

VALIDATION OF AN EDUCATIONAL VIDEO ON SEXUALLY TRANSMITTED INFECTIONS FOR THE TRAINING OF TEACHERS IN WOMEN'S CORRECTIONAL FACILITIES

VALIDAÇÃO DE VÍDEO EDUCACIONAL SOBRE INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS PARA CAPACITAÇÃO DE PROFESSORES EM PRISÕES FEMININAS

VALIDACIÓN DE UN VÍDEO EDUCATIVO SOBRE INFECCIONES DE TRANSMISIÓN SEXUAL PARA LA FORMACIÓN DE PROFESORADO EN PRISIONES FEMENINAS

 Tarcila Lima Alcântara de Gusmão¹
 Guilherme Guarino de Moura Sá²
 Maria Wanderleya de Lavor Coriolano-Marinus³
 Francisca Márcia Pereira Linhares³
 Thaís de Almeida da Silva¹
 Tatiane Gomes Guedes³

¹Universidade Federal de Pernambuco - UFPE, Departamento de Enfermagem, Programa de Pós-Graduação. Recife, PE - Brazil.

²Instituto Federal de Educação, Ciência e Tecnologia de Pernambuco, Campus Pesqueira. Pesqueira, PE - Brazil.

³Universidade Federal de Pernambuco - UFPE, Departamento de Enfermagem. Recife, PE - Brazil.

Corresponding Author: Thaís de Almeida da Silva

E-mail: thaiss.asilva@ufpe.br

Authors' Contributions:

Conceptualization: Tarcila L. A. Gusmão, Tatiane G. Guedes; **Data Collection:** Tarcila L. A. Gusmão; **Investigation:** Tarcila L. A. Gusmão; **Methodology:** Tarcila L. A. Gusmão, Maria Wanderleya L. Coriolano-Marinus, Tatiane G. Guedes; **Project Management:** Tarcila L. A. Gusmão, Tatiane G. Guedes; **Statistical Analysis:** Tarcila L. A. Gusmão, Tatiane G. Guedes; **Supervision:** Maria W. L. Coriolano-Marinus, Francisca M. P. Linhares, Tatiane G. Guedes; **Validation:** Guilherme G. M. Sá, Thaís A. Silva, Tatiane G. Guedes; **Visualization:** Maria W. L. Coriolano-Marinus, Francisca M. P. Linhares, Tatiane G. Guedes; **Writing – Original Draft Preparation:** Tarcila L. A. Gusmão, Maria W. L. Coriolano-Marinus, Tatiane G. Guedes; **Writing – Review and Editing:** Guilherme G. M. Sá, Thaís A. Silva; **Software:** Tarcila L. A. Gusmão.

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 Tânia Couto Machado Chianca

ABSTRACT

Objective: to describe the development, content validation, and semantic evaluation of an educational video on Sexually Transmitted Infections intended for the training of teachers working in schools located within women's correctional facilities. **Methods:** this methodological study was conducted in three stages: (1) video development; (2) content validation by 22 nurses; and (3) semantic evaluation by 10 female teachers from a school located in a women's correctional facility in Northeastern Brazil. Data analysis employed a Content Validity Index (CVI) of ≥ 0.90 , the binomial test, and a Semantic Agreement Index of ≥ 0.70 . **Results:** the video, developed using the Draw My Life format, addresses Sexually Transmitted Infections within the educational context of women's correctional facilities and provides guidance on how to approach this topic in the classroom. During content validation, six of the 17 items included in the evaluation instrument showed agreement levels below 0.90. In the semantic evaluation, however, all items achieved full agreement among the teachers. **Conclusions:** considered valid in terms of content by expert judges and comprehensible to the target audience, the educational material may be used to support training on Sexually Transmitted Infections.

Keywords: Teacher Training; Institucional Film and Video; Sexually Transmitted Diseases; Prisoners; Women's Health.

