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Health education, sexuality, and curriculum: teachers' perspectives, complexities, and challenges

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ABSTRACT

This article presents the results of a study conducted at a public university in northeastern Brazil, aimed at investigating the connections between health education, sexuality, curriculum, and the pedagogical practices of Science and Biology teachers. The qualitative research was based on interviews with six public school teachers and analyzed from a post-structuralist perspective inspired by Foucault, adopting problematization as a methodological approach. The main findings highlight contradictions in working with sexuality in schools: on one hand, the fear and resistance from families and conservative sectors; on the other, the potential of public schools as spaces for problematization and knowledge production. The study observed the centrality of textbooks and the prevalence of biomedical and preventive approaches, restricting the theme to the health sphere, as well as a lack of teacher knowledge about current methods of combined prevention, such as PrEP and PEP. Nonetheless, strategies of resistance and partnerships with health services emerged, revealing both gaps and opportunities to expand the inclusion of sexuality and health education in the school curriculum. The study concludes that the theme should be addressed in an effective, interdisciplinary, and contextualized way, overcoming reductionist views and ensuring the promotion of rights, diversity, and inclusion within the school environment.
KEYWORDS: Curriculum; sex education; health.

Educação para/em saúde, sexualidade e currículo: perspectivas docentes, complexidades e desafios

RESUMO

O artigo apresenta os resultados de uma pesquisa realizada em uma universidade pública do Nordeste brasileiro, cujo objetivo foi investigar as conexões entre educação para/em saúde, sexualidade, currículo e práticas pedagógicas de professores(as) de Ciências e Biologia. A pesquisa, de caráter qualitativo, utilizou entrevistas com seis docentes da rede pública, analisadas a partir da perspectiva pós-estruturalista de inspiração foucaultiana, tomando a problematização como método. Os principais resultados evidenciam contradições no trabalho com a sexualidade escolar: de um lado, o receio e a resistência de famílias e setores conservadores; de outro, a potencialidade da escola pública como espaço de problematização e produção de saberes. Observou-se a centralidade do livro didático e a prevalência de abordagens biomédicas e preventivas, restringindo o tema à esfera da saúde, além da fragilidade no conhecimento docente sobre métodos atuais de prevenção combinada, como PrEP e PEP. Ainda assim, surgem estratégias de resistência e parcerias com serviços de saúde, demonstrando tanto lacunas quanto possibilidades de ampliar a inserção da sexualidade e da educação para a saúde no currículo escolar. O estudo conclui que a temática deve ser abordada de forma efetiva, interdisciplinar e contextualizada, superando visões reducionistas e garantindo a promoção de direitos, diversidade e inclusão no espaço escolar.
PALAVRAS-CHAVE: currículo; educação sexual; saúde.

INTRODUCTION

This article reports on a study conducted at a public university in Northeastern Brazil, examining the intersections between health education, sexuality, and curriculum. The analysis draws on conceptual categories articulated from the understanding of sexuality as a device (*dispositif*) (Foucault, 1988). In conceptualizing sexuality as a *dispositif*, Michel Foucault demonstrates that the history of sexuality is inseparable from the history of discourse. In other words, sexuality cannot be understood as a natural given; rather, it constitutes a complex network of discourses, knowledge, power relations, and institutions that shape and regulate how sex is experienced, spoken about, and understood within a given society and historical moment. This *dispositif* not only engenders processes of subjectivation, by which individuals come to recognize themselves as sexual subjects, but also actively participates in the constitution of bodies, pleasures, and norms that guide their conduct.

It is precisely at this point that one may argue that the *dispositif* of sexuality, as theorized by Foucault, is not confined to a specific field. Rather, it cuts across and organizes different social domains, including education and health, operating as a matrix of intelligibility that guides practices, knowledge, and modes of intervention directed at subjects. As Barbosa et al. (2019), Araújo (2014), and Calazans (2019) argue, efforts to investigate and critically interrogate how meanings of sexuality are constructed within the field of education have also generated significant advances in health, especially regarding the treatment and prevention of sexually transmitted infections (STIs). This emphasis on prevention reflects an investment in educational processes directed at subjects, thereby linking the issue to the field of education. The school, as a space of knowledge production and sociability, is directly involved in sexual health education, characterized by the teaching-learning process that builds and problematizes knowledge and ways of regulating conduct in ways that are safe, healthy, and responsible. In our view, sexual health education can be articulated with developments in the health field, which continuously reshape practices of care of the self and of others.

By approaching sexuality as a *dispositif*, we highlight not only its productive role in the constitution of subjects, but also its normative character—namely, its ability to establish regimes of truth that operate by means of prescriptions, regulations, and behavioral guidelines. This entails recognizing “the normative character of these discourses and practices” (Pinheiro & Medeiros, 2013, p. 631, our translation), insofar as they do not merely describe or provide information about sexuality, but directly intervene in how subjects are expected to live, manage, and assign meaning to their experiences. As Pinheiro and Medeiros (2013, p. 631, our translation) further note, such practices “consist of situating actions in relation to codes of health and illness, aiming to establish, foster, and strengthen a sense of concern in individuals regarding health care in everyday life, consequently influencing changes in attitudes, expectations, priorities, etc.” Within this framework, the *dispositif* of sexuality articulates forms of knowledge and power that produce subjects who are consistently called upon to monitor themselves, know themselves, and regulate their own conduct.

Accordingly, when analyzing this *dispositif*, it is important to observe how it operates in the production of norms that traverse both the fields of health and education, establishing parameters for what is considered legitimate, safe, and desirable sexuality. As Pinheiro and Medeiros (2013, p. 629, our translation) further argue, "it is in reference to the status of vulnerability conditioned by the exercise of sexuality that the subject inscribes the norm of health in their relationship to themselves, imposing the compliance with healthy sexual conduct." This formulation shows how the notion of vulnerability functions as a strategic operator in the governance of conducts, mobilizing subjects to adhere to certain practices while rejecting others. For researchers engaged with the intersections of education, health, and sexuality, it thus becomes crucial to attend to these processes of normalization, questioning not only the content that circulates, but also the ways in which it produces subjects, regulates practices, and delimits the horizons of possibility within the field of sexual experience.

