

PARTNERSHIPS BETWEEN TEACHERS AND THE COMMUNITY: IN-SERVICE TRAINING ON THE DEVELOPMENT OF PARTICIPATORY AND ACTION-ORIENTED SEXUAL EDUCATION IN SCHOOLS

PARCERIAS ENTRE OS/AS PROFESSORES/AS E A COMUNIDADE:
FORMAÇÃO CONTÍNUA DE PROFESSORES/AS PARA O
DESENVOLVIMENTO NAS ESCOLAS DA EDUCAÇÃO SEXUAL
PARTICIPATIVA E ORIENTADA PARA A AÇÃO

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Abstract

Participatory action-research constituted by teachers (N=86) from 16 schools was carried out. It was aimed at investigating how teachers' conceptions and practices change during in-service teacher training so as to create adequate conditions in the school and implement a sexual education project based on the Democratic Health Education Paradigm with the use of information and communication technology. The research techniques selected were aimed towards the triangulation of those techniques and conclusions between the researcher and teachers. Considering its participative dimension, the results of this investigation have implications in terms of teacher training and the organisation and management of the curricula.

Resumo

Foi realizada uma investigação-ação participativa envolvendo professores/as (N = 86) de 16 escolas. Esta investigação visou pesquisar como é que as concepções e práticas dos/as professores/as mudaram durante a formação contínua, de modo a criar as condições adequadas na escola para implementar um projeto de educação sexual baseado no paradigma de Educação para a Saúde Democrática, com o uso de tecnologias de informação e comunicação. As técnicas de pesquisa selecionadas visaram a triangulação dessas técnicas e das conclusões entre a pesquisadora e professores/as. Dada a sua dimensão participativa, os resultados desta investigação têm implicações em termos da formação de professores/as e da organização e gestão dos currículos.

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Keywords

Participatory action research. Democratic health education paradigm. Action. Action competence. Sexual education.

Palavras-chave

Investigação-ação participativa. Paradigma da educação para a saúde democrática. Ação. Competência para a ação. Educação sexual.

Introduction

The Portuguese *Guidelines for Sexual Education in the School Environment* (PORTUGAL, 2000) defined sexual education as a contribution to the personal and social training of individuals and the promotion of their sexual and reproductive health, understood to be part of the global education process, as well as one component of health promotion.

Later, the *Preliminary Report of the Working Group of Sexual Education* (PORTUGAL, 2005, p.6) established sexual education, as the process “by which information is obtained and attitudes and beliefs around sexuality and sexual behaviour are formed” which has as its fundamental objective, “[...] the development of competencies in young people so as to give them the possibilities of informed choices in their behaviour in the area of sexuality, allowing them to feel informed and secure in their options.” It recommended that sexual education should be a health vector since the current definition of health accentuates its all-inclusive character and referred to a global approach to health education, as opposed to the sectional approach used in the nineties. In this way, it underscored the relevance of integrated interventions with impact on the decrease of risk (personal and contextual) and the promotion of protection (personal and contextual); it also recognized that these interventions act through the promotion of personal and social competencies for health. Therefore, it suggested a passage from sectarian preventive interventions (e.g. of smoking, alcoholism, drug consumption, risk sexual behaviour, violence) to global preventive interventions of potentially damaging health behaviours. Furthermore, it highlighted the fact that sexual health clearly appears integrated in a promotional dynamic of health, which suggests an integrated approach within a more inclusive perspective of health education, and therefore sexual education for young people should have as its objectives: to improve their sexual-affective relationships, and at the same time, to attempt the reduction of possible negative consequences of sexual behaviours such as unwanted pregnancies and sexually transmitted diseases; to give youths the capacity of protecting themselves against all forms of sexual abuse and exploration; and to contribute to decision making in the area of sexuality throughout their lives.

