

## **Nursing and Sexuality: Integrative Review of Papers Published by the Latin-American Journal of Nursing and Brazilian Journal of Nursing**

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This study departs from the assumption that studies addressing sexuality in the field of nursing present changes and broaden the scope of discussion to include gender and sexual rights, although a strong tendency to link sexuality to its biological aspects is still observed. This study identifies the state-of-the-art of studies addressing sexuality published by two international journals: Latin American Journal of Nursing and The Brazilian Journal of Nursing. The sources were papers published in both periodicals over a period of ten years (from 1998 to 2007). In a universe of 1,894 searched abstracts, 29 mentioned the word 'sexuality'. The results confirm this study's assumption showing that the studies addressing sexuality from the perspective of nursing published by these two journals broaden the understanding on the subject as they incorporate categories such as gender, but also excessively link sexuality to its biological aspects.

Descriptors: Sexuality; Nursing Education; Gender Identity.

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## **Enfermagem e sexualidade: revisão integrativa de artigos publicados na Revista Latino-Americana de Enfermagem e na Revista Brasileira de Enfermagem**

Esta pesquisa partiu do pressuposto de que os estudos sobre sexualidade, realizados pela Enfermagem, apresentam mudanças e ampliam o olhar sobre a realidade ao incluir gênero e direitos sexuais, embora permaneça forte tendência para a vinculação da sexualidade aos seus aspectos biológicos. O objetivo do estudo foi identificar o estado da arte das publicações sobre sexualidade em dois periódicos de circulação internacional: Revista Latino-Americana de Enfermagem/RLAE e Revista Brasileira de Enfermagem/REBEn. As fontes foram artigos publicados em ambos os periódicos, no período de dez anos (1998 a 2007). Em um universo de 1894 resumos consultados, foram identificados 29 que traziam no título, palavras-chave, ou resumo a palavra sexualidade. Os resultados confirmam o pressuposto do estudo, demonstrando que a produção sobre sexualidade pela Enfermagem, divulgada nesses dois periódicos, ao mesmo tempo em que amplia a compreensão sobre a temática ao incorporar categorias, como gênero, mantém vinculação excessiva da sexualidade aos seus aspectos biológicos.

Descritores: Sexualidade; Educação em Enfermagem; Identidade de Gênero.

## **Enfermería y sexualidad: revisión integradora de artículos publicados en la Revista Latino Americana de Enfermería y en la Revista Brasileña de Enfermería**

Esta investigación partió del supuesto de que los estudios sobre sexualidad realizados por la Enfermería presentan cambios y amplían la perspectiva sobre la realidad al incluir género y derechos sexuales, a pesar de que permanezca una fuerte tendencia en la vinculación de la sexualidad a sus aspectos biológicos. El objetivo del estudio fue identificar el estado del arte de las publicaciones sobre sexualidad en dos periódicos de circulación internacional: Revista Latino Americana de Enfermería/RLAE y Revista Brasileña de Enfermería/REBEn. Las fuentes fueron artículos publicados en ambos periódicos en el período de diez años (1998 a 2007). En un universo de 1894 resúmenes consultados fueron identificados 29 que contenían en el título, palabras clave o el resumen de la palabra sexualidad. Los resultados confirman el supuesto del estudio demostrando que la producción sobre sexualidad por la Enfermería divulgada en esos dos periódicos, al mismo tiempo en que amplía la comprensión sobre la temática al incorporar categorías como género, mantiene la vinculación excesiva de la sexualidad a sus aspectos biológicos.

Descriptorios: Sexualidad; Educación en Enfermería; Identidad de Género.

## **Introduction**

Sexuality has been a subject discussed in many fields of knowledge and has achieved great visibility through psychology and psychoanalysis, especially since Freud's studies<sup>(1)</sup>. Studies addressing sexuality in the fields of the human and social sciences became more evident and frequent in the second part of the 20<sup>th</sup> century, as more emphasis was placed on the studies of Michel Foucault<sup>(2)</sup>, who through his genealogy of

sexuality, identifies it as a capable dispositive to sustain power mechanisms.

