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ORIGINAL ARTICLE

STRENGTHENING OF POPULAR PARTICIPATION IN A LOCAL HEALTH COUNCIL FORTALECIMENTO DA PARTICIPAÇÃO POPULAR EM UM CONSELHO LOCAL DE SAÚDE FORTALECIMIENTO DE LA PARTICIPACIÓN POPULAR EN UN CONSEJO LOCAL DE SALUD

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ABSTRACT

Objective: analyzing the participatory practices necessary to strengthen popular participation for the representatives of a Local Health Council. **Method:** an exploratory, descriptive study of a qualitative approach that was used Itinerary of Paulo Freire Research as collection method and data analysis. The study had the research project evaluated and approved by the Research Ethics Committee, Protocol n°. 393 516. **Results:** consisting of 11 Local Health Directors of a municipality of the State of Santa Catarina/SC. There were performed five Culture Circles and the research revealed three themes: Learning about the Local Health Council; Fighting for better community living conditions; and Disseminate the Local Health Council. **Conclusion:** participatory practices in the Local Health Councils seem to be in profitable means of discussion and collective decisions in favor of citizenship. **Descriptors:** Community Participation; Strategies; Health Councils; Health Promotion.

RESUMO

Objetivo: analisar as práticas participativas necessárias para o fortalecimento da participação popular para os representantes de um Conselho Local de Saúde. **Método:** estudo exploratório, descritivo, com abordagem qualitativa que se utilizou do Itinerário de Pesquisa de Paulo Freire como método de coleta e análise de dados. O estudo teve avaliado e aprovado o projeto de pesquisa pelo Comitê de Ética em Pesquisa, protocolo n°. 393.516. **Resultados:** composto por 11 Conselheiros Locais de Saúde de um município de Santa Catarina/SC. Realizaram-se cinco Círculos de Cultura e a investigação revelou três temas: Aprender sobre o Conselho Local de Saúde; Lutar por melhores condições de vida da comunidade; e Divulgar o Conselho Local de Saúde. **Conclusão:** as práticas participativas nos Conselhos Locais de Saúde parecem constituir-se em meios profícuos de discussão e decisões coletivas em prol do exercício da cidadania. **Descritores:** Participação Comunitária; Estratégias; Conselhos de Saúde; Promoção da Saúde.

RESUMEN

Objetivo: analizar las prácticas participativas necesarias para el fortalecimiento de la participación popular para los representantes de una Junta Local de Salud. **Método:** este es un estudio exploratorio, descriptivo de un enfoque cualitativo que utiliza La Ruta de Investigación de Paulo Freire como un método de recopilación y análisis de datos. El estudio ha revisado y aprobado el proyecto de investigación por el Comité de Ética en Investigación, protocolo n°. 393.516. **Resultados:** compuesto por 11 Consejeros Locales de Salud de un municipio de Santa Catarina/SC. Había cinco Círculos de Cultura y la investigación reveló tres temas: Aprender acerca del Consejo Local de salud; Luchando por mejores condiciones de vida de la comunidad; y dar a conocer la Junta Local de Salud. **Conclusión:** las prácticas participativas en los Consejos Locales de Salud parecen estar en medios fructíferos de discusión y las decisiones colectivas a favor del ejercicio de la ciudadanía. **Descritores:** Participación de la Comunidad; Estrategias; Consejos de Salud; Promoción de la Salud.

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INTRODUCTION

The Federal Constitution of 1988 claims to be one of the rights of citizens to intervene in decision-making of public policies through democratic mechanisms and states that organized civil society in the exercise of citizenship, it must actively participate in the management of public policies. In the meantime, local health boards are public spaces of cooperation, formulation and implementation of public policies.¹

Large demonstrations were held in Brazil in recent times; there are in possibility of advances in the processes of social and political reforms and, as a result, are forms of citizenship exercises. In this context, popular participation is linked to the grouping of activities and forums which allow society to exercise public and transparent social control of government organizations and public policies.²

Popular participation in Health Councils constitutes a non-governmental mechanism, because its duties are not restricted to the identification of priorities and social demands. In this way, take a deliberative position in the creation of public policies and shared management of the same, indicated in article 204, item II of the 1988 Constitution, establishing "people's participation through representative organizations, in policy formulation and control of actions at all levels".³ Yet can take into account the forms of popular participation expressed indirectly (through election of representatives to exercise political power on behalf of the people) and directly (active participation in the exercise of power) distinguishing, respectively, representative democracy and participatory democracy.⁴

