

# International Journal of **Human Sciences Research**

## **HEALTH ANTHROPOLOGY - CONTRIBUTIONS TO THE CONSTRUCTION OF NEW SPACES**

*Adelcio Machado dos Santos*

PhD in Engineering and Knowledge

Management by the institution:

Universidade Federal de Santa Catarina

(UFSC). Post-Doctorate in Knowledge

Management at UFSC. Universidade do

Alto Vale do Rio do Peixe (UNIARP)

Caçador/SC/Brazil

<https://orcid.com/0000-0003-3916-972X>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** This article intends to analyze in depth the directions on the contributions of Health Anthropology to the construction of new educational practices in health, approaching the development of this area of knowledge and its contribution to the more conscious practice of health professionals and society as a whole. Therefore, we intend to answer the following question: To what extent can Health Anthropology contribute to the use of health education practices in different cultures, based on the literature review. As a form of research, the bibliographic research was used as a method, which aims to gather the information and data that will serve as a basis for the construction of this article. On this analysis, we seek to conceptualize and contextualize Health Anthropology and education, pointing out the social aspects that approach society and its different cultures, making a panoramic analysis of the main transformations that Health Anthropology has been experiencing in the world, establishing connections between space and its relationship with the environment, associated with global cultures and science. As a result, it was found that new demands are imposed on education, according to the significant advances of the productive forces, which came to generate a new culture, centered on scientific and technological knowledge, considered today as the most effective factor of production in the capitalist world. By way of conclusion, it has been shown that, in recent times, the opportunities and risks inherent in the global exchange of data, information and knowledge, have become a social issue, being in constant movement and renewal.

**Keywords:** Anthropology; Education; Educational Practices.

## INTRODUCTION

A The formation of knowledge is one of the fundamental pillars in developed countries, and is increasingly highlighted in organizations. This confirms that knowledge has become a fundamental element in the dynamics of the new world order. The knowledge connected to the lines of information constitutes one of the main strategic resources and transforming agent of society, including in the areas of education and health.

Anthropology is the study of man in his physical, biological, social and cultural dimensions. Man as a whole receives influences from several areas when the teaching-learning system is discussed, including the health area. In turn, Anthropology in Health, since the 70s, has been interested in the study of research, mainly in the field of Public Health. (LANGDON et al., 2012).

As Libâneo (1990) points out, the teaching process is defined as a breath of a sequence of activities that involve the educator and the students, with the proposal for the assimilation of knowledge and the development of skills, through which the students refine the cognitive abilities, such as: independent thinking, observation, analysis, synthesis and others.

Health education, especially in Primary Health Care, is a strategy used by health professionals and focused on the community, seeking to combat diseases through the prevention of risk factors that weaken human health. The most vulnerable sections of the population are those who do not have access to information and knowledge, have low socioeconomic status linked to inadequate food consumption and sedentary lifestyle, use or abuse licit and illicit drugs, being more prone to diseases, especially diseases chronic diseases such as systemic arterial hypertension (SAH), diabetes mellitus (DM) and cancer. (NOGUEIRA et al., 2020).

The activities developed by health professionals are based on groups and lectures in health units, without the empowerment of the individual and the community. Health Education provides self-care to the individual, who is capable, responsible and autonomous to preserve the quality of life and choose suitable alternatives for their well-being and that of the community. (TOSSIN et al., 2016).

Based on this analysis, the present study seeks answers to the following question: To what extent can Health Anthropology contribute to the use of health education practices in different cultures?

In view of this explanation, it is proposed as a study objective to investigate and deepen the importance of Health Anthropology in education and its influence on the construction of new educational spaces.

This approach is a qualitative, exploratory, descriptive research, using a systematic literature review, it was defined to go through three stages: entry, research planning and exit.

Qualitative research follows paths in the search to understand a phenomenon, without using statistical methods in the analysis of the collected data, but using theoretical-empirical knowledge as a basis. The exploratory method expands the knowledge and facts related to a given phenomenon. The descriptive method, on the other hand, covers the reality of the study and its characteristics, accurately describing facts and phenomena found in relation to the object of study. (ZANELLA, 2013).

