
TALKING WITH ADOLESCENTS FROM RELIGIOUS GROUPS ABOUT HIV: CHALLENGES FOR NURSING

Adriana Gomes Nogueira Ferreira¹, Neiva Francenely da Cunha Vieira², José Antonio Trasferetti³, Marli Teresinha Gimenez Galvão⁴, Fabiane do Amaral Gubert⁵, Patrícia Neyva da Costa Pinheiro⁶

¹ Ph.D. student in Nursing at the Nursing Graduate Program (PPGE) of the Federal University of Ceará (UFC). Professor at the Federal University of Maranhão (UFMA). Imperatriz, Maranhão, Brazil. E-mail: adrianagn2@hotmail.com

² Ph.D. in Health Education. Professor at PPGE/UFC. CNPq (National Council for Scientific and Technological Development) Researcher. Fortaleza, Ceará, Brazil. E-mail: neivafrancenely@hotmail.com

³ Ph.D. in Moral Theology. Professor at the University of Campinas. Campinas, São Paulo, Brazil. E-mail: trasferetti@uol.com.br

⁴ Ph.D. in Tropical Diseases. Professor at PPGE/UFC, CNPq Researcher. Fortaleza, Ceará, Brazil. E-mail: marlinalgvao@gmail.com

⁵ Ph.D. in Nursing. Professor at the Undergraduate Nursing Program of UFC Fortaleza, Ceará, Brazil. E-mail: fabianegubert@hotmail.com

⁶ Ph.D. in Nursing. Professor at PPGE/UFC. Fortaleza, Ceará, Brazil. E-mail: neiva.pinheiro@yahoo.com.br

ABSTRACT: The aim of this study was to discuss with adolescents involved in the Catholic church about HIV/AIDS, based on Paulo Freire's thinking. An action research was developed in 2009 through the Culture Circle, with 10 adolescents who were members of Catholic Charismatic Renewal groups. The analysis and interpretation of the results focused on the discussion according to the group experience. Initially, the teenagers showed surprise and disinterest in the subject, which suggests the need for more spaces providing information on the topic, as well as the use of dialogue as a tool to promote the discussion on HIV infection. It is up to nursing professionals to learn the realities of the subjects and use emancipatory methodologies to promote dialogue based on trust, aiming to strengthen a friendly relationship and the adoption of safe sexual and health promoting behaviors.

DESCRIPTORS: Nursing. Adolescent. Sexuality. Religion.

DIALOGANDO COM ADOLESCENTES DE GRUPOS RELIGIOSOS SOBRE HIV: DESAFIOS PARA A ENFERMAGEM

RESUMO: Objetivou-se dialogar com adolescentes envolvidos em igrejas católicas sobre prevenção do HIV/aids, com base no pensamento de Paulo Freire. Desenvolveu-se pesquisa-ação, realizada em 2009 por meio do Círculo de Cultura, com 10 adolescentes integrantes de grupos da Renovação Carismática Católica. A análise e interpretação dos resultados privilegiaram a discussão conforme experiência vivida pelo grupo. Os adolescentes demonstraram inicialmente estranheza e desinteresse pela temática, sugerindo ampliar os espaços que contemplem a informação, além de utilizar o diálogo como ferramenta para possibilitar o debate sobre a infecção pelo HIV. Cabe à enfermagem conhecer as realidades dos sujeitos e utilizar metodologias emancipatórias que favoreçam o diálogo pautado na confiança, com vistas a fortalecer a relação de amizade e a adoção de comportamentos sexuais seguros e promotores da saúde.

DESCRIPTORIOS: Enfermagem. Adolescência. Sexualidade. Religião.

DIÁLOGO CON ADOLESCENTES DE GRUPOS RELIGIOSOS ACERCA DEL VIH: RETOS PARA LA ENFERMERÍA

RESUMEN: El objetivo fue el diálogo con jóvenes participantes de iglesias sobre el VIH/SIDA, basado en el pensamiento de Paulo Freire. Desarrollada la investigación-acción, en 2009 por el Círculo de Cultura, con 10 grupos de jóvenes miembros de la Renovación Carismática Católica. El análisis e interpretación de los resultados favorecieron a la discusión como la experiencia del grupo. Los adolescentes mostraron por primera vez la sorpresa y el desinterés por el tema, lo que sugiere ampliar el área que incluye la información, y utilizar el diálogo como herramienta para permitir que el debate sobre la infección por el VIH. Así, cabe a la enfermería conocer las realidades de los sujetos y utilizar metodologías para promover el diálogo emancipador, basado en la confianza, para fortalecer la amistad y la adopción de conductas sexuales seguras y saludables y de promoción de la salud.

