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EXPERIENCE REPORT

HEALTH EDUCATION AS A STRATEGY FOR HEALTHY SEXUALITY

A EDUCAÇÃO EM SAÚDE COMO ESTRATÉGIA PARA A SEXUALIDADE SAUDÁVEL

EDUCACIÓN DE SALUD COMO UNA ESTRATEGIA PARA UNA SEXUALIDAD SALUDABLE

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ABSTRACT

Objective: Report an activity that aimed to educate and promote adolescent health, encouraging the adoption of preventive self-care in relation to sexuality and its intrinsic. **Méthod:** This is a story of an experience with the activity performed 26 multiple vulnerability adolescents, residents of a therapeutic community for users of psychoactive substances, a municipality in the interior of Rio Grande do Sul, Brazil, in 2010. **Results:** Introduced the theme in a dynamic form of a flower from the question "sexuality is" and so on, approaching issues related to sexuality. **Conclusion:** You can health ruling from dialogicidade, playful, freedom of expression, which contributes to the construction of knowledge by the conversation, by respect to the ideas and knowledge, in which the educator and the learner assume an active role in the learning process. **Descriptors:** Health education, Sexuality, Adolescent

RESUMO

Objetivo: Relatar uma atividade que teve o intuito de promover a saúde do adolescente, estimulando a adoção de medidas preventivas de autocuidado em relação à sexualidade e seus aspectos intrínsecos. **Método:** Trata-se de um relato de experiência de uma atividade realizada junto a 26 adolescentes em situação de vulnerabilidade múltipla, residentes de uma comunidade terapêutica para usuários de substâncias psicoativas de um município do interior do Rio Grande do Sul em 2010. **Resultados:** Introduziu-se o tema sob uma dinâmica de formar uma flor a partir da pergunta "sexualidade é" e assim sucessivamente, abordando-se temas relativos à sexualidade. **Considerações Finais:** É possível educação para a saúde a partir da dialogicidade, do lúdico, da livre expressão, que contribua para a construção do conhecimento pela conversação, pelo respeito às idéias e saberes, no qual o educador e o educando assumem papel ativo no processo de aprendizagem. **Descritores:** Educação em saúde, Sexualidade, Adolescente.

RESUMEN

Objetivo: Presentar una actividad que tuvo como objetivo promover la salud de los adolescentes, promoviendo la adopción de medidas preventivas de autocuidado en relación a la sexualidad y los aspectos inherentes. **Método:** Se trata de un relato de experiencia de una actividad llevada a cabo con 26 adolescentes en situación de vulnerabilidad residentes múltiples en una comunidad terapéutica para los usuarios de drogas en la ciudad de Río Grande do Sul en la final 2010. **Resultados:** Se introdujo el tema en una forma dinámica de una flor de la cuestión "la sexualidad es" y así sucesivamente, a tratar asuntos relacionados con la sexualidad. **Conclusión:** Puede la educación de la salud de la dialógica, la expresión lúdica, gratuita, lo que contribuye a la construcción del conocimiento por la conversación, respetando las ideas y conocimientos, en el que el educador y el alumno toma un papel activo en el proceso de aprendizaje. **Descriptores:** Educación em salud, Sexualidad, Adolescente.

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INTRODUCTION

With the implementation of the Unified Health education in health services out of the margins of society and gather other educational practices in the pursuit of empowerment for the community so that people and social groups take control over their health. Assumes, with this method that the popular classes have their own knowledge about the disease and its healing processes, know that this must be respected and allied health practices and horizontally between health professionals, mediators and community through an educational dialogue. However, despite this progress, the practices of health services do not walk in the same direction and the challenge is the formation of a new hegemony designed for human resource training geared to popular education and respect for community knowledge.¹

A review of the literature² demonstrated that the traditional model of health education, transmission of technical and scientific knowledge with the teacher as holder of knowledge is strongly rooted in the educational practices of health professionals. However, critical knowledge that questions the effectiveness of the practice is widespread, although with few actions to change this reality.

