

The said and the unsaid in the teaching of sexually transmitted infections

O dito e o não dito no ensino das infecções sexualmente transmissíveis
Lo que se dice y lo que no se dice en la enseñanza de infecciones de transmisión sexual

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Abstract

Objective: To analyze the said and the unsaid in the teaching of Sexually Transmitted Infections in an Undergraduate Nursing Course in the South Region of Brazil.

Methods: Social-historical research with a qualitative approach, using oral and documentary sources. The oral sources were 13 professors of the course and the documentary sources were Official Catalogs produced by the institution, the Political Pedagogical Project available online and the teaching plans of the disciplines. Data was collected from December 2018 to April 2019. Data analysis was based on Minayo's operational proposal and discussed through the theoretical framework of Vulnerability.

Results: Three categories of analysis emerged: Professors' and health professionals' preparation, or lack thereof, for dealing with the subject; Students' preparation, or lack thereof, for their own vulnerability to Sexually Transmitted Infections; Focus on vulnerable populations in the curriculum of the nursing course. The teaching of sexual education, sexually transmitted infections and vulnerable populations was highlighted as a topic that involves many difficulties and is still associated with taboos and stigma. There is a concern regarding the preparation of the professor, as well as the future health professionals and their professional practice in the area. Nursing students do not perceive their own vulnerability and difficulties towards the approach of vulnerable groups during the training process.

Conclusion: Aspects related to sexuality, sexually transmitted infections and vulnerable populations are present in teaching and professional nursing practice. These topics are a response to the needs of society and to the importance of intervening and reflecting on these issues.

Resumo

Objetivo: Analisar o dito e o não dito no ensino das Infecções Sexualmente Transmissíveis em um Curso de Graduação em Enfermagem do Sul do Brasil.

Métodos: Pesquisa qualitativa, de cunho histórico-social, com uso de fontes orais e documentais. As fontes orais foram 13 docentes do curso e as documentais foram Catálogos Oficiais produzidos pela instituição, Projeto Político Pedagógico disponíveis online e planos de ensino de disciplinas. A coleta de dados ocorreu entre dezembro de 2018 e abril de 2019. A análise dos dados foi fundamentada na proposta operativa de Minayo e discutida através do referencial teórico da Vulnerabilidade.

Resultados: Emergiram três categorias de análise (Des)preparo do docente e dos profissionais de saúde para lidar com o tema; (Des)preparo dos estudantes acerca da própria vulnerabilidade às Infecções Sexualmente Transmissíveis; Enfoque do currículo do curso de enfermagem com as populações vulneráveis. O ensino da sexualidade, infecções sexualmente transmissíveis e populações vulneráveis foi evidenciado como tópico que

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envolve muitas dificuldades ainda associadas a tabus e estigmas. Existe uma preocupação com relação ao preparo do docente, como também com os futuros profissionais de saúde e sua atuação nos campos de prática. Os estudantes de enfermagem não percebem a própria vulnerabilidade e suas dificuldades diante da aproximação de grupos vulneráveis durante o processo formativo.

Conclusão: Aspectos relativos à sexualidade, infecções sexualmente transmissíveis e às populações vulneráveis estão presentes no ensino e na prática profissional em enfermagem. Esses tópicos respondem a necessidade da sociedade e a importância em intervir e refletir sobre os mesmos.

Resumen

Objetivo: Analizar lo que se dice y lo que no se dice en la enseñanza de infecciones de transmisión sexual en una carrera de grado de enfermería en la región Sur de Brasil.

Métodos: Estudio cualitativo, de carácter histórico-social, con uso de fuentes orales y documentales. Las fuentes orales fueron 13 docentes de la carrera y las documentales fueron catálogos oficiales producidos por la institución, Proyecto Político Pedagógico, disponibles de forma digital y programas de estudio de las disciplinas. La recopilación de datos se realizó entre diciembre de 2018 y abril de 2019. El análisis de los datos se basó en la propuesta operativa de Minayo y se discutió mediante el marco referencial teórico de la vulnerabilidad.