The social construction of sexuality and sexual education is directly related to the definition of the concept of sexual education at the level of its objectives, content, teaching strategies and established partnerships. The educators should remain open to different meanings and understandings of these concepts. Sexual education programs in schools should be developed as a part of health promotion, which integrates the insights of students, parents, teachers and the remaining educational community discussed and compared with the concepts of the World Health Organization. The sexual education approach currently adopted in Portugal focuses on the sexual health aspects associated with the acquisition of health results that are generally seen as positive (e.g. respect for oneself and for others, self-esteem, compensating human relationships, sexually pleasurable relationships and the pleasure of a desired motherhood /fatherhood) and the avoidance of the negative results (e.g. unwanted pregnancy, sexually transmitted diseases/ HIV, sexual coercion). Current public health policies support this approach in schools and are creating infrastructures that improve their practices and their monitoring processes (VILAÇA, 2006).

Within the democratic paradigm of health education the concept of sexual health is broad, that is, the focus of sexual health is not limited to lifestyles but also includes life conditions (VILAÇA; JENSEN, 2010). In other words, it is not the educators/specialists that indicate to students what behaviours/lifestyles and life conditions are in relation to changes in sexuality so as to resolve sexual health problems, but rather students investigate what these are, determine objectives/visions to be achieved in order to surpass these problems, plan actions, identify barriers to be surpassed, develop actions and evaluate changes in the promotion of sexual health achieved as a result of these actions. As a consequence, starting from a broad and open concept, they proceed in the direction of action and behavioural change. The pedagogical approach is democratic and participatory and its goal is the development of the student’s competencies to act and change their lifestyles/ life conditions or those of society – *action competence*.

The key concept in a democratic approach is the concept of action competence, which refers to the abilities and motivation of students to act in such a way as to create and facilitate changes for health promotion (SIMOVSKA; JENSEN, 2003), in other words, the development of their abilities to influence their own lives and life conditions (JENSEN, 2000). The following components have been pointed out, among others, to define and make operational the concept of action competence (JENSEN, 1995, 1997): insight and knowledge, commitment, visions and action experiences.

According to Simovska and Jensen (2003), the first component concerns the acquisition of coherent knowledge regarding the problem that worries the students – knowledge about nature and the scope of the problem, how it appeared, who it affects and the variety of possibilities that are at hand to resolve it. The second component is related to the commitment of students and their drive to act. According to Jensen (2000), they are important because knowledge about the problem is not transformed into actions unless courage and commitment are present. The third component of action competence involves the development of visions by students of how, in general, the world and their lives could be and how society and the environment could be improved in relation to their particular worries. This is seen as the development of students' ideas and of their perceptions about their future lives and the society which they will grow up in. Jensen (2000) emphasises the fact that students are given an opportunity to develop, discuss and share their visions with others – or maybe participate in the development of common visions – is probably one of the most important prerequisites or precursors of the desire to act. The fourth component, *action experiences* emphasises the benefits of taking specific action during the learning process.

These four components could be developed in health promotion projects when the IVAC approach by Jensen (Research, Vision, Action and Change) (JENSEN, 1994, 1997; SIMOVSKA; JENSEN, 2003; VILAÇA; JENSEN, 2009) is applied to structure the activities of health promotion and facilitate student participation with the objective of developing action competence. The four dimensions of knowledge geared towards the subjacent actions of that methodology are (JENSEN, 2000): (1st) What kind of problem is it? – knowledge about effects; (2nd) Why do we have the problems we have? – knowledge of root causes; (3rd) How do we change things? – knowledge about change strategies; and (4th) Where do we want to go? – knowledge about alternatives and visions.

The concept of children and youth participation as one of the methodological axiom of health education (and environment) and Health Promoting Schools has become a matter that is often discussed in the international community (COLQUHOUN, 2000; JENSEN, 1994, 1995, 1997, 2000; SIMOVSKA; JENSEN, 2003; VILAÇA; JENSEN, 2009, 2010). For Jensen (1994), the main basis to discuss participation is the concept of action competence, which is precisely the global aim of democratic health education and of Health Promoting Schools. Student participation in the various phases of implementation of the projects can be analysed as a function of *who suggests and who decides*, from a non-participation level which means, “the teacher decides for himself” up to a progressively larger participation

level: “the teacher decides after consulting the students”; “the teacher suggests and decides together with the students”; “the students suggest and decide for themselves” and “the students suggest and decide together with the teacher” (JENSEN, 2000; SIMOVSKA; JENSEN, 2003; VILAÇA, 2006).

