Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

DISCUSSING SEXUALITY/STI IN THE SCHOOL CONTEXT: PUBLIC SCHOOL TEACHER'S PRACTICES

DISCUTINDO SEXUALIDADE/IST NO CONTEXTO ESCOLAR: PRÁTICAS DE PROFESSORES DE ESCOLAS PÚBLICAS

DISCUTIENDO SEXUALIDAD/IST EN EL CONTEXTO ESCOLAR: PRÁCTICAS DE DOCENTES DE ESCUELAS PÚBLICAS

Susanne Pinheiro Costa e Silva[1], Andressa Pereira Peixoto Barbosa[2], Carla Santos Araújo[3], Tuanny Italla Marques da Silva[4], Rebeca Nunes Santana[5]

ABSTRACT

Objective: to get to know educators practices to work with teenagers, sex education in public schools. ***Method:*** a descriptive exploratory study with a quantitative approach, developed with 103 teachers from 15 schools in the state and municipal public schools in Petrolina/PE, Brazil, from structured script. The data was transferred to the Epi Info statistical program and analyzed from tables. ***Results:*** most of the teachers had not been trained for this purpose and, therefore, did not consider themselves able to work sexuality and STIs and teen audiences, although claimed that all subjects should do it. The presence of health professionals in school were not frequent, but also the approach of the aforementioned issues. ***Conclusion:*** education professionals are not, in fact, prepared to deal with the issues presented, since they hardly used them in everyday school life, especially the lack of training for it. Urges continuing education activities are developed, possibly contributing to the reduction of high rates of STIs. ***Descriptors***: Sex Education; Faculty; Adolescent. ***Descriptors***: Sex Education; Faculty; Adolescent.

RESUMO

Objetivo*:** conhecer práticas de educadores para trabalhar educação sexual com adolescentes em escolas públicas. ***Método*:** estudo descritivo exploratório, de abordagem quantitativa, desenvolvido com 103 docentes de 15 escolas da rede pública estadual e municipal de ensino de Petrolina/PE, Brasil, a partir de roteiro estruturado. Os dados foram transferidos para o programa estatístico Epi Info e analisados a partir de tabelas. ***Resultados*:** a maioria dos docentes não havia sido capacitada para tal finalidade e, por este motivo, não se considerava apta para trabalhar sexualidade e IST com o público adolescente, embora afirmasse que todas as disciplinas deveriam fazê-lo. A presença de profissionais de saúde na escola não era frequente, como também a abordagem dos assuntos citados. ***Conclusão*:** os profissionais da educação não estão, de fato, preparados para lidar com os temas apresentados, uma vez que praticamente não os utilizavam no cotidiano escolar, principalmente, pela falta de capacitações para tal. Urge que atividades de educação permanente sejam desenvolvidas, contribuindo possivelmente para a diminuição dos altos índices das IST.–Descritores*:** Educação Sexual; Docentes; Adolescente.

RESUMEN

Objetivo: conocer las prácticas docentes para trabajar educación sexual con adolescentes en las escuelas públicas. ***Método:*** estudio exploratorio descriptivo, enfoque cuantitativo, desarrollado con 103 docentes de 15 escuelas públicas y municipales de enseñanza de Petrolina/PE, Brasil a partir de guión de escritura estructurada. Los datos fueron transferidos para el programa estadístico Epi Info con análisis hechas a partir de tablas. ***Resultados:*** la mayoría de los maestros no había sido capacitada para eso y por esta razón no se consideraba apta para trabajar la sexualidad e ITS con público adolescente, aunque afirmara que todas las materias deberían hacerlo. La presencia de profesionales de la salud en la escuela no era frecuente, así como también había el abordaje de asuntos citados. ***Conclusión:*** los profesionales de la educación no están, de hecho, preparados para hacer tratar de los temas presentados, puesto que no lo utilizan en el cotidiano escolar, especialmente por la falta de capacitaciones para tal. Urge que las actividades de educación permanentes sean desarrolladas, contribuyendo posiblemente para reducir las altas tasas de ITS. ***Descriptores:*** Educación sexual; Docentes; Adolescente.

