



NURSING EDUCATIONAL PRACTICES IN THE FAMILY PLANNING SERVICES

AÇÕES EDUCATIVAS DE ENFERMAGEM NOS SERVIÇOS DE PLANEJAMENTO FAMILIAR

ACCIONES EDUCACIONALES DE ENFERMERÍA EN LOS SERVICIOS DE PLANEAMIENTO DE LA FAMILIA

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ABSTRACT

Objective: to know the actions / nursing educational activities developed in the services of family planning in the municipalities in the 3rd Regional Coordination Health of Rio Grande do Sul. **Methodology:** qualitative, descriptive and exploratory, conducted from July to October of 2009, with 22 nurses interviewed individually, coordinators of actions of nursing or family planning. To ensure credibility and honour data collected, interviews were recorded on digital media and then transcribed. After everything was done reading the material, the data were worked out in order to make the cuts, the posterior coding and categorization, as the recurrence of the data. In order to preserve the anonymity of the subjects, these were identified by the letter E (of Nurse), accompanied by an Arabic numeral, as the order of the realized interviews. The study was based on the principles of Resolution 196/86, the National Council of Health and approved by the Ethics in Research, Faculty of Nursing, Federal University of Pelotas, in accordance with Opinion No. 32/2009. **Results:** thematic analyzes emerged in a category (action / educational activities of nurses in the family planning) and two subcategories (action / activity and individual action / collective activity). **Conclusions:** it is revealed that nurses, even if not acting on specific groups family planning, educational practices developed individually and collective, inside and outside the physical area of the health unit, but not identify them as efforts aimed at educating the customer front a thematic. **Descriptors:** nursing; family planning; health education; public health.

RESUMO

Objetivo: conhecer as ações/atividades educativas de enfermagem desenvolvidas nos serviços de planejamento familiar, nos municípios da 3ª Coordenadoria Regional de Saúde do Rio Grande do Sul. **Metodologia:** estudo qualitativo, descritivo e exploratório, realizado de julho a outubro de 2009, com 22 enfermeiras entrevistadas individualmente, coordenadoras das ações de enfermagem ou planejamento familiar. Para garantir a credibilidade e a honradez dos dados coletados, as entrevistas foram gravadas em mídia digital e, em seguida, transcritas. Após tudo, foi realizada a leitura do material, os dados foram trabalhados no sentido de proceder aos recortes, à codificação e à posterior categorização, à medida da recorrência dos dados. Com o intuito de preservar o anonimato dos sujeitos, estes foram identificados pela letra E (de Enfermeira), acompanhado de um número arábico, conforme a ordem das entrevistas realizadas. O estudo foi baseado nos preceitos da Resolução 196/86, do Conselho Nacional de Saúde e aprovado pelo Comitê de Ética em Pesquisa, da Faculdade de Enfermagem, da Universidade Federal de Pelotas, de acordo com o Parecer nº 32/2009. **Resultados:** na análise temática emergiu uma categoria (ação/atividade educativa dos enfermeiros no planejamento familiar) e duas subcategorias (ação/atividade individual e ação/atividade coletiva). **Conclusões:** evidenciou-se que as enfermeiras, mesmo não atuando em grupos específicos de planejamento familiar, desenvolviam práticas educativas de forma individual e coletiva, dentro e fora da área física da unidade de saúde, porém não as identificavam como esforços que visavam à educação da clientela frente à temática. **Descritores:** enfermagem; planejamento familiar; educação em saúde; saúde pública.

RESUMEN

Objetivo: conocer las acciones/actividades educacionales de enfermería desarrolladas en los servicios de planeamiento de la familia, en los municipios de la 3ª Coordenadoria Regional de Saúde do Rio Grande do Sul. **Metodologia:** es un estudio de cualitativo, descriptivo y exploratorio que se realizó de julio hasta octubre de 2009, con 22 enfermeras que respondieran a una encuesta individualmente, coordinadoras de las acciones de enfermería o planeamiento de la familia. Para garantizar la credibilidad y la honradez de los datos colectados, las encuestas fueron grabadas por medios digitales, y por consiguiente transcritas. Después de eso, fue hecha la lectura del material, los datos fueron analizados con la intencionalidad de proceder a los recortes, a la codificación y a la posterior categorización, así que los datos aparecían recurrentes. Con la intención de preservar el anonimato de los sujetos, ellos fueron identificados con la letra "E" (de Enfermería) añadidos a un número arábico, siguiendo el orden de las encuestas hechas. El estudio fue desarrollado con base en la resolución 196/86 del *Conselho Nacional de Saúde* y aprobado por el *Comitê de Ética em Pesquisa*, de la Facultad de Enfermería de la Universidad Federal de Pelotas de acuerdo con el parecer nº 32/2009. **Resultados:** en esa análisis temática surgió una categoría (acción/actividad educacional de los enfermeros en el planeamiento de la familia) y dos subcategoría (acción/actividad individual y acción/actividad colectiva). **Conclusiones:** Se evidenció que las enfermeras, aunque no actúan en los grupos específicos de planeamiento familiar, desarrollaban prácticas educacionales de manera individualizada y colectiva, adentro y afuera del área física de la unidad de salud, pero no las identificaban como esfuerzos que tenían como objetivo la educación de la clientela frente a esa temática. **Descriptores:** enfermería; planificación familiar; educación en salud; salud pública.