Resultados: Surgieron tres categorías de análisis: (Falta de)preparación del docente y de los profesionales de la salud para lidiar con el tema, (Falta de) preparación de los estudiantes acerca de la propia vulnerabilidad hacia las infecciones de transmisión sexual y Enfoque del diseño curricular de la carrera de enfermería respecto a las poblaciones vulnerables. La enseñanza de la sexualidad, de infecciones de transmisión sexual y de poblaciones vulnerables fue identificado como un tema que incluye muchas dificultades aún relacionadas con tabús y estigmas. Existe una preocupación con relación a la preparación del docente, como también con los futuros profesionales de la salud y su actuación en los campos de práctica. Los estudiantes de enfermería no perciben la propia vulnerabilidad ni sus dificultades ante la aproximación de grupos vulnerables durante el proceso de formación.

Conclusión: Aspectos relacionados con la sexualidad, las infecciones de transmisión sexual y las poblaciones vulnerables están presentes en la enseñanza y en la práctica profesional de enfermería. Estos temas responden a las necesidades de la sociedad y a la importancia de intervenir y reflexionar sobre ellos.

Introduction

The approach to vulnerability as a term associated with the human immunodeficiency virus (HIV) epidemic appeared in the 1990s and represents a set of conditions that make people susceptible to diseases.⁽¹⁾ Vulnerability is associated with the concept of social welfare adopted by the State.⁽²⁾

Its concept can be understood in three perspectives: individual, social and programmatic. The conceptual representation of vulnerability is focused on the individual, considering their level of information on the problem and their ability to understand and implement protective actions in their daily life. The social component is related to factors available in society, such as access to information, services, culture and others factors that can be accessed/used by the citizen. And the programmatic component refers to political actions and health services aimed at reducing and controlling diseases.⁽³⁾

The epidemic was divided in three stages. The first one was characterized only by the profile of those infected with HIV – homosexual men with high levels of education –, who were, at that time, considered “risk groups”. In the second stage, the concept of “risk behavior” was adopted due to the increased contamination using injectable drugs, reaching a greater number of heterosexuals. The

third and current stage is characterized by the inland expansion process and the increase of cases among women and people with a low level of education, when the concept adopted becomes “vulnerability”.⁽⁴⁾ Vulnerability to Sexually Transmitted Infections (STIs) is related to several factors, including socio-economic, cultural, and behavioral factors.

In this study, the intention is to address the vulnerability approach and its complexity associated with STIs, including individual, social, and programmatic aspects, as it refers to the conditions for recognition of STIs, health promotion, teaching, prevention, and the dynamics of political actions for the preventive and educational control of epidemics.

Thus, studies on this subject can contribute to the understanding of the phenomenon and the development of strategic actions to reduce these health problems. Preventive actions on STIs aim to encourage participants to reduce the number of sexual partners, use condoms, seek immediate health care on the onset of any signs symptoms, and get periodic examinations. These aspects should be addressed and discussed in undergraduate health courses, especially in Nursing courses, as nurses are responsible for educational actions in their professional practice.

Nurses have a fundamental role in these actions. Studies indicate that nurses promote dia-

logue with adolescents on issues involving sexuality, sexual intercourse and STIs. Information regarding the use of condoms and contraceptive methods are also educational actions that are within the competence of the nurse, as they contribute to the reduction of this problem by raising awareness.⁽⁵⁾ A study about the work of nurses in regard to syphilis during pregnancy points out the importance of these professionals in early diagnosis, control and prevention through intervention activities, and effective treatment of patients and their sexual partners.⁽⁶⁾

Health care has weaknesses in the approach to sexuality that are related to personal and contextual reasons. Health professionals still perceive topics such as sexuality as sensitive and delicate subjects that belong to the private sphere.⁽⁷⁾ Care in the area of sexual health is still associated with taboos and prejudice, both in academic training and in professional practice. Therefore, sexuality is a target for interventions that require breaking down misconceptions of gender and sex and that involve biological, human and social dimensions. Thus, it is necessary to include new knowledge in the training and development of professionals who work in care.⁽⁸⁾