[1]Nurse, Teacher at the Post graduate Program in Psychology and Nursing Board, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: susanne.pc@gmail.com; [2]Doctor, Post Graduate student in Family Health Strategy, Federal University of Minas Gerais/UFMG. Maceió (AL), Brazil. E-mail: dessinhadesa@hotmail.com; [3]Medical Student, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE), Brazil. E-mail: carlasaraujoo@gmail.com; [4]Nurse, Resident in Collective Health, University of Pernambuco/UPE. Salgueiro (PE), Brazil. E-mail: tuanny94@hotmail.com; [5]Psychologist, Specialist in Public Health, Municipal Health Secretariate. Petrolina (PE), Brazil. E-mail: nsrebeca@hotmail.com

INTRODUCTION

Adolescence, according to the World Health Organization, is the period covered by the age of 10 to 19 years. It is a phase of physiological and psychosocial changes in the young person begins to build their identity. Among the physiological changes are the emergence of hormones, development of sexual maturity and the development of male and female secondary sexual characteristics. Already psychosocial changes include the search for identity (personal and sexual), concept formation and evolution of sexuality.[1]

These intense changes in individual behavior and adolescent collective end up exposing it to physical, psychological and social risks, including; teenage pregnancy and contamination by sexually transmitted infections (STIs), which are conceptualized as infections spread, mainly, by sexual contact and can be caused by viruses, fungi, protozoa and bacteria.[2-3] They are asymptomatic infections that present, in most cases, and can cause many complications such as infertility, sexual dysfunction, pelvic inflammatory disease (PID) and cervical cancer.[4] Most of them have treatment and cure, but some are not yet curable, such as genital herpes and AIDS.[5]

In all of Brazil, issues such as sexuality, reproductive rights and prevention of sexually transmitted infections (STIs) are very discussed, especially with the teen audience, the epidemiological importance of the subject.[6]

Since the 1990s, Brazil has endeavored to implement policies for sexual education of children, adolescents and young people, as the precocity of sexual initiation.[7] In this age group, the partner turnover is a striking factor, significant clue to the increased STI transmission, which are among the top five causes of increased demand for health services.[8]

Even with high rates, STI only regained importance as a public health problem after the AIDS epidemic, which began in the late 1980.[5,9] In Brazil alone, the World Health Organization (WHO) estimates that there are about 10 to 12 million new cases of STIs each year.[10]

Brazil is considered one of the countries with the highest numbers of AIDS cases notifications, being the youth the most afflicted.[6] There is also a tendency to increase in detection rates among the population aged 15 to 24 years. Only in 2012 were reported in the country 39,185 cases of the disease, with an incidence rate of 20.2 cases per 100,000 inhabitants. In the Northeast, in the same year, 7,971 cases were reported, with the Pernambuco state with the highest incidence in this region, with a rate of 20.9 per 100,000 inhabitants, higher than the national average.[11]

Although epidemiological data on STIs are scarce and unrealistic for the issue of underreporting, which makes it difficult to adopt measures to prevent and control major impact on the reduction of infection rates, those that are available reflect the great magnitude of this problem.[12]

One of the strategies outlined by the Ministries of Health and Education for the interruption of STI transmission chain in adolescents is sexual education in schools, as there is evidence that condom use increased by 48% after the intervention in some countries already perform such actions.[13]

Educational processes used must be seen not only in view of the possibility to generate and disseminate knowledge, but above all, the human dimension and improving the quality of life that knowledge allows. Therefore, health promotion is a potential to be developed in school spaces, privileged places for dialogue, exchange of knowledge and the expression of cultural diversity.[14]

Thus, the Ministry of Health established in 2008, the School Health Program (SHP) that has as its main objective, the integration of the health system with the education networks to, well, preventive and intervention actions are carried out in health, for the school population.[15] In this sense, health professionals should be important allies for professional educators to work the theme of sexuality in schools, as well as cross-cutting issues to this.

It is noted that the theme sexuality in school was included in 1996 in the National Curriculum Parameters (NCP) by the Ministry of Education and Culture and since at the time there was reference to the need of the teacher to have access to specific training to deal with such a subject.[13] However, for many teachers, promoting the approach to the subject of sexuality demands skills that cross the common sense of vision and involves often to go against their own load values and world vision.[17] From this perspective, it is understood that is we need to understand more about the matter, especially with regard to the educator who teaches vision for the teen audience. It is known that there are few studies on the subject, although this is relevant and current. It urges that further studies be carried out and that the discussion is expanded in an attempt to improve the high

rates of STIs, as well as the preparation to deal with this new reality.

