

Anthropology of Health: Contributions to the Construction of New Educational Practices



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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, addressing the development of this area of knowledge and its contribution to a 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, it was used as a method, the bibliographic research that

aims to gather information and data that will serve as a basis for the construction of this article. In this analysis, we seek to conceptualize and contextualize the Anthropology of Health and education, pointing out its social aspects that address society and its various cultures, making a panoramic analysis of the main transformations that the Anthropology of Health 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 requests for education were imposed by 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. In conclusion, it was shown that, in recent times, the opportunities and intrinsic risks 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.

1 INTRODUCTION

The formation of knowledge is one of the fundamental pillars in developed countries and receives more and more prominence in organizations. This confirms that knowledge has become a basic 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 agents 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, in his totality, receives influences from various areas when discussing the teaching-learning system, including the area of health. In turn, Anthropology in Health, since the '70s, has been interested in the study of research, especially in the field of Collective 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 development of skills through which the students refine the cognitive capacities, such as independent thinking, observation, synthesis analysis, and others.

Health education, especially in Primary Health Care, is a strategy used by health professionals and focused on the community, seeking to cope with diseases through the prevention of risk factors that weaken men's health. The most vulnerable layers 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 of legal and illicit drugs, and are more prone to diseases, especially chronic diseases such as systemic arterial hypertension (SAH), diabetes mellitus (DM) and cancer. (WALNUT *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 collectivity. Health Education confers self-care to the individual, who is capable, responsible, and autonomous to preserve the quality of life and choose appropriate 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 the Anthropology of Health contribute to the use of health education practices in different cultures?

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

This approach deals with qualitative, exploratory, and descriptive research using the systematic review of the literature; it was defined to go through three stages: entry, research planning, and output.

Qualitative research follows paths in the search to understand a phenomenon, without the use of statistical methods in the analysis of the data collected but using theoretical and 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, goes through the reality of the study and its characteristics, accurately describing facts and phenomena found about the object of study. (ZANELLA, 2013).

2 DEVELOPMENT

2.1 EDUCATION IN BRAZIL

It is to be considered that the educational policy should guarantee the right to education for all citizens, along with other social policies that ensure their respective rights. Educational policy, finally, must grant equal conditions of life, providing equal opportunities of existence for all.



The Statute of the Child and Adolescent (ECA), created on July 13, 1990, through Law 8.069/90, establishes the rights and duties of the child and adolescent, 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 about public policies, including the allocation and release of financial resources. (BRAZIL, 1990).

Due to the considerations about education, Scriptor (2005) argues that a school oriented to citizenship has, consequently, as its purpose, a formation focused on democracy. The school should enable children and adolescents strategies to build and develop experiences directed to their formation, such as the understanding of the society where it is inserted, the knowledge of democratic principles and values, the analysis of problematic social situations that require solutions aimed at the well-being of all and not only that of some, the identification and discussion of interpersonal conflicts and values present in daily life. (BARBOSA, 2019).

The implementation of the School Health Program (PSF), instituted in 2007, is a public policy of the federal government, meeting the articulation between education and health or between the school and Primary Health Care. (BRAZIL, 2021). The PSE, through the actions developed in intersectionality 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. (SAINTS *et al.*, 2021). Those involved in the process of learning about health/disease at school learn principles of citizenship and become multipliers of information about health and public policies in families, social and cultural groups of the community. (BARRETO *et al.*, 2020).

The Family Health Team (FHT) is the model of reorganization of 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 themes on healthy lifestyle habits, healthy eating, physical exercise, vaccination, routine examinations, etc. Educational actions developed in collective health, especially with children and adolescents, need to be presented playfully and creatively. An example is presented in the study by Nobre *et al.* (2020), where students of an undergraduate course in Medicine use comic books or comic books in the discipline of Physical Activity in Health Promotion to address the theme of sport, physical activity, and health with users of a health unit.

Public educational policies can happen with the mass dissemination of educational advertisements in various social and electronic media, reaching not only health professionals but also users of the Unified Health System (SUS), covering the entire Brazilian education system. However,



the school and its members need to be integrated and cared for in a differentiated way when we talk about collective health.

The considerations collected by Gee (2009), when he states in his thesis that the teaching and learning methodology should follow to facilitate the performance of the student, considering as an active subject in the learning process, are included in the health question. For the author, the use of games (video games) and their similarities should be seen as an important learning process and should, in this follow-up, be present in the school environment. At this juncture, the student must have a basic role in the questions of thinking, discussing, operating, and, above all, creating his own identity, clearly aiming to be able to solve the problems that 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 and making up a unique model of knowledge.