Reflections on the vulnerabilities to diseases allow understanding that STI infections are not only related to information and individual attitudes, but also to several determinants that go beyond the pathogenic action of the specific viral agent.⁽³⁾

The concerns regarding the teaching of the subject are associated with its historical trajectory, which leads to fear, stigma and taboos still being associated with education on the subject in current times. The nurse must be prepared to deal with gender identity, sensitivity to sexuality when providing care, non-stigmatizing language and experience in areas of specialized practices. In this context, some professors resist teaching these aspects, either due to lack of preparation in their own training or due to the opportunities offered to their students in classrooms or teaching areas.⁽⁹⁾ Based on the above, we question what is being said and what is not being said in the teaching of Sexually Transmitted Infections in an Undergraduate Nursing Course in the South Region of Brazil?

Therefore, the objective of the study is to analyze the said and the unsaid in the teaching of Sexually Transmitted Infections in an Undergraduate Nursing Course in the South Region of Brazil.

Methods

This is a social-historical research with a qualitative approach, using oral and documentary sources. Thirteen professors of the undergraduate nursing course of a Federal University in the South Region of Brazil were interviewed. Through the Official Catalogs of the institution, it was possible to assess the departments, teaching staff, subjects, program and workload of the course between 1971 and 2004. After that date, the curriculum frameworks available online were analyzed. The documentary analysis also included the Political Pedagogical Project of the course, that was available online, and three teaching plans, provided by the interviewees who addressed the subject during the course.

Participants were chosen using the snowball sampling technique. The inclusion criterion was professors who taught classes or were involved in the implementation of the subject in the undergraduate nursing course. The exclusion criterion was lecturers, health professionals and professors that were not linked to the educational institution.

The selected participants agreed to participate in the study by signing the Informed Consent Form (TCLE). Participants were identified by the letter C, corresponding to the Coordinators, and P, referring to the Professors, followed by numbers assigned according to the chronological order of their participation.

Data was collected through interviews carried out from March to April 2019 by the main author of the study. Interviews were conducted with a semi-structured script and recorded with a digital recorder. The interviews were scheduled according to the availability and preferred location of the participants (residence, cafeteria, video call and rooms of the institution) and had an average duration of 40 minutes. Subsequently, they were transcribed and validated by the interviewees via e-mail.

Ethical aspects were respected, according to the recommendations of Resolution #466/12 of the National Health Council. The research was approved by the Research Ethics Committee involving Human Beings, #3027667 of 2018.

Data analysis was based on Minayo's operational proposal⁽¹⁰⁾ that comprises two moments: the first one is related to the fundamental determinations of the research, mapped in the exploratory phase of the investigation; the second moment, called interpretative, is the starting and the ending point of the investigation. The interpretative moment included the organization and classification of data, the final analysis and the report. After being transcribed, the interviews were coded in record units. Then, the three categories of analysis were elaborated: Professors' and health professionals' preparation, or lack thereof, for dealing with the subject; Students' preparation, or lack thereof, for their own vulnerability to Sexually Transmitted Infections; Focus on vulnerable populations in the curriculum of the nursing course.

Results

In the category 'Professors' and health professionals' preparation, or lack thereof, for dealing with the subject', undergraduate nursing students are part of a context in which they are, at the same time, subjects who are vulnerable to STIs, and future health professionals, who will face this issue in their professional practice. Addressing the vulnerability of the student as well as their professional practice implies in focusing on themes such as sexuality and its inherent adversities, reinforcing its importance in the teaching and curriculum of the course. The interviewees of the study point out that this theme is associated with specific professors of the course who seek to expand spaces and defend the approach of this topic.