A study that aimed to understand the perception of nurses, linked to the Family Health Strategy on health education demonstrated that the process of health education professionals corresponded to lectures and groups, demonstrating that bind workers to the health education practice of health groups: pregnant women with hypertensive, diabetic or directed in accordance with the program or the time the epidemic.³

Participants identified health education as a strategy and a means of communication with the community, solving problems and changing habits J. res.: fundam. care. online 2013. out./dez. 5(4):529-36

and related health education to the process of promotion and prevention, which reinforces the idea that the respondents perceive health education as an institutionalized practice in one direction, ie, professional user³ at the expense of a problematizing practice which encourages dialogue between professionals and users, citizen autonomy.

Another study showed that practices in health education were planned only by teams, given the schedule of a program, date and time set, occurred in the unit or other space delimited area delimiting the scope of the other actions when they adopt an appearance actions ordered and standardized. In this view, the educational process is limited to educational sessions scheduled and "formal knowledge should be involved with movements for self-analysis and self-management of collective reality, because the actors are everyday to be the protagonists of change desired by the practical reality educational."^{4:166}

Experiments involving the exchange of knowledge and experiences in the search for solutions to the critical nodes of the reality of the community, respecting the capacity of the other in the appropriation of this knowledge, which, instead of superimposing knowledge, oportunize strengthening the knowledge of each and under other arrangements gives the subjectivity of those who participate in the educational process. Educational activities to be effective should avoid simplistic visions and limited "training" of citizens.

Form, this concept refers to the idea of molding, amorphous mass capable of becoming only through information, content and theories, as something external to the subject. Facilitate the appropriation and reinterpretation of knowledge, considering the expressions of local cultures, the singular, specific, knowledge produced in the educational practices of everyday life⁵ was the intent of a study among teachers of 4th to 8th

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grade school's state schools, the catchment area of a regional coordinating body health and a regional coordinating body for education, which provided an opportunity for reflection spaces between health professionals and teachers in order to promote new meaning to their experiences for the transformation social reality, through the implementation of local action for health monitoring, to effectively intervene to prevent harm to individual and collective health. The proposal involved familiar concepts from health surveillance and experiences of teachers.⁶

A methodology for updating the family health teams in Diabetes through Education Permanent Health, using educational workshops that from the training space to promote learning with collective participation, multidisciplinary and interdisciplinary through dialogue, constructing new knowledge, obtained positive impact for individuals, being considered a pedagogical strategy, easy to understand, interactive, fun and motivating for the development of future programs in health education, because it favored the discussion of the challenges and difficulties.⁷

This panorama is valid to differentiate between transdisciplinarity and interdisciplinarity. The first concerns the communication horizontally, non-hierarchical, cooperative between disciplinary knowledge, with user-centered approach as the basis of practice and knowledge. Whereas it can also integrate the knowledge generated from practice experienced by service users, adapts to the contemporary archetype of health education. The second considers the emergence of "conceptually dense sub-disciplines, specializing in new objects with new research methods and new theoretical perspectives", arising from the intersection of 'mother disciplines'.^{8:308}

Due to the complexity of the models, reduce the public health field to a mono-disciplinary paradigm can impoverish it, since the J. res.: fundam. care. online 2013. out./dez. 5(4):529-36

object Public Health is the result of a sum of "looks" and methods contributed by professionals from different disciplines or practices ", ie , is multidisciplinary.⁸

That said, knowing that one of the main characteristics of the primary Unified Health System (SUS) is the formation of multidisciplinary teams should develop these health practices integral, inter-disciplinary, and among the activities, should engage with knowledge of the reality of the community in which they work and encourage social responsibility and participation, building and strengthening linkages, developing actions citizens health surveillance, work-related and environment of citizens, welcoming, caring, visiting and creating "continuous spaces and increasing educational activities."⁹

The field of health education points to challenges of maturing, distancing themselves from the actions typical speech hygienist, designing biologicist, bursting with the verticality of the professional-user relationship "enhancement of causal interrelationship between social, economic and cultural. Become relevant attitudes exchanges between technical knowledge and popular, resulting in the reconstruction of gaze health."^{3:1550}

