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ORIGINAL ARTICLE

HEALTH EDUCATION IN THE CHILDHOOD EDUCATION: ACTIVE METHODOLOGIES IN APPROACHING OF THE EXTENSIONIST ACTION

EDUCAÇÃO EM SAÚDE NO ENSINO INFANTIL: METODOLOGIAS ATIVAS NA ABORDAGEM DA AÇÃO EXTENSIONISTA

EDUCACIÓN PARA LA SALUD EN LA EDUCACIÓN DE LOS NIÑOS: METODOLOGÍAS ACTIVAS EN LA SOLUCIÓN DE LA ACCIÓN DE EXTENSIÓN

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ABSTRACT

Objective*:** to report the experience of health education carried out for children and their family members through the Extension Project "Health Calendar". ***Method*:** the action was performed at the *Creche Menino Jesus* in the city of Caicó / RN, Brazil, using participatory methodologies for the healthcare field, along with the theoretical support of the discipline Physiological Processes, of the Nursing Undergraduate Course from *Universidade do Estado Rio Grande do Norte*. ***Results*:** it should be evidenced that the childhood education plays an important role in the physical, social and emotional development of children, especially for those that present potential factors of social vulnerability. The actions addressed to the children have encouraged self-care and knowledge about the body and the space, as well as the enhancement of healthy spaces and a balanced environment. In the activity with parents and guardians. ***Conclusion: health education set up as an effective tool in the process of health promotion, while allowing the development of autonomy and civic education of the individual, making him a participant in the building of the knowledge in health. ***Descriptors*:** Nursing; Health Education; Childhood Education.

RESUMO

***Objetivo*:** relatar a experiência de educação em saúde realizada para crianças e seus familiares através do Projeto de Extensão Calendário da Saúde. ***Método*:** a ação foi realizada na Creche Menino Jesus, em Caicó/RN, utilizando metodologias participativas para a área de saúde, junto ao aporte teórico da disciplina Processos Fisiológicos, do curso de graduação em Enfermagem da Universidade do Estado do Rio Grande do Norte. ***Resultado*:** foi evidenciado o importante papel que a educação infantil desempenha no desenvolvimento físico, social e emocional das crianças, especialmente daquelas que apresentam fatores potenciais de vulnerabilidade social. As ações direcionadas para as crianças estimularam o autocuidado e o conhecimento do corpo e do espaço, bem como a valorização de espaços saudáveis e do ambiente equilibrado. ***Conclusão*:** a educação em saúde configura-se um instrumento eficaz no processo de promoção da saúde, ao permitir o desenvolvimento da autonomia e formação cidadã do indivíduo, tornando-o partícipe na construção do conhecimento em saúde. ***Descritores*:** Enfermagem; Educação em Saúde; Ensino Infantil.

RESUMEN

***Objetivo*:** informar la experiencia de educación para la salud de los niños y sus familias a través del proyecto de ampliación del calendario de salud. ***Método*:** la acción se realizó en la Guardería Menino Jesús, en Caicó/RN, utilizando metodologías participativas para el cuidado de la salud, junto con la contribución teórica de los procesos fisiológicos, la Licenciatura en enfermería de la Universidad del estado de Rio Grande do Norte. ***Resultado*:** Eso demuestra el importante papel que desempeña la educación en el desarrollo físico, social y emocional de los niños, especialmente los que presentan posibles factores de vulnerabilidad social. Las acciones dirigidas a los niños alentaron el autocuidado y conocimiento del cuerpo y del espacio, así como la recuperación de espacios saludables y ambiente equilibrado. ***Conclusión*:** la educación para la salud es una herramienta eficaz en el proceso de promoción de la salud, para permitir el desarrollo de la autonomía y la formación cívica de la persona, con el participante en la construcción del conocimiento en salud. ***Descriptores*:** Enfermería; Educación en salud; Educación infantil.

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INTRODUCTION

The Health Education (HE) has been presented as a tool of empowerment for the construction of health knowledge, aiming for client autonomy in the self-care practice. This comprises a set of practices and knowledge, aimed at promoting social change of subjects and community.

