



CONCEPTIONS OF YOUNG STUDENTS ABOUT PUBLIC HEALTH SYSTEM AND SERVICES¹

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ABSTRACT

Objective: to describe the conceptions of young students about the public health system and services, based on the participant research. **Methods:** participant research conducted from October to December 2017, with 12 students aged 12 to 16 years, belonging to a public school in Pelotas. Data collection and analysis occurred through the Circle of Culture and Photovoice. **Results:** students associate health services with diseases and biological issues, and know that the services provided by the Unified Health System are financed with public money. The students' view of the Basic Health Unit was worrisome because of the lack of knowledge about what this service is, despite the physical proximity to the school and, moreover, they reported not attending the unit. **Final considerations:** the dialogue allowed the recognition of students' conceptions related to the health system, but showed ignorance and lack of experiences in public services. This reinforces the importance of promoting dialogue in the school space so that critical and active citizens in society are trained, and may reflect on the construction of other meanings and values and thus other conceptions of society, health and disease.

Keywords: School health services. Culture. Health education. Public health nursing. Personal autonomy.

INTRODUCTION

The Federal Constitution guarantees the Brazilian population the right to citizenship. Thus, health is linked, as well as the right to work, housing, education, food and leisure, and the school is a space where citizens of these rights are constituted, through practices performed by critical subjects, capable of producing actions that strengthen people's participation in the search for health⁽¹⁾.

Thus, the school is pointed out as one of the best strategies for health education, aiming at health promotion and disease prevention, because professionals can develop relevant methodologies and direct the approach to users of health and teaching institutions⁽²⁾.

In 2007, the School Health Program (PSE) was established in Brazil, which aims to permanently integrate the Basic Health Network and school, in order to improve the quality of life of the population. The PSE aims to contribute to

the integral education of students, since the school is a privileged space for the meeting of education and health⁽³⁾.

The Program is based on the principles of intersectorality and territoriality, which must materialize in partnership with the school and the basic health unit, so that this space of social coexistence provides the organization of favorable relations to health promotion⁽⁴⁾.

Consistent with this, the performance of health education activities in the school requires that the relationship of "teacher and student" in a dialogical relationship from the perspective of active methodologies, so that the exchange of knowledge occurs effectively, and, the banking model⁽⁵⁾ be gradually transformed. In addition, the relationship between educator and student is horizontal.

future and adjusted to the new productive paradigms, being a learning option that These methodologies are strategies in which the student becomes responsible for their learning, no longer

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being a receiver of knowledge, through a practice that aims to qualify the student to be a more flexible professional values and teaches them to solve problems and work as a team⁽⁶⁾.

This proposal goes towards what Freire⁽⁵⁾ believed, in which teaching should be based on liberating and non-banking education, respecting and valuing culture, knowing what each one has and people's life history. In liberating education, the union between theory and practice takes place, and through dialogue there is the exchange of knowledge between both parties, contrary to the hierarchical relationship of "teacher-student".

In this context, health professionals, among these nurses, can contribute to the development of activities in the school, aiming at health promotion, offering teachers the reflection on health-related topics, in order to be worked in the classroom. Moreover, they can contribute to changes necessary to overcome the biological paradigm still present in health practices. Developing sensitivity about social reality and proposing transformative actions, being a differentiated perspective of work, effecting social changes and empowering individuals in their health care⁽⁶⁾.

Studies conducted in different countries in the last decade show that the focus of health actions in schools is mostly limited to preventive actions, through traditional teaching methodologies and socially decontextualized, which has been insufficient to produce health in school⁽⁷⁾.

National studies corroborate, by finding that health actions at school are based on preventative and hygienist models through fragmented and individualized actions^(2, 8-9), and it is suggested in these studies that health actions that promote the autonomy of children and adolescents occur.

Therefore, this study is justified, because it is a social commitment, health as a right needs to be included in the school's dialogical spaces from the perspective of health promotion, which includes empowerment over the public health system and services, starting from the sociocultural context of students.

Thus, the question is: what conceptions about the health system and services are generated from a participant research with young students in the school space? Based on this questioning, this study aimed to describe the conceptions of young students about the public health system and

services, based on the participant research.

METHODOLOGY

This study had a qualitative approach using the methodology of the participant research, through the Circle of Culture⁽¹⁰⁾ and Photovoice⁽¹¹⁾. The research took place in an urban public elementary school, located in the municipality of Pelotas (Rio Grande do Sul/Brazil). The participants were 12 students belonging to a 7th grade class of elementary school. The age of the students ranged from 12 to 16 years, being five boys and seven girls.

The students were listed with the help of the school board, in which they were asked to suggest a group of students or a class that were preferably attending the final years of elementary school.

