

Confrontations for the implementation and maintenance of educational groups for pregnant women in primary care

Enfrentamentos para a implantação e manutenção de grupos educativos para gestantes na atenção básica em saúde

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Abstract

This study describes strengths, opportunities, weaknesses and threats in the implementation and maintenance of group educational activities for pregnant women in primary care. It also proposes a strategic plan to assist health professionals in the operationalization of these actions. Participant observation and semi-structured interview were used to collect data. The analysis was carried out using the Matrix SWOT (acronym for Strengths, Opportunities, Weaknesses, and Threats) and strategic planning was based on Matus's postulates. *Strengths* were the desire of the team to reinstate group activities, the space in the unit and the available educational material. *Opportunities* were the presence of students of the Education for Work Program of the Ministry of Health in the unit. The lack of participatory planning, means of dissemination, random choice of dates, cancellations and re-markings of the meetings were pointed out as *Weaknesses*. In addition, the educational methodology used did not follow the prerogatives of reflexive critical learning and popular education in health. Thus, from the issues identified by the strategic planning for the continuity of the educational group, the challenges to be overcome are related, mainly, to making the user the protagonist of the health institution space and the change of management vision in all spheres of power to consolidate the implementation of educational actions in groups.

Keywords: Health Education. Pregnant Women. Strategic Planning.

Resumo

Este estudo descreve as forças, oportunidades, fraquezas e ameaças na implementação e manutenção de atividades educativas em grupo para gestantes na atenção básica em saúde. Propõe, ainda, um planejamento estratégico para auxiliar profissionais de saúde na operacionalização dessas ações. Utilizaram-se a observação participante e entrevista semiestruturada para a coleta de dados. A análise foi realizada utilizando a matriz FOFA (acróstico para *Fortalezas, Oportunidades, Fraquezas e Ameaças*), e o planejamento estratégico foi pautado nos postulados de Matus. Foram consideradas *Fortalezas* o desejo da equipe em retomar as atividades de grupo, o espaço na unidade e o material educativo disponível. Como *Oportunidades*, a presença de discentes do Programa de Educação pelo Trabalho para a Saúde do Ministério da Saúde inseridos na unidade. Apontam-se como *Fraquezas* a falta de planejamento participativo, os meios de divulgação, escolha aleatória das datas, cancelamentos e remarcações das reuniões. Ademais, a metodologia educativa utilizada não seguiu as prerrogativas da aprendizagem crítica reflexiva e da educação popular em saúde. Desta forma, a partir de questões identificadas pelo planejamento estratégico para a continuidade do grupo educativo, os desafios a serem superados estão relacionados, principalmente, em fazer do usuário o protagonista do espaço da instituição de saúde e a mudança de visão da gestão em todas as esferas de poder para consolidar a realização de ações educativas em grupos.

Palavras-chave: Educação em Saúde. Gestantes. Planejamento Estratégico.

Introduction

Prenatal care is included in primary care to ensure the development of pregnancy and a healthy delivery. It also deals with the psychosocial aspects, producing participatory educational activities designed to promote health, vital for the acquisition of knowledge on the process of a quality gestation and delivery, in a humanized manner, under the perspective of integral care and recognition of human rights.¹⁻⁴

Health promotion, by means of educational actions during the pregnancy cycle, contributes to having a positive pregnancy experience and helps reduce complication risks.⁵ Therefore, a pregnant woman must be viewed in a comprehensive, integral way, so that her previous experiences, expectations, wishes, doubts and beliefs are considered and valued.

One strategy used to achieve this goal is the educational group for pregnant women in healthcare units.⁶ However, even being an important experience for women, collective educational activities do not usually last long and often attract a small number of participants.^{7,8}

One of the problems is the incoherence between educational practices as recommended by documents such as the *Marco de Referência em Educação Alimentar e Nutricional*⁹ (Reference Framework for Food and Nutrition Education) and the *Política de Educação Popular em Saúde*¹⁰ (Popular Health Education Policy) as public policies and those of prescriptive nature, which are developed *in loco*, restraining dialogue between women and health providers and awareness of the women's actual demands.¹¹ We can also cite the professionals' lack of time due to their heavy workloads, lack of rooms in the healthcare units and educational material for the activities and poor management support, among others.