This post is the responsibility of health professionals to participate cooperatively with users, families, communities and other actors of different social segments in order to facilitate the subjects' autonomy and ability to make choices in a free and enlightened, which requires professionals to development of their role as educators able to assist the community in their responsibility to become an agent in the promotion and protection of individual and collective health of your microgap.¹⁰

METHODOLOGY

This is an experience report on health education addressing the theme 'sexuality',

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developed with the aim of educating and promoting adolescent health, stimulating the adoption of preventive self-care in relation to the theme.

There are scarce speeches about "the positive exercise of sexuality, its size love, intimacy, experimentation." The literature on health has handled the sexual impulsivity as "natural and dangerous" this phase of development.^{11:4200} Sexuality, in many scenarios education and health, is still only associated with biological field.

Sexuality is understood as a social construction, historical and cultural theme was developed in a pedagogical existentialist, in which the student participates actively in their own learning, considering that each student is a microcosm, a unique being and not a mere spectator of the scene learning, but an actor who, in their discretion chooses to learn, since it is he who decides on his own path.¹² This process occurred through a process of dialogue and interaction between the actors, here constituted by academics and by teenagers.

The existentialist approach considers that there is a way of life for human beings, a being constantly creating a project, always unfinished. This philosophy emphasizes personal experience, but highlights the communion of man with the world, especially with the other men. The man is thus the point of departure and arrival of all existentialist reflection. The existentialist approach "follows the path that leads to the essence of existence: before, I am." Thus, knowledge cannot be merely transmitted but stems from a dialogical relationship established between beings who maintain their individuality, which does not suppress the conflict, because dialogue is questioning. The existentialist positions and pedagogical practice under it "allow the formation of a consciousness able to take the man as a being in the world, to understand their J. res.: fundam. care. online 2013. out./dez. 5(4):529-36

relationship with nature and with other human beings."^{12:4}

In a complementary way, the experience we used the dynamic constructivism, which includes the new knowledge of the subject is "constructed in interaction with prior knowledge, but rejects the principle of correspondence between reality and advance new knowledge by addressing the problem in an organic perspective integrating new values and worldviews ", rejects the relationship of the mind as an information processor and admits the constant construction and transformation of the structure of cognitive subjects.^{13:281}

In this work the student, one is under construction, became the center of the pedagogical action and respecting their individuality, set up dialogue. The starting point were the doubts and questions of the situations experienced, generating information that have been internalized and, by reflection and dialogical action helped to raise the possibility of freedom in the choices of these actors, because knowledge is a form of freedom as which expands the capacity to choose. One of the most important tasks of the practice is to provide educational and critical conditions for the students in their relationships with each other and with educators, experience the "profound experience to take up. Coming out as a social and historical, as a thinking being, communicating, transformer, creator, maker of dreams [...]."^{14:46}

The target population consisted of 40 male adolescents aged 12-18 years, little education and elementary education, and some are in the process of literacy. Most have a family income of up to 5 minimum wages and vulnerable multiple residents of a therapeutic community for drug users in a Non-Governmental Organization (NGO), located in the northwestern county of the state of Rio Grande do Sul.

All adolescents were invited to share the experience, which had the sole selection criterion accept freely participate. Thus, there was a part of the group, 26 individuals who spontaneously attended the eight workshops, which aimed to work pedagogically, with those involved in the educational process, "fostering collective forms of learning and research, in order to promote the growth of capacity critical analysis of reality."^{15:71}

The theme was based on two fundamental points: first understood the need indicated by the therapeutic community and verbalized by the monitors, considering that sexuality is characterized as one of the predominant topics of conversation and the wheels are in this age group who gives the initiation sexual. The second focused on the realization of shares primary and secondary intervention, since some of the subjects are carriers of hepatitis and AIDS.

