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HEALTH EDUCATION IN ASSISTING WOMEN AND CONTRIBUTIONS OF NURSING: AN INTEGRATIVE REVIEW

EDUCAÇÃO EM SAÚDE NA ATENÇÃO À MULHER E AS CONTRIBUIÇÕES DA ENFERMAGEM: REVISÃO INTEGRATIVA

EDUCACIÓN PARA LA SALUD EN LA ASISTENCIA A LA MUJER Y LA CONTRIBUCIÓN DE ENFERMERÍA: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyzing the practices of health education performed by nurses in health care for women. **Method:** an integrative review from the question << *What are the health education practices performed by nurses in health care for women?* >>. Data were collected in March 2012, in databases: MEDLINE, LILACS and BDNF, from a data collection instrument. Categorization was made, making the interpretation of results and drafted the synthesis of knowledge evidenced in the studies analyzed, presented in figures. **Results:** met the inclusion criteria and twelve articles found themselves two categories: 1. Practice of health education in obstetrics and 2. Practice of health education field of gynecology. **Conclusion:** there was a need for longitudinal studies to assessing the impact of the practices on the life habits and health of women. **Descriptors:** Health Education; Nursing; Women's Health.

RESUMO

Objetivo: analisar as práticas de educação em saúde realizadas pelo enfermeiro na atenção à saúde da mulher. **Método:** revisão integrativa a partir da questão << *Quais as práticas de educação em saúde realizadas pelos enfermeiros na atenção à saúde da mulher?* >>. Os dados foram coletados em março de 2012, nas bases de dados: MEDLINE, LILACS e BDNF, a partir de um instrumento de coleta de dados. Foi feita a categorização, realizando a interpretação dos resultados e elaborada a síntese do conhecimento evidenciado nos estudos analisados, apresentados em figuras. **Resultados:** cumpriram os critérios de inclusão doze artigos e encontraram-se duas categorias: 1. Práticas de educação em saúde na área de obstetrícia e, 2. Práticas de educação em saúde área de ginecologia. **Conclusão:** verificou-se a necessidade de estudos longitudinais para avaliar o impacto das práticas nos hábitos de vida e na saúde das mulheres. **Descritores:** Educação em Saúde; Enfermagem; Saúde da Mulher.

RESUMEN

Objetivo: analizar las prácticas de educación para la salud realizadas por enfermeras en la atención a la salud de las mujeres. **Método:** una revisión integradora desde la cuestión << *¿Cuáles son las prácticas de educación para la salud realizadas por las enfermeras en el cuidado a la salud de las mujeres?* >>. Los datos se recogían en marzo de 2012, en las bases de datos: MEDLINE, LILACS y BDNF, desde un instrumento de recolección de datos. Se hizo la categorización realizando la interpretación de los resultados y redactó se la síntesis del conocimiento evidenciado en los estudios analizados, presenta en cifras. **Resultados:** cumplido los criterios de inclusión doce artículos y se encontraron dos categorías: 1. Prácticas de la educación para la salud en obstetrícia y 2. Práctica de la educación para la salud de la ginecología. **Conclusión:** había una necesidad de estudios longitudinales para evaluar el impacto de las prácticas en los hábitos de vida y la salud de las mujeres. **Descriptores:** Educación en Salud; Enfermería; Salud de la Mujer.

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INTRODUCTION

Health education is a body of knowledge and practices aimed at the prevention of disease and promotion of health. It is a resource through which the knowledge produced in the field of health, brokered by health professionals, reaches the everyday life of the people, since the understanding of the determinants of health-disease process contributes to the adoption of new habits and health behaviors. Thus understood as a transformation process that develops critical awareness of the people about their health problems and encourages the search for collective solutions to solve them.¹⁻²

Initially called Sanitary Education, Health Education in Brazil comes from the need of the Brazilian state to controlling epidemics of infectious diseases that threatened the agro-export economy of the country during the Old Republic, in the early twentieth century. During this period, its practices were imposters and normative, and disregarded the population as a collective and active subject in the process of health.³

New approach to health education has been highlighted by enhancing the development of critical consciousness of people benefiting awakening, including the need to fight for rights to health and quality of life. Thus, health education reached beyond the biological dimensions, also considering the importance of mobilizing political, environmental, cultural, and other factors.⁴⁻⁵

Whereas the stories of women in the quest for health services express discrimination, frustrations and rights violations and appear as a source of tension and psychic-physical malaise, a new approach has also been incorporated into the Program of Attention to Women's Health. This new look broke definitively the supply only of the actions related to pregnancy and childbirth. For women, it consecrated into a new era that opened possibilities to conduct clinical management of health, family planning, clinical and gynecological care. With the enhancement of autonomy, increases the importance of the practices of health education as a possibility of giving women more knowledge and critical skills.⁶

The health education practices in women's care should ideally be carried out by healthcare professionals committed and through participatory methodologies, ensuring that the knowledge people already have can be shared within the groups formed in the health services.⁷

It highlights the importance of nursing as a profession, sensitive to human rights issues and social commitment, and as a science that seeks new methodologies for achieving improved quality of life and care through health educational activities and appropriate interventions.⁸ Given the above, this study aims to:

- Analyzing health education practices performed by nurses in health care for women.

