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RESEARCH

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Roda de conversa como estratégia de educação em saúde para a enfermagem

Conversation wheel as education strategy in health for nursing

Rueda de conversación como estrategia de la educación en la salud para la enfermería

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ABSTRACT

Objective: demonstrate the relevance of the conversation wheel as a strategy in health education for nursing. **Method:** This is exploratory descriptive research with qualitative approach that used the action research technique. The data were produced in three conversation wheel that held in Combú Island in the city of Belém-Pará, in march and april of the 2016 with 34 riverside people registered in the FHS Combú. **Results:** It was identified that the riverside people had little knowledge of the topics addressed and that after the conversations wheel some concepts and practices were reviewed. **Conclusion:** The active methodologies and informal character, as the conversation wheel can disseminate and clarify the knowledge of the health related issues favoring reflection and contributing to the effective practice of health promotion for this population.

Descriptors: Education in health, Health of the rural people, Nursing.

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RESUMO

Objetivo: demonstrar a relevância da roda de conversa como estratégia para educação em saúde em enfermagem. Método: trata-se de pesquisa descritiva exploratória com abordagem qualitativa que utilizou a técnica da pesquisa-ação. Os dados foram produzidos em três rodas de conversa realizadas na ilha do Combú, no município de Belém-Pará, em março e abril de 2016 com 34 ribeirinhos cadastrados na ESF Combú. Resultados: identificou-se que os ribeirinhos tinham pouco conhecimento sobre os temas abordados e que após as rodas alguns conceitos e práticas foram revistos. Conclusão: metodologias ativas e de caráter informal, como a roda de conversa, conseguem disseminar e esclarecer o conhecimento sobre temas ligados à saúde favorecendo a reflexão e colaborando para a efetiva prática de promoção à saúde por essa população.

Descritores: Educação em saúde; Saúde da população rural; Enfermagem.

RESUMEN

Objetivo: Demostrar la pertinencia de la rueda de conversación como una estrategia de educación en la salud para la enfermería. **Método:** Es una investigación descriptiva exploratoria con un enfoque cualitativo que utiliza la técnica de la investigación-acción. Los datos fueron producidos en tres ruedas de conversación celebradas en Combu isla, en la ciudad de Belém-Pará, en marzo y abril de 2016, con cerca de 34 riverside registrada en la ESF Combú. **Resultados:** Se identificó que la población riverside tenía poco conocimiento de los temas abordados y que después de las ruedas de conversación se revisaron algunos conceptos y prácticas. **Conclusión:** Las metodologías activas y de carácter informal, como la rueda de conversación, puede difundir y aclarar los conocimientos sobre cuestiones relacionadas con la salud promoviendo la reflexión y contribución para la práctica efectiva de la promoción de la salud para esta población.

Descriptores: Educación para la Salud, La salud de la población rural, Enfermería.

INTRODUCTION

The health sector in Brazil has advanced in the field of social policies, for adopting the Unified Health System (SUS) with its principles of Universality, Integrality, Equity, decentralization and popular participation. The adoption of these principles made possible the introduction of practices that allow breaking with the traditional forms of health care.¹

Professionals from different areas of knowledge began to mobilize to strengthen the concepts of popular education in the country, systematized initially by the educator Paulo Freire, opening paths for the production of knowledge linked to their practices, called Popular Education in Health.² As far as Nursing, Popular Education has allowed nurses to incorporate the aspects of the subjectivity of individuals, as well as offering opportunities to enhance constructions and collective and innovative experiences of the traditional model of educating.³

It is in this context that the use of the conversation wheel is emphasized as a method of discussion that allows for a deeper dialogue with democratic participation, based on the experiences that each person has on the subject,⁴ allows the participants to express their impressions, concepts, opinions

and conceptions about the proposed theme, as well as to work reflexively on the manifestations presented by the group.⁵

The discussion wheel is a dynamic anchored in the "Circles of Culture" proposed by Freire⁶ that favor these exchanges of experiences and knowledge. They are presented as a learning unit in which the participant social subject is a free, autonomous human being with cultural experiences of life to be respected. This subject-citizen, through dialogue, interacts and relates to others, having the capacity to teach and learn, to strengthen and be strengthened, to reason, to reflect and to decide for personal well-being and collective in the context of their experiences and experiences.⁴

The basic purpose of the conversation wheel is to provide knowledge sharing, valuing the knowledge and experience of the participants.⁷ Measures such as these are extremely important in the primary health care context, particularly in the approach of the riverside population, since this Presents an isolation in the broader cultural context (scarcity of access to written media and restriction of the television and radio media) as well as health, since, in general, there is a shortage in the programs directed to this population.⁸

In this sense, Freire⁹ emphasizes the need for the individual to be respected and for his knowledge and ideas to be incorporated, making him an active thinking and critical subject with the right to express himself, create, analyze and debate.

