



IMPLEMENTATION OF EDUCATIONAL WORKSHOPS ABOUT SEXUALITY AND REPRODUCTIVE HEALTH WITH ADOLESCENTS OF PUBLIC SCHOOLS

IMPLEMENTAÇÃO DE OFICINAS EDUCATIVAS SOBRE SEXUALIDADE E SAÚDE REPRODUTIVA JUNTO A ADOLESCENTES DE ESCOLAS PÚBLICAS

IMPLEMENTACIÓN DE TALLERES EDUCATIVOS SOBRE SEXUALIDAD Y SALUD REPRODUCTIVA JUNTO A ADOLESCENTES DE ESCUELAS PÚBLICAS

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ABSTRACT

Objective: to implement educational strategy about sexual and reproductive health to be developed by the Health Program at School with adolescents from public schools. **Method:** convergent assistance study, qualitative, conducted with 21 adolescents students between 13 and 15 years, of both sexes, in two municipal public schools of Limoeiro do Norte-CE, Brazil, from August to October 2013. It was used the focal group and educational workshops, with dynamics about sexuality and reproductive health. The discussions were transcribed and analyzed by the technique of content analysis. The project had approval of the Research Ethics Committee, CAAE nº 12006612.6.0000.5534. **Results:** adolescents demonstrated prior knowledge of the provided information in the exhibitions that occurred during the three-day meeting. They were questioned and enlightened about the doubts regarding the theme, existing receptivity and active participation during the workshops. **Conclusion:** the school is an adequate space to implement educational workshops, because it is well accepted and brings socialization of knowledge among the participants. **Descriptors:** Adolescent; School Health Services; Health Education.

RESUMO

Objetivo: implementar estratégia educativa sobre saúde sexual e reprodutiva a ser desenvolvida pelo Programa Saúde na Escola, junto a adolescentes de escolas públicas. **Método:** estudo convergente-assistencial, qualitativo, realizado com 21 alunos adolescentes entre 13 e 15 anos, de ambos os sexos, em duas escolas públicas municipais de Limoeiro do Norte-CE, Brasil, de agosto a outubro de 2013. Utilizou-se o grupo focal e oficinas educativas, com dinâmicas sobre sexualidade e saúde reprodutiva. As discussões foram transcritas e analisadas pela técnica de análise de conteúdo. O projeto teve aprovação do Comitê de Ética em Pesquisa, CAAE nº 12006612.6.0000.5534. **Resultados:** os adolescentes demonstraram conhecimento prévio das informações prestadas nas exposições ocorridas durante os três dias de encontro. Foram questionados e esclarecidos sobre as dúvidas a respeito da temática, havendo receptividade e participação ativa durante as oficinas. **Conclusão:** a escola é um espaço adequado para implementar oficinas educativas, pois é bem aceito e traz socialização de conhecimentos entre os participantes. **Descritores:** Adolescente; Serviços de Saúde Escolar; Educação em Saúde.

RESUMEN

Objetivo: implementar estrategia educativa sobre salud sexual y reproductiva que será desarrollada por el Programa de Salud en la Escuela, junto a adolescentes de escuelas públicas. **Método:** estudio convergente asistencial, cualitativo, realizado con 21 alumnos adolescentes entre 13 y 15 años, de ambos sexos, en dos escuelas públicas municipales de Limoeiro do Norte-CE, Brasil, desde agosto hasta octubre de 2013. Se utilizó el grupo focal y talleres educativos, con dinámicas sobre sexualidad y salud reproductiva. Las discusiones fueron transcritas y analizadas mediante la técnica de análisis de contenido. El proyecto tuvo la aprobación de la Comisión de Ética en Investigación, CAAE nº 12006612.6.0000.5534. **Resultados:** los adolescentes demostraron conocimiento previo de las informaciones proporcionada en las exposiciones que se produjeron durante los tres días de encuentro. Fueron interrogados y aclarados sobre las dudas sobre el tema, habiendo receptividad y participación activa durante los talleres. **Conclusión:** la escuela es un espacio adecuado para implementar talleres educativos, porque es bien acepta y trae socialización de conocimientos entre los participantes. **Descriptores:** Adolescente; Servicios de Salud Escolar; Educación para la Salud.