METHODOLOGY

It was selected as research method the integrative review, outlining the following steps taken: (1) identification of the problem or issue (elaboration of the guiding question, establishing descriptors and criteria for inclusion/exclusion of articles); (2) sampling (selection of articles); (3) categorization of studies; (4) defining the information to be extracted from the studies reviewed; (5) analysis and discussion of the technologies used/developed; (6) synthesis of knowledge evidenced in the analyzed articles or presentation of the integrative review.⁹

The survey was conducted from the guiding question << ***What are the health education practices performed by nurses in health care for women?*** >>

The search for articles was made in March 2012, and the databases searched were: Database of Nursing (BDENF), Literature Latin American and Caribbean Health Sciences (LILACS) and Online System Search and Analysis of (MEDLINE) Medical Literature. There were used the descriptors: "health education"; "nursing" and "women's health".

It has set itself the following inclusion criteria: articles published between 2000-2011 in Portuguese, English and Spanish and being electronic and freely available in full. Editorials, letters to the editor, reflective studies, and duplicate publications were excluded, as were studies that did not cover relevant to the objective of the review topic. From these criteria was obtained a total of 157 studies, that after reading and analyzing 12 were selected; because they presented the topic in question; subsequently, the key information from each selected study were gathered from a data collection instrument⁹, which included the following items: title search, authors, intervention studied, outcomes, recommendations/conclusions.

The level of evidence of studies was based on the following classification: level 1: meta-analysis of multiple controlled studies; level 2: individual study with experimental design; level 3: study with quasi-experimental study

without randomization as with single group pre and posttest, series or case-control; level 4: with non-experimental study design as descriptive, qualitative research or case studies; level 5: report of cases or data obtained in a systematic manner, verifiable quality data or program evaluation; level 6: opinion of respected authorities based on clinical competence or opinion of expert

committees, including interpretations of information not based on research; regulatory or legal opinions.¹⁰

Categorization and analysis of the studies were done, making the interpretation of results and in the last phase of this integrative review was elaborated synthesis of knowledge evidenced in the studies analyzed, the result of which is presented in a descriptive way.

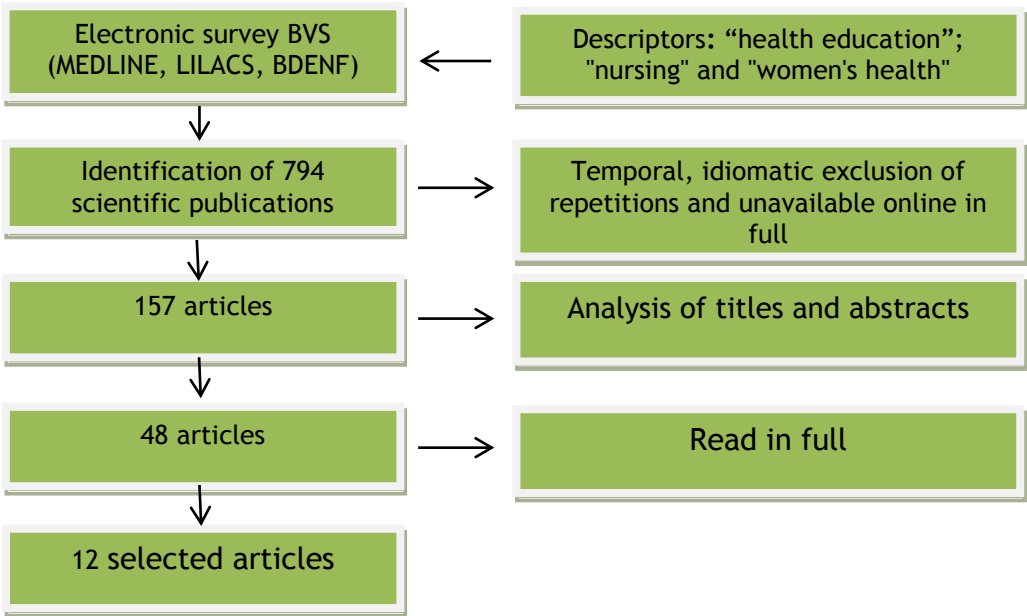


Figure 1. Selection flowchart of articles used in the study. Vitoria-ES, 2012.

