

Orientation about sexuality for nursing students

Orientação sobre sexualidade para estudantes de enfermagem

Orientación sobre sexualidad para estudiantes de enfermería

José Roberto da Silva Brêtas¹, Conceição Vieira da Silva Ohara², Isis Distrutti Querino³

ABSTRACT

Objective: To identify the perception of students at the Nursing undergraduate course about sexual orientation activities; to establish how these activities should be developed towards the students. **Methods:** This is a descriptive study using content analysis, performed with a population consisting of 193 students of the Nursing undergraduate course of Universidade Federal de São Paulo. **Results:** 93% of the respondents agreed with sexual orientation activities and 80% justified the necessity through the following categories: contribution for professional education (9%), stereotypes (1%), necessity of information (26%), prevention (4%), taking care of oneself in order to care for the other (13%), self-knowledge (8%) and difficulties with the topic (19%). **Conclusion:** Nursing students are interested in activities focused on the discussion of human sexuality within the academic universe.

Keywords: Students of nursing; Sexology; Sexuality

RESUMO

Objetivo: Identificar a percepção de estudantes do Curso de graduação em Enfermagem sobre atividades voltadas à orientação sexual; estabelecer a forma de desenvolvimento destas atividades junto aos estudantes. **Métodos:** Trata-se de um estudo descritivo em que se utilizou a análise de conteúdo, realizado junto a uma população constituída por 193 estudantes do Curso de graduação em Enfermagem da Universidade Federal de São Paulo. **Resultados:** 93% dos entrevistados concordaram com atividades voltadas à orientação sexual, e 80% justificaram a necessidade por meio das categorias: contribuição para formação profissional (9%), estereótipos (1%), necessidade de informação (26%), prevenção (4%), cuidar de si para cuidar do outro (13%), autoconhecimento (8%) e dificuldades com o assunto (19%). **Conclusão:** Existe interesse dos estudantes de enfermagem por atividades voltadas à discussão da sexualidade humana no espaço acadêmico.

Descritores: Estudantes de enfermagem; Sexologia; Sexualidade

RESUMEN

Objetivo: Identificar la percepción de estudiantes del Pregrado en Enfermería sobre actividades dirigidas a la orientación sexual; establecer la forma de desarrollo de estas actividades junto a los estudiantes. **Métodos:** Se trata de un estudio descriptivo en el cual se utilizó el análisis de contenido, realizado junto a una población conformada por 193 estudiantes del pregrado en Enfermería de la Universidad Federal de São Paulo. **Resultados:** el 93% de los entrevistados concordaron con actividades dirigidas a la orientación sexual, y el 80% justificaron la necesidad por medio de las categorías: contribución a la formación profesional (9%), estereotipos (1%), necesidad de información (26%), prevención (4%), cuidar de sí para cuidar del otro (13%), autoconocimiento (8%) y dificultades con el asunto (19%). **Conclusión:** Existe interés de los estudiantes de enfermería por actividades orientadas a la discusión de la sexualidad humana en el espacio académico.

Descriptores: Estudiantes de enfermería; Sexología; Sexualidad

* Study performed of the Nursing Undergraduate Course at Universidade Federal de São Paulo - UNIFESP - São Paulo (SP), Brazil.

¹ Associate Professor at Universidade Federal de São Paulo - UNIFESP - São Paulo (SP), Brazil.

² Associate Professor at Universidade Federal de São Paulo - UNIFESP - São Paulo (SP), Brazil.

³ Specialist in Surgical-Medical Clinic at Universidade Federal de São Paulo - UNIFESP - São Paulo (SP), Brazil.

INTRODUCTION

In a general way, care refers to acts of assistance, support or facilitation for or towards another individual or group that shows evident or anticipated needs, in order to improve a human condition or way of living. And caring refers to direct (or indirect) activities, processes and decisions of sustenance, skilled in aiding people, so as to reflect on behavioral attributes that are emphatic, supportive, compassionate, protective, helpful, educational and others, dependent on the necessities, problems, values and goals of the individual or group receiving care⁽¹⁾.

In nursing, the act of caring establishes a very close relationship, often intimate, with intense physical contact and permeated by several feelings and sensations. These actions, performed directly on the patient's body, put the nurse in direct contact with the excrements, pains and feelings of the patients⁽²⁾.

