

# Printed educational materials about sexual and reproductive health used in basic care in Belo Horizonte, MG: characterization and some considerations<sup>1</sup>

DOI: 10.3395/receis.v3i4.149en



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### **Abstract**

An initial analysis of printed educational materials used by the Municipal Health Office (MHO) of Belo Horizonte (BH) on themes linked to sexual and reproductive health was carried out. Premises were that health education is a practice developed at the social relations level and that mass media and daily interaction can be a link between the population and the health services. Printed material was collected from a Basic Health Unit (BHU) of the MHO/BH and its content was classified, described and analyzed. To study the meanings that teenagers attributed to the body's sexual and reproductive dimensions, using one of the materials, a focal group was formed. Semi-structured interviews were carried out with health professionals. It should be emphasized that the materials are produced in a vertical manner, treating the target audience as an airtight and homogenous block, with the STD/AIDS thematic prevailing. Some of the materials focusing on aids display good quality, presenting an objective and clear language and pertinent illustrations. However, in the majority, the prevailing approach is that of the biomedical body in detriment to a broader approach to sexuality. Assessments and reception studies are needed so that the production of educational material can be linked to the target audience's existential context and that quality criteria for these materials are included in health professionals' training.

### **Key words**

educational materials; sexual health; reproductive health; teenagers

## Introduction

This article presents a descriptive analysis and critical considerations about printed educational material used by the Municipal Health Office of Belo Horizonte/MG (MHO/MG) relative to themes connected to sexual and reproductive health as well as assessment of how teenagers receive a specific material: the Serialized Album about Sexually Transmitted Diseases (STD); (HEALTH MINISTRY, undated); (Figure 1).

To analyze educational material we start from the premise that health education is, above all, education. That way we understand dialogical education as not only aimed at communicating knowledge, but also at developing and modifying attitudes (FREIRE, 1987). A health education that brings to the field of education the importance of knowledge interaction, of daily practice, of social representations and affection, as opposed to a view of education guided only by the cognitive aspect (SCHALL, 1996).

Health education can be conceived as the field of practices that take place on the level of social relations (LABBATE, 1994) and mass media and daily interactions are the connections between the population and the health services (VASCONCELOS, 1999). From this point of view, videos, leaflets, pamphlets, booklets and so on are valuable instruments in the field of health education due to their informative character. But we cannot take as true and linear the premise that more information means more autonomy, as subjects are immersed in a complex social relations network and their behaviors and daily practices are not guided by a single rationality. In the scope of communications, a dialogue is established with the paradigm of communicational interactions, where there is an attempt to overcome the restrictive and formalizing character that the notion of communication has acquired through the use of the classic paradigm, which postulated a notion of communication based on a fixed, rigid way or identifying and delimiting its internal elements.

In the praxiological paradigm, when recognizing the importance of shared construction, Querè (1991) places the dialogical character in opposition to the monological character, which does not adapt, to explain the communication process. The idea of producing similar representations, with the communicator and his addressee, is restricted; sharing is needed in order to interact. At that moment, the role of the other becomes fundamental. For the praxiological model there is no longer a pre-defined world that can be represented. On the contrary, determination is only possible based on

communicative action built on the relation with the other.

When it comes to the way that educational projects in the health area are anchored, according to Meyer et al. (2006), most of them are inserted in the view of specialized knowledge transmission, strictly related to the hegemonic health practices of the 20<sup>th</sup> century, guided by universality, objectivity and neutrality of scientific knowledge.

In the same current, Vasconcellos-Silva et al. (2003, pg. 538) point out that *the informational leaflets used in the hospital environment have been produced and transmitted in an instrumental and monological way, to transmit information that has been unilaterally defined as relevant and with no subsequent reception studies*. The discussion about the non-linearity between information and behavior changes recurs in various studies in the fields of anthropology, sociology and psychology (VARGAS & SIQUEIRA, 1999; ROZEMBERG et al., 2002; MONTEIRO & VARGAS, 2006).