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INTRODUCTION

In adolescence, there are numerous bio psychosomatic modifications and, in many cases, adolescents are not prepared to face new situations and an adulthood filled of responsibilities and commitments.¹ This behavioral change, characteristic of this phase, is generating negative aspects, such as the increase in the number of cases of sexually transmitted diseases (STD) and Aids in this age group. The adolescents are in the age group of greater exposure to the risk of contracting these diseases.²⁻³

In Brazil, the themes about sexuality, STD and Aids are delicate, because come surrounded by taboos, prejudice and familiar repression. Nonetheless, the facility of access to sources of information and social networks contributes to premature sexual awakening of adolescents. Although there are efforts of the school and the health sector in this public awareness about prevention, most not considered vulnerable to this problem. Frequently, some parents transfer responsibility for school education and guidance of their children.

The school is fundamental in the learning process of the student, because is the location where the adolescent spends most of time and experience their first experiences.⁴ Thus, it is necessary to cooperate between educators and health professionals in order to promote joint actions, organized, inter-sectoral, according to the context of the school environment. In this perspective, the health education becomes a primary action for the production of care with a view to promoting health.

In most schools, teachers often do not allow spaces for discussion about sexuality, there is no opening to the dialogic action about sexual anxieties and concerns, because there is the fear of awakening even more sexual desire in adolescents, apart from the lack of emotional and technical preparation for conducting activities involving this issue.⁵⁻⁷

It is necessary to think in health education not as a simple transmission of information, but the construction of a space of exchanges, where teachers and students have freedom of speech, to share life experiences, in a horizontal relationship.

The information needs to make sense for the reality of the other. Health education is an important means of disease prevention and health promotion and must lead to a change of attitude in individuals, in habits and lifestyle, becoming able to modify the reality

to reduce their vulnerabilities and improve quality of life.⁸

To promote the health of adolescents requires the challenge of creating more effective strategies of participation. In this perspective, from the reality of the School Health Program (SHP) of Limoeiro do Norte-CE and execution of actions of health promotion in the public schools of the locality, it is intend to form multipliers adolescents to act between pairs in the themes involving sexual and reproductive health, prevention of STD/Aids and viral hepatitis in everyday school and thus, contribute to the strengthening of youth leadership in schools.

OBJECTIVE

- To implement educational strategy about sexual and reproductive health to be developed by the Health Program at the School, with adolescents students from public schools.

METHOD

Article drawn from the dissertation << *The School Health Program and its implementation along adolescents in municipal public schools* >> presented to Professional Master's degree Course of Child and Adolescent Health at the State University of Ceará/UECE.

It is a study of convergent-assistance type (PCA), with a qualitative approach. In this, the subjects of research have active participation, once the PCA is oriented to resolve or minimize problems in practice or perform changes or introduction of innovations in health practices.⁹

The field of study covered two public schools of Limoeiro do Norte, Ceará, Brazil, chosen due to the higher number of students enrolled between the 6th and the 9th year of elementary school. One was located in the urban area of the city and another in the countryside.

The choice of school in the urban area was due to the fact of its location in the region of periphery, considered as a risk area due to the large number of pregnant adolescents, drug users and economic low-income among the inhabitants. There are 13 pregnant adolescents in this community in age between 13 and 19 years. The choice of school in the countryside was due to the presence of student representations.¹⁰

The inclusion criteria of participants were: to have between 11 and 15 years, of both sexes, be duly enrolled in elementary school in one of the schools in the study, be

committed to be multiplier, plus get the permission of their guardian. 21 adolescents participated in the workshops.

The first group of adolescents who participated in the workshops studied at public school situated in the rural town of Limoeiro do Norte and the second group studied at a public school in the urban area. The choice of participants was held by the directors of the schools, identifying students who possessed better skill and commitment to share the information with the other students.

The data collection was operationalized in the period of August to October 2013, from educational workshops based on peer methodology proposed by the Health Ministry¹¹⁻¹³ and the use of operating games.¹⁴

Peer education is a teaching-learning process in which adolescents and young people act as facilitators of actions and activities with and for other adolescents and young people, i.e. the pairs. This term, came from English *peer educator* and is used when a person is responsible for developing educational activities geared to the group in which it is part.¹³

The focal group technique (FG) was performed in order to identify questions and difficulties about the reproductive and sexual health of adolescents and their design about the activities developed by the SHP, with guiding questions: How do you experience your sexuality? What guarantees a safe sexual practice within a relationship? What changes in the life of a boy or girl who has a son in adolescence? What are the difficulties encountered in the daily for access to contraceptive methods and the use of each one?

