

The paradox of the action planning for Preventing HIV/AIDS in a public school

O paradoxo do planejamento das ações para a prevenção do HIV/AIDS em uma escola pública

La paradoja de la Planificación de las acciones para la del prevención HIV / AIDS en una escuela public

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This study aims to analyze the planning of educational practices for the prevention of HIV/AIDS carried out with students from a public school in southern Brazil. This is a qualitative research conducted with six professionals of a team of the Family Health Strategy involved with educational activities in public school, through thematic content analysis and field diary, in 2016. Two categories emerged: *Content Organization and educational materials*; and planning flow. It was evident that the materials and content used were not consistent with the students' reality, as they brought different values of the community and that the planning flow was unidirectional. Thus, it is necessary for educators to plan health education moments that dialogue with the reality and context of the students and that actions are built with the participation of the school community.

Descriptors: Health promotion; Sexually transmitted diseases; Students.

Este estudo tem como objetivo analisar o planejamento das práticas educativas para a prevenção do HIV/Aids realizadas com estudantes de uma escola pública da região sul do Brasil. Esta é uma pesquisa qualitativa desenvolvida com seis profissionais de uma equipe de Estratégia de Saúde da Família envolvidos com atividades educativas em escola pública, através de análise de conteúdo temático e diário de campo, no ano de 2016. Emergiram duas categorias: *Organização do conteúdo e materiais educativos*; e, *Fluxo do planejamento*. Evidenciou-se, que os materiais e conteúdos utilizados não dialogavam com a realidade dos estudantes, pois traziam valores distintos da comunidade e que o fluxo do planejamento era unidirecional. Assim, é necessário que os educadores planejem momentos de educação em saúde que dialoguem com a realidade e o contexto dos educandos e que as ações sejam construídas com a participação da comunidade escolar.

Descritores: Promoção da saúde; Doenças sexualmente transmissíveis; Estudantes.

Este es un estudio cuantitativo que tiene como objetivo analizar los valores de familia de estudiantes universitarios portugueses y brasileños. Se investigó a 605 universitarios siendo 225 de la Universidad de Madeira (Portugal) y 380 de la Universidad de Fortaleza (Brasil). Se ha utilizado la dimensión familiar del Cuestionario adaptado del *European Values Survey*, abarcando cuestiones sobre actitudes de los padres, número de hijos y cualidades a enseñar a los niños/jóvenes. La mayoría de los participantes eran mujeres y solteras, presentando a los estudiantes brasileños *scores* más altos en relación a las actitudes anticuadas de los padres sobre los principios morales y el número de hijos, dando importancia a las cualidades coraje, responsabilidad, respeto, perseverancia, fe, generosidad, mientras que los portugueses otorgan mayor importancia a la economía. Los resultados permiten inferir que las creencias, los valores y las cualidades de los jóvenes reflejan la familia, la sociedad envolvente y el mundo globalizado.

Descriptor: Actitud; Valores sociales; Estudiantes; Educación superior; Familia.

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INTRODUCTION

In the beginning of HIV/AIDS epidemic, lack of knowledge about the ways of transmission contributed to the "transmission" of misinformation that left of programmed actions. It was recommended to avoid sex with people who seemed to be contaminated and reducing the number of sexual partners; as well as the identification and characterization of "risk groups", which in the social imaginary were capable of transmitting the virus¹. Thus, in the field of health education, historically, the prevention practices for HIV/AIDS were constructed from a vertical teaching model, disregarding the context and the subjectivities that permeated the relationships among people.

Young people are at the center of educational practices aimed at working AIDS prevention. From 2005 to 2014 the rate of the disease among young people aged 15 to 19 has more than tripled in the country².

In this context, the school is a privileged space for the realization of educational practices, for it is a location for the establishment of interpersonal relations favorable to the promotion of health and possible to build answers to challenging situations for society³. However, during health education meetings, students must be understood as subjects historically constituted in a given territory, which by definition includes the school, but also the geographical, historical, cultural, social and economic space where they are dynamically inserted⁴.

It can be considered that the increase in social inequalities, the reduction of public policies and the low availability of health services also contribute to increased vulnerability to HIV/AIDS, rising the number of cases among young people⁵. A chance to better understand this phenomenon is through the theoretical framework of vulnerability that arose in response to discrimination and stigmatization that infected people suffered from the concept creation of "risk groups".