The individual is materialized and relates with the world through the body, organizing their stay in the world. It is also through the body that the nurses become aware of their history, their relations with the other and with the world, perceiving and comprehending that the meaning of their own existence cannot be apprehended or unveiled without mediation, and that this is offered to our comprehension and interpretation through the body itself⁽³⁾.

We believe that the nurse's body is the mediator of the care provided to the client, and, due to the proximity established between both in the act of caring, both the body and the corporeality become one in this profession.

For this practice, the nurses or the nursing students surround themselves to fulfill the healthcare necessities of the client, providing an inter-relational process through physical contact, which occurs by touching.

Techniques are important when caring for the client, but, conversely, are often used by the nurse as a defense mechanism. In this sense, an observation can be added: there is no technique that will protect one from oneself⁽⁴⁾.

Based in these assumptions and understanding that sexuality is an individual and social psycho-affective manifestation that transcends its biological base (sex), and whose expression is regulated by the current social values⁽⁵⁾, we note that, although it is present in every moment experienced by the nurse, it is, still, kept silent, hidden or invisible⁽⁶⁾. This invisibility and the occultation of some of the themes stemming from this context bring, by themselves, a special meaning. This happens in relation to sexuality in the nurses' education and practice.

In the nursing practice, a sign showing that sexuality is treated as a taboo is the lack of academic studies, discussions and reflections about it, and also in the professional practice itself. Besides, when feasible, they are shown in a biologist perspective, limited to family

planning and the sexual act as a source of risk, not pleasure⁽⁶⁻⁷⁾.

Overall, sexuality is still a very repressed theme in our society, and repression in sexual education, since childhood, yields a series of "knots" that become more and more entangled, crushing our sexual development and behavior. Usually, such a situation demands a certain amount of time to be absorbed and is not always spontaneously reversible, and/or releases the individual from negative feelings that were incoherently repressed. As such, nursing is inserted into this social-cultural context, and, therefore, does not differ about beliefs, myths and taboos⁽⁸⁾.

Thus, we cite a study performed with American nurses, where their perceptions about sexuality related to patient care were explored, and the findings expose the difficulties towards the subject. It also proposes the introduction of the sexuality theme in the nursing curriculum so that they can acquire knowledge and integrate it to their practice⁽⁹⁾.

Motivated by the proposal of making the students of the Undergraduate Nursing Course at Universidade Federal de São Paulo (UNIFESP) aware about this theme, we elaborated this study with the goal of gathering subsidies to organize activities focused on orientation about sexuality.

OBJECTIVE

The purposes of this research were: to identify the perceptions of the students of the Undergraduate Nursing Course about activities focused on sexual orientation and establish how these activities should be established with the students.

METHODS

This is a descriptive study, with a quanti-qualitative approach. The choice for this type of study was made with the intention of describing the characteristics of a given population or facts and phenomena of a given reality. The study provides an outline of reality, since it describes, registers, analyzes and interprets the current nature or processes of the phenomena. The focus of this method in the dominant conditions of reality, or how a person, group or thing acts or works in the present, employs comparison and contrast to this end. It conveys the current conditions, necessities and how to achieve results for the resolution of problems⁽¹⁰⁾.

This project was approved by the Review Board of UNIFESP, complying with all the standards set by Resolution #196/96, which deals with the norms for research involving human beings⁽¹¹⁾.

The study population consisted of 193 students, with 176 (91%) females and 17 (9%) males, regularly enrolled in the four semesters of the Nursing Undergraduate

Course at UNIFESP, who spontaneously decided to participate in the research.

Once we had the participation of the subjects who signed the term of consent, a semi-structured interview method was chosen for data collection, since it provides an atmosphere of interaction and reciprocity between the interviewer and the interviewee. The greatest advantage of the interview over other techniques is that it allows for the immediate and continuous apprehension of the desired information, with practically any type of respondent and about several topics. When the interview is successful, it can allow for the treatment of strictly personal and intimate topics, as well as complex themes and individual choices, which allows to further delve in the researched topic⁽¹²⁾.

In order to execute this stage of the research, we used some variables to characterize the population studied: age range, gender, religion and marital status, in addition to the study variable "activities focusing on sexual orientation", contemplated by questions based on the individuals' agreement or disagreement with the activities mentioned, the justification of the answers and the best way of performing them, thus allowing for a free conversation between the researcher and the interviewee.