RESUMO

Objetivo: descrever o desenvolvimento, a validação de conteúdo e a avaliação da semântica de um vídeo educacional sobre Infecções Sexualmente Transmissíveis, destinado à capacitação de professores que atuam em escolas de unidades prisionais femininas. **Métodos:** estudo metodológico conduzido em três etapas: 1) desenvolvimento do vídeo; 2) validação de conteúdo por 22 enfermeiros; 3) avaliação semântica por dez professoras de escola situada em unidade prisional feminina no Nordeste do Brasil. Na análise, adotaram-se índices de validação de conteúdo $\geq 0,90$, teste binomial e índice de concordância semântica $\geq 0,70$. **Resultados:** o vídeo, desenvolvido no formato Draw my life, aborda as Infecções Sexualmente Transmissíveis no contexto escolar de unidades prisionais femininas e orienta a abordagem do tema em sala de aula. Na validação de conteúdo, seis dos 17 itens do instrumento apresentaram concordância $< 0,90$, enquanto, na avaliação semântica, todos os itens obtiveram concordância total entre os professores. **Conclusões:** considerado válido quanto ao conteúdo por juízes e compreensível pelo público-alvo, o material pode ser utilizado para capacitação sobre Infecções Sexualmente Transmissíveis.

Palavras-chave: Capacitação de Professores; Filme e Vídeo Educativo; Infecções Sexualmente Transmissíveis; Prisioneiros; Saúde da Mulher.

RESUMEN

Objective: describir el desarrollo, la validación de contenido y la evaluación semántica de un vídeo educativo sobre Infecciones de Transmisión Sexual, destinado a la capacitación de profesores que trabajan en escuelas de unidades penitenciarias femininas. **Métodos:** estudio metodológico realizado en tres etapas: 1) desarrollo del vídeo; 2) validación de contenido por 22 enfermeros; 3) evaluación semántica por diez profesoras de una escuela ubicada en una unidad penitenciaria femenina en el noreste de Brasil. En el análisis, se adoptaron índices de validación de contenido $\geq 0,90$, prueba binomial e índice de concordancia semántica $\geq 0,70$. **Resultados:** el vídeo, desarrollado en el formato Draw my life, aborda las Infecciones de Transmisión Sexual en el contexto escolar de unidades penitenciarias femininas y orienta sobre cómo tratar el tema en el aula. En la validación de contenido, seis de los 17 ítems del instrumento mostraron una concordancia $< 0,90$, mientras que en la evaluación semántica, todos los ítems obtuvieron una concordancia total entre los profesores. **Conclusiones:** considerado válido en cuanto al contenido por los jueces y comprensible para el público objetivo, el material puede ser utilizado para la capacitación sobre Infecciones de Transmisión Sexual.

Palabras clave: Formación del Profesorado; Película y Vídeo Educativos; Enfermedades de Transmisión Sexual; Prisioneros; Salud de la Mujer.

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INTRODUCTION

Sexually Transmitted Infections (STIs) constitute a major public health concern worldwide⁽¹⁾. Their prevalence is higher among incarcerated populations than in the general population⁽²⁾. Brazil stands out for its large number of incarcerated women and the high prevalence of STIs in women's correctional facility⁽³⁾. This scenario is associated with the rapid spread of infections within correctional settings. Factors such as overcrowding, poor hygiene conditions, and limited access to healthcare services increase vulnerability. Furthermore, the limited availability of sexual health information and low adherence to preventive measures contribute to the worsening of this situation. In addition, many women enter the correctional system already infected and unaware of their diagnosis⁽⁴⁾.

Access to sexual health education is included among global objectives and Brazilian public policies aimed at incarcerated populations, as exemplified by the National Policy for Comprehensive Healthcare for Persons Deprived of Liberty in the Correctional System⁽⁵⁾. Within correctional settings, this strategy essential for reducing vulnerability to STIs. The main educational interventions focused on STI prevention have employed technologies such as role-playing activities, printed educational materials, genital simulators, videos, and educational games, targeting incarcerated women⁽⁶⁾. Teachers working in women's correctional facilities play a crucial role as disseminators of this information. Training these professionals promotes the continuous dissemination of health information and encourages behavioral change. However, the literature reveals a scarcity of educational strategies specifically designed for this audience⁽⁶⁾.

