

**Health education in the context of primary health care**  
**A educação em saúde no contexto da atenção primária em saúde**  
**La educación en salud en el contexto de la atención primaria en salud**

Received: 20/11/2016

Approved: 05/05/2017

Published: 03/08/2017

**Rosane Aparecida de Sousa Martins<sup>1</sup>**  
**Cristiane Andion de Souza<sup>2</sup>**

This study aimed at identifying the concepts of health education, as well as the understanding of managers and coordinators of the Health Educational Center regarding their roles in the realization of activities and practices in the city of Uberaba/MG, Brazil. It is a qualitative research, conducted from semi-structured interviews and thematic content analysis. Eight managers from primary health care services participated. From the research it can be stated that, among the managers of the health units, a reductive and mistaken view on the meaning and perspectives of education health practices can be seen, contributing to the reproduction of tradition practices of health education in the context of Basic Health Units.

**Descriptors:** Health policy; Health education; Social participation.

Este estudo objetivou identificar a concepção de educação em saúde bem como a compreensão dos gerentes e coordenadores do Centro de Educação em Saúde acerca de seus papéis na efetivação das atividades e práticas, no município de Uberaba/MG. Trata-se de uma pesquisa qualitativa, realizada a partir de entrevistas semiestruturadas e análise de conteúdo temática. Participaram oito gerentes dos serviços de atenção primária à saúde. A partir da investigação se pode afirmar que prevalece entre os gerentes das unidades de saúde uma visão reducionista e equivocada sobre o significado e as perspectivas de práticas de educação em saúde, contribuindo para a reprodução de práticas tradicionais de educação em saúde no contexto das Unidades Básicas de Saúde.

**Descritores:** Política de saúde; Educação em saúde; Participação social.

Este estudio tuvo como objetivo identificar la concepción de educación en salud así como la comprensión de los gerentes y coordinadores del Centro de Educación en Salud acerca de sus papeles en la efectivación de las actividades y prácticas, en el municipio de Uberaba/MG, Brasil. Se trata de una investigación cualitativa, realizada a partir de entrevistas semiestruturadas y análisis de contenido temático. Participaron ocho gerentes de los servicios de atención primaria a la salud. A partir de la investigación se puede afirmar que prevalece entre los gerentes de las unidades de salud una visión reducionista y equivocada sobre el significado y las perspectivas de prácticas de educación en salud, contribuyendo a la reproducción de prácticas tradicionales de educación en salud en el contexto de las Unidades Básicas de Salud.

**Descriptores:** Política de salud; Educación en salud; Participación social.

1. Social Worker. Specialist in Social Planning. Specialist in Social Worker and Social Policy. Teacher training expert in EAD. Master, Doctorate and Post Doctorate in Social Service. Adjunct Professor IV Social Service Department in Universidade Federal do Triângulo Mineiro (UFTM), Uberaba/MG/Brasil. ORCID 0000-0002-0691-7528. E-mail: rosane.martins@uftm.edu.br

2. Social Worker. Student of Specialization in Attention to the Patient in Critical Condition in the Universidade Federal de Uberlândia (UFU), Uberlândia/MG/Brazil. ORCID 0000-0001-9512-0555 E-mail: cristiane\_andion@outlook.com

## INTRODUCTION

**H**ealth Education promotes, through a group of pedagogical and social practices, the development of people's critical awareness when it comes to health policies, looking for solutions, innovations and organization to the health assistance actions, according to the recommendations of the Unified Health System<sup>1</sup>.

The discussion on the need for education in the context of health started in the 20th century, and was based on the recognition that the process to take care of one's health requires the participation both of the user and of professionals of the area<sup>2,3</sup>.

Health education passed through many changes and processes before it arrived at the concepts and guidelines there are today. Currently, the main objective of the proposition is promoting a democratization of the access to knowledge by the people who use health services. With this in mind, it was recognized that the participation of users can contribute for the discussion and identification of the demands and needs to be implemented in the scope of the health policies, aiming at further strengthening and improving the Unified Health System (SUS) and its principles and guidelines<sup>4, 5</sup>.

In the context of Basic Health Care for the development of the SUS, health education is an activity that requires the participation and responsibility of every professionals that compose the health team in health assistance services<sup>6</sup>. This team is expected to be trained to offer integral assistance to the families in the its assigned area, identifying situations that could jeopardize the health in this community, and facing, together with it, the determinants of the health-sickness process, while developing educational health processes, targeted at improving the self-care of the individuals.

