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“DEMOCRACY IS HEALTH. HEALTH IS DEMOCRACY”¹: DIALOGUES AND COMMUNITY REFLECTIONS ON SOCIAL HISTORY THROUGH A PEDAGOGY OF POPULAR PARTICIPATION

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1. Expression presented in the opening speech of the VIII National Health Conference, in 1986, by the sanitarian Sergio Arouca.

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Abstract: This is a descriptive experience report elaborated in the context of experiences of the Teaching Practice module in the Common Cycle Community (PEC I) of the Federal University of Sergipe, Professor Antônio Garcia Filho University Campus, carried out by a group of Active Teaching Methodology -Learning, with the presence of 10 students. There were 10 meetings with the community, including Bamboo Workshops, Conversation Circles, and Territorialization. It is noticed that Teaching, Service and Community Integration (IESC) in addition to allowing greater significance in the teaching-learning process, also contributes to the expansion and strengthening of participation and social control in health, and in the development of democracy.

Keywords: Health, Citizenship, Education, Learning, Democracy, Social Participation.

INTRODUCTION

Health education in recent decades has undergone intense changes in order to strengthen the learning process, with an emphasis on replacing a content-based method with critical and reflective professional training, as demanded by the National Curriculum Guidelines (DCN) (CNE, 2003). ; RODRIGUES; ZAGONEL; MANTOVANI, 2007).

The Federal University of Sergipe, Professor Antônio Garcia Filho University Campus, located in Lagarto, Sergipe, has an innovative learning proposal, and offers graduation for 8 courses in the health sciences (nursing, pharmacy, physiotherapy, speech therapy, nutrition, medicine, dentistry and occupational therapy), focusing on the use of Active Teaching-Learning Methodologies (MAEA) and on the constructivist spiral of knowledge. Its pedagogical project is structured in annual cycles, with three general curricular modules: a) Tutorial, b) Skills and

Attitudes in Health, and c) Teaching Practice in the Community (PEC) (MATOS; JARDIM; SCHOTT, 2021).

The PEC is based on the Problematization Methodology (BERBEL, 1998), considering the Arch Method of Charles Maguerez and the Teaching-Service Community Articulation (SCHOTT, 2018) as references. The use of MAEA, as the methodology of problematization, is still a field to be explored for educators and students, these, as co-responsible for the construction of knowledge.

In this sense, this article aims to report the application of Active Teaching-Learning Methodologies in a curricular module of teaching in Public Health with students linked to a Federal Higher Education Institution.

METHOD

This is a descriptive study, experience report type, developed in the context of experiences of the Teaching Practice module in the Common Cycle Community (PEC I) of the Federal University of Sergipe, Professor Antônio Garcia Filho University Campus, carried out by a Active Teaching-Learning Methodology class. The scenario of this study was a micro-area of a municipality in the south center of Sergipe, where about ten visits to the community were carried out between September 2016 and June 2017, with Bamboo Workshops, Conversation Circles, and Territorialization. During the meetings, word clouds were formed as a synthesis strategy for the discussions carried out using the *software: wordclouds*[®].

“To teach requires apprehension of realityb. Teaching requires knowing how to listen. Teaching requires availability for dialogue”. (Freire, 1996, pg^b 38; pg^c43, pg^d50).

This report addresses the issue of social participation and social control in health, within the context of experiences of a class of 10 students from the PEC I module. It is

noteworthy that ideally the classes of the three basic modules of the Campus must not exceed 15 students for the development of MAEA. In a total of 30 classes in the academic cycle, it is desirable that approximately 50% take place in activities in the community. In the experience reported here, 12 visits were planned but two could not be carried out due to problems in scheduling transport. UFS Campus Lagarto provides transportation for classes in the community. Thus, 10 visits to the territory were carried out, involving the application of the Arch by Charles Maguerez and the development of the Bamboo Method as strategies for popular participation and Health Promotion.

There were, respectively, two territorialization meetings, four Conversation Circles and four Bamboo Method Workshops (OB) with the community. The meetings took place in spaces provided by the residents.

Respecting the pedagogical proposal of the PEC I curricular module, as the first practical activity of the discipline, the students made their first visit to the community in order to get to know the territory they would share during the school year. Due to interferences regarding the availability of the Community Health Agent (ACS) who helped the class in this process, a second visit was necessary, which resulted in the application of cartography (construction of a map of the territory).