Sexologists have especially addressed sexuality in the health field, which gives it a normative character mainly marked by biological aspects. In studies addressing sexology and views of feminism, feminist researchers call attention to the fact that the medical discourse on sexuality seems not to have been observed by the feminists themselves<sup>(3)</sup>.

Particularly in the second half of the 1990s, international entities focused on public policies directed to women's health incorporated the concepts of reproductive rights and especially sexual rights as human rights, through the force of feminist movements. The discussion of sexuality from this perspective was brought up mainly because of the feminization of the Acquired Immunodeficiency Syndrome (AIDS), which led the World Health Organization (WHO) to adopt the term 'sexual health'. In the context of issues related to women, gay and lesbian movements were also organized seeking to reflect upon and deconstruct sexuality considered just from the heterosexual point of view, which does not take into account homoerotic relationships.

Brazilian nursing has historically maintained professional education based on the biomedical model and has for a long time emphasized nursing care focused on technical procedures developed for the biological body, somewhat denying human multidimensionality. A movement seeking to enlarge care actions beyond techniques and eminently biological aspects is apparent. From this perspective, sexuality has been a subject present especially in the fields of women's health and sexual education directed to adolescents.

Sexuality is a theme that directly involves nursing, since care practices refer to the contact of bodies, with intimacy and the erotic. In the domains of health promotion and education, one cannot disregard the importance of discussions addressing sexual and reproductive rights as unalienable human rights of men and women. Despite this fact, sexuality in recent studies, especially those in the nursing field, is concealed in the interface with care in the education of nurses<sup>(4)</sup>.

Our professional experience has shown that focus and care practices are still based on the traditional, instrumental and normative model both in schools and health care networks, which hinders a critical approach to sexuality. In this context, this study is justified because it seeks knowledge produced and disseminated in the nursing field in Brazilian periodicals with international circulation that enables the problematization of the context of education and health care provided in the sphere of sexuality.

This study assumes that studies addressing sexuality in the Brazilian nursing field present changes and enlarge the scope of discussion to include gender and sexual rights, though a strong tendency to link sexuality to its biological aspects still persists. Hence, this study seeks to identify the state-of-the-art of studies addressing sexuality in the nursing field through papers published

by two Brazilian periodicals of international circulation, with the belief that such periodicals will enable us to find responses to the study's assumptions.

## Method

This integrative literature review<sup>(5)</sup> identifies the state-of-the-art of studies addressing sexuality in two periodicals with international circulation: *Latin American Journal of Nursing* (RLAE) and *Brazilian Journal of Nursing* (REBEn). The concept of 'state-of-the-art' is considered to encompass the mapping of trends and dimensions of studies of relevant subjects to the advancement of scientific research in the most diverse fields of human knowledge<sup>(6)</sup>. The sources used included scientific papers published between 1998 and 2007.

The question guiding this study was: what is the state-of-the-art of the scientific studies addressing sexuality in two Brazilian nursing journals with international circulation?

REBEn was chosen given its historical representativeness as source of dissemination of nursing knowledge since the institutionalization of the profession in Brazil. RLAE, in turn launched the bases for the international visibility of scientific Brazilian nursing production.

The bibliographic review was carried out at the Federal University of Bahia, Nursing School and on the Internet by consulting the issues of the journals available online. REBEn published 55, but only 42 were available. A total of 834 abstracts were read, given the difficulty of accessing all the published issues. It should be noted that the journal only made issues available online beginning in 2004, with volume 57 (issues 5 and 6). RLAE published 203 issues and a total of 1,060 abstracts were read, which is the total number of published articles. The abstracts and full papers were easily accessed because all the issues from the chosen period (1998 to 2007) are available online.

Once it was decided to read all the abstracts published in the period selected for the study, those not mentioning the word *sexuality* were excluded. Of the 1,894 read abstracts, 29 met the inclusion criteria: being a study addressing the subject with a focus on nursing and including the word *sexuality* in the title, abstract or key words or descriptors. After the abstracts were selected, the second stage consisted of reading all the selected papers, whether they were trials, research results, experience reports, or literature reviews.