The FG are discussion groups about a particular subject, which allow the exchange of experiences, livings, discoveries, expression of distress and anxieties, reception and participation of those involved. Facilitate the formation of ideas and the approximation experience.¹⁵⁻¹⁷

Six meetings were held. Each school groups relied on three dates. Each session occurred in two hours. The workshops were held in three days in a row, in the shift, not to disturb the adolescent's class, i.e. the group of adolescents that studied in the morning had the meeting in the afternoon. The timetable was set after the formation of the group in each school.

At the end of each encounter, the adolescents responded to the guiding questions about the themes of the workshops, through a semi-structured roadmap. The lines and the dialogues were recorded, transcribed

and analyzed through the technique of content analysis proposed by Bardin.¹⁸

The first group was composed of 12 adolescents between the ages of 13 to 15 years, from the 8th and 9th grade, being seven girls and five boys. During the development of workshops, reports of these participants were referred to with the initials ADRURAL, followed by arabic numeral. In the second group, nine adolescents participated, aged between 13 to 15 years, from 8th grade, being six girls and three boys. The reports of these participants were referred to with the initials ADURBANO, followed by arabic numeral.

Every adolescent has received detailed information about the objective, procedures and benefits of the study and was included in the research protocol only after signing the Informed Consent Form by a parent or guardian.

This research was submitted to the approval of the Research Ethics Committee of the State University of Ceará and received assent as Protocol 315,800, 6/24/2013, CAAE nº 12006612.6.0000.5534, taking into account the ethical and legal principles of Resolution No. 466/12 of the National Health Council.¹⁹

RESULTS AND DISCUSSION

21 teenagers participated in the research with age range between 13 to 15 years, with an average age of 14 years. 13 teenagers were female and eight male. As for schooling, it was observed the greater participation of subjects attending the 7th and the 8th grade of elementary school.

◆ First meeting

In the first meeting, occurred three group dynamics, concerning the presentation, expectations and difficulties, sexuality, elaboration of the companionship agreement, functions of the sexual organs and the development of the body during puberty.

The first dynamic was called "Presentation and Panel of Expectations". In the first group (ADRURAL), each pair made the presentation and it might be observed that all participants responded that they had doubts or difficulties in relation to sexuality. Only one girl reported that talked with her mother about this subject. As for expectations, expect to learn more and share information with colleagues.

In the second group (ADURBANO), two girls have commented that they had doubts about sexuality, but were too embarrassed to ask in front of the boys, so they were asked to write on a piece of paper these questions, which would be answered in the course of the

workshops. All were many eager and curious to know how it would be and how meetings could be socializing what they would learn from other colleagues.

Sexuality and reproductive health issues are still very controversial. Many adolescents feel ashamed and afraid to discuss them. They generally do not expose directly their questions for fear of what colleagues may think, to find the question silly or very advanced for their age.

Sexuality is essential not only for reproduction but for the welfare of the human being and should be related to other aspects such as: affection, feelings, marriage, children and life projects, but there is also the risk of a possible pregnancy, of contracting STD, the presence of low self-esteem caused by bodily changes and difficulties of expression, influenced by culture, by social group, for gender issues.²⁰

The second dynamic was called "What is this sexuality?".¹¹ It was formed a ring of conversation and exchange of ideas about what they understood by sexuality. The main issues were: For you, what is sexuality? How adolescents experience sexuality?

The first group made several comments about sexuality, asked about the development of the body, puberty: *Talking about sexuality is immoral. It is not giving the due value (ADRURAL 1). When we're ready for sexuality? (ADRURAL 2). When it talks in queries in the clinic they refer only to routine queries, there is no specialized consultation for adolescents (ADRURAL 3).*

Adolescents have made important reflections about their life experiences and verbalized anxieties, yearnings and doubts: *I've never touched a condom (4 ADRURAL). The parents create prejudice about sexuality since childhood, when children touch on the body (ADRURAL 5). Each time the sexuality was in a different way (ADRURAL 2). Today sexuality is different, people are nosy (ADURBANO 3).*

Parents who have had a repressive and authoritarian education, in which sex was seen as sin and only practiced with breeding purposes, often do not agree with the ideas of adolescent children, creating a tense atmosphere and exhausting.²¹ It's important that parents admit that not always their thoughts and values are the same of children, because the society will evolve and in this way the adolescent can receive a negative message of parents, through a repressive educational model.

