ABSTRACT
Objective: to perform a search on the national bibliographic articles published about health education, highlighting the main issues addressed in this theme. Method: an integrative review conducted by a survey of journals in the database LILACS and the virtual library SciELO, in order to answer the following question << What are the scientific productions on health education, highlighting the main issues addressed in this topic? >>. There were explored in health sciences journals from 1999 to 2011 using the keywords "public health", "health education", "health care", "popular education". The possession of the material collected it was proceeded wording of the text, establishing open relationship with the theme, allowing for greater understanding of the same; Results: 15 articles were selected in Portuguese language, however, some sources in English also fostered the research. Conclusion: in recent decades, there has been progress in the reflections, both theoretical and methodological, in this field of study. Descritors: Health Education; Public Health; Health Care; Popular Education.

RESUMEN

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INTRODUCTION

Health education is a very broad field and it found several concepts, covering both the area of education, as the area of health, which have different understandings of the world, marked by different political and philosophical positions about man and society.

Health education originated in 1922, when the state public health services began to develop innovative activities due to the action of Geraldo Horácio de Paula Souza, director of the Institute of Hygiene, Faculty of Medicine of São Paulo. In 1926 was founded the first course of sanitary education.1

By mid-1967, with the support of the Pan American Health Organization there was founded the first course in Public Health Education. 2 The College of Hygiene and Public Health of the University of São Paulo (USP) decided to institute postgraduate courses aimed at training health workers, highlighting the Postgraduate Course entitled "Public Health Education." This was an important step, it had passed 42 years after the creation of the first midlevel course.1

Health education is established as a specific area in the second decade of this century in the United States during an international conference on children. In Brazil, establishing themselves in the context of public health, guiding new practices and only later is in the area of study and research.

The concept of health education overlaps with the concept of health promotion as a broader definition of a process that includes the participation of the entire population in the context of their everyday life and not just the people under risk. However, from this expanded notion of health, there is a health education includes expanded public policies, appropriate environments and reorienting health services beyond clinical treatments and dressings, as well as pedagogical liberating.3

The health, defined as social production of multiple determination, requires a strategy that involves the active participation of all those involved in its production, analysis and formulation of actions aimed at improving the quality of life.4

During the undergraduate and graduate there was a theoretical approach to the topic health education. However, the link between theory and practice was somewhat limited. In the field work, it was possible a closer with everyday health education, through a direct and indirect assistance. However, still there is a resistance from some health professionals and even some users of health services. With it came a restlessness concerning know more deeply the evolution of the implementation of health education, understanding that a practice is necessary and important to provide comprehensive care to the individual and the community.

OBJECTIVE

● To perform a national bibliographic survey of articles on health education, highlighting the main issues addressed in this theme.

METHOD

This research was carried out a bibliographic type integrative review journals in healthcare published from 1999 to 2011, the portal Bireme - VHL (Virtual Health Library) in November and December 2011 in order to respond the following question « What are the scientific production about health education, highlighting the main issues addressed in this topic? »

To end, we selected 15 articles in Portuguese language, however, some sources in English also fostered the research.

These articles are from the following journals: Journal of Nursing UFPE online - REUOL, Magazine and Public Health Science, Electronic Journal of Nursing, Journal Cogitare Nursing, Journal of Public Health, and Public Health Notebooks Interface - communication, health and education. The descriptors used were: health education, public health, health care and popular education.

We consulted the articles in electronic libraries covering a selected collection of Brazilian scientific journals, considering the title and abstract of the articles. The following selected those in full via online. Was carried out, then the reading by performing a selection to determine the material of interest for research.

The possession of material collected proceeded to the wording of the text, establishing open relationship with the theme, allowing for greater understanding of the same. Some aspects were taken into account currency and relevancy of the topic, the author's knowledge, and the feasibility of the research.

RESULTS

The word that best describes the goal of health education is "transformation." This action, as a field of knowledge, contributes significantly to the consolidation of SUS: universality, comprehensiveness, equity, decentralization, participation and social control.

It can be observed that health education in the relationships that are established between
health professionals and those with the services in your organization, participatory management and choice of the best ways to go to raise the greater community participation. This participation becomes concrete in the community when defining their needs and ways of acting; within the service itself in the democratization of information and service to the community and their social groups, and with it the services, while in possession of information and exercise participation influences the changes needed to promote health and exercise social control system.4

The educational practice occurs throughout the process of construction, reconstruction and production of knowledge, is a portion of the shares that make up the health sector and should be streamlined in line with all the shares so integrated at all levels of the system, within the principles of decentralization.5

The FUNASA4 established Guidelines for Health Education in view of Health Promotion. For it were considered some assumptions, such as:

a) Health education as a set of pedagogical and social practices, which in the scope of practice of health care should be shared and experienced by workers in the area, the organized sectors of the population and consumers of goods and services, health and sanitation environment.

b) Health education is a social practice, since it contributes to the formation of critical consciousness of the people about their health problems, from its reality, stimulating the search for solutions and organizing for action both individually and collectively.

c) The education must be understood as a system based on the participation of the people in order to change (transformation) of a given situation, breaking with the vision of education as a transfer of knowledge, skills and abilities.

d) The community action and the municipality must walk together, because this action focuses on strengthening the city as the site for the development of intersectoral actions promoting health, allowing a greater influence in setting priorities.

e) The educational actions targeting health practice are based on the process of empowerment of individuals and groups to act on their own reality and transform it.

f) One of the main features of educational practice is to respect the cultural universe of people and forms of community organization, considering that all people accumulate experiences, values, beliefs, knowledge and are holding a potential to organize and act.

g) It is impossible to separate the educational dimension of work processes in health, is the level of formalization in teaching practices or services of health care, because health and education constitute themselves as social practices that articulate the life of every human.

