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CASE REPORT ARTICLE

EDUCATIVE ACTIONS FROM THE GENDER PERSPECTIVE: EXPERIENCE REPORT

AÇÕES EDUCATIVAS NA PERSPECTIVA DE GÊNERO: RELATO DE EXPERIÊNCIA

ACCIONES EDUCATIVAS DESDE LA PERSPECTIVA DE GÉNERO: REPORTE DE EXPERIENCIA

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ABSTRACT

Objective: to report experiences of educational practices from university extension activities as a way of care and health promotion, considering gender issues as a way to support the actions in this context. ***Method:*** descriptive and experience report-type study, based on the contextualization of educational practices conducted with women of a neighborhood in the southern region of Brazil. ***Result:*** educational activities provided the participants with a space for dialogue, exchange of experiences, and production of new knowledge between the subjects involved. ***Conclusion:*** it is necessary to maintain the relationship between educational practices and university extension, in order to constantly promote the strengthening of the emancipatory nature of the subjects, from the perspective of participative and autonomous social citizens. ***Descriptors:*** Health Education; Gender and Health; Community Development.

RESUMO

***Objetivo*:** relatar vivências da prática educativa, a partir de atividade extensionista universitária como forma de cuidado e de promoção à saúde, considerando questões de gênero como forma de subsidiar as ações nesse contexto. ***Método*:** estudo descritivo, do tipo relato de experiência, pautado em contextualizar as práticas educativas realizadas com mulheres de um bairro da região sul do Brasil. ***Resultado*:** as atividades educativas proporcionaram às participantes um espaço de diálogo, de troca de experiências, e de produção de novos conhecimentos entre os sujeitos envolvidos. ***Conclusão*:** faz-se necessário a manutenção da relação entre práticas educativas e extensão universitária, a fim de que se promova permanentemente o fortalecimento do caráter emancipatório dos sujeitos, na perspectiva de cidadãos sociais participativos e autônomos. ***Descritores*:** Educação em Saúde; Gênero e Saúde; Desenvolvimento da Comunidade.

RESUMEN

Objetivo: reportar experiencias de la práctica educativa de actividades de extensión universitaria como una forma de atención y promoción de la salud, teniendo en cuenta cuestiones de género como una forma de apoyar las acciones en ese contexto. ***Método:*** estudio descriptivo del tipo de reporte de experiencia, con base en la contextualización de las prácticas educativas realizadas con mujeres de un barrio de la región sur de Brasil. ***Resultado:*** las actividades educativas brindaron a los participantes un espacio para el diálogo, el intercambio de experiencias y la producción de nuevos conocimientos entre los sujetos implicados. ***Conclusión:*** es necesario mantener la relación entre prácticas educativas y extensión universitaria, de manera que se promueva constantemente el fortalecimiento del carácter emancipatorio de los sujetos desde la perspectiva de ciudadanos sociales participativos y autónomos. ***Descriptores:*** Educación en Salud; Género y Salud; Desarrollo de la Comunidad.

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INTRODUCTION

In Brazil, women's health has been incorporated into national policies that have undergone major changes in the last decades. In the early twentieth century, the political support for women's healthcare was the result of the "Maternal and Child Health Program' (PSMI). Actions of this program were focused on the centralized service regarding reproduction and the "mother/son binomial", which resulted in healthcare fragmentation.[1] Thus, the feminist movement mobilized by the desire of new conceptions of health related to women beyond the "reproduction" interface. This way, in 1983, the Ministry of Health created the program "Comprehensive Assistance to Women's Health" (PAISM),[1] which did not reach the expected results. In 2004, the program was called the "National Policy for Integral Healthcare to Women's Health". This program is based on the principles and guidelines of the Unified Health System (SUS) and proposes the incorporation of educational activities as a strategy to expand care provided to women's health.[2]

Despite all the struggles and achievements that have occurred over the years, women continue to face a world that is still structured by male logic and the concept of women's health continues emphatically addressing biologicist aspects. As a result, the perspectives related to dimensions such as human rights, citizenship, and gender issues are still far from becoming realities.[3] Thus, fostering a space for integration among women means contributing to the consolidation of the "National Policy for Integral Women's Healthcare", which, created from the SUS proposal, is inserted into the perspective of gender and citizenship. Therefore, the concepts of the first decades of the twentieth century are left behind, in which the social role of women was limited to being a mother and a housewife and, consequently, healthcare was restricted to specific actions concerning motherhood.

This context points to the need for professionals in the health field—especially nursing professionals—to work from a gender perspective. The limited conceptions of human beings (reducing them to the biological aspect) and health (restricted to the mere absence of diseases) would be overcome by developing educational activities as a way of care. These actions will promote the individuals' emancipation, allowing the flexibility of practices, making them less alienating and more supportive. These practices will pave paths so that individuals feel valued and empowered by being included in educational processes mediated by the participation and the possibility of transformation.