DESCRIPTORIOS: Enfermería. Adolescencia. Sexualidad. Religi3n.

INTRODUCTION

Adolescence is the time when the sedimentation of values is influenced by the following aspects: media, ethnicity, gender roles widespread in society, religion, groups and family.¹ In this context, it is important that this space for dialog is found so that doubts and conflicts can be guided in a clear and appropriate manner.

Care of adolescents requires special attention, as it is a phase marked by intense and multidimensional changes, passing beyond the physical (biological) dimension to the psychological and sociocultural dimensions, due to the fact that the adolescent experiences changes and faces conflicting processes, by not being listened by the family or by professionals, and considering there is little guidance in the health area, especially in proper training to attend this specific age group.²

Among these professionals are nurses, as members of the Family Health Strategy (FHS), which, when acting with teenagers, have sought theoretical and methodological references that justify new propositions for care, and even though having important knowledge and practices available, they still require a broader insight, discussion and disclosure, covering training in various fields of expertise that include this age group.³

In order to act together with the teenager, it is important to consider the complexity and accept the limitations present in technical knowledge, beyond the health sector. With this vision, nurses and other professionals will be able to identify suitable sectors to contribute to strengthening the autonomy of the individual, developing actions aimed not only at adolescents, but at the context in which they are inserted, and considering family and community.

Given the above, the following question arose: how can nursing develop preventive actions, with adolescents involved in churches, concerning the Human Immunodeficiency Virus (HIV)? In this context, it is imperative to learn their reality, as an element to identify conflicts and values, to enable guidelines targeted at the adoption of safe behavior with autonomy and consciousness.

Thus, the objective of this study was to talk with adolescents involved in churches regarding the prevention of HIV/AIDS, based on Paulo Freire's thinking.

METHODOLOGICAL TRAJECTORY

A descriptive exploratory study with a qualitative approach, using action research was developed. This is defined as a social research on an empirical basis, carried out from the close relation with an action or the resolution of a collective problem, in which representative researchers and participants are involved in a cooperative or participative manner.⁴

The study was conducted in the second half of 2009, in a municipality in the state of Ceará, 290 km from the capital, Fortaleza, with teenage members of the Catholic Charismatic Renewal (CCR).

Subjects were 10 adolescents, five male and five female. The age group for the adolescents was defined as per the indication of the Child and Adolescent Statute, which aims at dealing with individuals between ten and eighteen years of age.⁵ The sample was non-probabilistic, by the criterion of intentionality. In this study, the amount of 12 participants was judged as ideal to achieve the proposed objectives, since the mediator of the discussions had better conditions to conduct the group with this number of participants. The inclusion criterion considered in the study was participating assiduously in church activities.

The instruments and procedures used to develop the study were: observation, field journal, video filming and group approach.

Group approach was performed by talking with the young participants of the study. An educational action of two hours was adopted, using the pedagogy of Paulo Freire, called *Círculo de Cultura* (Culture Circle). This strategy takes place with a facilitator who organizes and coordinates the group, so as to provide the opening of space for the participation of adolescents during the dialogues.⁶

Phases were followed for the Culture Circles, according to the theoretical aspects of Paulo Freire's pedagogy, which were adapted to achieve the proposed objectives: discovery of prior knowledge; selection of words within the context of adolescents; creation of existential situations typical of the group; and preparation of cases to assist in the dialog and enable the (de)construction and (re)construction of new knowledge.

The systematization of data collection took place as follows: transcription of material recorded during filming, observing the records from the field journal and photographic images, examination of the study *corpus* and notes taken after the completion of each culture circle, according to the

moments experienced: embracement, problem-posing and evaluation.

It is important to highlight that every culture circle was planned according to the results from the expectations of the adolescents.

