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Health geography: sexual education inserted in the school curriculum

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Health geography: sexual education inserted in the school curriculum

Geografia da saúde: educação sexual inserida no currículo escolar

Geografía de la salud: educación sexual desarrollada en el currículo escolar

RESUMO

Objetivo: Neste trabalho apresentamos uma ação de educação em saúde para inserir o tema da educação sexual como conteúdo da disciplina de Geografia. **Método:** A temática foi abordada por meio de oficinas construídas com o professor de Geografia e inseridas no seu planejamento anual. Os temas principais permearam espacialização das Infecções Sexualmente Transmissíveis e suas maneiras de prevenção. **Resultados:** Constatamos que o ensino de Geografia, orientado para educação sexual, contribui para uma maior proteção dos adolescentes e confirmamos que a inserção da educação sexual como tema transversal no currículo de Geografia é possível através de uma abordagem multidisciplinar entre profissionais de educação e da saúde. **Conclusão:** No contexto de educar para a saúde, os escolares aprenderam com a Geografia condutas mais saudáveis e de cuidados em relação a sua vida sexual. Desta maneira estaremos atendendo as necessidades urgentes de crianças e adolescentes, visando à prevenção como forma de reduzir as infecções sexualmente transmissíveis.

DESCRIPTORES: Educação Sexual; Educar para a Saúde; Adolescente; Sexualidade; Geografia Médica.

ABSTRACT

Objective: The paper shows a health education action whose objective was to insert the sex education issue as a content addressed in the Geography discipline. **Method:** The topic was approached through workshops developed with the Geography teacher and included in the annual planning. The main themes permeated the spatialization of Sexually Transmitted Infections, and their ways of prevention. **Results:** It was possible to note that teaching geography oriented to sex education may contribute to the better protection of adolescents from the southern region of Brazil. It was also confirmed that the insertion of sex education as a transversal theme in the geography curriculum is possible through a multidisciplinary approach between education and health professionals. **Conclusion:** In the context of educating for health, it is possible to consider that students could learn from Geography healthier and more caring behaviors regarding their sex lives. Therefore, the authors believe they are meeting the urgent needs of empowerment of children and adolescents, aiming at prevention as a way to reduce the sexually transmitted infections in Brazil and worldwide.

DESCRIPTORS: Sex education; Health education; Adolescent; Sexuality; Geography, Medical.

RESUMEN

Objetivo: En este artículo describiremos una acción de educación en salud cuyo objetivo fue incluir el tema de educación sexual como contenido abordado durante las clases de Geografía. **Método:** El tema fue abordado a través de talleres construidos en conjunto con el profesor de Geografía e incluidos en la planificación anual de sus clases. Los temas principales permearon la visualización por medio de mapas de las infecciones por transmisión sexual en Brasil y sus formas de prevención. **Resultados:** Observamos que la enseñanza de Geografía, debidamente orientada para la educación sexual, puede contribuir a una mejor protección de los adolescentes de la región sur de Brasil y confirmamos que la inclusión de educación sexual como tema transversal en la disciplina de geografía es posible cuando existe una abordaje multidisciplinar entre profesionales de la área de la salud y de la educación. **Conclusión:** En el contexto de la educación para la salud, pensamos que los estudiantes aprendieron con el contenido de Geografía comportamientos más saludables y cuidadosos con respecto a su cuerpo y vida sexual. De esta manera, creemos que estamos satisfaciendo las necesidades urgentes de empoderamiento de los niños y adolescentes, con el objetivo de la prevención como una forma de reducir las infecciones por transmisión sexual en Brasil y en todo el mundo.

DESCRIPTORES: Educación sexual; Educación en salud; Adolescente; Sexualidad; Geografía Médica.

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INTRODUCTION

In this article, we understand that the school environment is a privileged space, both in terms of knowledge construction and social interaction. Therefore, based on the precepts of the school that protects, welcomes and understands diversity as a formative principle, we have a place that undertakes solidary, dialogical and humanitarian relationships, becoming a promoter of quality of life and social well-being. Thus, we have a thought that is in line with the thesis supported by the current epidemiological discourse, in which statistical data prove the importance of the school in health education and prevention. 1

Health education is a theme present in the Curriculum Proposal of the State of Santa Catarina by the Secretary of State for Education, in which sex education came to be understood as a transversal content and that should be worked in an interdisciplinary way as an integral theme of the Political Pedagogical Project of schools and education systems. 2

The importance of sexual health education is supported by data from the 2017 HIV/AIDS Epidemiological Bulletin, published in 2018 by the Ministry of Health, which highlights the incidence of HIV infections in Florianópolis (SC), showing rates of 59,5/100.000 inhabitants. 3

Furthermore, according to the World Health Organization, 22% of adolescents began their sexual life at 15 years of age 4 and particularly in Florianópolis, it starts at 11-12 years of age. 5 The biggest concern is that early sexual initiation is associated with non-use or inappropriate use of condoms. 4,5,6

