

Health, health promotion and multiplying agents: concepts of health and education professionals in the city of Rio de Janeiro, Brazil

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Abstract

Health and education professionals play an important role in the context of health promotion. This paper aims at understanding their concepts about health, health promotion and multiplying agents, since the way they think can lead their professional practices. Seven focus groups were set, as follows: four groups with education professionals (totaling 28 participants) and three groups with health professionals (totaling 27 participants). In order to analyze the material, it was sought to interpret and understand their talks, identifying the thematic categories. It was observed that health professionals have a concept of health as a result of life conditions. Education professionals discuss their daily difficulties to achieve health, emphasizing their work in double shifts. Regarding health promotion, the health professionals emphasize their role as agents of change. The education professionals point access to information as a possibility of improving the quality of life. The results point to the need of a greater connection between both fields – health and education – making it possible to redirect the practice, aiming at the achievement of inter-sectoral actions of health promotion and quality of life. This process demands an institutional investment in continuing education, in organization, as well as focusing on the discussion on the work process.

Keywords: Health. Health Promotion. Health Professionals. Education Professionals.

Introduction

Health promotion is a strategy present in the agendas of health and public education of the country, and should be a fundamental component of intersectoral actions directed towards ensuring the human right to food, the Food and Nutritional Security and improving the quality of life. The strategies used to promote health must involve the community, so that it participates in the control of the health-disease procedures and acts on improving its quality of life. According to the Ministry of Health,¹ health promotion is

[...] a cross-linking strategy in which one gives visibility to the factors that put people's health at risk and the differences between needs, territories and cultures in our country, aiming at the creation of mechanisms that reduce the vulnerability to HIV, radically defend fairness and incorporate the participation and social control in the management of public policies.

The ownership of the procedures of health promotion by the population requires, from the professionals, a greater openness to dialogue and the acquisition of knowledge concerning the “teaching-learning” dynamics, in a critical, reflective and transformative fashion. Before that, for the combined knowledge and practices to establish a new way of acting, it is important that the professionals understand the coexistence of different knowledge and establish approximations, showing interest in their experiences.² The role of the professionals as multiplying agents implies strengthening the technical and political power of the communities (empowerment) in recognition of priorities, decision making and collective construction of strategies for improving health and life scenarios.^{3,4}

Despite the existence of various health concepts present in technical-scientific or common sense discourses, there are few studies dedicated to exploring the concept of an epistemological point of view.⁵ We understand that each individual has to themselves their very concept of health defined by their upbringing and integration in the world.⁶ In the case of health and education, this definition may have an important role in their practice, guiding their ways to care and stand as agents of change in the context of health promotion. As highlighted by Brito and Athayde,⁷ even in the simplest activity, in the act of its execution, workers are challenged to make choices, decide paths – in short, create standards again amid prescriptions and their own life references. Knowing these ways of seeing health can contribute to the planning of programs, projects and activities that promote health, whether in the context of the school or communities.

Based on the context discussed, we consider important to identify the conceptions of professionals about what is health, health promotion, and what they understand by multiplying agents. This discussion may help participants understand the meaning and the strategic dimensions of the educational practice in care delivery, enabling to value proposals for Health Education. All of these are ideas shared with the subjects of the research and that have been scaled in the field of practices, in order to qualify the educational activities in the area of promoting healthy and adequate eating.

Methodology

This study is part of a research proposal by Instituto de Nutrição Annes Dias (INAD), an agency of the Secretaria Municipal de Saúde (Health Municipal Secretariat) of Rio de Janeiro (SMS-Rio) and Instituto de Nutrição da Universidade of the state of Rio de Janeiro (UERJ), aiming to develop a method for training multiplying agents for the health and education areas for promoting healthy feeding, using cuisine as a structural backbone.⁴

As a first activity, the focus group (FG) technique was used to grasp the understanding of the participants on the concepts of health, health promotion and multiplying agents, which would be used during the training process to be implemented at a later stage of the research.