Embracement was performed through the discovery of the individual and collective universe, with group techniques like modeling, prejudice game, musical chairs and questions on balloons, so as to enable the participants to talk about their knowledge on the theme. In the problem-posing stage, group techniques were used to encourage the critical reflection of the reality, the knowledge and the participation of all members. The evaluation was a moment to summarize the experiences lived in the circle, exposing feelings and evaluating the strategy. From these moments, individual reflections emerged, the result of the participants experiences which, while exposing them within the group, became collective, especially when they recognized this as a necessary reflection for the growth of all.

Data description and analysis were performed following the transcription of the information collected and recording of the comments in full, which were ordered according to the narration and discussion, following the sequence of the culture circles.

The interpretation of the information obtained through the speeches and impressions from the culture circles was added to the theoretical contributions considered relevant for the reasoning of popular discourse. These activities took place through reflection on the experiences, beliefs and values of those involved, correlating to knowledge regarding HIV in the religious context.

In compliance with resolution 196/96 of the National Health Council, Ministry of Health, the study proposal was approved by the Research Ethics Committee of the Federal University of Ceará, under protocol n. 256/08. The Free and Informed Consent Form was signed by the adolescents and their respective parents/guardians, preserving anonymity. Accordingly, the adolescents were identified by the term "Adol", followed by the order number of the comments.

RESULTS

Four culture circles were held in order to carry out dialogues on HIV/AIDS. The circles were named according to the themes that emerged most within the group: interacting to better un-

derstand adolescents; revealing HIV infection in adolescents; demystifying the infection in its context; and learning about HIV with kindness.

Interacting to better understand adolescents

This circle was conducted with the aim of discovering the universal vocabulary of the group based on the subjects proposed for the activities, using the following terms: HIV prevention, sexuality and religiosity, in order to subsidize the planning of later culture circles.

The group technique was carried out at the moment of embracing the group. At this time, they all reported that the CCR changed their lives for the better. Briefly, they spoke about faith, transforming lives, as well as self-image.

During the meeting, they described their thoughts regarding the meetings prior to their participation; according to the comments of Adol₁: [...] *I did not even want to participate, I did not want to hear such things, I'd get confused, it did not interest me to know about condoms [...], we often fail to look for information.*

In the evaluation of the meeting, the adolescents reported on the importance of prevention, they also referred to the need for the participation of young people who are distant from church activities in discussions and seeking appropriate guidance about sexuality and the prevention of HIV infection in a location that is intended for the word of God.

Given the above, it was shown that the adolescents demonstrated the need for broadening information on this subject.

Revealing HIV/AIDS with the adolescents

Issues emerged during the development of this stage in the dialogue, such as the possibilities for treatment of HIV infection at different stages of the disease, forms of transmission and prognosis of the disease.

At this point, the adolescents expressed their concern regarding the possibility of the other contracting the virus, as demonstrated in the comments: *that's how I see such a case [...] with AIDS, I do not think of my mother, stepfather, but I think about other young people (Adol₃).*

Another important factor was the source of information for these adolescents, demonstrated in the following comments: [...] *we see it on television, in the group (Adol₂); highlighting the reality that*

the family does not talk about this subject, as per the story of another adolescent: *my grandmother is embarrassed to talk about these things [...] (Adol₁).*

They also expressed the importance of having someone other than family to talk to: [...] *when it is something more intimate, like this, with my grandma, my aunt, we are embarrassed, but when it is someone from the outside we are not (Adol₁).*

As for the school, there was something not heard by them in the words of Adol₁: *so, when there is information at school, five percent is preventive, speaking about the care one must have with AIDS, but the rest is all about condoms (Adol₁).* This is emphatically complemented by another teenager: *it ends like this: let's use condoms (Adol₂).*

During the development of the activity, they also expressed the need for access to other information that could be socialized by health professionals in schools, keeping in mind that this information is not only limited to the use of condoms: *information is still lacking, because I think people from health centers should always visit schools and give lectures on AIDS [...] (Adol₁).*

Adolescents revealed the non-acceptance of information related to condom use, and when asked about how the Catholic church oriented them on the prevention of HIV/AIDS, they spoke about marriage, monogamy and non-adoption of condoms as a means of preventing pregnancy and diseases.