In the 90s, from the Law 8142/90, there was the legalization and institutionalization of management councils for Public Policy. These arise as a possible popular participation format, created as a political space in which the management of public affairs is shared between state and society, through government and civil representations established by mandate and normatively regulated.⁵

But it turns out that this management has been limited only to distributive policies for resource allocation as street paving, renovations and Health Services buildings, etc. The true role of the Council would be to discuss the guidelines in the formulation of public policies, the weights pertaining to social problems, forms of management among

others; the vast plurality has been neglected, thus making these pro forma spaces at times.⁶

The participation of government representatives and representatives of users is different: once for civil servants participation is facilitated, while for representatives of organizations, participation is voluntary and involves an extra effort of time and displacement, to exercise their citizenship.⁷ In the meantime, citizenship involves the participation of people in a community in the search for equality, for winning the expansion of civil, political and social ambits, in order to the field of symbolic and social goods, opposing the dominating supremacy in society classes, which determines new directions for community life and to own participation.⁸

Through efficient and effective participative practices we can develop a better participation in the democratic spaces of citizenship. In the post-democratic period in Brazil, the intense pressures of organized and active civil society have set up new public spaces of mutual influence and negotiation. At this juncture, popular participation comes as disruptions of reference and crises and participatory practices integrated with qualitative management changes gain public visibility and reflect on society.⁹

It is thinking in health promotion activities that popular participation is rooted in the strategies of the Ottawa Charter: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, reorient health services.¹⁰ In this sense, one of the main concepts of health promotion is that of enablement, capable of transforming participatory practices.¹¹

With the creation of Local Health Councils, spaces that favor the practice of citizenship as a core component for the empowerment of the population, it is essential to encourage participatory practices that cause the development of competence of individuals dominating the circumstances, from the awareness of determinants of the problems or the formation of critical thinking.¹²

To this end, we question: What public participation practices are considered essential for representatives of a Local Health Board?

OBJECTIVE

- Analyzing the participatory practices necessary to strengthen popular participation for the representatives of a Local Health Council.

METHOD

This is an exploratory, descriptive study of a qualitative approach, articulated with Route Research of Paulo Freire, next to a Local Health Council (CLS) of a municipality in the State of Santa Catarina, Brazil, created by Law 164 of April 4th, 1859, and officially effective on June 16th, 1860. According to the Census of 2010, it has a population concentration predominantly urban; its population is made approximately by 182.000 inhabitants. Colonized mostly by Azorean immigrants, the city preserves the culture of their ancestors through architecture, Portuguese parties and activities with fish. The economy is sustained by the port, the wholesale trade of fuel, the logistics and the fishing. The municipal Health has 33 health units and reference centers.¹³

The CLS of this Santa Catarina municipality were deployed from 2005 and regulated by the Municipal Law 4.376/05, which restructured the representations of the councilors at the municipal level and the commitment to popular participation through health units. These CLS are linked to Units Health Districts of family belonging to the municipality.

Regarding the Local Council from among the eight existing in the city selection, it was chosen for this most representative and active study, according to the president of the Municipal Health Council. The number of participants in the meetings of the Board chosen location varies, although there were ten advisers (necessarily the minimum composition of 70% users and 30% representatives of the health units as bylaws). Thus, the monthly meetings had some variance with the number of presents. There was; however, minimum or maximum number of subjects to effect the monthly meetings.

The subjects were informed about the objectives and methodology of the investigation, to obtain, or not, their formal consent. For inclusion of the subjects for this study, we considered all those present in the meetings and exclusion criteria, those who do not sign the Informed Consent (IC).

The active participation of those involved was promoted through the collective quest for qualification of processes that these guys were involved in their communities and are protagonists. The Itinerary Research of Paulo Freire looked for procedures regarding the collection and analysis of data and considered the following steps: Thematic Research, Coding and Decoding and Unveiling Critic.

For this research, the Culture Circles were composed of 11 subjects, among users and health professionals and led to the dialogue as an effective communication strategy, fostering numerous questions about the reality experienced by these subjects at the local board of health. The Culture Circles generated the themes for analysis and made in learning spaces, promoting action and reflection among all stakeholders.¹⁴

They have developed five Culture Circles, in the period between the months of June to September 2013, about 2 hours long each meeting. For the record of the themes it used a field diary in which they recorded important issues that have led to the Freire Itinerary steps in Culture Circles. It was even used an audio recorder and a video camera, previously authorized by the participants in order to record all the information in its entirety.