Gender issues enable a thorough understanding of the human being. They demystify the emphasis on biologicism, considering the subjects far beyond sexual differences, i.e., from their social, cultural, and linguistic experiences. This perspective allows transcending from the "biological (sex) to gender (social)".[4] It is necessary to point out that "a woman's body, for example, is essential to define her situation in the world; however, it is insufficient to define her as a woman".[4:190] This concept leads to think that the biological aspect is a weak criterion for the definition of "woman or man". This meaning is only processed through this woman-man in the community from what is meant by the other in the social sphere. "That is to say that gender is constructed-expressed by social relationships". Therefore, this fact implies regarding the insertion of gender as a key axis in the actions aimed at health education, as well as in extension activities, because both gender relationships and the health-disease process are historically and socially determined.

University extension has strengthened the understanding that provides educational, cultural, and scientific space that articulates teaching and research creating opportunities for encounters and dialogues between students, teachers, and communities. This makes it possible to produce new knowledge with emancipatory character, constituted from the exchange and construction between scientific and popular knowledge. "In this sense, it is understood that the extension has some characteristics that potentiate changes".[5:118]

One of the nursing guiding principles is educational action. This is achieved in the various scenarios of nursing practice in the global context, be it developed within communities, health services linked to primary care, schools, and kindergartens, among others.[5]

OBJECTIVE

- To report experiences of educational practices from university extension activities as a form of care and health promotion, considering gender issues as a way to subsidize actions within this context.

METHOD

The educational proposal originates from a radical conception of education, which considers that the community has knowledge about health and performs healthcare practices to cope with their daily needs. It is an instrument for the development of critical consciousness, since it provides popular agents with opportunities to reflect on their actions and the environment that surrounds them.

The planning of activities was guided by Freire's thought, which helped to clarify the concept of emancipatory education. This concept is defined as the process by which the individuals become capable of: being in the world; recognizing themselves in the world; achieving critical consciousness; "distancing themselves from their context, to admire and change it; and being committed with themselves, with others and with the world.[6]

The educational activities were based on listening spaces, dialogues, reflections, and debates through rounds of conversation, educational workshops, discussions, preparation of posters, music, dances, audiovisual materials, and relaxation techniques. It provided an opportunity for mutual and continuing participation on the part of the individuals involved. From this perspective, the educational activities with women participants of the extension project were carried out weekly lasting about an hour and a half. The activities were performed in the facilities of the Interdisciplinary Center for Education, Research and Extension (NIEPE), which is a space for activities and integration between the university, health services, and the community.

Group activities presuppose the constructivist approach, in view that knowledge must be built through critical reflection on previous experiences, specific knowledge and beliefs of everyone involved.[7] The issues discussed in group activities were previously listed by group members. The topics worked with the participants encompassed gender, citizenship, violence, sexuality, and breast and cervix cancer. However, the present experience report will cover the workshops on violence, gender, and citizenship

• The experience: "Women in action for health and citizenship" extension project

The reflections are related to the experience of the "Women in action for health and citizenship" extension project. The educational activities began voluntarily in 2011 and materialized in 2012 with the approval of the extension project, which provides the development of health education practices to women living in a neighborhood in southern Brazil.

The main motivating factor for the creation of the project was the need to maintain a space for integration and knowledge exchange between the university and the community. In this context, the project aims to provide emancipatory educational spaces, seeking to foster the reflection process on issues related to health, gender, and citizenship. It also aims to promote educational practices that enable the interaction between theoretical-scientific and popular knowledge through dialogue and respect to the reality of each subject. Still, it enables academics involved to perform interdisciplinary practices capable of producing critical thinking about the issues worked.

Issues such as violence were addressed in the educational activities, since the function of the health field is to develop strategies for health prevention and promotion "defining preventive measures in an expanded concept of individual and collective well-being".[8] In this context, nursing "can help by positioning itself as mediator and articulator of actions aimed to promotion and education with regard to violence."[9:22] The methodology used to address the theme "violence" with the participants of the project initially consisted in performing a round of listening after the dialogue. Firstly, a space was created for these women to report about the knowledge they had about the topic, or just about what they wanted to expose with respect to this theme.

It is worth highlighting the importance of the listening process, so that these women could redeem their memories by reporting striking situations in their lives. Through words, i.e., the history of their experiences, these women started to remember their own histories. It is important to stress that violence is considered a major cause of morbidity and mortality worldwide, with many facets that affect the population in a diversified way. Therefore, it has been considered a public health problem in the world, particularly in Brazil.[10] At the end of the workshop on "violence", it was possible to perceive that the women were more prepared for the identification, knowledge about support networks, and coping with problem, since access to information contributes significantly to the reflection on the subject.