It was evident that the church offers no direct information on HIV prevention. It assists in encouraging the experience of sexuality in a healthy and responsible way: *the difference between us learning inside the church and outside it, is like this: it tells us how we should prevent, but without practicing (Adol₂).*

The image that the participants portrayed in relation to an HIV-infected person was described as follows: [...] *the disease will erode you, erode your body [...] when you get the disease you will feel things (Adol₆).* The report showed that the adolescents did not know about the evolution and clinical manifestations caused by HIV throughout the life of an infected person.

A common practice among dating couples for sexual initiation was exemplified by participants: [...] *when a man says: 'ah! If you love me, then prove it!', and the poor wee thing, afraid of suffering, surrenders herself (Adol₁).*

Another speech referred to the way young people had been confused by the information

obtained in the church and outside it: *I talk for myself, there was no point in me only going to church on Sunday and not coming here [...] I think there is no point in someone only going to mass and being in the group, because he/she will listen here and out in the world, and the person becomes confused [...] and when I entered the group for real, I see only one side, and for me is the best side, it is important to decide early on which side you want to be (Adol₃).*

It is important to stress the idea of the adolescents participating in the study: *that the man is the rogue, the seducer; and the woman is a saint! (Adol₆).* They pointed out that this is an idea culturally imposed by the society in which they live. When asked about the "sanctity" of women, some mentioned that they did not agree: *it is often the woman who provokes the man into doing it (Adol₁),* stating that it is the woman, on many occasions, who takes the initiative in stimulating sexual relations.

They also expressed feelings like selfishness as favoring the transmission of HIV. When an infected person behaves improperly, it increases the chance of transmitting the virus to others. *Do you love me? Well then, you should surrender yourself to me (Adol₁).* They emphasized that the greatest proof of love known is the following: *do you love me? Then wait (Adol₁).* Perhaps just waiting is not the only form of prevention, but sharing the idea of mutual responsibility in the decisions of life and, in particular, sexuality.

Communication and knowledge occur through open dialogue between the couple and, in this context, they recognized how difficult it is not to be influenced by the numerous and constant "temptations" offered in everyday life. The adolescents agreed that they should understand the meaning of each situation and deviate from what they understand as inappropriate. Faced with the perception of responsible choices, knowing the results flowing from them and their meaning, the chances of incurring sins are reduced, i.e., acting detrimentally to the life of each person.

As mentioned, the issues should be addressed in educational institutions, however, the understanding of prevention often involves pornography. This finding sparked concerns in the adolescents on the posture of educators that address information about sex in environments with a diversity of behaviors and beliefs. In this regard, the following was reported: *we have a teacher who claims to be a virgin, but her behavior does not show this [...]. And she also speaks a lot about pornography (Adol₁).*

Upon evaluation of the meeting, participants expressed feelings of gratitude for the opportunity and the desire to convey the message to other young people, the infinite learning within the discussions, the opportunity to broaden their knowledge and, therefore, further strengthen their faith.

Demystifying HIV/AIDS in their context

In this circle, the aim was to broaden the knowledge regarding AIDS, based on texts, dialogued exposition and film exhibition regarding the ways of transmitting and specific actions of drugs on the body. As the teens explored the texts, the clarifying of any doubts that emerged in the group happened concurrently.

During the dialogue, reporting on the clinical manifestations of the disease was sought: among which stood out the different stages of the development of the infection: viral, asymptomatic and symptomatic. At that time, concerns emerged regarding the possibility of a cure for the disease, in addition to manifestations of opportunistic infections during the advanced stages of HIV infection.

In the evaluation of the circle, it was possible to differentiate between the HIV-positive patient and the AIDS patient, confirmed by the following affirmation: [...] *I used to be very biased, but I saw that we do not need to be selfish and prejudiced, because any one of us could have this disease* (Adol.). It was understood that recognition occurred just before the clinical and physical manifestations that affected the person in the advanced stages of AIDS. Meanwhile, the need arose for talking and understanding that HIV does not mark the phenotype and that prevention should occur for anyone.

Participants emphasized information as a form of protection and that this can be shared, not only within the family, but among everyone with whom they live. Furthermore, they demonstrated the hope for a better life.