The analysis of the material was performed through a critical and qualitative reading, which enabled us to identify convergences and group them into thematic

axes: 'Sexuality, nursing education and practice'; 'Sexuality and Sexually Transmitted Infections/Acquired Immunodeficiency Syndrome (STI/AIDS)'; 'Sexuality and chronic-degenerative diseases and/or surgeries'; 'Sexuality and women's health'; and 'Sexuality, nurse

education and/or socio-professional profile'.

## Results

The obtained results are presented in Figure 1: authors, titles of papers and year of publication.

	Author	Title	Year
1.	Souza MM, Brunini S, Almeida MAM, Munari DB.	Programa educativo sobre sexualidade e DST: relato de experiência com grupo de adolescentes	2007
2.	Murakami JK, Petrelli JF Jr, Telles PCP Jr.	Conversando sobre sexualidade, ist e aids com adolescentes pobres.	2007
3.	Melo AS, Carvalho EC, Pelá NTR.	A sexualidade do paciente portador de doenças onco-hematológicas.	2006
4.	Jardim DP, Bretas JRS.	Orientação sexual na escola: a concepção dos professores de Jandira	2006
5.	Moura GR, Pedro EN.	Adolescentes portadores de deficiência visual: percepções sobre sexualidade	2006
6.	França ISX, Baptista RS.	A construção cultural da sexualidade brasileira: implicações para a enfermagem	2006
7.	Borges ALV, Nichiata, LYI, Schor N.	Conversando sobre sexo: a rede sócio-familiar como base de promoção da saúde sexual e reprodutiva de adolescentes	2006
8.	Reis RK, Gir E.	Dificuldades enfrentadas pelos parceiros soro discordantes ao HIV na manutenção do sexo seguro	2005
9.	Mandu ENT.	A expressão da necessidade no campo de atenção básica à saúde sexual	2005
10.	Costa EO, Germano RM.	Relações assimétricas: sexualidade, saúde e poder em militares	2004
11.	Mandu ENT.	Consulta de enfermagem na promoção da saúde sexual	2004
12.	Preussier GMI, Micheletti VCD, P Pedro, ENR.	Preservativo feminino: uma possibilidade de autonomia para as mulheres HIV positivas	2003
13.	Freitas MRI, Gir E, Furegato ARF.	Sexualidade do portador do vírus da imunodeficiência humana (HIV): um estudo com base na teoria da crise	2002
14.	Mandu ENT.	Trajetória assistencial no âmbito da saúde reprodutiva e sexual- Brasil, século XX	2002
15.	Miranda FAN, Furegato ARF.	Percepção da sexualidade do doente mental pelo enfermeiro	2002
16.	Xavier IM.	Doenças sexualmente transmissíveis: enfermagem discutindo essas relações perigosas para as mulheres	2001
17.	Medeiros M, Ferriani MG, Munari DB.	A sexualidade para o adolescente em situação de rua em Goiânia	2001
18.	Dantas RAS, Aguilar OM, Barbeira CBS.	Retorno às atividades ocupacionais e sexuais após cirurgia de revascularização do Miocárdio	2001
19.	Melo LL, Lima MADS.	Mulheres no segundo e terceiro trimestres de gravidez: suas alterações psicológicas	2000
20.	Gozzo TO, Fustinoni SM, Barbieri M, Rhoer WM, Freitas IA.	Sexualidade feminina: compreendendo seu significado	2000
21.	Cano MAT, Ferriani MGC, Gomes R.	Sexualidade na Adolescência: um estudo bibliográfico	2000
22.	Gir E, Nogueira MS, Pelá NTR.	Sexualidade humana na formação do enfermeiro	2000
23.	Freitas MRI, Pelá NTR.	Subsídios para a compreensão da sexualidade do parceiro do sujeito portador de colostomia definitiva	2000
24.	Freitas MRI, Gir E, Rodrigues ARF	Dificuldade sexual vivenciada por mulheres em crise de HIV-1	2000
25.	Bertazoni EC, Gir E.	Aspectos gerais da sexualidade dos portadores de tuberculose pulmonar atendidos em unidades básicas de saúde de Ribeirão Preto-SP	2000
26.	Oliveira MHP, Gomes R, Oliveira CM.	Hanseníase e sexualidade: convivendo com a diferença	1999
27.	Martini JC, Grecis C, Jardim L.	Gravidez na adolescência: da prática disciplinadora à pedagogia libertadora	1999
28.	Jesus MCP.	O significado da educação sexual na relação pais adolescentes	1999
29.	Bandeira L, Oliveira EM.	Representações de gênero e moralidade na prática profissional da enfermagem	1998