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INTRODUCTION

In Health terminology, as field of the knowledge, the terms action/activities and services are very closed and are used, most of the time, with the same direction, however the term service denotes the act or the effect to serve, the exercise of positions or obligatory functions, the performance of any work, job or comission.¹ In the execution of the service in Health, there is a necessity of the manifestation of a force, an energy of an agent, understood as an action/activity, that is, the effect to act. In this study is understood that the term service is the resultant of a set of action/activities, those which are developed for the attainment of a service.¹

In this direction, the service of familiar planning is a set of action/activities of regulation of the fertility, that aim the guarantee of equal rights of constitution, limitation or increase of the offspring by the woman, the man or the couple, being understood as the right that men and women have to decide how many children desire to have and at which moment of their reproductive cycles this will go to happen. The service of familiar planning constitutes one of the sexual and reproductive rights, which were legalized, in Brazil, in 1996, by the Law 9263.²

In accordance with the Health Ministry, the actions/activities of the professionals of health in the assistance to the service of Familiar Planning and the contraception need to include, beyond the actions/clinical activities and counseling, the educational.³ These actions/activities always need to be developed by an integrated form, having itself in sight that all visit to the health service consists in a chance for the practical of educative actions and that they do not limit only to the referring activities to the contraception, but, yes, the aspects of all integral Health of the woman and the man.

In this meaning, it's important that the activities/educative actions in familiar planning are developed with the objective to offer to the attended population the necessary knowledge for the choice, making possible to them, *a posteriori*, the use of the most indicated contraceptive method. Moreover, it's necessary to unchain the questioning and the reflection on the subjects related with the practice of the contraception, including the sexuality.³

In accordance with the literature⁴,

between the years of 2000 and 2008, in the databases of BIREME (MEDLINE, SCIELO, LILACS and BDNF), there were three Brazilian articles published which contained, as describing, the terms: familiar planning/right reproductive and nursing, whose authors had been worried in searching referring aspects to practical the educative of the nurse. Thus, these publications send to the activities in group of familiar planning, to the didactic activities, the prevention of gestation not planned and of the sexually transmissible illnesses (DST). In another search, carried through in the bases of BIREME, in the month of May of 2010, it was found, in the year of 2009 until the middle of 2010, only an article that contained the same descriptors.

Before the displayed, this work had as objective to know the actions/developed educative activities in the services of familiar planning, identifying the performance of the Nursing, in the cities of 3ª Regional Coordinating Body of Health, of the State of the Rio Grande Do Sul (3ª CRS/RS).

METHODOLOGY

This study is a profile from the dissertation "Familiar Planning: action and services of Nursing/Health", presented to the Program of After-Graduation in Nursing, the Federal University of Rio Grande/FURG. Rio Grande/RS, Brazil, in 2010.

It's about exploratory, descriptive study, with qualitative boarding⁶⁻⁷, developed in the cities of scope of 3ª CRS/RS, which is composed by 22 cities that totalize 871,025 inhabitants. They had been chosen, as citizens of this study, 22 coordinating nurses of the services of Nursing of the basic attention of the cities of 3ª CRS/RS or, in the absence of these, then, the responsible nurses for the actions of familiar planning, or still of the actions of health of the woman in the related cities.

The collection of the data understood the period of 27th of July to 6th of October of 2009. For such semi structuralized and individual interview was carried through.^{6,9} To guarantee the credibility and the honor of the collected data, the interviews had been recorded in digital media e, after that, transcribing. After, the reading of the material was carried through, having objectified to catch the excellent aspects and the identification of the thematic ones, in the direction to provide to the authors the impregnation of the content and the dialogue with the data. The data had been worked in

the direction to proceed to clippings, the codification and the posterior categorization, to the measure of the recurrence to the data.⁶ With intention to preserve the anonymity of the citizens in the study, these had been identified by letter E (of Nurse), followed by an Arabian number, as the order of the carried through interviews.

Thus, the study encompassed the following category: action/educative activity of the nurses in the familiar planning, and their subcategories: action/individual activity and action/collective activity.