Subsequent visits focused on (3rd visit) presenting the territory map to the ACS, and conversation circles (4th, 5th and 6th visit), with the following themes: “Senses of health and illness”, “Basic Rights and Citizenship”, “History of Public Health Policies in Brazil”, “Unified Health System and Health Care Network”, in addition to other general topics in Public Health in a didactic and understandable way; among them, a video on Health Councils. The other meetings (7th to 10th visit) took place in Workshop format,

using the Bamboo Method (MB).

1° MB Moment: Sowing Bamboo.

To carry out the first moment of the method, we took advantage of the presence of a significant group of community participants to invite the population, presenting the date, place and time of the first Bamboo Workshop (OB).

1ª Bambu Workshop – 2nd to 4th MB Moment: Starting the conversation, presenting the project, and identifying the potential of the community.

The first OB was uneventful, and participants were asked to introduce themselves with dynamics of “to socialize people”, and the Bambu project was exhibited. It is noteworthy that during and after the second OB, there was an expressive presence of the community, never seen before in the conversation circles (on average 50 people per workshop). Then, outside asking about the collective experiences and the potential of the community as a collective, using the question “*Let’s think about the good things you’ve done together and it worked?*”. The triggering question made residents, students and teachers talk about the potential of the territory, with a deepening of the successful social histories of the community, as a collectivity. Despite the attempt, the dialogues hovered over the challenges and problems of the community, such as the problem of sanitary sewage, garbage collection, neglect of the municipal school and the community support unit, among other territorial weaknesses that were outside the scope of Bamboo: the potentials. Despite this, all challenges were recorded on a board.

2ª Bamboo Workshop – 4th and 6th Moment of the MB: identifying the community’s potential, desiring, creating and elaborating together a scale of priorities.

In the second OB, a picture of the positive experiences of the community was developed, without focusing on the problems of the territory. Then he was asked “*How do you envision the desired community?*”, in order for the participants to describe the desired community (dreams, opportunities, ideas, experiences, and others). All descriptions were recorded and, after dialogues and reflections, turned to potentialities. As a happy surprise, the residents, stimulated by the conversation circles, decided to create a Local Health Council – highlighting this demand as an urgent community agenda.

Then, the objectives to reach the desired community were defined, using the following question “*based on what we have today, what can we do more simply, acting together, to improve our lives?*”. Subsequently, a map of priorities was prepared using criteria such as interest and time, bringing reflections such as “*Is this goal in the interest of the majority, some or a few of the community?*”, and “*how much time do we need to reach this goal? A little time or a lot of time?*”. An important question for the construction of the Map was also: “*Which of these actions is the simplest and which is the easiest to start doing given the desire of the majority?*”. At the end of the workshop, for each objective, its priority was determined.

3° Bamboo Workshop – 8th MB Moment: planning the activities.

Persons responsible and priorities were defined among the activities regarding aspects of “when”, “how”, and “where”. The students and the professor helped the residents with guidelines for the creation and organization of other processes that required assistance, among them the relationship with the Municipal Health Department. Also in this workshop, five representatives were elected according to segments of the community’s

reality, the in order to promote representative democracy. Representatives of Fathers and Mothers, Craftsmen and Craftswomen, Farmers, Health, and Education were elected. While the creation process continued, the residents managed to articulate with the students to get the school's light box repaired and the square clean.

4° Bamboo Workshop – 9th Moment: evaluation of the workshops.

The last OB was marked with an atmosphere of farewell and happiness. During this period of development of the Council and, in particular, in the last meeting, some voluntary testimonies from the residents regarding the PEC in the community were collected; they were previously informed about the development of a Documentary, which in the end was entitled: "PEC: Awakening Citizenship", and presented at the IV Exhibition of Teaching Practice in the Community.

In general, due to the commuting between the university and the rural community, the time allocated to workshops and conversation circles corresponded to between two and a half to three hours in duration. In all bamboo workshops, the presence of community members (3 – 48 participants per meeting) was recorded, and at the beginning of them, an overview of the previous workshop was also made.

It is important to note that during the last OB, an adapted evaluation of the workshop was carried out, according to the guidelines of the Bamboo Method. Unlike asking about logistics, performance, satisfaction and self-assessment of participants, residents were asked, in general, about their perceptions about the presence of students and teachers in the community, and expectations about the local council; the students were also heard about their perceptions about the PEC.

"To teach requires the conviction that change is possible" (Freire, 1996 p.30).