In the specific case of sexual behavior, the phenomenon known as the know-do gap (WHO, 2008) can be seen in research that shows teenagers being aware of contraceptive methods and, in many cases, knowing how to use them, but not translating this knowledge into effective use, as STDs – especially HIV – and pregnancy have increased in the age group 10 to 19 (IBGE, 2004; SINASC, 2004; NOGUEIRA et al., 2009). Therefore, access to information is necessary but it is not enough to put knowledge into practice. Scientific information is a fundamental fact for the development of preventive attitudes, but not enough to change risk behavior (ABDUCH, 1999).

The consideration of subjective factors, as well as the incorporation of external variables, taking into account the socio-cultural context, allows for a better understanding of the gap between knowledge-information and use, practice or adoption. According to Vargas and Siqueira (1999), the production of educational materials must be guided by the premise of an active receptor since, when receiving a message, the individual will interpret and reassign meaning to its content according to his place in society. When assessing educational videos in the field of sexuality along with health professionals, we point out those that may be fulfilling the role of illustrating the discourses that inform the health field rather than exploring the social imaginary that affects in different ways the preventive behavior of subjects belonging to culturally defined groups. We must think about health promotion practices that are more creative and

horizontal, as well as using educational materials in a less instrumental way. As Villa points out (2006, pg. 47);

*Education in health practice is not limited to the passive absorption of standardized information, but to the possibility of liberation from present space and time, to form different mental relationships. To imagine, make plans, transform, take ownership of our own doing/knowing.*

Given the importance of educational material in the pedagogical processes aimed at teenagers' health promotion, we propose the analysis of some printed materials, used in the basic care network of the city of Belo Horizonte, about themes linked to sexual and reproductive health. In this way, based on the collection and analysis of printed material, interlocution with health care managers and the opinions of a group of teenagers, we will discuss the quality, the pertinence and the adequacy of these materials in health education processes.

## Methodology

### Selection of materials

The printed educational materials related to sexual and reproductive health were mainly collected at the Cafezal Basic Health Unit (BHU), belonging to the Center South Health Regional of Belo Horizonte. The choice resulted from epidemiological criteria found in a georeferencing

study of liveborn infants in the city of Belo Horizonte (NOGUEIRA, 2008), which linked teenage pregnancy with socioeconomic and social vulnerability aspects. The data reveals high teenage pregnancy rates in the region containing the village Cafezal (NOGUEIRA et al., 2009).

This way, the BHU management was asked to provide all the available material that had been sent by the MHO for educational actions and strategies related to sexual and reproductive health themes, such as family planning, condom use and pregnancy, among others.

Although the collection was made in a specific unit, the material is significant, for it is distributed to all the BHU by the MHO/BH. Selection followed the criteria of working with materials used outside specific periods such as carnival or world aids day. The Table shows the list of educational materials selected and organized by type, theme, organ and modality.

### Methodological procedure

The material was firstly classified as follows: (SI) sign; (LE) leaflet; (PA) pamphlet; (AS) serialized album. Then, a structure analysis was carried out, looking at the items; text indication of target audience, place and date, organ responsible for publication and focus.

At the same time, semi-structured interviews aimed at key informants in each of the town's nine health districts were performed. In the semi-structured

**Table – List of educational materials used in basic health units in Belo Horizonte, MG – Selection and organization by type**