The work was based on the rules of Resolution 196/86, of the National Advice of Health and was approved by the Committee of Ethics in Research, the College of Nursing and the Federal University of Pellets, in accordance with Opinion nº 32/2009.

RESULTS AND DISCUSSION

♦ Activity/Action educative of the nurses in familiar planning

The concept of Education in Health, or actions of health, aiming the practical educative was formally established in the century XIX, inhaled by the bacterial revolution.¹⁰ In Brazil, it was marked by the idea of sanitary education, and today is one of the actions of public health that guides new practical of study and research. Amongst its dimensions is distinguished learning on the illnesses, as to prevent them, its effect on the health and as to reestablish it. However, it is anchored in the concept of promotion of health, that is, to provide to the populations conditions so that these are capable to improve their health and to exert control on the same, and not only to supply information when these are under the risk of falling ill.

In this light, it is agreed that, for the development of an efficient educative activity, there is the necessity of respect to the knowledge that the customer brings of their experiences and their culture. The nurse needs to assume the position of a democratic educator, who stimulates the curiosity, the critical capacity and the unsubmissiveness of its clientele; thus, “[...] to teach is not to transfer knowledge, but to create the possibilities for its production or its construction”.^{12: 22}

In this study, it is understood that the educative action of the nurse needs to be played in all his area of performance as well as the contact that this professional has with the user of the health services, considering

himself a chance of education in health.¹³

This work evidenced that the nurses of 3ªCRS/RS played action/educative activities of familiar planning in individual and collective attendances, as we will argue hereafter.

♦ Individual educative action

The Health Ministry recommends that the educative actions directed to the familiar planning supply the clientele the necessary knowledge toward choice and posterior use of more adequate the contraceptive method, as well as propitiating the questioning and the reflection on the subjects related with practical of contraception and sexuality.³ Guides, still, that these activities are, preferentially, carried through in groups, preceding the first consultation, and always is strengthened by the individual educative action.³

However, the nurse can play her educative action not only along the work with groups of users, but she can exert it, also, through the colloquy, listening, orientation, dialogue, and as well as through the nursing consultation, being that this does not have only one clinical character. When playing the educative action, the nurse assumes the role of conscientizing, therefore it acts indirectly promoting the health in all the social classrooms and age bands, enclosing the most varied subjects direct or indirectly, contributing for the improvement of the quality of life of the population.

In this study, the interviewed nurses had told that they played the educative action in Familiar Planning in distinct activities, as during the clinical activities for collection of cite pathological of uterine col, prenatal, consultation of puerperium, during the delivery of the contraceptive method and even though in activities of health of the child, as, for example, the boarding of puerperium in the neonatal selection. Others had related that they talked and they guided informally, as the says below:

[...] with regard to the familiar planning, then individual consultation for planning orientation

[...] (E1)

[...] when I make the collection of the pre-cancer, when I deliver the result of the CP, I finish talking to her about the task of the number of children, if necessary, if some of them desire to put IUD, [...] the task of guiding of tubal ligation [...] (E8)

Consultation of puerperium is where we talk sufficiently to the women about this. [...] (E19)

[...] we always talk [...]. (E20)

Sometimes, even in the vaccine of the baby, the test of feet, we approach, colloquy with that puerperium, if it is using something, if already she made the revision after-childbirth. Sometimes it's very informal, but we always look to guide. (E22)

Another point that was told says respect to the educative action during the activities of counseling for STD/AIDS, as observed in the says of E22.

Individually, always is looked to guide about the familiar planning, methods; even though during the counseling for the STDs, that they come to make the test of HIV, or in the CP [...]. (E22)

Nursing, throughout history, has a hygienist influence when approaching the educative practices, that is, many of the educative actions of the nurses keep an educative-preventive approach without incorporating the understanding of the determinative factors of the health problems, or still, the necessities and the knowledges of the population worked.¹⁰ In this direction, when developing the individual educative action in familiar planning, the nurse needs to reevaluate his practice, a time that, when verbalizes that directs his educative action for the collect of cytopathological or in the attendance of the STDs, it can be assuming a preventive traditional position, what opposes to the primordial objective of the education in health, which is the promotion. Thus, when approaching the user individually, in activities of preventive character, can be assuming banking educative strategies, a time that who teaches, in the case the nurse, withholds the knowledge and its customer is rank in the role of that who goes to receive this knowledge passively transferred.^{12,15}

♦ Collective educative action

Nursing has, in the work with educative groups, a usual and daily action. In the process of work of the nurse, the activities with groups are considered as a pedagogical practice of exchange of knowledge. In the studied cities, as the data point out, this practice reveals closely linked to the work in group, a time that, when being questioned about the existence of this type of action in their cities, the nurses had answered that they had or did not have specific groups of familiar planning.