It is emphasized more that it should, above all, consider that the use of activities that predisposes to print good deeds becomes a dominating agent of knowledge, citing, in this follow-up, the games of sizes, 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 meaningful and playful way. (ARAÚJO *et al.*, 2011).

2.2 HEALTH/DISEASE APPROACH IN EDUCATION: NEW EDUCATIONAL PRACTICES

Being healthy goes beyond not being affected by a type of disease 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 collectivity can set objectives to promote health, combating the evils that happen to appear.

The health/disease theme is imperative when we pay attention to the need for major conceptual changes about the permanent 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 the social and contextual determinants.

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



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

For Martins (1993), the 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 a contrary definition, where, for him, it is education itself that can act and interfere in educational policy.

Ordinance MS/GM No. 399/2006, which establishes the operational guidelines of the Pact for Health and its worsening: the Pact for Life, the Pact in Defense of SUS, and the Pact of SUS Management. The ordinance should be updated according to the renewal of new health practices implemented in the Brazilian territory, which comes, every year, expanding the grouping and implementing new insurance measures, making available both for the population and also for health professionals, thus meeting the principles of the SUS. (BRAZIL, 2006).

The Pact for Life includes Health Promotion (healthy habits), Primary Health Care (consolidating the FHS), among others. It is included here as a work territory of the FHS by the Pact for Life, the school, an environment where actions aimed at health promotion should be developed. 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 themes of the educational process by age groups. For example, topics related to the phases of growth and development of the human body by gender, nutrition, and eating disorders differ by age group, sport/physical, mental, and social activity. (PAES; PASSION, 2016).

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

2.3 ANTHROPOLOGY OF HEALTH: 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 humanity and punctual in the search to meet specific population groups and society in general. (LARRUBIA; SMITH JUNIOR; FREITAS, 2019).

Education is one of the vital needs of a democratic society because it conceives of 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 that constitute the morality of a group, and may include or exclude values, and ends up delimiting, thus, the very



process of subjective formation of the human being, which comprises the feelings and emotional dispositions that will regulate his conduct.

It is revealed beforehand that education is paramount 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 that is in constant search, overcoming new challenges, seeking through its capabilities, to expand and perfect the world around it. For this is how 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, in addition, 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 resignification of the daily activities developed by health professionals.

In the long journey of the process of education and prevention in the collective health of a society, it was sought, in its constructive scenario, the implementation of healthcare models of various segments. From the format of assistentialism physicians to sanitarians, based on the model of individualized assistentialism, which, in a peculiar way. It has been verified over the years that they have not been enough to solve all the health problems of the population. (MARTINS, 2019).

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

The approval of Primary Health Care, as it is known in Brazil, came from Ordinance No. 2,488 of October 21, 2011, which establishes the rules and norms for Primary Health Care, the Family Health Strategy (FHS) and the Community Health Agents Program (PACS). (BRAZIL, 2012).

It is believed that only after the implementation of the Community Health Agents (CHA) and the Family Health Teams (FHT) in the Basic Health Units (BHU) there was a great advance in the process of promotion and prevention, referring to healthcare. However, nevertheless, all UBS must have sufficient numbers of professionals to promote health in the ascribed territory and avoid the departure of individuals from the communities to the large centers of treatments and diagnoses.

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



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

Finally, it is considered that, to have major changes in the scenario of public policies in Brazil, there must be a renewal in the cultural sphere of the concepts of education and health. Both sectors are interconnected, because, in addition to the implementation of public educational and health 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.

3 FINAL CONSIDERATIONS

The Anthropology of Health seeks, in the social and cultural context, educational spaces to address the 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 should be pointed out that it assumes a fundamental role in the lives of citizens and society as a whole, taking into account the combination of health promotion and disease prevention, which encompasses the physical, mental, emotional, and social well-being of individuals.

The educational activities, carried out creatively and playfully, are presented as the best way to approach aspects related to health care and disease prevention. The school, by aggregating individuals in different age groups, is a broad social and cultural universe for the performance of the professionals of the Family Health Teams (FHT).

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 for health education to achieve self-care and quality of life of the population enrolled in each FHS care territory. Also, it is worth emphasizing the importance of the permanent education of 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 conducted to advance on the subject. Studying the relations between health and education, as well as educational spaces and educational practices, will provide relevant information about the collective health model that society wants.



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