Material	Tema	Órgão	Modalidade
<i>Serialized Album</i>	STD/AIDS	HM - FG	SA
<i>Condoms: everyone uses them</i>	STD/AIDS	BHT - HM	SI
<i>No condom, no way</i>	STD/AIDS	HM - FG	SI
<i>Learn to defend yourself</i>	STD/AIDS	BHT - HM	LE
<i>What if one of us</i>	STD/AIDS	BHT - HM	LE
<i>Caring for women</i>	Family planning	BHT - HM	LE
<i>Just ordinary sex</i>	STD/AIDS	BHT - HM	LE
<i>A father has to set a good example</i>	STD/AIDS	HM - SGMG	PA
<i>Once is enough</i>	STD/AIDS	BHT - HM	PA
<i>In the game of life, wear a condom...</i>	STD/AIDS	BHT - HM	PA
<i>Risky business</i>	STD/AIDS	BHT - HM	PA
<i>At the right time</i>	STD/AIDS	HM - FG	PA
<i>I don't leave home without it</i>	STD/AIDS	HM - FG	PA
<i>In the countryside or in town</i>	STD/AIDS	HM - FG	PA
<i>I'll wait for you outside</i>	STD/AIDS	HM - FG	PA

(SI) sign; (LE) leaflet; (PA) pamphlet; (SA) serialized album; (BHT) Belo Horizonte Town Hall; (HM) Health Ministry; (FG) Federal Government; (SGMG) State Government of Minas Gerais.

list of topics, one of the themes tackled was the use of educational materials in BHU educational actions. As the SA was often mentioned in the interviews, with diverging opinions appearing as to their quality and efficacy, we decided to study how this material dialogues with the teenage audience. This way, according to the methodology proposed by Débus (1994), we carried out a focal group with a semi-structured list of topics, with the following themes: knowledge of the album, illustrations and content. Nine teenagers, one community health agent, one nurse and the coordinator participated.

The interviews with the focal group were recorded and the content was transcribed. The data was analyzed from the perspective of Bardin (1977) content analysis, based on dismembering the text into units, in other words, discovering the different nuclei of meaning that make up

communication and, subsequently, regrouping them into classes or categories. The following stages were performed; skim reading, categorization and category analysis.

## Results and discussion

### *Educational materials: content, language and structure*

The SA contains six panels with information about the main STD accompanied by color illustrations (Figure 1), a panel with instructions for the correct use of the male condom and a panel with prevention tips.

The two signs (numbers 2 and 3, Table) carry messages that allude to condom use. In sign number 2, the text “condoms: everyone uses them” is linked to images that allude to diversity in terms of gender, ethnicity/race and also point to the



Figure 1 – Serialized album about sexually transmitted diseases used in the basic health units of Belo Horizonte.

Source: Ministry of Health, undated



uniqueness of the subjects because of accessories such as caps, colorful hair, type of glasses (Figures 2 and 3). In this way, the sign aims to disassociate the recurring image of condoms from a specific audience.



Figure 2 – Sign about sexually transmitted diseases produced by the Belo Horizonte Town Hall in partnership with the Health Ministry.



Figure 3 – Sign about sexually transmitted diseases produced by the Health Ministry.

The messages are direct, such as: “Condoms: everyone uses them” and “No condom, no way”. Out of the four leaflets, two are directed at condom use (numbers 5 and 7), with simple illustrations. They present a step by step guide for appropriate female and male condom use. The other two (numbers 4 and 6, Table 1) contain distinct approaches. Number 4 is directed at general STD information, including prevention and treatment tips and provides the address of Non-Governmental Organizations (NGO), clinics, support groups and the Center for Serum Orientation and Support (CSOS-BH), currently known as the Testing and Guidance Center (TGC-BH). It also presents tips for negotiating condom use, thus contemplating the gender relations implied in the use of contraceptive

measures.

We highlight that materials with a lot of text would not be attractive to a teenage audience that doesn't have the habit of reading, as they are usually completing school work (SANTOS, 1993).

Number 6 is the only material with a broader approach to sexuality directed at the female gender (Figure 4).