Therefore, the challenge is for sexual health education to keep up with transformations in society, culture, and technology, incorporating new care and prevention strategies into the curriculum while also subjecting them to critical reflection. A clear example is the current debate surrounding HIV/AIDS prevention policies, particularly post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP). These antiretroviral medications, although different in their use, are designed to protect HIV-negative individuals from infection (Calazans, 2019). PEP is an emergency treatment initiated within 72 hours after potential exposure, aimed at preventing the virus from establishing infection. In contrast, PrEP involves the preventive continuous use of antiretroviral drugs by HIV-negative individuals, significantly reducing the risk of HIV transmission via sexual contact or other high-risk exposures. These biomedical developments reshape perceptions of the body and desire, requiring prevention discourses and school-based practices to adapt accordingly while also avoiding treating such strategies as fixed or neutral. School curricula must update their discussions by integrating scientific advances with demands of public life, fostering a pedagogical process responsive to current challenges.

Sexual health education is historically situated and has developed in parallel with transformations in medicine since advances in the health field directly shape how these issues are addressed in schools. Seffner (2018, p. 11, our translation) emphasizes that processes of teaching and learning about prevention are associated with a proposal that "points toward a pedagogy that invites teaching without embarrassment, that encourages engagement with knowledge." This perspective underscores the importance of providing preventive information in an open and responsible manner, empowering individuals to understand and protect themselves in relation to issues such as hygiene, unintended pregnancy, and sexually transmitted infections, promoting an educational approach that prevents risks and values students' prior knowledge.

In Brazil, prevention policies are relatively recent. The first initiative was established in the late 1980s, with the creation of a project known as *Previna*, which initially aimed to "develop preventive actions aimed at sex workers (prostitutes, *travestis*, and male sex workers), men who have sex with men, injecting drug users, and individuals in the prison system" (Calazans, 2019, p. 10, our translation). In the 1990s, this initiative was expanded and reformulated in

alignment with the National AIDS Program (PNA), enabling the development of a "set of prevention projects developed by community-based organizations throughout Brazil" (Calazans, 2019, p. 11, our translation). Within this context, the school emerges as an indispensable site of reinforcement, and it is necessary to "invest in the school as a place to exercise the right to prevention, which involves gender and sexuality issues" (Seffner, 2018, p. 13, our translation).

The right to prevention may be understood as an "opening for reflections and debates to be undertaken" (Edmundo, 2018, p. 17, our translation), thereby enabling the "each individual's within diverse and plural relationships" (Edmundo, 2018, p. 17). However, it also demands "a stance that questions individuals about the meaning of experience, of multiple experiences" (Seffner, 2018, p. 12, our translation), given that there is "an explosion of spaces in which gender and sexuality are discussed; however, there remains difficulty in 'anchoring' prevention discourse in these spaces" (Seffner, 2018, p. 14, our translation). From this standpoint, investigating the connections among health, sexuality, curriculum, and pedagogical practices means examining discourses that constitute subjects, as well as those that shape ways of thinking and acting in schools and in broader projects of subject formation.

The purpose of this brief historical overview of the connections between health education and sexuality is to highlight two aspects central to our study. The first concerns the power struggles that have shaped debates and disputes surrounding prevention policies in health and education—struggles regulated by the *dispositif* of sexuality itself. One example that reveals a degree of historical continuity is the promotion of condom use, which has faced—and continues to face—obstacles, particularly from conservative and religious movements (Pinheiro, 2018). Condom use was "originally linked to marginal contexts, such as prostitution settings," and was later reframed as a "medical technology like any other, allowing professionals to prescribe condoms much as they would prescribe an analgesic" (Pinheiro, 2018, p. 106, our translation). The second aspect concerns the articulation between health and education, which underscores the importance of school-based initiatives, both by means of the inclusion of these topics in curricula and pedagogical practices. These two dimensions constitute the central focus of this study's critical inquiry: What are the potentials and challenges of working at the intersection of health, sexuality, and education? This question guided our methodological choices.

Methodologically[1], the study was structured around the problematization of interviews conducted with six teachers. Participant selection followed a voluntary participation model: all teachers at the school under investigation were invited to take part in the study, with no prior filtering by subject area, years of experience, or other variables. The final group was formed by means of voluntary consent, resulting in six participants, three male and three female teachers. Of these, five teach the final years of lower secondary education and one teaches in high school education. Regarding data production, structured interviews were conducted based on a guide comprising nine previously developed questions. The interviews were conducted in mid-December 2024 and lasted approximately 30 minutes each. They addressed key thematic axes, including: the integration of health and sexuality into the curriculum; challenges in addressing these topics; the impact of such discussions on students' development; teaching strategies related to the

prevention of STIs and HIV, as well as biomedical technologies such as PrEP and PEP; students' interests and demands; critical engagement with the social and cultural dimensions of combination prevention; access to pedagogical resources; and strategies for addressing resistance within the school context. To ensure anonymity and comply with research ethics standards, participants were identified by numbers (1 to 6).

Regarding analytical procedures, the construction of categories and themes was grounded in an analysis of the interview data. Initially, a preliminary reading of the empirical material was conducted to become familiar with the statements produced by the participants. Subsequently, recurring units of meaning were identified. Although guided by the thematic axes outlined in the interview protocol, the analysis also allowed for the emergence of unanticipated themes. These units were then grouped into broader analytical categories, constructed by means of thematic proximity and relevance to the study's objectives. Finally, these categories were subjected to a process of critical problematization, articulated with the adopted theoretical framework, to examine how the teachers' statements produce meanings about the interface between education, health, and sexuality within the school curriculum.

The choice to conduct interviews was intended to "map practices, beliefs, values, and classificatory systems within specific social worlds, more or less clearly delimited, where conflicts and contradictions are not explicitly articulated" (Duarte, 2004, p. 215, our translation). In this regard, we assume that "much of what is said to us is profoundly subjective, as it reflects how a given subject observes, experiences, and interprets their historical time, their particular moment, their social environment, etc.; it is always one among many possible points of view" (Duarte, 2004, p. 219, our translation).