For the formation of one of the researchers Culture Circles initially attended the meetings of the Local Health Council, explaining about the research project and Freire's methodology and recognition of the social context of the chosen Council.

The second and third Culture Circle, Themes generators were investigated from some provocative questions: What are the participation practices in CLS? What are the difficulties of participation in CLS? What are the facilities participating in the CLS?

From these questions, the common themes among the participants were raised. These themes were coded, decoded and unveiled over the Culture and fostered circles and teased from the experiences of the group.

The coding and decoding steps occurred in the fourth meeting and the stage of Critical Unveiling took place last and fifth Culture Circle. The Unveiling Critical allowed the analysis and referral of coded themes and problematized from the understanding of popular participation. In the latter Culture Circle held a joint assessment of the experience lived for this study.

The ethical aspects used for this study followed the Resolution number 466/12 of the National Health Council, which approves and regulates research with human beings. The study was evaluated by the Ethics Committee of the Federal University of Santa Catarina, under the protocol number 393 516. There were respected the freedom and autonomy of the subjects in their decision to participate in the survey, freeing them from this commitment if it were their will. Study participants signed the informed consent in two identical copies, remaining one copy with you and another to the researchers.

The information that formed the characterization of the subjects was collected by structured questionnaire which included questions regarding the identification, academic background, employment status and participation in the Council. The subjects were coded by the letter U (user) and P (Family Health Worker), followed by the number corresponding to the order of appearance in the recording.

RESULTS

The results of this study are presented from the Stages of the Research Itinerary of Freire, emphasizing the Themes Generators with Encoding, Decoding and critical unveiling of reality, followed by reflection of the participants.

	Age	Gender	Schooling	Occupational Situation	Reasons	Time of Participation
U1	42	M	Elementary School Complete	Self-employee	Own initiative	Less than 1 year
U2	65	M	Elementary School Complete	Retired	Stimulation of colleagues	5 years
U3	41	M	High School Complete	Employee in a private company	Own initiative	Less than 1 year
U4	60	M	High School Incomplete	Retired	Own initiative	Less than 1 year
U5	37	M	Elementary School Complete	Employee in a private company	Own initiative	Less than 1 year
U6	64	M	Elementary School Incomplete	Retired	Own initiative	Less than 1 year
U7	44	M	Postgraduation Stricto Sensu	Self-employee (physical educator)	Own initiative	2 years
U8	34	F	Higher Education Complete	Self-employee (architect)	Stimulation of colleagues	Less than 1 year
U9	45	F	High School Complete	Merchant	Stimulation of colleagues	Less than 1 year
P1	57	F	Higher Education Complete	Nurse in the public sector	Own initiative	8 years
P2	45	F	Higher Education Complete	A doctor in the public sector	Own initiative	1 year and 6 months

Figure 1. Characteristics of Councillors, 2013.

In the group studied, a significant part of the directors is over 40 years of age, indicating that the process of thinking and reflecting on the collective rather than the individualism so ingrained in our society today is part of an individual maturity which can culminate in popular participation and the desire to improve the quality of life of their community.

Regarding labor activity, counselors are mostly self-employed professionals and retirees, a situation that becomes a contributing factor in participation due to the availability and flexibility of time to exercise participation. A fact recognized by the testimony of one of the users:

I love to participating, but I'm working and I have no fixed schedule. I never stopped coming because I was too lazy or unwilling, it was because of my work. (U3)

In contrast, the education of counselors who mostly have to complete elementary school, could be perceived as likely to present itself as a difficulty; however, education must overcome discriminatory relation, to be able to enable a relationship, people are rightly respected for who they are, and valued by

knowledge and culture that have, given this potential be the basis of relations with the other for expansion and strengthening of what is known as well as the experiences.¹⁵

A significant portion of the subjects reported that participates in the CLS on their own initiative, demonstrating their willingness to cooperate with the community. It is noticed that there is a high turnover of board members, since most of the board members participate less than a year of CLS. This factor may suffer great influence, due to the low efficiency of the CLS with the community's demands, according to the testimony of the participants themselves. Failure to solving the community's demands, for possession of the state, can constitute a strategy to keep the Councils not resolute and discredited or that they do not play their part and do not develop the powers that concern them.¹⁶

From the analysis of the reality and discussion of the participants it was possible to list 39 generating themes. Of these, three were chosen by the group in the next Culture Circle (meeting room), the most representative and for in-depth and broad reflections on the participatory practices of a

CLS: Learn about the CLS; Fight for better community living conditions; and Disseminate the CLS.