It is essential that parents review their attitudes to their children's questions about

sexuality, leaving aside prejudices and stereotypes acquired and built by their education received, besides the taboos and old concepts. Only in this way it is possible to maintain a frank and open dialogue.²¹

The third dynamic aimed to discuss the anatomy and physiology of the female and male reproductive system and the changes in the body during puberty. Two groups were formed with an equal number of participants, one was responsible for drawing on the wood paper, the profile of the woman's body and the other one, the man, identifying the sexual organs of both, as well as adaptations of the body during puberty.

In both groups, the participants were constrained when drawing the male sex organs, more than the female sex organs. In the first group, draw the body of the woman modeled with her breasts, then put the other features. The second group was shown to be embarrassed, by drawing a doll with the square body and writing features next to the drawing.

Then, they questioned: *When the hair begins to appear in parts? (ADURBANO 1). Why women get boring in the menstruation period? Why menstruation happens? (ADURBANO 4). Is it normal to be several months without menstruating? And several times a month? When we grow up, does the voice changes? And women too? (ADURBANO 5). What is this ejaculation? Is it not good to have intercourse during adolescence? Why? (ADURBANO 3). My friend already urinated blood, why? (ADURBANO 2). When I got my period I got the career, I asked my Mom what it was, but she said she didn't know what it was that menstruation. What is this fertile period? (ADURBANO 9). When a woman is pregnant, it's not good having sexual intercourse? (ADRURAL 6).* After the inquiries, it was explained how the menstrual cycle occurs, ejaculation, fertilization and pregnancy.

There are still parents too embarrassed to talk about certain intimate issues with their children, as menstruation and ejaculation. By statements from two groups of 13 girls who participated in the workshops, only four talked to their parents about menstruation and none of the boys was guided by their parents about early ejaculations, commonly called nocturnal ejaculations.

In the second group, there was a participant (ADRURAL 9) embarrassed, since a girl revealed that she had gotten pregnant and miscarried. An attempt was made to circumvent the situation, resuming the companionship agreement. All pledged not to reveal issues of intimacy on the other. The girl

in question is 15 years, menstruated at the age of 11 years and got pregnant at the age of 12, but failed to carry out this pregnancy by physical problems and had a miscarriage with eight weeks of gestation. Her mother has four daughters, became pregnant for the first time in 14 years, being her the oldest. Moreover, she has a sister of 13 years pregnant. The early gestation is very present in this family, therefore, it was needed to be stressed the risks of adolescent pregnancy and the consequences for the future.

In the second group, there was a boy (ADURBANO 2) with gynecomastia. He reported he had lot of shame. He explained that it is a normal change that can happen either with women as with men, but that in men there is a tendency of breast size to be reduced.

With the group 2, was held one more dynamic about the functions of the male and female sex organs and one with the myths and taboos about sex. The group 1 did not participate because the researcher had already executed this dynamic at school, in former times. Proceeded as follows, handed out a card to each participant to find the phrase that completed it. For example: "The womb ... Is a hollow organ, formed of muscle responsible for menstruation and the accommodation of the baby during pregnancy".

After the termination of the activities of this day, it was conducted an evaluation of the moment. All reported that they liked the dynamics and duration time. It was asked a home task: each one should share what they learned with two colleagues.

To reduce the vulnerabilities of young people, it is necessary the investment in the access and expansion of information continuously and sustainably and that only the educational process can provide.²² The workshop allows the construction of a space for reflection and exchange of experiences, making the playful a tool to facilitate the learning of the participants.

♦ Second meeting

In the second meeting, there were three group dynamics, referring to sex and adolescent pregnancy. The first dynamic, "Lies and taboos about sex", each participant received a card containing some information and I judge if those statements were true or false. For example: "Urinate after sexual intercourse prevents pregnancy", "it's the first time, then I won't get pregnant." With it, emerged other inquirers in the group: *Can we get pregnant, even being a virgin?* (ADRURAL 2). *At the beginning of the meeting, my doubt was that*

one, if urinating after sex did not got pregnant (ADURBANO 9).

The second dynamic was called: "I'm pregnant, now what?", and aimed to promote the debate about the responsibilities of motherhood and parenting in adolescence. It was asked to set up a scene, presenting it and proposing a solution to the story. After the presentation, discussed the following issues in the group: What changes in the life of a boy or girl who gets pregnant in adolescence? What it is to be a father or mother? What are the options for the adolescent who gets pregnant? Are there changes in the life of a girl or boy who gets pregnant in adolescence?

