



SEXUAL EDUCATION FOR ADOLESCENTS IN FREIRE'S PERSPECTIVE THROUGH CULTURE CIRCLES

EDUCAÇÃO SEXUAL DE ADOLESCENTES NA PERSPECTIVA FREIREANA ATRAVÉS DOS CÍRCULOS DE CULTURA

EDUCACIÓN SEXUAL DE ADOLESCENTES EN LA PERSPECTIVA FREIREANA A TRAVÉS DE LOS CÍRCULOS DE CULTURA

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The aim of this study is to describe and analyze educational actions and promotion of sexual health activities for adolescents in an Elementary School in Florianópolis. It is a qualitative research, combined with the methodology of Paulo Freire, consisting of the investigation about themes raised by the adolescents (adolescence, sexuality, sexually transmitted diseases and contraception) through 'culture circles'. The survey was performed at second semester of 2011, and applied to 45 students. As a result, the educational actions focused at the adolescent health promotion, encouraged the autonomy of the group and clarified doubts about sexuality and the construction of personality, as well as practical issues of STDs, prejudice and contraception. The 'culture circles' were effective actions for sexual health education, which is consistent with the high approval rate of the activity by students.

Descriptors: Adolescence; Sexuality; Sex Education.

Objetivou-se descrever e analisar as ações de educação e promoção de saúde sexual para adolescentes de uma escola de ensino fundamental em Florianópolis. Pesquisa de abordagem qualitativa articulada com o referencial de Paulo Freire, consistindo da investigação de temas levantados pelos adolescentes (adolescência, sexualidade, doenças sexualmente transmissíveis e métodos anticoncepcionais), através de círculos de cultura. Dados coletados no segundo semestre de 2011 e participaram 45 alunos da 7ª e 8ª séries. Como resultado, as ações educativas, com foco na promoção de saúde dos adolescentes, estimularam a autonomia do grupo e esclareceram dúvidas sobre a sexualidade e a construção da personalidade, além de questões práticas sobre doenças sexualmente transmissíveis, preconceitos e métodos anticoncepcionais. Os círculos de cultura se mostraram efetivos para ações em educação em saúde sexual, o que condiz com o alto índice de aprovação da atividade pelos alunos.

Descritores: Adolescência; Sexualidade; Educação Sexual.

El objetivo fue describir y analizar las acciones de educación y promoción de la salud sexual para adolescentes de una escuela de enseñanza básica de Florianópolis, Brasil. Estudio cualitativo combinado con la metodología de Paulo Freire, que consta de temas de investigación planteadas por los adolescentes (adolescencia, sexualidad, enfermedades de transmisión sexual y métodos anticonceptivos) a través de los círculos de cultura. Los datos fueron recolectados en la segunda mitad de 2011, y participaron 45 alumnos de los 7ª e 8ª años. Como resultado, las actividades educativas con énfasis en la autonomía de los grupos y aclaración de dudas acerca de la sexualidad y construcción de la personalidad, además de cuestiones prácticas sobre enfermedades de transmisión sexual, prejuicios y anticoncepción. Los círculos de cultura son acciones efectivas para la educación en salud sexual, lo que es consistente con la alta tasa de aprobación de la actividad por los estudiantes.

Descriptor: Adolescencia; Sexualidad; Educación Sexual.

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INTRODUCTION

Adolescence, the transition between childhood and adulthood, is a unique period, characterized by remarkable anatomical, physiological, psychological and social transformations, a point where personality is in its final phase of structuring. Sexuality is part of this series of changes, forming one of the foundations of the identity of the teenager. To understand how the adolescent deals with sexuality, it is important to reflect on the social and cultural processes which have been submitted since childhood, as well as their personal relationships, which greatly collaborate and outline the construction of identity⁽¹⁻²⁾.