In such a way, it was observed that the nurses had cited that in some cities there wasn't developed any educative action/activity of group that involved the familiar planning specifically, however had

been found stories of lectures approaching the subject, as in speak of E4. Already it is said that E15 calls the attention to the fact that the nurses find difficulty of adhesion to the groups, on the part of the users.

Not, not. No work thus in relation to group. (E2, E3, E9, E11)

People sometimes make some type of lecture, something in the schools, but do not have a group, nor for the registered in cadastre ones, we go to say thus. (E4)

Not. Specific group of planning does not exist. (E6, E8, E19)

Now, the health centers are trying to assemble, because, as I spoke to you, it has a great resistance with the patients [...] so, the health centers are trying to assemble a group, but are finding big difficulties. (E15)

[...] a lecture, always makes an activity in the delivery of the contraceptive one and there, they take the contraceptive, some, the condom [...] E20

In the city where the E22 acts exists a specific group with women, for the oral contraceptive distribution, which was passing by a reorganization process.

What is being realized is the reorganization of the group of the health of the woman, after the change of the responsible nurse for the group, 2 weeks ago. There are being planned actions and activities that go to contribute for the health of the woman and the familiar planning, but at the moment, what it is occurring is basically the distribution of pills and condoms. (E22)

To work with groups of users, with objective to the educative practice, gives visibility to a territory directed toward the production of care in health, to research and also to the creation in new ways to act in health. In such a way, in familiar planning, if the nurse directs his efforts only for the distribution of contraceptive methods is depriving its clientele to acquire knowledge in order to decide on a basic aspect of his life, that is, the right to exert its sexuality of full form. Thus also, as to change the habits of life that can represent some risk to health, or still to provide that the population can make conscientious choices for the maintenance of their health.

It's during the work with groups that the nurse has the chance to stimulate his clientele to find collective strategies of confrontation of the problems lived deeply in their daily one and in their community.¹⁵

In relation to the difficulty of instituting the collective educative actions, as E15 observed, has even though to consider the

fact of that the population is accustomed to value only the curatives aspects of the assistance, inheritance of the biologist model, not recognizing the benefits of the practical ones of promotion to health or overvaluing the practical clinics, especially the doctors, and attributing to little value and meaning to the actions/activities developed for the excessively professional ones of the health team.

For impeditive factors for the development of educative-collective works is necessary to consider the operational problems as: low the covering of units with Strategy of the Health of Family (SHF) implanted, generating a bigger involvement with restrained demands of users who search curative activities; lack of educative material, as well as inadequate physical area and still the lack of ability for the work with groups, disclosing shyness and inhibition for the development of this task.¹⁹

It's possible to understand that the individual characteristics of each professional influence in the educative act with the customer. In this way, it is understood that the shyness, the deffidence and the inhibition can be part of the personality of each person, however is considered inadmissible that the health professionals, in this case, the nurses, use themselves of traces of the personality as excuse to not develop their functions. One understands that, during the academic formation, they had received qualification for this type of action/activity and had been formed aware of that working in the health involves educative actions and that these constitute practical indispensable element for the resolute practice of health. On the other hand, is given credit that the nurse is enabled to work with Familiar Planning, therefore possesses necessary knowledge on the subject, so that can carry through a quality work.¹⁶ After all the nurse is an educator in health, and this is an inherent activity of his profession.²⁰

This context take us to consider on the affirmation of that "who teaches learns when teaching and who learns teaches learning"^{12:23}; thus, it is pondered that, perhaps, the nurses, when affirming that the nursing does not develop educative activities of Familiar Planning in their cities, were limiting themselves to answer it on practical educative-collective and, in such a way, could not enrich their total work, including the consultations of nursing or the guidelines that they call informal.

Still, in this point of view, if really they

did not play any educative activity, these professionals were losing the chance of instrumentalize their customers with their technical knowledge, as well as depriving to continue their proper process of learning, keeping their professional practice limited. The educative practice is a constant exercise in favor of the production and of the development of the autonomy of who educates so as of who is educated. In such a way, the more quality will have the orientation given for the nurse, more adjusted will be the choice, satisfaction, acceptability and continuity of the use of the contraceptive method, consequently lesser will be the abandonment of the method and the sprouting of pregnancies not planned. Also they ponder for the fact of that the quality of the orientation given by the nurse, front to the reproductive rights, influences in full experience of the aspects that involve the sexuality as a whole.

♦ Familiar planning: subject for all groups.

In this in case, it's made reference to the subjects of familiar planning and reproductive rights being argued during distinct activities of these, as for example, during the approach of chronics, aged and adolescent, among others.