RESULTS

The analysis of the 12 articles that make up the sample occurred by means of

appropriate and adapted instrument⁹ and addressed various aspects, to be described below.

Category	Title	Year	Journal
Practice of health education in the Obstetric Field	Educational activity in the housing: case studies ¹¹	2000	Latin American Journal of Nursing
	Educative actions in prenatal: personal reflection on nursing consultation as a space for health education ⁷	2003	Science and Collective Magazine
	The domicile as educational space for self-care of recent mothers: binomial mother-son ¹²	2006	Text & Context Nursing Magazine
	University extension project: the prenatal obstetric nursing care of low-risk ¹³	2006	UERJ Journal of Nursing
	Educational game about the signs of childbirth for group of pregnant women ¹⁴	2007	Nursing
	Negotiation of obstetric nursing care through educational practices in the House of labor ¹⁵	2008	Journal of school of nursing Anna Nery
	Course of orientation to pregnancy: impact on parents who experience the first gestation cycle ¹⁶	2008	The world of health

Figure 2. Studies on health education practices in obstetric area, according to title, journal and year of publication. Vitoria- ES, 2012.

Category	Title	Year	Journal
Practice of health education in Gynecology	Climacteric Woman: a necessary approach at the level of basic attention ¹⁷	2002	Nursing
	Educational Manual for self-care of women mastectomized: a validation study ¹⁸	2008	Text & Context Nursing Magazine
	Perceptions, knowledge and experiences of women with breast cancer ¹⁹	2008	UERJ Journal of Nursing
	Health education with prostitutes from Fortaleza: case studies ²⁰	2008	Electronic Journal of Nursing
	Educational groups in contraception: narratives and practices of nurses ²¹	2011	Cogitare Nursing Magazine

Figure 3. Studies on health education practices in Gynecology, according to title, journal and year of publication. Vitoria- ES, 2012.

Regarding the place of publication, it is observed that, ten (83,33%) articles were published in specific journals of nursing, and two (16,67%) in the area of Public Health, and two (16,67%) articles were published in the journal of Nursing,^{14,17} two (16,67%) in the Journal of Nursing UERJ,^{13,19} two (16,67%) in Text & Context Nursing magazine,^{12,18} one article (8,33%) published in the School of Nursing Anna Nery,¹⁵ one (8,33%) in the journal Science and Public Health,⁷ one (8,33%) in the Journal Cogitare Nursing,²¹ one (8,33%) article was published in the Electronic Journal of Nursing,²⁰ one (8,33%) in Latin American Journal of Nursing¹¹ and one (8,33%) in the printed The World Health.¹⁶

Regarding the institution conducting the study, it appears that six ^{7,14,17,19-21} (50%) studies were performed in primary care units, five (41,67%) in hospitals^{11-12,15-16,18} and one (8,33%) was conducted in a university.¹³

Regarding vocational training, it is highlighted that the majority, ie, 11 studies¹¹⁻²¹ (91,67%) were produced by nurses, and only one (8,33%) does not specify the training of the authors.⁷ Regarding the strength of the evidence, it notes that 8 (66,67%) studies^{7,12-14,16,18-19,21} have evidence level IV, or evidence of descriptive studies (non-experimental) or with qualitative approach. It is worth to pointing out that 4 (33,33%) studies^{11,15,17,20} showed evidence level V, evidence from case reports or experience.

The information about practices of health education performed by nurses in women's health was grouped into two thematic categories: Practice of health education in obstetric practices and area health education in gynecologic area.

DISCUSSION

♦ Category 1: Health education practices in obstetric area

In this category we highlight studies that provide information about educational activities during pregnancy and childbirth in women, and three studies address educational practices conducted in the prenatal,^{7,13-14,16} two discuss about activities in puerperium¹¹⁻¹² and one of them¹⁵ discusses health education throughout the cycle.