According to Jensen (1995, 1997, 2000), this approach at school, recommended by the Democratic Health Education Paradigm is only compatible with a teacher that is open-minded, democratic, a listener and cooperative, within a constantly changing school environment that stimulates student participation, namely, through student assemblies. Students are seen as social agents and as key elements in society. The evaluation of these projects aims to measure student competencies (knowledge and insights, visions, project commitment, actions developed, etc.) and not to measure the changes in student behaviour.

In synthesis, the theoretical presuppositions subjacent to the promotion of partnerships between teachers and the community in sexual education are part of the Democratic Health Education Paradigm. The principle educational objective of this approach is to develop action competence in students, in other words, their ability to make reflexive actions, individually/collectively, and provoke changes in their lifestyles/ life conditions that will lead them to sexual health. It is understood that this objective is achieved with the genuine participation of students in projects of democratic sexual education that develop their action competence within a broad concept of sexual health through the IVAC approach with the use of information and communication technology (ICT).

This study intended to investigate how the practices of teachers change upon implementing participatory and action-oriented sexual education with the use of new ICT in the 7th to 12th levels, as a consequence of in-service teacher training. The objectives were, among others, to investigate if teachers are capable of creating and using favourable conditions to interact with teachers, doctors, psychologists and parents from their and other schools, while working with real sexual education problems and to analyse how teachers' abilities evolved in dealing with ICT in order to improve in students, their potentials to investigate sexuality health issues on the Internet, divulge their sexual health actions and start an extensive national and international debate with the schools they are in partnership with.

Methodology

General research design

This study included two participatory workshops with all teachers involved in the project. The first workshop aimed to create conditions where teachers, in collaboration with students, planned and created the necessary infrastructures at their school for an alternative approach to enhance action-oriented sexual education in their schools. This first workshop lasted for 50 hours and involved 86 teachers from 16 schools who organised themselves as a critical community, intra- and inter- schools and showed themselves to be active participants in the planning, action, observation and evaluation/reflection phases.

The second workshop, carried out in the second year of the implementation of the project in schools, had three principal objectives: promote the critical reflection on the methodology of the SE project being developed in the participating schools; increase the willingness of teachers to interact through the website *Healthy Youth in Action*; and train teachers more scientifically in the methodological areas and in specific themes on sexuality (especially those who were integrated in the project). This training lasted 50 hours and involved 30 teachers from 12 out of the 16 initial schools.

This study focused on the investigation of changes in the conceptions and practices of teachers which lasted approximately six months and which coincided with the end of the second workshop.

Methods and techniques of collecting and analysing data

The intention of the participatory workshops was to create conditions so that teachers could solve real problems at school, in order to implement a sexual education project. Consequently, a training methodology aimed at teachers' action and participation was chosen. In this type of methodology, the participants frequently view the material that is written regarding the training programme before they enrol. The objective is that they participate collaboratively in the training (re) planning. This was the finality of the first research instrument, the *Questionnaire: Evaluation of the Need for In-Service Teacher Training*.

During the two workshops, when teachers started dominating the teaching of participatory and action oriented sexual education, the research instruments became more diversified and more under the teachers' control and less under the researcher's

control. At the beginning of the in-service teacher training, the researcher proposed teachers to collect information to answer the research questions initially defined and those that would be (re) defined during in-service teacher training, through the following instruments: participant observation in sessions and field notes, informal individual and group interviews, and analysis of documents produced in in-service teacher training and at school. The decision to implement these instruments was made together, by teachers and researcher, and the final interpretation of the analysis of the documents produced was also done together.

