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CASE REPORT ARTICLE

DIALOGUE ABOUT SEXUALITY IN ADOLESCENCE: AN EXPERIENCE REPORT THROUGH SCHOOL HEALTH PROGRAM

DIALOGANDO SOBRE SEXUALIDADE NA ADOLESCÊNCIA: UM RELATO DE EXPERIÊNCIA ATRAVÉS DO PROGRAMA SAÚDE NA ESCOLA

DIÁLOGO ACERCA DE LA SEXUALIDAD EN LA ADOLESCENCIA: UN RELATO DE EXPERIENCIA TRAVÉS DEL PROGRAMA SALUD EN LA ESCUELA

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ABSTRACT

Objective: discussing the sexual and reproductive health in adolescence in the school context. **Method:** this is a descriptive study of the type experience report, referring to an intervention project carried out with groups of 42 adolescents of both genders, aged 11 to 16 years. There were raised the main doubts that teenagers had about the theme, which were clarified in the course of the five stages of health education, using participatory strategy, associated with various teaching resources. **Results:** in general, the activity obtained satisfactory acceptance and participation by adolescents, and this was evidenced by the position adopted throughout the process, of cooperation and involvement in activities that were proposed. **Conclusion:** talking about sexuality is still a big taboo, so the need for continuity of educational activities involving the theme in PSE in order to provide a collective construction of knowledge. **Descriptors:** Adolescents; Sexuality; Health.

RESUMO

Objetivo: discutir a saúde sexual e reprodutiva na adolescência no contexto escolar. **Método:** trata-se de um estudo descritivo do tipo relato de experiência, referente a um projeto de intervenção realizado com grupos de 42 adolescentes de ambos os sexos, com idade entre os 11 aos 16 anos. Foram levantadas as principais dúvidas que os adolescentes tinham acerca da temática, que foram esclarecidas no decorrer das cinco etapas da educação em saúde, com utilização de estratégia participativa, associados a vários recursos didáticos. **Resultados:** em geral, a atividade obteve satisfatória aceitação e participação por parte dos adolescentes, e isso foi comprovado pela postura adotada durante todo o processo, de cooperação e envolvimento com as atividades que eram propostas. **Conclusão:** falar sobre sexualidade ainda é um grande tabu, por isso a necessidade da continuidade de ações educativas envolvendo a temática no PSE, de forma a proporcionar uma construção coletiva do conhecimento. **Descritores:** Adolescente; Sexualidade; Saúde.

RESUMEN

Objetivo: discutir la salud sexual y reproductiva en la adolescencia en el contexto escolar. **Método:** se trata de un estudio descriptivo del tipo informe de la experiencia, en referencia a un proyecto de intervención llevado a cabo con grupos de 42 adolescentes de ambos sexos, de entre 11 a 16 años. Se han planteado las principales dudas que los adolescentes tenían acerca del tema, que se aclaró en el curso de las cinco etapas de la educación para la salud, utilizando la estrategia participativa, asociado a diversos recursos didáticos. **Resultados:** en general, la actividad obtuvo la aceptación y participación satisfactoria de los adolescentes, y esto se evidencia por la posición adoptada en todo el proceso, de cooperación y participación en las actividades que se han propuesto. **Conclusión:** hablar de la sexualidad sigue siendo un gran tabú, por lo que la necesidad de la continuidad de las actividades educativas que involucran el tema en el PSE con el fin de proporcionar una construcción colectiva del conocimiento. **Descriptores:** Adolescentes; Sexualidad; Salud.

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INTRODUCTION

According to the World Health Organization (WHO), adolescents are individuals of both sexes who are aged between 10 and 19 years old.¹ In contrast the Statute of Children and Adolescents (ECA) brings that adolescence begins at 12 and goes up to 18.² This period is characterized by intense biological, psychological and social changes, where there is a fascination with the conquest of freedom and autonomy; identity crisis, where sure goes by doubt; and constant demonstrations that are no longer children, going beyond the limits imposed by adults.³ These peculiar characteristics of adolescence coupled with the increasingly early sexual initiation can increase vulnerability to STI (Sexually Transmitted Infections) and unwanted pregnancy, generating unease and concern within the family, at school and among the health professionals involved.⁴

The changes of this phase of life make the teenager living intensely its sexuality, manifesting it many times through unprotected sexual practices, due to lack of information, communication among family members, taboos or even the fact of being afraid to take its sexual identity.