The use of educational technologies represents a feasible pedagogical alternative for teachers' health education. Educational videos have proven to be an effective and practical means of instructing teachers on health-related topics⁽⁷⁾. Video-based learning enhances engagement, accessibility, and flexibility in knowledge acquisition and skill development. Educational videos provide standardized access to information in a self-directed manner and can be viewed in the user's preferred environment, allowing content review and large-scale training. Moreover, videos can be stored on various platforms and distributed through multiple channels⁽⁸⁾. Thus, educational videos emerge as a relevant educational technology for training teachers working in schools located within women's correctional facilities on STI-related topics.

The incorporation of scientific evidence regarding the development, validation, and evaluation of educational

videos for the training of teachers working in schools located within women's correctional facilities may have practical implications for ensuring universal access to STI-related information and education in these settings.

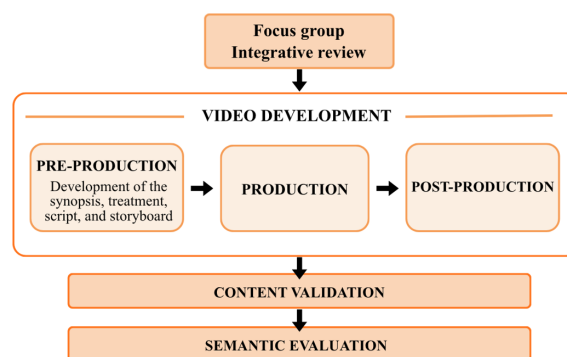
This study aimed to describe the development, content validation, and semantic evaluation of an educational video on STIs designed to train teachers working in schools located within women's correctional facilities.

METHOD

This was a methodological study aimed at developing an educational video on STIs, conducting content validation by experts, and performing semantic evaluation by teachers working in a school located within a women's correctional facility. The study was carried out between February and December 2020.

The flow of the study steps is illustrated in Figure 1.

Figure 1 — Flowchart of the study steps. Recife, PE - Brazil, 2020.



Source: The authors (2026).

The development of the video was based on a methodological framework for the creation of audiovisual educational technologies, consisting of three distinct phases: pre-production, production, and post-production⁽⁹⁾. The pre-production phase began with a focus group involving all teachers from a school located within the Women's Penal Colony [Colônia Penal Feminina] of a state in Northeastern Brazil (n = 10). Given the importance of participatory development, the focus group aimed to identify the target audience's preferred educational technology for accessing information about STIs, as well as to explore their experiences, prior knowledge, and main difficulties regarding the topic. Due to the COVID-19 pandemic, the meeting was conducted remotely via the Google Meet platform which lasted 48 minutes and included

an introductory integration activity, a guided discussion based on prompting questions about STIs and sexual health, and collective recording of participants' statements. All participants signed an electronic Informed Consent Form prior to the activity.

Discussions were guided by questions such as: "What are Sexually Transmitted Infections?"; "How do you describe your experiences in addressing sexual health and STI prevention issues?"; "What requirements do you consider necessary to improve the discussion of this topic?"; "What knowledge do you consider most important?"; and "Which educational technology best meets your learning needs?". The teachers shared experiences, challenges, and needs, emphasizing practical and accessible technologies that incorporated questions and images; information on preventive measures; differentiation between HIV and AIDS; symptoms of the most prevalent STIs; and a focus on infections most common in correctional facility settings. Their statements highlighted the importance of simple, accurate, and directly applicable content for teaching practice. The focus group participants identified video as the educational technology best suited to the needs of teachers working in schools located within women's correctional facilities.

Subsequently, the video synopsis, treatment, and script were developed. Based on the script, the central idea, conflict, characters, dramatic action, dramatic time, and dramatic unity were defined. A storyboard was then created, outlining the chronological flow of the narrative and the illustrations to be displayed. In this study, a "Draw My Life" video format was selected because of its dynamism and versatility. This approach employs animation techniques in which illustrations are drawn on a white background while the story is simultaneously narrated⁽¹⁰⁾.

The video content was selected based on information from the Brazilian Ministry of Health and studies related to continuing teacher education and the development of educational technologies. An integrative literature review was conducted to identify the STIs most prevalent among incarcerated women.