From the staging, adolescents reflected that pregnancy adolescence: *Everything changes, can't go to parties anymore, the man has to work to support his wife* (ADRURAL 2). *Have to stop studying so to work and support the son* (ADURBANO 3). *The adolescent loses freedom [...] I don't talk to my dad about it* (ADRURAL 1). *Adolescent pregnancy can traumatize the woman?* (ADRURAL 3). *I have a friend who got pregnant with 12 years and she stopped studying because the husband did not permit anymore [...] My mother talks. She said that one day I will menstruate, then I asked her what was menstruating, she said that from the period we can have children. She was explaining me slowly. I don't have a father* (ADRURAL 4).

In a study²¹ about how parents experience the sexual education of their children, some parents reported having difficulty and embarrassment in performing sexual orientation because they don't have courage to talk about some issues related to the topic, primarily by the disinterest and lack of attention from children to hear them.

The third dynamic was entitled "Responsible maternity and paternity". An egg was distributed for each participant and, from that moment, they should be care it as a son until the next meeting. Then each one graced the egg, designed face and clothes. Then, each member of the group presented their son, highlighting the name and age.

Everyone raved about the activity and others worried if they would have to carry their baby everywhere. It was combined they should leave them at home during the class period.

♦ Third meeting

On the third date, the retrospective of the previous meeting was held, then there were three group dynamics, relating to contraception, STD and Aids. They all came to the room with their little children, some wrapped in cloth diapers, another boy made an outfit and put the egg in a box, a girl carrying a bag with pacifier and bottle. Two

girls did an outfit for the children. Then, the comments: *This boy spent the night crying* (ADRURAL 2). *He took a lot of work, I left to do several things* (ADURBANO 6). *I let my little boy with his grandmother because I was playing* (ADURBANO 3). *My mom found the dynamics interesting* (ADRURAL 1). *But it takes work, we spend just one day with the egg, where I was going I had to take or leave it with my mother, I had to bathe, eat, ufa. I'm glad we're only kidding* (ADRURAL 7).

The first dynamic was called “Fun contraception”, aimed to promote the knowledge about contraceptive methods, enable the exchange of experiences and the decision-making process. The participants sat on the floor in a circle and sang a parody of the music *Slaves of Jô*: “*Table, condom, diaphragm, injection/ Pill, IUD, sterilization/ Implants, stickers/ To avoid pregnancy*”.

After learning the song, a participant received a bag with the format of a panty, containing contraceptive method figures. Then, sang the song again, while passed the bag in the rhythm. At the end of the song, who was with the object, should open it, remove the figure of a method and say what he/she knew about it. And starting the game. Afterwards, will be reported to the testimony pertaining to each specific method.

- Body temperature method: *Does she stays all day with high temperature?* (ADRURAL8).

- Preservative: *Preservative prevents disease, avoids having son* (ADURBANO 3). *I've heard about the female preservative, but I've never seen one* (ADURBANO 9). *Can the condom tear? I have a friend who put two preservatives for fear of tearing. Then the preservative stayed inside the girl. You have to put in the right way* (ADRURAL 2). *Does exist adolescent condom?* (ADRURAL 3).

- IUD: *It puts in woman's vagina to when the sperm hit there, die. What is the function of the IUD?* (ADRURAL 5). *It's done of what?* (ADRURAL 6). *Is it one hundred percent reliable?* (ADRURAL 2). *Is more effective than preservative?* (ADRURAL 1).

- Rhythm method: *After the woman has her period, account 14 days to be the fertile day, then you have to protect for six days before and after* (8 ADRURAL).

- Contraceptive pill: *How do you take these pills?* (ADRURAL 1). *It is a remedy that the woman takes to avoid son* (ADURBANO 5). *The woman after sexual intercourse, can use the morning after pill?* (ADURBANO 9). *If you take the wrong pill, what to do?* (ADURBANO 7).

- Interrupted coitus: *Why he can ejaculate and sperm stay in the channel and on other intercourse they can leave?* (ADRURAL 2).

- Spermicide: they didn't know this method.

In a study²³ about the use of contraceptive methods between adolescents and youth,

among the methods used by the interviewed, the interrupted coitus appeared a few times as a means of prevention of pregnancy. Also the use of injection hidden of the husband so that he could continue using the preservative. Another girl reported that she did not chose the IUD because it could get lost inside her uterus. It was observed that the use of preservatives was subordinated to the desire and the partner's permission.