## **DEVELOPMENT**

### **EDUCATION IN BRAZIL**

It is important to consider that educational policy must guarantee the right to education for all citizens, along with other social policies that guarantee their respective rights. Finally, educational policy must grant equal living conditions, providing equal opportunities for

existence for all.

The Child and Adolescent Statute (ECA), created on July 13, 1990, through Law 8.069/90, establishes the rights and duties of children and adolescents, the responsibilities of the State, society and the family with the future of the new generations. Children and adolescents are now considered, within a new paradigm and conception, people in a peculiar condition of development and absolute priority with regard to public policies, including the allocation and release of financial resources. (BRAZIL, 1990).

Due to considerations about education, Scriptor (2005) argues that a school oriented towards citizenship has, consequently, as the purpose, training focused on democracy. The school must provide children and adolescents with strategies to build and develop experiences aimed at their training, such as understanding the society in which they are inserted, knowledge of democratic principles and values, the analysis of problematic social situations that require solutions aimed at the good -being for everyone and not just for a few, the identification and discussion of interpersonal conflicts and values present in everyday life. (BARBOSA, 2019).

The implementation of the Health at School Program (PSF), established in 2007, is a public policy of the federal government, serving the articulation between education and health, or between the school and Primary Health Care. (BRAZIL, 2021). The PSE, through actions developed in an intersectoral way between the educational system and the health system in the collective area, plans and develops themes of disease prevention and health promotion with children and adolescents in the school environment of the public educational network. (SANTOS et al., 2021). Those involved in the health/disease learning process at school learn principles of citizenship and become multipliers of

information on health and public policies in families, in social and cultural groups in the community. (BARRETO et al., 2020).

The Family Health Team (ESF) is the model for reorganizing the health system in Primary Health Care, created in 1994 in Brazil. The health professionals who are part of the FHS work with programs that address promotion and prevention, with topics on healthy living habits, healthy eating, physical exercise, vaccination, routine exams, etc. Educational actions developed in public health, especially with children and adolescents, need to be presented in a playful and creative way. An example is presented in the study by Nobre et al. (2020), where academics from an undergraduate course in medicine use comics or comics, in the discipline of Physical Activity in Health Promotion, to address the topic of sport, physical activity and health with users of a health unit.

Public educational policies can happen with mass dissemination of educational advertisements in the various social and electronic media, reaching not only health professionals, but also users of the Unified Health System (SUS), covering the entire education system. Brazilian. However, the school and its members need to be integrated and attended in a different way, when we talk about collective health.

The considerations raised by Gee (2009), when he states in his thesis, that the teaching and learning methodology must follow in order to facilitate the performance of the student, considering him as an active subject in the learning process, is included in the health issue. For the author, the use of games (videogames) and the like must be seen as an important learning process, and must, therefore, be present in the school environment. At this juncture, the student must have a fundamental role in terms of thinking, discussing, operating, and, above

all, creating his own identity, clearly aiming to be able to solve the problems he incurs. (ARAÚJO et al., 2021).

According to Moita et al. (2011), the use of new technologies in the school environment privileges the format of the construction of the educational process, adding the variety of resources inserted into it, making up a unique model of knowledge.

It is further emphasized, above all, we must consider that the use of activities that predisposes to print good actions, becomes a dominating agent of knowledge, citing, in this segment, the games of guises, which are actions that can be designed and coupled in the school space, serving as a peculiar and effective instrument, with the use of technological modalities, where, in this linear, it becomes a support to learning in a significant and playful way. (ARAÚJO et al., 2011).

### **APPROACH TO HEALTH/ DISEASE IN EDUCATION: NEW EDUCATIONAL PRACTICES**

Being healthy goes beyond not being affected by a type of illness, since it can be related to other factors such as: congenital, genetic, social, environmental and psychological, linked to the history of each individual. (CARRAPATO et al., 2017). It is for this reason that education must be above any goal set by society, because it is through it that the community is able to set goals to promote health, fighting the evils that happen to appear.