Actions of health education, starting with the expansion of access to knowledge, as well as that of spaces for debate and reflection, can contribute to the development of autonomy, emancipation, and of the compromise of citizens with the care for their health, and of the health of their families and communities<sup>7</sup>.

In face of such reality, health education has an essential role in the consolidation and strengthening of the principles of SUS, due to its direct contact with the population, offering a mechanism of dialogue between health administration, health professionals and the users of the health services<sup>8</sup>.

This study aimed at identifying the concepts of health education, as well as the understanding of managers and coordinators of the Health Educational Center regarding their roles in the realization of activities and practices in the city of Uberaba/MG, Brazil.

## METHOD

This is a qualitative research, conducted through a semi-structured research with guiding questions. Data analysis was conducted according to the historic dialectic materialism method<sup>9</sup>.

The setting of the research was the Health Secretariat of the Municipality of Uberaba, specifically the Basic Health Units (BHU), in which the Family Health Strategy Program was conducted, accounting for a total of 16 units divided in 03 (three) sanitary districts. To conduct this investigation, the criteria used was that of non-probabilistic sampling for the selection of the 08 (eight) subjects who participated in the research, of whom 02 (two) were managers of each Sanitary District of the municipality, to a total of 06 (six), and 02 (two) managers of the Center for Health Education (CEC), from the Municipality Secretariat of Health. The sample was chosen randomly an data collection went from September to November 2015, in the respective Basic Health Care Units and in the CEC.

Field research took place after an authorization was received from the Uberaba Municipality Secretariat of Health, and the project was approved by the Research Ethics Committee from the Universidade Federal do Triângulo Mineiro, under the protocol nº 46133415.7.0000.5154. A previous contact was also established with the managers of the Basic Health Units (UBS) and with the CEC Department.

The interviews were recorded after authorization to do so was conceded by the participants, and they signed the free and informed consent form. After data collection, these data were analyzed and organized by category, for a thematic analysis content to be conducted<sup>9</sup>.

## RESULTS

Due to the scope of the work, four categories were found: health policy, continued education, permanent education and health education. In this article, one of the four categories will be approached: *Health Education*.

Regarding the concept of health education, the participants in the research pointed out that they understand it as the transmission of knowledge between health professionals, and between health professionals and users, conducted inside the workplace, both in the perspective of knowledge exchange and in the perspective of vertical transmission in which the professional (who has knowledge) transmits information and knowledge to other professionals or users.

The speech of the managers indicates that the role of health education for them involves both the learning of the population and of the professionals:

*"I see it in two ways, both for the community, and for the professionals, its a two-way highway. Health Education can be done both for the professionals, so they can train and recycle, and for the population and the users, and so, Health Education, I see it as this wheel that spins between professional and user". (G1)*

*"What I understand as Health Education, is the information we bring to people, all the positive information or even negative information that we need to pass, I understand that as Health Education. So we discuss some themes and take the information we have to the population". (G2)*

Regarding the perception of the managers of Basic Health Care Units, about their commitment and participation in the educational process conducted by the municipality, or specific to their workplace, one of the managers highlights that:

*"The role of the manager is this, to take the problems in the neighborhood to the secretariat, bring the ones in the secretariat, the ways to confront them given by the State, the Country, to*

*have the resources and pass them to a team, to achieve goals and have the resources". (GA)*

*"One of the great contributions, in the sense that the health manager is the link between the health secretariat and the health unit, and so if the manager is not open to take the demands/programs to the health unit, than its a problem and is not what a good manager does and the opposite is also true, as he is the eyes, he is the one who sees the reality of the units and bring to us the need for elaborating some program or some educational initiative, and so the manager is absolutely necessary when it comes to that. There is a good level of participation and adhesion from the managers" (GB).*

*"It is very important that the manager is aware that these spaces separated for study, they are even much more important than the care itself, because sometimes you enter in auto mode, so to speak, and you're always doing the same thing, and suddenly your not achieving expectations, and these moments of education that the manager sees, they are as important as any other activity that is carried out in the unit. I always say yes and I'm quite demanding when it comes to this, I like even that people once they are summoned that they sign that they are aware of the summons, even because it's such a serious thing, it's not a moment when you have to leave the unit for leisure, its something serious and should be taken seriously(GC).*

Another aspect to be highlighted refers to the emphasis given by the unit health care manager to the role of the Center for Health Education of the Health Secretariat of the Municipality:

*"The secretariat has a department that's exactly for Health Education, there there are professionals and people who are prepared, who go for it, who are always looking for partnerships to be able to have this education in the city" (GD).*

## DISCUSSION

The discourse of the subjects of our research indicate that it is still necessary to advance in order to disseminate the concept and the importance of education in the scope of public health.