Nursing consultation was used as a field for the realization of educational activities. It is a methodology that narrows the relationship between professional and client and, when applied in an outpatient or community practice, confers differential in this professional multidisciplinary team.²² During the consultation, the woman clarified their doubts about pregnancy, breastfeeding , vaccination and other guidelines.⁹ In addition, women were presented with the printed information on body care, clothing, hygiene, food, among others, reading to them when necessary and complementing.⁷ In another research, consultation with individual nursing as educational practice was interspersed with the "collective consultation" in which developed on dynamic self, body, sexuality and health with several pregnant women participating.¹³

In a qualitative study in pregnant women it stresses that the nurse who works in prenatal full availability for dialogue, listening and clarification and relate freedom to express themselves during the service provided.²³

Prenatal must provide to pregnant women the express of their anxieties, doubts and expectations related to pregnancy and childbirth, and the provider should be a facilitator of this process. The best way to

promote understanding of the process of development is to create space for the exchange of information between women who experience.²²⁻²⁴ This was made possible through an educational game created as a tool to prepare women for childbirth. During the game were addressed questions about uterine contractions, vaginal discharges during delivery situations to pursue motherhood, duration of parturition, procedures done in maternity and clinical stage of labor.¹⁴

Another action of education during pregnancy was a course developed by health professionals and directed to couples who were in their first pregnancy. Group received guidance in relation to pregnancy and childbirth, for example, when going to the maternity, about anesthesia, care of the newborn, among other.¹⁶ During this period experienced by the couple, the need arises to seek information and guidance to aid in proper development during pregnancy and postpartum.

Rooming also used for educational activities, a fact of great importance, since it is known that among the benefits of rooming-in system is the possibility of guidelines in the mother, making it suitable for the care of the newborn at home; the exchange of experiences with other mothers; precocity and frequency of breastfeeding and reducing the rates of hospital infection.²²

Nursing students conducted in rooming through participatory method, educational activities related to the care of the newborn and the mother, during the period of hospitalization. Dynamics used for demonstration of baby care, posters, drawings, and educational games. The educational game consisted of a board and the mothers' questions and retreated when they advanced to hammer in the houses, and the questions relating to the health of both mother and child. Finally used the technique of therapeutic play, in which the materials delivered to mothers as sheets of card stock / bond and crayons, pens and other painting materials so they could draw or write what they felt at that moment.¹¹

Home was also the practice of education setting where nurses performed guidance on the care of postpartum facing primiparous postpartum women and also related to baby care and breastfeeding. A study shows that during hospitalization some women feel abandoned and helpless, requiring more interpersonal interaction between professional and client, which was also seen in this research. Thus, the household interaction was seen in a positive way by women, because

they could clarify several doubts about motherhood.¹²

Pregnancy, childbirth and the puerperium are social events that are part of the reproductive cycle of men and women. It is a unique process, especially in the universe of the woman and her partner that also involves their families and the community. It is an experience of the most interesting, positive, and highly enriching for all who participate.²² Working with Dynamics, workshops, dramatizations and the nursing consultation, one of the studies brings the care of women during these three do gravid-puerperal cycle. In the featured activities prenatal issues inherent in the gestation of the common perspective and individuality. During labor, the actions justify the principle of respect to the physiology of labor and birth. Postpartum guidelines were aimed at hospital discharge. Finally, in the puerperium discussed on baby care, the implications of childbirth for the life of the woman and her family, family planning and sexuality.¹⁵

♦ Category 2: Health education practices in gynecological area

The category health education practices in gynecological area emerged from productions that punctuate the educational activities with women outside pregnancy and puerperal cycle, which was an important finding, given that the current proposal of health education on woman's health assist you in all your life cycles, unlike previous proposal.⁶ Emerged as educational practices conducting educational groups that addressed the themes climacteric¹⁷ and "contraception" implementation workshops.^{20,21} Construction of an educative manual¹⁸ and realization of group dynamics to women mastectomized.¹⁸⁻¹⁹

A course was conducted by health professionals of the Health Unit Kennedy (Santa Maria-RS) for women who were experiencing the climacteric. Women were divided into groups, and the meetings were held once a week, with an average of 15 women by date. In this educational practice, adopted a methodology for dialogue and reflection and the topics of discussion took into account the needs, expectations, learning potential, history and context of each woman's life, but usually addressed personal and knowledge about menopause. There were also used posters, albums, folders, serials Puppet Theater, among others.¹⁷

The group practice was also used to discuss contraception. The participants were divided into two groups coordinated by nurses who attended the same training course. Each

group developed a distinctive approach: an expository approach, which provided the critical reflection of the participants; and the other with a more participatory approach, which allowed the exchange of views.²¹

One study deals with the realization of workshops as a way to educate. They were carried out with participation of 55 prostitutes divided into different days, totaling eight women for date. The activities were divided into five times, addressing the topics: self-value, gynecological examination, self-esteem, competition, competition and self-esteem, women's rights and violence against women. For the discussion of these topics, as instruments were used: group dynamics, demonstrations, posters and pictures.²⁰