The health/disease theme proves to be imperative when we pay attention to the need for major conceptual changes with regard to the ongoing training of health professionals who work in this segment, and, without a doubt, with the direction of the inclusion of the collective focus in the approach to the concept of health, as well as social and

contextual determinants.

In the same sense, Benevides (1996), argues that education involves the formation of the human being to develop the potential of knowledge, judgment and choice to live consciously in society. Motta (1997) argues that education is a process that man goes through to achieve learning, which provides knowledge, the development of cognitive and psychomotor skills, and affectivity. For the author, it always involves two or more interlocutors, designated educator(s) and student(s), using an educational method, in a constant movement of transmission.

The areas of health and illness are producers of knowledge applied in the lives of both interlocutors. Educational activities that socialize information on health promotion and disease prevention, developed in the educational system, promote the integration of the community with the health system. (PAES; PASSÃO, 2016).

For Martins (1993) educational policy acts on education, but does not have, as it may seem at first, dominion over it. In the author's view, it is seen as the opposite definition, where, for him, it is education itself that can act and interfere in educational policy.

Ordinance MS/GM n° 399/2006, which establishes the operational guidelines of the Pact for Health and its worst aspects: the Pact for Life; SUS Defense Pact and SUS Management Pact. The ordinance must be updated in accordance with the renewal of new health practices implemented in the Brazilian territory, which each year expands the grouping and implements new insurance measures, making available, both for the population and for health professionals, thus meeting the principles of the SUS. (BRAZIL, 2006).

The Pact for Life includes Health Promotion (healthy habits), Basic Health Care (consolidating the ESF), among others.

actions aimed at health promotion. The school environment contributes to health promotion by bringing together a large number of SUS users, contributing to the critical training of those involved and addressing issues of the educational process by age groups. For example, topics related to the stages of growth and development of the human body by gender, nutrition and different eating disorders by age group, sport/physical, mental and social activity. (PAES; PASSÃO, 2016).

Remembering that the National Curricular Parameters (PCN) present the health theme as transversal to basic education, a highlight that brings the area of education and the area of basic health care closer together. (MARTINS, 2019).

#### **HEALTH ANTHROPOLOGY: CONTRIBUTIONS TO THE CONSTRUCTION OF NEW EDUCATIONAL SPACES**

The Anthropology of Health emphasizes that there are possibilities to rethink public health policies, so that they are humane and punctual, in the search to meet specific population groups and society in general. (LARRUBIA; SILVA JUNIOR; FREITAS, 2019).

Education is one of the vital needs of a democratic society, as it is the only legitimate means of participation for all. When dealing with education, which must be propagated from generation to generation, educational policy is interfering with the body of social rules constituting the morality of a group, which may include or exclude values, and ends up delimiting, thus, the very process of subjective formation of the individual. human being, who understands the feelings and emotional dispositions that will regulate his conduct.

It is revealed in advance that education is essential in the organization of a nation that is



characterized by the way of being and acting. It is observed that the human being endowed with qualities is a being who is in constant search, overcoming new challenges, seeking through his abilities, to expand and improve the world around him. Well, that's what Santomé (1998, p.84) defends, otherwise let's see:

Interdependence is one of the most indispensable words in the new models of life and society. Power and, therefore, political, economic, cultural, religious and military issues are increasingly interrelated, and, furthermore, their scenarios are more international.

Inherent to health education, in short, it assumes a fundamental role in the lives of citizens and society as a whole, taking into account the combination of the implementation of programs aimed at health promotion and disease prevention, especially in the applications of more humanitarian health policies, in addition to enabling the re-signification of daily activities carried out by health professionals.

In the long journey of the education and prevention process in the collective health of a society, it was sought, in its constructive scenario, the implementation of health care models of various segments. From the format of medical assistants to health professionals, based on the model of individualized assistance, which, in a peculiar way. It was found over the years that they were not enough to solve all the population's health problems. (MARTINS, 2019).

In Brazil, this reality is not very different, even with the implementation of large projects and publication of new legislation that, by the way, in some cases, confuse or hinder the entire process of the processes, especially in the micro models (city halls and municipal departments).