When as a product of the first workshop the website *HYIA* was put online, teachers decided autonomously to participate in the realization of online class diaries and in the *Sexual Education Pilot Project and Sexualities and Sexual Education* discussion e-forums.

The last investigation instruments were the *discussion groups*, which occurred from the beginning of the first workshop till the end of the second.

The final interpretation of the data collected with the teachers' collaboration online, of the documents online and offline and of the triangulation of the results obtained by the research instruments were carried out in three times: at the end of the first in-service teacher training workshop and at the beginning and end of the second.

Results and discussion

Co-partnerships in the projects

The co-partnerships established by the schools in the ambit of the HYIA Project were not different from those that were traditionally established for sexual education. From the schools that had already had the collaboration of doctors before this project (75,0%), 41,7% again had the doctors' participation.

Doctor involvement in the HYIA project was different from school to school. For example, in one school, the main function of the doctor for many years was to receive students, accompanied by teachers, in a visit to the Health Centre where he/she would explain how Youth Consultations worked and cleared their doubts. This collaboration was kept up but with a difference in the students' role which, within the project, developed visions regarding social determinants which made the access to Youth Consultations difficult and as a consequence students organised themselves on their own to film and tape the trip and ask questions that could answer their own

doubts and fears, as well as their colleagues' regarding the Youth Consultations and sexual and reproductive health. In another school the collaboration of the doctor and nurse was kept the same, that is, to carry out a workshop regarding contraceptive methods for students. What changed was the process up to the accomplishment of this event. The workshop occurred in parallel with a round table for parents, as a consequence of visions created by students to solve the problem regarding "adolescent unwanted pregnancy" and the "fear of talking to parents about how to prevent a pregnancy or inform them if by any chance it happens".

A different situation was the collaboration of the doctor as the students' co-partner in the education of peers and parents. In the first case, first students went to another school with older colleagues so they could complete a questionnaire elaborated by them "What do teens think about sexuality and sexual education?" After that, they analysed the results of the questionnaire and organised a session to clear doubts by the doctor, after having presented to the older colleagues the results of the questionnaire. In the second case, in which the problem was "How to improve dialogue with parents regarding youth sexuality and sexual education at school?" they developed an action plan to carry out a round table with some of them, the teacher and the doctor, to present the HYIA project and to explain to parents what they would like to talk about with them regarding sexuality and how they would like parents to react. The doctor and teacher's intervention was to comment on their ideas, talk about sexual education and help in parental debates.

Doctors had already collaborated in talking about contraceptives with students. What changed was also the doctors' intervention planning and the dynamics created. The traditional conference was replaced by a round table with students, a member of the Executive Council, a doctor and a psychologist. Previously students elaborated a questionnaire, gave it to their older colleagues to fill in, and analysed the data. They also selected the questions that they would like to see answered by collaborators and reached the conclusion that for some subjects it was more adequate to invite a doctor whereas for others it was the school psychologist. Invitations to specialists were made in such a way. First, students presented the data of the questionnaires to their older colleagues that had been invited to attend the round table and, after that, coordinated the intervention of the doctor and psychologist.

Another problematic situation was students' lack of knowledge regarding the contraceptive methods and myths regarding their use. Due to that, with the objective to educate their peers, they organised an "afternoon talk: contraceptives and false myths" with the presence of a nurse.

The psychologists generally collaborated in the project in round tables, just as the doctors did. In a school, however, the students preferred the collaboration of the school psychologist and the nurses to be the students' co-partners in peer education, in different round tables. They asked the psychologists to talk about first sexual relationship and sexual pressure/coercion and asked the nurse to talk about contraceptive methods.

Other collaboration in the projects was on the level of the material offered by the National Commission for the Fight Against Aids (13,3% of the schools) and by the National Network of Health Promoting Schools in the ambit of the dynamics that had already been created in the school (26,7% of the schools).

Parental involvement in these projects included, in all schools, their information regarding the fact that the project will be carried out and its methodology through the representative of Parents Association, present in the Pedagogical Council of the school, or by Class Director, but their permission for student participation was not requested. In 40% of the schools, there were sessions for parents carried out by students as action experiences.