The criterion of choosing students between the 7th and 9th grade occurred because they were in the age group between 12 and 16 years of age approximately. At this age there is a process of transformation, which includes physical, emotional and social aspects. These construct new conceptions related to all aspects of life, based on their experiences, under the influence not only of the family, but also of the groups that fall into the natural need for acceptance among peers. From this understanding, the choice of this age group is justified, since promoting health in the school space, together with peers, valuing this knowledge, can provide reflection and discussion, enhancing their critical awareness and autonomy, both individually, but also collectively, at an opportune moment of conception transformations, which can impact attitudes related to health until adulthood.

The school principals indicated a 7th grade class because they fit the appropriate number of students for the culture circle, and, in addition, justified that a class – and not students from different classes, would facilitate the insertion of the researcher without changing the progress of the school year. The inclusion criteria were: To be appointed by the principal and deputy director of the school and to have consent to the participation of the guardian.

The 7th grade class consisted of 16 students. A student was not going to school, with this, of the 15 students, the Assent and Consent of 12 participants was obtained.

From this, the researcher and directors carried out a schedule in which periods of different curricular components (50 minutes) were made available for the research and thus, at each meeting, the research was carried out at the time of a different curricular component, in the classroom of the class. Twelve meetings took place from one to two times a week, from October to December 2017.

Paulo Freire's Circle of Culture was carried out through three stages: in the first one we sought to know the reality of the students through dialogue in the school space, in which the generating words were extracted from the vocabulary universe. This step was complemented by Photovoice. Later, in the second stage, the topicalization occurred, through codification and decoding, in which the social meaning, consciousness, and the students' understanding of their own reality were sought, in order to stimulate critical intervention about it. Finally, in the third stage, critical unsealing occurred through problematization, with dialogue based on theoretical foundation, critical reflection, collective elaborations, synthesis and evaluation of what was experienced⁽¹⁰⁾.

Photovoice⁽¹¹⁾ was inspired by three main theoretical pillars: documentary photography, feminist theories and conceptions of education for critical consciousness by Paulo Freire. Thus, the Culture Circle and Photovoice were used to collect and analyze the data, concomitantly. It was used as techniques for data collection: participant observation with notes in a field diary made by the researcher – related to the structure and organization of the classroom, behaviors and other situations that occurred during the insertion of research in the school environment, photographic record and filming of meetings, artistic productions through posters and records written by the students, delivered to the researcher.

Paulo Freire understands that, from this critical view, people will be able to promote transformations and detect problems from their experiences, successively performing problematization, as a way to modify their reality. In this sense, Photovoice consists of an ally of the Circle of Culture, because it makes it possible to give voice through photography, in order to bring the subject closer to his sociocultural context, his

needs and compressions.

In order to preserve the identity of the students, the names were replaced by the acronym E, accompanied by the acronym M for male and F for female, and the numbering from 1 to 12 to differentiate them, plus a hyphen and the age of the student, for example EM1-15 (Educating 1, male, 15 years), EF2-16 (Educating 2, female, 16 years old), as well as in the discussion of the data the letter P, refers to the statements of the researcher.

The research received approval from the Research Ethics Committee under CAAE 77613117.0.0000.5337. The research participants signed the Assent and Free and Informed Consent in two ways.

RESULTS AND DISCUSSION

Initially, the researcher presented herself to the students, objectively and without making any kind of explanation so that there was no influence on their positions. During the culture circles, a dialogue was held as part of the first stage about the students' conceptions of what health and disease were.

Participants were asked to write what was related to health and disease separately, and later all these questions became generating themes to be discussed in groups.

After reading all these texts with the answers of the students, a list was elaborated with the themes that were present. Among the words/expressions that were identified, three were related to the health system and services, being: "hospital", "health post" and "going to the doctor", which were mentioned by the students associated with the disease.

This conception that calls hospital or health service with the disease was corroborated by the registration of a school from Photovoice. When they were asked to record what would represent health and/or illness for them, a study participant photographed a corridor from the Municipal Emergency Room, and contextualized it as follows:

Image from the Emergency Room. Hospital with sick people. I went to visit my godfather. It represents a lot of sadness. [EF3-15]

It is understood the relationship that people

make, as well as the students established, between a health service and the disease, because it is cultural to seek a service or a doctor primarily in case of illness, without practicing preventive actions, autonomously or with the support of the health service. In addition, it was noticed that their experiences reaffirm this conception, in which they experience the sadness of having a sick family member in this environment.

The students were asked if they had experiences in hospitals, and the reports referred to situations involving accidents with insects and toxic plants.