From the perspective of educational institutions, the HE actions provide a channel of dialogue with the community and open up a propitious space for the improvement of life quality of the population, establishing a trend that has been valued by the university.[1]

The use of active methodologies increases the potential of educational action when it produces improvements in the health / disease process, by stimulating the construction and resizing of concepts and meanings on the factors which affect the health itself.[2]

The university has realized the school environment as an environment conducive to the enlightenment and exchange of knowledge, favorable to stimulate healthy habits and practices, which, besides being more easily assimilated during the childhood, provide greater benefits, the sooner they are adopted.[3]

The School Health Program - *Programa Saúde na Escola* (PSE) has been presented as a subsidy for directing actions in a distinct ambit from the health spaces, entering in the education field, with a focus in disease prevention actions and in building a culture of peace in schools. Thus, the PSE proposes health promotion through the insertion of teams of the Family Health Strategy - *Estratégia Saúde da Família* (ESF) forming a network of integration between the education sector and the health sector.[4]

The HE is a powerful tool that enables the transformation of reality, and considers as essential elements of its actions: subjectivity and singularity of the subjects, their culture, experiences and knowledge, enabling the development of their autonomy.[5]

Accordingly, it should be realized the need to implement actions that allow experiences and contributions of the individuals involved in the educational activity, by encouraging them to think critically and reflectively about issues concerning their health. From this perspective, it is worth highlighting the importance of individual skills and collective participation in the HE actions, since they strengthen the autonomous processes of subjects and social groups, which, from the socioeconomic, historical, political and cultural contexts, allow changes in the health practices and improve the condition and life quality of the population, making them co-participants in the transformations that occur in the community.[6]

Because of its role in the elementary school, the nursery sets up as an area of high potential for the execution of the HE actions. The school should encourage health promotion, in order to grasp health, by forming multipliers from the dialogue between health professionals, education staff, parents, students and community members, in order to transform the school into a healthy environment, through practices that respect and promote the welfare and the individual and collective dignity of the involved subjects.[7]

Within this perspective, the school environment should boost the teaching / learning process, committed to the health promotion, aiming at forming autonomous and responsible individuals, cognizant of their rights in relation to the theme of health, strengthening their self-care.[7]

The act of learning should be considered a reconstructive process, which allows establishing different kinds of relationships between facts, objects and people, triggering reinterpretation / reconstruction and contributing to their use in different situations, making the subject capable of transforming the reality from the building of his intellectual autonomy.[8]

Given this, a group of professors and students of the Nursing Undergraduate Course from the *Universidade do Estado Rio Grande do Norte* (UERN) undertook the execution of HE and citizenship actions under the scope of the Extension Project Calendar of Health - *Projeto de Extensão Calendário da Saúde* (PECS); it is a multidisciplinary project, whose goal is to contribute to the promotion of health and increase of the social determinants of health[9], as well as to enhance the process of training of health professionals, with critical thinking and with social responsibility.

We shall report, here, the lived experience through the actions implemented in the *Creche Jesus Menino*, located in the Center of Integral Assistance for the Child - *Centro de Assistência Integral à Criança* (CAIC) of the city of Caicó, Rio Grande do Norte, Brazil, at the semi-arid region, working with the theme "human and environmental health", in the perspective of health promotion.

The theoretical and methodological framework of extensionist project is harmonized with the National Curricular

Guidelines of the Nursing Undergraduate Course[10] and the National Policies for Health Promotion[11] and Humanization.[12]

Conceived from the schedule of celebrating dates, recommended by the Brazilian Ministry of Health - *Ministério da Saúde* (MS) [13], The PECS has favored, through the activities carried out under its scope, the exploration of new teaching-learning scenarios and the strengthening of ties between the subjects involved in execution of actions with the potential to change the "thinking" and the "doing" in health..

METHODOLOGIES USED IN THE ACTIVITY

The choice of nursery where the actions were implemented was made from the study on the local health status, through fieldwork, which consisted of visits to the Municipal Secretariat of Health - *Secretaria Municipal de Saúde* (SMS) of the city of Caicó / RN, Brazil, to schools and nurseries in the municipality, to collect data and make geographical mapping of needs and existing capabilities, considering the socioeconomic criteria defined by indicators, such as: basic sanitation, prevalence of violence and / or family violence and family income.

The tasks were performed within the curricular component Physiological Processes, discipline that is taught in the second period of the Nursing Course, integrating, thus, the teaching-learning process in the dimensions of teaching, research and extension.