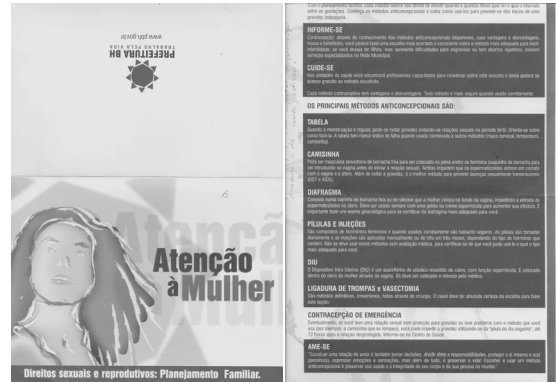


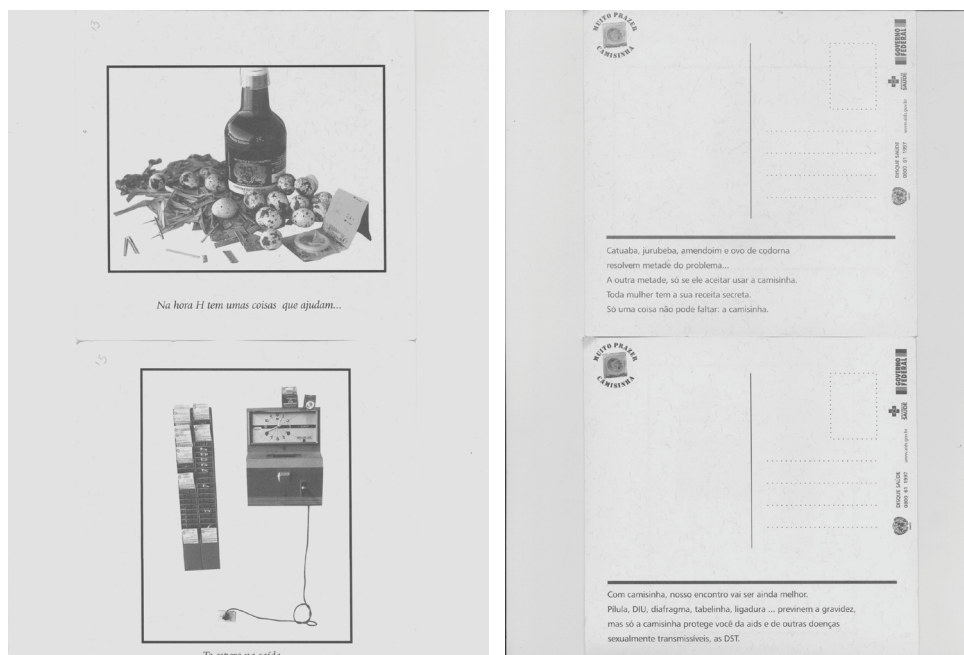
Figure 4 – “Caring for Women” album, directed at family planning, produced by the Belo Horizonte Municipal Town Hall in partnership with the Health Ministry.

Deals with the themes of family planning, emphasizing women's sexual and reproductive rights. It describes the various contraceptive methods, approaching their form of use. Through the expressions: “take care of yourself”, “be informed” and “love yourself”, the aspects of care, information and self-esteem are directly approached, warning the reader of the need to take ownership of her body in all its dimensions.

Out of the eight pamphlets (PA numbers 8 to 15, Table 1), the last four (numbers 12 to 15) are part of a series in postcard form with images linked to the text (Figure 5). It is a creative way of linking condoms to everyday events such as work, leisure and various locations. The messages on the back aim to familiarize condoms as elements to be inserted in daily life and linked to pleasure and prevention without prejudices.

As for the PA numbers 8 to 10, although they do not textually bring the target audience, we suppose they are directed at the male audience, considering the images (players in Minas Gerais teams) and the phrase: “A father has to set a good example”.

The PA numbers 9, 10 and 11 have similar messages: “you can get it this way” and “you can't get it this way”, referring to aids. The written



**Figure 5** – Postcard series “Pleased to meet you, Condom”, produced by the Ministry of Health.

language doesn’t directly relate condoms to the text, leaving it to the reader to make the association. For example, by saying that you can get it “through oral sex (mouth/penis, mouth/vagina, mouth/anus) and vaginal sex (penis/vagina)” it is not explained that these actions, if performed with a condom, no longer present a risk. Blood donation is emphasized in the “you can’t get it this way” part, without the information that it should be performed with discardable material.

