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REFLECTIVE ANALYSIS ARTICLE

THE POPULAR EDUCATION AND THE FUSION OF THE DIFFERENT KNOWLEDGE IN THE HEALTH EDUCATIONAL PRACTICES

A EDUCAÇÃO POPULAR E A FUSÃO DOS DIFERENTES SABERES NAS PRÁTICAS EDUCATIVAS EM SAÚDE

LA EDUCACIÓN POPULAR Y LA FUSIÓN DE DIFERENTES CONOCIMIENTOS EN LAS PRÁCTICAS EDUCATIVAS EN SALUD

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ABSTRACT

Objective: to provide reflections on popular education and the fusion of different knowledge in health educational practices. **Method:** reflexive analysis study. For its elaboration, there was a previous review of studies in the literature, enabling a based and contextualized critical-reflexive approach. **Results:** when reflecting on health educational practices, there is an appreciation that falls on the scientific knowledge to the detriment of the popular knowledge, characterizing a health care more focused on the demands of the services and its professionals than on the health problems of the population. **Conclusion:** in order to legitimize educational actions, it is necessary to make individuals the protagonists of that process, actively participating in health production, making a fusion between popular and scientific knowledge. Such strategy allows working with collective thinking and with knowledge of the beliefs and values that permeate each culture and society. **Descriptors:** Health Education; Community Participation; Comprehensive Health Care.

RESUMO

Objetivo: proporcionar reflexões sobre a educação popular e a fusão dos diferentes saberes nas práticas educativas em saúde. **Método:** estudo de análise reflexiva. Para sua elaboração, houve uma revisão prévia de estudos na literatura, possibilitando uma abordagem crítico-reflexiva fundamentada e contextualizada. **Resultados:** ao refletir sobre práticas educativas em saúde percebe-se a valorização que recai sobre o saber científico em detrimento do saber popular, caracterizando uma atenção à saúde mais voltada às demandas dos serviços e de seus profissionais, do que para os problemas de saúde da população. **Conclusão:** para legitimar as ações educativas é preciso tornar os indivíduos protagonistas desse processo, participando ativamente da produção de saúde, fazendo uma fusão entre o que é tido como saber popular e saber científico. Tal estratégia permite trabalhar com o pensamento coletivo e com conhecimento das crenças e valores que permeiam em cada cultura e sociedade. **Descritores:** Educação em Saúde; Participação Comunitária; Assistência Integral à Saúde.

RESUMEN

Objetivo: proporcionar reflexiones sobre la educación popular y la fusión de diferentes conocimientos en las prácticas educativas en salud. **Método:** estudio de análisis reflexivo. Para su preparación, hubo una revisión previa de estudios en la literatura, proporcionando un enfoque crítico y reflexivo basado y contextualizado. **Resultados:** al reflexionar sobre las prácticas educativas en salud, hay una apreciación que recae sobre el conocimiento científico a expensas del conocimiento popular, que ofrece una atención a las demandas de salud más centralizadas en los servicios y sus profesionales que para los problemas de salud de la población. **Conclusión:** para legitimar las actividades educativas, es necesario hacer los individuos los protagonistas de esto proceso, participando activamente en la producción de la salud, haciendo una fusión entre lo conocimiento popular y el conocimiento científico. Esta estrategia permite trabajar con la reflexión colectiva y el conocimiento de las creencias y valores que impregnan cada cultura y sociedad. **Descriptores:** Educación en Salud; Participación Comunitaria; Asistencia Integral a la Salud.

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INTRODUCTION

As Paulo Freire systematizes, the principles of the popular education methodology are dialogue, respect for the student and the conquest of autonomy, constituting an exchange of knowledge between what is learned in books and at universities and the learning passed on generation to generation, supported by diverse cultures, beliefs, religions and societies.¹ Popular education seeks to work incorporating knowledge, experiences and pedagogical practices, producing spaces for care, intending to develop a critical reflection and an enlarged view of the reality experienced by human beings and their collectives.²

The key point for the practice of popular education is to take into account the prior knowledge of individuals who participate in the interaction between learner and educator. Considering such knowledge means to understand the path traveled by each one, their teachings, their cultures, their values, their needs. In the same way, that practice aims to strengthen a relationship of knowledge exchange between popular and scientific knowledge. That proposal becomes increasingly necessary in the sense that there has been a cultural distance between the health services and the population, causing some people not to understand how others operate.³

OBJECTIVE

- To provide reflections on popular education and the fusion of different knowledge in health educational practices.

METHOD

Reflexive analysis study, based on experiences lived in the daily practices of the health professional that acts as a mediator between popular and scientific knowledge, in order to provoke changes in health production, with broad participation of the involved social actors. For its elaboration, there was a previous review of studies found in the literature, allowing a critical-reflexive approach based and contextualized within the scope of the theme.

RESULTS AND DISCUSSION

The professional who acts as an educator must develop actions considering that individuals bring with them a cultural baggage that must be unveiled and understood in the social context in which each one is inserted. Popular knowledge and culture strongly

influence the worldview, life habits, customs and behavior of people. When thinking about educational practice, whether individual or collective, one must consider the cultural context of the involved subjects in order to make their actions and projects effective and resolute.^{1,4}

The construction of educational strategies that enable transforming living conditions, such as beliefs, values and behaviors, are only possible when the professional can apprehend, understand and dialogue with the multiplicity of aspects that articulate them with individuals and groups with whom they are interacting⁵, allowing the professional to reflect and question about his/her actions pertinent to the health care of the population.