The results of this study led to the choice of the *Creche Menino Jesus* for the execution of health education and citizenship actions. In this institution, besides the public of children from zero to six years old, the beneficiaries of the Milk Program, assistential action of milk distribution of the State Government, are served. The aforementioned nursery is located in the Paulo VI neighborhood, on the outskirt of the city of Caicó, where there is need for greater coverage of public services, including basic sanitation, garbage collection, public lighting and security, among others. Moreover, Arterial Hypertension and Diabetes, violence, teenage pregnancy and problems involving drug use are among the most prevalent in this community, translating into risks that threaten the normal development of children and young people.

The participants in the activities were 30 children and their guardians, 116 beneficiaries of the Milk Program, 15 members of the nursery staff, 34 students of the Nursing Undergraduate Course from *Campus Caicó* (CAC), UERN, and three professors of this same course. The educational activities were conducted through PECS, using participatory methodologies for the health field. The approaches adopted to implement the actions and operationalization were discussed during two meetings, held in the nursery, among the direction staff, teachers and employees and the group of professors and students of UERN.

We have defined three actions axes: Health and Life Quality; Health and Environment; and Culture and Art. In the first, the worked themes corresponded to Healthy eating; Arterial Hypertension and Diabetes; and Child Hygiene and Pediculosis. In the second, the theme was the relationship between the Environmental Health and Human Health, with emphasis on the building and preservation of healthy environments. In the third axis, the theme was Art and Popular Culture and popular cultural spaces. This last theme was developed by the Extension Project Music and Art at the Academy of the Nursing Undergraduate Course, whose collaboration has enabled the integration of the artistic-cultural dimension with health and citizenship activities.

The activities were carried out in two moments: one, in the morning hours, with actions aimed at children, and another, at afternoon, dedicated to adults: parents and guardians, the nursery staff and for the beneficiaries of the Milk Program.

Initially, we worked with the children the Body Mass Index (BMI) by using a scale and tape measure drawn in bear form. With the help of teachers, calculations were performed to check the nutritional status of the children, and we registered the data to define those ones who would need more attention in terms of low weight.

Another educational strategy was the use of an expository table of foods, fruits and vegetables to explain the relevance of their intake, because their nutrients and vitamins provide the physical and mental welfare, besides the growth and strengthening of the body. After that, we distributed several fruits to the children and teachers, thus promoting a healthy snack.

The children were encouraged to dance through songs that contained in their lyrics the encouragement for eating fruit, greens and vegetables, which allow the child to strengthen the linguistic and psychomotor side, besides knowing the names of foods, objects and people. This sounding reflection of the ludicity of the childhood world seeks to rescue the history of the music in the child's world, and this will always be present, awaiting only an opportunity to bring out their sounds, rhythms, harmonies and melodies,

which are so fascinating and relevant in the childish development.[14]

The children witnessed a theater of puppets that represented a group of friends, in which one of the characters was with Pediculosis, being addressed the infestation and transmission situations, and, furthermore, the discrimination that the individual suffers on the part of its colleagues, when they identify the disease. We worked about what Pediculosis was, prevention forms and the importance of verification of the head by an adult. The activity provided happy moments, besides revealing the myths and prejudices that still prevail in the society, acting for their deconstruction.

The pedagogical tools used were the HE and Communication Workshops[15] and the Notebook of Popular Education and Health. [16] The actions aimed at children were based on the National Curricular Referential for the Childhood Education.[17]

The community was benefited from the services of blood pressure checking and assessment of the BMI.

Finally, the assessment of the shares was based on photographic records and annotations throughout the activities, and the material was analyzed, subsequently, in two moments: one with the nursery staff; and other, with our group. Likewise, our team and coordination were assessed, both by the nursery staff and in the intragroup scope.

RESULTS AND DISCUSSION

The activities were started with the assessment of the nutritional status of children, with the collection of sociodemographic information and with regard to the health, as well as anthropometric data were measured. We were accompanied, in this task, by the nursery staff. The results have showed that boys and girls, aged between zero and six years, were healthy and their nutritional status was satisfactory.

These outcomes are pretty good, considering that the assessed children come from socioeconomically disadvantaged social layers, whose living conditions and access to essential services such as the basic sanitation, often, is less than what is recommended, as well as the fact that in this area there is prevalence of violence and, in some cases, the family environment is unfavorable.