Figure 1 – List of the identified papers

Most papers were concentrated in the 'Sexuality, education, adolescence and nursing practices' thematic group, with 12 papers. Of these seven were published by REBEn and five by RLAE. In the axis 'Sexuality and STI/AIDS', six papers were grouped together: three in REBEn and three in RLAE. All five papers addressing

'Sexuality and chronic-degenerative diseases and/or surgeries' were published by RLAE. The axis 'Sexuality and nurse education and/or socio-professional profile' included three papers: one in REBEn and two in RLAE. Three articles addressed 'Sexuality and women's health': two in RLAE and one in REBEn.

## Discussion

### Sexuality, education, adolescence, and nursing practices

Almost all the papers address sexual health education and/or sexual education and indicate there is an effective correlation between health and education through the interface with schools. There is a movement toward a perspective that includes integral health care in which the exercise of sexuality is included, especially in adolescence, a subject addressed in all the papers. For that, studies point to the need to adopt new methodologies to approach and get nurses closer to fathers, mothers and educators. They also suggest that spaces where nurses provide health education should be increased since these break out of the limits of health institutions<sup>(7-15)</sup>.

It is important to highlight that even though these studies were published in a decade characterized by studies carried out by nurses addressing gender issues, most of them do not refer to this analytical category even when identity issues of boys and girls and their sexual experiences are discussed<sup>(12)</sup>.

Only two experience reports based on the participative methodology of Paulo Freire effectively include the category 'gender' when addressing sexuality issues among adolescents. Experiential workshops were conducted<sup>(8-9)</sup> in both studies seeking a broadened perspective of sexuality that transcended sex involving "values, feelings, culture and gender"<sup>(8)</sup>. These reports show the importance of identity constitutions of masculinity and femininity in the determination of social behavior in relation to the exercise of sexuality.

Three papers problematize the issue of sexuality without however specifically addressing the interface with adolescence as the previous studies did. Of the three papers, two contribute to proposals in the field of primary health care, especially focused on sexual health<sup>(16-17)</sup>.

Of the latter two papers, the one discussing methodological fundamentals for nursing consultation in the sexual health of adults and adolescents presents a broader proposal of the concept of sexuality and also a conceptual framework of sexual rights. The author<sup>(16)</sup> emphasizes the concept of sexual rights and proposes the inclusion of nursing consultations to promote sexual health respecting socio-cultural and geographical diversity and the demands of users in each region.

In another paper<sup>(17)</sup>, which originated from a doctoral dissertation, the author addresses political-

ethical aspects in primary health care regarding sexual health. She stresses one aspect, among other important ones, that we consider essential: the education of nurses, because for one "to comprehensively deal with sexuality one needs to recover it as an object of professional training, going beyond a privileged biomedical perspective"<sup>(17)</sup>. This requires assuming and thereby overcoming a technical education toward an approach focused on inter-relations.