This study aims to contribute to quality health education, demonstrating the importance of preparation to guide young people to the vulnerability to STI/HIV/AIDS, which may result in a decrease in the rates of new cases of these diseases. The study will also provide information that will enable the development programs carried out in schools, including those that rely on the help of health professionals for such discussions.

Due to the above, the objective to get to know educators practices to work with teenagers, sex education in public schools.

METHOD

A descriptive study with a quantitative approach, developed between November/13 and February /14, with 103 teachers from 15 schools in the state and municipal public schools in the city of Petrolina who taught students from the 1st year of primary education to the 3rd year of high school, from all disciplines.

The selection of schools followed the criteria of these located in neighborhoods where participating teams were inserted Pet-Health UNIVASF. Data collection occurred from the application of a script with objective questions that dealt with personal characteristics, vocational training and theme approaching sexuality and STIs in the classroom. The meeting with the teachers for the implementation of individually instruments happened in the schools, in rooms designated for this purpose.

During data collection, there were significant refusals to participate mainly by downtime. Teachers who agreed to participate were guaranteed the secrecy and confidentiality of information, respecting the ethical aspects based on the National Health Council Resolution 466/12. The study was submitted to the Research Ethics Committee (Protocol 0019/261113 CEDEP / UNIVASF) and only after approval, were initiated the collection of procedures. Acceptance of participation was documented by signing the Instrument of Consent.

The data was transferred to the Epi Info statistical program, and after the analysis of distribution of the variables considered, there was the distribution in percentage tables, which showed the prevalence of information collected.

RESULTS

The average age of participants was 39.5 years. The vast majority were women of Catholic religion. With regard to vocational training, 68.6% were postgraduates and over 10 years of training, teaching for more than five years. Data on the sample characterization are detailed in table 1. From this, you can see that some questions were not answered by all participants. Still, the importance of its contents, will be presented and discussed.

Table 1. Characterization of the group studied for psychographics. Petrolina / PE, Brazil, in 2014.

Characteristics	Specifications	n	%
Gender	Female	69	67
(n=103)	Male	34	33
Age	20 -30 years	12	13,6
(n=88)	31-40 years	38	43,2
	>40 years	38	43,2
Marital Status	Single (a)	27	26,8
(n=101)	Married (a)	60	59,4
	Divorced (a)	7	6,9
	Consensual Union	7	6,9
Children	Yes	67	67
(n=100)	No	33	33
Religion	Catholics	64	66,7
(n=96)	Evangelical	23	23,9
	Spiritist	4	4,2
	Others	5	5,2
Graduation	Biology	17	19,1
(n=89)	Languages	23	25,8
	Mathematics	10	11,2
	Physical education	6	6,7
	History	9	10,1
	Geography	5	5,7
	Pedagogy	7	7,9
	Others	12	13,5
Degree of Education	Graduate	31	31,3
(n=99)	Post-graduate	68	68,7
Length of Education	<5 years	9	12,5
(n=77)	5-10 years	25	34,7
	>10 years	38	52,8
Length of Work	1-2 years	7	7,1
(n=99)	3-5 years	6	6
	>5 years	86	86,9

With regard to training for the educational work in sexuality area and STI, few teachers reported having received training to do so, reflecting the lack of preparation to approach the subject with students, as described in table 2.

Table 2. Theoretical experience of teachers with the subject in schools. Petrolina / PE, Brazil, in 2014.

Characteristics	Specifications	n	%
Capacitation Sexuality/STI (n=103)	No,	85	82,5
	But is interested in being capacitated	67	78,8
	has no interest in being capacitated	13	15,2
	Yes	18	17,5
Is considered fit to work with the theme(n=98)	No,	53	56,3
	Lack of training	26	72,2
	Theme differs from academic	9	25
	Lack of material resources	5	13,8
	Shame	3	8,3
	religious factors	1	2,7
	Pressure from parents of students	1	2,7
	Yes	45	43,7
Disciplines should address the issue(n=102)	All	72	70
	Biology	31	30
	PE	20	19,4
	Portuguese	14	13,6
	Geography	8	7,7
	Mathematics	5	4,8
	Foreign language	3	2,9

Many of those who had not been trained would like to receive training to do so, showing interest in preparing to work with the subject in the classroom, as they considered themselves unfit, mainly for lack of training, and for putting the issue diverged of their training. Still, it is worth noting that it is believed that the issue should be discussed by all disciplines for better training and awareness of the student.