The different situations individuals' and collective's vulnerability can be individualized in an articulated evaluation, of the individual, social and programmatic dimensions⁶. The individual dimension is related to the quantity and quality of information that people have about health problems. The social dimension concerns the availability of material, cultural and political resources that are available in certain societies. The programmatic dimension is related to the provision of health, education, social and cultural welfare. In the programmatic dimension, the central theme of this study, one evaluates the degree and quality of services, programs, public policies and resources available. It is included in this dimension the stimulus to participation and autonomy of the individuals for overcoming difficulties resulting in vulnerabilities to HIV⁷.

This research is affiliated to the reference of vulnerability and the idea of education as a practice of freedom, whose objective was to analyze the planning of educational practices for the prevention of HIV/AIDS carried out with students from a public school in southern Brazil.

METHOD

This is a descriptive and exploratory qualitative study that is able to incorporate the question of meaning and intentionality as inherent to acts performed; and understand internal logic of groups, institutions, social movements and historical processes⁸.

The study was conducted with professionals involved with health education actions, selected from the following criteria: work in educational activities within the school; have time availability and accept to participate.

The research project was submitted to the Secretary of Education, Health Department and the FHS team professionals who develop activities through the Health Program at School (PSE). Subsequently, the proposal was presented to the school board, as the observation of educational practice was carried out in this context, considering that it is an educational institution situated in a region of the city that has a high lack of socioeconomic resources. After

the acceptance, the project was approved by the Ethics Committee with CAAE 43503515.9.0000.5345 and opinion number 1074246.

Once accepted, the health team members signed the Informed Consent (IC), according to the procedures for conducting research with human subjects (as CONEP resolution of 466/2012 / CNS); and the school signed a consent term for their participation.

Data collection took place from January to March 2016 and included two instruments: a field diary of unstructured systematic observations of the educational practices; and a semi-structured interview in order to know: how the time to health education in school is planned aiming the HIV/AIDS prevention;

how the participation of different professional staff who are involved with these activities is; on whose demand the HIV/AIDS prevention was adopted; what the team members think about the participation of the school board and teachers; what aspects are taken into account in the planning of actions and how the choice of educational activities is performed.

The interviews were audio recorded and later transcribed for material analysis. Educational activities were carried out with students from a class of 5th year of primary school, on HIV/AIDS subject. The observation was unstructured type, from the initial starting point: *watching educational practices for HIV/AIDS prevention*. Data collection took place.

Data were subjected to content analysis⁹ which, as methodological procedure is widely used in qualitative studies and analysis of materials like this, presenting distinct phases that are organized around three chronological poles: pre-analysis; material exploration and; treatment of results, inference, and interpretation.

RESULTS

The participants of this research were: 01 nurse and 05 community health agents. A brief description is presented in Table 1, noting that everyone, even though working for more than seven years as professionals, have between 7 months and 3 years of experience in school prevention practices.

Table 1. Participants of planning actions of educational practices for the prevention of HIV/AIDS. Rio Grande do Sul, in 2018.

Participants	Professional performance time	Time of work in educational practices at school	Age
ACS 1	7 years	7 months	28 years old
ACS 2	7 years	3 years	36 years old
ACS 3	7 years	2 years	51 years old
ACS 4	7 years	2 years	35 years old
ACS 5	13 years	1 year	47 years old
Nurse	9 years	2 years	32 years old

From the referential to the analysis, this study will present data concerning a thematic area, which was called "Planning of Educational Practices." When analyzed the answers of this thematic axis, two categories emerged: *Content organization and educational materials*; and *Planning flow*.

The category " *Content organization and educational materials* " grouped the responses which refer to the procedures used by the participants for the selection and organization of content and materials that are used in educational practices. According to an ACS and the nurse, such an organization starts from meeting times:

We use our theoretical knowledge, our practices and we set up a project, right, with videos, with activities, trying to include them (students) in activities to be able to do group work [...] (ACS 3).

We base on our daily lives, from what we realize. For in the future he (the student) already has the knowledge, not getting any viruses and, worse, develop HIV/AIDS (nurse).