Some teens cope well with this changing situation, while others suffer great stress and undergo risky behaviors that can compromise their well-being⁽³⁾. In this sense, the sexual health education is essential to provide information that leads to conscious and correct decisions regarding sexuality, preventing unwanted pregnancies and sexually transmitted diseases (STDs)⁽⁴⁾. Besides the well-established family responsibility in these teens sex education, the school is another entity that has emerged as a facilitator of communication about sexuality is⁽⁴⁻⁵⁾.

Although the nuclear family should be the first and most important place of sexual socialization, extending its strong influence on the physical, psychological and sexual behavior of adolescents, it is very common fact that the dialogue between parents and children about sexuality is deficient, either for lack of communication skills, little knowledge or feeling of embarrassment. It is in this context that the school stands out as a pedagogical space conducive to discuss sexuality^(2,5).

However, even in school, the debate is still flawed, focused on biological aspects, focusing on issues of reproduction, rather than the approach of sexuality as an inherent part of the construction of personality. It is commonly observed that some professionals are

technically and psychologically unprepared to address the issues raised by the teenagers, usually adopting a prejudiced posture, camouflaged, but still present. It could be associated with this situation, the pseudo permissiveness of modern society, which stimulates sexual freedom without linking it to responsibility⁽⁶⁾.

It is this concept of responsibility that the debate on health promotion is based. The Ottawa Charter of 1986 defines health promotion as the process of empowering individuals and communities to act to improve their own quality of life and health, and thus having control of this process, revealing that the health services are not their exclusive responsibility. That is, individuals and the community should have greater control over personal, socioeconomic and environmental factors that affect their own health⁽⁷⁻⁹⁾.

In addition to the guidelines of Health Promotion emerges the Educational Program for the Work to Health ("Programa de Educação pelo Trabalho para a Saúde - PET- Saúde"), (From now on referred in English as "PET-HEALTH") which consists of an action proposed by the Ministries of Health and Education to promote the integration of teaching and service in the public health system. In Florianópolis, Santa Catarina, Brazil, through a partnership between the Federal University of Santa Catarina (UFSC) and the Municipal Health Office of Florianópolis, "PET-HEALTH" encompasses undergraduate courses in health themes and develops teaching, research and extension activities, hinged together in order to solidify not only as a subsidy to municipal management in the pursuit of improving the quality of health care, but also as a strategy for learning and continuing education⁽¹⁰⁾. From the experience of the authors in "PET-HEALTH", it was investigated the necessity of an intervention with adolescents in a primary school in Florianópolis, Santa Catarina, Brazil.

Studies on the impact of sex education programs targeted at adolescents have shown that prevention strategies supported only on the idea of preventing risk

behavior and transmission of technical and scientific information do not influence the decision to initiate sexual activity, do not increase the rate use of contraceptive methods nor reduce teen pregnancy - frequent targets of the programs implemented⁽³⁾.

Thus, the strategy used to approach the teenagers was the Circles of Culture⁽¹¹⁾, in which was sought to bring young people to critically reflect on the reality in which they live and to help them develop the knowledge and skills that enable them to have control over their own process of sexuality construction and individuality⁽¹²⁾.

From the foregoing, it emphasizes the importance of health promotion in the process of acquiring autonomy and leadership in adolescents, and put up for discussion a better delineation of the actions of these individuals. Thus, this study aimed to describe actions and analyze the educational actions and promotion of sexual health for adolescents in a primary school in Florianópolis.

METHOD

In this study, we opted for a qualitative approach articulated with the step of Thematic Investigation of the theoretical referential of the educator Paulo Freire. The study was developed in a primary school in Florianópolis-SC. The period of investigation was the second semester of 2011 and 45 students participated in this activity divided among the classes of 7th and 8th grades. The criteria for participating in the study included: being a regularly enrolled student, bring a consent form signed by their parents and being willing to participate in the activity.

