

## Hiv prevention in the school context: what we have and what we want

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## RESEARCH

### Prevenção do hiv no contexto escolar: o que temos e o que queremos\*

Hiv prevention in the school context: what we have and what we want

La prevención del vih en el contexto escolar: lo que tenemos y lo que queremos

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### ABSTRACT

**Objectives:** identifying the content related to sexuality that has been worked in the school environment and analyzing the knowledge of students about the mode of transmission and prevention of HIV/Aids. **Method:** this is a descriptive study (survey) that was conducted with 54 students enrolled in the ninth year of the second segment of elementary education at two public schools in João Pessoa - Paraíba. The data were analyzed in the Software Statistic 9.0 Statsoft. **Results:** In School A, it was given a special attention related to body hygiene (44,0%). At school B there was prevention of sexually transmitted diseases (58.6%), HIV infection/Aids (51.7%) and condom use (44.8%). **Conclusion:** the information directed to self-care must transcend the limits of prevention and hygienisation, incorporating extensive, inclusive and reflective methodologies, which promote healthy sexual experience and consequent reduction of vulnerability to HIV/Aids. **Descriptors:** HIV, Transmission, Adolescent, Sex education.

### RESUMO

**Objetivos:** identificar os conteúdos relativos à sexualidade que vem sendo trabalhados no ambiente escolar e analisar a compreensão de escolares quanto ao modo de transmissão e prevenção ao HIV/Aids. **Método:** estudo descritivo, tipo inquérito, realizado com 54 alunos do nono ano do segundo segmento do ensino fundamental de duas escolas municipais de João Pessoa- PB. Dados analisados no *Software Statistica 9.0* da Statsoft. **Resultados:** Na Escola A, privilegiou-se aspectos relacionados à higiene do corpo (44,0%). Na Escola B, evidenciou-se prevenção de doenças sexualmente transmissíveis (58,6%), infecção pelo HIV/Aids (51,7%) e uso de preservativo(44,8%). **Conclusão:** A informação direcionada ao cuidado de si deve extrapolar os limites preventivistas e higienistas, incorporando metodologias extensivas, inclusivas e reflexivas, que favoreçam a experiência para uma sexualidade profícua e consequente redução da vulnerabilidade ao HIV/Aids. **Descritores:** HIV, Transmissão, Adolescente, Educação sexual.

### RESUMEN

**Objetivos:** identificar los contenidos relativos a la sexualidad que se han trabajado en el ámbito escolar y analizar la percepción de los estudiantes para el modo de transmisión y prevención del VIH/SIDA. **Método:** estudio descriptivo, del tipo inquerito, con 54 estudiantes inscritos en el noveno año del segundo segmento de la educación primaria en dos escuelas públicas de João Pessoa - Estado de Paraíba. Los datos analizados en el *Software Statistica 9,0 de la Statsoft*. **Resultados:** En la Escuela A, el tema fue centrado en los aspectos relacionados con la limpieza del cuerpo (44,0%). En la Escuela B, la prevención de las enfermedades de transmisión sexual (58,6%), infección por el VIH / SIDA (51,7%) y el uso de condón (44,8%). **Conclusión:** la información dirigida a la atención de sí mismo debe trascender los límites preventivos y los higienistas, incorporando metodologías extensivistas, inclusivas y reflexivas, que favorecen la experiencia fructífera para la sexualidad y la consiguiente reducción de la vulnerabilidad ante el VIH / SIDA. **Descriptor:** VIH, Adolescente, Transmisión, Educación sexual.

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\* Article derivative from the monograph entitled Health and School together in the prevention of STDs \* /AIDS, presented at the Nursing College Nova Esperança - FACENE in June 2010.

## INTRODUCTION

# U

The Brazilian response to the AIDS epidemic (Acquired Immunodeficiency Syndrome) is recognized worldwide, by efforts employed in defense of human rights of people living with human immunodeficiency virus (HIV), ensuring universal access to preventive and therapeutic. The incidence rate in the country has shown a tendency to stabilization, however, it is necessary to analyze the epidemic of unbundled mode, directing responses and actions that consider the different contexts of vulnerabilities and regional inequities.<sup>1</sup>