Learning about HIV/AIDS with "kindness"

This circle took place in order to motivate the group. It was started by distributing candies, whose packs contained questions to be reflected on. One of the questions dealt with subjects like: what is the position of the Catholic church in relation to AIDS? *The church contradicts the theme of AIDS, because the priests say it is wrong, but they themselves sin against chastity and fidelity* (Adol.). This comment allowed the discussion of celibacy among priests, as reli-

gious men, while dealing with the sacred, become asexual in favor of spirituality.

Other questions were: how can we repress AIDS? [...] *it is the hardest way, which is maintaining chastity before marriage and fidelity after marriage* (Adol.). Does the Catholic church promote preventive actions against HIV? *Do not sin against chastity, and we, women and men, will be faithful. I think it does promote it, like in the form of lectures in the AIDS care group* (Adol.). Faced with the response, it was observed that the youth involved in the group could not identify clearly how the church promulgated actions to prevent HIV/AIDS.

The group contributed by reporting that the church promoted chastity, but did not discuss about sexuality. According to the participants, addressing chastity implies the prevention of HIV, and when the Church highlighted this issue, it was not commenting about HIV, but about marital life and how a couple should live together in harmony.

Another question was: what are the positive aspects on the position of the church to be silent faced with the HIV/AIDS topic? The group recognized, as a positive aspect, the indirect way of the church in addressing the issue relating to the fact that it was protecting people, not leading the issue in order to shock people. They believed, that if the church approached the topic directly, people would not understand, because they consider that it would not be the proper place to discuss issues of sexuality.

It was perceived that adolescents who are active in the religious context seek to distance themselves from the reality in which they were inserted, however, all of them were part of the real world, with family, community, school, illnesses, problems, in short, they constituted a world in which needed to know how to protect themselves from the risks to which they were exposed rather than distance themselves from reality.

They understood that the Church was not interested in the fact that all should be prevented, i.e., using condoms, but committing adultery and sinning against chastity. They all addressed the fact that all of the meetings and lectures about AIDS prevention which they attended were not in church. The guidelines were developed in other spaces and were limited to teaching about condom use. In this context, it is important for the church to move forward on the discussions involving sexuality and, hence, prevention of HIV.

Faced with the question: what have we learned in church, which we have not seen at school and in the community? *To value chastity; and*

about the seriousness of the virus, yet this subject was learned here in the circles (Adol.), thus demonstrating that they absorbed the meetings as something promoted by the church.

In the evaluation, the participants concluded that the circle was relaxing, fun, a time of learning, to fear God, very beneficial.

DISCUSSION

According to the perception of the adolescents, it is important to wait for marriage to have sexual relations, strengthening the idea of sexual abstinence. Similarly, the study identified a description of actions in health education focused on this practice, conceptualized as the fact of teaching the benefits of abstinence for health and identifying the consequences of sexual practice, denominating abstinence as a safe method.⁷

The services that encourage this practice care for the complexity of teenagers, as they consider they are not able to understand their choices, because they are not mature enough to assume the consequences of these.⁷ Mainly because, at this stage of life, adolescents are vulnerable to different sexually transmitted diseases (STDs) and HIV.

In this study, a large part of the adolescents believed that they would never contract any STDs, expressing, once again, the adolescents own sense of invulnerability.⁷ Thus, even though part of religious groups, a factor not considered as protective, it is seen that teenagers have characteristics that may make them vulnerable at any time.

The path that leads to HIV infection is determined by a set of conditions, among which stand out behavior and culture, in addition to offering health services. Thus, there is no way of thinking about interventions directed only at the individual, without regard to the situations that interfere with their behaviors, which support and guide people to a perspective of greater or lesser self-protection.⁸ In this context, nursing must hold educational activities that enable individual and collective reflection about these conditions and also inserted into the adolescent church groups, since this is a scenario that favors promotion of health actions⁹.