This reality is correlated with the high rates of HIV/AIDS contamination in the 13-24 age group in southern Brazil. 3 Thus, it is essential to implement public policies and integrated actions that allow reducing the vulnerability of children, and the school environment is a privileged space for these discussions. 8

Although sex education is included in legal regulations, 2 it is still seen as taboo and causes discomfort in a large part of the population. When it happens at school, the predominant focus is the biomedical discourse, thus missing important issues such as self-esteem, diversity, respect and responsible decision-making. This may be a reflection of the training received by teachers during graduation, as most of them were not prepared to approach sexuality from these new perspectives. 9,10

Thus, looking for the prevention of STIs and teenage pregnancy, in this article we present a health education action to insert the theme of sexual education as a content of the Geography discipline and inserted

in the didactic planning of the geography teacher and considering the learning objectives to be achieved in the 7th year of elementary school.

METHODS

This is a qualitative and evaluative research, based on the analysis of an anonymous questionnaire applied to two groups of students. One group participated in workshops on self-care and STI prevention, while the other did not participate in any workshop related to the topic. The socio-demographic variables analyzed were the participants' gender and age.

The theoretical framework adopted as a basis the Geography curriculum of the 7th year of elementary school, 11 to insert the theme of sexual education through workshops at school. In this way, we identified the skills and competences to be acquired in the scope of the geography discipline that enabled the inclusion of sexual education as a transversal theme and in the teacher's planning as complementary material. The schools were selected by the Coordination of the Health at School Program through technical criteria, giving priority to the vulnerability of the community and its demands for the theme.

The period of data collection was from April to November 2018 at the Padre João

Alfredo Rohr municipal public school and from April to November 2019 at the Mâncio Costa school.

The inclusion criteria were: being a student regularly enrolled in the 6th or 7th year of the school participating in the project and wishing to complete the questionnaire. The exclusion criterion was the non-signature by the parents or guardians of the free and informed consent form.

The instruments for data collection and applied to students were reviewed by the secretariat of the educational institution and authorized by the school supervision. A 6th grade class from the same educational institution at the end of the year was used as a control. It was expected that they could present the same level of knowledge as a 7th grade class at the beginning of a school year, that is, before the application of the workshops.

After data collection, they were typed, grouped into related areas and coded in electronic spreadsheets, using the Microsoft Office Excel 2013 program, later analyzed in the Epi INFO 7 statistical program.

The project was approved by the Human Research Ethics Committee at UFSC, under number 15017813.0.0000.0121.

RESULTS

The main characteristics of the students are adolescents between 12 and 14 years old and of both sexes (Table 1).

It is necessary to highlight that we prioritize working with students aged 12-14 years, to act preventively and face anticipation in the sexual life of adolescents. Among students in the city of Florianópolis who declared that they had started their sexual life, the onset was mainly between 12 years of age or younger, and 14,8% of all adolescents did not use or occasionally use condoms. 5

In order to prepare preventive action in health, in the context of geography, it was important to understand that the school curriculum has different objectives and can be understood as part of a socialization process. In this sense, the exchange of experiences, daily life and social relations form a

set that guarantees the formation of critical thinking by the student.

In line with this discourse, the Geography curricular matrix foresees the notions of time and space. For the construction of spatial notions, the use of cartographic language must be present in the school curriculum, one of the challenges of sex education in the context of Geography, showing young people that they are included in the world and that space can be understood in a broader way, added to the quality of life of men, affective relationships and respect for differences. 12

Thus, we sought in the thematic axis “The formation of Brazil: territorial, social, ethnic, cultural and economic” the knowledge of time and space to select objects of knowledge/study capable of transversal relationship with sexual education. The first one chosen was: “Historical-Geographic Formation of Brazil: Geographical Coordinates/Population Dynamics (population distribution, demographic density, settlement, HDI, migration)”. 11 It allowed us to relate Brazilian epidemiological data with map interpretation and reading. Adolescents were then challenged to realize that the incidence of HIV/AIDS in the state of Santa Catarina, especially in Florianópolis, is one of the most alarming in the country, including among children, who are starting their sexual lives at an earlier age and with less protection. 3

Also, within this same object of know-

ledge/study, the impact of contraceptive methods, among many other factors, on population dynamics can be discussed. The topic of teenage pregnancy was addressed in this context in order to reinforce the importance of contraception.

Regarding the evaluation of health action, a small group of students obtained the authorization of their parents or legal guardians through the free and informed consent term, with 13 responding to the evaluation at Alfredo Rohr school and 6 at Mâncio Costa school, which were considered in the survey. The questionnaire was completed in November 2018 and 2019.

In this way, with a preventive action in health, which took place in the classroom, covering data from the epidemiological bulletin and with maps of the Santa Catarina region, we achieved results that we can consider important in the prevention of STIs and teenage pregnancy (Table 2 and 3). The majority (69%) of the 7th grade students recognized, six months after the first intervention, sexual intercourse as the most important source of HIV contamination and all (100%) wrote the words condom or condom as a method of prevention against infection. Regarding the control group of 6th grade students, none of them knew how to respond effectively on how to prevent HIV. The 7th grade class at Alfredo Rohr school was also able to describe seven correct ways to avoid unplanned pregnancy, with 41% of the answers referring to

Table 1. – Socio-demographic variables analyzed in the study, gender and age of participants.