Considering these limitations, this essay aims to understand the strengths, opportunities, weaknesses and threats for the implementation and maintenance of group educational activities in a primary care unit. It also proposes a strategic planning to assist health professionals to succeed in these actions.

Methodological route

A descriptive exploratory study was carried out in a Healthcare Primary Unit in the city of Niterói-RJ. This unit was selected for the study because it is a scenario of practices conducted by students of the *Programa de Educação pelo Trabalho para a Saúde* (Education for Work in Health Program)¹² in the Ministry of Health's Networks. The field work relating to the study presented herein was carried out from October 2013 to February 2014.

Data collection

Participant observation^{13,14} was used to observe the development of an educational group focused on pregnant women users of the *Rede Cegonha*¹⁵ (Stork Network) who had their prenatal care in this unit. To develop this methodology, we followed the steps defined by Marques¹⁴ namely: "be guided by objectives", "have good work conditions" and "methods to collect and record data". Thus, we sought to know and understand the educational activities performed in a group of pregnant women in its early stage of implementation and observe the professionals' perceptions of the health educational actions. A field diary was used to record the observation and information collected during the visits to the healthcare unit and the group meetings.

After an exhaustive reading of the diary notes, we decided to solve some doubts through interviews with the group participants. All participants were informed about the objectives of the study, and the Free Informed Consent Form was read. Participation occurred only after signature of this form. The study was approved by the Research Ethics Committee of the Federal Fluminense University with no. CAAE12266613.5.0000.5243.

Characterization of the educational group

The persons responsible for the activity announced the beginning of the group activities and the dates of meetings through posters/notices posted on the bulletin board. During nine months, five meetings were held, all of them in the unit's meeting room, with the participants sitting in circle in order to favor an effective exchange of experiences between the women and health professionals. The days of the meetings were selected at random, having the purpose of being held monthly. Cancellations and re-scheduling were communicated in advance through notices on the bulletin board. The topics for discussion were selected in the previous meeting by vote of the participants among the suggestions offered by the coordinators of the activity, and the topic of the first meeting was chosen by the team. The dates of activities, as well as the number of professionals/college students, users and topics are described on Table 1. Among the professionals, students of the Education for Work in Health Program¹² attended the three first activities, and in the last activity, one father was also present.

Table 1. Schedule of collective activity conducted in a healthcare unit from October 2013 to February 2014. Niterói, RJ.

Date of the activity			Professionals (n)	Users (n)	Topic
1 st	Oct/2013	Fourth Wednesday of the month	6	4	Breastfeeding
2 nd	Nov/2013	Second Wednesday of the month	4	4	Pregnancy symptoms
3 rd	Dec/2013	Third Thursday of the month	3	2	Labor symptoms
4 th	Jan/2014	Fifth Wednesday of the month	1	6	Clinical tests during pregnancy
5 th	Feb/2014	Third Thursday of the month	3	5	Father's role during pregnancy

Data analysis – SWOT matrix

For analysis of the educational action, we used the SWOT analysis (acronym for Strengths, Weaknesses, Opportunities and Threats), an organizational tool for situational diagnosis through an analysis of the internal and external scenarios for participatory planning of healthcare strategies.¹⁶

Results and Discussion

Table 2 presents a description of the SWOT analysis based on internal and external environments.

Table 2. SWOT analysis of the educational activity attended by a group of pregnant women registered in the Family Doctor Program of a primary healthcare unit in Niterói, RJ, 2013-2014.

INTERNAL FACTORS RELATING TO THE PRIMARY HEALTHCARE UNIT	EXTERNAL FACTORS RELAITING TO THE PRIMARY HEALTHCARE UNIT
STRENGTHS <ul style="list-style-type: none"> • Team's willingness to resume the activity • Room available in the Primary Healthcare Unit for the activity • Educational material available 	OPPORTUNITIES <ul style="list-style-type: none"> • Driving public policies of the Education for Work on Health Program ⁹
WEAKNESSES <ul style="list-style-type: none"> • Planning • Optimization of work processes • Educational methods used • Use of the educational group as an instrument for improving the unit's productivity indicators • Team perceptions of Health Education in educational groups 	THREATS <ul style="list-style-type: none"> • Demand for productivity focused on individual care • Poor integration between government spheres • Underfunding • Insufficient human resources policies at the Unified Healthcare System (SUS)