The data had shown that, even that the nurses have related that did not exist any specific activity of group, involving the familiar planning; this subject was approached in other activities which accumulate groups of users, as says below:

[...] all groups that have in the city, until, for example, the groups of chronic hypertensive and diabetic patients [...]. There is a group of third age that also works with this [...] (E6)

It is thus: I made a group [...] we make a prenatal group [...] the last one that I made was of primigravidaes, then I followed them until the end of the pregnancy [...] (E12)

[...] the only group that has is the pregnant [...]. then we approach some subjects, until the present time [...] (E14)

The group of pregnant and of mothers, the pregnant is weekly and of mothers is monthly. Then we already work the familiar planning. [...] (E18)

[...] we say something in the group of pregnant. (E19)

Other spaces where the subject Familiar Planning is introduced are in the groups of the Programa Bolsa Família (Family Grant Program) and even though in the waiting

room, showing as much creative can be.

[...] in the group of the Grant, that we congregate a great number of women and I make thus even in the group. In the pregnants also we make this work. I also make a work of group of waiting room [...]. (E6)

The program Bolsa Família possesses specific criteria for the act of receiving the benefit, that need to be fulfilled by the beneficiaries, but on the other hand, the necessity of the health services exists to show organized to take care of these demands. Thus, the objective of these requirements is to assure the access of the population to basic social politics of health, education and social assistance, aiming at minimum conditions for the sustainable social inclusion and the promotion of the improvement of life conditions. In such a way it is distinguished that the beneficiaries of the Program Bolsa Família are a passive of public inclusion in the educative actions of familiar planning and that they need to be accessed by the nurses.

Still in relation to the speech of E6, when this pronounces the room of wait of the unit as alternative for the approach of the subject Familiar Planning, is emphasized that this is a privileged place in the basic attention for the development of educative activities, a time that find men and women of all the age bands. It is in the wait for the assistance in health that of the beginning of the relation between the individual, the problem of health, the team and the assistance properly said, as well as the access to the knowledge, which is necessary for the search or the maintenance of a better quality of life.²²

There is also the possibility to use the advantage of space of other programs as the projects of prevention of DST/HIV/AIDS. In this way, the nurses had demonstrated that they have the concern in becoming their attendance more integral.

[...] there is group carried through with teenager in some basic units. It has a work that is of the STD together with the units that you are directing [...] (E1)

On the other hand, is necessary that the nurses observe the approach that the subject familiar planning can be having inside of groups as the called one prevention, as say them of E20 and E21, and that they treat, with priority, of pathologies (hypertenses, diabetic and STD).

There is a group that we call group of prevention, that now is of 2 in 2 months, where the women search for contraceptive, condom, the masculine and feminine

condom sometimes. [...] (E20)

We made education in health. We take the groups to guide in relation to the examination, of the prevention [...] (E21).

The work in group, in the primary attention, in general way, tends to center its approach in the illness, a time that is the form as the offers of services for the basic units are organized. However, if the subject familiar planning will be introduced in the direction to promote knowledge and instrumentalize due to the sexual and reproductive rights, the initiative is valid and becomes a strategy of important approach. However, if the subject taken to these groups will be understood as preventive and centered only in the approach to control the natality or to prevent the STDs, becomes necessary a change of attitude of these professionals, a time which is not promoting none practical of the health, nor contributing with one more good quality of life of this customers.

It is standed out that to teach is a human specificity. In such a way, to play this function it's necessary security, professional ability and generosity. The educator "who has not taken seriously his formation, that does not study, that does not strengthen to be the height of his task does not have moral force to co-ordinate the activities of his classroom". Looking at the action/educative activity in this perspective, the nurse needs to be prepared technically to work with Familiar Planning, thus will only have conditions to play an efficient educative activity in accordance with and the necessities of its clientele.

Still is necessary to understand that an educative group in health, and in this case that of Familiar Planning, needs a careful work of comment, creativity and sensitivity of the nurse, therefore englobes different singularities that are in constant interaction. There is no possibility to carry through an educative resolute work in group, if the nurse will not be made entire with the community, otherwise to make use of creativity when displaying the subject and, still, if he will not have sensitivity in identifying the biggest necessities of his community, as well as the choice of the approaching methodology.

In this direction, to develop a work in group, there are different types of methodologies and approaches. Thus, each nurse in his service must make use of that better adapts themselves to their personal availabilities, of time and space, as well as the characteristics and necessities of the

group in question.

♦ **Collective educative action: performance extrawalls of the nurses**

The analysis of the data also showed that the nurses of 3^a CRS/RS insert the subject familiar planning in other groups and in other activities that go beyond the physical area of the UBS, that is, they go beyond the physical limits of their unit, reaching the space “extrawalls”. These attitudes show that these nurses do not use the excuse of the physical inadequate area to develop their educative function.