It is worth noting that many of the teachers pointed out that the presence of health professionals in the classroom to discuss cross-cutting issues of sexuality and STI sometimes happened, though others pointed out it never happened. Also mentioned that, as the frequency of working with the subject in their

respective disciplines who taught it to never happened or was usually done once a year, mostly as shown in table 3.

Table 3. Practical experience of teachers with the subject in schools. Petrolina / PE, Brazil, in 2014.

Characteristics	Specifications	n	%
Presence of health professional to discuss sexuality / STI in school(n=93)	Sometimes	42	45,2
	Never	24	25,8
	Rarely	16	17,2
	Always	11	11,8
Frequency of activities related to the topic in the discipline they teach(n=83)	Never	31	37,3
	1 a year	28	33,7
	1 a month	13	15,7
	1 a week	11	13,3
Responsible for choosing the themes(n=42)	Teacher	24	57,1
	School Principal	11	26,2
	All	6	14,3
	Student	3	7,1
Outreach work with parents (n=72)	No	58	80,5
	Yes	14	19,5

Thus, the majority of respondents said that the teacher was the figure responsible for the choice of topics in the area to work with young people, and the student body who chose less or opined on the issues to be worked in the classroom.

DISCUSSION

In Brazil, it is observed that the areas of health and education, together, cover about 20% of Brazilian occupations, with 16.8% of female workers and 34% male, which leads to realize that the category teaching is mostly 83.1% female. In elementary school, 88.3% of teachers are women, and while in high school this proportion decreases, continues to prevail in females 67%. [18-9] This study found predominance of professionals with 30 years or older, corroborating national data presented in which it appears that the range 30-49 years is prevalent 70.5%, tending to increase, suggesting an aging professional teachers. This data also justifies the time of work in teaching is greater. There is also growth in the number of teachers with higher education 89.8% at the national level, as well as specialized, which has been increasing over the years 50.8%. [10]

The National Education Plan (NEP)[15,19] in diagnosis, defines the quality of education can only happen if the value of teaching professionals that will only be achieved through an overall policy capable of articulating the initial training, working conditions, salary, career and continuing education. Thus, improving the quality of basic education depends on the training of its teachers, which follows directly from the opportunities offered to them.

It is necessary to point out that the lack of training in the STI and sexuality area, perceived in participating in this study is also reported in other studies that discuss such issues. A study of sex education in the pedagogical practice of basic school teachers in teaching[20] brought that 86.2% of participants reported having no training in the subject area; have another pesquisa2 found that only 27% of participating teachers have participated in some kind of training or qualification to talk about sexuality at school. This data shows that while some policies have been implemented nationwide, does not have the desired effect, although the changes do not occur quickly, especially in education.

It is noteworthy that although the teachers presented a good level of education, showed many difficulties to work with the issue at hand. And it was precisely the lack of preparation that did not feel able to approach in the classroom. Most teachers, even though they consider it relevant to talk about it, said they require special training. Some authors report that teachers feel unprepared to discuss the topic in their classes.[6,21]

The training time did not appear to be correlated with a greater chance of being capacitated, therefore with those who had more than 10 years of training, it was observed that a large number of them were untrained in sexuality/STIs.

Studies show that although professionals have graduate courses, they may not be in their training areas, which may hinder their pedagogical practices.[22] In addition, the

individual qualification has reduced impact on the quality of work at school, once the results of the collective work of professionals. We must then develop processes involving the teachers who work in the same school so, effectively there is possibility of transformation, as provided for SHP.[15,23]

The young population is prone to situations of vulnerability, including STIs and unplanned pregnancy, and are common problems in Brazilian educational institutions, is of great interest and impact to youths.[20] In addition, because it is a sensitive issue, it often brings to light many discussions. For this reason, they should be seen as a priority to be worked at school, especially in the age group of the students enrolled from the final years of primary education.[24]

Another interesting factor in this study was that the vast majority of participants stated that the topics on the agenda should be addressed in all disciplines, although this was not done. Another research[25] after performing time qualifying with teachers on Sexuality and STI, noted that they organized their understanding in three dimensions: social, biological and cultural, which is strategic for the awareness of the scope and theme of the multidimensionality, which still required involvement and accountability of all so that discussions were deepened, especially in the classroom, with students in various school subjects.