"Every time you come, it always brings an advantage to the community, right? It's just that the community is a very still community, here it doesn't pay much attention. People are very disconnected here from things. Then it charges. Ah, the community doesn't grow, the community doesn't have this, it doesn't have that. Why? They don't even look for it, they don't know how to fight for things to get better, right? But I believe that we will fight to keep this seed of yours with us, very strong." M1

"With your help, this is really getting easier [...] Last week the village was cleaned, and I found out that it was thanks to your help. And, really, the square needed to be cleaned because it was dirty. It means that it only has benefits to bring with your help. What I hope that you, even if you are the last day, but that more of you can come to help us here." M2

Expectations regarding the creation of the Local Health Council:

"Is the village too far away? I agree! It's difficult? IT'S! Have difficulty? Has! But it also has several ways to evolve. So, you don't want to go back. I have expectations that this goes ahead and that it solves a lot of things here. In relation to everything. Not just health, but in general, in general. I hope this works out, because I'm always a very participative person. I really like to participate in community things, especially at school. And I've already given several ideas there, but at the time I realize that they are soft-bodied, I realize that. Then, if the community really helped each other more, everything the community itself wants would come out. [...]" M3

Student perception:

"[...] to interact with the population was the best part! Why? Because I am familiar with many of the experiences of those residents. [...] It was beautiful the way they shared their knowledge. So, these meetings for me were the best way of learning. There was a reciprocal, an exchange of knowledge." D2

Some word clouds were constructed (figures 1, 2 and 3) analyzing the speeches presented and others contained in the documentary.

10° Moment: following and supporting.

In the following academic year, 2017, another group of PEC I continued its work in the territory and, in the end, it was possible to articulate a visit by the Local Council to the Municipal Council. A formal commitment to the Council was signed, however, until today, unfortunately, due to numerous bureaucratic and operational obstacles, this has not occurred. In the 2018 school year, another group of PEC I articulated the trip of the Municipal Council to Povoado, however, the local councilors could not be present due to the visit having been carried out on the day of the municipal fair, where many exhibited their products and/or did their shopping. Currently, the Local Council is unfortunately demobilized, but one of the achievements was the availability of an ambulance in the micro-area for the displacement of users to the center of the municipality and the increase in the frequency of the Family Health Team going to the village, from one to three times a week.

“To teach requires understanding that education is a form of intervention in the world” (Freire, 1996 p.38).

According to Bravo & Correia, 2012, the conjuncture in which the expression social control appears is based on the relationship between State and Society in the periods of Military Dictatorship and Redemocratization of the State. According to the authors, during the period of repression, State control and Authoritarianism existed over the entire society. However, from the process of redemocratization, the expression “social control” came to be understood as the control of society over the State.

When analyzing the history of public

health policies in Brazil, we notice the effervescence of health movements during this period of State Authoritarianism, which possibly resulted in participation and social control as a proposition for health actions. The SUS (UNIFIED HEALTH SYSTEM) was the first public policy in Brazil to adopt, via the Federal Constitution of 1988, popular participation as a principle, being later legitimized with Law number 8.080/1990 and, mainly, with Law number 8.142/ nineteen ninety. This provides for participation and social control in the SUS (UNIFIED HEALTH SYSTEM), through local, municipal, state and national Health Councils, among other instances.

According to Menezes (2010), the Health Councils can be understood as places of elaboration, evaluation and inspection of public health policies. Moraes et al. (2009) discuss the importance of Health Councils from a democratic-participatory point of view, and reveal that the representatives of local councils are social political beings in a representative democracy: “they will never cease to be participatory citizens, subjects of the construction of a new civic culture in the country” (MORAES et al., 2009, p. 884-885).

Rolim, Cruz and Sampaio (2013, p. 140) also consider the importance of health councils, highlighting these places as:

“[...] one of the most advanced forms of democracy, as it determines a new relationship between the State and society, so that decisions on health actions must be negotiated with representatives of society, since they know the reality of the health of communities”.

In the reported experience, the development of the Rounds with the themes of Public Health, resulted in a stimulus to the participation and social control in health, thus, reaffirming the power and the need for social control through the Local Health Council. in the teaching-learning process, through a pedagogy of popular participation and citizen



Figure 1. Cloud of words about the perceptions of community residents about the presence of the university (PEC) in the territory.