Among the areas selected as priority actions, adolescence has been problematized and sexuality of young people, inserted in the agenda in the set of broader concerns such as the right to information. In Brazil, in 2010, there were reported in the Information System for Notifiable Diseases (Sinan) and declared in the Mortality System (SIM), 645 cases of AIDS in the age group 13-19 years old, and 296 occurred in males and 349 in females. In this age group, the number of AIDS cases is higher among girls; and this reversal is observed since 1998, with 0,8:1. Regarding exposure category, (63,6%) related to sexual exposure, distributed among heterosexual (31,2%), homosexual (20,6%) and bisexual (11,8%), and the category of blood exposure, injecting drug use can be seen in 17,6% of the cases.<sup>2</sup>

Whereas the incidence rate of cases among Brazilian regions, it is observed that between 1998 and 2010, increased in North and Northeast regions, reduction in the Southeast and South regions, and a tendency to stability in the Midwest Region. In 2010, there were reported in the Northeast, 119 AIDS cases in the age group 13-19 years old, and 51 occurred in males and 68 in females (sex ratio 0,75:1). The incidence rate for males has increased from 0,9 to 1,4 cases per 100 000 inhabitants between 1998 to 2010, and in females from 0,7 to 1,9 cases per 100 thousand in the same period.<sup>2</sup>

It is attributed to a higher proportion of cases this age of sexual exposure of individuals track. Constituting a group of population expressiveness, discussions revolve around that sexuality is addressed in a way that enables empower young people so that they are able to decide responsibly about their lives and their sexual behaviors way to provide adequate information and nearby his locus of living, then to resolve what to do with this information.<sup>1</sup>

The experience of youth experience is pervaded by profound changes vary according to the culture and values of each society determined by instances of socialization of the subject that are represented by families, schools, churches and the media, which influences on issues on education, health and human development.<sup>3</sup>

In the process of socialization of youth, other factors may also be associated with vulnerability of these HIV/AIDS and the stigmas and prejudices inherent in the social construction of youth, socioeconomic barriers, the need for the new trial, the flaws in the educational system, the blurring of identity, the urgency in the future, shortages, gaps in

health services, professionals unprepared to deal with teenage violence of all orders, family breakdown, economic dependency, a feeling of omnipotence and fantasies or confabulations about the unknown.<sup>4</sup> It is noteworthy that such statements still remain present, causing uneasiness in regard to preventive policies aimed at this segment of the population.

Educational strategies have been considered as important instruments in policy to prevent HIV/AIDS. Even if one identifies success of some educational programs, preventing the spread of HIV among young people has been particularly difficult, either on socioeconomic or cultural insensitivity inadequacy of the proposals against the different communities. The teaching resources used in the educational process of the school, for example, ignore the different aspects of sexuality, in that it does not recognize that sexuality is part of the development and relations between people. Concepts like love, feelings, emotions, intimacy and desire not include interventions on sexual and reproductive health.<sup>5-7</sup>

The actions those are performed in schools are aimed primarily at prevention principles of pedagogy, aiming that the students learn to protect themselves during sex, sexually transmitted diseases, and the chances of a teen pregnancy.<sup>8</sup> Practice a "form of communication primarily cognitive-rational character", disregarding the contexts which fall within these young.<sup>9: 1336</sup>

Studies show that the school has a secondary role in addressing issues involving sexuality, adopting posture of omission and/or lack of accountability by the demands that arise in the school environment. Information on the biological component of sexuality predominates, privileging only issues related to injuries resulting from sexual initiation. By insecurity and/or technical and emotional disabilities educators content "sexual orientation" is deleted from the pedagogical process.<sup>5,10</sup>

It is understood that the purpose of education, in particular on issues related to the field of health, does not endorse the deliberate inaction by a technical-scientific knowledge, but create opportunities of moments of reflections and actions that enable people conscious learning, without the intention of controlling their lives.<sup>11</sup>

Among the Strategic Guidelines for a renewed global response to HIV, UNAIDS - 2011-2015 points to the empowerment of people, especially young people, that they may require and take ownership of the response that will make a difference in reducing new infections. It is noteworthy, therefore, that the effectiveness of responses to HIV/AIDS, and must be led by the appropriate persons and are based in the rights that are sustainable and people-centered when they request approaches that promote changes in attitudes as well as regarding the manner of doing prevention.<sup>1</sup>

Considering that the school has a key role to play in the effective prevention of HIV/AIDS and that this task requires broadening the discussion on all matters involving the experience of sexuality, this study aimed to identify the content relating to sexuality that comes being worked in the school environment and analyze the understanding of students about the mode of transmission and prevention of HIV/AIDS.

