802-297-4
- **Centero , H. Cáceres, R.**(2005). La salud sexual y reproductiva de las jóvenes de 15 a 24 años el Salvador, un reto para las políticas de salud. Revista Población y Salud en Mesoamérica. Universidad de Costa Rica.[En línea], disponible en revista@ccp.ucr.ac.cr.
- Chávez, S. Guerrero, R.,;Espinoza, J. (2007) Concepciones y percepciones sobre los derechos sexuales y reproductivos en la adolescencia. . Lima: Editorial Ediciones Nova Print Sac.
- **Gergen,K**.(1999). El movimiento del construccionismo social en la psicología moderna. [En línea] disponible en http://www.comminit.com/en/ node/149894.
- **ONUSIDA**,(2005). Derechos sexuales y reproductivos.[en línea] disponible en http://www.onusida.org.co/der_sex_rep.htm.

- **Ministerio de Educación Nacional**.(2008). Programas de Educación para la sexualidad y construcción de ciudadanía. [en línea] disponible en http://www.mineducacion.gov.co/1621/propertyvalue-38639.html.
- Municipio de Cartago. Plan territorial de salud. 2008.
- **Moscovici, S.** (1986). Pensamiento y vida social Psicología social y problemas sociales. Psicología social II. Barcelona: Paidós.
- Naciones Unidas (2009). Convención sobre la eliminación de todas las formas de discriminación contra la mujer.[en línea] disponible en http://www.un.org/womenwatch/daw/cedaw/text/sconvention.htm.
- PROFAMILIA (2005). Salud sexual y reproductiva en Colombia. Encuesta nacional de demografía y salud ENDS [En Línea] disponible en http:// www.profamilia.org.co/index.php?option=com_wrapper&view=wrapper&Itemid=52
- ___Guía para la formación en Derechos Sexuales y Reproductivos para población en situación de desplazamiento con énfasis en violencia intrafamiliar (2006). [En línea] disponible en http://www.profamilia.org.co/avise/ derechos2.php.
- Vásquez,M. Argote,L. Castillo,E. Cabrera, González,D. Mejía,M. Villaquirán, M.(2005). Apropiación de los derechos sexuales y reproductivos en los adolescentes: una experiencia desde la teoría de la acción razonada. Colombia Médica Vol. 36 Nº 3 (Supl 2), [En línea] disponible en http:// redalyc.uaemex.mx/pdf/283/28310103.pdf.
- Vergara, M. (2006). Representaciones sociales en salud que orientan las experiencias de vida de algunos grupos de jóvenes de la ciudad de Manizales. (Tesis de doctorado). Universidad de Manizales– CINDE. Manizales, Colombia.

Table 1. Sexuality functions

Erotic function includes	Affective function involves	Reproductive function implies	Communic-relation function involves
Understanding sexuality recognition as a source of pleasure	Relations construction parting from communication of emotions based on affection. tenderness and love	Understanding biological operation, sexual and reproductive, to exercise satisfactory and healthy sexuality	Conflict resolution on peaceful and dialogued basis
			Establishment of couple, family and socia participative and horizontal relations.
The body as source of welfare, by caring and feeling well about it	based on respect and care for	Understanding psychological and social aspects of reproduction, analyzing its consequences for exercise of own rights	
			Recognition and respect for identity and difference in the way of living sexuality
The various erotic expressions as a source of pleasure and welfare	Identification, expression and emotions management on assertive basis	Understanding importance and strategies to preserve sexual health, and reproductive of those involved in a relationship	
			Construction of agreements in front o sexuality, taking into account coupl welfare, the family, and other members o the constru-
Existence of varius meanings regarding erotism, and recognizing when the go against own dignity	Affection expression as a part of human welfare	Knowledge of sexual and reproductive health care services, which the indivisuals are entitled to	
	The right to define the type of the type of link desired to be established with others when defining the right to whether or not establish a family, and select marital status.		Understanding the right to personal safet in family and social environment free from fear, threats, and abuse.
The right to intimacy		Exercise of the right to physical, psychical and social integrity, free from pressure and violence	
			The right to timely and quality education to exercise sexuality on full basis, and is exercise of social reproductive human rights.
Equality between sexes to actively participate in decisions on erotism with respect		Decision making in front of sexual life	
		Understanding the right to enjoy satisfactory sexual life, with no risk, and decide on procreation.	
		Understanding the right to life in exercise of sexuality and reproduction.	
		Understanding the right to seek, receive and release information.	

Table 2. Sexuality components

Gender identity implies	Gender cultural behavior implies	Sex orientation involves
Understanding the value of human beings	Comprehension of culture and a more	Understanding existence of various types
dignitu, the various ways of feeling the fact	equitative gender behavior	of sex-erotic and sex-affective orientation
of being man or woman		
Recognition of each as a being who	Criticial analysis to overcome stereotypes	Acceptation of the right to freely elect our
deserves being respected and valued	and cultural prejudices associated to	sexual orientation within an environment
	gender	of respect
Development of moral judgment in	Participation in flexible construction of	Value participation of all individuals in
autonomous decision making which	cultural behavior, on gender, flexible,	decision making which may affect them.
support respect for human dignity	equalitarian, and dignifying.	no matter their sexual orientation
Construction of a life project which orients	Understanding the fact that men and	Construction of an environment of respect,
it toward own welfare, and other people	women are free, and equal in dignity, and	for selection, and exercise of sexual
welfare.	rights.	orientation with no risk, threats, or
		discrimination.
Free development of personality within		
limits imposed by the right of others, and		
legal order.		
Understandign sexuality as a dimension		
constituting human identity.		

Personal
alladxa
With much responsibility, much care to prevent non- planned pregnancy,sex transmitted Diseased
I do not understand the question
Most individual's ignorance about their sexuality, and reproductive mechanisms.

Table 3. Social representation context on sexual and reproductive rights

Table 4. information of nucleus and peripheral systemon sexual and reproductive rights

Knowledge conceptual level	Attitudes (1)	Valuation	Practice
They are a part of other rights. Gurantees	The best method is condom Having confidence on the partner, certainty on what is done, with respect and responsibility	People do not assume conscience Superficially taken	Holding relationship with the partner is normal It is a way of showing feelings
Determine exercise of sexual life	There are early mothers and single (image)	Not properly exercised	It is being careful when making sexual relationships
They are translated into freedom and power to make decisions on sexuality	Responsibility to experience them	Not in agreement to practice with any one.	Use the necessary means to prevent diseases, or non- planned pregnancy
They are for people	They are for body welfare		Perform education campaigns on birth control, in order to split sexuality from reproduction.
They are universal	Higher affectation for women	Young individuals do not hae positive attitude	
Basic information, insufficient, vague and non- existing	Need of knowledge for their rights to be recognized	All young individuals think of satisfaction, disregarding things like love.	
Freedom to use anticonceptives	Respect for oneself	It is easy to hold safe relantionship	
Freedom to plan, or procreation matters			
Freedom of every individual to develop according to his/her preference and thoughts			

Interpretation

Source: the author

They are related to:

- Sexual health
- Sexual freedom
- Intimacy
- Freedom of thought
- Information
- Reproductive autonomy
- Reproductive autonomy

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