Sexuality being a complex and multidimensional issue, cannot be restricted to formalist content, the discussions of the natural sciences, related only to reproduction.[26-7] It is essential to seek a transversal approach to sex education that involves ethics, health, gender, environment and cultural diversity, considering all this context. So it should not be addressed only by the biological sciences, but rather for all teachers and educational staff, together with the family and health professionals working in the coverage area, enriching activities around human sexuality and its discussion.[16-7]

The presence of health professionals in schools to talk to young people about issues related to health are still infrequent, although this partnership is provided by NEP and SHP.[15] In time, the integration of the education system and care networks to health to carry out preventive and/or intervention aimed at the school population shares one of the proposals of these programs, it is believed that health professionals are great allies to clarify on issues of sexuality and related topics in schools, mainly for the reasons already exposed that lead teachers to not work with the subject.

It is necessary to point out that, as the study occurred in schools teams insertion areas of a TEP group on Health, the activities cited by teachers that have taken place in schools set out actions planned by these groups, demonstrating that TEP made a schedule of varied topics activities, including sexual education, with several classes of adolescent students and youth institutions. However, it is not known as in other units that do not have the inclusion of such a program.

The effective support of professionals from Basic Health Units for educational support in schools in the connected areas [20] is something that deserves attention to happen effectively. Studies have suggested that reproductive health and sex education, family planning bases are particularly important for teens, although the notion of failures and barriers that still exist for it effectuation.[28] Thus, it is necessary to rethink the practices and seek viable solutions that improve the condition of the teacher's knowledge and the inclusion of health professionals in schools, which will impact on the improvement of the indexes on the topic.

Topics of interest to the student body and society should be addressed at various times of daily school life. It is known that young people show interest in the theme of sexuality. Teachers should then take advantage of this interest and work contents related to behavioral issues, contextualizing experiences, and promoting socialization.[20] The opportunities cannot be missed, especially when the result of the education and guidance involves matters of life and health.

According to the information provided on the activities of frequency on sexuality and STIs during the school year, which can be considered very low in most disciplines, it is expected that the vast majority of teens have, as a source of information, television and friends, as seen by other studies.[29]

Teachers who work with the theme of sexuality in the classroom, few showed the student as responsible for choosing the theme. The need for participatory-constructivist methodologies is imminent and should be always from the knowledge that the student already has about it and goes on to filling the gaps in information[2], especially when it is known that there is curiosity and attention from young people about matters to be worked on. Authors believe that some issues need to emerge from the student's needs, reinforcing the conception of the

educative process, which should take place based on customer demand, seeking the involvement and interest of these.[21]

The family, an important partnership for sexual orientation, it seemed a little far from the school, especially when it comes to these discussions. The school and the family have different and complementary roles that must go together. Even if the teachers do not have direct responsibility in carrying out educational activities with parents, the participation of those with their childs education process [21] is considered important, mainly because most parents and guardians also have little knowledge about the subject, which complicates the dialogue at home.

CONCLUSION

Thinking about the need to improve the dynamics surrounding any discussion of STIs / sexuality at school is imperative. It is observed that education professionals are not, in fact, prepared to deal with such important and mythical themes which raise many reflections in the classroom environment and beyond. However, with the advent of the School Health Program, as well as others, this agenda cannot be delayed, since the time is propitious and the demand is real. In this study, it was realized that some of the professionals of the Family Health Strategy had performed sex education activities with young people, although it was aware that this should occur with more regular frequency.

Attracting the health team to the school, encouraging educational activities intensively and consulting young people's interest in what they want to understand, it is of great value and can contribute to the school as a whole, also contributing to the formation of their critical awareness. The same is true of families, which should be encouraged to learn a little more about it, as they also act in the learning of the children. In short, the actions for teacher qualification about sexuality/STI need to involve the various actors in this process through the harmonious junction between teachers from all areas of graduation, students, parents, principals and health professionals, it is important that all schools and its actors strive for such action. It should be appreciated that, before starting a training process, it is necessary to know the main difficulties, looking for new and effective methods that can support educators.

The discussion of the data obtained confirms what is contained in the literature regarding the subject. Therefore, issues such as graduation area, joint participation of the school, parents and health professionals and modeling of pedagogical practices (methodologies, theme selection and frequency of activities) need to be guided. These are questions that need analysis, in order to enable new approaches and modification of ineffective teaching practices that only transmit knowledge without their joint construction.

FINANCING

Ministry of Health, the scholarship fomented by TEP Health.

REFERENCES

1. Saito MI. Adolescência, sexualidade e educação sexual. Pediatr Mod [Internet]. 2001 Jan [cited 2015 June 16];37(1):3-6. Available from: http://www.moreirajr.com.br/revistas.asp?fase=r003&id_materia=1402.