In the *Strengths* quadrant, the “team’s willingness to reinstate the activity” and “space and educational material available in the primary healthcare unit” were included. Although it was described as an activity of the unit’s healthcare staff, to ensure that the educational actions would effectively occur, they should be agreed upon between the professionals, who, in turn, should be available and organized. A motivated team needs to view, as a stimulating factor to perform their work, the capacity to be a transforming agent of reality and be aware of the importance of the social dimension of their praxis.¹⁷

Contrary to what usually happens in healthcare units,¹⁸⁻²⁰ the unit of this study, as reported by the professionals, has a room available for the educational activities. In other units, however, in addition to the lack of space, there are problems with the space’s physical dimensions, air conditioning, lighting, noises and lack of privacy, which make it difficult to conduct the activities.²⁰ Regarding the educational materials, the Ministry of Health provides free access to folders, posters, leaflets, among others, on their website (<http://portalsaude.saude.gov.br/index.php/biblioteca>), to be used in educational actions. The government of Niterói also distributes printed material, so it is a facilitator for the accomplishment of educational actions.

The Education for Work in Health Program¹² was classified as an *Opportunity* because it promotes the inclusion of students majoring in health, which encouraged the professionals to reactivate the educational group activities interrupted in 2012. This program aims to approach the university to scenarios of practice and provide critical background to the students. Discussions on the work process between students and health providers enable a reflection on praxis, which may help improve aspects that they consider not in compliance with the doctrinal principles of the Unified Healthcare System (SUS).^{21,22} Other incentives for resuming the educational group were the possibility of promoting the exchange of experiences between pregnant women and health professionals and an improvement of the indicators that assess the quality of prenatal care, such as exclusive breastfeeding rates, adherence to prenatal care and follow up of the mother and baby immunization plan.

The *Weaknesses* found in this process refer to some important issues observed during the group’s planning phase, a challenge that must be faced by other groups. The reading of the field diary indicated that the difficulties of the previous, discontinued groups were not examined, differently from Hoga & Reberte,²³ who collected information about the development of previous groups when they decided to implement a group of pregnant women, which helped them visualize the reasons for the failure –such as the users’ passivity and absence of fathers in the activities. It was also found that there was no participation of the community during the activity’s planning stage, which contributed to reduce the users’ role, popular knowledge and the group’s sense of belonging to the community.²⁴

The creation of spaces to approach the service to the community permits that professionals understand the main health issues that afflict users and work in a joint analysis of solutions. It also allows integration with other sectors.²⁵

The way that the group and meetings were communicated may not have contributed to value the educational activity. The use of the bulletin board, in addition to the fact that it contains other notices and information from the unit and the Ministry of Health, does not ensure that the target audience (pregnant women, fathers/partners) will read the messages to the group. First, it is necessary an active search to identify the women that visit the unit and those who are not performing prenatal care and then invite them to participate.²⁶ So, we can point out two problems: lack of evaluation of previous groups and the form of communication of the present group.

Table 1, which details the characteristics of the meetings, points out to a third problem. Each meeting took place at a different day of the week and month, chosen without hearing the participants, the days and times being decided by the professionals, according to their needs. The new meetings schedule was posted on the bulletin board, and the team was not sure that all women interested in attending were aware of the changes.

Implementation of any strategical activity, such as educational actions on health, requires previous planning and integrated to the other activities of the unit.²⁷ Educational groups that consider only the professionals' needs and not the users' opinion do not contribute to the development of the community's health potential. Such proposition presents a simplistic characteristic, based on the preconception of individual behavioral changes,²⁸ contrary to the intention of being dialogic and reflexive, centered on the subject, on the promotion of self-care and the users' demand.²⁹

Matus' postulate³⁰ on situational strategic planning is one of the tools used to develop health projects based on ethical responsibility, participation of the collective subject and identification of the reality to be changed, in defense of life. It is worth noting that despite its normative aspect, strategic planning, when performed jointly by all subjects involved (users of the healthcare system, health providers and managers) is an interesting interlocution to foster the operationalization of the group activities. Thus, based on Matus,³⁰ Table 3 contains suggestions for planning educational activities, which include information on the issues to be addressed, the actors involved in the process, actions and resources for the strategic planning of educational actions.