## METHOD

This is a descriptive study, type survey in municipal public schools in João Pessoa, Paraíba. These make up a total of 93 stores in nine Educational Centers, which offer the first and second follow-up of primary education.<sup>12</sup> The selection of school units preceded an investigated process of probabilistic sampling by clusters, double stage. In the first stage, it was considered as the Educational Centers, Primary Sampling Unit (PSU), two poles being drawn. In the second stage it was selected one school from each Educational Polo: Municipal Elementary School Tharcilla Barbosa France (A), District Grotão, South Zone of the capital and the Municipal School of Elementary Education Duarte da Silveira (B).

Once selected the schools were asked the amount of students enrolled in the ninth year of elementary school II. It was established as inclusion criteria to signing the Informed Consent Form (ICF) and the parents or guardians of students. The total population was obtained from 54 students quantitative.

To collect data we used a structured questionnaire, containing 12 dichotomous questions, eligibility criteria and multiple choices, divided into two sections: 1) socio-demographic information including ten questions (gender, age, religion, income and parental education), 2) previous guidance on sexuality, content covered in grade school; knowledge about mechanisms of HIV transmission, preventive measures.

The data were entered and stored in a spreadsheet in Microsoft Office Excel 2007. After coding all variables, elaborated a database that was populated using the technique of double-entry validation. To detect inconsistencies, the questionnaire was located containing errors and corrections duly made. Finished typing and data consistency, they were imported into the software Statistica 9.0 from Statsoft. The variables were dichotomized or categorized according to their specificities, compared between educational institutions and subjected to statistical analysis using bivariate analysis.

The study was approved by the Faculty of Nursing Nova Esperança by the Medical Ethics Committee (CEP) - FACENE / FAMENE, under protocol 83/2010, according to Resolution no. 196/96, the National Health Council (CNS).<sup>13</sup>

## RESULTS AND DISCUSSION

In socio-demographic analysis (Table 1) it appears that the 54 (100,0%) students surveyed, 34 (63,0%) were aged between 13 and 15 years old, predominantly female (63,0%), Catholic (46,3%) and family income from 1 to 3 minimum wages (53,7%).

Regarding the educational level of the parents, it is observed that (7,4%) were categorized as uneducated. There was a percentage similarity between categories to eight years of study and more than eight years of study.

**Table 1:** Distribution of students according to sociodemographic variables. João Pessoa - Paraíba, 2010.

Variables	Educational institutions		
	A n (%)	B n (%)	Total n (%)
<b>Age (years)</b>			
13-15	14(56,0)	20(69,0)	34(63,0)
15-17	11(44,0)	09(31,0)	20(37,0)
<b>Gender</b>			
Female	17(68,0)	17(58,7)	34(63,0)
Male	08(32,0)	12(41,3)	20(37,0)
<b>Religion</b>			
Catholic	10(40,0)	15(51,8)	25(46,3)
Evangelic	08(32,0)	05(17,2)	13(24,0)
Without religion	05(20,0)	08(27,6)	13(24,0)
Other	02(8,0)	01(3,4)	03 (5,7)
<b>Family income</b>			
< than 1 minimum wage*	09(36,0)	16(55,2)	25(46,3)
From 1 to 3 MW	16(64,0)	13(44,8)	29(53,7)
<b>Parents' schooling</b>			
Illiterate	01(4,0)	03(10,4)	04(7,4)
Until 8 years of study	12(48,0)	13(44,8)	25(46,3)
More than 8 years of study	12(48,0)	13(44,8)	25(46,3)
<b>Total</b>	<b>25(100,0)</b>	<b>29(100,0)</b>	<b>54(100,0)</b>

SOURCE: Research data, João Pessoa - PB, 2010.

\*MW- Minimum Wage: R\$ 545, 00.

Regarding the prior approach of issues related to sexuality (table 2), it is observed that at school, 72.0% of students responded affirmatively. The total interviewed, this percentage reached 64.0%.

**Table 2:** Percentage distribution of students as to the existence of prior guidance on sexuality and content. João Pessoa-PB, 2010.

