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REFLECTIVE ANALYSIS ARTICLE

POPULAR EDUCATION AND HEALTH EDUCATION: A NECESSARY LINK IN HEALTH PRACTICES

EDUCAÇÃO POPULAR E EDUCAÇÃO EM SAÚDE: UM ELO NECESSÁRIO NAS PRÁTICAS DE SAÚDE

EDUCACIÓN POPULAR Y EDUCACIÓN PARA LA SALUD: UN VÍNCULO NECESARIO EN LAS PRÁCTICAS DE SALUD

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ABSTRACT

Objective: to reflect about the intertwining process between health education and popular education in everyday life of social actors. **Method:** descriptive and reflection type study based on the contextualization of health education and its relationship with popular education. The discussion is primarily based on the authors' experience in this field of study and review of the literature. **Results:** it is known that care mediated by a technical and vertical model is present in current health education activities. However, it is understood that we must value cultural and social issues and people's beliefs and ways of life. **Conclusion:** it is necessary to facilitate the teaching-learning process in all educational activities by enhancing context issues experienced by subjects, so that they can develop more aware, autonomous and responsible attitudes and practices. **Descriptors:** health education; health promotion; community participation.

RESUMO

Objetivo: refletir acerca do processo de entrelaçamento entre a educação em saúde e educação popular no cotidiano dos atores sociais. **Método:** estudo descritivo, do tipo reflexão, pautado em contextualizar acerca da educação em saúde e a relação com a educação popular. A discussão baseia-se, principalmente, na experiência dos autores nesse campo de estudo e na revisão da literatura. **Resultados:** sabe-se que nas atuais ações de educação em saúde, está presente o cuidar mediado pelo modelo tecnicista e verticalizado. Contudo, entende-se que é preciso valorizar as questões culturais, sociais, as crenças e modos de vida das pessoas. **Conclusão:** em todas as ações educativas populares, faz-se necessário mediar o processo de ensino-aprendizagem que valorize as questões do contexto vivido pelos sujeitos, para que possam desenvolver posturas e práticas mais conscientes, autônomas e responsáveis. **Descritores:** educação em saúde; promoção da saúde; participação comunitária.

RESUMEN

Objetivo: reflexionar sobre el proceso de entrelazamiento entre la educación para la salud y la educación popular en la vida cotidiana de los actores sociales. **Método:** estudio descriptivo y de reflexión fundamentado en la contextualización de la educación para la salud y la relación con la educación popular. La discusión de basa principalmente en la experiencia de los autores en esta área de estudio y en reseña bibliográfica. **Resultados:** se sabe que en las actuales acciones de educación para la salud el cuidado está presente bajo la mediación del modelo tecnicista y vertical. Sin embargo, se entiende que es necesario darle valor a las cuestiones culturales, sociales, creencias y modos de vida de las personas. **Conclusión:** en todas las acciones educativas populares es necesario mediar un proceso de enseñanza/aprendizaje que le de valor a las cuestiones del contexto vivido por los sujetos, para que puedan desarrollar actitudes y prácticas más conscientes, autónomas y responsables. **Descriptores:** educación para la salud; promoción de la salud; participación comunitaria.

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INTRODUCTION

In the context of popular education, reflection on health education is a task that inevitably involves rethinking about the construction of health promotion throughout history. It is known that the concept of education is directly linked to the concept of health promotion, since both aim at not only life quality of individuals, but also the well-being of the population, strengthening the extended concept of health.¹

The concept of health promotion shifted from the level of disease prevention to a political and technical focus on health-disease-care, incorporating principles such as democracy, citizenship, accountability, user embracement, link, rights and access. From this evolution, the premise is that health and disease are not stagnant or isolated states, but determined by a permanent and multi-causal process identified with the organization of society. Such approach has been gaining ground in recent decades, especially from the First International Conference on Health Promotion (1986), when health promotion begun to be understood as a process of community empowerment in order to improve quality of life and health, including a greater participation of the population.²

Thus, the process of education has its beginning and its goal facing the human person with a view to the formation of autonomous citizens able to build their own health-disease-care process.³ In its praxis, this approach seeks to incorporate values such as solidarity, equity, democracy, citizenship, development, participation and partnership linked to strategies involving several actors: State, community, family and individuals.⁴

Conversely, within health education activities, care mediated by a technician and vertical model is still widely present. This model does not value cultural and social issues, beliefs and ways of life, highlighting the theoretical scientific dimensions of practices.

It is significant that technical knowledge, supported by scientific knowledge, has an important role in health educational issues, but we must emphasize the need for exchange of experiences and knowledge of those involved, since scientific and technical knowledge is not null and knowledge of experience is not underestimated. In this logic, health education should focus on teaching-learning spaces, from the critical reflection of all social actors (professionals and users) providing collective growth.⁴

These considerations led to the need to rethink about issues involving education, since education in the health sector has always been present in different situations and with different goals, influencing the care of individuals and groups. In addition, it is known that in the historical context –in which health is conceived as a right for all citizens– health education proposes to contribute to a broader care through a political-pedagogical perspective based on a comprehensive concept of health. On this basis, this study aims to reflect on the intertwining between health education and popular education in everyday life of social actors.