2. Jardim DP, Bretas JRS. Orientação sexual na escola: a concepção dos professores de Jandira - SP. Rev bras enferm [Internet]. 2006 Apr [cited 2016 Aug 18];59(2):157-162. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672006000200007&script=sci_abstract&tlng=pt.

3. Theobald VD, Nader SS, Pereira DN, Gerhardt CR, Oliveira FJM. A universidade inserida na comunidade: conhecimentos, atitudes e comportamentos de adolescentes de uma escola pública frente a doenças sexualmente transmissíveis. Rev AMRIGS [Internet]. 2012 Jan/Mar [cited 2016 Aug 15];56(1):26-31. Available from: http://www.amrigs.org.br/revista/56-1/0000095572-6_929.pdf.

4. Doreto DT, Vieira EM. O conhecimento sobre doenças sexualmente transmissíveis entre adolescentes de baixa renda em Ribeirão Preto, São Paulo, Brasil. Cad Saúde Pública [Internet]. 2007 Oct [cited 2016 Aug 15];23(10):2511-6. Available from: http://www.scielo.br/pdf/csp/v23n10/26.pdf

5. Ministério da Saúde (BR). Manual de Controle das Doenças Sexualmente Transmissíveis. 4st ed. Brasília(DF): Ministério da Saúde; 2006.

6. Santos SM, Rodrigues JA, Carneiro WS. Doenças Sexualmente Transmissíveis: Conhecimento de Alunos de Ensino Médio. DST - J bras Doenças Sex Transm [Internet]. 2009 [cited 2016 Juyl 29];21(2):63-68. Available from: http://www.dst.uff.br/revista21-2-2009/4-%20Doencas%20sexualmente%20transmissiveis%20COR.pdf.

7. Gubert D, Madureira VSF. Iniciação sexual de homens adolescentes. Ciênc. saúde coletiva [Internet]. 2008 Dec [cited 2016 Aug 17];13(Suppl 2):2247-56. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232008000900029.

8. Damasceno DO, Moura FMJSP, Nery IS, Batista OMA, Araújo OD, Moura LJSP. Representações sociais das DST/Aids elaboradas por gestantes. Texto contexto - enferm [Internet]. 2009 Mar [cited 2016 Aug 12];18(1):116-123. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072009000100014.

9. Fonseca MGP, Szwarcwald CL, Bastos FI. Análise sociodemográfica da epidemia de Aids no Brasil, 1989-1997. Rev Saúde Pública [Internet]. 2002 Dec [cited 2016 Aug 17];36(6):678-85. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102002000700004.

10. Ministério da Saúde (BR). Pesquisa de Conhecimentos, Atitudes e Práticas na População Brasileira de 15 a 64 anos, 2008. Brasília (DF): Ministério da Saúde; 2011.

11. Ministério da Saúde (BR). Boletim Epidemiológico Aids e DST. Brasília (DF): Ministério da Saúde; 2013.

12. Souza MM, Del-Rios NHA, Munari DB, Weirich CF. Orientação sexual: conhecimentos e necessidades de professores de um Colégio Público de Goiânia-GO. Rev. Eletr. Enf. [Internet]. 2008 [cited 2016 Juyl 27];10(2):460-71. Available from: https://www.fen.ufg.br/fen_revista/v10/n2/pdf/v10n2a17.pdf.

13. Kirby DB, Laris BA, MPH, Rolleri LA, MSW, MPH. Sex and HIV Education Programs: Their Impact on Sexual behaviors of Young People Throughout the World. J adolesc health [Internet]. 2007 Apr [cited 2016 Juyl 22];40(3):206-17. Available from: http://www.sidastudi.org/resources/inmagic-img/dd2891.pdf.

14. Ministério da Saúde (BR). Marco legal: saúde, um direito de adolescentes. Brasília(DF): Ministério da Saúde; 2007.

15. Ministério da Saúde (BR). Ministério da Educação (BR). Programa Saúde na Escola. Brasília (DF): Ministério da Saúde; 2009.

16. Lightfoot AF, Taboada A, Taggart T, Tran T, Burtaine A. 'I learned to be okay with talking about sex and safety': assessing the efficacy of a theatre-based HIV prevention approach for adolescents in North Carolina. Sex Educ [Internet]. 2015 Apr [cited 2016 Juyl 22];15(4):348-63. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4540230/.