For the Integrative Literature Review, the following guiding question was formulated using the PICO mnemonic: "Which STIs most commonly affect incarcerated women?". Searches were conducted in MEDLINE/PubMed, Índice Bibliográfico Español en Ciencias de la Salud (IBECS), Scopus, Cochrane Library, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF), and Scientific Electronic Library Online (SciELO), controlled DeCS/

MeSH descriptors – "Sexually Transmitted Infections," "Women," and "Prisoners" – and their synonyms were used according to the characteristics of each database. Descriptors within each term set were combined using the Boolean operator OR, while the different sets were combined using AND. Original studies were included without time restrictions.

A total of 1,032 records were identified, of which seven met the inclusion criteria after screening and critical appraisal. The most prevalent STIs identified were chlamydia, gonorrhea, syphilis, HIV, trichomoniasis, hepatitis B, and hepatitis C. The synthesis revealed marked vulnerability among incarcerated women and supported the selection of the clinical and preventive content incorporated into the video script, particularly regarding the emphasis on clinical manifestations and preventive measures related to the most prevalent STIs.

These findings guided the definition of the script content and language, prioritizing practical aspects, preventive measures, and information on prevalent STIs, in accordance with the results of the integrative review.

During the production phase, the video was recorded using the VideoScribe platform. Illustrations depicting signs and symptoms of the selected STIs were obtained from the platform's image library and from the free Google Images repository. Audio narration was recorded using a portable voice recorder. In the post-production phase, the video was edited, background music was selected, narration was added, and illustrations were synchronized with the audio.

Following development, the video underwent content validation by experts in women's health, health education, STIs, or educational technologies. Sample size calculation for a finite population was performed using the formula $n = Z^2 \cdot P(1-P)/e^2$, adopting a 95% confidence level, a P of 85%, and an acceptable difference of 15%, resulting in a sample of 22 experts.

The experts were nurses selected according to their knowledge, skills, practical experience, and scientific production related to the topic, based on criteria adapted from Fehring⁽¹¹⁾. Recruitment was conducted through snowball sampling, beginning with recommendations from faculty members in the Department of Nursing at the *Universidade Federal de Pernambuco*. Furthermore, additional experts were selected through the Lattes Platform using searches in the "subject" field with the terms "sexually transmitted infections," "women's health," and "prison," both separately and in combination. Experts who incompletely completed the data collection instrument were excluded.

Content validation was conducted through successive invitations until the calculated sample size was reached. A total of 63 invitations were sent to eligible professionals. This strategy aimed to ensure attainment of the “n” required and minimize selection bias given the uncertainty regarding acceptance rates. The first 22 experts who agreed to participate received an online questionnaire containing the informed consent form, 14 characterization questions, and the content validation instrument. The experts had access to the video for 15 days through the WeTransfer platform.

The content validation instrument, developed based on a methodological framework, included 17 items organized into eight domains⁽¹²⁾: concept of the idea, dramatic construction, pacing, characters, dramatic potential, dialogues, visual style, and target audience. Experts assessed agreement with the content using “Yes” or “No” responses and rated relevance on a four-point adjectival scale (irrelevant, slightly relevant, relevant, or highly relevant). At the end, the instrument included three open-ended questions addressing errors, missing important information, and additional comments. No sample losses occurred.

After analysis of the experts' suggestions, modifications were made to the educational video, including re-recording audio segments and revising images. The revised version was subsequently submitted for semantic evaluation by ten teachers working at the school within the Women's Penal Colony [*Colônia Penal Feminina*], representing the target audience. Teachers who were on leave during data collection were excluded. Due to the COVID-19 pandemic, all study procedures involving participants were conducted remotely using the Google Meet video-conferencing platform. Participants were invited and data collection sessions were scheduled during an online pedagogical meeting.

After agreeing to participate and signing the online informed consent form, participants viewed the video once in Full HD format. The online form allowed participants to receive a copy of the consent document, and consent was formally registered when the corresponding option was selected. Afterwards, participants completed a questionnaire containing six characterization questions and the semantic evaluation instrument. This instrument was developed based on previous studies evaluating educational technologies and included ten items on graphic characteristics, video duration, comprehensibility, and motivation to watch the video^(13–14). For each item, participants indicated agreement by selecting “Yes” or “No.”