In this way, are distinguished as activities extrawalls of the nursing in Familiar Planning: the actions played in the schools, the groups of generation of income, festive activities of the city and still performance next to the groups of the Company of Technique Assistance and Rural Extension (EMATER).

The concern in taking the subject familiar planning to all spaces of their cities is seen by the authors as one of the potentialities of the work of the nurse who needs to be extolled. To leave the comfort of the physical area means to go beyond the waited one, of the established one and the determined one. The nurses show thus, that it's possible to use spaces and distinct methodologies to insert the thematic familiar planning in the most diverse sectors of the community.

It's agreed that the space displacement of the nurse to use events that carry in spaces extrawalls and, creatively, to use them as surrounding favorable the action/educative activities, implies in the “discovery of new agencies and new ways of combination of the life”, therefore they exceed the structuralized line, in this case that, the physical area of the UBS, advancing for the construction of new lines of care.

Another space that was detached in the speech of the nurses, as space extrawall, favorable to the action/educative activities, was the school. This environment, in the understanding of the nurses, reveals as great favorable ally and the action/educative activities to reach the teenagers.

[...] some units that have involved nurses and communitarian agents with education in the schools. From there an election of the units was made to see where it had greater number of pregnant adolescents and in these units this group comes working [...] (E1)

[...] what happens, we did. Already, I myself talked, on, in the part more thus of the pregnancy in the adolescence, STD;

e I entered there with familiar planning, but it was more for adolescents in the schools. I made in all the schools and [...] (E3)

[...] we were making, [...] works in the schools, caravans of health. And we always approached the importance of the familiar planning. (E17)

Well, it has all the part of orientation, education in health. Thus we make in the schools from 4^a series, we already work. This is the third year. At the schools of the city, it has project of education in health, that people always work the question of the familiar planning. (E18)

To direct the educative actions of familiar planning for the reality of the customers consists in an efficient strategy, where the questions are worked from the collective thought, of the analysis of the beliefs, values and behaviors in relation to the situations proposed. This aiming is well explicit in speaks of E21:

[...] we make the groups of education in health, [...] has women that generate income, thing thus. Then, when we can, we go thus in a group of these, [...] (E21)

The educative action demands the knowledge of the reality of the population, respecting their experiences and culture; well thus, as a critical vision of the nurse, therefore the education in health needs to have base in the reflection of the group how much to the problems and the necessary actions to the improvement of the quality of life. The speeches of E3 and of E21 had in accordance with detached that the nurses make this critical reflection and identify the spaces where the familiar planning can be boarded, the characteristics of their city. They point, also, with respect to the importance to know to use of all the spaces and all the situations, so that the actions/educative activities are prioritized in the daily of the work of the nurse.

[...] there was a party, the party of the watermelon. It had many people. We had a bookshelf there. People divulged, delivered condom there and I placed the part of the familiar planning, the methods, thus, showing, because many did not know feminine condom exactly, nothing of this. (E3)

[...] then, when whenever we can, we use to advantage these groups to pass a little of familiar planning and health of the woman. (E21)

Educative activities in Familiar Planning need to be integrated to practices in health as process political, objectifying changes in

relation of women with oppressing systems, in these enclosed relations with sexual partners and with services of health. Believe, also, that these actions need to be extended to the men, since adolescents until the aged, a time that this population must divide, with their friends, the responsibility on the planning of their families.

The participation of the nurses in the meetings of agriculturists of EMATER can be an important strategy to extend the quarrels on health, or in this in case that, on familiar planning to all the members of a family, a time that the activities of this institution come back to the men and the women of all the age bands.

In such a way, the analysis of the speeches said that, to inserting the activities in the schools, the calls caravans of the health, or still in the meetings of EMATER, as they had related E10 and E21, the nurses had together with shown that they had searched to know the contexts of life of its clientele, planning to the too much segments of the society linked actions which had been enriched by the communion of individual and collective knowledge. Wherever women and men are, always have what to do, he always has what to teach, always has what to learn.

Now EMATER, has more or less a month, asked us, is making a project, something like this; but it is everything in lectures. And asked for there that the three nurses were directly on with them [...] (E10)

[...] there is a group that requested my visit. It is a group of EMATER. Then are with agriculturist women [...] (E21)

On the other hand, the speech of E16 calls the attention for the fact the precariousness of the basic units, what it makes inside with that the nurses search other places, of its community, for the maintenance of these activities:

[...] back in [NAME OF the PLACE] I made outside, because the center did not have structure. Then we made in a church. Later, there next, it had a hall that where association of the quarter functioned [...]. There it functioned, was better there, because it was a hall, could make dynamics with the group [...] (E16)

One defends that an adequate place becomes necessary so that the actions/educative activities of nursing can be played with efficiency. An educative action that aims at the exchange of knowledge and the participation of the citizens requires a calm environment, ventilated, illuminated, clean, that regard for the privacy and that has

an adequate number of chairs or seats that is, a place where all can be felt comfortable and received.