The third group of papers<sup>(18)</sup> addressing 'Sexuality, education, adolescence and nursing practices', which does not specifically address the sexuality of adolescents, contributes to a critical reflection. This paper presents a theoretical approach of the cultural construction that permeates Brazilian sexuality, the role of the media, and how nurses should contribute to sexual education, though it questions the lack of education in nursing programs that is specifically in the field of sexuality. It was published in January 2007 and discusses movements considered "deviant" such as the feminist movement, the gay and lesbian movements, which alter the configuration of the hegemonic sexuality. The authors operate with the category 'gender' concluding that gender relations "are based on categorizations that permeate social order and these categorizations determine a symbolic dominance. Even though Western societies have developed a certain tolerance in relation to issues involving sexuality, their symbolic systems remain unaltered and continue to be focused on the assumption of male dominance according to "nature" as an instrument to keep social order"<sup>(18)</sup>.

### Sexuality and STI/AIDS

Six papers<sup>(19-24)</sup> were identified in this thematic group and even though they were published in a time when a sweeping debate was taking place on the feminization of AIDS, only one addresses the issue of gender vulnerability<sup>(20)</sup>. The authors indicate the need for new approaches in nursing in relation to AIDS, in which gender and sexuality are present. They suggest that nursing care should seek a more contextualized perspective identifying the nuances of unequal relationships of power between sexes as one of the strong determinants of female vulnerability to AIDS.

In studies that included both men and women in the studied population<sup>(22-23)</sup>, it was difficult to identify to what "subjects" the authors were referring, men or women. The authors defend the need to care for serodiscordant partners<sup>(22)</sup>, envisioning a less biologicistic, and more humanized and integral approach. However, while the authors contemplate in small excerpts of analysis the

differences of "gender" roles, the authors used the masculine in the universalist meaning to classify all human beings as men, which denies the gender approach and moves away from integrality. The extensive scientific literature has confirmed that hierarchies and inequalities of power are socially established from differences of gender, broadening gender vulnerability and favoring the feminization of AIDS.

One of the papers points in this direction since it was developed with military police in Natal, RN, Brazil through focal groups<sup>(24)</sup>. From a Foucaultian perspective, the results showed very evident signs of unequal power between men and women. Gender asymmetry results in sexuality reproducing inequalities through socially acceptable behavioral rules. The study shows that STI and AIDS exist in this tangle of inequalities between sexual partners and from the collective health point of view, individual behavior arises from social conditions that determine vulnerability.

### **Sexuality and chronic-degenerative diseases and/or surgeries**

In the thematic group 'Sexuality and Chronic-degenerative diseases and/or surgeries', five papers were found, all published by RLAE. These papers show a concern with aspects of sexuality that go beyond a biologicistic view, however, a physiopathological approach to diseases is the dominant view, while sexuality is reduced to the sexual act *per se*<sup>(25-28)</sup>. These two papers do not present a theoretical discussion and in some there is no reference to the concept of sexuality that guides the view of researchers. Even though sexuality is one of the key words used, it is not a central issue in the studies described by these two papers<sup>(25-26)</sup>.

What we often found as a conclusion of these studies demonstrates a very idealized level of care. An example is the study<sup>(28)</sup> that proposes an understanding of the sexuality of partners of individuals with colostomies. At the end, the authors state "the client's sexual integrity needs to be seen and understood by health professionals in order to plan care actions that contemplates the Integral Being"<sup>(28)</sup>. The 'Integral Being' of sexuality cannot be a universal client: s/he is a subject of differences marked by gender, ethnicity, class, and generation, among others that we come into contact with in a complex society as ours. S/he is the singular human being whose sexuality is affected by multiple sociocultural factors.

Only one paper<sup>(29)</sup> in this group discusses sex and sexuality beyond the viewpoint of a pathology

and includes the category 'gender' in the analysis of results. Departing from the assumption that Hansen's disease or what is commonly called leprosy causes distinct effects on men and women and that sexuality determines behavioral changes, the authors concluded that "knowing to capture the differences that are socially constructed between the masculine and feminine roles is essential to promoting educational actions in the health field, including those directed to Hansen's disease"<sup>(29)</sup>.

### **Sexuality and nurse education and/or socio-professional profile**

Despite the fact these studies are of different natures, all converge on the point of intersection between sexuality and care in which education and socio-professional profile are determinants in routine practices.