Data analysis was performed using R software version 3.5.2. Categorical variables were presented as

absolute and relative frequencies. For content validation, items with an agreement proportion of 90% or greater were considered valid. The Item-Level Content Validity Index (I-CVI) was calculated to assess judges' agreement for each item, and the Scale-Level Content Validity Index/Average Calculation Method (S-CVI/Ave) was used to calculate the average of all I-CVI values. Additionally, a binomial test was applied to each item to statistically assess whether the proportion of agreement was equal to or greater than 90%.

For semantic evaluation, the Semantic Agreement Index (SAI) was used to determine the proportion of agreement among target audience participants for each evaluated item. A minimum SAI of 70% was adopted.

The study was approved by the Research Ethics Committee of the Universidade Federal University de Pernambuco (Opinion Report No. 7,438,821), and all participants provided Informed Consent Form.

RESULTS

The video was developed using the “Draw My Life” format and entitled “Teacher Talk: Sexually Transmitted Infections in the context of women's correctional facility schools.” It had a total duration of 11 minutes and 20 seconds and was made freely available at <https://www.youtube.com/watch?v=LzlWWWh1HuOI&t=1s>. The video comprised an introduction, presentation of the main character, contextualization of STIs within the educational setting of women's correctional facilities, a discussion of the STIs most prevalent among incarcerated women (HIV, AIDS, syphilis, chlamydia, gonorrhea, trichomoniasis, hepatitis B, and hepatitis C), the main signs and symptoms, preventive measures, and general guidance for addressing the topic in the classroom. Figure 2 presents selected scenes from the video.

Twenty-two nurses participated in the content validation process. Of these, 18 (81.8%) were female, with ages ranging from 29 to 57 years (mean: 40 ± 11.3 years). Nine (40.9%) worked exclusively in academia, one (4.5%) in clinical practice, and 12 (54.5%) in both teaching and clinical settings, with a mean professional experience of 14 (± 7.3) years. All experts held a master's degree; nine (40.9%) held a doctoral degree; 13 (59.1%) had specialization training in women's health or health education; and nine (40.9%) had specialization training in public health or collective health. Regarding scientific production, all participants had conducted research within the previous five years in the fields of women's health, health

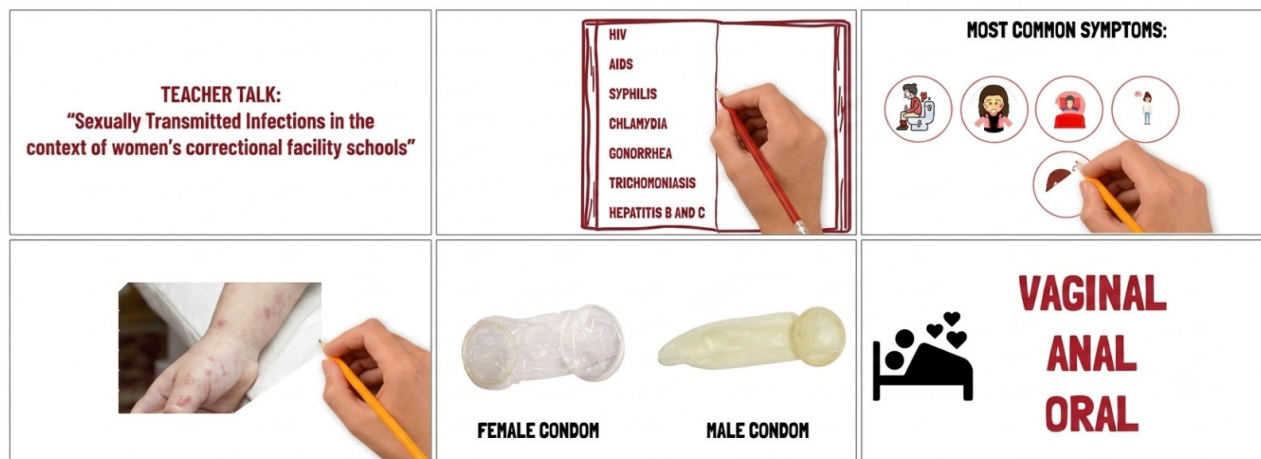
education, STIs, or educational technologies, and 20 (90.9%) had published articles in these areas.