So, it is worth noting the important role that the childhood education plays in the physical, social and emotional development of children, especially for those that present potential factors of social vulnerability. Added to this, the presence of social programs, such as the Milk Program, prevailing in this community, promotes beneficial factors that may have contributed to the good results observed.

On the other hand, the numbers presented by the System of Food and Nutrition Surveillance - *Sistema de Vigilância Alimentar e Nutricional* (SISVAN) point out the Brazilian Northeast as the second region of the country in shortfall of height-for-age among children younger than five years old and also in infant malnutrition, whose indexes are 5.7 % and 5.4%, respectively. [18] Our region is also the second of the country with regard to the index of excess of weight-for-height in children of this same age group, which is 6.0%.[18] Thus, the follow-up of the nutritional status of children in this age group is recommended[16], in order to facilitate the early detection and treatment of nutritional problems and prevent the establishment of clinical pictures that may hard to reverse.

In actions addressed to children in pre-school age, the issues involving health promotion and environmental health were approached through ludic strategies, by stimulating the self-care and the knowledge about the body and the space, as well as the appreciation of healthy spaces and a balanced environment.

These activities were relevant, since that the ludic has subsidized the practice of health education, bringing up to the reality of these subjects the discussion on the addressed issues.

Ludic activities, meetings and accomplishments of nursing care are essential for the implementation of educational practices that allow the user to understand the themes and enable the construction of dialogue and exchange of knowledge. Furthermore, the ludicity is employed as a tool to establish relationships, becoming a channel of communication between the health professionals and the children, by promoting self-awareness, cooperation, imagination and creativity.[19]

Within this perspective, the second activity performed at the nursery consisted in the preparation, offer and tasting of healthy meals. The activity mobilized both our work group and the nursery staff and, especially, the children, who performed tasks distributed according to the degree of development. The meal took place in an atmosphere of harmony, coupled with children's songs encouraging the healthy habits. [18] The menu, prepared with the collaboration of the nutritionist of the nursery, included: regional fruits and fresh

vegetables, juices, milk and its dairy products.

Through this approach, the children received tactile, olfactory, visual and gustatory stimulations and they enjoyed organoleptic characteristics of a variety of foods, containing vitamins and nutrients, resulting in acceptance of the offered items, which was accompanied by manifestations of welfare and joy. The inclusion of songs and dances as tools had like goal to stimulate the linguistic and psychomotor development and, simultaneously, enhance the ludicity, which is characteristic element of the childish universe.

A concern present in nurseries and schools, environments shared by many children during relatively extensive journeys, is regarding the prevention of vectors and agents of Infectious and Parasitic Diseases (IPD), whose growth, in our region, is favored by climatic conditions, resulting in high prevalence and hard eradication of diseases such as Pediculosis.

In our experience, the main aspects of Pediculosis were worked through a presentation of didactic theater with puppets, representing the sharing of experiences and exchange of ideas and information about Pediculosis, among a group of friends. Thus, through a ludic approach, including elements of popular culture that are present in the daily lives of children, infestation and transmission situations were presented, as well as the ways to prevent and eradicate this sickness.

In Brazil, there is not an institutional policy in the school system regarding the Pediculosis and, in general, children are not estranged of the school because of infestation. The prevalence indexes of lice can reach 40% in deprived communities in Brazil, where children experience higher rates, which makes the school community having to face this problem in its daily work.[20]

The absence of a specific policy to address the problem related to the Pediculosis in the pre-school and school environments, added to the prejudice that still prevails in society with regard to this parasitic disease, can result in stigmatization and segregation of bearers of this IPD. Hence, educational actions such as the one reported here, are advisable.

The time devoted to the nursery's children culminated with the approach of the theme Health and Environment. The emphasis on this strategy, by using tools like music and dance, was given by means of the integration between human health and the health of the environment, promotion of self-care, production of healthy environments and the valuation of a balanced environment. We showed procedures for personal hygiene, worked with concepts of sustainability, energy-saving and conservation of natural resources, as well as the importance and care to be observed in relation to domestic and wild animals, and proper disposal of garbage.

The inclusion of the ludic aspect as intervention tool in health education is recommended for its potential of transformation of the everyday practices of children, which can bring about the development in its multiple dimensions and drive the performance of its potentialities.[19,21]

In the educational activities with adults - parents, nursery staff and beneficiaries of the Milk Program - the themes were the same ones which were worked with children, just differing in approaches: a dialogue-based audiovisual presentation, a conversation wheel and blood pressure checking.