Were conducted educational workshops, a way to construct knowledge, highlighting the action, without losing sight of the theoretical basis. It is a method that transforms the traditional focus of learning, cognition, going to congregate action and reflection. In a workshop, occur appropriation, construction and production of theoretical and practical knowledge, an active and reflective, creating opportunities for "concrete and meaningful experience situations, based on the tripod: feel-think-act with pedagogical goals."^{16:78}

There was observed in the course of this activity, the development of skills such as communication and freedom of expression. As the subject has knowledge or information becomes free to choose to live their citizenship, develop respect for diversity, which could be provided through recreational activities such as group dynamics, games, music, videos, among others, discussions mediated by the nurse faculty and scholars of nursing. We used gaming features and dynamics involving "puzzle", "track citizenship" J. res.: fundam. care. online 2013. out./dez. 5(4):529-36

among others, which led to the collective construction of knowledge and devise possible that sex is socially constructed and fundamental is the respect for differences.

Proceeded to introduce the topic in a dynamic form of a flower, from the question "sexuality is" and so on, approaching topics related to sexuality.

Thus, the first garage involved meanings of "sexuality". The second workshop referred to the "knowing the body", emerging themes of anatomy and physiology, masturbation, ejaculation, ovulation, menstrual cycle, virginity, and circumcision.

The third workshop was held via a video addressing issues involving pregnancy, to discuss with the group. The fourth workshop involved Responsible parenting, discussed contraception with use of posters and handling of these methods, the dialogic form.

In the fifth workshop discussed about AIDS, prejudice, respect, solidarity, love, and the sixth workshop, the theme was complemented with other Sexually Transmitted Diseases (STDs), moments that were discussed ways of transmission and prevention self-esteem .

In the seventh workshop were addressed issues involving social prejudice, such as homosexuality, bullying, among others and the eighth meeting's goal evaluation and synthesis of the contents treated during the meetings.

RESULTS AND DISCUSSION

In the first workshop, whose theme was about concepts and ideas about 'Sexuality', under the suggestion of forming a flower petals appeared, corresponding to the reports of the subjects, such as "wishing well"; "is kissing on the mouth," "is responsibility "," be glad "," sex "," defines man's wife "," sex health "," safe sex "," sex with a condom. " On the sub theme 'Flirt', emerged in the workshop, there were references

to "companionship", "seek coexistence with someone who somehow feel something beyond the physical," "very good if there are feelings of both parties."

It is noteworthy that one of the residents is devout Evangelical Baptist Church and has stressed that a Christian dating, in which, according to the doctrine, is not allowed sex before marriage, when stressed by an educator that religion is part of culture the individual and the principles followed by the various sects, religions and / or philosophies should be respected, in line with the secular state, where the creed is free; reflected on the importance of information and knowledge as a form of freedom of the choices. In the words of Paulo Freire is free only to the extent that one can decide to propose. As for the other sub-theme "Stay" emerged testimony as "just kiss on the mouth", "short relationship without commitment", "meet new mouth", "roll the moment may be born a feeling"; "do everything that has to do and drop hands "; "is a handle and do not cling. "

Teenagers questioned the Ministry of Health, suggesting that, rather than offering condoms, encouraging sex, instead of investing in advertising to make safe sex, make another kind of propaganda. These contributions reveal the lack of information on the prevention and / or the strong influence of religious belief focusing on the theme of diversity in the contemporary world. Not even the subjects understand clearly what should be done instead of advertisements. On the other hand, perhaps the advertising is not reaching the target audience, which becomes educative only if discussed and planned with the intended audience, because the current idea is to educate a logic of "you learn, we teach" , a strategy that mischaracterizes the role of the subject.

Given the report that "virginity is an option," some teenagers thought it was funny that it was of sexuality as an option, on which they established a round of conversation involving J. res.: fundam. care. online 2013. out./dez. 5(4):529-36

cultural and social factors involved in these issues. It is impossible to overlook the reality that is placed on contemporary society, teenage pregnancy, the Acquired Immunodeficiency Syndrome (AIDS) in young adults and elderly. Sought to reflect on assumptions and the importance of being open to the diversification of looks. Reflecting on shared meanings is an educational process that can improve health. Emerged feelings of tolerance and respect for the differences.