One point to be highlighted in assessing the material is that it does not make the teenage audience explicit in the text, with the exception of the family planning folder, which, apart from being the only one dealing with the theme, is specifically directed at women’s health. This generalization of the target public is linked to a linear communication model (FAUSTO-NETO, 1995), which includes: emphasis on the instrumental character of the communicative process, where the receptor pole is considered “an amorphous mass”, the heterogeneity of individuals and their attributes (physical, biological and cognitive) being ignored. According to Rozemberg et al. (2002; 1693);

*It seems that there is not yet a formal recognition on behalf of institutions that, although they apparently*

*deal with the same themes, professionals and clients are discursively distinct nuclei, creating meaning according to their own experiences and worlds of identity.*

There is a noticeable tendency to group individuals in their generalities and not their specificities, which goes back to the notion of elastic public, directly related to the distributive concern on behalf of the emitting pole (FAUSTO-NETO, 1995). The logic of not segmenting the audience and the distributive tendency are striking characteristics of the Public Health Campaigns (KELLEY-SANTOS & ROZEMBERG, 2005). These characteristics were also found in other studies (ROZEMBERG et al. 2002; VASCONCELOS-SILVA et al. 2003; LUZ et al. 2003; PIMENTA et al. 2007).

The predominance of the STD/AIDS theme was recurrent in the materials analyzed. It was seen that in more than 90% of these there is a tendency to anchor discursive practices in the body’s reproductive dimension, to the detriment of the sexual dimension. Vargas and Siqueira (1999) argue that it is necessary to extend the view of the body and sexuality, taking into consideration the socio-cultural conditioners implied in the ways that men and women experience their sexuality.

According to Costa (1996), this is a central question in the formation of subjects and social identities.

It must be taken into account that at a time of historic increase in the dissemination rates of sexually-transmitted diseases, especially among young people and women, public authorities cannot and should not evade the preventive role attributed to them in the sense of informing the population about the forms of contamination, risks, preventive aspects, treatment etc. On the other hand, the broader themes involving sexual and reproductive health must also be considered: sexuality as a right of men and women; the gender relations implied in the use and negotiation of contraceptive measures; teenage pregnancy; family relations. This fact has already been pointed out by the “Prisma Project” research carried out by the Teenage Health Studies Nucleus – Nessa/Uerj (BARROS et al. 1999).

### **Educational materials: what do managers have to say?**

The managers interviewed point out the need for material that reflects the desires and concerns of teenagers themselves. They highlight that the initiatives for producing materials in the BHU themselves are still timid.

*(...) I think, maybe, we could get these teenagers together and ask them about the type of material or make with them the type of material that is most appropriate... There is a doll we received a while back... She's called Gertrudes... I think that's friendlier, it allows people to interact more with the educational material and it is not... a caricature... it's not... it's real... the male body... the female body... and people work on top of that.*

*(Manager – Health District)*

Nogueira (2008), when surveying the strategies and educational materials directed at teenagers, in relation to sexual and reproductive health, found that the SA (Figure 1) is often used in educational strategies in basic care. The album has explicit images of advanced stages of sexually transmitted diseases. Some of the speech shows the interviewees' opinions on the quality of this material.

*The STD serialized album is very shocking, they made some shocking prints of STDs, very ugly. So people are shocked, they come back, they want to see it again. So we can see the visuals are having an impact. I think it's a great element to work with.*

*(Managers – Health District 03)*

It is clear that the interviewee has a positive view of the use of grotesque and exaggerated images

in the educational materials. From another point of view, there is a negative assessment:

*That serialized album about STD/AIDS, showing the diseases, is something that doesn't really appeal to teenagers... I think it's an intimidating thing, which does not educate.*

*(Manager – Health District 1)*

The interviewees' speech reveals some aspects of the educational literature in the health area. Pimenta et al. (2007) highlight that in the creation of educational strategies in the health area there is a recurring use of grotesque and exaggerated images of disease.