The method of Paulo Freire allows young people the subject role of the educational process proposed, it values the cultural and historical sources of individuals, which can be disclosed in the Culture Circles⁽¹¹⁾. This is a term coined by Freire, represented by a dynamic

learning space and knowledge exchange, and it is an option capable to promote the learning process in several areas, including health, allowing the collection and consideration of the issues experienced by participants. Participants gather in the educational process to investigate topics of interest of the group itself. It represents a problem-situation of real situations, which leads to a reflection of their own reality, and as a result, they decode it and recognize it^(11,13).

Data collection occurred through the development of Culture Circles in school, in the second semester of 2011, for the investigation of generative themes. These were further developed through an expository dialogue with use of mannequins and audiovisual resources, participant observation and notes in a field journal. These strategies have allowed teens to talk openly, valuing their existing knowledge and promoting a fast learning, contextualized to their reality.

The culture circle was composed of two meetings, lasting an hour, investigating the generative themes: adolescence, sexuality, sexually transmitted diseases and contraception. The dialogue was initiated by the dynamics of passing from hand to hand a box containing triggers discussion topics such as: dating, sex, menstruation, contraception, bodily and behavioral changes, STDs, so they had initiated the reflection of the views of young people without the group "PET-HEALTH" held the control of the activity.

The reflection referred above showed the real context in which young people live, becoming the axis of the discussion that followed. Being exhausted the comments about that subtopic, it was chosen another trigger to the discussion and the process was repeated. The culture circle was also composed of a mediator in the discussions, who organized and coordinated the group as well as by health professionals from different areas (Nursing, Physical Education, Medicine, Pharmacy), ensuring the interdisciplinary process. After

the activity, it was proposed to the students answering a short questionnaire evaluating the activity as excellent, good, fair or poor.

From the researched and coded themes, the critical unveiling and the analysis of the themes that emerged in the Culture Circles were happening. The meaning that participants expressed for life and things of everyday life was the main focus of reflection and action in meetings. The theoretical framework of health promotion provided an opportunity to assess how it is being held sexual education of adolescents.

The articulation of Health Promotion with the benchmark Freire is justified primarily by its dialogical conception, that, through his political/philosophy vision, demonstrates the need of an ethical commitment to emancipation and unveiling of social reality to improve quality of life. The theoretical concept of promotion brings the focus of empowerment, which is the better understanding about the subject of self-care, and the connection with the principles of Freire reinforces this perspective.

The legal and ethical issues involving human research were respected, in accordance with Resolution No. 196/96 of the National Health Council. A term of free and clear consent was signed by legal guardians of adolescents and names were not mentioned. The project was approved by the Ethics Committee of the Federal University of Santa Catarina, under the protocol number 262/09 FR-277298.

RESULTS AND DISCUSSION

The welcoming activities were done targeting the integration of adolescents with each other and with the group of "PET-HEALTH". The chairs were arranged in a circle, and it was agreed that everyone would have time and an equal voice. This conduct prompted frank and rich arguments, questions and experience reports by adolescents, as well as the investigation of generative

themes.

It was observed that, although the discussion also involved questions about the sexual act itself and contraceptive methods, the conversation got mainly around the themes that involve emotional and behavioral changes that permeate sexuality and adolescence. The need for dialogue on this issue shows that sexuality education is poor and is dealt in superficiality, in the light of purely biological knowledge of adolescence. Young people have difficulty to discuss the psychological aspects of adolescence, and if they ever do, it is with their peer group, so that conversations often end in vulgarization⁽¹⁴⁾.

The opening dialogue that the circles allowed do not always generated the required level of reflection among participants, especially because adolescents had difficulties expressing their feelings. However, it was avoided that the dialogue during the Circles was converted into an unimportant, random and pointless chat⁽¹³⁾, and was prioritized the importance of seeking to discuss questions of adolescents, which was still a work in health, and produced a sense of caring, or of promoting health.