Teachers' abilities to cope with ICT

The analysis about how teachers' abilities evolved to cope with ICT so as to improve in students, their potential to investigate sexual health themes on the Internet, divulge their sexual health actions and start an extensive national and international debate with schools with whom they have a partnership revealed great progress in teachers, not only individually, but also regarding group functioning.

During the project, teachers created conditions for students of 46,7% of schools to carry out investigations of topics related to sexuality on Internet; all schools divulged their sexual education activities and actions on the site of this project (in this presentation, all schools demonstrated the ability to handle digital cameras, 46,7% did image treatment and 80,0% simple statistical treatment, namely the elaboration of graphics); all schools started an extensive national debate with schools with whom they had a partnership (international dialogue was only carried out in one school).

In most schools, teachers sent the Class Diary of every class and, quite often (33,3%), used this means to ask for suggestions and clear doubts with the trainer; in some schools (26,7%) only some teachers involved in the project sent Class Diaries, in such cases the coordinator of the project tried to give a vision regarding the data that was missing. The number of visits to the messages sent may indicate that

teachers of the same school and/or of other schools involved in the project consulted each other's Class Diaries, probably to enhance their knowledge or be able to give suggestions in the sub-forum "SE Pilot Project online".

Teachers interacted and integrated online some doctors and psychologists and other external collaborators of the school area, in order to collaborate in projects aimed at students' action and participation at school through three means: "Sexualities and Sexual Education" e-forums, "Sexual Education Pilot Project online" (Teachers' forum) and "Sexualities" (Students' forum).

When teachers' interaction was analysed online and compared with the potential community of teachers participants in the project (N=86), it seems as if only one learning "embryo" on the net was created, nevertheless, when compared to the number of teacher participants in the forums aforementioned with their initial abilities to work with computers a great evolution occurred in this type of interaction. The assessment carried out by the teachers regarding the site of this project, in the critical reports of the training, reveals that 75,9% analysed positively this type of interaction.

Conclusions and Suggestions

Teachers who received training emphasised the need to create a continuous learning community and a support system that could make them feel supported in their professional development regarding the health education and promotion area and, more specifically, regarding sexual education. This implies that new forms and strategies to support teachers and their professional development should be investigated and developed, having as a starting point, their perspectives and needs.

It is also pertinent to continue to investigate and explore the potentialities and barriers of the democratic learning environment created online, the way the groups of students and teachers are spontaneously (re) created on the WWW or with specific learning tasks as an objective, the way students create knowledge on about actions in a virtual community and the investigation regarding the potentialities of international interaction to inspire and stimulate the participating students and teachers and to encourage them to think globally and locally.

It is important to continue investigating and developing strategies to assess how this online interaction community can optimize the collective reflection regarding the practice, the relationships with others, how the different participants concep-

tualise their participation, as well as the others, in the project and the commitment concerning the reflection regarding the experiences of concrete practice to inform the consequent action.

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DOXA – REVISTA BRASILEIRA DE PSICOLOGIA E EDUCAÇÃO

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EDITORIAL

Com satisfação publicamos o v. 15, n. 1, Janeiro/Junho 2011 da *DOXA – Revista Brasileira de Psicologia e Educação*, que a partir desta edição ganha uma sessão temática, denominada *Dossiê*, que mudará a cada número e possibilitará que temas relevantes para as áreas de Educação, Psicologia e afins possam ser apresentados e debatidos.

O primeiro *Dossiê* é sobre Educação Sexual, que nos brinda com artigos oriundos de diferentes instituições, de autoria de pesquisadores que têm dado importantes contribuições para este campo de conhecimento.

Também são apresentados cinco artigos originais, de temática geral, mantendo a tradição da revista em publicar textos além dos de interesse específico que sairão em cada *Dossiê*.

Esperamos que este novo formato agrade aos leitores e permita que mais pesquisadores, professores e estudantes se interessem pelo periódico, enviando material e acessando nossos volumes.

O Editor