We do not receive this undergraduate student properly; we should bring the topic to the classroom, problematize, discuss the difficulties experienced by students in relation to their own sexuality. The

difficulties are not related to access to information. The difficulty is using a condom and losing a partner, that's another thing, this has to do with self-esteem, with recognition, with self-worth; it's not about technical knowledge, guidance or information... (C3)

(...) There are several attempts, but the system that is applied here, of independent phases, makes it difficult. I think the coordination tries to do it, but the professor is there in one phase, and this professor worries a lot about that topic, defends it, the focus on the topic grows, but then suddenly this professor is no longer there, and the others are concerned with other topics. It's a struggle... (C4)

How will I assess if STD teaching is advanced? If I ask how many professors in the public health and nursing department are really involved in the teaching of sexually transmitted infections, the answer will be almost zero. A lot is written, but we haven't seen a patient in a long time. This distance from reality is reflected pedagogically in everyday life. (P8)

There is a wide range of issues that need to be addressed when it comes to STIs. Thinking about it, the professor report that they themselves feel unprepared and have difficulty to address these issues naturally. The subject appears at the university when addressing themes associated with sexuality, and with a lot of resistance related to the whole context and the preparation of the professor.

When thinking about how education on the theme reflects on the training of nurses, it is possible to perceive that these barriers (fear, stigma, lack of knowledge, among others) between the theme and the professor, which appear in the teaching of the subject, have consequences on how future nurses will use this knowledge in professional practice. Specific behaviors to face this health problem are essential for nurses and, when not addressed, represent a deficiency in the professional approach, reflecting on health care.

I think that professional training in health does not perceive this issue (or at least does not see it as

a problem) and it seems that the desire, which may also be a mechanism for protecting the professor, is to return to behave as if nothing is happening. This is also a way of protecting oneself and not addressing this issue, because it is associated strong morality issues and antagonistic attitudes. (C3)

The professors have limitations to address the topic, do not feel supported and understand the importance of this approach. They also feel responsible for the training of future nurses, seeing that this problem will be in their daily work.

As for the topic “Students’ preparation, or lack thereof, for their own vulnerability to Sexually Transmitted Infections”, professors show the need to understand students in all their complexity of sexual practice and sexual orientation.

And based on Paulo Freire: to change this perspective, we must look at this content and get involved with each student-subject, because in the undergraduate course we have students of all sexual orientations, with the most diverse sexual practices, and taking all the risks, despite the knowledge that they have. (C3)

The student is afraid, this is normal... they are afraid of what they hear. But what they know is not the reality, there are many taboos, there is stigma, and these only go away when the student gets in the professional environment and begin to see that it's not exactly like that. It may at some point be worse than they say or imagine, but they have a responsibility, so they gradually lose their fear, when they start working, they start losing their fear. (C2)

Nursing students, from the perspective of vulnerable populations, have some spaces of approximation to the subject during their studies, such as discussions about sexual diversity, drugs and activities focused on primary health care. At the beginning of the HIV epidemic, the theme of sexuality caused a lot of fear and the professors tried to present the issues that also placed students in this vulnerable group.

I don't remember ever emphasizing the theme. In the development of the subjects the students was encouraged to participate in groups, tours and visits to such places, and the goal was to see how it worked. Now I think that if we had more time, more availability, more staff, it would have been a lot better. (C1)

The student will have contact with the homeless population. They have contact with discussions on gender, with the issue of sexual diversity, they have this contact, the course offers this, so that they are aware and that they seek to know more... They are prepared, the content is guaranteed. The first thing we have to think about is the extent to which this content is guaranteed or not... (C5)

The university is a scenario that can encourage reflections on students’ self-care. The context of the university is full of issues that must be considered when reflecting on the health of students, such as university parties, lack of interest on the topic, or trivialization of the consequences of STIs.

(...) As for the students, the institution or the person who is teaching about health is taking care of the students' health or is making them reflect on their own health (...) To what extent are the students at parties being careful to prevent both traffic accidents and sexually transmitted diseases? (P6)

There is no extension project in this area that addresses sexually transmitted diseases. The university itself, the student groups are often not interested on the way the subject is approached. It is a content with theoretical terms, but a lot of insertion in practice... They do not see themselves as part of this vulnerable group, and that is the biggest risk, because they are in it and they do not realize. We are seeing many young students becoming sterile due to STIs... all these diseases that were either extinct or were social fears, or were neglected... (P4)

Currently, students are more knowledgeable about STIs. A professor of the area declared that the students have more knowledge on this theme due

to teaching in high school. However, they do not perceive themselves as vulnerable.