Table 3. Suggestive planning for educational actions based on Matus' schematic model²⁷

Issues to be addressed	Actors	Strategic action	Required resources
Planning	<ul style="list-style-type: none"> • Professionals involved in collective and individual activities • Users 	<ul style="list-style-type: none"> • Assessment of previous educational actions • Wide publicity of educational activities in proper means. • Meeting dates mutually agreed upon • Raising users' interest to participate • Active search 	<ul style="list-style-type: none"> . Organizational: involvement of the Health Community Agent in the teamwork . Political: strategies to approach community leaderships, social movements, interest groups
Educational Method	<ul style="list-style-type: none"> • Professionals involved in the activities • Users • Managers 	<ul style="list-style-type: none"> • Use of active methodologies that enable insights and critical analysis of healthcare practices, breaking with the mechanistic vision of body care • Training of the healthcare unit's professionals 	<p><u>Organizational</u>: Selection of the categories and professionals that will attend the courses.</p> <p>Systematization of the schedule to attend these courses.</p> <p><u>Cognitive</u>: Learning on active teaching/ learning methods.</p> <p>Scientific advances in integral care of pregnant women.</p> <p><u>Political</u>: approaching the public sphere sectors that could deliver these courses, e.g., the education area.</p> <p>Implementation of a policy of continuing education in the unit.</p> <p>Implementation of the Popular Health Education Policy</p>

continue

Issues to be addressed	Actors	Strategic action	Required resources
Organization of the work process	<ul style="list-style-type: none"> • Professionals involved in the activities • Managers 	<ul style="list-style-type: none"> • Make sure that there are political spaces for continuing education • Make sure that the professionals have time in their working schedule to dedicate to this activity, which includes planning, development and assessment. 	<p><u>Organizational</u>: Reviewing the work partition and each professional' obligations.</p> <p>Distribution of the activities according to a mutually agreed plan.</p> <p><u>Cognitive</u>: learning on strategic planning.</p> <p>Insights on the work process.</p> <p><u>Political</u>: make sure that there are physical, political and organizational spaces for critical reflections on work processes.</p>
Educational material	<ul style="list-style-type: none"> • Users • Managers 	<ul style="list-style-type: none"> • Seek information on the Ministry of Health's published folders • Create materials according to the topics and methods selected. 	<p><u>Organizational</u>: adequate places to disseminate informational material on pregnancy and postpartum period and about the meetings.</p> <p>Cognitive: production of didactic material based on the methodology chosen.</p> <p><u>Political</u>: Organization of the work/attendance schedule, availability of physical spaces.</p> <p><u>Financial</u>: necessary didactic material, internet and computers available for research.</p>

Source: Developed by the authors.

The topics that were discussed were relevant to that special moment in the women's life, and the group members chose the topic to be discussed in the next meeting. However, the pedagogical approach showed a predominance of traditional methodology, using lectures on the topics chosen, transmission of information and guidelines, as reported by Dias et al.²⁷ The educational group should encourage a reflexive discussion about the participants' prior knowledge, and based on this assessment, build new knowledge and insights to improve and provide autonomy to the users of the health services.^{31,32}

Pregnant women are a "polyphony" of discourses of relatives, friends and/or people with more experience, legitimized by the understanding of knowledge and proximity.^{33,34} Thus, the discourse of the hygienist physician, despite his/her acquired knowledge, may be overwhelmed by other discourses. It is also necessary to expand their vision, integrate multiple fields of knowledge, be able to recognize the discourses complexity. Thus, it is essential a quality listening and humanized receptivity during the group meetings. Organizing the participants in circle does not guarantee interaction and discussion of the topics of the agenda. Also, corporal gestures and "what-do-you-think" kinds of approach are "ingenuous educational processes with an alienating pedagogical model disguised in dialogic garb".²⁹