Even talking about the forms of transmission, the participants did not perceive themselves facing the possibility of contracting the virus. Researchers disclose that adolescents experience changes and face conflicts without receiving a sensitive ear, either from family or professionals, since there was

still no additional training to meet this age group, especially in the health area.^{2,10}

Rather than discussing the virus and the disease present in the sexual act, it is necessary to recognize that the manifestations of sexuality, however "deviant" they may seem, reflect a particular and unique creation to each person; one must remember that human beings are singular. Therefore, it is necessary to reflect on sexual practices, sexuality and sexual enjoyment, removing the emphasis of the discussions on disease/sin that are possibly present in the sexual act and draw attention to the pleasure that all human beings, one way or another, look for in their sexual practices.¹¹

In one study, the authors found that the role of nursing, although covering aspects of gender, power relations and sexual rights, with regard to sexuality, has shown a strong tendency to link up with biological aspects.¹² Thus, it is important that nursing really discusses the prevention of diseases related to the expression of sexuality, but trying to identify the particular psychosocial factors that make adolescents vulnerable, as well as ways to promote a reflection on the experience of sexuality in a healthy way.

The reports showed how difficult it is for the family to talk with teenagers about issues related to sexuality and gender. It was perceived that, likewise, the group recognized the deficiency in family dialogue, expressing sympathy for the parents, explaining that they were embarrassed because they did not have this preparation.

Family communication with their children during the period of adolescence, though often difficult and confrontational, should always be encouraged, as it is at this stage that children want and need to receive more information, and if parents do not provide it, they end up getting it from friends, the Internet and other sources, which are not always reliable, since they need to have answers to their doubts.¹³

Thus, the nursing role is to develop strategies for prevention, not only with teenagers but also contemplating the family,¹³ in order to foster collective dialogue and unveil safe and acceptable options when facing STDs/HIV.

Another important area of sex education happens at school, as a prime setting for the continuous hosting of teenagers, sharing decisions and responsibilities with other social agencies involved in the execution of the strategies articulated to the reduction in vulnerability.¹⁰ Recognizing the importance of this space, the Ministry of Health, in partnership with the Ministry of Education, es-

established the School Health Program (PSE), which aims to contribute to the education of students in public primary and secondary education through various activities, among which stand out prevention and promotion of sexual and reproductive health, in order to contribute to the reduction of HIV/STDs and dropout rates caused by teenage (or juvenile) pregnancy in the population between 10 and 24 years of age.¹⁴

It is known that nurses discuss sexuality, both in schools and health institutions, however, such a stance indicates a much more ideological position than more effective discussion, and concrete proposals so that the changes required become reality.¹² Thus, the nurse should enable, with students, teachers and other health professionals, spaces for dialogue, in order to build a social response with the view of overcoming relations of vulnerability to STDs, HIV infection and AIDS, addressing sexuality as a transversal subject.

The adolescents in this study reproduced the ideology of the church, revealing a contrary opinion to the use of condoms as a means of preventing HIV/AIDS. In this respect, there is recognition of the weaknesses of this method, when not guaranteeing one hundred percent protection against viruses and going along with the magisteria and doctrines of the Catholic church; in addition, this should not be considered a technically reliable or morally defensible preventive strategy.¹⁵ Thus, the actions of health education should respect the views of those present, whether for or against the use of condoms. This action constitutes another major challenge for nursing in the approach of HIV prevention and should consider not only the proposal of safe sex, but reflect on aspects involving the experience of sexuality in a healthy way, as proposed by the church.¹¹

The church offers education on global love, which essentially helps people discover the quality of life, because even though the condom is a means of protection, it provides no education on love or adult sexuality.¹⁶ That is, the church emphasizes chastity, knowing the other person, waiting for the right moment to practice sex. While not directly elucidating, their teachings motivate further reflection on the adoption of safer sexual behavior as something beneficial for yourself and others, and although the youth in the study acknowledge that the church signaled chastity, they showed some misunderstanding when questioned on this topic.

The dating relationship is defined by getting to know the other, which is very common

among teenagers, and characterizes the opening of avenues for the sexual exploration of both parties,¹⁷ and, for the church, dating is the period for learning about yourself and each other, the premarital time, in which sexual relations are not recommended.