In the content validation process (Table 1), the items “the video introduction is impactful,” “the narrative ending encourages teachers regarding health education on STIs,” “the number of illustrations is sufficient to convey the message,” “the narrative contains emotional appeal,” “the interaction among the drawings conveys the intended message,” and “the texts are understandable and natural” did not achieve an I-CVI > 0.90. However, the binomial test for these items did not demonstrate statistical significance, indicating that the observed agreement was statistically equal to or greater than 90%; therefore, these items were considered valid. The S-CVI/Ave was 0.89. The binomial test showed no statistically significant difference ($p=0.416$). Thus, although the video's content was slightly below the established cutoff for being considered fully valid, it demonstrated favorable evidence of content validity.

Figure 3 presents the judges' suggestions and describes the revisions made to the educational video. Although the content was considered valid, modifications were implemented to further improve the quality and effectiveness of the video.

After the revisions, the semantic evaluation of the video was conducted with ten female teachers aged between 38 and 60 years (mean: 52 ± 7.73 years), whose time since graduation ranged from 9 to 40 years (mean: 25 ± 8.72 years). Among the participants, six (60%) had academic backgrounds in the humanities (Geography, History, Sociology, or Philosophy), three (30%) in Portuguese Language and Literature, and one (10%) in the exact sciences (Mathematics, Chemistry, or Physics).

Figure 2 — Scenes from the educational video on STIs for teachers in women's correctional facility schools. Recife, PE - Brazil, 2020.



Source: The authors (2026).

Seven (70%) held a specialist degree, two (20%) held a master's degree, and one (10%) held a doctoral degree. Their experience in educational programs for people deprived of liberty ranged from 3 to 14 years, with a mean of 8 years (± 4.74).

All items included in the semantic evaluation were considered satisfactory by the target audience. The SAI of the video was 100% (Table 2). The participants did not provide any suggestions for modifications to the video.

DISCUSSION

The development of an educational video on STIs for training teachers working in schools located within women's correctional facilities represents an innovative initiative in the field of health education technologies. This technology may help teachers expand access to sexual health information for incarcerated women. The use of educational technologies, particularly educational videos, has become an effective strategy in the health field. Recent studies^(15,16) have shown that video-based interventions significantly improve information retention and learning across different healthcare contexts, reinforcing their effectiveness as health education tools. Furthermore, evidence suggests that video messages hold considerable potential for promoting health-related behaviors by facilitating cognitive and behavioral change⁽¹⁷⁾. In addition, continuing education for teachers can be supported through engaging resources that significantly enhance knowledge and promote autonomy, such as educational videos.

The video developed in this study represents an engaging and easily accessible resource that addresses STIs

Table 1 – Content validity measures of the educational video on STIs for teachers working in schools located within women's correctional facilities. Recife, PE - Brazil, 2020 (n=22)

Items	I-CVI*	p†
Concept of the Idea		
1 - The video content contributes to teachers' knowledge about STIs	0.95	0.991
2 - The objective of the video is clear.	1.00	1.00
Dramatic Structure		
3 - The video introduction is impactful	0.82	0.171
4 - The development of the narrative increases viewers' interest in the video	0.91	0.660
5 - The narrative ending encourages teachers to engage in health education regarding STIs	0.86	0.380
Pacing		
6 - The number of illustrations is sufficient to convey the message	0.77	0.062
7 - The duration of the video is appropriate for the development of the illustrations	0.91	0.660
8 - The display of each illustration motivates viewers to continue watching the subsequent illustrations.	0.91	0.660
Characters		
9 - Fernanda, the narrator of the video, engages the target audience	0.91	0.660
10 - Fernanda, the narrator of the video, represents the target audience	0.95	0.991
Dramatic appeal		
11 - The narrative conveys emotion	0.86	0.380
Visual style		
12 - The interaction among the drawings conveys the intended message	0.86	0.380
13 - The illustrations facilitate understanding of the message	0.91	0.660
14 - The illustrations are appropriate for the target audience	0.91	0.660
Dialogue		
15 - The text is understandable and flows naturally	0.86	0.380
Target audience		
16 - The video content corresponds to the real-life context of the target audience	0.91	0.660
17 - The language used by the character is clear to the target audience	0.91	0.660