The Culture Circle is considered a potential space for the educational work and health promotion, as it can provide changes designed to further social commitment and the construction of personal autonomy, because it enables them to recognize risk situations that may impair their quality of life, and to maintain a reflective conduct about their actions. This space is prioritized speech of participants, and the active construction of knowledge, to improve their lives and transform society, in order to approach more intensively of the discourse that involves the principles of the NHS, and the National Policy for the Promotion of Health

One of the investigated generating themes was the role of the family in the construction of the act of adolescence, and on this theme, many teens reported

not feeling confident to talk to their parents. Again, there is a lack of open and clear dialogue, and once again, the discussion focuses on questions about contraception and sexually transmitted diseases, leaving aside the emotional and psychological aspects. Despite the poor communication, the family has unique importance as a source of information about sexuality⁽¹⁵⁻¹⁶⁾. Within the family, the mother is the main person to whom teens approach to clarify their doubts, leaving the father with a secondary role.

It was found that the restrictive dialogue within the family is justified by prohibitive guidelines: information received is limited to explanation of rules of conduct and rely on values that prioritize the maintenance of the family system. In addition, structured or non-structured families of any socioeconomic situation fail in sex education by keeping the idea of asexual children, and by allowing the media to bombard their homes with messages of sex and teenage pregnancy that always have a happy end⁽¹³⁾.

In fact, teenagers have a diverse and heterogeneous social network with which keep the dialogue on sexuality. It could be cited as a main example, the school environment⁽¹⁴⁾. The school sets itself as a space of mutual exchange and integration in order to build knowledge collectively. The importance of sex education in school is perceived by the lowest number of teenage pregnancy and increased condom use among young people who had a space for the discussion of sexuality⁽¹⁵⁾.

Sex education should not only address aspects of reproduction but focus on sexuality and personality development. Despite the attitude expected of the school environment, sexual education in school does not seem successful, mainly because the counselors often stress that their values should be the same as the teens', they also adopt criteria of judgment, they based sexual orientation on simple condom use, without favoring the

development of citizenship and commitment of the teens with themselves and others.

What is observed, quite often, is an authoritative and unprepared posture. Thus, to develop health promotion activities in schools can be a wise practice, in general, because of the use of the dialogue as a method and to rely on characteristics such as freedom, responsibility and commitment.

About the beginning of sexual life, one of the generative themes, teens defended a distinct difference between genders regarding the permissiveness. Adolescents themselves report that the boy must have an early first sexual experience, as a way to assert his masculinity, while the girl must be dependent and sensitive, preserving herself. This demonstrates the camouflaged bias that determines poor sexual orientation to adolescents, making them vulnerable and susceptible to unprotected and emotionally immature sexual relationships.

The discussion also involved the issue of teenage pregnancy. The teens reported their experiences with family and friends who were mothers or fathers in adolescence, and demonstrated a superficial concern regarding this situation. Although young people agreed that when they have a child the responsibilities increase and that many aspects of youth must be left aside, many said they would not feel sad or desperate if they knew they would have a child at the time.

This attitude towards a situation of extreme importance as raising a child, demonstrates the inherent immaturity of youth, which cannot even anticipate events and predict the errors it undergoes. Moreover, it can be a reflection of the lack of perspective in life, becoming the child the reason of existence for those young people, the link that will keep the couple together and make parents' lives significant. These factors make teen pregnancy a particularly difficult issue to address because, before other issues, stirs the imagination,

involves self-esteem and relationship to society and has its base in idiosyncratic characteristics that can only be explored individually and in family essence.

Regarding the issue of sexually transmitted diseases (STDs), the diseases mentioned were syphilis, gonorrhea, herpes, condyloma acuminata and human immunodeficiency syndrome (AIDS). Pictures of some of these diseases lesions were shown and their general symptoms were briefly discussed. The dialogue was then extended about ways to prevent these diseases and the access to health care that the adolescent has the right.