Have you ever been to a hospital? [P]

Yes, many times. [EM1-15]

I have already been bitten by a spider, camoatim, bee, mastic, the whole belly was like this, taking care of my mother... Oh, I went a lot of times. I stayed for almost a month. [EM9-13]

I went once. [EF7-12]

Me, because of tattoo. [EF12-13]

I was on the IV, I had an injection in the butt {gluteus}. [EM9-13]

On the other hand, despite having associated with disease, the contextualization of the learners' knowledge demonstrates in the following reports that the view on the hospital environment is diverse:

Ah, at the hospital you can do treatment, vaccine development. [EM5-14]

Accidents. [EF2-16]

Okay, and the people who go to the hospital and come back with very low immunity is because of the disease. [EF11-12]

It's because of the virus you acquired. [EF7-12]

In the case of the person who lowers immunity, he has to stay in a separate, well-sanitized room. [EM4-14]

The biological aspect is prevalent, being a reflection of what is valued in this place, both by health professionals and by the users themselves, being the main focus that this type of service offers.

Thus, we can affirm that students have cultural experiences and experiences, which lead them to perform such an association – health services with disease and biological issues, with this, there is a

need to be encouraged and informed about the different types of health services, especially about their rights of access to health through the Unified Health System (SUS).

On the other hand, in addition to dialoguing about our health system, it is necessary to raise questions with health students, stimulating the focus on health promotion and disease prevention.

In order to identify the knowledge and experiences of the students about public health services, the researcher questioned, during a circle of culture, whether the situations reported by them had been paid.

For free. [EM1-15]

I do not remember. [EM5-14]

Oh, I do not know. [EF6-12]

By SUS. [EM9-13]

Were you attended for free, did you not pay anything? [P]

Do not. [EM1-15]

The only thing I had to pay for was a little blue salve. My mother passed on me, on my belly like that and I looked like a Smurf. [EM9-13]

Were you attended by the SUS? [P]

Yes. [EM10-13]

And if you go here to the next post, which is a Basic Health Unit, do you also consult for free? [P]

Yes. [EF11-12]

By SUS? [P]

Exactly. [EM4-47]

And who pays the SUS if you didn't? [P]

The city hall, they pay. [EF8-12]

It's us. [EM9-13]

Ok and how do you pay? explain to me. [P]

Tax. [EF8-12]

There is the recognition that the SUS is financed with public money from taxes paid by the population, and that therefore the services are not "free" to the citizen.

On the other hand, the students' view of the Basic Health Unit (UBS) was worrisome due to the lack of knowledge about what this service is, despite the physical proximity between the school they were and the UBS, which is located next

door.

What do you think about the health post, the Basic Health Unit? [P]

A good thing and a bad thing at the same time. [EM9-13]

Because? [P]

Because the sick go to the hospital, because they are sick. And also because it's a place where you can catch {diseases}, for example, you can only come in with the flu and leave with something more serious. [EM9-13]

And what is a health post? [P]

Like a small hospital. [EM5-14]

What's on the side {of the school} which is?? [P]

It's a health post. [EM5-14]

He does the simplest things. [EF12-13]

It is perceived, through the statements of the students, the lack of knowledge of what this service is and what its objective is, thus considering that this lack of knowledge could be due to the possible distancing of the participants with the UBS. In addition, there is a reference that UBS "meets simpler things". Thus, when asked if they attend the UBS, it was confirmed that despite the physical proximity, there is a certain distancing, which possibly reflects the lack of knowledge they have about the service.

Do you go to the health center? [P]

We will. [EF2-16]

I will. [EM9-13]

Once another. [EF3-15]

I went there these days to get the vaccine. [EF11-12]

I went a while ago to get the vaccines that were missing. [EF12-13]

And do your parents attend? [P]

Yes. [EF2-16]

Sometimes my mother sends me to go get her medicine. [EM9-13]

And there's a dentist there? [P]

Have. [EM10-13]

Do you use? [P]

Do not. [EF6-12]

Do not. [EF8-12]

Not there. [EM5-14]

I am not. [EF7-12]

I only once. [EF2-16]

The limited experiences of these students referring to the Basic Health Unit may not be restricted to this group, but rather, a consequence of the lack of knowledge that the population, in general, has about the health care network.

Thus, the culture circles showed that the students associate health services with the disease and not with health and there is a restricted view on the Basic Health Unit. On the other hand, there is recognition about the Unified Health System and the public origin of its financing.

The SUS, created by the Federal Constitution over 30 years ago, is part of people's lives in several ways, however, it is perceived that the population, as well as the students, still does not have ownership over this system.

Overcoming the biomedical model that focuses attention on disease and hospital-centered care is still a challenge. One possible way would be to advance the implementation of the principles and guidelines of the Family Health Strategy through greater financial and political incentives, and to make the training of health professionals coherent to this perspective⁽¹²⁾.

