EDUCATIONAL PRACTICE IN A SCHOOL OF EARLY CHILDHOOD EDUCATION: CASE STUDIES

PRÁTICA EDUCATIVA EN UNA ESCUELA DE EDUCACIÓN INFANTIL: ESTUDIOS DE CASO

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ABSTRACT

Objective: reporting the educational work conducted from workshops about family risk detected in a community. Method: a descriptive study of type experience report, based on the assumptions of Ergology, held in 2012 with 46 families of elementary school children. The research project was by the Research Ethics Committee, under Opinion n. 245/2010. Results: the group relationship enabled the account of conflict and stigmatizing situations and the perception of interference of mood disorders and behavior on family life. There was awareness of acquisition of healthy habits, child care and family-school approach. Conclusion: reflections on the practice emerged, helping to integrating family and school. Descriptors: Child Health; Family; Health Education; Health Care; Nursing.

RESUMO


RESUMEN

Objetivo: informe de la labor educativa de talleres acerca del riesgo familiar detectado en una comunidad. Método: un estudio descriptivo del tipo informe de experiencia, basado en los supuestos de la Ergología, celebrado en 2012 con 46 familias de niños de la escuela primaria. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, bajo la Opinión n. 245/2010. Resultados: la relación de grupo habilitado la cuenta de las situaciones conflictivas y estigmatizadoras y la percepción de la interferencia de los trastornos del estado de ánimo y el comportamiento en la vida familiar. Hay una conciencia de la adquisición de hábitos saludables, el cuidado de niños y de aproximación familia-escuela. Conclusión: emergieron reflexiones sobre la práctica, ayudando a integrar la familia y la escuela. Descriptores: Salud Infantil; Familia; Educación para la Salud; Enfermería.
INTRODUCTION

School has several functions beyond literacy, becoming a space for living together in community, with discipline, ethics and health. The educational transformation process enables modes of social relations that include habits of participation.¹

In health the users' independence is often denied, making it the liability in the health education process. The health education should add ways of working that can value the human being in its cultural context and that fosters extensive knowledge of themselves, their bodies and care necessary for health. This results in a change in lifestyle with conscious practices, autonomous and responsible.²

There was held an educational work under the project of integration health and school, from the results of the first phase of research on the classification of risk in families who participated with 69 children from a school of early childhood education. The risk was rated from low to medium and the clinical criteria influenced this classification, showing the potential of family members for high blood pressure, obesity, alcoholism, smoking, and psychosocial disorders. Given this result set itself an educational intervention carried out by a group of undergraduate students at the Nursing under the guidance of nursing faculty at a public university.

The following questions guided the educational work: How to build moments for collective reflection on integrating health and school? How to involve parents/guardians and teachers in developing promotion and risk prevention of health problems?

To planning, implementing and evaluating educational practices that would allow collective reflections between parents/guardians, educators and health professionals was adopted some concepts of Ergology. In it two aspects are fundamental: the valuation of the subject and the enhancement of activity. The subject is seen to be full and comprehensive human, in all its sociability and subjectivity. The educational practice is based on the break, by the community, activities hitherto focused on biomedical and individualistic model, replacing the legal impetus for dialogue effort between scientific knowledge and unscientific.³

This study aims to reporting the educational work from workshops on family risk detected in a community.

It is hoped that this study has provided grants for the creation of spaces that lead to joint family, school and health professionals in order to developing healthy practices of children and their families.

METHOD

This is a descriptive study including experience report, based on educational care practice developed in a municipal school in Minas Gerais, which offer primary education for 204 children, from workshops on issues relating to family risk detected in a community.

The work in the workshops focused on collective reflection on the continuing education process, highlighting the reorientation of values, conscience formation and importance of changing attitudes. Accordingly appreciated by the children's educational process where the rapprochement between the family and the school.¹

The school is kindergarten reference to the five boroughs of the city, with a body of 22 employees, among which 17 are teachers. Parents/guardians and school staff were invited to participate in activities through personal contact and signing the free and informed consent. The project was approved by the Ethics Committee in Research with Human Subjects at the University Hospital/Federal University of Juiz de Fora, Opinion No. 245/2010.

There were held five thematic workshops on Tuesdays and Fridays, scheduled every two weeks during the months of April to June 2012, on school grounds. 46 families participated, attending workshops, on average, eight representatives of these families. The themes discussed were: food and nutrition, prevention of high blood pressure (hypertension) and acute respiratory failure (ARF) in children, unhealthy behaviors and psychosocial changes.

Each workshop had a moment of acceptance and awareness on the subject, as well as creation, expression, discussion and evaluation.¹ During and at the end of each workshop there were recorded in a field diary group discussions. Later, data were grouped from the key expressions, identifying the central ideas, basing on the similarity and complementarity, and then analyzed from the perspective of theoretical and thematic reference. It is emphasized that the discussions were held by the circumstances presented by the participant, valuing their knowledge.

RESULTS

The discussion about issues in workshops appreciated the fact that children mirror their
attitudes in the way of acting of parents therefore emphasized the need for the positive attitude of the adult front of the child. The workshops were conducted so as to cause the participants to reflect on how to overcoming the difficulties that might interfere with the change of attitude. At the end of the discussion on nutrition and healthy eating habits, the subjects stated willingness to change habits, showing that assimilated what was discussed.