The construction of an educational manual was more one of the strategies used in health education, in which women mastectomized were learning about self-care. It is believed that the use of an educational manual as therapeutic support strategy, containing activities that stimulate the physical, mental and social recovery, can promote health and the social reintegration of women mastectomized, and at the same time, improving their life.¹⁸

Another approach with women with breast cancer was group dynamics, of which 7 were women. The themes discussed were: "the news of cancer - being a woman after surgery"; "experiencing the treatment"; and "support in the fight against the disease - family first?" In this group, the dialogue enabled the deconstruction of myth and building new knowledge and positive attitudes against breast cancer.¹⁹

On the analysis of these studies, one realizes that the nurses, in some situations still using education strategies in health^{7,12,21} who follow the banking model, transmitting scientific knowledge, which are often not understood by women because of their popular knowledge differs.

The care turned to women facing is still stuck to routines and resistant to humanization. Women generally are treated as secondary characters in a punctual, outreach process when they should be recognized as subjects, having their choices respected, allowing for their safety and well-being.²⁵ Predominantly vision still striking on biologicist health team, has hampered the understanding of the processes experienced by women in its completeness. Thus, in attention to woman, one must consider the uniqueness of your experience.²⁶

In most health services, educational actions are extremely normalizing and focused only on the inculcation of individual habits healthy considered boycotting the popular participation, as it makes silence the subject and away from the process of social transformation through dialogue of knowledge and critical reflection of their realities of life and health.⁴ In that sense, it is highlighted the need to seek a new paradigm in health care, based on humanization, health promotion, autonomy of the population and ethical attitude in the intersubjective relations, that values differences and identities of human beings, recognize them as subjects of rights, worthy of acceptance and understanding.²⁴

Humanization is understood, meaning autonomy and role of the subjects, the establishment of ties of solidarity, implies co-responsibility of professionals and users in the production, care and health management.²⁷ In this way, the health education becomes an instrument of popular participation, as well as deepens science in individual and collective daily life of individuals in the community.⁴ By analysis of some studies^{11,13-20} it was observed that various health education actions presented applied principles of National Policy of Humanization.²⁷ As well as allow for the participation of women, the exchange of experiences, interaction, dialogue, through the use of health education strategies which enabled the conversation between popular and scientific knowledge.

Education is a collective process where educating and educator are in the process of teaching and learning. Dialogue and participation are principles of his method, which is much more a method to learn, to know what to teach. Thus, the health educator must respect the life story of educating, always using the knowledge that this brings, not judging if holder of knowledge, but rather that you can learn from the learner, who upon noticing their ideas respected, learns to respect.²⁸

Therefore, it is necessary to implement a nursing care with greater dialogue between the professional and the customers, as, also promote educational activities in which women feel embraced and that their knowledge and practices are considered. In addition, what justify the practice of educating the nurse care are the singularities of each subject carefully, and that this process occurs in a horizontal relationship, dialogical, reciprocal and truly human.⁴

The nurse, as educator in health, needs to keep in view the quality of the information, its reception, and shape and how much is

understood by clients, tracing education strategies that result in transformative actions on the part of customers. It is noteworthy that "teaching is not transferring knowledge, but create the possibilities for their own production or its construction".⁷

FINAL REMARKS

The integrative review of literature has shown that the practices of health education carried out by nurses in women's health can be grouped into two broad categories, being the practices in the area of obstetrics and gynecology practice area.

It was possible to detect that, in most studies, the activities were carried out in groups, discussed themes related to: pregnancy, childbirth, puerperium, menopause, contraception and breast cancer, used strategies like workshop, course, dramatization, demonstration, educational game, posters, brochures, educational manual, dynamic, individual and collective nursing consultation, allowing Exchange and extension of knowledge, active participation, interaction and exchange between scientific and popular knowledge. In turn, we also observed that the nurse still uses health education strategies that follow the banking model, transmission of scientific knowledge, which are often not understood by women.

Emphasized the importance of nurses always adopt practical strategies of health education that value the interaction with the client and are able to understand the issues that permeate every moment of woman, in order to share scientific knowledge enhancing women's knowledge also providing the necessary empowerment decisions and choices that pertain to their different life cycles. So, the active participation of women must be understood broadly towards the implementation of activities, but also, in the construction of the same.

Another aspect noted and that drew attention was the scarcity of studies to develop health education by the family, as the family support is critical to the health of women and that his influence can collaborate in the success of an educational practice in which women participated.

Despite the relevance of the topic, did you notice if a few publications that describe methodologically the practices developed and evaluate in order to identify the impact of the actions of health education. Given this, it should be noted the need for longitudinal studies on the subject, with the aim of a more

reliable assessment of its impact on life habits and health of women.

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