The approval of Primary Health Care, as it is known in Brazil, came from Ordinance No.

2488, of October 21, 2011, which establishes the rules and norms for Primary Health Care, the Family Health Strategy (ESF) and the Community Health Agents Program (PACS). (BRAZIL, 2012).

It is believed that only after the implementation of the Community Health Agents (ACS) and the Family Health Teams (ESF) in the Basic Health Units (UBS) there was a great advance in the process of promotion and prevention, referring to health care. However, nevertheless, it is essential that all UBS have sufficient numbers of professionals so that health can be promoted in the assigned territory and prevent individuals from leaving the communities for large treatment and diagnostic centers.

Regarding the work process performed by the Family Health Teams (ESF), Merhy (1997, p. 71-112) states:

The specificities of health work demarcate a specific field of practices, which are developed in a space of encounter and intervention called the intercessory space, as a space where the production of health actions is processed and where each worker can potentially decide things, that is, it exercises a certain self-government.

Finally, it is considered that, for there to be major changes in the scenario of public policies in Brazil, it is essential that there is a renewal in the cultural sphere of the concepts of education and health. Both sectors are interconnected, because, in addition to the implementation of educational and health public policies, it is necessary to increase the number of health professionals in the FHS, envisioning health education as a primary tool in health promotion and disease prevention.

## FINAL CONSIDERATIONS

The Anthropology of Health seeks, in the social and cultural context, educational spaces to address problems related to health/disease.

One of the spaces is public health, a context that proves to be fruitful for the development of educational practices on self-care and health education.

Health education, it must be pointed out that it plays a fundamental role in the lives of citizens and in society as a whole, taking into account the combination of health promotion and disease prevention, which encompasses physical, mental, emotional well-being, and social life of individuals.

Educational activities carried out in a creative and playful way are the best way to approach aspects related to health care and disease prevention. The school, by bringing together individuals in different age groups, is a broad social and cultural universe for the work of professionals from the Family Health Teams (ESF).

Public policies in the three spheres of government and the planning of health actions in Primary Health Care must comply with the principles of the SUS, providing health education to achieve self-care and quality of life for the population enrolled in each service territory, of the FHS. Also, it is worth highlighting the importance of continuing education for FHS professionals, with the articulation between public institutions and municipal health departments, for the consolidation of the service and improvement of health actions in a constant movement of learning in service.

It is important to emphasize that more studies need to be carried out to advance on the subject. Studying the relationship between health and education, as well as educational spaces and educational practices, will provide relevant information regarding the model of collective health that society desires.

## REFERENCES

ARAÚJO, G. H. M.; SILVA, A. S. C.; CARVALHO, L. A. S.; SILVA, J. C.; RODRIGUES, C. W. M. S.; OLIVEIRA, G. F. O *quiz* como recurso didático no processo ensino-aprendizagem em genética. In: 63ª REUNIÃO ANUAL DA SBPC, 10-15 nov. 2011, Goiânia. **Resumo de Comunicações Livres** [...]. Goiânia: Campus Samambaia, Universidade Federal de Goiás, 2011. n. 5166. Disponível em: <http://www.sbpnet.org.br/livro/63ra/resumos/resumos/5166.htm>. Acesso em: 10 maio de 2021.

ARAÚJO, A. S. Q. A importância do lúdico para o desenvolvimento infantil. **REVISTA DESENVOLVIMENTO INTELECTUAL**, São Paulo, n. 6, v. 6, p. 7-22, 2021. Disponível em: <https://revistaintelectual.com.br/wp-content/uploads/2021/07/IMEP-Revista-Desenvolvimento-Intelectual-V006-rev02.pdf>. Acesso em: 13 out. 2021.

BARBOSA, Juliene Bezerra de Araújo. **Educação e cidadania implicações do pensar e do fazer institucional no saber dos estudantes da Escola Estadual de Ensino Fundamental e Médio Demétrio Toledo – Juripiranga/PB**. 2019. Trabalho de Conclusão (Graduação em Pedagogia) – Centro de Educação, Universidade Federal da Paraíba, João Pessoa, Paraíba 2019. Disponível em: <https://repositorio.ufpb.br/jspui/handle/123456789/15142>. Acesso em: 13 out. 2021.