As a means of analyzing the teachers' statements, the methodology incorporated problematization as a research strategy grounded in a post-structuralist perspective inspired by Foucault. In this sense, problematization is understood as "a way of questioning thought that will organize our analyses" (Oliveira et al., 2022, p. 5, our translation). Analytical categories were thus constructed to "question reality so as to understand it as organized by conflicts, contradictions, and diversity, that is, it involves a perspective of subject formation based on a particular way of knowing and intervening in reality" (Ferrari, 2022, p. 2, our translation). From this standpoint, the study is characterized as qualitative field research, given that "to problematize is not merely to question, but to place under suspicion our ways of thinking, being, and existing in the world" (Ferrari, 2022, p. 4, our translation). Problematization is also understood as "an invitation to take a 'step back' from what we think and what we do, transforming into a problem that which ordinarily goes unnoticed, what constitutes us as thought and as action" (Oliveira et al., 2022, p. 5, our translation). Accordingly, the study is structured into two sections: Challenges and potentials of working with sexualities; and PEP, PrEP: Updating notions of prevention.

CHALLENGES AND POTENTIALS OF WORKING WITH SEXUALITIES

One of the dimensions constructed with research is what we call the

contradiction inherent in working with sexualities within pedagogical practices. In our assessment, this contradiction should not be understood solely as a challenge, but above all as a potential, one that reinforces the role of teachers as public servants and of the school as a space for critical inquiry and for the construction of projects of subject and nation formation. What we are identifying as contradiction refers to a certain concern, or perhaps apprehension, that emerges when addressing sexuality and health in school settings. This apprehension does not paralyze action nor prevent engagement with the topic, but it underscores the need to develop strategies to confront and navigate such tensions. The expression of fear is profoundly contemporary and reflects the historical moment we are experiencing, shaped by a conservative wave with a strong religious matrix that has targeted schools and teachers. This movement has operated by means of surveillance and control of curricular content and pedagogical practices, generating forms of moral panic and possible resistances (Oliveira et al., 2022).

Based on the research findings, we seek to understand this apprehension and these resistances as operating forces. According to Michel Foucault (1988, p. 94), "power relations are both intentional and non subjective." By this, the author argues that "there is no power that is exercised without a series of aims and objectives" (Foucault, 1988, p. 95). However, this does not mean that power relations result from the conscious decision of an individual subject. Rather, power operates by means of a rationality expressed in interconnected tactics that support and reinforce one another across different instances. Concurrently, Foucault (1988, p. 95) reminds us that "where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power." Resistance is therefore constitutive of power and must be as inventive as power itself. We seek to understand both the apprehension and strategies for working with sexualities as effects of power relations. These two forces emerge clearly in the teachers' statements:

> Look, this subject, as we know, we are only a complement, right? The school is just a complement. This topic has to begin within the family. So what we do here is address it in a more scientific way, you know? When we talk about sexuality with students, we approach it from a scientific perspective. (Teacher 1)

> Sometimes students already come with a barrier from home, you know? Since it is considered a more private matter. Parents usually don't talk to them about it, and they feel shy, sometimes they don't want to discuss it. So that's one of the barriers. It's up to the teacher to know how to approach the conversation carefully and to understand the student's perspective as well. (Teacher 5)

First, it becomes evident how this group of teachers understands sexuality. It is precisely this understanding that shapes their actions and negotiations regarding what belongs to the family and what falls within the school's responsibility. For Teacher 1, sexuality is a topic that should be initially defined within the family, with the school assuming a complementary role. For Teacher 5, however, the school emerges as a space of openness, one in which teachers must be willing to listen and engage in dialogue without barriers. These two statements are in dialogue with one another, since conceiving the teacher's role as complementary does not mean simply accepting family knowledge, but rather placing it in tension via a scientific perspective; which, ultimately, means defending the scientific character of the subjects they teach. Thinking and acknowledging that the family is the space

in which sexuality is first discussed does not invalidate the work of the school, which is defended as a space guided by the authority of science. To some extent, what these teachers invite us to consider is that what arrives at school is common sense, whereas, in their view, the school is a space that challenges common sense rather than simply accommodating it: "When we address sexuality in our interaction with students, we approach it from a scientific perspective." They also indicate that knowledge about sexuality is plural and circulates across different social spaces, such as the family. However, they understand that when the school undertakes work related to sexualities, it does so according to different parameters —those grounded in theoretical and scientific foundations.

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By placing this apparent dichotomy between common sense and science under tension, it is possible to move the analysis beyond a logic of substitution—in which the school would simply correct or counter the knowledge brought from families—and instead view it as a field of disputes, translations, and negotiations of meaning. If, on the one hand, teachers affirm the centrality of scientific knowledge as the legitimate foundation for addressing sexuality, on the other, a post-structuralist perspective invites us to problematize the very notion of science as a regime of truth, one that does not operate neutrally, but also produces effects of power, normalization, and exclusion. As Maia and Carvalho (2024) warn, we cannot overlook the use of a "Biology discourse" or of "supposedly biological moralities" to assert ideologies and restrict debates on gender and sexual orientation. This dynamic is reflected in the strategy adopted by some teachers of offering "very biological" classes, focused exclusively on morphophysiological aspects. Such an approach may be interpreted as a simplified way of avoiding the complexity of the topic and maintaining a norm of silencing.

Thus, affirming that the school operates on the basis of science cannot mean silencing experiences, emotions, and forms of knowledge that students bring with them. On the contrary, it implies recognizing that, to acquire a pedagogical dimension, scientific knowledge must be intertwined with lived experience, with students' concerns, and with the ways in which they make sense of their own trajectories. As de Paula and Miranda (2020, p. 17, our translation) emphasize, it is essential to ensure, in addition to access to

> scientifically valid information, the opportunity to speak, listen to peers and reflect in class. In this sense, it is important that teaching practice fosters the creation of such moments, aiming to question certainties and embrace diversity, as well as to provide tools for decision-making.

What is at stake is not merely the defense of science as a superior instance of truth, but the creation of a pedagogical space in which different forms of knowledge can come into relation, rub against one another, and generate new intelligibilities about sexuality. In this shift, the school ceases to be solely a site for combating common sense and becomes a territory of problematization, where students' doubts, questions, and narratives are not obstacles to teaching, but conditions of possibility for it to occur. Therefore, it involves investing in a

pedagogy that does not simply transmit scientific content, but also opens itself to listening, uncertainty, and multiplicity, recognizing that teaching about sexuality also means creating conditions for subjects to reflect on themselves, on others, and on the norms that constitute them.