As for the “Focus on vulnerable populations in the curriculum of the nursing course” and its approach in the undergraduate nursing course of a Federal University in the South of Brazil, these individuals are presented as invisibilized. The course does present the topic to students in some disciplines during the stages of undergraduate studies. It is necessary to have a policy for monitoring vulnerable populations within the university environment.

This population is invisibilized. Not only in the nursing education process, but in the society as a whole. It is more related to the social service area, especially with homeless people, social service workers will get the person, take them to the basic unit or to support houses. But the health service does not have a specific job focused on these people. (C3)

The issue of vulnerability is highlighted in the discourse, the course states that it addresses it, but, if it is addressed in all its complexity, thinking of all the different subjects that can be considered vulnerable populations, that, I don't know. But I think there is a concern, maybe more from some professors than from others, I think there is an interest, if not from everyone, from several professionals. (C4)

Public policies dictate what will be taught, so gender diversity discussions will be addressed (...). In curricular reforms, a wide consultation of vulnerable populations is made, to see if these vulnerable populations participate in the construction of policies. If you think about an LGBTQ policy, if organized social movements that are representative participate in the construction of technical material that guide health professionals on care, then they do participate. If you think in this perspective, in disciplines on violence, sexuality on the curriculum, in which gender diversity is transversal, it does appear. (C5)

Students come into contact with these populations in the various theoretical and practical scenarios in which they are inserted. In the perspective of

professors, some themes are more associated with vulnerable populations, such as activities in the Psychosocial Care Centers (CAPS). The course has a concern to address some barriers, fears and stigma that hinder some actions or make them be forgotten.

I know that several times we tried to work with men's health, men are also considered a vulnerable population in the health area... with this vulnerable population, the issue is how you are going to approach them, how you are going to reach them... I think there is even more about vulnerable populations, because, for example, the drug user has that whole issue, I don't know how it is today, but there was a topic of “safe drug use”, something like that... with the prostitutes, in this curriculum, I think there was even a project with them in the eighth stage, so there were some more innovative initiatives, but within primary care. It is difficult because there is difficulty or fear and you have to work hard, and you have to be supported. (P6)

In obstetrics we see abused women, violence victims, and the approach to them is often discriminatory, full of prejudice. When trans people go to a consultation, how is that approach? There is this diversity department, which is an important, innovative thing, because it was a total denial. But within the course, I don't think there's any work on social vulnerability content and these groups, I don't think they return that. (P4)

When teaching the issue of vulnerability of different population groups to STIs, professors point out that they need to be prepared to care for these patients, especially in primary care. There is a difficulty to maintain support projects within the nursing course and to address the theme due to fear, lack of support and lack of preparation to deal with situations of vulnerability.

Discussion

Sexuality gained visibility in studies carried out by Freud in the early 20th century, and by Michel

Foucault in the 1980s. Even so, the approach to the topic still seems to be focused on normative attributes such as biological aspects.⁽¹¹⁾ Despite the scientific and technological advances of the last decades, sexuality is still surrounded by myths, prejudices and misconceptions for many individuals. It is full of contradictions and taboos, and many people consider it a topic that is exclusive for adults and defend the idea of excluding it from lectures, courses and school curricula, as they consider it obscene.^(11,12)

Debates around inclusion, the body, and aspects associated with it, such as sexuality, gender and sexualities have been in schools since the 1970s. They have been strengthened, as they are associated with the transitions experienced by students during school. Therefore, issues related to the transition of the body and its discovery become important in the school environment. Subsequently, in the 1980s, demands related to sexual aspects were aggravated with the AIDS epidemic, when the concern about the role of the school on the development of the students was intensified. In this context, Sexual Education became official in school curriculum, with actions and discussions that addressed sexuality at school, prevention of early pregnancy, HIV/AIDS infection and other STIs (authors state that: Gender and sexualities are categories that started to be discussed only after sexuality. In order to express the various possibilities of experiencing sexuality that are known nowadays, the word sexuality is used by many scholars in the plural (sexualities), highlighting the diversity and plurality of the expression and experience of human sexuality).⁽¹³⁾