The meeting that worked on the prevention of hypertension was marked by statements of participants, whose family live with complications of this disease. With active listening group, everyone was able to verbalizing the difficulties of adherence to treatment, in reducing the salt in the diet, regular use of medication and physical activity for weight reduction. There was stressed the importance of giving example of prevention of hypertension to children.

There were discussed the repercussions of the IRA in the child’s daily life, highlighting disturbances that interfere with feeding, school attendance and other activities that contribute to the decline in school performance. Preventive measures were highlighted by most participants.

Regarding unhealthy behaviors, such as self-medication, multiple drugs, substance abuse, lack of physical activity, highlighted the importance of preventing children to become passive smokers, as well as the relevance of parents act so healthy, since they are significant others for children.

The workshops generated a moment of complicity between the participants and some spontaneously made statements situations experienced or experience with family smokers, alcoholics and drug users. Each participant reflected on their reality and difficulties regarding the habits that generate prejudice and stigma, which allowed them encouraging verbalizing their thoughts and facing the thematic discussion, which resulted in a care time.

**DISCUSSION**

The study results showed the importance of developing moments of educational practices that provide reflections articulating the areas of health and education.

The process of teaching and learning is related to return, as the educator and the learner have something to contribute to this process. In this sense, the issues must be worked by the group in order to facilitating the participation of each person, so, participants are able to get a critical/reflective thinking on the issue discussed.4-5

It is necessary to eradicate the fragmentation of actions to ensuring the effectiveness and credibility in the integration of these areas, enabling the family-school approach. From this perspective, it is necessary to find the relationship between scientific and popular knowledge that leads to horizontal, bidirectional and democratic practice, in order to provide changes in the reality.6

Good eating habits and proper nutrition help in the growth and development of the child, contribute to the quality of life and for the prevention of cancer, heart disease, obesity and diabetes.7 The adoption of healthy lifestyle, such as reduction of salt, control weight, reducing the use of fats, avoiding smoking and alcohol consumption, as well as regular use of prescribed medication8 contribute to the prevention of cardiovascular disease.

In the case of respiratory infections, children deserve greater attention, having not yet developed immune defenses, which also leaves them vulnerable to lung diseases.9 In this sense, one should be aware of self-medication - frequent issue in Brazil and quite discussed.10

It is up to the education and health professionals who work with children to acting as multipliers of information with parents and the community at large, as the correct and rational use of medicines, highlighting the risks of self-medication.11

The participants reported using drugs for the treatment of disorders related to depression, anxiety, stress and others. It highlighted the need to differentiate depression itself of low mood that occur during life, avoiding the trivialization of this important diagnosis. Please, noting that the uncontrolled use of psychotropic drugs is in a problem of public health, indicating a need for reassessment of policies in relation to these products in Brazil.12

From the reactions explained by the participants it was able to evidence the school as a space conducive to develop a participatory process of health education and how urgent is the prioritization of programs aimed at protecting health. It is noteworthy special attention to families to adopt healthy lifestyles and identify risk situations.13-4
Although school and family are separate socializing agencies they present, at the same time, common and divergent aspects as sharing the task of preparing the subject for the socio-economic and cultural life, but differ in the goals that have about the task of teaching. The first function is to promote the learning of socially constructed knowledge in a particular historical moment, to expand the possibilities of social interaction and also to legitimize a social order, while the second task is to promote the socialization of children, including learning behavioral patterns, attitudes and values accepted by society.  

It is up to education and health professionals creating opportunities for families to learn more about their own life context, feeling capable and responsible for the choices they need to do; and they often put their conflicting values, their dreams and their projects. Considering the environmental conditions of vulnerability in which there are most families; it is necessary to focus on professional intervention in the actions that make sense to people and are able to competently. 

The advantage of the family's approach to school is the possibility of promoting responsibility attitudes and interest of parents in the process of teaching and learning and the promotion of health.

CONCLUSION

The experience of educational practice in a school of early childhood education revealed the possibility of integration between professional education and health care for the development of health promotion activities, as well as the importance of family approach to school.

The educational care dimension adopted in workshops provided moments of reflection and instrumentalized learning involved to adopt healthy practices and avoid a hazard to health. It created a space for dialogue, listening, feeling of exposure, inquiry, reflection and the recognition of experience and specific knowledge and the other, sensitizing the community to integrating family and school. It also allowed the experience of a profound process of (de) construction of knowledge, review of concepts and proposition of new ideas. In addition, there was promoted the rapprochement between the family and the school critically, and as mediators of health promotion practices and child protection.

In relation to teaching graduate nursing, focused on children’s health, the work provided an opportunity on the performance of teachers and students in one of the most important child convivial social facilities and their families - the School. In this sense, the experience helped to qualify the training, considering the relevance of the conscious involvement of health professionals in the school context extensive family.

Despite the limitation inscribed in the reported experience as the educational work, it was carried out in a school with a group of family and education and health professionals, the results show the importance of promoting the integration of these areas with a view to developing actions focused on health promotion and disease prevention.

REFERENCES

Educational practice in a school of early...

Submission: 2013/11/11
Accepted: 2015/01/06
Publishing: 2015/02/01

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