Educational practices should allow adolescents the knowledge and recognition of the physical changes that are happening in their lives, so they can deal with the choices inherent in this period. These activities aim to get teens to exercise their choices to better select the lifestyles who want to adopt.⁵ Accordingly, making young people responsible for their health is a way to stimulate the independence and autonomy, to walk side by side with the construction of their identities.³

The family plays a fundamental role in building the identity of the children; however the dialogue about sexuality and gender have also been taboo, since this dialogue is fragmented or even absent, and families most often are unprepared and unsafe to handle such issues, which may result, demand for these teenagers, information sometimes unsafe, especially with friends, magazines, movies, television and internet, among others, and little talk with parents, teachers and professionals of health.³ This situation can have a negative impact on strengthening the dialogue and on the individual and family development

causing changes in the pattern of sexual behavior of young people.

Parents many times find it difficult to talk about sexuality with their children, probably because they did not have the clarity and the understanding of what happened to themselves when they were teenagers. This fact can be justified by a sex education related to perceptions and distortions that occur over generations, which are largely the result of an inadequate and misguided training, demarcated by a fragmented dialogue with prohibitions, giving the school the paper to carry out the sexual orientation of their children.⁶ However, it is clear that most schools are not able to exercise this mission, since teachers are, in many moments, unprepared to deal with sexual orientation of the students.⁷

The adolescent sexuality has been of concern in society, as it sets up as a social and public health problem, so the school should be understood as a privileged relationship space for critical and political development of the subjects involved, contributing in building personal values, beliefs and concepts and thus reflecting the social production of health. In this sense, the environment has become an important tool for carrying out health promotion activities, prevention of diseases and/ or injuries and education, where health professionals through intersectoral action, can promote sex education.⁸

Permeated by such difficulties, the School Health Program (PSE) arises, which was established by Presidential Decree nº 6.286, of December 5th, 2007, resulting from integrated work between the Ministry of Health and the Ministry of Education, with a view to expand specific health actions and contribute to the integral formation of students from public schools.⁸

The PSE points out that the Family Health Teams are elementary to constitute, together with basic education, a strategy for the integration and coordination between policies and education and health activities with the participation of the school community. Among the health activities planned under the PSE, which should consider promotion activities, prevention and health care, we have among others the promotion of sexual and reproductive health.⁸

Thus, the PSE can be seen also as an important tool to strengthen the Adolescent Health Program (PROSAD). This program was created in 1989, turned to young people aged from 10 to 19 years old, which aims to promote, integrate, support and encourage practices with other sectors aimed at promoting health, identification of risk groups, the early detection of diseases, proper treatment and rehabilitation of individuals in this age group, always full, multisectoral, multidisciplinary and interdisciplinary.⁹

Although there are programs that will give grants to better and more assistance to adolescents, one realizes that there is still a failure in dissemination and training necessary for them to be deployed and/or implemented. Thus, practitioners are limited will lay hold of guidelines for planning and implementation of the proposed actions for these programs. Thus, the attention to adolescent becomes fragmented and assistance to their sexual and reproductive precarious health, contributing to maintenance of cases of STIs and unwanted pregnancies. The active search is necessary and that public awareness of it on the importance of their participation in diseases prevention actions and/or diseases and health promotion. Furthermore, it should be sought to break the "taboo" regarding sexual issues, which are one of PROSAD guidelines.

Thus, this study aims to discuss sexual and reproductive health in adolescence in the school context.

METHODOLOGY

This is a descriptive study, the type experience report concerning a curricular component of the intervention project Supervised I of the Federal University of Nursing course Reconcavo da Bahia, which has developed educational activities during the months of February and March 2014, through the PSE of a Family Health Unit (USF).

The activity took place in partnership with an elementary school public school of Santo Antônio de Jesus - BA. This has students enrolled from the 1st to the 9th grade of elementary school in the morning and afternoon. About 42 students from the 7th grade of elementary school participated in the activity, chosen intentionally, aged 11 to 16 years old.

The development of the intervention project was carried out in five times. In the first, it was made a contact with the school principal for submission of proposed activities, as well as hearing the school demands. The second stage was to discuss with the coordination the best place, time and date for realization of educational activities and the methodological aspects and the necessary materials. On the third time, it was made a box for students to put their questions on the subject, which was given to class five days prior to the activity, in order to minimize the most of the fear and shyness that is generated by the myths and taboos that permeate the theme. The fourth time was the internal organization of the coordinating group. It is noteworthy that the whole process of planning and execution of the project was monitored and supported by the school. The educational intervention was the fifth time in partnership with the Nurse Health Unit catchment area of the Family, favoring the use of participatory methodologies for the involvement of individuals in all stages of activity.