In Brazil, the transversal theme of “Sexual Orientation” became a National Curriculum Parameter. Its objective is to address sexuality as something inherent to life and health, encompassing people’s social role, respect for oneself and for others, discrimination and stereotypes in their relationships, the advancement of AIDS and unwanted teenage pregnancies.⁽¹⁴⁾

The concerns related to this topic involve the entire context of high school, as in this phase, sexual experiences begin and intensify. Didactic books do not have a lot of information on issues related to STIs and HIV/AIDS; they are focused on the bio-

logical approach to contamination and have limited discussions on prevention and treatment.⁽¹⁵⁾ This deficit, associated with the lack of sexual education, can be the cause of unsafe sexual behaviors.⁽¹⁶⁻¹⁸⁾

Therefore, Sex Education requires a re-education of sexuality itself. Many professors of the undergraduate nursing course feel unprepared to deal with the topic of sexuality, as this theme is surrounded by moral issues and behaviors that require a careful look and involve the professor’s own experience and understanding of sexuality. The subject appears to be associated with specific professors who seek to address it in their classes, and few professors are engaged in defending the effectiveness of this teaching in the nursing curriculum.

It is perceived that professors find it difficult to understand the complexity of human sexuality, as it involves aspects related to postures, beliefs, taboos and values attributed to sexual relationships and behaviors.⁽¹⁹⁾ Professor’s training is fragile when it comes to social, cultural and historical issues of sexuality and its association with gender relations. For the necessary theoretical foundation, professors must recognize the values that guide their conduct, be aware of the existence of sexual diversity and reflect on the democratic principles that must be achieved.⁽²⁰⁾

University teaching requires that the professor be in constant learning, so that they work in a contextualized and updated manner and are able to help the student to establish associations between their knowledge and the area of professional activity.⁽²¹⁾ In the context of autonomy in the university, it is valid to advocate for the freedom of professors to address topics and contents within the curricular disciplines. Therefore, associating this with what was presented in the speeches, the teaching autonomy and the teaching approach to their areas of knowledge interfere in the effectiveness of teaching, that is, topics that are mastered by the professors will stand out in a curriculum or in the range of subjects.

This concern about the autonomy and area of study/research of the professor leads to reflections about the curriculum of nursing courses and their educational priorities. It is important to reflect on

the interdisciplinarity and multidisciplinary character of a curriculum that addresses all the needs of the population. In this case, the theme of STIs is present in different stages of life and affects all age groups.

Knowledge about sexuality, STIs and vulnerable populations in nursing education will reflect on the provision of care in professional health practice.⁽²⁰⁾ Therefore, universities are important in the presentation and implementation of teaching and can raise awareness among students on the need to improve their own education in relation to this topic. It is stated that the course introduces students to various vulnerable populations throughout their undergraduate studies. However, these populations are difficult to approach and access.

Despite the high level of education associated with university students, knowledge about STIs and issues related to reproductive health is often limited,^(22,23) which can lead to a lack of awareness on the risk factors for STIs and make them neglect the importance of protective behaviors. It is understood that an equal search for nursing care among the different genders is associated with a genderless care. This practice requires a de-characterization of both individuals: the one who is providing care and the one receiving it. There is also a difficulty to provide care with ethics, respect and commitment, overlooking this dimension of life that is not only biological, but evidently social and cultural.⁽³⁾

University students are predominantly teenagers and young people. This population is more vulnerable to STIs, and one of the reasons is the need to discover a topic that is considered a taboo: sex.⁽¹⁵⁾