After the interview, we used the Content Analysis technique to interpret the collected material. Content Analysis can be defined as a group of techniques of communication analysis, which aims to obtain, through systematic and objective description of the contents in the messages, indicators that allowed for the inference of knowledge related to the conditions of production/reception of messages⁽¹³⁾.

Among the Content Analysis techniques, we decided for category analysis, which allowed for the execution of data analysis through integrally reading the reports of each interviewee, where we tried to comprehend their interest (or lack thereof) about the theme. They were read so that a general idea could be obtained from each report. Next, each report was read a second time, attempting to identify structuring elements of the adolescents' testimonies about the researched topic, so that these could be decomposed into categories, yielding an axis for their analysis.

Two charts were elaborated for the presentation of results, considering the differences in the students' level of interest. By analyzing the descriptions of each category, they were also expressed in figures.

RESULTS

As for the age range, 24% of the female population were between 17 and 20 years old; 55% between 21 and 23 years old, and 21% between 24 and 29 years old. For the male population, 24% are between 17 and 20 years old, 35% between 21 and 23 years old, and 41% between

24 and 29 years old.

According to the data collected, the predominant religion was Catholicism, with 56%, followed by Spiritism with 15%, Evangelical with 9%, others (messianic, protestant, Adventist, Lutheran, Jewish) with 8%, 2% stating having no religion and 9% did not answer this question. Regarding marital status, 94% were single, 3% were married, 2% were in stable unions and 1% was divorced.

The data obtained with the content analysis revealed the perceptions of the study subjects, who were divided in two groups: those who agreed and those who disagreed with the activities focused on sexual orientation.

In the interviewed population, 93% agreed with activities focused on sexuality orientation. The justifications stated for the necessity of such orientation were grouped in the following categories: contribution for professional education (9%), stereotypes (1%), necessity of information (26%), prevention (4%), taking care of oneself in order to take care of the other (13%), self-knowledge (8%) and difficulties with the topic (19%). Twenty percent of the subjects did not justify their answers.

The students (7%) who did not agree with the activities focused on sexual orientation justified their opinion with the following categories: something unnecessary (4%); exposure (1%); enough information (2%).

Regarding the distribution of preferences about how the activities should be executed, 76% of the students were seen to prefer that sexual orientation would happen individually and in groups, followed by individual strategies (13%) and by group orientation alone (11%).

As for the distribution of the population's opinion about the strategy for the orientations, the highest preferred option was group discussion (32%), followed by workshops with a specific theme (30%), interviews (18%), expositive classes (15%) and other strategies (5%). Among these other strategies, the students mentioned dynamics that allowed body contact (both ours and the other's); group dynamics; studies of current themes, based in texts read by the students themselves; interviews and discussions with more than two people; each day a person of the group brings a doubt, which then develops into a discussion, with its eventual explanation by the teacher or monitor.

Distribution according to the place where these meetings could occur yielded most respondents (50%) mentioning the classrooms of the Nursing Department as the place of choice for the meetings, followed by 40% who chose the Nursing Assistance Center and 10% who preferred other places.

Regarding the period for the development of activities and service, the population chose late afternoon (47%), followed by lunch time (33%), afternoon (13%), and finally, morning and evening, both with 7% of the answers.

As for the opinion of the population about who

would be responsible for developing the activities, 71% chose to have the teacher and the monitor (student) developing the activities together, followed by the teacher, individually (24%) and the student, individually (5%).

Chart 1 – Distribution of the categories according to the justifications of students who agreed with activities focused on sexuality orientation.