The first of them, published in 1998<sup>(30)</sup>, does not focus on sexuality *per se* but refers to it as it discusses gender and morality in professional nursing practice. It focuses on the particularities of the care act and the power relationships established in health facilities that go beyond the asymmetries more easily identified in the relationships between physicians and nurses.

According to the authors, these power relationships are marked by two perspectives that are opposed to each other: the rationalizing and scientific perspective represented by medicine and the interpersonal dimension, which "does not exclude a scientific logic but is based on an affective, supportive relationship" represented by nursing<sup>(30)</sup>. Scientific rationality is based on the principle of masculinity and relational logic is a feminine principle. From this perspective, the authors argue that the introduction of subjectivity as an analytical category "breaks up the male hegemony and enables one to re-conceptualize coded and hierarchical social relations, especially in the health field and labor relations. [...] In the health field for instance, the dimensions of affectivity, feeling, language in the work concept, virility, femininity and sexuality are incorporated"<sup>(30)</sup>.

The second paper<sup>(31)</sup> in this thematic group presents the results of a study carried out with 40 students in the 8<sup>th</sup> semester of an undergraduate nursing program. This paper discusses the concept of sex and sexuality and presents several studies addressing this subject in the nursing field in its literature review. The authors concluded that nursing students have incorrect information concerning sex and sexuality and that schools should provide an education that includes sexuality because "men could be treated as holistic beings with

their multiple interdependent processes, while sexuality is one of the processes intrinsic to being<sup>(31)</sup>.

Once more we highlight the fact that a study addressing sexuality in the nursing field uses “man” as the single representative of humanity, conveying by the language used how \values that deeply affect the perspective of sexuality are present in gender identity constructions. It reveals difficulties faced in education and professional practice with repercussions for the visibility and valorization of the profession, which is apparent in the paper previously analyzed<sup>(30)</sup>.

The last paper in the group ‘Sexuality and nurse education and/or socio-professional profile’ is part of a master’s thesis that identified the social representations of nurses expressed through their perception concerning the sexuality of mental patients<sup>(32)</sup>. This study shows how a lack of education on sexuality leads nurses to deny the sexuality of patients with mental disorders.

The authors make this facet of nursing very clear when they state “ideally, care should be provided by professionals of the same sex, which would not exclude libidinal manifestations. This real and current (unspoken and not taught) situation leads professionals to distance themselves from it and even deny it. The body fragmentation begins with teaching<sup>(32)</sup>. The authors state that the physiopathological dimension is reinforced, emphasizing techniques from prevention to more complex elements of health care within an organic model. Hence, “... other structures that complement the notion of body image become obscure as if they were structured in different dimensions, that is, teaching omits libidinal, emotional and sociological aspects of human conduct<sup>(32)</sup>.”

### **Sexuality and women’s health**

The paper published in REBEn<sup>(33)</sup> is an experience report of the authors in the coordination of a group of pregnant women conducted in a daycare in the scope area of a primary health care unit. Even though the key word “sexuality in pregnancy” is included in this paper, it does not specifically addresses the subject. It follows the model of general guidance concerning bodily and emotional changes, care provided to newborns and the statement that libido virtually ceases during this period both for women and men.

The other two papers in this thematic group were published in RLAE in 2000 and 2002. The first<sup>(34)</sup> presents, from a phenomenological point of view, the sexual experience of women attending an educational group addressing sexuality in a family planning service.

The study showed that the difficulties experienced by women in relation to sexuality are greater than one supposes and indicates that health professionals, especially nurses, should be apt to heed the demands of individuals in this field – as long as they set aside their own moral values and effectively look at the women they are caring for.

The study published in 2002<sup>(35)</sup> presents the trajectory of reproductive and sexual health care in Brazil in the course of the 20<sup>th</sup> century, mapping the policies and social determinants that guided women’s health care during this entire historical period. The author makes considerations from the medical moralistic model to the movement for sexual and reproductive rights – established in the International Conference on Population and Development in 1994 and in the IV International Conference on Women in 1995. Sexuality permeates its entire course linked to nuances of international movements of women and feminists and national health policies, “including care in regard to reproduction and sexuality in the different age ranges, aiming to provide universal access and ensure integral care<sup>(35)</sup>.” The author concludes by emphasizing the importance of social control in fostering the delivery of integral health care and a singular view of gender equity in health policies and practices.

