



POPULAR HEALTH EDUCATION AS A TOOL FOR MEDICAL TRAINING: EXPERIENCE REPORTS

EDUCAÇÃO POPULAR EM SAÚDE COMO INSTRUMENTO PARA FORMAÇÃO MÉDICA: RELATO DE EXPERIÊNCIA

LA EDUCACIÓN POPULAR EN SALUD COMO UNA HERRAMIENTA PARA LA FORMACIÓN DE MÉDICOS: UN RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the experiences lived by a medical student in the production of Popular Education in Health as a tool of medical training. **Method:** a descriptive study, of the type experience reports that meetings were held in the association Families Blessed, in the municipality of Joao Pessoa (PB), Brazil, with children ranging in age from 4 to 12 years old, during the module of attention to Health III. **Results:** the experience has allowed the approach in the process of popular education in health, established through working with children in the community, in addition to strengthening the process of health promotion. It was established the bond during the period of working with children. **Conclusion:** the practical experience in popular education in health must be indispensable in medical training. **Descriptors:** Community Medicine; Humanization; Public Health; Health Education.

RESUMO

Objetivo: relatar as experiências vivenciadas por uma acadêmica de medicina na produção da Educação Popular em Saúde como instrumento da formação médica. **Método:** um estudo descritivo, do tipo relato de experiência. Foram realizados encontros na associação Famílias Abençoadas, no município de Joao Pessoa (PB), Brasil, com crianças na faixa etária dos 4 aos 12 anos, durante o módulo de atenção à Saúde III. **Resultados:** a vivência permitiu a abordagem do processo da Educação Popular em Saúde, estabelecida por meio do trabalho com crianças da comunidade, além de fortalecer o processo de promoção da saúde. Estabeleceu-se o vínculo durante o período de trabalho com as crianças. **Conclusão:** a experiência prática na educação popular em Saúde deve ser indispensável na formação médica. **Descritores:** Medicina Comunitária; Humanização; Saúde Pública; Educação em Saúde.

RESUMEN

Objetivo: reportar la experiencia vivida por una estudiante de medicina en la producción de la Educación Popular en Salud como una herramienta de formación médica. **Método:** se realizó un estudio descriptivo, del tipo informe de experiencia. Las reuniones se celebraron en la Asociación de Familias Benditas, en el municipio de Joao Pessoa (PB), Brasil, con niños en edades comprendidas de 4 a 12 años, en el módulo de atención a la Salud III. **Resultados:** la experiencia ha permitido el enfoque en el proceso de Educación Popular en Salud, establecido mediante el trabajo con los niños de la comunidad, además de fortalecer el proceso de promoción de la salud. Se estableció la fianza durante el período de trabajo con niños. **Conclusión:** la experiencia práctica en la educación popular en salud debe ser indispensable para la formación de médicos. **Descriptor:** Medicina Comunitaria; Humanización; Salud Pública; Educación para la Salud.

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INTRODUÇÃO

The 8th National Conference of Health, held in 1986, was a major political and theoretical work of restructuring Public Health of the country in the 1980s and had as ideal the guide Health Reform.^{1,2} This was a great movement of politicization of health which integrated social movements, health professionals, politicians, political parties, universities, health institutions, culminating in the creation of the Unified health System (SUS), the Federal Constitution of 1988.³ It was regulating by Law N 8808 of 19th September 1990, the Organic Law of Health, which set the principles of universality, comprehensiveness, equity and popular participation.⁴

The promotion of health is one of the SUS perspective and is defined by the Letter of Ottawa (1986)⁵, as the population of the training process, to act on improving their quality of life and health, and to ensure greater participation in total social control, for it is crucial the role of popular health education.

The People's Health Education can be understood as a "theoretical perspective guided by educational practice and emancipatory social work". It is very important to the population what directs not only the autonomy of people, as well as the promotion of critical consciousness, popular participation and overcoming social inequalities, with the ethical and political aims of the interests of the popular classes.^{6,7} It is organized from the approach to the subject within the community, valuing the social movements and the "popular" knowledge, from the understanding that knowledge is a process of collective construction.^{7,8}

Guided by the principles of Paulo Freire: listening, remove the magic vision, learning/living with each other, take the ingenuity of students and live patiently impatient, popular health education can be considered a tool to help incorporate new practices by professionals and health services aimed at a new understanding of health actions, especially educational.^{8,9} Such practices should not establish closed schemes with solutions formed, but they are built from the knowledge of the reality of the subjects and together with them to see possible transformations, creating or expanding employment horizons.¹⁰

In the Brazilian Public Health, public education began to be used not as an activity

the most among the existing, but as a reorientation instrument of globality of their practices, while that updates, clears and strengthens people's relationship with organized movements.¹¹

For many health services, popular education is an important tool in building a full medicine because it is dedicated to expanding the dialogue between different professions, specialties, services, users, family members, neighbors and local social organizations, in order to strengthen and reorient their practices, knowledge and struggles for rights.¹¹

This study aims to report the experiences of medical students in Popular Education in Health production as a tool of medical training.