This reflection is based on the contextualization of health education and its relationship with popular education. The discussion is primarily based on the authors' experience in this field of study and review of the literature.

Considering that health is a social event and health education is something that happens in daily life and social relations –in which knowledge is produced and reproduced– this work aims to contextualize the issues and propose a link between popular education and health education in favor of more flexible and supportive and less dominant practices. This way, these practices may focus on new horizons so that people may feel valued and strengthened by providing appropriate times for education mediated by people's participation.

• The context of health education

In the mid-18th century, discussions on the theme of health and disease arise from the uni-causal approach, which related health damage to a causative agent, directing interventions for a single determining factor of the disease. Such focus depicts a simplified view, which does not regard man as a complex being endowed with intermittent, cyclic, seasonal, regional and variable needs, wills and desires.

Within such concept, the field of health education is strongly influenced by hygiene awareness, which presupposes the need to change people's lives by teaching them hygiene and care habits in order to avoid diseases. It is a model based on regulatory actions and persuasive speeches, limited to the transfer of information. This educational approach does not incorporate the knowledge and care practices brought by the individual; on the contrary, it rejects them.

However, with the advances of studies on health and the search for overcoming this reductionist and utopian vision, in the VIII

National Health Conference (1988) the concept of expanded health arises. This includes not only the living conditions, but also rights linked to the universal and equal access to promotion actions and services, protection and recovery of health and demands associated with a national health policy. Health is defined as a result of the interrelationship between variables and the social determinants of health. Factors such as social, economic, cultural, racial/ethnic, psychological and behavioral influence the occurrence of health problems and their risk factors in the population.⁶

At this juncture, it is understood that health education is a moment that favors dialogue and effective participation of individuals. "It is necessary to listen to people, because only those who patiently listen to people, speak to them; since the educators that listen can learn the difficult task of transforming their speeches".^{7:33}

From this point of view, it is possible to feel the need for a transformation in the context of health education, which is a change that has been occurring in a timid way. However, it has to be highlighted more intensely during health actions. They have to be planned 'with' the people and not 'for' the people, thus easing the assistive look in order to offer subsidies that will allow the individuals to notice themselves as agents of their health.

In this sense, it is essential to broaden health actions beyond treatment or assistance dynamic in order to soften the 'dialogical distance' between health professionals and users. With this in mind, Paulo Freire's pedagogy aims at the release of the individuals. This is a dialogic, participatory, critic and criticizer method. Popular education in health is closely tied with these assumptions; it assumes dialogue, reflection, participation and action of individuals involved.⁷

Popular education takes place when it is extended to a cultural action expanded by dialogue and growth on both sides, in search of social solutions from what one lives and exchanges, from what one learns and motivates, when dialoging critically and creatively about life and the world through the body and health.^{7:131}

This constant way of searches and exchanges shows that the educational process follows care closely, because the educational process is intrinsically alive in care activities, "because while we care, we educate; while we educate, we care."^{8:142} Concomitantly, care includes the process of teaching-learning in a

constant way, with the real participation of the individual and/or the family.

Still, with regard to dialogue while caring and educating, we can notice that rapprochement between the individuals, in order to share and exchange experiences, is a trend, because we live in group situations, whether in the family, at school, at church, etc. Faced with this reflection, educational work enables to bring individuals together and consequently the possibility of sharing their knowledge and experiences. In this sense, it is believed that health education enriches individual and collective potential; it broadens the vision of its own environment and seeks new ways to confront new challenges.⁸

Between 1960 and 1970, Paulo Freire started a strong current in Brazil. It is a way of teaching that begins by considering Brazilian reality and emphasizing transformation, in which the popular classes have a condition of centrality.⁹

To that end, popular education emerges from the understanding that the community has knowledge of health and develops care activities for coping with their daily needs. It configures itself as a tool for the development of critical consciousness, insofar as it enables popular agents to have the opportunity to reflect on their actions and the environment that surrounds them.

In this perspective, the dialogue between the 'agent' and the popular classes builds a web between action and reflection, allowing the exchange of senses and the intensity in the understanding of the constituent elements of what is real, providing the reconstruction of reality and allowing subsidies for understanding the meaning of solidarity and alternatives for coping with limit-situations.⁹

• The approaches between health education and popular education

It is possible to perceive links between popular education and health education by making a rapprochement between them. It is possible to observe constant intimacies among their paths, which lead to think that it is necessary to mediate teaching-learning processes within popular and health education activities, in a constant appreciation of context issues experienced by individuals, as multiple factors and not in a dichotomous and fragmented way.