This paper presents the analysis results of the discussions in the focus groups. FG is a tool of qualitative methodology, which aims at a deeper understanding of a topic or issue within a particular group, by means of the analysis of verbal and nonverbal languages of the study population.^{8,9} In this kind of study, the discussion is conducted as a joint dialogue among participants about a specific topic. This flexibility allows to overcome the difficulties of short contacts and closed questionnaires, which are not sensitive to the receipt of information not provided.^{9,10}

In June 2006, seven focus groups have taken place, being four with education professionals, totaling 28 participants, representing several regional coordinators of the municipality of Rio de Janeiro; and three groups with health professionals, totaling 27 participants, involving members of the Family Health Strategy teams. These professionals were identified by means of a contact with key informants in the areas of health and education, which were developing everyday activities with the topic of interest. The groups were developed in an external place from the participants' work place environment, being led by coordinators and aided by an observer, all from the project team, and some guiding questions were freely discussed: what do you mean by health? What do you understand by health promotion? And what do you understand by multiplying agents?

The discussions were recorded with the consent of the participants and, subsequently, transcripts were made. Based on the method of thematic analysis, one sought to interpret and understand the speech, the context of its production and the contradictions and conflicts inherent in social processes, identifying thematic categories.¹¹⁻¹³

Participants, after awareness of the stages of the project, have signed an informed consent for study participation. The project was submitted to the Ethics Committee in Research of the Municipal Secretariat of Health and Civil Defense of Rio de Janeiro.

The profile of the participant group is so described: 1) Professionals in primary health (PS): members of teams of Family Health and Technical Support Groups (GAT), namely physicians, social workers, nurses, massage therapists, community health workers and nutritionists; representatives of the central level of SMS-Rio: Family Health Strategy (ESF), Office of Health Promotion Advisory Service and School Health Management. 2) Education workers (PE): education coordinators, teachers of the first segment of elementary school or preschool, teachers of the second segment, teachers working in the Reading Rooms project, coordinators and organizers of daycare, representatives of the Regional Coordination of Education (CRE) and a representative of the central level of the Secretaria Municipal de Educação (health municipal secretariat) (SME): Division of School Food and manager of school health.

Results and discussion

Concept of health

By analyzing the speeches, it was possible to identify that health and education professionals approach differently the term “health”. This definition, as already mentioned, has several meanings, and the polysemy of interpretations among respondents of this study is not unusual. Three theme categories for definition of health were identified, namely: 1) idealization of health; 2) health and living conditions; and 3) organization of contemporary life: individual well-being and self-care.

Some participants in the health area have approached the concept of the World Health Organization (WHO), which considers health as a state of complete physical and mental well-being, an idealized field and often distant from the everyday life of the individuals. However, others try to distance themselves from this definition, incorporating aspects targeted to quality of life, happiness, optimism, hope (PS14, PS4) and their determinants, such as deprivations and misery, access and right to health, characterized as access to goods, education, culture, employment and leisure (PS4, PS6, PS11). This definition approaches the everyday reality, contextualized in

the environment and social relations. The professionals move on to think of health in its positive aspects and no longer as the absence of disease, as is mentioned in the Final Report of the VIII National Health Conference.¹⁴

One can not understand health as an absence of disease, it is much more than that. But it's not a physical, mental and social balance either. This is something far, far away. [...] It is when you are feeling well, even when you have any illness, [...] to be doing what I set out to do in life; it is indeed related to the direction that you give to your life, the choices made, the decision making (PS1).

It is noteworthy that representatives of the health area comprised teams of ESF and, being closer to the population, may have a broader understanding of the odds and possibilities experienced in everyday life in the territories. Thus, health is no longer understood as the mere absence of disease and can be conceived as the result of living conditions of a population, requiring, for its maintenance, efficient intersectoral public policies.^{14,15}

A recurring question in the speeches of the two professional areas concerns the health and living conditions in a context of urban violence.**

[...] the concept of being healthy that we have learned is being well, having a good quality of life, being free to come and go, being able to have a job and a family. [...] I have noted the difficulty of this population [...], for them it is very difficult because they live in the midst of war,... it is the shooting, the drug dealers operating at their front door. So, how will I explain to him what health is? [...] how will he be well if the community is all unwell? (PS7).

How can one be healthy in a city, living with violence the way we are?... What happens even in other parts of the world affects us here. One can not be totally healthy living in a place where people... our students who live in the slums and live with the shootings. (PE4).