The first Culture Circle, with the participation of eleven representatives favored the awareness of individuals to participate and presented the project and its objectives. At this meeting, there was also reading and signing the informed consent and the characterization of the subject by completing a structured form.

The second and third culture circles, both with the participation of nine representatives, proceeded to the investigation of generating themes. From the identification of 39 generating themes, there have been proposed reflections which could point out the possible causes and their impact on local reality. This Culture Circle asked those present to write down what they saw as "participatory practice in a Council". These themes were related to the reality of the Council emphasizing the issues related to living and participation in various spheres of the community, such as: church, sports team, coral, the participatory budget meeting, residents' association, Association of parents and teachers, etc.; talking with family, with friends and the community about the CLS; watching and reading the newspaper, watching the sessions of the city council on TV, among other things, that after the reflection of the directors, culminated in the encoding and decoding stage.

From these themes it coded up: **1) Learn about the CLS; 2) Disclose the CLS and 3) Fight for better community living conditions.**

Reflections are raised about the difficulties of participation and the need for clearer definitions about the roles of the subjects and the board itself as an area of production and strengthen citizenship. He spoke to how these insights into the reality marked the discussions and decisions of the council under study.

Participants revealed questions about the board's situation and how the representatives are located in this reality and exercise of their roles. Regarding the participation of practices in the Local Health Council participants revealed understanding of the political reality and the need for educational practices that strengthen their processes and endorse a conscious and participatory citizen posture.

The participants in the Culture Circles unveiled that encourage community participation in the search and achievement of their interests, identifying risks and

demands constitute as important spaces for popular organization. There was discussion that this participation will contribute to consolidation of the community, because visiting schools and religious spaces, neighborhood associations subsidize discussions on CLS, and reaffirm its importance as an educational and political space.

In the fourth Circle of Culture, the participants continued the debate about the issues that were being coded and decoded and sought to establish objectives that sustain changes to local realities. Such dialogues have taken so engage the interests of the community allowing subjectivities were manifested by the participants.

It was emphasized during the discussions in the Circle the need for learning, the search for theoretical basis of the advice, knowledge of laws and the functioning of the public sphere. The theme **Learn about the CLS** was codified by the participants as an important reference for the establishment of a council, and the reading of information materials and Internet research on the topic. Highlighted as possibilities to search this information and turn them into knowledge through the monthly meetings of the CLS also provide discussions in unofficial living spaces of representatives (family, circle of friends, etc.) thus emerged references to this activity as something pleasurable, generating, in addition, improvements in performance, personal satisfaction.

Participants reveal concerns about community participation in the Council, and need to better understand the role of the directors and the duties of a local board of health.

I understand little of that advice. I do not know what is the power that he has. I know we're trying to learn what their principles and interests, but people want immediate results. (U1)

Regarding the knowledge of the directors I feel that we are still in its infancy, although it may say that by participating we learn a lot. The population is quite critical, but has no interest to enter this means. (U1)

Lack of knowledge about the functions of a Council weakens the popular participation practices, to the degree that does not allow participants a wide awareness about the population needs they represented.

Actually has the lack of the effective role of the board, disinterest because of ignorance of how the board works, lack of information, lack of strength of popular organization. (U7)

The CLS is deliberative and supervisory and act together to this space requires an understanding of their functions as well as possible joint inherent to the demands generated by the population. Despite the lack of knowledge about the functions of the Council and of the directors, the stimulus to participation must be urgent, because the exercise of citizenship necessarily embraced by the presence of these actors in these deliberative spaces and inspection.

There are numerous ways of directors' ownership of the knowledge about the advice. The very Constitution promulgated in 1988, already has popular participation in its Article 204, through representative organizations. Federal, State, Municipal, resolutions of the National Health Council, the written charter of the board, books, scientific articles, etc., are instruments of easy access that can allow further insight into the functions of a counselor to the Council. In contrast to the easy access, it must consider that the promotion of an understanding of the legislation and other concepts cannot be effective depending on the cognitive difficulties or even flowery language difficult to understand for the general population.