Considering these ideas, the motivation for conducting this research focused on the action of talking, listening and practicing health education actions, was based on the experience in conversation in Ilha do Combú, located in Belém-Pará, during practices Curricular units of the thematic unit Nursing Assistance to the Traditional Populations of the Amazon provided in the 8th semester of the Nursing course of the State University of Pará.

In these practices the wheel was used as an instrument for the exercise of dialogue and autonomy of the subjects in the moments of identifying and discussing the health problems that affect that population, as well as evidence aspects of health promotion and prevention of more common diseases, since in conversations with the nurse working in the Family Health Strategy of the island, this one reported a certain difficulty in these aspects in the relations in the work with the riverside residents.

The Family Health Strategy is a health care model that allows us to incorporate and reaffirm SUS principles. In addition, it aims to provide greater access to health services for the population, as well as the integral care provided to individuals and population groups. It seeks to reorient health actions, with emphasis on health education and promotion practices, stimulating popular participation and working on content in a critical, contextualized and reflexive way.¹⁰

In this way, it is understood that it is necessary to implement and/or implement in their areas of action, tools that strengthen this relationship with users, especially in the context of special populations. Thus, this research aims to:

demonstrate the relevance of the talk wheel as a strategy for nursing education in health.

METHODS

This is a descriptive, exploratory study with a qualitative approach, which used the action-research technique. Descriptive research has as its primary objective the description of the characteristics of a given population, phenomenon or establishment through relations between variables.¹¹

Qualitative research aims to understand the meanings, motives, aspirations, beliefs, values and subjective attitudes that can be observed in the speeches of individuals. Action-research is a type of empirical based social research that is conceived and carried out In close association with an action or with the resolution of a collective problem.

The study was developed in the Island of the Combú, located to the south of the city of Belém-Pará to approximately 1,5Km of distance. This is an Environmental Protection Area established by Law No. 6083 of November 13, 1997. 14

The island is divided into six micro areas with more than two thousand families. Since only five micro areas are covered by Community Health Agents (ACS), because some regions of these micro areas are difficult to reach, being isolated due to the tidal cycle. The Combú Family Health Strategy (ESF) is administered by the Health Department of the Municipality of Belém and has a complete team, composed of 05 ACS, 01 nurse, 02 doctors and 01 nursing technician.

Thirty-four users enrolled and attended at the FHU of Combú were included in the study. They were included older than 18 years of both sexes residing in microarea 01, enrolled in the ESF and who had attended the Unit for at least one year. Residents in other micro areas were excluded because they were difficult to access. All were invited on days of attendance at the unit and scheduled the meetings.

The wheels were developed at the ESF itself, from March 14 to April 4, 2016, on the morning shift, in the waiting room for the attendants. They happened once a week, totaling 03 meetings with a maximum duration of 1 hour.

The generating themes defined together with the participants were: Waterborne diseases, Licit and illicit drugs and Sexually transmitted infections. The choice of these themes was predefined from results of academic activities developed on the island previously, when the residents showed interest in expanding their knowledge about them.

Initially the researchers carried out a previous survey of the participants' knowledge about the themes chosen in each round of conversation. A pre-test was then applied consisting of simple questions pertinent to each theme (general knowledge about themes, prevention and transmission, Case of diseases). At the end of each wheel a post-test was carried out, with questions similar to the pre-test in order to know the level of knowledge acquired after the conversation wheel. A reflective dialogue was also held to review knowledge

and practices that have been reconstructed from the conversations on the wheels.

Ethical aspects were met in accordance with resolution 466/12. The research was authorized by the Municipal Health Department and approved by the Research Ethics Committee of the Nursing Course of the State University of Pará under protocol n° 1,402,464 and CAAE n° 50869315.0.0000.5170. The whole process of realization of the wheels occurred after clarifying the possible doubts about the research and the signing of the two routes of the Term of Free and Informed Consent. The possible risk of a breach of confidentiality of the participants' identity at the presentation of the results was minimized using alphanumeric code with the letter P of participant and a sequential number assigned to each one of them.

RESULTS AND DISCUSSION

The participants were predominantly women 85% (25), in the age group of 20 to 50 years, 71.4% (21). With an average of 11 participants per wheel.