In their analyses, Luz et al. (2003) reveal that the representations and images used in printed material about leishmaniasis reduce the bearer to the mere status of sick person. The images about the physical consequences of the disease are frequently used as a warning to the population. The transmitted message warns the population about the need to take care of themselves, “or you might end up like this”. This is the case in educational materials for STD prevention (Figure 1), where the prevailing resources are sensationalism and turning the disease into a spectacle, as is common in health education campaigns and educational materials.

This contradiction in the perception of the SA's educational character indicates a need to assess it, in order to analyze its educational potential. It also indicates a need to consider development and assessment criteria for the qualification of health professionals. It can be seen that there are disparate views of the same material, based on subjective aspects, due to a lack of knowledge of the parameters that guide quality and efficacy of educational materials.

While health professionals need parameters to measure the quality of the material available, some authors point to the need for more systematic studies of how the messages are received by the target audience. Monteiro and Vargas (2006) highlight the need for a conceptual reflection on the use of so-called educational materials in the health area, as the development and use of these resources are always based on a certain theoretical educational reference, which is not always explained. The use of educational resources and their relations with preventive educational conceptions are more inserted in educational intervention contexts than in academic reflection. The implications of the lack of connection between a theoretical-methodological system and the so-called educational materials used as support for teaching actions were also shown by Vargas and Siqueira (1999).

### **Educational materials: what do teenagers have to say about them?**

When the SA was exposed to the young people's focal group, there began a discursive process marked by expressions of disgust such as "yikes!"; "that's ugly"; "it's weird"; "you have to cover your face"; "hairy pussy"; "get that out of here".

On seeing the image of a penis with genital herpes, one teenager was quite definite: "you have to castrate him". This speech may reveal that the teenager had a rather fatalistic reaction to the way the disease was presented. In the female perspective, the image of a vagina with STD led to the following exchange: "it looks like minced meat!"; "next time you eat minced meat you're going to remember what you said!"

The teenagers' reaction to the AS images, shown by the expressions quoted above and the gestures of covering their eyes and turning their faces away, point to the need to reflect on the use of the grotesque aesthetic and the turning of diseases into spectacles, so recurrent in educational materials related to health care, as already discussed by Pimenta et al. (2007) and by Luz et al. (2003).

Regarding the health area's demands, Ayres (2002) highlights that interpreting these in their socio-cultural dimension is a necessary condition for actions and strategies in the health area to be adapted to the target audience. The author draws attention to a new design in the health area that seeks to create programs and educational actions based on subjective identities – women, seniors and teenagers. When asked, the teenagers opine about how the materials could be more motivating: "More like... words... Teach it like this, look: this is how it is, etc, etc. Just talk and don't show the pictures". Others refer to the consequences of some STDs: "Some people become disabled, blind, dumb, whatever, whatever... It's from... Erm... That thing there".

The teenagers' speech gives us interesting clues about a unique approach for this group. Firstly, it points to the need for a discursive process based on spoken language: "words, just talk and don't show the pictures" may suggest their demand for an establishment of dialogue. Another aspect is the objectivity that can be understood from the following statement: "this is how it is, etc, etc."

The teenagers express a demand for messages connected to everyday experiences:

*You could draw a little woman and a little man... like this... Then put a bubble, like this, with her saying: Do you have any diseases that can be transmitted or*

*not? Then the little man says... I dunno... I don't have any. Then you have to wear this, this and that to... Not to get sick. Then if he says no... He'll have to say something. Then if he doesn't want to, he... He won't do it.*

By reassigning meaning based on his own situation, the subject is also translating his emotional state, as written language allows for the creation of a symbolic space and stimulates the interlocutor's imagination. A visual language that includes characters, settings and experiences that are closer to the receiving audience can create the opportunity to build new meanings, permitting a better understanding of the self (SCHALL, 2005).