*I-CVI = Item-Level Content Validity Index; †p = Binomial Test

Source: The authors (2026).

Figure 3 — Suggestions from judges during content validation and changes implemented in the educational video on STIs for teachers working in schools located within women's correctional facilities. Recife, PE - Brazil, 2020.

Suggestions from judges	Changes implemented
Insert the bacterial name in italics, in accordance with the applicable guidelines.	The name of the bacterium that causes syphilis was re-recorded as <i>Treponema pallidum</i> .
Add content on trichomoniasis, as it is mentioned in the narration as one of the most prevalent STIs among the population.	Content on trichomoniasis was added.
Review technical terminology to make the language more accessible to teachers.	Technical terms were removed and others were explained using more accessible language.
Adjust the synchronization between the audio narration and the illustrations.	Synchronization was adjusted during the post-production phase.
Include the references used in the development of the video.	References were added at the end of the video.
Adjust the teacher's characterization in the video.	Images representing teachers with diverse physical characteristics were added.

Source: The authors (2026).

Table 2 – Semantic evaluation by the target audience of the educational video on STIs for teachers working in schools located within women's correctional facilities. Recife, PE – Brazil, 2020 (n=10)

Items	SAI*
1 - The video introduction captures viewers' attention and indicates the content of the material	1.00
2 - The type, color, and font size used in the introduction and scenes facilitate readability	1.00
3 - The colors used for the backgrounds and characters are visually appealing	1.00
4 - The duration of the video is appropriate for providing knowledge about the topic	1.00
5 - The scenes are simple, clear, and address knowledge related to STIs	1.00
6 - The way the illustrations are presented motivates viewers to watch the video	1.00
7 - The way the illustrations are presented encourages teachers to enhance their knowledge about STIs	1.00
8 - The illustrations depict real-life situations experienced by teachers in their daily practice	1.00
9 - The language is clear	1.00
10 - The storyline is understandable	1.00

*I-CVI = Item-Level Content Validity Index; †p = Binomial Test

Source: The authors (2026).

prevalent in women's correctional facility settings. Considering that infections such as syphilis, trichomoniasis, chlamydia, gonorrhea, HIV, hepatitis B, and hepatitis C occur at higher rates among incarcerated women than among incarcerated men, it was important for the video to address the signs, symptoms, and preventive measures associated with each STI⁽²⁾. Clinical manifestations were presented through images, whose inclusion contributed to the understanding of information conveyed through both written text and audio narration⁽¹⁸⁾. By acquiring this knowledge, teachers may be better equipped to identify signs and symptoms suggestive of STIs and encourage incarcerated women to seek appropriate healthcare services.

Regarding content validation, some items related to the video's aesthetic and narrative dimensions, such as the impact of the introduction, the motivational nature of the conclusion, and visual elements, did not reach the recommended I-CVI cutoff point (>0.90). However, the binomial test demonstrated agreement levels that were statistically equivalent to or greater than 90%, supporting the validation of the educational material. This finding is consistent with classical methodological recommendations⁽¹⁹⁾, which advocate the combined use of validity indicators to provide a more robust interpretation of content validity.

The overall index (S-CVI/Ave = 0.89), although borderline, proved to be consistent when analyzed together with the absence of statistical significance ($p=0.416$), indicating the adequacy of the educational material. Recent evidence suggests that the validation of educational technologies should consider not only strict cutoff values but also the coherence of the overall findings and the practical applicability of the tool⁽²⁰⁾.