Another point shared by both teachers is a certain understanding of sexuality as something belonging to the private sphere, associated with intimacy and, therefore, considered the responsibility of families. This position echoes arguments advanced by the "*Escola Sem Partido*" ("School Without Party") movement, which has sought to prohibit discussions of gender and sexuality in schools by means of surveillance of school curricula (Moura & Silva, 2023). Religious issues are also intertwined with this debate, since "sexuality is rarely studied and discussed with adolescents, as conservative beliefs tend to interpret such discussions in an eroticized way" (Maggioni & Oliveira, 2022, p. 9, our translation). In contemporary society, contact with these topics has occurred more easily via other media, "through soap operas, newspaper headlines, films, series, videos shared on social networks, and social media posts" (Figueiredo, 2025, p. 134, our translation). What Maggioni and Oliveira (2022) and Figueiredo (2025) invite us to consider is precisely what, to some extent, structures the statements of both teachers; namely, that the issue of sexualities involves different instances of power that establish relations of negotiation with the school, understood not as an autonomous sphere, but as an institution embedded within a broader network of social, political, and cultural forces. For us, this constitutes both the greatest challenge and the greatest potential of public schooling.

We may argue that the public school is, at the same time, a space of knowledge and sociability. The teachers' statements reveal both of these dimensions. When they state that "This topic has to begin within the family" or that "Parents usually do not talk to them about it, and they feel shy, sometimes they do not want to talk about the subject," both teachers are engaging with these two dimensions of the school and understanding that knowledge involves ways of dealing with such issues. Knowledge and sociability constitute inseparable dimensions of the same process. Both teachers defend the idea that the school should address sexuality and, in doing so, recognize that its power and authority are grounded in the domain of knowledge, granting the teacher the status of a subject who holds specialized knowledge in a particular field. The defense of knowledge as something distinct from what is taught within families reinforces the meaning of the public school as an institution that is not obligated to reproduce family knowledge, but rather to problematize it according to what public policies establish. Concurrently, this reinforces the role of the public school teacher as a public servant, someone committed to public policy, which, ultimately, speaks to a broader project of subject and nation formation.

The analyses developed thus far demonstrate that the understandings of sexuality mobilized by the teachers not only guide their practices, but also organize the boundaries and negotiations among family, school, and science. It may be inferred that, for these teachers, while the family is recognized as the primary space in which the topic should be addressed, the school is reaffirmed as an institution legitimized by scientific knowledge, often positioned in opposition to so-called common sense. Here, however, we seek to place this dichotomy under tension by observing that both familial and scientific discourses participate in a

broader field of disputes, in which different regimes of truth produce meanings, legitimacies, and exclusions. Within this context, the school emerges as a space traversed by multiple forces (moral, religious, media-driven, and scientific) that compete to shape conduct and to define what may or may not be said, taught, and experienced in the field of sexuality.

It is precisely at this intersection that a fundamental analytical and political challenge emerges: to place under suspicion the modes of knowledge production operating across these different domains. This implies recognizing that not only arguments originating from the family sphere, but also those grounded in biological and scientific discourses, may be mobilized to reinforce norms, regulate practices, and delimit legitimate forms of existence. Thus, rather than establishing one instance as more true or legitimate than another, the aim is to investigate how these forms of knowledge are constituted, what effects they produce, and how they participate in the fabrication of subjects and the regulation of life. In this sense, the encounter among family, school, and science should not be understood as a hierarchy of knowledge, but as a field of problematization in which research is called upon to critically interrogate the regimes of truth at play and their implications for the production of sexualities.

Moving to a second point of analysis, we draw on Altmann (2006), Edmundo (2018), Furlani (2013), and other researchers who point to the need for broader approaches to issues related to health and sexuality—a need that was confirmed by the responses of the participants in this study. The findings revealed how sexuality education still faces difficulties in being effectively implemented within a curriculum structured around delimited and specific objectives. Among the challenges identified is the fact that "the main space in which sexuality has been addressed in schools is Science or Biology classes" (Altmann, 2006, p. 7, our translation), with little room for a multidisciplinary approach.

This stance adopted by some schools reflects an understanding that "positions Sex Education as a matter pertaining to the family and not as a priority within public education" (Bueno & Ribeiro, 2018, p. 53, our translation), an understanding that continues to encounter resistance today. However, given the relevance of the topic and its contemporary implications, schools are expected to adopt a more engaged and meaningful approach, recognizing the privileged role of the school environment in addressing these issues. Within this perspective, Quirino and Rocha (2012) argue that "[…] the school is an important space for the development of an education program for health and for life among children and adolescents," since this involves the construction of another kind of education, in which "through the discussion of sexuality and its implications, it becomes possible to encourage individual and collective reflections that may contribute to minimizing discriminatory and prejudiced practices" (Quirino & Rocha, 2012, p. 208, our translation). Ultimately, what these authors defend is the school's commitment, and that of pedagogical practices, to a project of subject formation in which individuals are encouraged to examine themselves and engage in the unsettling work of acting upon themselves. This would be the school's work by means of problematization: inviting students to ask why they think as they do and, consequently, why they act as they do in relation to sexualities.

Therefore, when teachers construct this contradiction between understanding sexuality as primarily a family matter and defending the school's

role as either complementary or as a space for overcoming barriers, they seem to advocate for a welcoming and inclusive school curriculum, considering that "identities are multiple and fluid, and may be reconfigured according to the interactions and social contexts in which we are embedded" (Figueiredo, 2025, p. 122, our translation). Regarding the teaching of Biology, such recognition carries important implications, since "this teaching does not occur merely as the transposition of knowledge from the field of Biological Sciences (botany, physiology, anatomy, etc.), but also through its social, economic, and cultural implications" (Maia & Carvalho, 2024, p. 5, our translation).

In other words, they recognize that sexuality permeates everyday school life and that many students do not find safe spaces for such dialogue within their families. Therefore, the school is expected to function simultaneously as a space of support and inclusion. This understanding also leads teachers to develop strategies for addressing the apprehensions that arise when working with sexualities.