### **Final considerations**

Looking at the interface between health, education and communication it can be seen that, historically, pedagogical actions and interventions in the scope of health – whether in the planning or transmission of the information or messages – are a reflection of the health/disease conception adopted. According to Stotz (1993), especially in the field of preventive medicine, the strong influence of the biomedical model resonates in educational actions, which are conceived within the logic of instructive (passive) education, guided by the transmission of specialized knowledge, which "we hold and teach" to a "lay population", whose knowledge is devalued or simply ignored (MEYER et al., 2006).

As observed in the materials here presented, the non-consideration of specificities and singularities was a recurring characteristic. In the case of teenagers, it does not make sense to plan a health policy or educational practices that are broad and general, as we cannot talk about teenagers in the plural. It is necessary to seek strategies jointly with the teenagers themselves in the attempt to build an approach that can help, in some way, to improve this group's level of information and reflection, as well as extend the debate to family, education and health.

Prescriptive messages, description of preventive methods and an appeal to a cognitive focus predominate in the materials described. Educational actions, materials and strategies should not be limited to a merely cognitive aspect. They should allow a reflective process to be installed that involves the meanings, feelings and desires of the receivers, thus strengthening sickness prevention and health promotion actions. In our study, both the health professionals and the teenagers interviewed signaled the need for educational materials that are jointly considered and that reflect the questions, desires and concerns of specific audiences.



It can also be seen that half (seven of the materials analyzed) was developed by the Federal Government and the others (eight of the materials analyzed) by the Belo Horizonte Town Hall. Although there is no reference to the creative team, it can be supposed that advertising agencies were hired, apparently with no specialized consultancy or anchoring in studies with the target audience. A more effective and autonomous participation of the municipal health offices in planning educational strategies and materials in the health promotion area could contribute to formatting more specific educational actions and strategies, guided by local specificities. The health centers must create, recreate and think about the effectiveness of more attractive and adequate spaces that can integrate the audiences' specificities.

Another extremely relevant factor is the need to connect the human and health areas to produce quality informational materials such as manuals, booklets, leaflets, signs and videos that can serve as valuable auxiliary tools, contributing to make public policies aim at health promotion in the population as a whole. For these materials to serve as effective educational resources, it is necessary for them to be planned within interdisciplinary criteria that are compatible with the themes and complexity of the audience (LUZ et al., 2003).

The involvement of the community (children, women, teenagers etc.) would increase reflection on and appropriation by the individuals of care with their health. It is worth highlighting that the Unified Health System (UHS), based on the principle of decentralization and community participation, could hold such a perspective. It is necessary to reflect on and discuss individual and collective participation, not only as a duty but, firstly, as a right.

The georeferencing study reveals that 24% of those born in Vila Cafezal in 2005 are the children of teenage mothers (NOGUEIRA et al 2009). This fact makes us think about planning educational materials that consider the local reality and can form spaces to reflect on the phenomenon of teenage pregnancy. The use of condoms cannot be associated only to STD/AIDS prevention but must also open spaces for reflection on the need for sexual practices that protect against unplanned pregnancy. In a reality where there are high rates of teenage motherhood, the only material directed at the theme is in the family planning album. However, we question the adequacy of this material for the teenage audience, as in this phase of life, although motherhood and fatherhood occur, teenagers do not "plan" a family life.

It must be kept in mind that intervention policies must incorporate aspects of the social and cultural dimensions of daily practices, as when they make their decisions, individuals don't base themselves only on rational calculation but are mostly influenced by the material and symbolic conditions of the context in which they exist. We believe it is fundamental to understand the reality of the audience we wish to reach, in order to know with which communication codes, language and values we can approach them.

## Note

1. Project funded by Fapemig. Announcement PPSUS-Process 117/05 and CNPq: Announcement Saúde da Mulher - Process 551264/2007-1.

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