Health education on sexually transmitted diseases...
INTRODUCTION

With regard to Sexually Transmitted Diseases (STD) and Acquired Immunodeficiency Syndrome (AIDS), it is essential that prevention deserves primary focus, especially when the target for the actions is the adolescent population. The biopsychosocial transformations that occur during adolescence may interfere with the natural process of development, so that they feel needs to experience behaviors and situations that let them more vulnerable to risks to their health, including on the aspect of sexuality.1

Thus, adolescents tend to be one of the most vulnerable groups to risk behaviors for acquiring sexually transmitted diseases (STD). The early initiation of sexual activity, multiple sexual partners, the sporadic use of condoms, the consumption of alcohol and illicit drugs have been considered predictors of STDs.2

Given this reality, the Brazilian National Department for STD / AIDS and viral hepatitis, through the Ministry of Health has been developing in recent years, strategies for prevention of STD / AIDS and recommending the use of technology in group activities with adolescents, as well intervention strategies for health education activities, especially in the context of the AIDS epidemic and other STDs.3

In this context, the adolescent group is constituted as an ambit for formation of a new identity, even it is intermediary between the family and society, in which it can try and perform new roles. The individuals, especially adolescents, when not inserted in groups, feel exposed and insecure, but when they are grouped feel confident about the delimited values from their peers, because take out feelings of fear, guilt, shame or even inferiority.4

The interest by this thematic and experience with educational activities performed through projects with groups of adolescents in the context of health education, especially in the prevention of STD / HIV / AIDS, motivated us to develop this work, given its importance due to the large number of sexually transmitted diseases, especially in adolescents, because health education constitutes a possibility of prevention and control of these diseases, and the group activities are an excellent strategy in addressing this clientele.5

OBJECTIVE

- Report the experience about the actions of health education for adolescents, focusing on the theme of sexuality and prevention of Sexually Transmitted Diseases (STDs) / Acquired Immunodeficiency Syndrome (AIDS).

METHOD

This a descriptive study, of the type of experience reporting, the result of the extension project activities “Adolescer in Apodi: Education and Prevention at the Federal Institute of Education, Science and Technology of Rio Grande do Norte - no Instituto Federal de Educação, Ciência e Tecnologia do Rio Grande do Norte (IFRN),” Department of health from IFRN, which was intended to promote educational workshops on sexual health thematics, directed to students of technical courses of that scholar institution in the city of Apodi, Rio Grande do Norte, Brazil Northeast, from February to October 2010.

Students of both sexes participated in the project, between 13 and 19 years. We performed 16 workshops with 30 students, on average, one hour-standard, morning and afternoon shifts, in the regular schedule of classes.

As strategies for the development of activities, we used: group workshops, based on the principle of questioning methodology as a way for promoting the sharing of content on the prevention of STD / HIV / AIDS; educational materials, as well as group and participatory activities for adolescent public.

It is noteworthy that the questioning methodology is based on the perspective of making the students more creative and critical, with skills and capabilities to analyze the problems and concerns present in their routine.6

In this view, the process of learning takes place respecting the sociocultural context in which actors have the opportunity to both express their experiences and how to valorize them. This critical consciousness enables to individual a behavior change leading to its transformation and liberation.6

To reach the objective, were used as facilitating strategies: gymkhanas, group discussion, music, film showing, cropping and pasting activities as well as participant observation which allowed personal and interactive contact with collaborators of the study.

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The activities were recorded by photographs, cropping, drawing and writing. Furthermore, the participants' speech was recorded in a field diary to illustrate the perception, knowledge and understanding of adolescents about the topics discussed.

The analysis and discussion of the data were made by the description of workshops, activities mentioned above, the objectives and results that were reached.

## RESULTS

The topics approached in the meetings that served as the basis for the conduct of the group were: Health education and prevention; Unveiling sexuality; Knowing my body; vulnerability; Getting inside of what is Sexually Transmitted Diseases (STDs) / Acquired Immunodeficiency Syndrome (AIDS); How to protect against STDs / AIDS; contraceptive methods; misuse of injecting drugs and juvenile 'prostitution'.