### **Final considerations**

If we consider the low number of papers published on sexuality (less than 2% of the total) in the studied period in these two periodicals, we can say there is a gap of knowledge in the field in relation to its importance for the quality of care delivered at all levels of care. This statement is based on the understanding that issues sexuality are intertwined with the care delivered in the most different specialties both during hospitalizations and during actions developed for community health.

This study confirms the assumption that studies addressing sexuality in the nursing field present changes and broaden perspectives on the subject—including gender, power relations, and sexual rights—though a strong tendency to link sexuality to its biological aspects is observed.

The state-of-the-art of the papers addressing nursing and sexuality published in both the studied journals is mainly qualitative, reflecting the model of policies in the Unified Health System (SUS) focused on health promotion with a greater concentration of studies in the thematic group ‘Sexuality, education, adolescence and nursing practices’ – which has a direct relationship

with 'Sexuality and STI/AIDS'. However, the use of gender as an analytical category is still in an incipient phase in most of the studies in this thematic group, especially when we analyze the identity implications of masculinity and femininity during adolescence and their repercussions in relation to the feminization of AIDS, strongly marked by the vulnerability of gender.

The delivery of integral care was a concern of studies focused on sexuality and chronic-degenerative diseases and surgeries, though they did not present a greater advancement in relation to the socio-cultural aspects that permeate human sexuality. This situation becomes quite evident when comparing two studies in borderline situations in relation to the subject: one study addresses the sexuality of women and men with Hansen's disease and the other addresses the sexuality of the partners of colostomy patients. In the first, differences in the exercise of the sexuality of women and men are considered. In the second study, this does not occur; instead it 'idealizes' an integral being whose differences are not mentioned.

Most of the studies brought up, to a greater or lesser extent, considerations concerning the need to address sexuality beyond biological aspects both in schools and in health institutions. However, this posture indicates positions much more ideological than effective discussions and concrete proposals, the latter being necessary for changes to be realized.

The three single papers in the field of 'Sexuality and women's health' were published in 2000 and 2002; no more papers were found until 2007, the last year of this study's data collection. Even though some studies conducted with women focused on the group 'Sexuality and STI/ AIDS', it is important to mention that in this period many nursing schools introduced or consolidated studies in the field of gender, health and sexuality side by side with issues related to family planning, sexual and reproductive rights. The publications in these two periodicals do not reflect advancements in this respect.

Most of the studies point to the need for sexuality to be effectively addressed during nursing education. However, the reduced number of papers published in the field of 'Sexuality and/or socio-professional profile' reinforces the gap authors have indicated in relation to a lack of studies addressing sexuality in nurses' education.

Advancements are observed when we analyze the current content of curricula in nursing programs. Many curricula already include the content "gender, health and sexuality" in an undergraduate course. But is a

single course capable of changing professional practice? Probably not, since what we have seen most of the time is the understanding, on the part of professionals and students, that such discussions only meet the needs of teaching in the field of women's health. We note here that, given the diversity of thematic areas identified in this study, their position express a reductionist perspective that impedes one from seeing the whole. The results of this study show that sexuality and gender relations have a transversal nature that permeates ways of caring in different forms and places.

This transversal nature becomes evident when we treat body care in its material character in its most restricted intimacy. The range of sexuality and gender relations covers the most elementary aspects of care from common sense views of body hygiene to the most technically complex acts, such as introducing a urinary catheter. Treating sexuality and gender relations is essential when health promotion or education actions are implemented in the Family Health Program, in women's and mental health, or when we face the issue of STI/AIDS. From this perspective, we need to break the silence that still prevails in nursing, when what is being discussed is the role sexuality plays as essential component in the delivery of integral care.

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