It is noteworthy that the inclusion of nurse experts in the video's subject matter was an important component of the validation process, as Nursing has maintained an active role in the development of technologies that support health teaching and learning⁽²¹⁾. The experts agreed with the video's concept, dramatic structure, pacing, characters, dramatic appeal, visual style, dialogues, and the appropriateness of the content for the target audience. These dimensions have also been considered in the validation of other educational health videos^(21,22). Elements such as images, narration, background music, and synchronization may contribute to learning about the topic. These findings highlight the relevance of the developed technology and encourage primary healthcare nurses working with schools in women's correctional facilities to incorporate the video into teacher training activities.

Regarding semantic evaluation, the educational material achieved complete acceptance by the target audience, with a 100% agreement index and no suggestions for modification. This result reinforces the appropriateness of the video's language and structure, indicating that the content was understood as expected. A recent study emphasized that the participation of the target audience in the validation process directly contributes to the effectiveness of educational technologies by ensuring their relevance and applicability in real-world contexts⁽²³⁾.

The semantic evaluation conducted by the teachers confirmed the clarity of the educational video. This study contributes to the state of the art in health technology development research because it followed important stages in the qualification of educational videos, including the participation of the target audience in the semantic evaluation process, as recommended by authors who emphasize the importance of this stage in the validation of educational technologies⁽²⁴⁾. Evaluation by representatives of the intended users is essential because it enables the identification and correction of confusing or difficult-to-understand content. This process raises the likelihood that technology will facilitate knowledge dissemination and effectively contribute to teachers' continuing education on the topic⁽²³⁾.

According to the teachers' evaluation, the video encourages learning about the subject and presents relevant and understandable information. Semantic evaluation has also been conducted in other educational health videos^(17,25). Therefore, the video has the potential to make a significant contribution to teachers' learning and demonstrates strong applicability in educational activities carried out in schools located within correctional facilities. The use of this technology in activities involving the target audience may yield positive outcomes, including increased teacher knowledge and, consequently, more effective approaches to these topics both in the classroom and in interactions with incarcerated women⁽⁷⁾.

Finally, it is important to highlight that the use of digital and audiovisual technologies within correctional settings represents an emerging trend that is aligned with the principles of Brazil's National Policy for Comprehensive Healthcare for Persons Deprived of Liberty in the Prison System, as it promotes access to information, enhances educational practices, and contributes to the promotion of autonomy and comprehensive care for this population⁽⁵⁾.

Therefore, this study offers a viable technological resource that can be used by nurses and other healthcare professionals during sexual health training programs for teachers working in schools located within women's correctional facilities. Healthcare professionals should select the educational intervention that is most appropriate for their target audience based on the available evidence regarding the validity of educational materials, their experience as health educators, and teachers' preferences.

The limitations of this study are related to the participation of teachers from only one women's correctional facility in the development of the video. Consequently, replication of the method in other regions or in schools located within men's correctional facilities may yield different results. Furthermore, because the language of the video was specifically designed for teachers, it may not be suitable for use or comprehension by the general population.

Experimental studies are needed to evaluate the effectiveness of the video as an educational intervention by assessing its impact on teachers' knowledge and attitudes compared with standard health education interventions or with interventions combining the video and other educational strategies. Further research is also recommended to develop new educational technologies capable of promoting knowledge acquisition and fostering sexual health-related behavioral change among incarcerated women.

CONCLUSION

This study developed and validated an educational video on STIs designed to train teachers working in schools located within women's correctional facilities, representing an innovative and potentially effective educational technology in the field of health education. The video was considered valid in terms of content by expert reviewers and understandable by the target audience. Therefore, it can be incorporated into educational strategies aimed at teacher training within correctional facility settings. Furthermore, it has the potential to enhance educational practices, expand teachers' knowledge, and indirectly contribute to the promotion of sexual health among incarcerated women.

Although this study presents limitations related to its specific context and the narrowly defined target population, the findings reinforce the importance of using audiovisual educational technologies as feasible strategies aligned with public health policies. Experimental studies are recommended to evaluate the impact of the video on teachers' knowledge and attitudes, as well as to support the development of new technologies capable of expanding the reach of educational interventions and promoting behavioral change within this population.

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