Through a literature review about the topic, it can be seen clearly, a change in the official discourse of Health Education, a traditional approach in imposing models for a focused approach to community participation. The ideas Freirian influence through his thought and his theory of libertarian education.6

One of the most widespread conceptions on education and health is one whose activities are developed through formal situations of teaching and learning, functioning as the aggregated spaces of health practices. The most obvious traces of the relations that are established in such situations are the didacticism and asymmetry expressed in the action part of the health care provided “educator” toward the user of health services provided by “educating”.7

The didacticism occurs to the extent that these activities tend to be developed without considering the risk situations of each community and without taking into account all health actions triggered accordingly, ie develop seemingly as an end in itself same.

The effectiveness of health education structured in these terms would be settled only on those aspects of the content and teaching technologies, without questioning their results at the individual and collective, and even without establishing the linkage of health problems of specific social groups with their actual living conditions.

**DISCUSSION**

These educational practices are held in the context of the transition to a knowledge or information focused only on developing healthy habits or behaviors, where health professionals appear as “those who know” and service users develop the role of that unaware “denying dialogue as the foundation of this relationship, since the knowledge of the clientele is not always considered as born of importance and significance to the healthcare team. The dialogue possible in this case is one that recognizes the same to the other dignity.8

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J Nurs UFPE on line., Recife, 7(spe):6283-7, Oct., 2013

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With this, we do not deny outright the activities “formal” health education, but point to the fact that education is a dimension of health practices. I.e health practices are for educational practices that are structured as a work process. A worker process always presupposes a transformation of an object into a new object, be it material, is an idea, a consciousness, a mindset, a value.  

It is at work in health professionals in this field, the social groups of network users and service managers acquire identity. That is, they constitute the subject with respect. Relationship that always require the presence of the other.  

Accordingly, the health education practice expands, as more than simply a list of teaching / learning, goes beyond the cultivation of healthy habits and behavior; incorporates the design direction and intent, aimed at a project of society, will always constructed with reference to health situations of a social group or a specific class; assumes a relationship based in the horizontality among his subjects; relocates as assigning any health worker. This is because there are the formal teaching activities that educate, but rather the relationships embedded in the work process, which transforms our consciousness into a new consciousness.

That said, health workers imposes the necessity of an ethical commitment, before which each appears as role holder systematizer health situation in favor of specific social groups, assuming that regarding the establishment bonds of identity, relevance or solidarity, for example.

Educational practices guided by the content-based perspective, normative and scientistic slow to demonstrate that acquisition of established knowledge does not necessarily result in behavior change. It follows that, on the horizon of thinking intervention in education and health, must take into account the subjects’ representations understood as concepts and modes of thought built alongside the life trajectories of individuals, influenced, therefore, by the collective experience, by fragments of scientific theories and scholarly knowledge, expressed in part in the social practices and modified to serve everyday life. Many studies are based on the theory of social representations.

There are several representations people make of their illness that are independent of medical knowledge. Experiencing a disease is to relate so conflicted with the social, because the patient will feel sick when you stop performing activities that allow you to belong to the context in which they live. On the other hand, is a way to know yourself, as you learn to overcome to meet it. It is based around the need to consider the representations in Health Education, in a sharing of knowledge.

Thus, settle some of the favorable conditions for overcoming a merely instrumental Health Education, whose principles rely solely on scientific knowledge. As we observe the progressive importance given to the representations and common sense knowledge in respect of the subjects with the disease, the more accurate is the criticism of absolutism and autonomy of scientific knowledge.

It’s to add “value” in Health Education This implies that the educator recognizes that the subject holds a different value of it and you can choose other means to develop their daily practices. There is an attitude of learners from both sides and there are actually possibilities of exchanges in the educational process.

CONCLUSION

When making a critical examination of the comprehensive health education, during the last decades, there has been an amazing development and a growing reorientation of theoretical and methodological reflections in this field of study.

It is noted, however, that these reflections have not been translated into concrete educational interventions, since the latter do not develop at the same pace, staying the distance between theory and practice. While this remains grounded in conceptions behaviorists and deterministic methods and strategies of using theoretical models of behavioral psychology, the theory demonstrates overcoming these concepts at the expense of a more comprehensive approach to disease and interpretive. In this sense, it is worth noting the evolution of theoretical frameworks available to educators and other researchers, although the same can not be said of the transposition of these elements to the practice and teaching to concrete.

The difficulty of this transposition is justified in staying still, the hegemonic model in professional practice, vertically, advocates the adoption of new behaviors, such as quitting smoking, get vaccinated, have better hygiene, among others, and strategies generally said collective as mass communication.
Thus, it is for health professionals to encourage community participation to actions aimed at improving the quality of life of the community, taking action to promote health, guidance on healthy lifestyles, as well as actions of health surveillance.

The subjects are able to express desires, feelings, because they have an aptitude for inventing endless ways of life and different forms of social organization. When the stop using professional education domesticating it is possible to place the practice of freedom, in which teacher and student become subject assuming significant roles, making the educational process occurs in a significant way, can cause changes, even subtle.

REFERENCES