The activity started with a so-called dynamic "identity" in order to promote the initial contact and the relaxed integration of the group. Therefore, it performed a conversation wheel using as a tool the question box containing the doubts of students prepared in earlier time. The guidelines were given as questions were being read. Therefore, we used visual aids such as pictures, diagrams and videos that facilitate the explanation and understanding of the questions previously stemmed by students. Thus, this moment has been developed according to the questions previously provided by the students, aiming to promote a better explanation of the questions.

As a result, there was a board game entitled sexuality track. For this, the room was divided into two groups; each team should choose a leader to represent the others. The game contained 31 houses, and the red houses will refer questions; green homes contain forward or rewind commands some of these homes; and yellow obtained information about health and sexuality. In this sense, as the game progressed, the players were being targeted and the group first got the final step was the winning group. This game has addressed issues

related to adolescent sexuality, such as puberty and adolescence, female and male anatomy, sex/sexuality, STD/HIV/AIDS, pregnancy and means of prevention.

Finally, we used a parody of the song "summer hit" well known by students, discussing then about adolescent health booklet and the elements that were contained in this, stressing the importance of taking care of health and their interest in the Adolescent Health Program (PROSAD). Later there was the distribution of books along with the Kits (gifts) for boys and for girls.

RESULTS AND DISCUSSION

The process of planning and implementation of the educational project, was permeated by many doubts and concerns about the methodological aspects better suited to the approach with students. The difficulties were overcome from the literature searches that enabled a theoretical foundation and discussions on the subject, which corroborated with a methodological development based on participatory forms of action.

However, until the delimitation of a more specific theme and formulation of project planning, we highlight the need to approach the reality of the students of that school community, to develop a more appropriate approach to the subject of discussion with this audience, front of a theme often embarrassing and perhaps so neglected.

Recognizing the importance of dialogue and the construction of knowledge from the experiences of the participants, according to Paulo Freire pedagogy, we prepared the construction plan of educational activities along with the direction and coordination school, every step being developed, keeping methodological theoretical focus the importance of listening and interaction with the public stimulating discussion and individual and collective construction of knowledge.

Thus, we turn our attention to the importance of a methodology of dialog, problem that develop critical thinking of those involved. Something enriching learning was built by the group to work on this issue, seeing cultural values, religious and family of each adolescent, besides the fact of trying to approach the reality of these individuals.

Initially the students were earnest and eager for the realization of the activity that was to come, which can be justified by the existence of several meanings that permeate the theme, since, even with all scientific advances of recent times, sexuality continues being impregnated theme of myths, biases, contradictions, taboos and ignorance, so many still consider this issue as an exclusive for adults and argue that such issue should not be discussed in the school environment.¹⁰

The completion of the initial moment was successful to the point that provided rapprochement between adolescents and facilitators, essential point for the development of the activity; moreover, allowed to recognize the differences and uniqueness of each adolescent. This time possible to identify the young participants of the activity had different ages, being 11-16 years old and allowed us to know their life projects, which mostly were associated with figures of artistic means. The world today is marked by a time of communication and information, the reality has emerged as computer age, electronic civilization, image enhancement, communication by virtual means. This new era has led youth to build their imagination within the image culture. These images are wedged through icons and symbols become more expressive every discovery made and desired.¹¹

Upon completion of this first moment, the students were arranged in a semicircle, to carry out the "conversation circle" which consisted of questioning of arising questions from the students themselves. This step allowed the creation of a reflective moment, interactive and participatory, allowing the construction of individual and collective knowledge. Dialogue is to provide a meeting between reflection and action, it is necessary to transform and humanize, dialogue should not be reduced to deposit and imposing ideas on other.¹² This sense, the Dialogic Model of Health Education in proposing the construction of knowledge guided in dialogue, so that teacher and student can take along active role in the learning process through a critical and reflective approach to reality.¹³

The main issues that were targets of questions from adolescents of both sexes were about: bodily changes; condom use; knowledge about STIs and cervical cancer; as a pregnancy occurs; age of initiation of

sexual activity; sex, forms of sex and pleasure; masturbation; among others. All these topics were discussed in a clear, quiet, and undressing of moral values or judgmental, using visual aids designed for data-show, adapting the language to the reality of students in order to make comprehensible dialogue.