Young people actively participated, bringing the discussion intercessions on their realities, in many scenarios where there are the implications of drug use and promiscuity walking together, people with HIV positive and Hepatitis. The dynamics involving games adapted well to teenagers, because competition is very age group which generated great enthusiasm.

There is some fear in approaching the subject, however, on the first day, when the proposed work was exposed heard suggestions of subjects and was made a "social contract" where all points developed which orientate activities such as respect, listen to the speech of Mr. and hygiene and environmental organization.

The importance of the proposal is given in the exchange of experience, diversity of realities and experiences, allowing everyone to learn, active participation, dialogue, and in the face of shyness (who had expressed some doubts, but were ashamed to speak) and in understanding of all who are overcome difficulties facing them and that learning is an ongoing process.

From this experience we can infer that the absence of audiovisual resources and materials, often cited as limiting nurses to practice, should not be a disincentive for educational practice, warning that the educational process occurs with people, the most important in the process of the resources. If there is no time to exchange ideas and experiences with all those involved, the

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process reduces to stream content, inform, instruct, guide and teach in a horizontal process.¹⁷ Educational activities to be effective should avoid simplistic visions and limited "training" of citizens. Form, this concept refers to the idea of molding, amorphous mass capable of becoming only through information, content and theories, as something external to the subject.⁵

It is believed that, to meet the real needs of populations and health teams questioning the artifact appears as essential in building a real educational process. Importantly, a mixture of educational models, whether traditional or dialogical, may be possible. Trying to overcome the first, the second presents a strong influence on the practice of health education.

It should be considered that the application of one or another model is closely linked to the context in which they are working, and can be complementary, not mutually exclusive, although actions empowerment of the community with educational practices organized from group discussions their health needs can strengthen citizenship, giving the subject role in the choice of what is healthy to him. In this logic the professional should act as a facilitator or mediator between the popular and scientific.

The problematizing practice enables dialogue between subjects, autonomy and citizen contributes to the promotion of adopting an active stance in their political and social environments and the Politics of Primary Care recommends this practice in line with the ideas of Paulo Freire, whose assumptions imply the design does not imply that educating the mere transfer of knowledge, but a gathering of interlocutors in search of (re) signification of meanings and the relationship between education and health in the scope of interpersonal relationship, care and respect, is configured as one of the most rich sources of interdisciplinarity and

transdisciplinarity, paradigms / intervention models, dominant in the practice of public health.

It can be inferred that the traditional pedagogical practice of health education, based on the pure transmission of knowledge, yet in reality many scenarios and performed by nurses or nursing students may be a reflection of academic, ruled that although under a curriculum founded on a questionable methodology, impossible and / or prevents / discourages discussion and implementation of health practices that value the individual as a unique human being, endowed with feelings, desires, knowledge and rights, as well as their community. We must increasingly introducing educational contributions to academics that constitute abilities and skills so that these subjects can take on new roles and be agents of change with a critical vision, progressive and interdisciplinary.¹⁸

CONCLUSION

Teach and learn the teachings and refers to the importance of religion in the culture of the people, respect for diversity. You can make health education from the dialogical, the playful, free expression, although there are still many professionals resistors.

This dialogical model proposes the construction of knowledge through conversation, respect the ideas and knowledge, in which the educator and the student take an active role in the learning process, and using the critical approach reflective of reality and consideration of the student to be single, free, and participant in their learning, contributes to citizenship.

Although still set up as a major challenge to healthcare, considering that not all health professionals are aware of this model and was not polite to apply them to their practice, is moving forward in this process, and it is believed that training institutions have an important role in the use of these strategies in health education, urging

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students in the desire to do things differently, to educate so liberating.

We suggest studies on successful initiatives to educate for citizenship in order to foster knowledge on the subject and stimulate social change through knowledge and role of the actors involved, either user, worker or student.

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