It is possible to notice that, among the managers of the units, a reductionist point of view is present, according to which the continued education of the professionals of the units is a tool for them to train and transfer their knowledge to each other, and from them to the population.

The confusion and the restrict knowledge of the UBS managers can be seen when it comes to the concept and proposal of actions in the context of health education. In addition, their lack of preparation to manage the health policies in the scope of primary care is evident, when it comes to the main actions of health promotion.

The perspective of the participants of this research, concerning health education, may reflect not only the reality of a specific municipality, but that of a meaningful number of professionals who compose this process and are directly linked to the health care of the population in basic health care.

In spite of the advances and of a discussion about Health Education with an extended scope, including actions that give more potential the social transformation of the subjects, the participants highlight a perspective of vertical action, in which the professional is seen as a provider of knowledge who uses a methodology of knowledge transmission to the population. This type of action reinforces the maintenance of traditional practices of health education<sup>10,11</sup>.

Therefore, this study shows that the population has been being seen as a mere receiver of information and knowledge, without the ability to bring their own contributions, their experiences and propositions to health care<sup>12</sup>.

Effective horizontal exchanges among the different actors of health policies is considered a key point of health education, as the premise of its focus is to increase social participation, both of health professionals and of users and their entire community<sup>13</sup>.

Health education actions that were seen by the participants have mainly focused on guidance vertically given by the health professionals to the population, reinforcing the imposition of attitudes that have become frail when it comes to bringing to effect the shared management of health services<sup>14</sup>.

Based on the discourse of the participants of this research, when they were asked about the participation of the managers of basic health care units in the process of health education conducted by

their municipality or, more specifically, by their own workplace, they indicated their own role as intermediaries between the Basic Health Care Unit and the Health Secretariat of the Municipality. This indicates a very restrictive perspective regarding the administrative and bureaucratic actions, frequently divorced from the real needs of the population and from the demands of the territory in which the Basic Health Care Unit is inserted<sup>14,15</sup>.

It is also possible to identify the mistakes and confusions of the managers regarding their attributions when it comes to health education. They lack the comprehension that the planning, the collective construction of demands and proposals in the context of health education actions, including raising awareness and participation of the community in that area in which the Health Unit is inserted, are attributions of the UBS managers. Such a fact contributes to make health promoting actions more frail and distorted in the municipality, and ratifies preoccupations with the profile and competences of managers of health units to bring to effect the proposition of health care that the SUS advocates.

The participants point out that the actions of health education are centralized in the Health Education Center of the Municipal Health Secretariat. The managers of the UBSS highlight that, in the CEC, activities and actions are developed, in that the health professionals should participate and that should be developed in their routine work, based on a schedule that is pre-established by the Ministry of Health<sup>16</sup>.

Health education is a social practice, which should stem from the reality of the territory in which the population is, in order to develop critical awareness and answer the population health problems both individually and/or collectively<sup>8</sup>.

Health education should not have a definite methodology, as it needs to be developed from the particularities of a specific group, so that questions surrounding the problem can be addressed, as to

transform every subject into the protagonist of his or her own story<sup>16</sup>.

To effectively conduct the health education actions in the scope of the primary health care, it is necessary for the managers to see themselves as the subjects of this process, not only as mediators between units and organs, but also as those who know the reality of their population and live such difficulties and potentialities. Recognizing the manager as a key-player in health education would allow for a better development of local actions with the community, transforming the health units in a real and effective place for the prevention and promotion of health<sup>17-19</sup>.

The assumption that actions of health education should be centralized can be considered to be mistaken. The ideal place for the taking of those decisions are the health care units themselves, after they analyze the reality in which they are inserted. Health education actions must stem from the reality of the territory, according to the populational profile and the demands indicated by the subjects of the health policies.

The Center for Health Education in Uberaba, in the municipal health plan of 2014-2017, has the objective of conducting the following activities: accompanying the conduction of integration programs, trainings during service and people training; analyzing and processing whether or not research projects should be approved; analyzing processes concerning the participation of professionals in continued education activities, such as: post-graduation and scientific events; conducting surveys of the need for training and evaluating its potential results and impacts in the local health system; elaborating periodic reports regarding the evaluation of courses, programs and projects conducted by the professionals; accompanying and controlling the processes of internship, technical visits and voluntary work<sup>20</sup>.