Regarding the theme "citizenship", several handicraft workshops were offered to the members of the group. The painting workshop will be highlighted, because it was composed of several findings regarding handicraft capacity and ability of each participant and, mostly, personal fulfillment. It is noteworthy that, during the execution of this activity, participants' happiness resulting from the work performed freely and autonomously was clearly noticed in their eyes. The practice contributed to the strengthening of ties. At the same time, by "learning to paint", it provided income opportunities and also propitiated spaces for knowledge exchange. This way, Freire's idea was evident, i.e., "who teaches learns by teaching, and who learns teaches by learning".[6]

From this perspective, workshops symbolize the theme "citizenship", in a way that the development of personal skills enables people to "learn through life". Therefore, it is necessary to intensify activities for the promotion of health, encouraging individuals and professionals' autonomy. Consequently, together, they will be able to understand health as a result of living conditions, providing a more equal social development.[11] "Health education is of paramount importance for surpassing the traditional model and adding ways of work, valuing human beings from the reality in which they are inserted and the cultural context".[12:2288]

It can be stated that educational practices reached a critical nature and sought to break with the normative model of traditional health education. The activities provided participants with a permanent dialogue and the sharing of experiences, searching for emancipation and mutual learning. They also fostered knowledge production between the subjects involved

CONCLUSION

During the performance of the educational activities, it was possible to perceive their relevance for the different subjects involved. The various experiences lived by the women, students, and teachers during the studies, and the planning of group activities and meetings contributed significantly to the exchange and construction of knowledge and more effective practices.

The group activities allowed understanding that every human being is a certain knowledge holder and not a mere recipient of information. This implies respect to the culture and, especially, the idea that scientific and popular knowledge are interwoven. A shared construction of knowledge and different ways of care originate from this construction. From this perspective, the educational actions sought to break with the "practice of banking education", so called by Freire, in which the teacher appears as indisputable agent whose primary role is to "fill" the students with contents. These contents are presented shredder and disconnected from reality. This way, Freire's contributions were extremely important in order to plan and perform the group activities in a different way. Respect to the dignity and autonomy of those involved was present at all times. These activities made the work of the group to become a transformative practice, grounded in a dialectical movement of critical reflection and action.

It is worth mentioning that gender issues were very significant during activities. According to the Ministry of Health, it is essential to incorporate a gender perspective into the action plan to promote the improvement of living conditions, equality, and women's rights. Therefore, it is necessary to maintain the relationship between educational practices and university extension, in order to constantly promote the strengthening of the emancipatory nature of the subjects from the perspective of participatory and autonomous social citizens.

REFERENCES

1. Brasil, Ministério da Saúde. Cadernos do aluno: saúde da mulher, da criança e do adolescente. 2nd ed. Brasília: Ministério da Saúde; 2003.

2. Brasil, Ministério da Saúde. Política Nacional de Atenção Integral à Saúde da Mulher, princípios e diretrizes. Brasília: Ministério da Saúde; 2004.

3. Pito LBSA. Políticas públicas de saúde da mulher. In: Fernandes RAQ, Narchi NZ (Org.). Enfermagem e saúde da mulher. São Paulo: Manole; 2007.

4. Saffioti HIB. Rearticulando gênero e classe social. In: Costa AO, Bruschini C. Uma questão de gênero. Rio de Janeiro: Rosa dos Tempos; 1992.

5. Acioli S. A prática educativa como expressão do cuidado em Saúde Pública. Rev. Bras Enferm [Internet]. 2008 [cited 2012 Jan 20];61(1):117-21. Available from: http://www.scielo.br/pdf/reben/v61n1/19.pdf

6. Freire P. Pedagogia da Autonomia: saberes necessários à prática educativa. 27th ed. São Paulo: Paz e Terra; 2004.

7. Moretto VP. Construtivismo: a produção do conhecimento em sala de aula. Rio de Janeiro: DP&A, 1999.
8. Minayo MCS, Souza ER. Violência e saúde como um campo interdisciplinar e de ação coletiva. História, Ciências, Saúde [Internet]. 1998 [cited 2012 June 23];4(3):513-31. Available from: http://www.scielo.br/pdf/hcsm/v4n3/v4n3a06
9. Budó M de L D, Schimith MD, Silva DC, Silva SO, Rosa, AS, Almeida PB. Percepções sobre a violência no cenário de uma unidade de saúde da família. Cogitare Enferm [Internet]. 2012 [cited 2012 Aug 08];17(1):21-8. Available from: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/26370/17563
10. Penna LHG, Santos NC. Violência contra a mulher. In: Fernandes RAQ, Narchi NZ (Org.). Enfermagem e saúde da mulher. São Paulo: Manole; 2007.
11. Heidmann ITS, Almeida MCP, Boehs AE, Wosny A M, Monticelli M. Promoção à saúde: trajetória histórica de suas concepções. Rev Texto e Contexto [Internet]. 2006 [cited 2012 Set 10];2(15):352-8. Available from: www.scielo.br/pdf/tce/v15n2/a20v15n2.pdf
12. Ebling SBD, Falkembach EM, Da Silva MM, Silva SO. Educação popular e educação em saúde: um elo necessário nas práticas de saúde. **J Nurs** UFPE on line [Internet]. 2012 [cited 2012 Nov 10];6(9):2285-9. Available from: http://www.ufep.br/revistaenfermagem/index.php/revista/article/view/2584

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