The correct technique of putting and removing male and female condoms was demonstrated in plastic models, taking advantage of the situation to teach about female and male anatomy. It was also described as the intrauterine device (IUD), diaphragm and hormonal contraceptives (the pill). However, to emphasize the prevention of STDs, it was discussed for a longer time on barrier methods (male and female condoms) on their availability in the Local Health Units, the importance of young people being always prepared, having the chance of easily dispose of these methods, as well as the correct conditions of storage of those condoms.

In relation to the psycho-emotional aspects, the discussion turned to subjects like love, life expectations, desire to become pregnant, fears and concerns about relationships and ethical and religious issues. The dialogue with these young people makes very clear the chasm that exists between sex education reduced to the purely biological and sexual health education that addresses psychosocial/cultural aspects of sexuality, because this is reflected in their behavior and in their interpersonal relationships. The one-night stand, sex as a form of power, inconsistency and fears, sometimes puerile, denote a physiologically prepared body for reproduction, but that is not accompanied by the development of the personality and of a solid enough psychological structure so that that sexuality is

understood and experienced in full, which leads adolescents to a great psychological distress and insecurity.

At the end of the meetings of the Culture Circles, the activities were assessed and considered optimal (81.25%), good (6.25%) and regular (6.25%). Young people especially reported they assimilated the importance of condom use in sexual relationships and the wish that the activity was performed more often.

It was further commented that the discussion was mediated in a pleasant and polite way, which allowed young people interact with each other and with the "PET-HEALTH" group and that they felt safe and welcomed to inquire and report their experiences. This return shows that young people feel the need to talk more openly about their insecurities and fears regarding sexuality, and health promotion activities like this should be done more often, enabling teens to self-care.

CONCLUSION

Teenagers have the need to talk about the various aspects of adolescence, but most often they do not because they feel intimidated, reprimanded and inhibited in their social spheres. At the same time, family and school, even having a close relationship with the teenager, cannot be open to a frank and free from prejudices. This happens because the approach to a sensitive issue as sexuality is not so simple and formulaic. Rather, it is complex because it involves degrees of maturity, knowledge, expectations and very different opinions, which requires flexibility in conducting dialogue.

In the Culture Circles the dialog about the actions of health promotion with teenagers was led especially for issues involving the difficulty in dialogue with the family, and its emotional aspects. This perspective shows us that holistic view of sexuality is a key issue in human development, and has been neglected in education and

in building the personality of youth. This fact corroborates the primordially to conduct a long-term interdisciplinary work with teens which cares for their real needs, doubts, anxieties, and enabling self-care and the construction of knowledge about their individual and social responsibility.

It is necessary having public health policies and education which aim at the discussion of sexuality, and the school shows a space inherently conducive to this activity. However, it should be noted that health professionals and teachers also need to be able to talk about sexuality beyond the biological model, to abandon moral criteria of judgment and do not impose their own values in relation to the theme. In addition, the curricular base of Brazilian schools should be modified, as they are no longer consistent with modern times, impairing an interdisciplinary and reflective work.

For this activity in sexual health education, the limited time available to perform the dialogues made impossible the task of deepening some issues, which might have caused a broader reflection. There is also a limitation, because it is an approach to building knowledge and citizenship, of not revealing its practical results at such short notice. We will only know if the dialogue and reflection helped these young people to rethink their sexuality and have a responsible attitude with you and others in the future. Moreover, this is an activity that should not be directed only to the young people, but also the family, the school and the entire social sphere in which the teens are inserted so that the dialogue is as similar as possible, and they do not feel lost in front of such information.

On the other hand, this activity in health education valued the interdisciplinary aspects related to health promotion, addressing aspects of sexual health education through a biological, psychological and sociocultural lens, so that various aspects of sexuality and adolescence could be addressed. What is expected

from this activity and future prospects, is greater integration between health and education services, training workshops for faculty and parents or family members of teens, and a greater willingness for dialogue on the issue of sexuality.

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