The guidance regarding the contraceptive method should be individualized, that's why it is recommended to carry out consultation with a qualified health professional, to be chosen a method according to the profile of the adolescent, health conditions, time of life and preferences. It should consider the variables: effectiveness, acceptability, availability, facility of use and handling, reversibility and harmlessness.²⁴

The second dynamic was the “Game of sexually transmitted diseases, HIV, viral hepatitis”, with the objective of recognizing signs and symptoms of STD and the importance of its prevention, encouraging self-care. Game cards were distributed containing names of STD and then, drafted a paper containing information about a disease. The participants discovered the name of the DST and, in case it were in their card, marked. An engraving was demonstrated with the signs of the disease. When the participant completed the card, won the bingo.

Then, discussed about the ways of transmission and prevention of STD: *But then when we got the disease stayed that way?* (ADRURAL 3). *What is syphilis? So people who are blind have syphilis?* (ADURBANO 3). *I know a girl who had syphilis when she was pregnant and she didn't know. The baby was born blind* (ADURBANO 9). *These diseases have a cure?* (ADRURAL5). One realizes that adolescents still have many doubts about STD and wonder when they see the pictures of people with the disease.

The third dynamic titled “Who see face, do not see Aids”, highlighting the vulnerability of adolescents. A symbol with a pointed meaning was drew on the palm of each participant, which could not be revealed to the participants initially. For example: triangle - person with Aids; square - STD carrier; circle - healthy person. A forró music was played and all strolled through the circle and talked with colleagues. At this moment, each one wrote the symbol of the colleague in the palm of their hand. At the end of the song, everyone returned to the places and made scores of numbers of symbols that noted. The facilitator then, revealed the meaning of symbols.

Immediately, there were the following comments: *Ah, I was healthy, but now I'm with the Aids virus and a lot of STD (ADRURAL 2). Then those boys who kiss and get several women at parties can be with these diseases (ADRURAL 1).*

The adolescents received the student handout with the theme: "Do I need to do the HIV/Aids test?" prepared by the National Mobilization of Adolescents and Young People of High School for prevention of HIV and Aids infection and by the Health Ministry, in which there are questions about sexuality, emphasizing primarily the vulnerability of adolescents to HIV and Aids. Were explained the rapid tests of HIV, syphilis, hepatitis B and C, which are available in basic health units of the municipality. One of the adolescents exclaims, *Then can I do these tests?!* (ADRURAL 2).

At the end of the workshops, there was a final assessment of the meetings. The participants have shown themselves enthusiastic about the issues discussed during the three days. The workshops enabled the shared learning, through group activities and the collective construction of knowledge. The facilitators only coordinated activities and acted in stimulating and monitoring of debates and questions.

During the workshops, it was observed the commitment and participation of the subjects of the research. The theme about reproductive health and sexuality arouses curiosity, since this subject is not covered of playful way at school or at home. It is believed that the approach of topics in health education for adolescents should be performed in a playful and attractive way.

As for the development of the activities at the meetings, participants revealed that the duration time was adequate, the dynamics were very interesting and allowed involvement of subjects in questions and topics, the environment was conducive and issues relevant.

The adolescents have demonstrated understanding of the information provided during all exposures that occurred during the three-day meeting, were doubters and clear about their doubts regarding the theme, with good acceptance and responsiveness the dynamics that occurred during the workshops. It was a lack of information regarding sexuality, reproductive health and prevention of STD, Aids and viral hepatitis.

In front of the results, it is affirmed the necessity of recovery of a dialogic and participatory model-based educational practice. To occur this, it is need effective changes happen in formation offered to health

professionals and educators in general, recognizing the value of permanent education and health education.²⁶⁻²⁹

The health education is recognized by several authors as one of the strengths of working process, mainly in the area of public health, which may be developed in various scenarios such as schools, community associations and basic health units.²⁸⁻³⁰

CONCLUSION

It can be observed that the SHP is deployed in the city, but still has flaws in its execution, a fact revealed in the speeches of the participants of the survey. It is clear that the process of working with adolescent reveals more results when used in the form of rings of conversations and groups because they feel free to express their feelings and questions.

Through educational workshops, young people actively participate in the activities and better understand the topics discussed, enabling the sharing of knowledge with other students from the school.

Thus, this essay shows that the educational strategy implemented in schools will enable adolescents act as multipliers together with their peers. The material elaborated in workshops with the theme on sexuality and reproductive health can be enhanced as pedagogical instrument to be used in groups of adolescents, whether in school or in the community, by various health professionals and/or education.

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