17. Almeida SA, Nogueira JA, Silva AO, Torres GV. Orientação sexual nas escolas: fato ou anseio? Rev. Gaúcha Enferm. [Internet]. 2011 Mar [cited 2016 Aug 16];32(1):107-13. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472011000100014.

18. Gatti BA, Barreto ESS. Professores do Brasil: impasses e desafios. Brasília (DF): UNESCO; 2009.

19. Ministério da Educação. Censo da educação básica: 2012 – resumo técnico. Brasília (DF): INEP; 2013.

20. Rufino CB, Pires LM, Oliveira PC, Souza SMB, Souza MM. Educação sexual na prática pedagógica de professores da rede básica de ensino. Rev Eletr Enf [Internet]. 2013 Oct/Dec [cited 2016 Aug 14];15(4):983-91. Available from: https://www.researchgate.net/publication/272853504_Educacao_sexual_na_pratica_pedagogica_de_professores_da_rede_basica_de_ensino.

21. Holanda ML, Frota, MA, Machado, MFAS, Vieira, NFC. O papel do professor na educação sexual de adolescentes. Cogitare enferm [Internet]. 2010 Oct/Dec [cited 2016 Aug 14];15(4):702-8. Available from: http://revistas.ufpr.br/cogitare/article/viewFile/20371/13540.

22. Barros SC, Ribeiro PRC. Educação para a sexualidade: uma questão transversal ou disciplinar no currículo escolar? Rev. electr. enseñanza cienc. [Internet]. 2012 [cited 2016 Aug 13];11(1):164-87. Available from: http://reec.uvigo.es/volumenes/volumen11/REEC_11_1_9_ex570.pdf.

23. Kuenzer AZ. A formação de professores para o ensino médio: velhos problemas, novos desafios. Educ Soc [Internet]. 2011 Juyl/Sept [cited 2016 Aug 13];32(116):667-88. Available from: http://www.scielo.br/pdf/es/v32n116/a04v32n116.pdf.

24. Monteiro PHN, Bizzo N, Gouw MAS. As Doenças Sexualmente Transmissíveis (DST) e a Aids nos livros didáticos para o ensino fundamental no Brasil: abordagens e implicações educacionais. Acta scientiae [Internet]. 2010 Jan/June [cited 2016 Aug 14];12(1):123-38. Available from: http://www.periodicos.ulbra.br/index.php/acta/article/view/30.

25. Souza MM, Munari D B, Souza SMB, Esperidião E, Medeiros M. Qualificação de professores do ensino básico para educação sexual por meio da pesquisa-ação. Cienc cuid saúde [Internet]. 2010 [cited 2016 Aug 13];9(1):91-8. Available from:

http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/10532/5741.

26. Borges ZN, Passamani GR, Ohlweile MI, Bulsing, M. Percepção de professoras de ensino médio e fundamental sobre a homofobia na escola em Santa Maria (Rio Grande do Sul/Brasil). Educ rev [Internet]. 2011 [cited 2016 July 27];39:21-38. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-40602011000100003.

27. Sampaio ATL, Timoteo RPS, Enders BC. Educação sexual no contexto da escola. Carpe diem [Internet]. 2007 [cited 2016 Aug 13];5:173-97. Available from: https://periodicos.unifacex.com.br/Revista/article/view/537/pdf.

28. Queiroz MVO, Lucena NBF, Brasil EGM, Gomes ILV. Cuidado ao adolescente na atenção primária: discurso dos profissionais sobre o enfoque da integralidade. Rev Rene [Internet]. 2011 [cited 2016 Aug 13];12(spe):1036-44. Available from: http://www.revistarene.ufc.br/vol12n4_esp_pdf/a20v12esp_n4.pdf.

29. Bretas JRS, Ohara, CVS, Jardim, DP, Aguiar Junior, W, Oliveira, JR. Aspectos da sexualidade na adolescência. Ciênc saúde coletiva [Internet]. 2011 Juyl [cited 2016 Aug 13];16(7):3221-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000800021.

Submission: 2016/08/19
Accepted: 2016/10/20
Publishing: 2016/11/15

Corresponding Address

Susanne Pinheiro Costa e Silva
Colegiado de Enfermagem
Universidade Federal do Vale do São Francisco
Av. José de Sá Maniçoba, s/n
Bairro Centro
Caixa Postal 252
CEP 56 304-917 – Petrolina (PE), Brazil