Also, in the analysis of field diaries for the content of this category, the observation of the realization of educational practices made it possible to know the outcome of their planning

within the classroom. It was possible to exemplify this form of organization of content and educational materials from the scene in which the ACS arrive in the classroom and start organizing the environment.

At that moment, it was observed which methodological tools were provided for use during the performance of educational practices, with some highlighting as follows: instructional videos on the topic in question and posters that reinforce the technical and biological information about HIV, which later would be played in the video.

It was also observed that an employee of the school helped the ACS in preparing the audiovisual material and arranging the portfolios, which were all lined up, reproducing the organization of a traditional classroom. ACS prepared the materials (posters and video) that would grant to the discussion on HIV/AIDS prevention.

The fact that an employee of the school was preparing the environment showed that the team had made a previous contact with the school board to request the resources that had been pre-established and agreed during the planning in the health service. However, up to the beginning of the activity it had not being observed evidence of the participation of teachers or the school administration nor the involvement of students in relation to the planning of the activity.

The second category called "*Planning Flow*" emerged from the responses of professionals, who revealed that the planning of educational practice was done at the health unit by the FHS team and that only after that it was presented to school with not many spaces for contributions and transformations, as seen in the statements of ACS:

Well, we meet, program the material, what we will present to students, present it to our coordinator, who is the nurse, then we have a presentation at school for the teachers, principals and we present it for the students (ACS 5);

When we go do some work at school we gather materials each one brings a material that has, the ideas that had [...] we bring the issues, looking at them all together and then, making a selection of which we will use or not, then we take it to school (ACS 4).

When observing the data from the field diary, it was found that the school participation was limited to offering physical space, providing schedules and other resources that would be necessary for the educational practice; and that the involvement of students would be conditioned to the "use" of contents and subjects that professionals had taken to be worked on in the classroom.

In turn, it was not observed the interaction of the health professionals with the teachers who were accompanying the group, as well as that educational moment and the dynamics carried out with the students were perpetrated by the health professionals. An example of this was the use of an "educational video" during the meeting showing basic information concerning the forms of HIV/AIDS contamination and prevention.

At that moment, it was clear the students' disinterest regarding the information that was being played through the video, so that professionals once again assumed the role of protagonists and strengthened the explanations about the how the transmission and prevention of HIV/AIDS occurs, before the end of the activity.

DISCUSSION

Data presented about the organization of the content and educational materials suggest, from the speeches of the participants, that there is a health education design that has influenced the planning of its educational practices. Both the ACS 3 and the nurse said they make use of the knowledge received in their everyday practices, so that they become subside for the planning and development of the meeting with the students, revealing the primacy of their knowledge and their experience.

In this regard, it is known that the knowledge produced from the professional field, mainly in the Family Health Strategy (FHS) can bring out important issues for the development of a favorable pedagogy to build the autonomy of the student, being also possible to dialogue with the reality of these individuals.

There is need for a "*pedagogy of prevention and for the citizenship*" in HIV prevention, so that the liberating education model is most appropriate¹⁰. This is because this conception of health education, linked to the knowledge produced in the daily lives of FHS workers may be one of the ways so that new forms of HIV/AIDS prevention are performed in the context of Primary Health Care (PHC), by the which, according to a study¹¹, educational practices will be covered, considering people as subjects of rights to full health, from their singularities.

In the 1970s and 1980s, Paul Freire¹² brought to light the importance of education to build up in the context of the individual so as to produce meanings and transform the subject and, consequently, become liberating, further stating that social reality is a product of men's action. The notion of Freire's education seems to dialogue with the intention that the professionals expressed during interviews about the planning.

However, the observation of the meeting with the students revealed contradictory. That is, based on the answers about the planning one found inconsistencies in the content that was present in the speech of professionals and attitudes and methodologies that were used during the course of the educational practice.

It is because the materials and content that had been gathered during the planning, were used with no dialogue with questions and needs that students could bring. At the time, it was realized that the method of use of these resources did not foster the students participation, either, approached their reality. When this occurs, there may be an innocuous educational practice, being unable to contribute to the development of conscious attitudes in scenes of most exposure to HIV.