In the first contact, the coordinators of the group presented, in each one of the classrooms of different technical courses of the institution, the project as well as their objectives, establishing a contract of coexistence with the participation of students. Then, we welcomed the students with group dynamics, making possible to establish bonding and trust with these adolescents, so that subsequent meetings could occur freely and spontaneously, and the group could feel free to expose their questions and opinions.

We observed the interest from students in participating in activities, in order to learn about sexual orientation, as well as significant adherence to the group dynamics used.

At each meeting, initially, we performed a dynamic group with interaction and encouraged the participation of adolescents in the activities of the day.

In a second moment, a circle of students was formed, we requires them for producing glue pictures from magazines in paper related to the topic discussed in the workshop, to identify their perception on the thematic of each meeting and to support the group discussions.

We also performed a session with videos at times. Before showing the videos were administered questionnaires, assessment test, which served as a guiding tool for a post-movie discussion.

In one of the meetings with the groups, we identified what the contraceptive methods were known by adolescents, to then explain the main methods available in the market and answer their questions.

At times, facilitators brought to classroom demonstration kits of the Brazilian Ministry of Health, with male and female condoms, oral and injecting contraceptives, intrauterine device (IUD) and diaphragm. The characteristics of these methods were addressed, correct usage, advantages and disadvantages, emphasizing the importance of male and female condoms in preventing STDs.

It was observed that during the workshops, most adolescents only described the male condom as an effective method in preventing STDs. In no time, the female condom was remembered by students. Also it was found that students were more concerned with pregnancy than with the risk of infection of STD / HIV / AIDS.

The facts lead to reflect on the vulnerability of adolescents at risk for get STDs and the need for implementing strategies for promotion and education in health focused on barrier methods in preventing sexual infections.

The questioning methodology of teaching was a fundamental element in building reflective and critical knowledge from a close articulation of the theoretical grounds with the practical reality of the health professional before the difficulties and limitations experienced with a view to provide changes and transformations that allow an assistance fostered by the principles of inclusion, integration and citizenship.

## DISCUSSION

The first contact of presentation of the project coordinator with the students involved, as well as raising issues of interest to the group to approach in the workshops, allowed the establishment of a bond with young population, supporting the literature with regard to factors that facilitate the teaching-learning process. The role of the group coordinator was to establish a bond of closeness with these young people to establish a trust relationship between him and adolescents to achieve success in working with this group.1

Despite the sexual life starts at an increasingly early age, adolescents and young do not have consistent information on reproductive and sexual health, as a result of lack of guidance from parents, educators and health professionals. Thus, the source of knowledge of adolescents, often, come from...
colleagues and friends, who also had no access to sex education, giving rise to misconceptions, loaded with myths and taboos. Therefore, health promotion and disease prevention with adolescents have been simultaneously challenge and target to programs of control STD / AIDS. 7

If we want to have a positive influence on children and young people before they become sexually active, one comprehensive sexuality education must become part of the formal school curriculum, delivered by well-trained teachers and pedagogical support. The teachers continue to be reliable sources of knowledge and skills in all educational systems and are a highly valued resource in the education sector response to AIDS epidemic.

The educational activities are capable of being directed to change human behavior in cultural context, focusing on your lifestyle, but also promote beneficial changes on this issue. 8

The health education is of great importance for the control of transmissible diseases to man. Process by which individuals and groups learn to promote, protect or restore health; it starts with people seeking to improve living conditions. Its purpose is to instill in them (adolescents) a sense of responsibility in relation to health, as individuals, members of families and communities. 9

In developing strategies for health education with children and adolescents, it becomes necessary to use participatory techniques, such as the development of workshops, for help in the discussion of emerging issues and subjective values regarding sexuality and disease prevention. This is because the discussion in groups provides collective thinking, reinforcing the reflections that lead to awareness of the subjects. 10

From this perspective, the activities performed in the extension project “Adolescer in Apodi” sought to provide space for discussion and reflection on sexuality, using playful workshops, running away to the classic model in classroom and with the involvement of all, to dispel misconceptions and prejudice about AIDS and STDs, as well as undo fears, myths and taboos and, thus, cause young people to become subjects of their own sexuality, which could reflect on their risks.