The educative activities extrawalls in familiar planning are important for the approach of the nurse with his clientele, as already was argued, however they cause concern that these are being developed outside of the unit for representing only the precariousness of physical area that this possesses.

The nurses had not related on possessing or not material of support to work with groups on familiar planning; however it is understood that, for the action accomplishment/educative activities with groups, is not necessary the use of sophisticated technologies, as digital media and videos, among others; "the exchange of ideas can be emphasized from the use of engravings, clippings of periodical or magazine, materials accessible in the attendance routine (for example, the instrument for gynecological examination) and sample of each 19 available contraceptive": 1811. Thus, the creativity and the involvement of the nurse with its public-target can be determinative factors in the success of the actions/activities of education in health.

However, it is defended the idea of that a group is not only one agglomerated of people with similar characteristics, and that this is an accessory activity to the professional practice. It is defended the perspective of that a group is characterized by a set of people who search for a common objective, in this case that, knowledge regarding as exerting its reproductive and sexual rights and of as to plan its families. And this is seen that is as an essential activity to the practical one of the professional who is engaged in the referring questions to the promotion of the health of their clientele.

In this perspective, to teach demands conscience of the non finishing and recognition of being conditional. In such a way, the educative action shows the certainty of that non finishing is part of a process. Although to know that the human being is a conditional being, it has always possibilities to intervene with the reality in order to modify it.

FINAL CONSIDERATIONS

The study evidenced that the nurses of 3^aCRS/RS develop action/activities of education in familiar planning of collective

and individual form, however, many times had not identified them as efforts that aim to the education of its clientele front to the thematic.

In relation to the educative-collective activities, these in the majority of the cities are not developed in specific groups of familiar planning, but the subject is inserted in distinct groups as of hypertension, diabetes, room of wait, pregnant and even though in groups of aged. As potentialities of its educative action in Familiar Planning, the nurses surpass the limits of their physical area and take the subject for parties of the community, schools and meeting of agricultural workers.

As the educative action of the nurse is not, obligatorily, carried through in groups, the nurses had related that they are worried in guiding their clientele on the relative questions to the familiar planning and the reproductive rights of individual form, using to advantage the activities of prevention to approach the subject. This attitude is valid, however preoccupying, therefore it can not be inside of a problematizing methodology, but yes traditional (bank clerk), therefore the approach would be being in the prevention of illnesses and not in the promotion of the health.

One defends that the actions/educative activities in Familiar Planning do not have to limit to the individual approaches and that has the necessity of having specific groups that approach the subject; however salient the importance of that all the contact of the user with the health service is seen as an educative chance through a problematizing methodology. However, it is stand out for the fact of that it is indispensable that innovative attitudes of education in familiar planning are valued, as the insertion of the subject in activities related to other subjects, or still as the initiative of activities in wait room.

REFERENCES

1. Ferreira ABH. Miniaurélios: o dicionário da língua portuguesa. 11ª impressão. Positivo: Curitiba; 2008.
2. Brasil. Lei nº 9.263. Regula o § 7º do art. 226 da Constituição Federal, que trata do planejamento familiar, estabelece penalidades e dá outras providências [Internet]. Diário Oficial da República Federativa do Brasil. 1996 Jan 12 [cited 2010 June 25]. Available from: http://www.planalto.gov.br/ccivil_03/LEIS/L9
3. Brasil. Ministério da Saúde. Secretaria de Política de Saúde. Área Técnica de Saúde da Mulher. Assistência em Planejamento Familiar: manual técnico. 4ª edição. Brasília: Editora do Ministério da saúde, 2002.
4. Casarin STC, Siqueira HCH. Planejamento familiar e direitos reprodutivos: a produção científica da enfermagem. Rev enferm UFPE on line [Internet]. 2010 [cited 2010 June 10];4(1):350-59. Available from: <http://www.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/745/479>
5. Oliveira CB, Frechiani JM, Silva FM, Maciel ELN. As ações de educação em saúde para crianças e adolescentes nas unidades básicas da região de Maruípe no município de Vitória. Ciênc. Saúde Coletiva [Internet]. 2009 [cited 2010 June 12];14(2):635-44. Available from: <http://www.scielo.br/pdf/csc/v14n2/a32v14n2.pdf>
6. Minayo MCS. Organizadora. Pesquisa social: teoria, método e criatividade. 26a ed. Petrópolis: Vozes; 2007.
7. Triviños ANS. Introdução à pesquisa em ciências sociais: pesquisa qualitativa em educação. 1. ed. São Paulo: Atlas; 2008.
8. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução 196/96. Estabelece diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da República Federativa do Brasil; 1996 Oct 10.
9. Severino AJ. Metodologia do trabalho científico. 23a. ed. São Paulo: Cortez; 2007.
10. Acioli S. A prática educativa como expressão do cuidado em Saúde Pública. Rev Bras Enferm [Internet]. 2008 [cited 2010 June 12];61(1):117-121. Available from: <http://www.scielo.br/pdf/reben/v61n1/19.pdf>
11. Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Promoção da Saúde: as cartas da promoção da saúde. Brasília (DF) [Internet]. 2002 [cited 2010 June 12]. Available from: URL: http://dtr2001.saude.gov.br/editora/produtos/livros/pdf/02_1221_M.pdf
12. Freire P. Pedagogia da autonomia: Saberes necessários à prática educativa. 29ª Ed. São Paulo: Paz e Terra; 1996.
13. Smeltzer SC, Bare BG. Brunner & Suddarth - tratado de enfermagem médico-cirúrgica. Rio de Janeiro: Guanabara Koogan; 2002.
14. Barbosa MA, Medeiros M, Prado MA, Bachion MM; Brasil VV. Reflexões sobre o