Regarding the theme **Disclose CLS**, participants revealed that attend meetings of the participatory budget of the city, talking about the CLS in association meeting locals, talk to the community, ask users of the Basic Health Units (UBS) about their needs, participate in religious meetings or other social affiliations are productive activities for expanding the network of relations and dissemination activities and importance of CLS.

Thus, disseminate and continues insistently CLS in the community has been a possible strategy and stimulated by users and professionals participated in this study. In contrast, unmet or misleading information issued by the media cannot help in the composition of a conscious political exercise by the population and foster conceptual confusions that perpetuate a distancing the community from its political role.

People only talk nonsense about SUS, play the news in the newspapers, on TV and then the person decides to pay a private health plan. What he does not realize is that the private plan is the SUS who have money, there is also waiting for medical appointments, for example. (U7)

Newspapers disorient, misingform the community, do not clarify anything. One does not hear of municipal councils, for example. They do not talk about all the good that we can and we are doing. (U7)

Ignorance about the Council or its responsibilities for the general population as well as the lack of inherent counselors activities also constitute hard for recognition of that body as a space to promote citizenship:

One day I found a server within the market and she asked me what we were doing in the meetings. She wanted to know if we were talking about it and I even saying no, she insisted that yes. (U7)

The theme **Fighting for better community living conditions**, participants dialogued defending community interests, in that it can fight, win benefits or even the appreciation of the simple movement of seeking solutions to improve the health conditions of all. They realized that participation in the community and the movements for this generate consolidation in other areas, such as leisure activities, education, mobility, security, among others, that contribute to the structuring of the quality of life.

In this way, fight for better community living conditions for the participants in this study is associated with the exercise of citizenship and the promotion of health, and this presents a practical participation of the councils. There understanding of the constraints arising from the small number of participants in CLS in which they gave this research, whereas there is recognition of the importance of enhancing the actions of that group:

I'm in the health area for 33 years, I am a health professional and would like to state that we have to work with what we have, to enhance what we have, even if we have few people, for example. (P1)

From another standpoint, users who act as advisors state that do self-interest, based on will to participate, contribute and gain knowledge.

I'm here for, to participate, learn, because I like it. For me it's pleasant, be talking and worrying about the part of the citizen and I identify with this type of action. (U6)

This still, made an understanding on the part of representatives, that there are some municipal resistance management, which also contributes negatively to the strengthening of local councils as spaces of popular participation. In addition, some participants feel discouraged and eventually leave the Council, as can be seen in the statements below:

The management here in the city is not very favorable to the municipal health council. (U7)

When we arrived here for the first board meeting the president arrived and look at

this here my resigns and said him I do not want any more. (U7)

He spoke up in circles that knowledge of the Councils is still a factor to be explored and understanding permeates necessarily the quality of the actions of this council. Councils' participation practices can be instruments firming of citizenship and promotion of population health in the pursuit of quality of services.

The reflections coming from the Culture Circles generated situations that encouraged the empowerment of the participants, and understanding the need for participation and aware that organized and conscious work can encourage health promotion and strengthening actions of citizenship, as can be realized in the statements that follow:

- We councilors have the autonomy to enter into any health center, do a survey, see how it's all working. (U1)*
- People want immediate results, do not understand that has to be slow. (U1)*
- We disclose that the meetings are open to everyone. Everyone knows we do several referrals. (U3)*
- From the moment that the population is organized this gives greater legitimacy. The manager will think better, there is no doubt. (P1)*

In the last Circle of Culture has suggested the possibility of conducting a local conference of health to encourage community participation, presenting and explaining the board's functions and advisors:

- From these discussions we should make a local conference. (U7)*
- We can do a debate, presenting the diagnosis of community reality, the epidemiological diagnosis, socioeconomic profile. (P1)*

From these problematizations coming from the Themes generators that were encoded / decoded and unveiled, there were ideas of how to practice and carry out activities in CLS. It has listed, for example, offices for the executive, legislative and COMUSA, organize records; invite to meetings of the CLS, representatives of executive and legislative power; assessment made by the community in the existing suggestion box at the Health Unit; compose informative posters regarding the actions and of the Council; encourage community participation; make disclosures in Masses and services, conducting a local conference of health.