The use of methodologies based on Freire's theories, recommended by the National Policy for Popular Health Education¹⁰ promotes politicization, awareness and humanization in health education. Fagundes & Oliveira¹¹ developed a four-stage proposal to overcome the banking and technical model in educational groups: i) thematic survey, whereby meetings with healthcare professionals and pregnant women would provide themes considered important to be discussed in the activities; ii) building an educational proposal; iii) conduction of cultural circles and problematization; and iv) developing solutions for the problems encountered by health professionals and pregnant women. However, these authors observed that academic training is not sufficient to work with the community in a critical-reflexive manner because it is grounded on the health professional as the central figure and holder of knowledge. Professional discouragement due to lack of human and material resources, and the highly demanding assignments imposed to the health professional corroborate our findings.

The reason for constituting an educational group must go beyond the improvement of health indicators of a given unit. However, it could be seen in this study that the motivation to conduct collective educational activities was to provide more agility in the services, reduction of individual demand and improvement of health parameters, and not to propose the user's autonomy for self-care. This situation is a reflection of the great number of patients that the health professionals assist every day, which reduce their time for educational activities, either for planning or execution.³⁵

The planning of the unit's activities by all the staff must be structured on the community's health determinants, seeking to solve the problems together with the service's user population.³⁶ The

healthcare unit of this study is located in a socially vulnerable community, with high unemployment rate, low literacy rate, low income and high level of domestic violence. These important social health determinants were not addressed in the meetings. There was only information about the biological body, as if it could be separated from the social body.³⁷

It can be seen in Table 1 that there was a small number of pregnant women attending the activities, as pointed out in other studies.^{23,38,39} This data led the coordinator of the study group to relate this condition to the lack of incentives. Pio and Oliveira⁴⁰ observed that, in health educational groups in Brazil that adopted the practice of drawing gifts, what aroused the most interest of the participants were practice-related themes and the moment of the gifts distribution. However, it is considered that this practice, based on “bargain”, makes that health promotion loses ground and puts care in “disagreement with the integrality of the human being”, conceiving education as an instrument of control. Liberating and critical education on health³² must be a social, economic and cultural phenomenon, based on the expression of social determinants of health in the community, so that it can formulate its hypotheses and makes decisions based on considerations of daily routine and knowledge built together with health providers, and not by them.

It was considered the possibility of offering snacks as an alternative to encourage participation. Examining it from this perspective only, this option would also be considered a bargain, as mentioned above.⁴⁰ However, cooking workshops could be used as an active teaching methodology, which contributes to restore pleasure, value the participants’ food culture, and promotes sociability and joy in preparing a meal. It also promotes the ability to discuss the guiding principles of appropriate, healthy nutrition, involving dietary and cooking techniques, as well as proper foods hygiene and handling practices. In addition, dietary habits and nutrition during the pregnancy-postnatal cycle is one of the most attractive topics between users and the community. It was observed a low offer of educational actions in food and nutrition in the primary care network and/or low adherence of the healthcare staffs, implying noncompliance to the principles of the Unified Healthcare System (SUS).⁴¹

Conclusion

The SWOT analysis allowed to describe the pregnant women’s educational group and identify, as strengths, the team willingness to reinstate the activity and the space available in the primary care unit for the activity. The Ministry of Health’s driving policies foster discussions on the work processes with the inclusion of new actors. As weaknesses, we can mention poor participatory planning, ineffective communication channels, dates of meeting randomly chosen, cancellations and re-scheduling of meetings.

The biggest challenges to be overcome are mainly related to making the users protagonists of the healthcare unit and change the management’s vision in all spheres of power to make health

education a priority and not a means to streamline the daily schedule of attendance. We believe that educational activities must be fostered in the daily routine of healthcare services taking into account the engagement of the system's users, health providers and managers, especially with emphasis on pregnant women, in view of the numerous problems that arise during this specific period of life.

There is a need to consolidate on a continuous basis the carrying out of educational group actions, which lead to participation movements and increase the possibility for women and their partners to exchange information, dialogues and experiences.

Contributors

Pereira S participated in all stages of the work, from the study conception to the revision of the final version of the manuscript. Ferreira DM, Capelli J and Pereira AV participated in data interpretation, in writing the paper and final version. Anastácio A collaborated with data analysis and interpretation, in writing the paper and final version.

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