Categories	Justification
Contribution for professional education	<p>It would be interesting if we were all well-informed, so that we could orient people adequately in the future.</p> <p>Every healthcare professional must know about the topic, because it is a reference among their family, friends, boyfriend, being often questioned about that. Besides, there are so many myths and taboos that we are often contaminated by them without noticing it, and such a contamination must be treated to avoid propagation.</p> <p>The issue of sexuality orientation for students is important, not only for the students themselves, but also for them to be able to orient their patients regarding sexual education.</p> <p>Every opportunity given to students is pertinent, especially because it is not frequently discussed in college.</p> <p>This type of activity is necessary so that the nurses can be prepared to help the people in need.</p> <p>Because we often have to orient people about sexuality. If we can have support about this topic, it will be easier to address the topic.</p>
Stereotypes	<p>Even more considering that nursing has a sexual connotation.</p>
Necessity of information	<p>There is not enough clarification for a better sexual life.</p> <p>People still have many doubts about the topic, and these questions need to be addressed.</p> <p>To clarify the occasional doubt. I have some questions of my own, besides I understand that the topic should be taken seriously, not banally.</p> <p>It is important to have access to information and professionals that are capable to provide safer orientations about sex and sexuality, especially when we don't have our parents around to talk about this topic with other people.</p> <p>Just like everyone needs information, we're not different just because we're in the healthcare area.</p> <p>Information is necessary, because we deal with both our sexuality and the others on a daily basis.</p> <p>Not only for nursing, but for any other course, clarifying doubts and trying to understand not only the biological part, but also the psychic side of it.</p> <p>It is important to have a supporting service like this to clarify doubts and that will help us deal with that. Thus, we'll have an easier way to find answers to our doubts.</p>
Prevention	<p>Although we're healthcare professionals, we're subject to the risks. It seems like the healthcare professionals feel immune against STD.</p> <p>Helping with doubts that are very common at our age range, helping with disease prevention, pregnancy, and even better rapport in the affective relationships and sexuality.</p> <p>Certainly several students feel disoriented about their sexuality, as well as STD and AIDS issues.</p> <p><u>Several nursing students got pregnant during the course, and also, we need some time to look after our own sexuality.</u></p>
Taking care of oneself in order to care for the other	<p>Since we deal with the body of the other, we must also be in harmony with our own. I see in the classroom that many people do not have basic notions about sexuality.</p> <p>Because we can care for others, then we have to have enough information. We're prepared to care for the health, but many of us don't care about ourselves.</p> <p>Many times it's necessary to talk about sexuality with the patients. If you don't have it clear within yourself, you cannot help the others.</p> <p>Many people don't know their own bodies. I think it's important to know how to develop our own sexuality so that we'll know how to deal with the other's.</p> <p>In order to overcome our taboos, fears, inhibitions, so we will be safe about being able to provide integral care for our future patients.</p> <p>Doubts occur frequently, because, besides future nurses, we are women in development (post-adolescents), and understanding our body-sexuality will give us subsidies to care and guide the others.</p>
Self-knowledge	<p>It helps dealing with the body itself and the prejudices.</p> <p>I had a relationship with a partner only once, and I have doubts about my sexuality.</p> <p>We have to deal with the sexuality of the other in certain situations, and suddenly, we are not well aware of our own sexuality.</p> <p>It would be fundamental to have a service capable of showing the importance of knowing our own body, since this is always left in the background during undergraduation.</p> <p>Many people have problems, conflicts with this topic, it would be good if we could count on some sort of orientation.</p> <p>Sex is part of life and we also need to be concerned about this topic to have balance in all senses.</p>
Difficulties with the theme	<p>It is very difficult to care for another person's body.</p> <p>All of us have difficulties do deal with the theme; maybe it would be easier with professional help and orientation.</p> <p>We often have to deal with these issues during our own internship programs, such as in Women's Healthcare, when we had to orient them about sexuality and many of us did not feel comfortable to talk about the topic, due to embarrassment and knowledge.</p> <p>Many people do not accept their sexuality as something normal, and cannot talk about the topic naturally. In our area, we are constantly dealing with the sexuality of the other, so we have to start by clarifying doubts about our own.</p> <p>Many people feel ashamed of dealing with their own sexuality, and feel ashamed of dealing with the other, which interferes directly in care.</p> <p>The topic is not usually discussed within the families, so we need professionals to help us.</p> <p>Because there are many taboos when you talk about touching or approaching someone else's body. These myths and taboos must be broken.</p>

Chart 2 – Distribution of the categories according to the justifications of students who disagreed with activities focused on sexuality orientation.