BARRETO, V. P.; INÁCIO, J. O.; SILVA, B. C. O.; AQUINO, A. R. G.; MARQUES, C. C. FEIJÃO, A. R. Estratégia de educação por pares na prevenção de hiv/aids entre adolescentes. **Saúde e Pesquisa**, Maringá, v. 13, ed. 2, p. 253-263, 2020. Disponível em: <https://periodicos.unicesumar.edu.br/index.php/saudpesq/article/view/7570>. Acesso em: 28 out. 2021.

BENEVIDES, M. V. M. Educação para a democracia. **Lua Nova**, São Paulo, n. 38, p. 223-237, 1996. Disponível em: <https://www.scielo.br/j/ln/a/yKyLWKGYV8TNKLLKrRR6LpD/?format=pdf&lang=pt>. Acesso em: 18 out. 2021.

BRASIL. Lei nº 8.069, de 13 de jul. de 1990. Dispõe sobre o Estatuto da Criança do Adolescente, e dá outras providências. **Diário Oficial da União**: Brasília, DF, seção 1, n. 135, 16 jul. 1990. p. 13.563.

BRASIL. Ministério da Saúde. **Portaria nº 399, de 22 de fevereiro de 2006**. Divulga o pacto pela saúde 2006 – consolidação do SUS e aprova as diretrizes operacionais do referido pacto. 2006. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0399\\_22\\_02\\_2006.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0399_22_02_2006.html). Acesso em: 23 out. 2021.

BRASIL. Ministério da Saúde. **Política Nacional de Atenção Básica**. Brasília: Ministério da Saúde, 2012. Disponível em: <http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf>. Acesso em: 10 abr. 2021.

BRASIL. Ministério da Saúde. **Programa Saúde na Escola (PSE)**. 2021. Disponível em: <https://aps.saude.gov.br/ape/pse>. Acesso em: 13 out. 2021.

CARRAPATO, P.; CORREIA, P.; GARCIA, B. Determinante da saúde no Brasil: a procura da equidade na saúde. **Saúde Soc., São Paulo**, v. 26, n. 3, p.676-689, 2017. Disponível em: <https://www.scielo.org/pdf/sausoc/2017.v26n3/676-689/pt>. Acesso em: 20 jul. 2021.

GEE, J. P. **Bons videogames e boa aprendizagem**. v. 27, n. 1. Perspectiva: Florianópolis, 2009.

LANGDON, E. J.; FOLLÉR, M. L.; MALUF, S. W. Um balanço da Antropologia da saúde no Brasil e seus diálogos com as antropologias mundiais. **Anuário Antropológico**, Brasília, v. 37, n. 1, p. 51-89, 2018. Disponível em: <https://periodicos.unb.br/index.php/anuarioantropologico/article/view/7252>. Acesso em: 30 out. 2021.

LARRUBIA, B. C.; SILVA JUNIOR, N. E.; FREITAS, I. M. Antropologia da saúde e doença: contribuições para os serviços públicos de saúde. **Revista Científica Multidisciplinar Núcleo do Conhecimento**, São Paulo, ano 4, ed. 8, v. 4, p. 5-28, 2019. Disponível em: <https://www.nucleodoconhecimento.com.br/administracao/servicos-publicos>. Acesso em: 30 out. 2021.

LIBÂNEO, J. C. **Didática**. São Paulo: Cortez, 1990.

MARTINS, C. **O que é política educacional**. São Paulo: Brasiliense, 1993.

MARTINS, I. Educação em ciências e educação em saúde: breves apontamentos sobre histórias, práticas e possibilidades de articulação. **Ciênc. educ.**, Bauru, v. 25, n. 2, p. 269-275, 2019. Disponível em: <https://www.scielo.br/j/ciedu/a/RV6KN5nv65kFxCdNM9SrxN/?format=pdf&lang=pt>. Acesso em: 13 out. 2021.