Including the understanding of the vulnerability reference in the daily practice of PHC professionals may contribute to the use of knowledge that these professionals have of the community where they develop their activities¹³. When observing educational practice, even with the realization of dynamic and targeted questions to the class, it was seen that the ACS, as coordinators of the group, failed to broaden the discussion around controversial issues and brought by adolescents, such as issues related to genre. Moreover, the way the educational setting was organized may not have been favorable to the development of an emancipatory and problematizing practical education in health.

The desks in the classroom reproduced a traditional scenario of education, which is consistent with the selection and organization of the materials for the meeting. That is, with little or no space for contributions of students; with no protagonism.

On educational practices in the health field, depending on the conception of health education by workers, one can observe a disciplinary, hierarchizing and controlling logic, such as the one referred by Foucault in the work "*Discipline and Punish*". With regard to the school context, Foucault conceptualized that the mechanisms of power could be also found in educational institutions such as schools¹⁴.

In this sense, the same disciplinary logic may be permeating the relationship among the individuals involved in the teaching-learning process. In addition, it can create barriers to the development of conscious attitudes towards situations that make individuals and collective vulnerable, before the HIV/AIDS epidemic.

Overcoming traditional models of education also involves the training in the health field. In this context of changes, training of health professionals should be less focused on the transmission of technical information and more directed to the understanding of the problems that underlie the epidemic. As an example, it is necessary to enhance the construction of knowledge and reflection on the issues related to the meanings, senses and the cultural and social aspects that permeate the HIV/Aids epidemic¹³.

From the territorialization process, one of the FHS duties is to conduct health education activities for disease prevention and health promotion in the coverage area of each team, which also corresponds to the school territory⁴. In this context, the activities are enhanced when formulated from the place where students live, as it is from this place that the main problems

related to vulnerability to HIV/AIDS emerge and from where the planning of educational practices could be structured.

With this understanding, planning of educational practices should be drawn from the knowledge that guide the team, but above all, with a view of the way the team communicates with the community living in the territory. However, in the field of actions that foresee the school context as a practical scenario, this knowledge not always dialogue with the real needs of students.

It was also verified that educational activities are focused on the disease, in a clinical model. It is suggested from the speech of the interviewees regarding the HIV/AIDS contamination. In this speech, the nurse points out that, in the planning of educational practice, one should provide an education so that in future students do not live with HIV/AIDS. A research¹⁵ pointed out that such analysis is not about diminishing the importance and seriousness of the infection, but question the fact that when you put the virus and the illness as the center of planning of educational practices, there is the risk of operating an action that does not contribute with the rupture of the hegemonic medical model in the field of AIDS prevention.

Moreover, it can reinforce stigma and prejudice that are historically linked the individuals affected by the disease. Therefore, it is important to think about the planning of educational practice in which HIV/AIDS being the most important or the main event in the life of the individual affected by the disease. Thus, it advances to the understanding of other dimensions and problems in life and the individual's context. Additionally, it includes the dimensions of vulnerability reference, highlighting that elements of different orders (Individual, social and programmatic) are present in the trajectories of the subjects and their general health condition.

Since the beginning of the HIV/AIDS epidemic, a series of ideas permeated by prejudice and exclusion emerged, when prevention appeared as the best solution to overcome this problem¹⁶. Even today, the prevention practices are seen as one of the ways to confront this problem¹⁷. However, in order to occur the practical success of the actions, the health care model should be consistent with and respect the reality of the territory's population.

Thus, it increases the possibility of materializing, through the educational practices, an action that favors the subjectivities, the context and also overcomes the ideas that put the issue of HIV/AIDS infection at the center of people's lives. That said, the reflection that other life scenarios can produce vulnerability to HIV/AIDS is risen, such as the contexts of urban violence.

There are other scenarios producing vulnerability; however, when it comes to violence, a study¹⁸ found that people living in the most vulnerable areas of HIV/AIDS generally have life trajectories with significant marks and degrees of violence that directly impact the ability they have to cope and get through difficult situations caused by the infection. Discussing this is important because violence scenarios can be oppressive contexts and violation of rights, therefore, increasing their vulnerability to HIV/AIDS.

One considers important to think about the different scenarios producing vulnerability during the planning of educational practices, as, when the focus of the meeting between educator and student ceases to be the disease and becomes the context and people's lives, the possibility of action success is increased.