According to the research focus, the answers present in the pre and post test were analyzed according to the generating theme of each conversation wheel. The analysis took place through the comparison of the answers obtained before and after the wheel in the applied tests and with the discussion unleashed. It is worth remembering that all the driving of the wheels considered the Freirian pedagogy,⁶ in the valorization of the knowledge based on dialogue.

First Round of Talk: Waterborne Diseases

The first round of talks focused on the major waterborne diseases. The wheel began by explaining, in accessible language, the dynamics and making clear to the participants that the discussion process of the theme would follow according to their needs for clarification about it, considering what had been answered in the pre-test. Thus, the participants raised doubts and assertions about the concept of these diseases, forms of contagion, prevention and treatment, which leaves water unfit for consumption, water treatment and storage, care for the environment, among others.

Initially when questioned about the aspects related to waterborne diseases, the majority of the participants demonstrated basic knowledge about the modes of transmission, however, it was verified that although they knew how to transmit, they knew little about the forms of control and Prevention of them.

Another important fact was the mention of the intake of contaminated water as the main mechanism of transmission of diseases, current knowledge in science on water consumption and quality.¹⁵ The participants' understanding of the existence of several Modes of transmission of waterborne diseases, it was possible to verify that the exchange of information and knowledge during the wheel was able to add knowledge and positively change the participants'

understanding of the theme. It is also highlighted that during the dialogue, A number of inquiries have emerged regarding the correct management and ingestion of water, washing and preparation of food, and pollution of river waters.

In the pretest, hypertension was mentioned as water-borne disease, and the most frequently mentioned disease was diarrhea. In the post-test, different diseases were mentioned, showing that, after the wheel dialogues, the participants had access to other information on the diversity of diseases transmitted by water, besides diarrhea. The aspects related to arterial hypertension were also clarified to elucidate all of them. It was also noted during the presentation of opinions and comments that harmful health practices such as the non-use of 2% sodium hypochlorite distributed free of charge by ACS for water treatment are part of the routine of many participants.

However, responses addressed to care in treating, filtering and boiling water were present in the post test, pointing to the assimilation of practices that improve its quality, and in addition, the marked concern with the pollution of the river, which has been intensifying over time. This awakening to issues of an environmental nature is an important fact, given the close relationship of the riverside with nature.

It should be mentioned that water is one of the most important vehicles for maintaining life, but it can bring diseases to man. The quality of water consumed by rural dwellers is not always adequate to the standards of potability advocated by Ministerial Order 518/04.¹⁵

Second round of talk: Lawful and Illicit Drugs

In this meeting the same proposal for the development of the first one was adopted, using simple and accessible language, the explanation of themes and doubts surveys. The conversation wheel followed the script: definition of licit and illicit drugs, their differences, complications for the organism and dependence.

It is important to emphasize initially the inhibition of some users in participating in the discussion about the theme. This attitude is understandable since it is an issue that involves practices that may be socially unlawful and condemnable. This situation was identified in a qualitative research conducted in São Paulo with undergraduates and graduate students living in a university house about socialization and drug use, the authors describe that the approach of these themes generates discomfort and insecurity, especially in group dynamics, where It becomes more comfortable just to observe.

As a strategy against this difficulty, it was used the presentation of the fears, where each participant spoke his name and then the respective fear in relation to the theme. Thus, at the end of the dynamics there was more interaction, resulting in a moment of broad sharing.

Before the wheel dialogue, the participants demonstrated difficulty in differentiating between licit and illicit drugs and in describing their harm to the organism. It should be noted that alcohol, tobacco, and drugs were rarely cited as drugs, since in the participants' imagination the legality characterizes them differently from the others.

In the pre-test responses the participants defined drug users as people with no character and no willpower. The framing of these users in socially disseminated stereotypes and that have repercussions in the formation of the common sense in this area was perceived. Similarly, a study conducted in Rio Grande do Sul points out issues such as prejudice and stigma linked to drug users. These suffer the negative consequences of being labeled and stereotyped as undesirable and unproductive beings.¹⁷

Responses obtained with the post-test indicated significant changes about these conceptions, the user came to be identified as a dependent person who needs care and support. In this sense, the family ties and the treatment with the health team were pointed out as fundamental for the recovery and rehabilitation of the same ones.

The ideas initially exposed by the participants showed how the paradigm that dominates the prevention practices proposed in the context of Collective Health is still solidly present, focusing on the drug problem in the user and/ or the trafficker, seeking to repress the demand. It is important to develop actions that meet users' needs through less conservative, naive, socially more comprehensive, emancipatory, and critical educational practices that are able to overcome practices aimed at obsolete paradigms.¹⁸

Some difficulties in differentiating licit and illicit drugs persisted in the post-test, such as not considering alcohol a drug. Although these difficulties are well defined, a new meaning has been perceived for the conceptions about drug consumption, care and awareness. Such conceptions permeate the understanding of drugs as harmful not only to the user, but also to the family and society.