The construction of strategies is understood here as forms of resistance and as a search for support in other instances of power. For Michel Foucault, resistances must always be thought of in the plural, as those that are "possible, necessary, improbable; others are spontaneous, savage, solitary, concerted, rampant, or violent; still others that are quick to compromise, interested, or sacrificial […]" (Foucault, 1988, p. 96). In this search for partnership, when sexuality is approached in connection with health, teachers turn to health knowledge as a way of strengthening themselves and overcoming the apprehension associated with control and complaints from families. In their responses regarding the ways themes related to health and sexuality are integrated into the curriculum and everyday pedagogical practices, the interviewees reported partnerships with other institutions, involving the participation of external professionals:

> […] we try to reach out to the nearest healthcare clinic, because I explain to them what the role of the healthcare clinic is, what the role of the CRAS [Social Assistance Reference Center] is in each neighborhood, precisely so they can seek this kind of information […]. (Teacher 2)

> […] we have a healthcare clinic nearby, and from time to time we ask them to come and help us by giving talks, […] we already have our own school materials, but we are always looking for additional resources so the curriculum becomes more enriched. (Teacher 3)

In light of these statements, it may be argued that the actions developed in these schools, involving external professionals, reflect a particular concern in which the school is perceived as "[…] the privileged place for addressing this topic, considering its central role in promoting social change" (Vicente, 2024, p. 3, our translation). Therefore, avoiding "the discussion of these topics in the classroom means moving in the opposite direction of what is currently understood as education" (Vicente, 2024, p. 3, our translation). We may consider that another contradiction emerges between the apprehension and the recognized need for sexuality education as part of health education: relinquishing part of this work within the school itself while seeking partnerships with other knowledge-producing spaces connected to the field of health.

While both the CRAS and local healthcare clinics are recognized as educational spaces, the teachers' statements broaden the understanding of health education

itself. However, the partnerships established with these institutions and external professionals may produce a kind of hidden curriculum, given that both CRAS units and healthcare clinics are primarily oriented toward family assistance: "[…] we already have our own school materials, but we are always looking for additional resources so the curriculum becomes more enriched" (Teacher 3). In this sense, when the school delegates to others issues that are inherent to the school curriculum, such as those discussed here, it risks overlooking the possibility of "considering the body not only as a biological construction, but especially, and more inclusively, as a sociocultural construction" (Santos, 2007, p. 83, our translation).

Along these same lines, Luciane da Silva Vicente (2024) argues that the absence of this topic from school curricula directly affects learning and also carries other consequences, such as intolerance and disrespect toward differences, as well as feelings of non-belonging, which may generate anxiety and embarrassment and contribute to higher dropout rates. The stance expected from the school involves everyday actions in which listening and dialogue about sexuality are valued within daily school life. Seeking partnerships with CRAS units and healthcare clinics simultaneously means relinquishing part of the school's role as a space for problematizing discourses that construct subjects and their sexualities, while also reinforcing the association between sexuality and health by delegating authority more to health professionals than to education professionals. Ultimately, we may argue that the school has not entirely abandoned its responsibility, but rather responded to the need to address the topic by assigning to other professionals what it could itself have undertaken. At the same time, however, this may also point to an expansion of the curriculum, understood not only as what is prescribed by curriculum policies and official documents, but also as everything that constitutes pedagogical practice, including invited speakers and themes not found in textbooks. It is within this complexity of knowledge that these contradictions emerge, shaping teachers' practices in their work with sexual health education.

Still considering the integration of sexual health education themes into the curriculum and everyday pedagogical practices, it is possible to perceive a certain centrality of textbooks, with the content often restricted to awareness and human development.

> First, when this theme comes up, this unit on evolution, I always begin by asking my students to do a UDL[2] activity, right? And from that UDL activity, I start introducing topics related to sexuality and health, asking how they perceive their own bodies, the changes and transformations, this difficult stage, because I only work with 8th- and 9th-grade students, […]. So, what do I do? When I begin this topic, I always work with the idea of having them draw the changes in their bodies so that I can introduce the content related to sexuality and hygiene habits in their daily lives, because many of them sometimes do not have this information. […] I call it a simple summary. And since the textbook includes it, I reproduce the image and give it to them to identify. (Teacher 2)

> Usually, this is done with 8th- and 9th-grade students because that is when this topic is addressed more directly and comprehensively for them. They are already at an age when they need to understand these issues. So, the textbooks themselves already include this information. Then, throughout everyday classroom activities, we gradually apply and explain how both the parts of the human body and issues related to sexuality work, so that they already have this content in the curriculum and can take it with them into life. […] this topic is already covered extensively in the textbook, so we always reinforce it […] so, I also

> need to bring photos, images, and videos so they can better perceive reality […]. (Teacher 4)

The textbook addresses the concern of working with themes related to sexual health education, such as hygiene habits, in such a way that the fact that these topics are included in the textbook also helps alleviate apprehensions regarding possible reactions from families: "*this topic is already covered extensively in the textbook, so we always reinforce it […] therefore, I need to bring photos, images, and videos so they can better perceive reality […].*" Although the teachers' statements did not explicitly mention the Brazilian National Common Core Curriculum (BNCC), it may be argued that this curriculum document, strongly marked by prescription, contains a significant number of themes related to sexuality and health education. However, these themes appear exclusively within the Natural Sciences section, underscoring that such approaches remain restricted primarily to health-related issues. This suggests that discussions may ultimately be reduced to modes of conduct and behavioral regulation concerning sexuality. The BNCC itself presents sexuality in a limited manner, restricting it primarily to biological and reproductive issues, while also addressing body care, the prevention of STIs, and disease prophylaxis, among other issues considered problematic within the field of sexuality (Leão et al., 2024). One of the effects of the BNCC was precisely its impact on the production of the Brazilian National Textbook Program (PNLD), since textbooks intended for purchase by states and distribution to schools were required to adapt to the BNCC by incorporating curricular prescriptions established in the document.

Up to this point, we have discussed two findings that emerged from the empirical field: the contradictions that shape work on sexuality and the predominance of the textbook in classroom practices. From these findings, a new problematization emerged for our research: how are current issues related to sexual health being addressed in schools? This question arises from our understanding that remaining up to date is a fundamental aspect of sexual health education, one that increasingly demands advanced, renewed, and constantly updated forms of knowledge.