In 2002, the World Health Organization (WHO)¹⁶ stated: “Worldwide violence has been imposing as one of the most serious social and public health problems”. In 2008, the Pesquisa Nacional de Amostra Domiciliar (National Home Sample Survey) (PNAD) showed that, among the resident population in Brazil (190.0 million), about 2.0 % (3.7 million) suffered some kind of violence; and among the victims who failed to perform their usual activities, 660 000 (53 %) needed to get some care as in a hospital, emergency room or as an outpatient.¹⁷ Thus, contemporary

* This research was conducted prior to the installation of the Unidades de Polícia Pacificadora (Pacifying Police Units) (UPPs), in the city of Rio de Janeiro.

violence becomes an issue to be prioritized by both health and education agendas, as it is bringing new daily challenges to workers.¹⁸

Another topic category identified is health as an individual asset. The speeches of the education professionals express the concept, relating it to the personal choices that may determine more or less health (PE1), self-care and balance.

I think it is a matter of balance. I think being healthy is being aware that you need to do good things, one minute a day, some time of the day for yourself is very important. It does good when you can go to a hairdresser, though it seems a futile thing, having someone wash your head, your hair, manicure the nails... (PE5).

It should be emphasized that the habits or “lifestyles” expressed by everyday practices are not the same for everyone nor purely conscious, isolated and immutable individual actions.^{19,20} According to Nogueira,²¹ when feeling, thinking and experiencing one’s own health, one can understand oneself as being part of the life game, which includes the time, history and being in the world. When doing a (self-)reflection, one can unfold and open possibilities to act within society.

Thus, the themes discussed in the focus group and in light of “questioning” could provide, according to Bucher-Marluschke,²² a reinterpretation of reality. This process of reframing generates a critical awareness where participants recognize that reality is mutable. It enables the subject to learn to reflect on their reality, seek solutions and in the process build a significant knowledge. For the same author, the construction of knowledge implies a communicational interaction, where subjects of different knowledge relate from common interests.

Unlike health professionals, education professionals discuss health as experienced by them, relating to their daily lives and their interpersonal relationships, emphasizing the difficult incorporation of the concept on a daily basis, the lack of time that is faced with an idealized and difficult to achieve health, especially in a big city.

It is no use having a good diet, but being always stressed, having problems at work and at home, right? One can not see their children and misses them. It does not work and one ends up getting sick. (PE14).

It's tricky because, for example, we take an hour to get to work, an hour to get back from work, we have to meet a workload of 10, 11 hours because there are two enrollments, BF [bonus function]. Where do you get the strength to get home and be a mother and a housewife and all? (PE6)

And I know all I need to do to get [healthy], but there are certain situations where I can not... There comes a time in our life when, in this crazed life we lead we really stop and think: Damn it! I'm sick because I can not do all that is necessary for me to be healthy! (PE9).

People's trigger only triggers when they get stuck. [...] Because while one still can get by, one goes on and proceeds... (PE14).

From the mid-twentieth century, a new social composition was established, marked by urbanization, industrialization and expansion of educational activities that changed the modes of production and labor relations. The women went to the public world of politics, labor market and education, trying to break the dichotomy between public and private, male and female social roles.²³ The entry of women into the formal labor market has caused the double or triple workday^{24,25} and, according to Oliveira,²⁶ “the psychophysical symptoms are similar in men and women, but the impacts on health are different due to the double or triple journey”, among other aspects.

After these analyzes, one can see that the first proposed question, “What do you mean by health?” – reveals that health professionals have related this concept to their daily practice, their observation about the environment and how this medium interferes in people’s lives, using theoretical knowledge on the subject. On the other hand, education professionals discuss their daily difficulties for health. This topic appears somewhat detached from the professional practice.

Health promotion

Regarding health promotion, three thematic categories were identified: as a possibility of individual and collective construction and transformation; as coercive and imposing practices; and access to information.

In relation to health professionals, the discussions point to the approach on the role of the health professional as an agent of transformation, in an attempt to incorporate the dialogical, to care for another, which requires, in this case, the acceptance of the other as a subject and not as an object of intervention²⁷

I think that, as health professionals, we have a great responsibility in this respect, in terms of protection, right? I think it starts within the Unit. Inside the office itself. The professional has a comprehensive view of the individual. (PS6).