With emphasis on dialogue principles, education considers the importance of some factors such as consciousness transition from innocent to critical; reflexive and critical pedagogy; transformation-action; and

dialogical education. "These principles support the discussion on the intermediation of knowledge and practices inherent in the experiences of human groups, whether professional or popular."^{10:22}

In the field of health, although there are several ethical initiatives in order to respect and enhance the participation and autonomy of individuals in the actions regarding their well-being, there is a predominance of the linear model of recipient oriented education, grounded in a domination model.¹⁰ Such perception causes the weakening of health promotions, as well as health education and "the prevention of diseases, which must occur through actions that emphasize, in the first instance, the perception of the different dimensions of the individual and the education for autonomy".^{11:994}

For the construction of knowledge grounded in the reflections on the praxis, community involvement in a participatory process that establishes a critical reflection of reality is inevitable. It is necessary to believe in the potential and the autonomy of citizens to be individuals in the scenario of health promotion as co-participants in the transformation of reality.¹² Health education needs to be seen from a constructive perspective of participatory and autonomous citizens, leaving the position of mere spectators, with an attitude of social individuals aware of their rights.

CONCLUSION

In educative health actions in accordance with the traditional approach, the representation of the individual is many times perceived as a passive being, who only receive guidance in a prescriptive and vertical way. It is known that education is currently configured as a vertical way, in which knowledge is imposed and the information provided in a one-way direction. As a result, the independence of individuals (services users) is denied, making them passive in the process in which technical and scientific knowledge (professional) is valued and knowledge of experience is denied.

To that end, it is essential that health education overcome the traditional model and aggregate ways of working so that human beings can be valued from the reality in which they are inserted and from their cultural contexts. Finally, health education in which we believe has the important role of providing the individuals with extensive knowledge about themselves, their bodies and necessary health care. Thus, understanding themselves,

the world and life in a broad sense, the individuals can adopt attitudes and develop more aware, autonomous and responsible practices.

We can consider that health promotion and health education require methodologies and theoretical inspirations capable of leading to popular participation. Popular education allows health care to be permeated by dialogue and participation, in addition to recognize and respect popular culture, in which the priority is not content to be transmitted, but the creation of collective learning spaces.¹² This way of education can be an important tool for health promotion carried out in a sustainable manner in the community.

REFERENCES

1. Guedes HHS, Stephan-Souza AI. A educação em saúde como aporte estratégico nas práticas de saúde voltadas ao HIV/AIDS: o papel da equipe de saúde. *Rev APS*. 2009;12(4):388-97.
2. Brasil. Ministério da Saúde. Projeto Promoção da Saúde. As Cartas da Promoção da Saúde. Brasília: Ministério da Saúde; 2002.
3. Prado EV, Santos AL, Cubas MR. Educação em saúde: utilizando rádio como estratégia. 1. ed. Curitiba: CRV; 2009.
4. Rezende ALM. Saúde: dialética do pensar e do fazer. São Paulo: Cortez; 1986.
5. Lima PC, Silva AB, Traldi MC. Determinantes do processo saúde-doença: identificação e registro na consulta de enfermagem. *Revista Intellectus* [Internet]. 2008 [cited 2012 Jan 25];4(5):27-40. Available from: <http://www.seufuturonapratica.com.br/intellectus>
6. Buss PM, Filho AP. A saúde e seus determinantes sociais. *Rev Saúde Coletiva*. 2007;17(1):77-93.
7. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 27 ed. São Paulo: Paz e Terra; 2004.
8. Verdi M, Boehs AE, Zampieri MFM. Enfermagem na atenção primária de saúde: textos fundamentais. Florianópolis: UFSC/NFR/SBP; 2005.
9. Paludo C. Educação popular em busca de alternativas: uma leitura desde o campo democrático popular. Porto Alegre: Tomo Editorial; 2001.
10. Alvim NAT, Ferreira MA. Perspectiva problematizadora da educação popular em saúde e a enfermagem. *Texto Contexto Enferm* [Internet]. 2007 [cited 24 July

2012];16(2):315-9. Available from:
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072007000200015&lng=en&nrm=iso.
<http://dx.doi.org/10.1590/S0104-07072007000200015>.

11 Vieira DT, Budó MLD, Silva SO, Lima MGR. Acesso e acolhimento de crianças em unidade de saúde da família. Rev enferm UFPE on line [Internet]. 2011 June [cited 2012 Jan 11];5(4):990-99. Available from:
<http://www.ufpe.br/revistaenfermagem/index.php/enfermagem>

12 Monteiro EMLM, Vieira NFC. (Re) construção de ações de educação em saúde a partir de círculos de cultura: experiência participativa com enfermeiros do PSF do Recife - PE. Recife: EDUPE; 2008.

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