PEP, PREP: UPDATING NOTIONS OF PREVENTION

Before specifically discussing the incorporation of prevention themes through contemporary biomedical devices, such as PEP and PrEP, it is necessary to shift our attention to the conditions of possibility that make such absences intelligible within the curriculum. What becomes evident in the sparse and at times superficial statements of the teachers is not merely a pedagogical gap, but the inscription of a broader discursive regime that has operated in Brazil through the progressive erasure of the AIDS pandemic and the depoliticization of its effects. This silencing is not accidental, but productive: it reorganizes the field of what can be said, reducing AIDS to a technical, biomedical, and individual issue, while simultaneously eclipsing its social, historical, and political dimensions. As Freitas et al. (2021) argue,

> "the silencing surrounding the epidemic was also highlighted […] with criticisms of government programs for their ineffectiveness in focusing solely on prevention while

> failing to address more human dimensions, such as inequality and prejudices related to the most vulnerable populations, thereby fostering fear and, consequently, increasing HIV rates among younger populations" (p. 460, our translation).

In this sense, what is at stake is not merely the absence of content, but the production of a pedagogy of silence that, by avoiding certain topics, reinforces inequalities and limits the emergence of other possible narratives about sexuality, risk, and care.

This logic is directly connected to what Alves and Lima (2025) identify as the "absence of educational approaches to HIV/AIDS prevention and health promotion in the classroom, even though the school is a privileged space for citizenship education" (p. 3, our translation). Such absence, however, should not be understood merely as a failure or negligence on the part of teachers, but rather as an effect of *dispositifs* that traverse the school and regulate what may or may not be taught, spoken about, and problematized. Even when teaching materials attempt to promote certain shifts, as Corrêa and Silva (2022, p. 2) suggest in stating that "textbooks include discussions that broaden reflection on living with HIV/AIDS, although they still depend heavily on effective classroom action by teachers," there remains a dependence on teaching practices that do not always find the institutional, educational, or political conditions necessary for their implementation. Thus, the inclusion of themes such as PEP and PrEP in the curriculum cannot be reduced to simply updating scientific content; rather, it calls for a deeper inflection. It involves placing under tension the regimes of truth that have historically produced AIDS as taboo, moral risk, or threat, while also creating openings through which other ways of narrating, living, and caring for sexualities may emerge. In this movement, the school ceases to function merely as a space for the transmission of stabilized knowledge and becomes an arena of discursive disputes, where scientific knowledge, far from operating as a neutral truth, is also interrogated, reappropriated, and connected to the concrete experiences of subjects.

One of the aspects involved in sexual health education, and one that carries important implications for the work of schools, is that it affects different dimensions of subjects, such as the physical, emotional, and social dimensions of sexuality. Recognizing this aspect raises the challenge of enabling students to understand themselves as subjects of sexuality, as products of discourses that shape our forms of belonging, as Michel Foucault (1988) reminds us. Moreover, sexual health education in schools involves the construction of respectful relationships, informed decision-making regarding one's own body, and the prevention of STIs and unplanned pregnancy. These are issues related to public health, but they also pass through the school, involving the construction of knowledge and networks of sociability that emerge from ways of knowing, thinking, and acting, of being and existing in the world.

These concerns guided our research by examining how more recent HIV/AIDS prevention policies have been discussed in the classroom through teachers' practices and incorporated into school curricula. Over the years, sexuality education has become one of the main tools for challenging stereotypes and prejudices, although it is not limited to this function alone. It encompasses the different ways sexuality may be experienced, addressing not only sexual orientation, but also themes such as anatomy, interpersonal relationships,

consent, sexual health, pregnancy, contraceptive methods, and STIs. Maria Cristina Pimenta et al. (2022, p. 4) emphasize that "for many, PrEP represents the achievement of sexual freedom, as it contributes to eliminating the fear of HIV infection." (Pimenta et al., 2022, p. 4, our translation). This achievement relates to the fact that, historically, there have always been difficulties in effectively adopting such forms of prevention. The authors further argue that "for the implementation of PrEP, health services must meet certain conditions that are not easily fulfilled by all services" (Pimenta et al., 2022, p. 5, our translation).

Despite the importance of PrEP and PEP, all teachers unanimously demonstrated limitations in their knowledge regarding the use of these prevention strategies. When asked the question "*Have you ever discussed issues related to PrEP, PEP, or other forms of combination prevention? If so, how were these discussions conducted?*" their responses pointed to a certain unfamiliarity with the topic. The following answers were obtained:

> Well, no, I haven't discussed that. (Teacher 1)
>
> No. I haven't gotten to that part yet. (Teacher 4)
>
> No. (Teacher 6)
>
> Well, these topics have already been addressed in the classroom in discussion circles. We also had a partnership with staff from Pitágoras, they gave a lecture, which was very important in that sense, with guidance and information. (Teacher 5)

As we can observe, only one teacher demonstrated familiarity with and/or experience working with issues related to PrEP and PEP, reproducing the same contradiction identified in the previous section: teachers recognize the need to address these topics, but seek partnerships and delegate intervention to other professionals: "*we also had a partnership with staff from Pitágoras; they gave the lecture, which was very important in that sense, with guidance and information*." However, the intervention still relied on external actors—in this case, students from a private university—which once again points to the attribution of authority on these topics primarily to health professionals. This reinforces the urgency of practices that promote broader discussions in ways that support "an open and positive approach to sexuality, the diversity of sexual and gender expressions, and the confrontation of stigma and discrimination" (Calazans, 2019, p. 19, our translation), a task that still appears to generate certain apprehension. When considering different ways of approaching prevention and sexual health, Priscila Vieira and Thelma Matsukura (2017) propose two categories entitled the "biological-centered and preventive model" and the "biopsychosocial model" (Vieira & Matsukura, 2017, p. 453, our translation). In the first model—the biological-centered and preventive approach—actions "are focused on physiological issues, such as development, anatomy, reproductive systems, as well as themes related to the prevention of STDs/HIV and adolescent pregnancy" (Vieira & Matsukura, 2017, p. 462, our translation). The biopsychosocial model, in turn, is expressed "through broader conceptions of sexuality, in which other social and subjective issues are included and addressed in sex education practices with adolescents, beyond biological aspects" (Vieira & Matsukura, 2017, p. 466, our translation). Hence, the issue is not to choose one model over the other, but rather to reconcile both within the work of sexual health education.