Categories	Justification
Something unnecessary	<p>I see no relation with nursing, i.e., if someone has a sexual problem, they must take care of it themselves. Otherwise it will be unnecessary.</p> <p>I don't think it's necessary, because people create their principles through living and experiencing.</p> <p>No, I think there's a higher need for psychologists.</p> <p>I don't think it is necessary, the student wouldn't use it or attend it.</p> <p>Because I think life is the main classroom we have to learn about anything.</p> <p>Because it is part of the private life of each student, and also with the professional life.</p> <p>It will only be useful when the student is really interested.</p>
Exposure	I wouldn't attend it, especially if it were in the school.
Enough information	<p>Because we know, i.e., we study to orient about sexuality, and as such we learn how to deal with our own.</p> <p>I think everybody has enough information. What is lacking is usually awareness and responsibility.</p> <p>Because we know, i.e., we study to orient about the sexuality of the other, and as such we learn how to deal with our own.</p>

DISCUSSION

The category contribution for professional education unveiled, in the essence of the justifications, that an orientation service focused on sexuality is important for the education of the nurse as professional, since we constantly educate others when we provide care, educational activities, which often include sexual orientation. We also know that the theme is not adequately discussed in the undergraduate environment, given the importance it has within the current nursing theories. Such is the case of the Basic Human Necessities, which cover integral care for the individual, including sexuality.

Sexuality has been treated in the nursing theoretical fields as one of the basic human necessities, therefore considered as deserving attention in activities focused on fulfilling the healthcare necessities of the human being. However, in practice, the attention given to it is anchored in its reproductive function and clinical and pathological problems. There is no critical or contextualized discussion contemplating issues of the social-cultural sphere of human sexuality. This silence does not exist only in the theoretical discourse, since we identified that sex and sexuality are still considered taboo subjects in nursing practice and education^(6,14).

Helping another person grow is, at least, helping him/her to care for something or somebody besides him/herself. This involves encouragement and support so that this person may be able to provide care. As such, by helping individuals take care of themselves, fulfilling their own necessities of care and making them responsible for their own life. Thus, we understand that, by starting at the individuals' sexuality-related education and care, we will provide them with subsidies to care for themselves, developing autonomy and build a healthier sexual life⁽¹⁾.

In nursing care practice, the professional is always in contact with the body and the sexuality of the other, as it is the case in procedures such as bed bathing, oral hygiene,

intimate hygiene, gall bladder tubing and others. In view of this reality, better education in the sexuality theme would contribute for the knowledge of the nursing students, the client who is the subject of their care, thus minimizing some difficulties in the student-patient relation, and contributing for better professional education.

Some of the students justified the importance of the service, since "there is no information about sexuality in the school curriculum" and "the topic is not often discussed in college" and that not discussing the question and the difficulties faced in undergraduation does not exempt the nurse of facing it during her professional life. On the contrary, it becomes more aggravated, making situations more difficult to be solved in the daily practice⁽¹⁴⁾.

There are also those who believe that the orientation service should not be provided only to the nursing students, but also to students of other courses of the Vila Clementino Campus of UNIFESP, which offers five courses in the Healthcare area (Medicine, Nursing, Speech Pathology, Biomedicine and Ophthalmic Technology).

We consider that this justification is very important, since the nurse is seen in society in ambiguous ways – sometimes as an asexual angel, stripped of any type of pleasure, or a sexual object. This happens because the woman has been considered an object deserving veneration – a fragile being, who must be protected, guided, defended, a sublime, angelical being, an erotic, dangerous, desirable and feared object, with a seductive and demonic nature. Angel and demon are two stereotypes that reflect two of the universally widespread myths about the women: the myth of female goodness and evil⁽¹⁵⁾. Therefore, both women and nurses, and this one doubly so, carry stereotypes that become intermixed and added together – especially in the latter case, because females are a vast majority in the profession⁽¹⁶⁾. Also, there is the fact that the media collaborates for the perpetuation of the figure of the nurse as sexual object, using this image in scenes that denigrate her image and do not reflect the

professional reality, such as the use of inadequate clothes at the workplace, exchange of affection and relationships with patients and other healthcare professionals.

The media has a strong effect in the perspective of the population, and they state that this constant and untrue representation of the nurses results in the negative image that the general public has of them⁽¹⁶⁻¹⁷⁾.

In the category necessity of information, the essence of most justifications is the lack of clarification and doubts about the sexuality theme, and, as such, the service would be important because it would clarify the students' doubts, offering them better orientation, and, eventually, to the patients as well.

In this category, we obtained justifications focused in the professional future, which we considered pertinent, since the healthcare area is being constantly developed and updated. Therefore, the students would be better prepared to deal with this theme.

There are also justifications based around the lack of a family figure to talk about this topic and the lack of freedom with the parents, and even friends, to clarify doubts. Therefore, the service would help them, since we understand that the student may feel better under the guidance of an experienced professional of the sexuality area, and a person towards whom they have no affective bonds.