METHOD

This says respect to a descriptive study of type experience report, performed by students of the third period of the Graduate Course in Medicine, Faculty of Medical Sciences of Paraiba, along the horizontal module of Health Care III, from March to June 2015.

At first, the students were divided into four groups corresponding to four different areas of coverage in the city of Joao Pessoa, State of Paraiba. The groups were chosen by the students, with about 10 people each. Later, it divided into two subgroups, averaging five students, which alternated weekly responsibility for educational activities.

This work was carried out in the association Blessed Families, during the morning shift, which is part of the social action department of Genesis Baptist Church, located in the district of Bessa, in the city of João Pessoa. It was founded nine years ago and works daily with volunteer collaboration, it has about 10 to 12 children in each round, with ages ranging from 4 to 12 years old. It covers the communities of São Mateus, São Gabriel, São Luiz, Jardim America, Alfa, Gama, and Beta, geographically lie near the association.

The organization works with socially vulnerable children, whose leaders are mostly women with incomes below the minimum wage, and with families, because they believe that it is only possible to rescue those when it redeems the concept of family. Therefore, promote the training of those responsible through income-generating programs, in order to ensure them self-maintenance in the labor market.

The general objective of learning the health care module III is the training of students to carry out activities in the popular area of education in health, with a view to health promotion and prevention of diseases and disorders in assisted community, from the needs and demands perceived in the community.

The specific objectives aim at understanding the students about the dynamics of the work process in the Family Health Unit (FHU), observing the object of work, the instruments, the purpose and agents who can identify the team's problems formed at FHU the recognition of the most common acute and chronic diseases in the assisted group, identifying the clinical protocols recommended by the Ministry of Health, as well as the fulfillment of history, physical examination, vital signs, the planning of popular education activities in health and its implementation, the assessment of these activities from the application of data collection tool for the identification of the observed effects and the reflection of these on spirituality in the health disease process.

RESULTS AND DISCUSSION

There is no doubt about the importance of being in the community to carry out activities and that these are able to transform and positively change the lives of people. In this way, the students went to the Blessed Families Association to have the first contact with the children.

In the first meeting, there were chosen dialogue about the subject of care and hygiene, focusing on parasites. The criteria for selection was the incidence of these parasites in the addressed age and because it is people with social, economic and cultural vulnerability, anticipating, so that not all basic hygiene precautions are taken.

The first dialogue with children is fundamental to the creation of the link, so it is interesting to allow and encourage their participation in the exhibition of the contents, signaling, so, that there is room for them to report and question about questions or events of their day to day. Thinking about it, according to the teachings of Paulo Freire about principles considered unique for Popular Education in Health, there is the importance of listening, speaking "with" and not "for" the population. It points out that the educator must understand that you are not alone in the world, which means to respect the other's right to speak, at the same time learning to

listen, turning the apprentice creator in his learning.⁹

Still, under similar grounds, he says that the student must understand that "no one knows everything, and no one knows nothing, which is to say that there is, in human terms, absolute wisdom or absolute ignorance" ⁹; establishing from this concept of elitism and basism. The first states that the intellectual aspect is superior and, second, that the people do not accept the interference of people who do not experience the day to day, back to the idea that to work in the community, you need to go into it and learn experiencing your reality⁹.

The material used to develop the activity was colored posters, containing explanations and illustrations showing parasites, their type, the transmission mode, symptoms, treatment, and ultimately prevention. When asked about the incidence, the children said they had been never infected, and then the preventive care was well punctuated and reinforced throughout the explanation, always seeking to interact with them, inquiring about doubts and remedying existing.

After the meeting, some recreational activities were held, such as drawings, crosswords and printed sets of questions and answers, with the help of students, in order to fix the above issue in a more interactive way. Besides, who correctly answered oral questions received as a reward chocolates.