trabalho do enfermeiro em saúde coletiva. Rev Eletr Enferm [Internet]. 2004 [cited 2010 June 12];06(1):09-15. Available from: http://www.fen.ufg.br/revista/revista6_1/pdf/f1_coletiva.pdf

15. Souza AC, Colomé ICS, Costa LED, Oliveira DLLC. A educação em saúde com grupos na comunidade: uma estratégia facilitadora da promoção da saúde. Rev Gaucha Enferm [internet]. 2005 [cited 2010 June 20];26(2):147-53. Available from: <http://www.seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/viewFile/4547/2478>

16. Camiá GEK; Marin HF; Barbieri M. Consulta de enfermagem em planejamento familiar: uma proposta de ação. Acta Paul Enferm [Internet]. 2000 [cited 2010 June 10];13(n.esp,pt.2):66-9. Available from: http://www.unifesp.br/denf/acta/2000/13_esp2/pdf/pt13.pdf.

17. Abrahão AL, Freitas CSF. Modos de cuidar em saúde pública: o trabalho grupal na rede básica de saúde. Rev Enferm UERJ [Internet]. 2009 [cited 2010 June 20];17(3):436-41. Available from: <http://www.facenf.uerj.br/v17n3/v17n3a24.pdf>.

18. Sousa, LB; Aquino OS; Fernandes JFP; Vierira NFC; Barroso MGT. Educação, cultura e participação popular: abordagem no contexto da educação em saúde. Rev Enferm UERJ [Internet]. 2008 [cited 2010 June 20];16(1):107-12. Available from: <http://www.facenf.uerj.br/v16n1/v16n1a17.pdf>.

19. Moura ERF, Sousa RA. Educação em saúde reprodutiva: proposta ou realidade do Programa Saúde da Família? Cad. Saúde Pública [Internet]. 2002 [cited 2010 June 12];18(6):1809-11. Available from: <http://www.scielo.br/pdf/csp/v18n6/13280.pdf>

20. Andrade EC, Silva LR. Planejamento familiar: uma questão de escolha. Rev Eletr Enferm [Internet]. 2009 [cited 2010 June 01];11(1):85-93. Available from: <http://www.fen.ufg.br/revista/v11/n1/pdf/v11n1a11.pdf>.

21. Brasil. Portaria GM/MDS nº 551. Regulamenta a gestão das condicionalidades do Programa Bolsa Família [Internet]. Diário Oficial da República Federativa do Brasil; 2005 Nov 09 [cited 2010 July 01]. Available from: <http://www.mds.gov.br/sobreministerium/legislacao/bolsafamilia/portarias/Portaria%20GM%20MDS%20551%2009-11-05.pdf/view?searchterm=None>

22. Paixão RND, Castro MR. A. Grupo Sala de Espera: trabalho multiprofissional em unidade básica de saúde. Boletim da Saúde [Internet]. 2006 [cited 2010 June 29];20(2):[about 8 p.]. Available from: http://www.esp.rs.gov.br/img2/v20n2_10Grupo.pdf.

23. Coelho EAC, Fonseca RMGS. Atuação de enfermeiras no campo da regulação da fecundidade em um serviço público de saúde. Rev Esc Enferm USP [Internet]. 2004 [cited 2010 June 10];38(1):37-45. Available from: <http://www.scielo.br/pdf/reeusp/v38n1/05.pdf>

Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/02/06
Last received: 2012/05/25
Accepted: 2012/05/26
Publishing: 2012/06/01

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