ALFREDO ROHR			MÂNCIO COSTA		
	N	%		N	%
AGE			AGE		
12 years old	4	30,8	12 years old	2	33,33
13 years old	8	61,5	13 years old	4	66,66
14 years old	1	7,7	14 years	0	
GENDER			GENDER		
Female	5	38,5	Female	3	50
Male	8	61,5	Male	3	50

Source: The author

Table 2. Assessment of knowledge acquired in Geography classes, at Alfredo Rohr school.

HOW HIV/AIDS IS TRANSMITTED				
Sexually			11	69
Mouth/lip wound			3	19
No prevention	1	25		
I don't remember			1	6
I don't know	3	75	1	6
HOW TO PREVENT STIS				
Using condoms	0		13	100
I don't know	3	75	0	
Ignored/did not respond	1	25	0	
HOW TO AVOID UNPLANNED PREGNANCY				
Using a condom	3	60	11	40,7
Using a IUD			2	7,4
Self-prevention			3	11,1
Using a morning-after pill			3	11,1
Using a birth control pill	1	20	5	18,5
Using medicines			2	7,4
Using a contraceptive gel			1	3,7
Do a Cesarean	1	20		

Source: Author.

condoms or condoms, while in the control group, 60% described only condoms in this answer.

DISCUSSION

One of the first aspects we need to discuss is the importance of working with social science knowledge linked to sexual

education. This is because it provides a critical and empowered reflection on human groups and their relationships, and also because it enables adolescents to understand that social and environmental contexts directly affect the population's health and quality of life. This approach may have contributed to the adoption by adolescents of healthier behavior and care in relation to

their sexual life.

Another aspect that we also need to discuss is the low adherence of parents or legal guardians to the program and their majority refusal to allow the evaluation. The numbers in Tables 2 and 3 reveal the profound difficulties and limitations in making an objective and statistical evaluation of interventions.

Tabela 3 - Avaliação dos conhecimentos adquiridos nas aulas de Geografia, na escola Mâncio Costa.

HOW HIV/AIDS IS TRANSMITTED				
Sexually	2	33,33	2	33,33
Mouth/lip wound			3	50
No prevention				
I don't remember	1	16,66		
I don't know	3	50	1	16,66
HOW TO PREVENT STIS				
Using condoms	5	83,33	5	83,33
I don't know				
Ignored/did not respond	1	16,66	1	16,66
HOW TO AVOID UNPLANNED PREGNANCY				
Using a condom	1	16,66		
Using a IUD				
Self-prevention				
Using a morning-after pill				
Using a birth control pill	1	16,66	5	83,33
Using medicines				
Using a contraceptive gel	2	33,33		
Do a Cesarean	2	33,33	1	16,66

Source: Author.

It is still important to highlight that, even with the low number of signed consent forms, all students prioritized by the pedagogical team participated in the workshops. This was only possible since the activities were included in the teacher's didactic planning, that is, in something that the students' legal guardians do not have the power to interfere with. Unfortunately,

we believe that the lack of adherence by family members is a reflection of a belief shared by a portion of the lay population, in which sex education is seen as an incentive for the early start of sexual life.

Literature data demonstrate that sex education in the school environment delays the onset of sexual life, 1,13 and is directly related to a reduction in risky behavior and,

therefore, a decrease in STI infection in early adulthood, 1 in addition to serving as an important source of empowerment for young people. 13 We believe that this happens because schools are welcoming places aimed at the formation of critical thinking and, therefore, we consider them as the most appropriate place for health prevention actions to take place.

Thus, bringing the students' reality into the classroom allows for the participation and intervention of students towards the construction of knowledge combined with the organization and development of their skills and abilities in multiple dimensions. 14 By changing practices, the role of the school and the teacher in the classroom will change, making it possible to transform actions to promote sexual health into educational and pedagogical actions with expressive meanings for the school community.

CONCLUSION

In the context of educating for health, we can conclude that students learned healthier behaviors and care in relation to their sex life with Geography. We also demonstrate that it is possible to treat sex education

as a multidisciplinary theme in the context of the Geography discipline, but we recognize that this action has a limited reach as long as it is not part of a larger political action. We also believe that an inter-institutional relationship should be established between universities, schools (Ministry of Education) and health centers (Ministry of Health), in order to provide young people with an experience in sexual education capable of limiting risky behaviors and transforming them into a modifying agent of the space in which they live.

Finally, it is important to emphasize the support and partnership of the Municipal Education Department of Florianópolis to carry out this work and highlight the role of teachers. These agents face the challenge of transforming their classes to promote health and, as a result, they become true he-

alth agents, faithfully fulfilling the role of creative educators committed to educating the Brazilian population.

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