The activity showed deficiencies because some children showed inattentive and disinterested both in presentation and in subsequent activities. One of the limitations found was that some of them by age, not knowing how to write. However, from an academic point of view, the visit was considered positive by learning enabled to academic, as expressed the difficulty of working with this age group and encouraged to seek new ways of approaches.

It was noticed during the meeting that this practice requires the rescue of the concept of empathy. This is a feeling that allows to consider a student from different perspectives, allowing this sees the suffering of others with the eyes of those who suffer and thus enjoy the situation in the place of the person who experiences.¹²

From the moment that the students identify with the children become able to develop new methodologies that respect the level of education, age and the reality, which enabled the identification of vulnerable children, facilitating dialogue and therefore, creation of the bond.

In the second meeting, held on 23rd of March, the theme was sexuality and reproduction because they are very important and little discussed at that age. Initially, it was discussed superficially playing, talking about the menstrual cycle and its stages, fertilization, the embryonic stages, the development of pregnancy and birth. Posters were used having a writing portion and the other comprises instructional drawings, in order to facilitate the understanding of what was being proposed.

Afterwards, to address sexuality, we used a video shaped design, exposed through the computer to try to capture the attention of children for entertainment. The use of this instrument proved to be very positive, as they remained alert and interested during the presentation; however, in the end of the meeting it was concluded that the activity was not satisfactory, since during the discussion about playing children proved uninterested, confused and agitated, but also there was no interaction between those students, creating a distance that went against the objectives of the visit, suggesting that the approach was not correct. On the other hand, it was noticed that the video is a unique tool that could be a great ally of learning, for this, one should choose it based on criteria such as teaching and age to be reached.

No doubt that one of the reasons for the failure is due to the fact that the students have not taken the ingenuity of the students, as Paulo Freire says. By taking this ingenuity, one can destroy the intellectual authoritarianism of the teacher, allowing more children to reading, but it is important not to treat them as thumbnails in an adult world, which is to review the childhood setting - and society - it is assumed at the time of exposing the questioning.^{9,13}

The desired results are not always achieved, as there is a map, guide or flowchart for carrying out the activities of Popular Education in Health, so they should be governed by the fact that the practice always stands speech. It is recalled that education is a political act.⁹

It is worth noting the importance of not treating the child as miniaturization of an adult world, which implies always reviewing childhood setting - and society - we made at the time of putting it into play. It is a reception segment mostly designed by those in other ages; they have other ways of perceiving and understanding the world and especially other interests.¹³

It is extremely important that medical students have contact with the practice of popular education, since, despite being a little-used feature, it is an alternative to solve many problems in Public Health. As an example, it cites the dengue, which is a disease easily preventable and that, in most cases, it is resolved in the Family Health Unit, but still drove to hospitals and emergencies; popular education values the autonomy of users, informing them that they guide the care itself. Thus, in the case cited, enable users to seek proper attention, do not abandon the treatment and, recognizing the severity it would be more careful to avoid mosquito breeding.

In a study conducted in the city of Contagem / MG, in Basic Health Units (BHU) in 2011, the results showed that all the professionals related to the Health Unit confessed that need improvement for realization of health education practices. Only 22.8% of professionals consider having sufficient knowledge about this, of these, 33.3% are doctors. The same study also shows that 66.7% of doctors said they need training to carry out these activities and 9.2% of physicians reported that they lack teaching methods.¹⁴

The chosen dynamic was the question and answer about the subject, whose successes were rewarded with some sweets. Despite the ineffectiveness of explanation have compromised the success of the activity, the children showed commitment and interest in pursuit of the prize being an opportunity to facilitate understanding and a way to encourage them to express their opinions, ask questions and review the subject matter. At the end, all the children were gifted.

Understanding that the above theme carries in itself a set of ideas and taboos, especially in children and adolescents, this fact alone presents a gap in the discussion.

The third visit, held on April 13rd, was to staff the rights and duties of children, according to the Child and Adolescent Education (ECA). The objective was to inform them and guide them to be on the can or not done for them and the parents or guardians and what is right or wrong in relation to the society in which they live.

Initially, some rights and duties were selected, considering the level of relevance and presence in their reality, they were: rights relating to life, to school, to food, family relationship, culture, health, work, in addition to duties such as respecting the older, enforce laws, among others.

The next moment, a small piece was performed to demonstrate what had been presented. The cases were staged each in two versions: a right and a wrong, they should be distinguished by the children at the end of the presentation. When there was difficulty in differentiating what was the correct scene or not, academic questioned why the choice, paying attention to possible violations present in the reality of them and then corrected and justified.