The need for investment in prevention of STDs / AIDS is advocated by several authors, because of this, talk and discusses openly about sex, stimulate safely sex and demonstrate the use of condoms should be educational to work with groups of adolescents. 11

The accumulated traditions of the old model of teaching on health in schools afforded, often, in practices for trading tasks and costs as well as a source of conflict to the responsibilities of those involved. As a result, the school sees itself today as the depository of many social demands related to large parts of the mankind and how an almost exclusive place for caring of children, adolescents and young.

In this context, the IFRN was chosen to be a scenario to perform this work due to the target audience, which is in great number in this space, as confirmed by the literature. The school is the ideal place to work with and implement projects and actions related to prevention of sexually transmitted diseases among adolescents, it is there that the concentration of this public is larger and it should be noted that these works should be directed to the different stages of life and not only after the onset of sexual activity, as is habitual. 12

Creating spaces for dialogue between adolescents, teachers, health professionals and the community is, arguably, an important device to build social response in overcoming the relations of vulnerability to STDs, HIV infection and AIDS, and pregnancy unplanned. For this purpose, the developed actions should go beyond the cognitive dimension, taking into account the subjective aspects, questions relating to identity and the emotional and sexual practices in the context of human relations, culture and human rights. 13

Just as important to motivate the participation of adolescents is to understand the present time that we live, respect and value their questions and suggestions. Thus, gradually, teens will feel more secure and accepted, finally, more responsible for the proposal of collaborative workshops and more. 54

This responsibility and collaboration were perceived during our study, with the adhesion to group dynamics used, the interest of students in participating in activities and them purpose of learning about sexual orientation.

The use of films and videos is a methodology used in order to “energize” the educational process. The own literature states that these strategies motivate the interest of young people and involve the citizens, so that
we can encourage them through dialogue and reflective participation.  

It is noteworthy that, regarding the techniques and strategies, it is important to coordinator adequate them to the same objective of task and movement of the group, having clear that the set of techniques planned for the meeting can not be considered more important than the movement that the own group shows. Thus, they(techniques) must be constituted as a support to access the group researched by the coordinator, who should have learned from them and, above all, use them in the context of the task, to the content expressed by the group and promote space for exchanges and discussions.  

In this sense, the sex education should be exercised not as tameness of individuals, but as an opportunity for self-reflection, so that it can be established as a subject and have a critical thinking and transformative praxis on sexuality, which contributes to the affirmation of liberator ideals of mankind, respect to each other and the different forms of exercise of sexuality.  

Moreover, despite the difficulties observed over time to break the traditional model of education that is being translated in the attitude of educators and health professionals, it is believed that these practices can be transformed from the stimulus to think critically. Thus, it is possible that the current reality can be transformed and practices of health education also are reviewed.  

Finally, the success of these actions and the consolidation of public policies for prevention of sexual diseases and ailments, promoting health in schools from a participatory and planning process, depend on the commitment of school managers, health and education professionals and active participation of students and whole school community, rescuing the history and peculiarities of the local reality.

CONCLUSION

We observed there was a large participation of adolescents in the dynamics proposed in the workshops, from the construction of posters, drawings, brochures and pamphlets on the issues addressed. We developed questionings by individual questions in writing or orally.  

It was found that the achievement of these workshops provided a richer ambit in learning, not only for the target population, but also for those authors, who acted as facilitators in the teaching-learning process.  

It was found that the school is presented with a suitable and appropriate place for the development of actions on health education, working in different areas of human knowledge.

In this context, we can say that the school environment is a privileged place for the development of health promotion practices, and health education as a strategy that promotes social responsibility of the individual.

We emphasize the importance of health education in the school be supported by the community in which it operates, as well as at school, with participatory pedagogical practices.

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