Variables	School A	School B	Total
	n (%)	n (%)	n (%)
<b>Prior guidance on sexuality</b>			
Yes	18 (72,0%)	16(55,2%)	34 (63,0%)
No	07(28,0%)	13(44,8%)	20(37,0%)
<b>Preference to the professional</b>			
Teacher	03(1,2%)	01 (3,4%)	04 (7,4%)

Health professional	22 (88,0%)	28 (96,6%)	50 (92,6%)
<b>Subjects discussed</b>			
Hygiene	11 (44,0%)	11 (37,9%)	22 (40,7%)
STD prevention	05 (20,0%)	17 (58,6%)	07 (13,0%)
Condom use	07 (28,0%)	13 (44,8%)	20 (37,0%)
Pregnancy	05 (20,0%)	08 (27,5%)	13 (24,0%)
Abort	02 (8,0%)	06 (20,6%)	08 (14,8%)
Genital apparatus	03 (12,0%)	09 (31,0%)	12 (22,2%)
Oral contraceptives	-	08 (27,5%)	08 (14,8%)
HIV/AIDS	03 (12,0%)	15 (51,7%)	18 (33,3%)
Sexual Diversity	-	06 (20,6%)	06 (11,0%)
<b>Total</b>	<b>25 (100,0%)</b>	<b>29 (100,0%)</b>	<b>54 (100,0%)</b>

Note: (a) - The categories corresponding to this variable allowed multiple options of responses; so, the frequency of observations was presented in proportion, considering the number of students interviewed.

SOURCE: Research data, João Pessoa - PB, 2010.

When asked about their preference for the professional to resolve this issue, we highlight that the category "health professionals" was preferably chosen among the school students (88,0%) and School B (96,6%). As to the content covered, the results show that in School A, the category "hygiene" was prevalent among students (44,0%) followed by guidance on condom use (28,0%). At School B, there was a greater variety of subjects covered, with expressive categories "preventing STDs Sexually Transmitted Diseases" (58,6%), "HIV/AIDS" (51,7%), "use of condom" (44,8%).

Regarding knowledge about the mode of transmission of HIV (Table 3), the sexual route was the predominant exposure category, being mentioned by 72,0% of students from School A and 55,1% from School B. The use of condoms as a preventative measure was reported by 79,6 % of the total students. It calls for attention, although with little significance percentage, the fact that 1 (1,8%) did not believe that the virus acquires at first intercourse and the even not transmitted by oral sex, 2 (3,7%) who did not trust the handle when the partner and that AIDS is a gay disease.

**Table 3:** Percentage Distribution of students according to mode of transmission and protective measures to HIV infection. João Pessoa/PB, 2010.

Variables	School A	School B	Total
	n (%)	n (%)	n (%)
<b>Mode of transmission and protective measures</b>			
Caught having sex	18(72,0%)	16(55,1%)	34(62,9%)
Prevention condom use	19(76,0%)	24(82,7%)	43(79,6%)
Does not transmit on the first sexual intercourse	01(4,0%)	-	01(1,8%)
Does not transmit through oral sex	-	01(3,4%)	01(1,8%)
AIDS is a gay disease	-	02(6,9%)	02(3,7%)
Virgin doesn't get	02(8,0%)	01(3,4%)	03(5,5%)
Won't get when trust partner	02(8,0%)	-	02(3,7%)

Never heard of	02(8,0%)	02(6,9%)	04(7,4%)
<b>Total</b>	<b>25(100,0%)</b>	<b>29(100,0%)</b>	<b>54(100,0%)</b>

Note: (a) - the categories corresponding to this variable allowed multiple options of responses, so the frequency of observations was presented in proportion, considering the number of students interviewed.

SOURCE: Research data, João Pessoa - PB, 2010.

The Health and Prevention in Schools Project (SPE) since 2003 that is developed and implemented by the Ministries of Health and Education, with support from the United Nations Fund for Children (UNICEF), the United Educational, Scientific and Cultural Organization (UNESCO) and United Nations Population Fund (UNFPA), aims at exploring the issues related to sexual and reproductive health in schools, from an integrated approach to health and education. The SPE also hopes to promote youth leadership through activities that encourage children and young people to act as subjects transforming reality.<sup>14</sup>

However, it is observed that the responses of both schools to the preference of the professional to address issues related to sexual health and HIV prevention HIV/AIDS, is directed to professionals in health. These data corroborate with the results of a study conducted in Santa Catarina with 1.386 students from state schools, which showed that 31,3 % of respondents believe that health professionals would be the best person to accept treating with this subject at their school.<sup>15</sup>

Despite advances and incentives from the Federal Government for preventive campaigns HIV/AIDS in conjunction with the SPE also observed difficulties of approaches that promote awareness of this population regarding HIV/AIDS, as observed in the frequency of responses attributed to content addressed by the schools surveyed. We notice that the hygiene aspects predominated among the topics discussed at both schools. At School B, was signaled greater diversity of topics, highlighting the of STDs' prevention, condom use, HIV/AIDS, oral contraceptives and sexual diversity.