The scenarios contained the facts of the normal day. One was about helping the family at home and respects it. One student played the daughter and one mother, who asked who helps to wash the dirty dishes of the house. In the first part of the scene, the daughter obeyed and treated the mother of loving, respecting the same; in the second, exactly the opposite happened, the complained.

The other scene was about littering and how to treat people who clean the streets, those who live in them and older. To make a more dynamic presentation, two children attended the scene in the role of the homeless. One of the students played a child who passed through the street, while the other staged an older person who was sweeping the streets. At first, the student threw paper balls hard and mistreated the homeless, in addition to mistreating and assaulting the cleaner when it was castigated by the same for littering. Later, there was the correct way, respecting both the cleaner as locals. There was no overall settlement, but scholars have emphasized the reasons why the answer was not right.

Another dynamic was performed using colored platelets with words written on the above. The group was asked individually and collectively about which cards were right and which were wrong, in order to make them differentiate what were the duties or their rights. By mistake, the students explained again and induce children to identify the error, in order to facilitate learning. Correct answers were rewarded with chocolate and at the end, everyone gifted.

The inquiries carried out when the answers were wrong were guided in the second principle of Paulo Freire, in which he discusses the need to undo the magical view. He points out that this is only possible when the teacher is equal to the masses. The aim is to question what they consider absolute truths, enabling them to complete and form a critical thinking, respecting the level at which they are. It also states that social transformation is with science, with

consciousness, with common sense, with humility, creativity and courage.⁹

The videos were also used to assist in determining the content being related to the rights and duties of children, suitable for the age group. Finally, information papers were delivered concerning the subject, in which contained photos and comics, whose recommendation was to be read and given to parents to show what they had learned the day.

The objective was successfully achieved, since there was a very positive feedback during activities. Children enjoyed a lot over the pieces and interacted very over the questioning conducted with platelets, showing the excitement with activity. The videos were used again and again managed to hold their attention, confirming that an effective instrument.

In some experiences, it is necessary to relearn, add other experiences, because as well as being fundamental to assume the ingenuity of the student, it is essential that the educator assume his criticality before his own ingenuity. Indeed, there is no creation without risk, but it is necessary to reinvent.⁹

No doubt, this was a moment of great learning, since it was possible to see how the child audience is difficult to achieve and requires commitment and creativity to the success of actions. The drive should be a priority in any method of choice to reach people in this age group and some devices to show fundamental, for example, videos, theater, the use of images and / or drawings, rewards.

The fourth meeting, dated May 4th, was to subject the "bullying". Bullying has become an endemic problem in schools around the world and it can be regarded as aggressive behavior, such as aggression, harassment and disrespectful actions in schools, which are traditionally accepted as natural, being ignored and undervalued and causing damage, hurts or bothers the victim of recurrent and intentionally by the aggressors.¹⁵⁻⁶

The theme was chosen because of high levels of violence in Brazil against bullying of the scene, and in the world that are really worrying educators and relatives.¹⁶

There are no affirmative studies that family educational methods may predispose, but one can list some facilitators: excessive protectionism, which creates difficulties to meet the challenges and defend; childish treatment, causing mental and emotional development retarded in relation to accepted by the group and the role of "scapegoat" of

the family, suffering systematic criticism and being blamed by parents' frustrations.¹⁶

Sometimes, victims sought help from students, reporting the offense, so that they intervened and complained with the aggressor. There was such an act against a girl due to their overweight, and used nicknames that bothered her, but at no time was witnessed any kind of exclusion; however, this did not affect her, since she was one of the most participatory. It was also noted against a boy of the same group, who was not present at all meetings, which was extremely quiet and overweight, but he was clearly excluded by other colleagues.

It identified two other cases, one of a boy who received offensive nicknames because of his short stature, even being part of the busier group and integrated with the attackers and a girl who was repressed and sad not interact with it. Such actions were even more explicit during the games in which they divided into teams, since these children were considered "weak" the most "strong" group.

That is, in an almost "natural", the strongest use the most fragile as mere objects for fun, pleasure and power, whose purpose is to mistreat, bully, humiliate and intimidate their victims, using, for this, the abuse of power, intimidation and bullying; that way, you can keep them under full control.¹⁵

Being the last meeting in which there would be the subject of exposure, it was decided to repeat the methodologies for previous visits have been more successful; ie, posters and drawings were excluded because they could not hold their attention, they are very busy, but the games, videos and most dynamic game were kept because they are considered positive to pass the contents.