[...] you have to support, help, show to that person that today it is bad, but tomorrow it will be different. (PS13).

[...] a way to help the health of these people, because you will guide, you will talk, you will put them in a group for them to get along with others and they will start seeing a difference, they proceed to change slowly... and they will pass this experience to others, they will also become multiplying agents because each will invite the other to the next meeting. (PS3).

They also emphasize citizenship and shared construction.

It is also much about citizenship. I think health promotion has to be together with promoting citizenship... (PS8).

Therefore I think this is not a promotion. One talks about what has to be done without sharing... Going... Going all the way so that situation will switch. [...] Exit from point x to another that is closer to what we consider as health... Being together is key. (PS12).

They also address the promotion of health as an individual and collective transformation.

When I think of promotion, the first word that comes to my mind is construction [...] construction and transformation [...] and [...] transform indeed, both in the external environment and external environments; I mean, both the individual and the community. (PS10).

It is also identified, however, that part of the professionals expresses traditional practices, which are coercive and imposing. The relationship is also oppressive and overpowering, using strategies supported on solidarity to keep a dominant position.²⁸

That work which standardizes people. You know... You stay there, don't you? Knocking on the head. It is some kind of brainwashing for when children are mothers, and understand that and begin to put it in food. (PS2).

Therefore, health promotion in the reality of the health agent. We have to reach the extreme in order to get them to change anything. Because if you just say, "Ah! You have to drink filtered water". It does not enter people's minds. (PS4).

Because I have shocked people [laughs]. Having a lot of wounds in my foot. Everything is bad... Lots of pictures – "Look! Your foot is going to be like that". There are times when we can not tell them what they want to hear. You have to say what he needs to hear! – "Your foot is going to fall, Mr. Antônio. It is going to be like that indeed... You are not taking the medicine... (PS6).

These speeches also express the approach of blaming the individual, who craves only the change in "risky behavior", thus limited, as it believes that the individual is solely responsible for their health or disease, without considering the numerous issues involved in this process.²⁹

The hegemonic model of education and health was, for many years, vertical and marked by authoritarianism, where the constraints of the technicians who used the educational practices as a social control strategy predominated, adapting individuals to the existing order. The critique

of the traditional model of education, the expansion of the concept of health, the health reform and the strengthening of social movements were elements that contributed to a new paradigm in the field of health education, which culminated in the incorporation of participatory and dialogic methodologies in educational practices.³⁰⁻³²

When one hears the education professionals, these indicate that health promotion provides access to information and can generate possibilities for change, for improvement of quality of life, stressing that the matter should be included in the political-pedagogical school project.

But even this work we do today in the nursery, we try to work the basis so that later you already have a better prepared child. Therefore, if we can educate the family from early childhood education and daycare, it will change habits, we will be promoting health. (PE13).

These intentions of health promotion must be within a political pedagogical project..., so that everyone works in the same intention in this matter, because then it will have an identity, in that school unit, in that space. (PE7).

Schools as well as health services, can be prime locations for promoting health, providing a much broader access to information, fostering understanding of health as a right and individual and collective responsibility, as well as building essential skills in the citizen's daily life – as self-care, critical thinking and decision-making capacity.^{33,34}

However, a traditional discourse of transfer and dissemination of information also remains in the speeches of the education professionals.

You encourage others to this healthy situation. [...] Therefore, this promotion is indeed when you bring it to others... if you know, if you know you do it well, you disseminate it, you pass it the others. (PE5).

I think that what prevents this health promotion is the misinformation of our people in not willing to be helped. (PE8).

As health professionals, the education professionals also reveal an imposing and contradictory practice.

We have to be agents of change, to turn it around, get it? Because everything is upside down... You have to create new habits, it is change itself “. (PE10)

Several authors point out that the origin of health education in Brazil was strongly influenced by the development of hygienists doctrines widespread in Europe in the nineteenth century. Vasconcelos³⁵ stresses that, in the early twentieth century, the understanding of the health authorities was that “the technicians would hold a scientific knowledge that should be implemented and applied by the illiterate people”.