Education is, therefore, the primary source of knowledge regarding these themes, since it is not an isolated phenomenon that occurs only within schools; educational processes may take place anywhere and in different forms. However, because adolescents spend a significant part of this stage of life within the school environment, and considering that adolescence itself is "socially constructed within a given historical and cultural context" (Vieira & Matsukura, 2017, our translation), it becomes necessary for teachers, when addressing sexuality education, to do so in a broad and diversified manner. Such an approach seeks to include "social, cultural, and subjective aspects of sexuality, so that it may provide adolescents with more critical perspectives and encourage the adoption of more responsive behaviors in relation to the exercise of sexuality" (Vieira & Matsukura, 2017, p. 462, our translation). Prevention is directly related to this adoption of responsive behavior, which itself is connected to a history of diseases and discourses produced around them, including the very notion of prevention. In this sense, we still have to confront the stigma surrounding HIV/AIDS prevention, strongly shaped by its historical association with the LGBTQIAPN+ community, an association that contributed to delays in governmental responses to combating the virus and controlling the spread of the disease.

Only at the beginning of the 21st century did "a governmental position more inclined to take up the issue of discrimination based on sexual orientation and questions related to the health of LGBT populations" emerge more effectively (Pinheiro, 2018, p. 108, our translation). Within this context, the implementation of combination prevention, which introduced yet another norm of "preventive methods and strategies, in some way resumed the logic of the first community responses to the epidemic, in which condoms represented one of the possible ways of protecting oneself from infection" (Pinheiro, 2018, p. 109, our translation). At the same time, however, this also made overcoming barriers more difficult, since "the paradigm will remain the same, making it difficult to confront barriers that require an understanding of the practical aspects of social contexts" (Pinheiro, 2018, p. 109, our translation).

This scenario changes with PrEP and PEP, since their introduction represents significant shifts in the field. Rather than relying exclusively on a prevention approach centered on condom use, these biomedical strategies, as well as their pharmacological approval, have also generated a certain degree of controversy, particularly regarding HIV-negative individuals. According to Tim Dean (2023, p. 612, our translation), one of the reasons for this supposed controversy is that it "partly seems to acknowledge that advocating condom use was no longer working as a prevention policy."

The author also presents other discussions and reflections that go beyond perceptions of risk and responsibility themselves. Transformations in prevention strategies have gradually shifted from behavioral approaches toward chemoprophylaxis, considering that PrEP not only prevents infection but may also, in association with this, encourage sexual practices without condom use. Therefore, the strategic integration of PrEP and PEP within combination prevention raises practical challenges while simultaneously generating complex social and ethical implications regarding the medicalization of life. It thus becomes essential to discuss, reflect upon, and debate these issues, especially given that "through the specialized technologies of PrEP, the long history of the medicalization of

homosexuality has entered a significant new phase" (Dean, 2023, p. 611, our translation).

The use of these new prevention technologies is very recent and requires teachers to remain up to date. Based on our research, we were able to observe that unfamiliarity with combination prevention is a defining characteristic among this group of interviewees. This lack of knowledge begins with the teachers themselves and also extends to the students, since, according to the teachers, students neither ask questions nor bring forward doubts to be clarified. This aspect emerged when teachers were asked whether students had ever shown interest in or raised specific questions about forms of combination prevention, such as PrEP. The following responses were obtained:

> No, none of them came with that interest, you know? (Teacher 1)
>
> Well, I can't really answer that because I haven't talked about it. (Teacher 2)
>
> No, we have not talked about that. We have not worked on that topic. (Teacher 6)

This factor is particularly concerning, considering that "knowledge about STIs during adolescence is fundamental for preventing the transmission of infections, often understood as a necessary factor […]" (Maggioni & Oliveira, 2022, p. 15, our translation). Therefore, it is essential that the entire school community be mobilized in order to ensure an educational process capable of providing "[…] the participants involved in pedagogical action, especially teachers, with theoretical and didactic foundations consistent with the social demands of students" (Quirino & Rocha, 2012, p. 207, our translation).

According to Mônica Franch and Luís Felipe Rios (2020), the entire historical, political, and social context up to the present moment has significantly contributed to less effective prevention efforts. Regarding this concern, Jéssica Maggioni and Luana Oliveira (2022, p. 25, our translation) argue that "there is a need to implement public health education policies aimed at young people, with the purpose of changing the current scenario of increasing case numbers […]." This argument is grounded in the same understandings identified in the interviews, namely the idea that adolescence "is associated with the beginning of sexual life and, at the same time, with a lack of information about the subject" (Maggioni & Oliveira, 2022, p. 25, our translation).

Regarding the few students who demonstrated some familiarity with prevention methods and sought dialogue with teachers about them, the teachers pointed to individualized support and emphasized that, although this was not a frequent occurrence, girls were the ones who most often sought clarification of their doubts, as can be observed in the following responses:

> Well, not really in relation to that specifically. They probably do not have any specific knowledge about it, right? But they often ask me questions about contraceptive methods. "Teacher, what is the best contraceptive?" "Teacher, my mother took me to get the injection." Things that seem normal to them, you know? So, they ask a lot about that, especially the girls. The boys do not; they do not talk about these subjects. They are more reserved. More withdrawn. (Teacher 4)
>
> So, they come to me fairly often. Sometimes a student seeks me out to talk about the subject, and I speak with them privately because they feel embarrassed to talk about it in

> public. Usually, these conversations are individualized. They do not like asking questions in the classroom or during events. (Teacher 5)

In light of these teachers' statements, it is possible to perceive the urgency and necessity of political actions capable of effectively implementing prevention strategies as a right. Still in dialogue with Jéssica Maggioni and Luana Oliveira (2022), when they discuss sexuality education in an integrated manner, they argue that the curriculum should be grounded in a teaching process that addresses "cognitive, emotional, physical, and social aspects related to sexuality, aiming to provide adolescents and young people with knowledge in an attempt to guarantee their health, well-being, protection of rights, and healthy relationships" (Maggioni & Oliveira, 2022, p. 17–18, our translation).