The videos, again, were chosen judiciously because they can be regarded as the best tool used. Undoubtedly, the most important of this instrument is to opt for own videos to age, because they show scenes practiced and lived daily and, therefore, are considered normal by the aggressors and the victims.

Note that all games were held correlated to the subjects; however, due to the high level of agitation of the children were considered and used the busiest games as a reward for silence and attention requests during the presentation of the issues. For example, they played the "dead or alive", the "statue" dance chair, among others. Even in these moments, they were asked about what had been discussed minutes before and the answers corresponded to the expected. In addition, fun was an important means of

observation. It was in these circumstances that could see the exclusions, violent behavior, and the use of nicknames, among others.

Finally, after completing the goal of the day, some information was passed on to the students about the lives of these children out of the pool and then realized the attitudes of some of them. Scholars had noticed the violent attitudes of a boy and then they knew that it witnessed the death of his father. It was also possible to understand, through empathy, the girl's sadness, as previously reported in this article, which reported that the same is the daughter of a drug dealer, another boy who had undergone surgery to remove the bowel, among other stories.

Despite admitting that aggressive acts are the result of social and affective influences, historically constructed and justified by family and community issues, it should not be considered as a rule, since there are plenty of these people discover happier, productive and secure life forms. Surely, this is not a simple task and usually depends on an effective and competent interdisciplinary intervention by health professionals and scope of education.¹⁶

Thus, one can reflect and see that it was not only agitated children and that needed to be oriented when exceeded the limit, but human beings who perhaps practiced such actions for seeking attention and affection to overcome the problems they experienced at home.

We do not accept that these children are victims of violence, which brings physical and / or psychological damage, to witness such events and ignore for fear of also being assaulted and end up finding them trivial or even that due to omission and tolerance of adults, adopt aggressive behavior by finding the normal situation.¹⁶

Faced with these sad features of some children, and empathy, it is important to remember that health professionals should have the need to live patiently impatient. There must be a balance between patience and impatience so that from then on, one can practice the other principles of Paulo Freire, and thus learn to work with people.⁹

On the last visit, held on May 18th, the students were divided at the beginning of the experience, joined to promote an interactive scavenger hunt. At first, the children were divided into two groups, which compete with each other during play, in order to evoke the feeling of unity and the importance of teamwork.

Through colored alloys, the groups were divided in yellow and purple colors, taking into account age, friendship and biotype of the members in an attempt to balance and integrate children under bond or deleted; thus, mixed group, allowing them to interact with colleagues that they were more distant. They were quite excited for the games, but at times, it was noted that competitiveness was exacerbated, so it was decided to shut down and explain that the game could only be realized if they obeyed the rules established by students and respected his group colleagues and opponents.

Two children would not initially participate. A boy having been excluded by one of the team members, as previously mentioned in this study, being overweight and being thought unable to participate in more active game, and, soon after, persuaded to return and misunderstanding solved with help students. And a girl, to be older than the others, always chose to not participate in practices promoted.

The activities were designed to be performed simultaneously in order to be the most possible and give equal opportunity for everyone to participate.

The first play was the bowling, whose children should hit the pins that were more distant with a ball, and to cast down all apportions up a point for the team. The second race was the set of rings, which should enter into targets that were at a distance; one point was told each hit. Along the same lines, it was held the game whose member should hit the ball in the basket that had been placed further. Lemon dynamic was to put the lemon on spoon and participants should carry it, the cable in to the finish line, established in advance; everyone should participate and the last of the teams who first crossed the finish line, win.

Throughout the activity, he realized the joy, commitment and enthusiasm of all participants, but what caught our attention was the crowd of staff by colleagues who were on time, leaving aside some of the differences and prejudices. It is noteworthy that all the practice was supervised by academics to make it fairer and mainly to observe the behavior of those involved before the game and the team.

The ball game in the foot was one of the most interesting. Blow balls with purple and yellow colors were tied with string ankle children of their times and they need to burst those who were on the feet of colleagues, while protecting what was in her; the winner

would be the person who could only keep his ball intact. To demarcate the space, students have joined hands and formed a circle as a barrier so that the game happened in the center of it and could be observed. No doubt it was a very productive dynamic, because there was a complete meshing of the members, without nicknames or violence.