MERHY, E. E. Em busca do tempo perdido: a micropolítica do trabalho vivo em saúde. In: MERHY, E. E.; ONOCKO, R. (org.). **Agir em saúde: um desafio para o público**. São Paulo: Hucitec; 1997.



MOITA, F. M. G. S. C.; VERASZTO, E. V., CANUTO, E. C. A. Jogos eletrônicos e estilos de aprendizagem: uma relação possível – breve análise do perfil de alunos do ensino médio. *In: BARROS, D. M. V. (org.). Estilos de Aprendizagem na Atualidade*. v. 1. Lisboa: [s.n.], 2011. p. 149-161.

MOTTA, E. O. **Direito educacional e educação no século XXI**. Brasília: UNESCO, 1997.

NOBRE, I. A.; COSTA, R. C. M.; MOREIRA, A. S. Esportes em histórias de quadrinhos: entretenimento aliado a promoção à saúde. **Scientia Naturalis**, Rio Branco, v. 2, n. 1, p. 337-346, 2020. Disponível em: <https://periodicos.ufac.br/index.php/SciNat/article/view/3583>. Acesso em: 13 out. 2021.

NOGUEIRA, L. A.; MENES, C. G.; BORGES, R.; MIKOSZ, D. M.; BETIOLLI, S. E.; THEIS, L. C. Ações educativas na prevenção de agravo à saúde: relato de experiência. **Extensio: R. Eletr. de Extensão**, Florianópolis, v. 17, n. 37, p. 88-98, 2020. Disponível em: <https://periodicos.ufsc.br/index.php/extensio/article/view/69991/45105>. Acesso em: 28 set. 2021.

PAES, C. D. C.; PAIXÃO, A. N. P. Importância da abordagem da educação em saúde: revisão de literatura. **Revista de Educação do Vale São Francisco – REVASF**, Petrolina, v. 6, n. 2, p. 80-90, 2016. Disponível em: <http://200.133.3.238/index.php/revasf/article/viewArticle/944>. Acesso em: 30 set. 2021.

SANTOMÉ, J. T. **Globalização e interdisciplinaridade: o currículo integrado**. Porto Alegre: Artes Médicas Sul, 1998.

SANTOS, A. M.; TWARDOWSKI, R. M.; CAETANO, A. A. S.; LEFFE, D. M.; ESCHER, A.A. A relevância da educação para a saúde coletiva. **Brazilian Journal of Health Review**, Curitiba v. 4, n. 4, p. 18387-18399, 2021. Disponível em: <https://www.brazilianjournals.com/index.php/BJHR/article/view/35268/pdf>. Acesso em: 30 set. 2021.

SCRIPTORI, C. C. Cidadania e escola: alguns pontos de reflexão sobre os caminhos de uma educação para a cidadania. *In: ASSIS, M. C.; ASSIS, O.; MANTOVANI, Z. (org.). Educação e cidadania*. XXII Encontro Nacional de Professores do PROEPRE. Campinas: Faculdade de Educação, 2005.

TOSSIN, B. R.; SOUTO, V. T.; TERRA, M. G.; SIQUEIRA, D. F.; MELLO, A. L.; SILVA, A. A. As práticas educativas e o autocuidado: evidências na produção científica da enfermagem. **REME – Rev Min. Enferm.**, Belo Horizonte, v. 20, e940, 2016. Disponível em: <https://cdn.publisher.gn1.link/reme.org.br/pdf/e940.pdf>. Acesso em: 12 jul. 2021.

ZANELLA, L. C. H. **Metodologia de pesquisa**. 2. ed.reimp. Florianópolis: Departamento de Ciências da Administração/UFSC, 2013. Disponível em: [http://arquivos.eadadm.ufsc.br/EaDADM/UAB\\_2014\\_2/Modulo\\_1/Metodologia/material\\_didatico/LivrotextoMetodologiadaPesquisa.pdf](http://arquivos.eadadm.ufsc.br/EaDADM/UAB_2014_2/Modulo_1/Metodologia/material_didatico/LivrotextoMetodologiadaPesquisa.pdf). Acesso em 18 out 2021.