These data contradict the goals of the PRS, which is performing actions to promote the sexual health and reproductive health of adolescents and young articulating sectors of health and education; contribute to the reduction of HIV/STD and dropout rates caused by teenage pregnancy (or juvenile) in the population 10-24 years old; encourage the participation of young people in areas of formulation and implementation of public policies for the prevention of STD/AIDS and the harmful use of drugs; support the various initiatives that work with health promotion and prevention in schools; establish a culture of prevention in schools and around.<sup>14</sup>

Although there preventive HIV activities, this study indicates that approximately 70 % of schools in the country in recent years, there has been a reduction in the level of knowledge about AIDS among the population 15-24 years higher among groups with lower educational. This profile confirms the relationship between social inequality and unequal access to preventive sexual practices and the importance of the school in raising awareness of this population.<sup>16</sup>

When asked about their knowledge about transmission of HIV, adolescents were found to adequately reproduce the guidelines of the National STD/AIDS and Viral Hepatitis; however, there are significant information gaps that can sometime make vulnerable these



adolescents. We observed further questions and □ or indecision in the transmit mode, especially when they point out that HIV is not transmitted at first intercourse, when it relies on the partner and that virginity is a protective factor.

It is noteworthy that the misconceptions about the modes of transmission corroborate the findings of studies conducted for almost twenty years and still recurring in more recent works that reflect.<sup>17-19</sup> Though youth is a time for absorbing wholesome knowledge and concepts only receive information about AIDS is not sufficient to generate the individual protective behavior, but also involves the perception, understanding and the ability of assimilation and transformation, with the caveat the context in which the individual emerges .

Difficulties are also encountered in the educational process when it relates to sex and its environs. The school seen as driving the development of skills and abilities those allow the individual to become fit to survive in a dynamic society could play an important role in quality information and contextual education for safe sexual activity.<sup>20</sup> But it differs from this practice. There is a considering that the Brazilian scenario in the inclusion of this subject in the school curriculum has not yet legitimized form of presents. On one hand some groups advocate the union "education/sexuality"; others have reservations about the role of schools in the sexual orientation of students.<sup>5,10</sup>

What has been observed usually are teams of teachers without psychological support, material, human and social responses to present the complex demands of adolescents and youth about sexuality, are not always adequately prepared for this and are still delineated as a figure of able for students, sometimes experiencing conflicts of roles and different worldviews.<sup>10,20</sup>

Therefore, the information generated in environments in which the contents are not properly seized, favors a gap in the representations of the binomial preventive knowledge and practice, and a distancing of HIV from their realities, associating AIDS with sexual turnover, promiscuity, homosexual practices to. Therefore, an illness "the other". In this context, monogamous relationships and/or in which you have confidence in the partner continue to be seen as a condition of invulnerability to HIV.<sup>20-22</sup>

It is clear, therefore, that the direction that gives the youth to HIV/AIDS can determine the attitude of more or less self-care in health or adhesion prevention practices.<sup>21</sup> However, it is not considered satisfactory only know what the preventive practices, but correlate them with its efficiency, its importance, how to access the correct way to use them and possible consequences of lack of use. This process requires the occurrence of educational activities linked to regional/local culture, cultural models of male and female, the worldview and the reality of the age group under which you want to achieve good preventive success, considering that the type of information provided, usually proves to be simple due to the complexity in which this issue rests.<sup>20</sup>

## CONCLUSION

The study revealed that the thematic approach of nascent sexuality is not homogeneous among the schools studied, although insertion attempts are being made. However, aspects of hygiene as an issue about sexuality is repeatedly referenced in a school studied, pointing to a biologist and hygienist vision, when in fact one would assume a broader, interdisciplinary approach.

It was observed that the health professional is the preference of students to approach this issue, despite the advances in both the Ministry of Health when the Ministry of Education, with the SPE, ie, prioritizing actions in a school environment with actions taken by teachers themselves. There has been nonsense and a political gap between what is required by the ministerial programs and schools that actually are prepared to offer to students.

Research shows that despite reports in the media and incipient posts made by schools, which draws attention, is the fact that there are still gaps and misconceptions regarding the form of HIV transmission, however, such gaps are not only displaying these schools, but also in several other places and Brazil.

The difficulties of integration of thematic schools can serve to a rearrangement of what is expected of teachers, and that they have the facilities or not journaling facing the problem. It is suggested that the approaches are made from the difficulties and potentialities of each school, and each teacher entered in this educational process.

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