Within the prevention category, we obtained justifications saying that even when the healthcare professionals have information, they are subjected to the risks of becoming contaminated, transmitting sexually transmitted diseases (STDs) or even the occurrence of an unplanned pregnancy during a sexual relation. Thus, we observed that these students would like to have activities focused on the orientation, so that they could learn to prevent STDs and unwanted conception adequately.

In the category caring for oneself before caring for the other, we understand that the essence of the students' justifications is that, in order to be able to care for someone, it is first necessary to take care of themselves, i.e., the students have the necessity of knowing and understanding the issues of their own sexuality, so that they can later provide orientation about it to someone. In this sense, building oneself as an ethical subject, caring for oneself, ontologically, is the first relation; next, and even as a consequence, comes care towards the other, since those who know how to care for themselves adequately, know how to lead themselves, can lead themselves in the relation with and for the other⁽¹⁸⁾.

In the self-knowledge category, the students justified the importance of the sexuality orientation service only as a way to know themselves better, not necessarily mentioning that knowing themselves would influence their care and orientation. According to Polak⁽³⁾, nurses believe that it is indispensable to know who they are, how their bodies and minds act, and also, that they need to know

themselves first, and later know what their bodies and their profession mean, and which characteristics their work has, for themselves and for the others.

With their testimonies, we understand that the sexual orientation activities can be a type of self-knowledge, which is often hampered by the overload of activities to which the students are submitted to during a full-time course. However, we understand that, when the students become aware of their own sexuality and have adequate information to educate someone about this topic, they will be better prepared and safe to orient someone, providing better care for themselves and their clients.

Salvage⁽¹⁹⁾ says that sexuality is an integral part of the individual, and any disease has the potential of affecting it. This author outlined examples of factors that affect sexuality, such as the disease process, drugs, surgeries and radiotherapy. Any of these can have a profound effect in a patient. The effects of the alterations in sexuality may be overly complex because of the interrelated biological, sociological and psychological aspects involved. This complexity can bring difficulties to estimate the effects of the disease, but may not prevent the nurses from considering sexuality while they care for their patients. This is strengthened with the finding that 93% of the students in the present study consider that the existence of a service of support and orientation about sexuality is important for the nursing students.

As for those who do not agree with the activity, we observed that in the category difficulties with the subject, several justifications were, in their essence, prejudiced in the same way that the sexuality theme is targeted, which often makes this theme become discussed in secrecy and surrounded by discomfort. Therefore, this difficulty is extended towards the care provided, constantly making it an unpleasant and stressful activity for those performing it.

The testimonies about the nurses' education, practice and even the techniques used in healthcare exclude what is erotic, sensual, and are laden with prejudice, aggravating myths and taboos, creating an atmosphere of forbiddance about the topic, raising doubts and uncertainties, which overlap what is unsaid, what is not expressed verbally. This causes each person to act according to their preconceptions, resulting in embarrassment, feelings of shame, guilt and hostility, both for the nurse and for the other, in the inter-relation at the moment of care⁽²⁰⁾.

Unpleasant situations involve instances where privacy is broken, and they suggest that this is an important aspect in the construction of nursing about the concept of sexuality. Privacy breaches occur when nurses touch or approach their patients very closely, or when a taboo body part is exposed.

In the category something unnecessary, many justifications with varying meanings were obtained. We will analyze each of them separately.

It was observed that there are still students who, even though they are taking courses in the field of the healthcare sciences, believe that the concept of sexuality is limited to the sexual act, or sexual pleasure. Therefore, we understand that, for these students, the service would work not only as orientation about sexuality, but also as a way of unveiling the nursing profession, since we believe that, during the provision of nursing care, we are constantly dealing with the client's sexuality, and consequently, with our own.

In other justifications, we understood that the students considered the topic sexuality as something individual and reserved, and that what they learn in their life experience is enough. We know that several concepts about sexuality that we learned in our day-to-day routine are wrong, and the consequences of this wrongful learning appear in the STD, unplanned pregnancies and transmission of wrong concepts to other people. Especially for being future healthcare professionals, these students should look for accurate and reliable information to orient the other, and also, learn that the sexuality topic, even when very reserved, needs to be discussed so that it can become more natural and understandable in its wide senses (biological, psychological and social).