In another activity, the teams were divided into pairs, which would have, with a balanced bladder between their bodies and without using their hands, go to the finish line and embrace until they burst, moving then to the double following; win the team in the last double burst the ball first in line. There was held also the dynamics of pop the balloon to sit on the floor. The last game was the best battle cry. The teams had the help of academics who were fractionated and were responsible for helping to create the cry of the respective team war.

Some students stood out for interaction with the children, but all were critical to the success of the activity, performing several functions: animate, organize and explain the activities, monitoring how children interact with each other and draw attention whenever required.

At the end, students held hands and thanked the children for the opportunity, for the reception and learning during this period, reported that the experience served to improve them as human beings and that they would never forget. They asked not to forget the issues addressed in the visits because they were relevant not only for health, but also for their future.

The children made a point of embracing each student, being a very exhilarating time as they have been watered encounters a lot of patience, a lot of dedication, but also the love and affection. An emotional bond was created. The students went to the association fulfill the mission to pass some knowledge to them, to make a difference in their lives, but to the great surprise was they who changed them.

The National Plan for Popular Education in Health - PNEPS establishes principles that are fundamental to the success of activities related to this area, they are: dialogue, loveliness, the questioning, the shared construction of knowledge, empowerment and commitment to construction of the democratic and popular project.⁶ It analyzes, therefore, that the experience in the Association Blessed Families respected and followed the principles set out didactically and empathic.

Experiments in Popular Health Education enable the search for training professionals with unique characteristics to the exercise of a competent medical technical point of view, and connected to the ethical commitment and a broad concept of health, whose care is to appreciate, to linking and be responsible for the completeness of the actions¹⁷.

It is essential for health professionals in general, it is clear to break the centralizing power of the physician, since there is a predominance of egalitarian speech for everyone involved. As that practice is not reliable to the speech, there are several mechanisms, such as team meetings, in which each has a formal opportunity to opine about the definitions of priorities, strategies and coping detected problems;¹¹ therefore, liabilities should be shared by the professional Health Team.

For this, the curriculum guidelines of health area courses recommend that those have a large medical clinic vision, coupled with the sense of social responsibility, which is not restricted to patient care, but make it a citizen, single subject and responsible for its existence, after graduation, it is expected to form a pro-citizen, critical and reflective¹⁷.

It was hard work to find the best way to communicate with them, plus a huge effort to understand the attitudes of so young children, but with so much history behind those faces, some smiling, others sad and at the same time, all so vulnerable. The mission of the students turned out, it is hoped; however, that experience can change the likely future of them or at least help them to do this. Undoubtedly, the parting was a very difficult time for the medical students because these children taught them things that could never be taught in classrooms.

Since the beginning of the course, students are encouraged to create links, to achieve the confidence of the patient, be understanding and see the other as a whole, considering their fears and anxieties to become humanized doctors; however, they are not informed about their feelings, their troubles. Therefore, the medical school must be prepared to assist them, caring for them, respecting them, listening to them and helping them to develop strategies to help them deal with the pressures experienced both in academia, and in the professional¹⁸.

FINAL REMARKS

Questionably, the creation of links between the Association Blessed Families, students and children were indispensable so that the

experience was satisfactory. Each lived experience helped the medical students to be better human beings, to seek more knowledge about the subject, not to give up with failure, to have creativity when dealing with different audiences of the usual and understand the importance of these actions in the future of children and the very future as more humane doctors. In addition, he taught them to respect, listen and understand the other.

The work performed left, no doubt, many positive factors that surpassed the planned expectations, not restricted to mere traditional methodologies. The direct contact with a health education program enabled a better understanding of the concept of empathy, the bond, affectivity, interpersonal relationships, but also highlighted the challenges to put into practice the actions developed. This strategy shows that comprehensive care to the individual should be valued and assured, since these activities outweigh the relationship sick - treat and emphasizes the importance of humanistic vision of the human being, which should be structured on the pillars of public health.

There is no doubt that the time in contact with the children of the association established a strong bond, based on a relationship of affection, and it is hoped that this experience has helped them to see themselves the environment they live in a different, more mature even with all the problems such as violence, lack of access to health, social problems, among others. The intention was to grant them a greater capacity to be agents of change in the environment in which they live.

It is expected, therefore, that the popular health education be strengthened to allow greater autonomy of individuals from the point of view of public health, which enable the effectiveness of shared behaviors and higher bond and resoluteness in primary health care, as well as to allow children to choose to follow or not what the media influence to be.

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