The field of health education has been thoroughly rethought and one can now observe an enhancement of this field in determining the public health and education policies in Brazil, alongside a response to the persuasive pedagogical practices, the vertical transmission of knowledge and the denial of subjectivity in educational processes. Noteworthy is the concern that the educational praxis in health seeks to encourage the formation of social subjects, reflective and able to assert their interests.³⁶

Multiplying agents

Regarding the understanding of the question, “What do you mean by multiplying agents?”, two categories were identified: reporting for persuading and sharing and socializing knowledge with a leading role in the transformation process

Health professionals point out that the multiplying agent should be an agent of mobilization.

Mobilize community leaders ... to get a certain square to be cleaned so that the people are able to perform physical activities... Therefore, it is the co-responsibility of the community. (PS5).

Provide information. Multiply information. More information for everybody (PS4).

At the same time, others show that their role is to disseminate information by means of a traditional model of education and health.

Therefore, these people really have to go to these lectures. Such as continuing education indeed, right? (PS6).

It is emphasized that the role of the professional is not only to inform and guide, but question the expertise of the technicians in view of the reality that is presented. The development of a critical reflection from the education professional enables them to occupy the place of the decision makers, considering the limits and potential of individual decisions.³⁷

They also report that the logic of the productivity of the health services work procedures hinders the full care and health promotion, and suggests the formation of educational groups as a multiplication strategy.

It's very tiring having to keep sending numbers to the city Secretariat... Because if we do not send the numbers, we do not receive a bonus. (PS6).

I think a cool job that would very well inform would be in a group; I am organizing a group that tells quite a lot already and this will give an idea. A group is very important; thus it is possible to inform. And then they go and inform the children, the parents, the neighbors, it turns out to be a good thing, you know. (PS8).

When asked, education professionals also had the idea of passing on information and persuading the decision makers.

[The multiplying agent must] inform. (PE3).

Being a multiplying agent is not only about the information provided; it is persuading the others that the idea must be disclosed in another group in which they participate, so that they can also be publicizing and persuading others to pass along. (PE12).

On the other hand, another idea presented is the appreciation of an attitude of sharing and socializing knowledge and performing the transformations.

[...] it is when you share with others what you have assimilated (PE11).

They understand that the role of the multiplying agent is to share information with peers, putting theory into practice and identifying themselves as agents of change, with a more active role in the leadership process.

We must always have this concern of sharing with others all that we have built, right? (PE2).

[...] we go through this transformation to be able to transform the others, right?... (PE1).

Thus, the professional must contribute to change. As highlighted by Westphal,³⁸ the population must participate in the process by means of its organized groups and civil society, because it is the one who lives and feels the problems in its daily lives. If the discussion is opened, the solutions will be more real and effective and society shall lead itself to change.

Conclusion

It was then identified that the health professionals, inserted in the ESF, have the concept of health related to their daily practice, their observation about the environment and how this environment affects the lives of all. On the other hand, educators, when talking about health, argue over their daily difficulties for being healthy, highlighting the double workload.

This topic appears somewhat detached from the professional practice. The results point to the need for closer ties between the two fields – health and education – as well as the incorporation of the discussion on violence and care to the health of the professionals themselves, enabling to redirect from the practice with a view to carrying out intersectoral actions to promote health and quality of life.

As for health promotion and training of the multiplying agents, it becomes necessary to further discuss the concepts, and especially the paths, in order to overcome a forceful and coercive practice to a more dialogical, reflective and transformative one.

It is understood that changes in training and practice of the professionals are a process that requires an institutional investment in continuing education, but also in the organization and questioning of the work process.

According to what is presented in the *Cadernos de Atenção Básica* (Primary Care Brochure) on the Programa de Saúde na Escola (Health Program in School),³⁹ the sectors of education and health have many affinities in the field of public policy, because they are based on the universalization of fundamental rights, and thus favor greater proximity to citizens in different territories. The school, as well as the health system, plays a key role in the formation and performance of people in all spheres of social life, contributing to the perception and construction of citizenship and access to public policies. Thus, these are privileged spaces for health promotion actions.

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