In the category exposure, the students were observed to feel exposed when attending a sexuality orientation service at the university, but we understand that, from the moment these students understand that sexuality is part of each individual and that it depends on their culture and formative processes of being human, their prejudices about the supporting service will be extinguished, and it can be then considered an important element for the personal and professional education.

REFERENCES

- Leininger MM. Care, the essence of nursing and health. Thorofare, NJ: Slack; 1984.
- Brêtas JRS, Lima RC, Yamaguti L. O corpo que cuidamos. In: Brêtas ACP, Gamba MA. Enfermagem e saúde do adulto. São Paulo: Manole; 2006. p.11-25.
- Polak YNS. O corpo como mediador da relação homem/mundo. *Texto & Contexto Enferm.* 1997; 6(3):29-43.
- Brêtas JRS, Silva CV, Cintra CC. O corpo de quem cuida do corpo do outro: estudo sobre alguns aspectos da corporalidade de estudantes de enfermagem. *Acta Paul Enferm.* 2004; 17(3):333-9.
- Brasil. Ministério da Saúde. Secretaria Executiva. Coordenação da Saúde da Criança e do Adolescente. Programa Saúde do Adolescente: Bases Programáticas. 2a ed. Brasília: Ministério da Saúde; 1996.
- Ressel LB, Gualda DMR. A sexualidade invisível ou oculta na enfermagem? *Rev Esc Enferm USP.* 2002; 36(1):75-9.
- Egry EY, Fonseca RMGS, Oliveira MAC. O estudante de enfermagem frente à questão da sexualidade humana, nos aspectos referentes à contracepção. *Rev Gauch Enferm.* 1990; 11(1):47-51.
- Gir E, Nogueira MS, Pelá NTR. Sexualidade humana na formação do enfermeiro. *Rev Latinoam Enferm.* 2000; 8(2): 30-40.
- Guthrie C. Nurses' perceptions of sexuality relating to patient care. *J Clin Nurs.* 1999; 8(3): 313-21.
- Gil AC. Métodos e técnicas de pesquisa social. São Paulo: Atlas; 2006.
- Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n.19 de 10 de outubro de 1996: Diretrizes e normas regulamentadoras de pesquisas em seres humanos. *Mundo Saude (1995)* 1996; 21(1):52-61.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10a. ed. São Paulo: Hucitec; 2007.
- Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1995.
- Ferreira MA, Figueiredo NMA. Expressão da sexualidade do cliente hospitalizado e estratégias para o cuidado de enfermagem. *Rev Bras Enferm.* 1997; 50(1): 17-30.
- Goldberg MAA. Concepções sobre o papel da mulher no trabalho, na política e na família. *Cad Pesqui.* 1975; (15): 86-123.
- Kalisch PA, Kalisch BJ. Nurses on prime-time television. *Am J Nurs.* 1982; 82(2): 264-70.
- Kalisch BJ, Kalisch PA. Improving the image of nursing. *Am J Nurs.* 1983; 83(1): 48-52.
- Foucault M. *Hermenêutica de sujeito.* São Paulo: Martins Fontes; 2004.
- Salvage J. *Nurses, gender and sexuality.* London: Heinemann; 1987.
- Sobral VRS. A purgação do desejo: memórias de enfermeiras [tese]. Rio de Janeiro: Escola de Enfermagem Anna Nery da Universidade Federal do Rio de Janeiro; 1994.

CONCLUSION

In the category enough information, these students were observed to believe that they already have all the necessary information to orient themselves and the other, considering the service to be unnecessary.

A global analysis of this study allowed us to affirm that the inclusion of sexuality orientation activities for the nursing students would not simply contribute for professional education, but also to the personal growth of each student, by minimizing the existing taboos about sexuality or clarifying doubts or being a source of information.

We believe that, regardless of how sexuality was approached in the individuals' childhood and adolescence, the university cannot omit or marginalize the discussion of the process of human sexuality. If it is really objective and aims at educating the citizens/nurses so that they can have a holistic view of the human being, it is necessary to be concerned about the theme in the education of these young people as individuals who must know themselves and who will be professionals interacting with other people in the future.

We can also state that the current research will modestly contribute for the theme, since there are not enough academic studies, discussions and reflections. The results were clarifying and motivating, resulting in the organization of actions focused on the orientation about sexuality, such as: introduction of the theme in the content of the Psychology Applied to Health course; one elective course; distribution of condoms; and individual and collective orientation, based on the students' interest on the topic.