In that context, when talking about health educational practices, there is an appreciation that falls on scientific knowledge to the detriment of popular knowledge, characterizing a health care more focused on the demands of services and their professionals than on Health problems⁶, placing the professional as a "holder" of legitimate knowledge proven by science and depreciating popular knowledge based on the life experiences of individuals and communities.

Most health education projects follow the same line of transmission of specialized knowledge, where *"we hold and teach"* to a *"lay population"*, whose living knowledge is devalued and/or ignored in those transmission processes. Still, in order to *"learn what we know"*, one must unlearn much of what has been learned in everyday life.⁵

When working with groups that have specific pathologies, the focus of the educational action would not be on the disease itself, but on the whole range of emotions and the sharing of fears, sorrows, pains and affectations of the different ways that develop during the process of illness and cure.³

The health professional must develop his/her behaviors with the user in order to transmit safety and tranquility. For this, the communication and interaction between health professional and patient is used to guide and inform, aiming at attending to the peculiarities inherent to the human being, which will lead to a specific care, according to the needs and expectations of each person⁷, valuing his/her life history and promoting the autonomy and co-responsibility of users about their health-disease process.²

It is possible to perceive that many health professionals have not been concerned about understanding the knowledge and meanings that individuals have developed in the health-disease processes and, starting from this point, structuring action modes that integrate popular and scientific knowledge. There have been specific and disarticulated actions in the health care of the population.³ Education does not expect to define appropriate behaviors for the subjects, but to create opportunities for dialogue, reflection and interaction between the involved parties.⁵

In the perspective of popular education, the professional is responsible for valuing the users' prior knowledge, stimulating dialogue, encouraging participation and transforming reality into health. Other strategies that favor more dialogic and participative educational actions are strengthening links and promoting receptiveness, with a view to understanding, recognizing and attending to the real health needs of individuals. For the authors, "*the transformation of reality is only possible through the action of human beings, who must be subjects and not objects of transformation*".⁶

Health services and professionals are commonly more concerned about legitimizing scientific knowledge and imposing it on the population than promoting a shared and participatory dialogue. Such practices mean transmitting information and changing the life habits of the population, with emphasis on the technical-scientific knowledge. However, that model has not been adequate to meet the health needs of individuals and groups⁶, since it does not consider the popular knowledge that the person acquires along his/her life path, which is important for establishing care goals for that individual.

CONCLUSION

In order to legitimize educational actions, an important step is to make individuals (the learners) protagonists of that process, actively participating in the production of health and knowledge, making a fusion between popular and scientific knowledge. Such strategy allows working with collective thinking and with knowledge of the beliefs and values that permeate each culture and society. Disregarding the learning and the load of knowledge that each one brings with oneself devaluates popular knowledge, hindering the approach between educators and learners. It does not mean that professionals must renounce scientific knowledge and adopt popular knowledge as unique and inseparable truth, but they need to understand their

incompleteness and help in the constant construction of knowledge, making them blend and gain strength when performing the actions. Thus, the professional can use the different knowledge as tools that can assist him/her in offering a qualified, effective and resolute assistance to the user.

REFERENCES

1. Sousa LB, Aquino PS, Fernandes JFP, Vieira NFC, Barroso MGT. Educação, cultura e participação popular: abordagem no contexto da educação em saúde. Rev Enferm UERJ [Internet]. 2008 [cited 2014 Oct 10]; 16(1):107-12. Available from: <http://www.facenf.uerj.br/v16n1/v16n1a17.pdf>
2. Fernandes CAO, Solano LC, Soares FRR, Barreto ELF, Oliveira LC, Carvalho FPB. Popular education in health with the group hiperdia of a basic health unit. J Nurs UFPE on line [Internet]. 2013 [cited 2014 Oct 10]; 7(8):5157-64. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4070/pdf_3183
3. Gomes LB, Merhy EE. Compreendendo a Educação Popular em Saúde: um estudo na literatura brasileira. Cad Saude Publica [Internet]. 2011 [cited 2014 Oct 16];27(1):7-18. Available from: <http://www.scielo.org/pdf/csp/v27n1/02.pdf>
4. Ebling SBD, Falkembach EM, Silva MM, Silva SO. Popular education and health education: a necessary link in health practices. J Nurs UFPE on line [Internet]. 2012 [cited 2014 Oct 10];6(9):2285-9. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2584/pdf_1501
5. Meyer DEE, Mello DF, Valadão MM, Ayres JRCM. "Você aprende. A gente ensina?" Interrogando relações entre educação e saúde desde a perspectiva da vulnerabilidade. Cad Saude Publica [Internet]. 2006 [cited 2014 Oct 08];22(6):1335-42. Available from: <http://www.scielo.br/pdf/csp/v22n6/22.pdf>
6. Leonello VM, Oliveira MAC. Competências para ação educativa da enfermeira. Rev Lat Am Enfermagem [Internet]. 2008 [cited 2014 Oct 10];16(2):[about 5 p.]. Available from: http://www.scielo.br/pdf/rlae/v16n2/pt_02.pdf
7. Callegaro GD, Baggio MA, Nascimento KC, Erdamnn AL. Cuidado perioperatório sob o olhar do cliente cirúrgico. Rev Rene Fortaleza [Internet]. 2010 [cited 2014 Oct 16];11(3):132-42. Available from:

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