Lack of knowledge about the use of preventive methods make young people at risk for STIs. Therefore, it is important to adopt measures to raise awareness and develop health education strategies to address this issue with the young population. Health education actions that address topics such as sexuality, contraceptive methods, STIs and HIV/AIDS are fundamental tools for promoting access to adequate information that can favor and promote self-care attitudes related to sexual practice.^(24,25)

A study conducted with university students showed that prevention is related to the use of con-

doms, perception of personal risk, and preventive sexual behavior. This study also found that students of the health area have more knowledge about sexual infections and prevention methods, but this knowledge is not enough for them to reduce risky sexual activities.⁽²⁶⁻²⁸⁾

These data encourage reflection on something that goes beyond teaching and information, as university students have the necessary knowledge to adopt preventive measures, but do not put it into practice. This study showed that the difficulties in teaching are related to the possibility of approaching the student to maintain an open and educational dialogue. For that to occur, the professor must understand aspects related to body, gender and sexuality. That was a big fragility found in this study. Thus, both the professor and the student, who is the future provider of health education or health care, rely on the self-knowledge and culture they experience or have experienced in their basic education and family and social life.

The young university students are a vulnerable public that, in the perspective of the professors, are not aware or do not perceive themselves as vulnerable. Therefore, there is a difficulty in relating sexuality to the vulnerability of the student in the classroom. As the course progresses, the students increase their knowledge on the subject come into contact with groups that are vulnerable to STIs.

For university students, who are often young adults who recently started their sexual life, the concept of vulnerability seems to be somewhat distant. A study performed with this population showed that issues that involved personal vulnerability to STIs/HIV/AIDS, from the perspective of the participants, put the "other" in vulnerability, as being vulnerable is associated with a sexual lifestyle of promiscuity, disruption and behaviors that are not morally accepted, which would justify an STI infection/contamination.⁽²⁹⁾

The WHO reiterates that changing the STI/HIV infection panorama and reducing its transmission is related to effective prevention practices. In this sense, preventive strategies include comprehensive sex education, the acquisition of knowledge on STIs/HIV, body and gender and advice on safe sex

and behavior changes, which requires construction and reconstruction of knowledge. These aspects are associated with sexuality and should be the focus of professional health practices.⁽³⁰⁾

In view of the above, educational actions in the health area allow the individual to reflect on their real condition of vulnerability and raise awareness on the need to have healthy attitudes in regard to their sexual practice. In the perspective of the professors, these actions are part of the daily life of the nursing professional, and it is necessary to address this theme in undergraduate studies so that students and future professionals are able and qualified to deal with these issues and intervene.

Sexual and reproductive health actions are broad and include clinical assistance, counseling, and educational activities. Parts of this agenda are prenatal care, childbirth and puerperium, humane abortion as provided by law, care with a focus on STIs and other diseases of the reproductive system, involving all populations, whether lesbian, gay, bisexual, transvestite, transsexual, transgender or intersex (LGBTI+), and other situations of vulnerability. In view of this comprehensive theme, care must be offered without distinction of race, religious belief, sexual orientation and age.⁽³¹⁾ Therefore, nursing practice is essential for health education actions, as it favors an open dialogue and the promotion and prevention of the quality of sexual life. These actions take place during the undergraduate nursing course and there is an interaction of knowledge between professors and students.

Conclusion

The results obtained showed that professors have difficulties in dealing with the subject and addressing it as content in their disciplines, due to their own limitations with such a complex topic. Others, on the contrary, can be considered experts and encourage teaching and insertion of the theme. An important aspect of this discussion is understanding that students are also vulnerable to STIs, but in the role of future professionals and educators, they do not see their chances of contracting an STI. Although the

approach to the theme is transversal, or parallel in some disciplines and areas of practice, the importance of addressing STIs is reinforced by the multiple roles of nurses in the health context, as educators, professionals and subjects who are vulnerable to these infections. In this sense, it is understood that this discussion does not end in this study, which should serve as an alert for educators, coordinators of undergraduate nursing courses and even professors of the courses to not underestimate the importance of this content, which should be mandatory.

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