It was noted that the students had a knowledge deficit of the issues related to anatomy and physiology of reproduction, on the other hand had adequate knowledge on prevention of STIs and contraception. This fact is due to the wide access of adolescents to information concerning HIV/AIDS and early pregnancy, which is conveyed by the media and in advertising campaigns of the Ministry of Health.⁴

Importantly, the management of the teenagers group was something challenging and generated anxiety among the facilitators. The dispersion and side conversations among young people generated noise which impaired the execution of the activity. It was felt that such dispersion was not generated due to their lack of interest on the subject; on the contrary, they talked to each other about issues that they felt ashamed to exhibit in room. So if a negotiated approach was necessary, establishing thus an interaction between participants and facilitators to provide the freedom to question about any questions that previously did not have the courage to do. The dialogic approach to sex education teaching is something accessible to educators, because the young man is considered a possessor of working knowledge and representations.¹⁴

In this context, intersectoriality is essential for carrying out activities like this, since the union of sectors for the development of actions directed at adolescents can contemplate them in a more integral way. However this joint is still difficult operation, because of the difficulty of flexibility, integration, and fitness routine that is required, making these actions occur infrequently in the face of satisfactory results.¹⁵

The board game was a methodology applied in order to realize the level of learning that teenagers obtained with activity and also provide a learning using play and playfulness. The result was satisfactory, because as the game progressed were allowed to the students

together to discuss the issue and draw up answers within their level of understanding, thus facilitating dialogue and learning. Thus, the use of the game as an educational technology was paramount to the success of the activity, because beyond the traditional models of education for co-production of knowledge and autonomy, making the adolescents central throughout the process.¹³

The parody previously developed and presented at the end of the discussions was an important tool for dialogue-exhibition consolidation related to the theme of choice, this time was relaxation and caused a greater approximation of the facilitators with students.

In general the activity obtained good acceptance and participation by adolescents, and this was evidenced by the position adopted throughout the process, co-operation and involvement with the activities that were proposed. However some aspects hindered its implementation, namely the different age groups have caused realities of detachment because of different experiences among teenagers, evidenced over the speeches, making the facilitators were required to lay hold of an approach fits all; the physical structure was an element that also hindered the implementation of activities, as used did not have adequate ventilation and lighting, supporting the caring students and damaging the display of audiovisual resources.

CONCLUSION

From the developed work, it was observed that even before the whole development of the XXI century, the diffusion of knowledge, and the various discussions that have been made, sexuality issue is still a major taboo, and this is justified by cultural meanings, moral and religious that permeate the theme.

The use of the educational game was essential to the success of the activity, as it provided a dialogic reflection and collective construction of knowledge, and have permitted more easily the participation of all in the process of teaching and learning, making teens the central focus the entire education process.

The interest was noticeable, motivation, responsiveness and participation of adolescents, providing enriching and

constructive moments for teens and present teachers, especially for us nursing students, since this experience allowed us to recognize that the practice of nurses is broad and enables us to act in different contexts of society.

Contact with the public and the approach of its reality broadened our look related to health education and the importance of effective actions in PSE focused on sexuality, focused not only in biological, but also in other aspects involved. We stress the importance of continued implementation of educational actions involving the theme, so that they may also cover teachers and family at other times of discussions.

Thus, we understand that the school is set in a strategic environment for operation and development of health promotion and disease prevention, and the PSE is configured as an important tool in this process, and may even act as a strategy to strengthen the PROSAD.

We can then characterize this experience as successful, believing that this could contribute to the development of sexual identity of adolescents, through awareness, awakening to a critical-reflexive consciousness, influencing this way in healthier future choices and safe for these teenagers that soon will become adults.

Considering the need to strengthen actions in the PSE, it recommends the continuity of actions in this program to discuss this and other issues, important for health promotion and prevention of diseases and or aggravations, as well as to strengthen the actions proposed by PROSAD. However, it is noteworthy that these activities need to be extended to parents and teachers so that we can broaden the discussion on the subject especially in strengthening the dialogue between the triad: Parents, Children and Teachers across the importance of family dialogue and building knowledge in schools, leaving thus to be a timely topic of discussion going to an essential collective construction in the formation of sexual identity of these young people.

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