Attempts to effectively change this situation and seek alternatives that may favor a more meaningful inclusion of these themes within the curriculum involve adjustments to the school schedule, considering that "there are opportunities for the inclusion, within everyday pedagogical activities, of interdisciplinary actions related to sexuality and other cross-cutting themes" (Vieira & Matsukura, 2017, p. 464, our translation). From this perspective, the importance of interdisciplinary activities that mobilize the entire school community is reinforced, involving different subjects in order to ensure interdisciplinary practices. Interdisciplinarity becomes concrete when there is an intersection between different fields or disciplines. Considering this aspect, we may infer that restricting these themes exclusively to science subjects "may be one of the factors reinforcing the maintenance of disciplinary practices surrounding sexuality in schools" (Vieira & Matsukura, 2017, p. 464, our translation).

Considering this entire historical context, Vera Paiva et al. (2020, p. 3, our translation) point out that "researchers, non-governmental organizations, and health professionals joined forces, through various experiences, to improve access to HIV/AIDS prevention, care, and treatment as a right." As previously discussed regarding actions developed during the government of Jair Bolsonaro involving certain restrictions on approaches to sexuality-related issues, it becomes evident that such setbacks have long represented difficult challenges across different historical contexts. The authors recall the period of military dictatorship in Brazil, during which "Brazilian libraries were recovering from the censorship imposed by the dictatorship, there was still no access to the internet, and academic production on the cultural and social dimensions of Brazilian sexualities was only beginning to emerge" (Paiva et al., 2020, p. 3, our translation).

Continuing the discussion on the importance of access to prevention strategies, Maria Cristina Pimenta et al. (2022) defend "the inclusion of PrEP as a strategy that enables individual risk management, by placing the decision regarding protection entirely in the hands of the individual, who no longer depends on their partner" (Pimenta et al., 2022, p. 4, our translation). We may conclude by emphasizing the importance of care that is not only effective, but also inclusive and supportive. "The most important factor capable of facilitating users' access to and engagement with PrEP services would be welcoming and humane care, grounded in respect for people's dignity and non-discrimination" (Pimenta et al., 2022, p. 7, our translation).

From the discussion presented here, we may understand the importance of prevention campaigns as a "cultural artifact intended to change the way people think" (Seffner, 2018, p. 12, our translation), thereby contributing to the dissemination of the importance of care. In this regard, it is important to highlight, as the author points out, that the right to learn and the right to knowledge are guaranteed in the Brazilian Federal Constitution of 1988, in the Brazilian Law on Educational Guidelines and Foundations (LDB), and in the Statute on Children and Adolescents (ECA).

FINAL CONSIDERATIONS

Based on the analysis of the interviews, it may be concluded that teachers face numerous and complex challenges when discussing sexuality education, among which resistance from families stands out. Most interviewees frequently pointed out that the responsibility for discussing these themes belongs exclusively to families, viewing the school merely as a complementary space. Within this context, issues related to taboos and barriers were also highlighted, since discussions about sexuality are often absent within the family environment.

Such issue constitutes a vicious cycle of silence and misinformation, one that only reinforces prejudice while ignoring the fact that many students do not have a safe space at home for these kinds of conversations. In this sense, it becomes evident that "the invisibility of this theme within school curricula is proposed and encouraged by those who disregard the secular principle of education" (Vicente, 2024, p. 3, our translation). As a result, approaches to the topic may become partial and restricted, limited primarily to science and biology classes and adopting an exclusively biomedical and preventive perspective.

The research findings also point to a dependence on textbooks, which tend to present these topics superficially, focusing primarily on anatomy, physiology, and the prevention of STIs. Although such discussions are important, they "are not sufficient to provide a systematic intervention capable of changing children's and adolescents' attitudes and behaviors regarding sexuality" (Vicente, 2024, p. 14, our translation).

In addition to teachers restricting their approaches primarily to textbooks, the research also revealed a lack of knowledge regarding more recent and comprehensive forms of prevention, such as PrEP and PEP. Only one teacher mentioned having addressed the topic. However, although still with the support of external professionals, a certain type of partnership agreement was also mentioned by other teachers. Although schools maintain partnerships with other institutions, especially healthcare clinics, these arrangements "cannot conceal the fact that the school is socially recognized as a distinct space for addressing these themes" (Leão et al., 2024, p. 9, our translation).

Therefore, it is essential that sexuality education in schools not be restricted merely to reproducing textbook content or isolated lectures, since in this form it appears to be guided primarily by the concern that the "adolescent should know their body and its development and experience the beginning of sexual life while avoiding unwanted pregnancy, the dangers brought by AIDS, and other sexually transmitted diseases" (Altmann, 2006, p. 10, our translation). Sexuality education

is expected to be truly effective, contextualized, and up to date, encompassing not only the biological dimension but also the social and cultural aspects of sexuality. According to Figueiredo (2025, p. 117, our translation), “to think about forces is also to introduce into educational dynamics the possibility that the curriculum may renew and recreate itself, even in adverse contexts,” based on the idea that “like a phoenix rising from its ashes, the curriculum can be reborn, even when suffocated by rigid forms or exclusionary perspectives” (Figueiredo, 2025, p. 117, our translation).

Therefore, it may be concluded that this theme is not merely a health issue; it is also a right and a crucial tool for the comprehensive education of students. Such education must be effective, moving beyond exclusively biomedical and preventive approaches to address the diversity of genders and sexual orientations, the deconstruction of norms, and the valuing of students’ experiences and subjectivities. To achieve this, it is necessary to “make discussions about sexuality something calm and ordinary. For this to happen, it is necessary to create the habit of discussing the theme” (Furlani, 2013, p. 78, our translation), recognizing the school as a privileged space for promoting social change. At the same time, teachers must receive training that enables them to address the topic appropriately, without restricting themselves solely to biomedical or preventive dimensions.

NOTES

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2. UDL - It is the acronym for Universal Design for Learning. It is a methodology aimed at minimizing barriers to learning through multiple means of representation, expression, and engagement.

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