Although the organ is called Center for Health Education, it is important to highlight that it does not carry out health education actions, but brings to effect the actions of the

National Policy of Permanent Health Education, through the resolutions GM/MS nº 198/2004 and GM/MS nº 1,996/2007, in addition to routine practices of organization of curricular practices, partnering with the universities<sup>20,21</sup>.

## CONCLUSION

Through this study it was possible to state that health education is still treated as a secondary measure in the everyday actions of the Primary Health Care system of the municipality of Uberaba. The lack of knowledge or the restricted and limited perspective on the proposal of health education, held especially by the managers of the health services, highlight the need to acquire deeper knowledge, expanding spaces for debate and reflection about the subject in the city, as well as fomenting the main relevance of the managers and professionals who act directly in the health care, in the scope of health education.

According to these results, it is important to broaden the discussions and analyze the concept, meaning and practice of health education more deeply, as well as its relevance for the strengthening of the SUS. This is especially true for the managers of basic health care units, from whom a compromise is expected in the fight for expanding, strengthening and bringing to effect the actions to promote the health of the population.

It is believed that the actions of permanent education in health targeted at improving and training the professionals in the field can contribute for them to acquire knowledge and foment the debate regarding the autonomy, participation and social control the population itself exerts, especially in the Primary Health Care.

## REFERENCES

1. Brasil. Lei n. 8080, de 19 de setembro de 1990. Dispõe sobre as condições para promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília (DF); 1990 set 20; Seção

- 1:18055-9. [cited in 10/11/2016]. Available in: [http://www.planalto.gov.br/ccivil\\_03/leis/L8080.htm](http://www.planalto.gov.br/ccivil_03/leis/L8080.htm).
2. Couto IRR, Marins DS, Espirito Santo FH, Neves OS. Saber e prática: a educação em saúde como elo facilitador no processo de cuidar. *Rev pesq cuid fundam* (online). 2013; 5(1):3485-92. [cited in: 22/10/2016]. Available in: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1422/pdf\\_708](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1422/pdf_708)
3. Jacobina RR, Souza IPMA. Educação em saúde e suas versões na história brasileira. *Rev Baiana de Saúde Públ.* 2009; 33(4):618-27. [cited in 10/11/2016] Available in: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/>
4. Ministério da Saúde (Br). Fundação Nacional de Saúde (FUNASA). Diretrizes de educação em saúde visando à promoção da saúde: documento base - documento I. Brasília (DF). 2007. [cited in 09/11/2016] Available in: [http://www.funasa.gov.br/site/wp-content/files\\_mf/dir\\_ed\\_sau.pdf](http://www.funasa.gov.br/site/wp-content/files_mf/dir_ed_sau.pdf).
5. Brasil. Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Brasília (DF). [cited in 10/11/2016]. Available in [http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html).
6. Ministério da Saúde (Br). Política Nacional de Atenção Básica. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Brasília (DF); 2012. [cited in 12/11/2016]. Available in: [http://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_atencao\\_basica\\_2006.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_2006.pdf)
7. Colomé JS, Oliveira DLLC. Educação em saúde: por quem e para quem? A visão de estudantes de graduação em enfermagem. *Texto Contexto Enferm* [online]. 2012; 21(1): 177-84. [cited in 10 de outubro de 2015]. Available in: <http://www.scielo.br/pdf/tce/v21n1/a20v21n1.pdf>
8. Salci MA, Maceno P, Rozza SG, Silva DMGV, Boehs AE, Heidemann ITSB. Educação em saúde e suas perspectivas teóricas: algumas reflexões. *Texto Contexto Enferm* [online]. 2013; 22(1):224-30. [cited in: 24 set. 2016.] Available in: [http://www.scielo.br/scielo.php?pid=S0104-07072013000100027&script=sci\\_abstract&lng=pt](http://www.scielo.br/scielo.php?pid=S0104-07072013000100027&script=sci_abstract&lng=pt)
9. Minayo MCS. *O Desafio do Conhecimento: Pesquisa Qualitativa em Saúde*. 11. ed. São Paulo: Hucitec, 2014.
10. Falkenberg MB, Mendes TPL, Moraes EP, Souza EM. Educação em saúde e educação na saúde: conceitos e implicações para a saúde coletiva. *Ciênc saúde coletiva* [Internet]. 2014 [cited in 2017 Apr 24]; 19(3):847-52. Available in: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232014000300847&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000300847&lng=en).
11. Santos AS, Mendonça FTNF, Silva DD, Souza MC, Pacífico LL, Paiva MHP. Atualização de profissionais para a prática de educação em saúde com grupos de idosos. *REFACS* (online) 2015; 3(2):113-21 [cited in 20 out. 2016]. Available in: <http://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/1089/959>
12. Moraes MCL. Promoção da saúde: visitando conceitos e ideias. *REFACS* (online) 2017; 5(1): 75-79. [cited in 20 de fev. de 2017]. Available in: <http://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/1917/1936>
13. Pinafo E, Nunes EFPA, González AD, Garanhani. Relações entre concepções e práticas de educação em saúde na visão de uma equipe de saúde da família. *Trab Educ Saúde*. 2011; 9(2):201-21. [cited in 15 de nov. de 2016]. Available in: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1981-77462011000200003](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462011000200003)
14. Penna CMM, Alves M, Brito MJM, Abreu T, Soares CE. O trabalho do gerente no cotidiano das Unidades Básicas de Saúde. *REME - Rev Min Enferm*. 2004; 8(4):455-63. [cited in 11 de out. de 2015]. Available in <http://www.reme.org.br/artigo/detalhes/705>
15. Oliveira SRG; Wendhausen ALP. (Re)significando a educação em saúde: dificuldades e possibilidades da Estratégia Saúde da Família. *Trab educ saúde*. 2014; 12(1):129-47. [cited in 20 de set 2016].