Adolescents from religious families tend to relate to their religious peers, thus strengthening moral guidelines regarding sexual behavior, and these peers may have more positive behavior than other teens. These results are important, since these peers may influence adolescent behavior, both positive and negatively.¹⁸

The National Conference of Brazilian Bishops (CNBB) instructs that extra-marital sex is irresponsible and hurts the dignity of the human person, i.e., it is a behavior that should be avoided. It also advocates the practice of true ethical and moral education as the key to healthy sexuality, and working on human values as being necessary with families, couples and young people to have an affective life and humanist sexuality.¹⁹

In this context, nursing can help the church, as a profession of holistic care, knowing their teachings on sexuality, and contributing with religious- and lay-persons in addressing this issue with the adolescents who attend, surpassing the biological aspects of HIV infection and the use of condoms as the only option for prevention.²⁰

Despite the various areas of information on HIV, such as the media, school and Internet, it is clear that young people have no familiarity with this subject. In the context of AIDS, people adopt an attitude of denial, not recognizing their vulnerability and the possibility of being exposed. As a source of information on STDs/HIV, most teenagers think teachers and television are the main sources, followed by family and friends.¹⁰

Given the issue of education in Brazil, income distribution and access to information are factors that influence the way Brazilians receive advertising messages conveyed by the media, and it is necessary to consider that prophylactic information on HIV is not reflected directly in changes in behavior or the adoption of safe sex practices. If there is an intention to directly address those with an active sex life, one should take into account that people are embedded in social groups, which guide more their manner of acting and the delineation of their identity.²¹

Insufficient information is one of the factors of vulnerability of teenagers, so it is important to conduct educational activities to guide young people

about a better quality of life in an interdisciplinary way that promotes integration between health and education,²² and that this information can be provided in an entertaining way, because there is scientific evidence for its use in health education.²³

Information should be dialogued and problematized, so the nurse, together with the teenager, can (de)construct and (re)construct important concepts related to their experiences of life, encouraging them to use freedom of choice to be aware of the consequences, whether they are favorable or not.⁶

In containing the epidemic, fidelity is not a religious moral value only in marriage, because romantic relationships in society attach importance to monogamy. Therefore, the containment of the AIDS epidemic, the valuing of fidelity between couples and the belief in the invulnerability to HIV are brought to the fore as hindering prevention of the virus.²¹

The adolescents in the study agreed on the need for the Church to openly discuss about HIV/AIDS. It is essential that, for the understanding of the universe interpretation of the HIV epidemic, there is moral and religious discourse, rather than in terms of the dominance of religious values in everyday life, its importance lies in generating and interpreting the meaning of the sexual experience. AIDS brings to light what mankind has always insisted on veiling, in storing, in hiding, namely the issues of sexuality.²⁴

This information is used to guide the actions of nursing education and reinforce the importance of sexual orientation in various areas, to enable the understanding of different realities.¹⁰

From the perspective of intersectionality, it is up to nursing to appropriate religious/spiritual aspects of care, so that it attends the aspirations of health promotion and the quality of life of individuals, through the promotion of human life with commitment. All this involves religious and individual aspects that need to be addressed, aiming at effective care.²⁴

FINAL CONSIDERATIONS

The adolescents in this study had difficulties in talking about issues related to HIV/AIDS, they reported that their families were ashamed to approach the subject, the school just mentioned condoms, whereas the church proposes chastity and fidelity as important tools for the experience of a healthy form of sexuality.

The poor knowledge regarding HIV prevention makes them vulnerable to this virus, considering the complexity of the living process for teenagers. Therefore, religious speeches must be dialogued with aspects related to sexuality and, consequently, the issues arising from this, such as the prevention of STDs/HIV, by providing a critical reflection so that they can be autonomous and carry out choices consciously.

Nursing care should not be directed only at the biological aspects, therefore, to ensure holistic care, it is necessary to think about the individual as someone with beliefs and singular values when proposing activities in health education.

Nursing teams need to respect and understand the spirituality and religiosity of people, especially in areas such as the prevention of HIV/AIDS, which has close proximity to the idea of sin, exclusion, punishment, in short, issues that go beyond the biological dimension.

Concerning the role of the nurse, the authors highlight the need to rethink the process of working together with these groups, from the creation of new knowledge that favors their training and the capacity to build technological resources for educational activities and the promotion of adolescents' health. Thus, it will contribute to the autonomy of adolescents and young people in response to injuries related to their sexual and reproductive health.

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