Important IPDs as HIV / AIDS, Hepatitis, Influenza and Pediculosis, as well as their mode of transmission, preventive care, treatment and their injuries to the health, were issues worked through the dialogue-based presentation. During the process of group activity, it was possible to perceive the presence of myths and prejudices and contribute to their deconstruction, through dialogue and exchange of ideas about the presented concepts and information.

Regarding the theme of health, environment and life quality, it was worked in an integrated way in conversation wheel, with the help of educational folders, provided by the SMS from Caicó / RN, Brazil, which were used as teaching tools. At that moment, we discussed the relevant aspects of the chronic diseases of local-regional high prevalence such as Diabetes, Arterial Hypertension and Cancer. The emphasis was placed on the contribution of a balanced environment and adherence of healthy habits, including a balanced diet and physical activity, for health and life quality.

Finally, in the axis Art and Culture, the members of Project Music and Art in the Academy interpreted a selection of popular songs. The actions carried out in the ambit of this institutional project have been contributing to the Health Humanization in our city, bringing the musical art to the health spaces, such as the Family Health Basic Units - *Unidades Básicas de Saúde da Família* (UBSFs) and hospitals, and, furthermore, actions in community contexts, such as what was presented in this report. It should be noted that the collaboration between workgroups, whether in intra-institutional or in inter-

institutional scope, translated in joint actions, extends the benefits provided through actions, increasing their social impact.

At the same time, the dialogue between different areas of knowledge in teaching-learning contexts, translates itself into an interdisciplinary practice, whose benefits are reflected in the achievement of the students and in the building of the desired professional profile, a fact clearly proven in every new experience. Given this, the empowerment of this practice is advisable.

The approaches adopted by our group for the operationalization of the shares are added up to others, presented in several reports of successful experiences with health education, which range from the integration of health education with art and popular culture[22] to the valuation of the communication as a mediator element of HE[23], or production of didactic stuff for the prevention of infections and neoplasms caused by the Human Papillomavirus (HPV) [24], showing the plasticity of this tool, which can be used in several contexts, generating good results with actions that contribute to the health promotion and democratization of knowledge and information.

Thus, the educational activities allowed the subjects to reveal their desires as a community, identifying the construction of cultural, artistic and sportive spaces as subsidies for the improvement of the life quality of the families and, especially, of children, since these actions may contribute to the prevention of violence and the problems caused by alcohol and other drugs, which are emerging troubles in the community in question.

Before the above mentioned, it is understood that the health framework is set up by the interaction of multiple factors: historical, socioeconomic, cultural, infrastructure and, above all, educational. The latter is a space for interaction, by strengthening actions and activities, allowing the articulation of knowledge in health with daily life of the involved stakeholders. Thus, the transformation of this background is enhanced by the implementation of intersectoral actions among universities and other teaching institutions, but also among different areas of society. It is also important that these actions are permanent, creating effective linkages among these different spheres of society.

FINAL REMARKS

The HE is configured as an effective tool for the process of health promotion, considering that it favors autonomy and civic education of the individual, besides making him participant in the building of the knowledge in health. From this perspective, the HE is used as a tool of empowerment for the improvement of health conditions of the individual, considering its social reality.

The relationships among the university and the several institutions of the public sector, from mutual actions, contribute to the formation of a collaborative network that provides the success of health and citizenship activities. It is necessary that actions like these are consistent, establishing exchange of experiences between institutions and encouraging the participation of these sectors in the transformation of the community.

It is worth noting that the development of educational activities, outside the health spaces, have been shown as essential for their promotion, since the insertion of professionals in these environments changes the way of "doing" in health, pursuing that the subjects are the authors of the change process itself. Hence, the transformation of this background may occur from actions that address multiple dimensions, demanding the implementation of wide intersectoral efforts, by involving several segments of society.

In this sense, it should be realized that the execution of multidisciplinary and interdisciplinary activities in the community scenarios is harmonized with the new trends of health education, when encourage the teamwork, make the student closer to the subjects and the prevalent reality, favor the building of critical and reflective thinking, promote the social responsibility like an attitude integrated to the profile of the future professional, as well as allow the university to resize its space for construction of knowledge and, thus, contributes to the formation of this subject / citizen.

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