- Available in: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1981-77462014000100008&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462014000100008&lng=en&nrm=iso).
16. Franco TAV, Silva JLL, Daher DV. Educação em saúde e a pedagogia dialógica: uma reflexão sobre grupos educativos na atenção básica. *Informe-se em promoção da saúde* 2011; 7(2):19-22. [cited in 25 de out. de 2015]. Available in: <http://www.uff.br/promocaodasaude/grpos%20ed.pdf>
17. Lorenzetti J, Manzoni GMM, Assuiti LFC, Pires DEP, Ramos FRS. Gestão em saúde no Brasil: diálogo com gestores públicos e privados. *Texto Contexto Enferm.* 2014; 23(2):417-25. [cited in 22 de out. de 2015]. Available in: [http://www.scielo.br/pdf/tce/v23n2/pt\\_0104-0707-tce-23-02-00417.pdf](http://www.scielo.br/pdf/tce/v23n2/pt_0104-0707-tce-23-02-00417.pdf)
18. Silva YC, Roquete FF. Competências do gestor em serviços de saúde: análise da produção científica, no período de 2001 a 2011. *RAS.* 2013; 15(58):2-12 [cited in 21 de out. de 2015]. Available in [http://cqh.org.br/portal/pag/secao.php?p\\_n\\_secao=106](http://cqh.org.br/portal/pag/secao.php?p_n_secao=106)
19. Coelho ES, Cortez DCM, Rodrigues CN, Noronha FMF, Santiago LCP. Perfil dos gestores de Unidades Básicas de Saúde em São Luis-MA. *Rev Invest Bioméd.* 2015; 7(1):43-52. [cited in 9 de out. de 2016]. Available in: <http://www.ceuma.br/revistaelectronica/index.php/RIB/article/view/160/89>
20. Uberaba. Prefeitura Municipal de Uberaba. Plano Municipal de Saúde 2014-2017. Uberaba (MG). 2014.
21. Garcia CA, Meneguci J, Bastos MAR. Ações de educação permanente na saúde pública brasileira: uma revisão Integrativa. *REFACS (online)* 2015; 3(3):194-205. [cited in 11/11/2016]. Available in: <http://seer.uftm.edu.br/revistaelectronica/index.php/refacs/article/view/1237/1107>

### CONTRIBUTIONS

**Cristiane Andion de Souza** was responsible for the conception of the research project, data collection, analysis and discussion of the results, as well as for the elaboration of the article. **Rosane Aparecida de Sousa Martins** took part in the conception of the research project, in data analysis and in the elaboration/review of the article.

### How to cite this article (Vancouver)

Martins RAS, Souza CA. Health education in the context of primary health care. *REFACS [Internet]*. 2017 [cited in: *insert day, month and year of access*]; 5 (Suppl. 2): 282-288. Available in: *access link and DOI*.

### How to cite this article (ABNT)

MARTINS, R. A. S.; SOUZA, C. A. A. Health education in the context of primary health care. *REFACS*, Uberaba, v. 5, p. 282-288, 2017. Supl. 2. Available in: *<access link>*. Access in: *insert day, month and year of access*. DOI:

### How to cite this article (APA)

Martins, R. A. S. & Souza, C. A. (2017). Health education in the context of primary health care. *REFACS*, 5(Supl 2), 282-288. Recovered in: *insert day, month and year of access from Insert access link and DOI*.