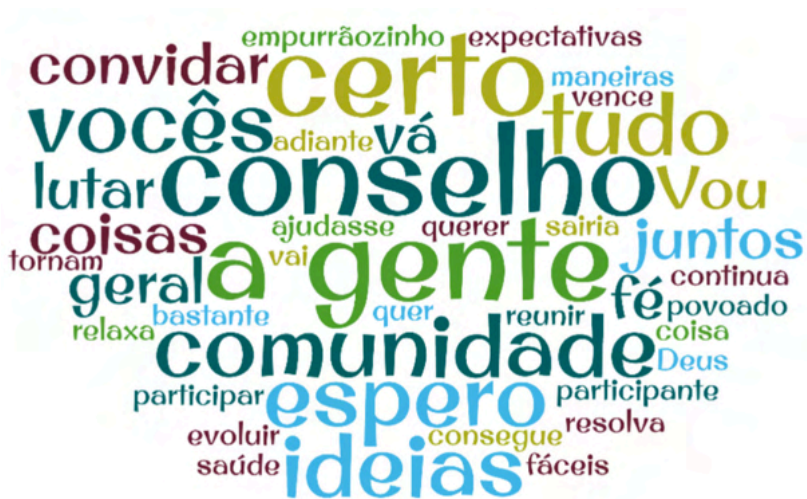


Figure 2. Cloud of words resulting from the perceptions and expectations of community residents about the implementation of the Local Health Council.



Figure 3. Word cloud regarding students' perceptions of PEC.

education, through reflections related to everyday life, health, citizenship and rights and duties, bringing students and the public health community together, transforming and (re-building the paths of health education for the SUS (UNIFIED HEALTH SYSTEM).

Why educate and learn in and with the territory and other collective spaces?

The territory must be understood as a dynamic space capable of producing both health and disease. It is from the territory - in its various epidemiological, historical, demographic and cultural nuances - that students are allowed to experience the SUS (UNIFIED HEALTH SYSTEM) beyond the media vision, or just as a user of the system. The work developed by the students, monitors and teachers of the PEC I classes enabled a

fruitful debate on health needs and conditions, health tracking, epidemiology, SDH, disease prevention and health promotion, and health territorialization.

The approximation of the students with the lived community allowed the development of bonds from the dimension of the territory, allowing to think about an education for citizenship, in its different distinctions. The visibility of social, cultural and historical differences – understanding the dynamics of the territory, in addition to the appreciation of culture and popular knowledge, was made possible in the teaching-learning process experienced. The perception of these differences helps in the construction of identity, empathy and respect. Thus, one learns to participate by participating; creating experiences that are learning opportunities

in spaces previously limited to the academy. The use of territory can be an ally in the development of meaningful learning, since students can make sense of what is learned, based on the context of community experiences and the exercise of citizenship.

Community-Based Education (CBE) is a trend in several countries but it has been fostered in Brazil mainly from the DCN (Bollela et al, 2014). Pedroso et al. (2019) investigated the EBC with an HEI, and pointed out the need for permanent education of teachers, the institutionalization of the activity so as not to overload the faculty and the student's awareness of the importance and meaning of this activity for their training. Parreira, Cyrino, Escalda (2016) also highlight the importance of teacher training in interprofessional innovation processes, valuing the pedagogical practice that has suffered from the false dilemma of overlapping research on teaching in higher education.

One of the objectives of using the territory as a strategy to educate is for students to get closer to the different realities where users of health services are inserted. The use of the territory can also be used for perceptions regarding cultural and religious manifestations, and social inequalities, enabling the understanding of the complexity of the health-disease process, and the difficulties faced also regarding the process of territorialization of the dynamic space, fundamental for Primary Health Care (APS) and the Family Health Strategy (ESF). In this sense, all those involved in the territory, such as health professionals and workers, the general and academic community, expand and strengthen the teaching and health care process, through the sharing of knowledge and experiences not only scientific, but also popular.

FINAL CONSIDERATIONS

The experiences, experiences, meanings and values shared during the dialogues present in the Conversation Circles and during the application of the bamboo method contributed to the process of reflection on the social history of the community, favoring the process of empowerment, and strengthening the bond and collective consciousness between the actors, as well as between the rural community and the Public University. It can be seen that the AESC, in addition to allowing greater significance in the teaching-learning process, also contributes to the expansion and strengthening of participation and social control in health, and in the development of democracy. It is pointed out, however, that bureaucratic and/or political obstacles in the realization of the right to exercise citizenship often end up discouraging arduous processes of articulation and social participation.

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