DISCUSSION

Through the Culture Circles, counselors revealed need for knowledge about his role

and the Health Councils. This situation is of course understandable due to the technical complexity of the SUS. However, the training of counselors is necessary not only for this reason, given the fact that it also includes other representative segments. The main reason for the existence of such training is due to the need to prevent managers or professionals use the council as a power tool, thereby inhibiting the participation of .¹⁷ For users, these are situations that identify state strategies in co-opt counselors and manipulating the meetings to the Boards do not work as they should in their full exercise of citizenship with its oversight role, purposeful and decision to become just bureaucratic tools.¹⁸

According to Table 01, the directors have less than one year of participation in CLS. It infers then that, just as the rotation of board members in participating can enlarge by incorporating new individuals in this participatory process, commonly affects the decrease of deliberative ability of the councils, since these new actors show unprepared to work in these environments. This situation tends to demonstrate the exercise of power through the domination of connoisseurs on the laity.¹⁹

The training denote the intention of promoting the empowerment of directors for them to obtain the necessary autonomy to improve its performance in these areas, thereby inhibiting the various forms of coercion that you may be after all one empowered counselor may prove aware of its limits and opportunities. An advisor who knows the role of the Council and its respective favors representativeness, considering that you will have greater understanding of the needs of its constituents and thus greater ease in the discursive process of the Council. This educational process improves the quality of participation and consequently strengthens the social control.¹⁷

The quest for improved quality of life, as emphasized by the directors, is through this educational process where counselors know the role assigned to the Health Councils. Some of the functions are located in: deciding on health programs, approve projects to be submitted to the Legislative Branch, stocks approval among others; monitor and control expenditure and deliberate on Health resources handling criteria, follow the development of actions and health services, thus realizing, supervisory actions, controlling and auditing; Regulate: criteria for determining the frequency of health conferences, establishing guidelines and

operational criteria concerning the location and the type of delivery units of public and private health care under the SUS, as well as authorization and accreditation activities; Report: actions such as coordination and exchange between health boards and government and non-governmental organizations, support research and studies on matters pertaining to the development of the SUS, promote education for social control, information and disclosures in the functions and powers of the Board of Health, its work and decisions by all means of communications.²⁰ However, these functions, in many cases, are contained or hidden in the exercise of participatory practices.

Disclosure of CLS signed by the directors as a priority to improve participatory practices is provided in Resolution 453/2012 of the NHC. The magnitude of communication is essential in the practice of social control, both for there to be a dialogue between society and counselors, and for that there is the ability to capture, choose and interpret the community's needs, so that the dialogical process of participation is effective through real proposals prepared and discussed during the exercise of citizenship.¹⁸

In order to save resources of the social policies were transferred from the federal responsibilities to states and municipalities, but such an attitude does not refer to an effective decentralization of power, since many participatory committees have been used as pawns to support the financial transfers arising from the Federal government, allegedly subjected to social control. It is through the realization of such participatory practices that the Boards do not corroborate this scenario.^{21,22}

It is in this context that enablement is shown as an excellent vehicle for modifying the existing hierarchical relationships within the Councils, for example, between the representatives of professional / users or representatives of government/users. Thus it is important to emphasize the liberating pedagogical proposals for the structure of nature something "empowering education", in order to reverse the exercise of power over the other model, favoring the exercise of power with the other.¹¹

CONCLUSION

Certainly participatory spaces of the population in political decisions, has marked positively the achievements in health, reinforcing it as a universal right and promoting exercise, even though latent citizenship. Thus, it was possible to see that

many weaknesses still makes up the process, but it is undeniable that popular participation is a unique area of citizenship and greatly favors dialogue, given that the political awareness is as important as political action.

In this process the use of Route Search, proposed by Freire, has been shown effective, since the researcher is part of the dynamic study. During the methodological process the Culture Circle showed up so profitable its potential to transform reality in view, discussions and reflections occurred about participatory practices in CLS, demonstrated through the listed strategies Unveiling critic, the possibility to raise the Popular Participation and qualifying existing practices.

The Culture Circles that composed this study were constituted in moments of great learning and gathered people from different understandings of the CLS. There is a clear need from the point of view of deepening the contents, which may, in part, to generate frustration, because ignorance may slow actions in support of the demands of the population. Similarly, the possibility of a group being on the move and have interest in acquiring knowledge, and experience an organizational structure and suggest the consolidation of a community are aspects that strengthen the community.

It was possible to witness a longing for politicizing education and awaken in the participants of the Culture Circles a provision for change through the empowerment of individuals about their responsibilities as citizens.

In this way, the discussions, the listed practices by participants on the need to educate for participative processes, attention to the needs of the population and the need to widely disseminate the CLS are consistent with the political reality in our country and the need to continuously seek the understanding of the role of citizenship.

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