Regarding the category "*Planning Flow*", it became clear that the meeting among health workers (teachers) and students (students) was built on logic and direction of the health field to the field of education, giving an unidirectional sense for the planning. The issues around the planning of educational practices being carried out unidirectionally lies not only in the matter of the action be built in an unidisciplinary way, but also in the fact that this activity reverberates in the context of the student, so that it disregards culture and knowledge overlapping this individual's reality.

This is the sovereignty of knowledge, of a content and the supremacy of health field "teaching" in the territory of education. The school and teachers could also empower

themselves to know this or collaborate in an educational prevention action because they have knowledge about educational practices, on students, on the reality of them and the school.

Currently, this hierarchy often reproduces itself in the context of the practices of health professionals, so that, in the scenario of this research the "*lay people*" in matters of the health field are the students and school teachers. Paul Freire¹² called this practice as antidiological action. He uses the term "*cultural invasion*" and draws attention to situations in which the "*invaders*" (alleged educators), which fall within the cultural context of the "*invaded*" (the students) impose their world view. Meanwhile, student's creativity is being hampered. In this context, "*the invaders model*; the invaded ones are modeled. The invaders choose; the invaded ones follow their option. "

When performing a plan in a linear and unidirectional logic, it is observed an antidiological action, such as the exposure of the "educational video" in which the students showed disinterest signs around the content that was being presented. Such a situation can be anchored in the fact that either during or after the video presentation, professionals made possible the problematization on the subject. In addition, the students' lack of interest can be explained by the biomedical character content with technical terms and disconnected from the reality of young people.

The aim of health education, in turn, is not to inform to health but to transform existing knowledge. Therefore, it is important to reflect on the ways that educational practices are built for the prevention of HIV/AIDS in the school context¹⁹. In this sense, the pedagogy of the oppressed can be used as a methodological tool to think of a pedagogy of prevention, particularly in the context of a country where the majority of people also live in poverty¹⁰. Such impoverishment scenario is normally related to situations of human rights violations that enhance the different dimensions of vulnerability, such as the HIV/AIDS epidemic.

This analysis proposes a reflection on the paradox that seems to be produced between the discourse of the participants and the practices employed in educational interventions with young people. It was believed that the fact that the professionals who planned educational practice are the same as "*living on the skin*" the reality of adolescents focus of the intervention, would produce a closer relationship between the content, methodology, with students and school teachers.

However, even though to some extent some professionals have expressed awareness related to issues of the context shared, the fact that this subject is not guided during the meeting with the students indicates that this problem is not shown as an important concept point to be associated as one of the pathways producing vulnerability to HIV/AIDS. Thus, the scenario of the planning of educational practices highlighted the dichotomy that still exists between the knowledge of staff and knowledge produced in the everyday lives of students and school.

CONCLUSION

For a long time, educational practices for the prevention of HIV/AIDS in the school setting were anchored in traditional teaching concepts and, therefore, showed up increasingly ineffective. However, such a context, can still be seen today, especially in educational institutions such as public schools.

The results of this research showed that the actions taken by government initiatives such as those that emerged through the HFS, for the prevention of HIV/AIDS, are planned in an unidirectional way. That is, they start from the health field to the field of education and that the content used during the action does not dialogue or contribute to the development of citizenship and the formation of consciousness, before the attitudes that increase vulnerability to the HIV/AIDS epidemic that have afflicted mainly young people.

The teaching method used by the health professionals to the students was based on traditional models of education, which did not offer spaces for criticism and reflection. Because of this, it is necessary to think about these issues in the context of the educational practices

management to prevent diseases such as HIV/AIDS and also in health promotion areas, so that these activities are produced from a progressive teaching and capable of collaborating with changes in individuals and in contexts where they are inserted.

This research was limited to analysis of the actions of health professionals in the context of educational practices within a public school. Therefore, further studies are important, such as those aimed at knowing how the school and teachers realize/assess PSE actions at school.

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CONTRIBUTIONS

Luiza Maria de Oliveira Braga Silveira and **Tiago Sousa Paiva** participated in the study design, data collection and analysis, writing and critical review. **Marcia Rosa da Costa**, **Morgana Thais Carollo Fernandes** and **Camila Neumaier Alves** collaborated with critical review.

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