At a time when Brazilian law prohibits the sale of alcoholic beverages to persons under the age of 18, it is common practice to consume alcohol by young people, whether at home, at festivals, or even in public environments. Society as a whole adopts paradoxical attitudes towards the theme: on the one hand, condemns the abuse of alcohol by young people, but is permissive to the stimulus of consumption through advertising.¹⁹

When questioned about preventive practices against this problem, participants believed they had little possibility of action with drug users and the answers revealed the fear of exposing themselves to them. Therefore, most of the participants tried to ignore the consumption in the territory and/or naturalized it.

There is clearly a need to change this culture of exclusion and/or omission. Although it is a slow and gradual process, it should be increasingly encouraged by the health and education sectors. Thus, the deconstruction of the paradigm of exclusion of the person who has an existence-suffering and the construction of a new one, which brings the perspective of living with differences is procedural.²⁰

Third round of conversation: Sexually Transmitted Infections

This meeting began with a dynamic where all the participants wrote in a paper their doubts and questions about the subject in a free way and without identification, and at the moment of the discussion some voluntarily identified themselves to better clarify their doubts. The topics covered were: definition of Sexually Transmitted Infections (STIs), their symptoms and signs, how to prevent each and what position to take if they were infected.

When questioned about STIs and forms of infection, similar responses were observed, signaling diseases exclusively related to anal/vaginal sex, highlighting the large number of AIDS citations, often referred to as HIV or ugly disease, showing fear, stigma and mystification that circulates in relation to AIDS, and little knowledge about other infections.²¹

The stigma that still surrounds AIDS can affect the social support network for HIV positive people, since, in order to maintain the relationship with their friends and family, they prefer to hide their own diagnosis so that they do not suffer from possible withdrawal, often preferring Self-isolation for the same reason.²¹

Participants' lack of information about STIs was even more evident in the presentation of symptoms indicative of possible infections, since most of them reported only more general symptoms such as pruritus, discharge and lesions on the genitals, without being able to associate them with Infection / disease. It is also emphasized that, in addition to the difficulty of identifying STIs and their symptomatologies, there was also a lack of knowledge about its consequences for health.

It should be noted that during the reading of the first questions, some participants expressed their opinions, promoting an open and conscious dialogue on the subject. However, not everyone participated at this time, just listening and responding to the tests.

In a satisfactory way, the post-test revealed the assimilation of important aspects related to STIs, such as the importance of condom use, the identification of signs and symptoms related to the most frequent diseases and the search for specialized health care.

It is also worth noting that the precariousness of knowledge about ways to prevent them is of concern and may be directly related to the low number of health education strategies aimed at the riparian public. A study carried out with Rio Acre rivers showed that the riverine population does not have the facility to buy condoms and/or does not use them frequently.²² These data, associated with the previous question, confirm the concern about the risk of becoming infected with sexually transmitted diseases, and even the danger of unwanted pregnancy, if the sexual practice is unprotected.

CONCLUSIONS

The association of nursing practice with health education is strongly related to the constructions of Collective Health, recognizing the determinants and conditioning factors involved in the health-disease process and the importance of managers, professionals and users in this process.

The action-research technique tends to provide a more effective relationship between the participants and researchers, in which they together, reflect and seek to solve problems. The study allowed to verify and to apprehend that the educative actions developed with application of active methodologies, in this case the wheel On issues related to health, provided reflection and understanding of the basic elements regarding the issues addressed during the wheels.

The evaluation of the educational-critical-reflexive process, through pre-test, participation in the wheels and post-test, was important in the analysis of the changes occurred in the ways of understanding the themes and their implications in their daily life. The application of the pre and post test allowed an analysis of the knowledge, which even punctual, proved to be valid, even with some limitation of the participants to express their opinions in writing. Already the spaces of discussion allowed the sharing of doubts, questions and experiences of the participants, who expressed themselves more easily, naturally and spontaneously.

Thus, the importance of the conversation wheel as an instrument of health education for nursing was evidenced, since it is a more relaxed way to inform and that stimulates the participation of users. In this way, the absorption of knowledge about the topics covered, together with the exchange of knowledge during the wheels, was facilitated and deepened, making the conversation an essential method for the development of popular enlightenment.

In this scenario, nursing professionals can act by promoting the empowerment of the community, contextualizing the subjects comprehensibly, seeking the approximation of reality, favoring reflection and collaborating for the effective practice of health promotion by this population.

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