It is noteworthy that, among the Guidelines of the SUS, there is social participation so that the population has guaranteed its right in the formulation and monitoring of health policies, through different spaces, including the Health Councils and Conferences⁽¹³⁾.

However, a study analyzed the content of National Policies in the fields of health, sanitation and education, identifying that these include social participation, however, social mobilization is not contemplated in the texts. The authors consider that social control has advanced in discourses, but mobilization for social control still needs to be effective⁽¹⁴⁾.

A research revealed the scenario of popular participation in the planning, monitoring and control of health actions in 13 municipalities of Rio Grande do Sul, in order to identify social participation in the Unified Health System, which found that popular participation in the SUS is restricted. In this research, the users themselves suggested that the actions involving this theme be

more disseminated so that there was an expansion of community involvement in social movements⁽¹⁵⁾.

This lack of involvement of the population in the management of the SUS is corroborated in a study that aimed to analyze the functioning, structure and organization of social control in the management of the SUS. It was identified that despite advances, there are still many challenges in the implementation of social control, especially with regard to public policies⁽¹⁶⁾.

Allied to this reality, a parallel is made with the lack of knowledge of the health and nursing professionals themselves about the SUS, which should be the people with greater theoretical and practical appropriation about the system. In another study, this reality was observed, when verifying the ignorance of workers working in primary care regarding the principles of the SUS⁽¹⁷⁾.

In this perspective, we return to education, with regard to training, in this case not only in basic education, but in the training of health and nursing professionals to work in the SUS. This need is perceived, but it has been a challenge, because despite curricular changes that have been occurring in recent years in different educational institutions, there are still weaknesses regarding the interdisciplinarity and transversality of the contents related to the Unified Health System⁽¹⁸⁾.

However, curricular changes will be insufficient if there is no renewal in teaching-learning methodologies, and permanent education processes are needed that promote critical reflection of health educators-professionals for the use of active methodologies⁽¹⁹⁾.

Thus, in addition to the sharing of health knowledge, it is necessary to dialogue about the Brazilian public health system in the school environment as a way to empower children and adolescents since their insertion in school, thus representing a possible path to change this reality.

In the education of health and nursing professionals, the need is similar, so that a *de facto* training focused on the Unified Health System is performed⁽¹⁸⁾, thus ensuring that young people who have been encouraged since basic education to appropriate the SUS, qualify in the university their look at a professional perspective.

The quality training of nurses can encourage this professional to occupy spaces that are still

little explored, such as the school, which has advanced in the dialogue between health and education through the School Health Program (PSE), but often occurs through specific and socially decontextualized activities.

A study that aimed to investigate the perception of students regarding actions developed by the School Health Program in municipal elementary schools in a Brazilian municipality, found that students place themselves as passive, receiving information that they can use in health maintenance, however, without protagonism regarding the production of their own health⁽²⁰⁾.

Thus, health actions in the school require planning with sociocultural support that takes into account the knowledge and previous experiences of the students, as well as are carried out through horizontal dialogical actions so that they become relevant and effective.

As for the limitations of this research, it is understood that if the proposed actions were carried out continuously throughout the school education, the bond with the students could be strengthened and this would favor to expand the identification of the sociocultural reality of these.

On the other hand, it is understood that initiatives, even if punctual as that performed in this research, can serve as an incentive for other health and nursing professionals to bet on actions such as this, but in the long term.

Finally, it is emphasized that the transformation of reality in health and education must be the result of problematizations, criticisms, resistances and mobilizations so that we have an effective change in the current scenario⁽¹⁴⁾.

FINAL CONSIDERATIONS

This research demonstrates that it is possible for nurses to produce discussions on topics related to health and the public health system in schools, in short-term meetings, using active methodologies, articulating to the reality of students.

It was found, through culture circles, that the students associate health services with hospital institutions and, on the other hand, there is ignorance about the Basic Health Units (UBS), although there is a UBS next to the school.

During the dialogue with the students, they demonstrated different understandings about the hospital environment, and the biological aspect was the prevalent, possibly a reflection of their personal experiences. This fact reinforces the importance of health promotion actions in the school space that include dialogue about the Unified Health System (SUS), its principles and guidelines and the different services belonging to the Health Care Network.

On the other hand, there was the recognition, on the part of the students, about the public financing of the health system, which was identified during the research through the dialogue provided by the culture circles.

Expanding the domain about the SUS since childhood and adolescence may encourage greater empowerment of the population, even impacting on the implementation of health system guidelines, such as greater social participation.

It is known to be insufficient only to expose about health issues in school along the lines of the banking model, since it is disjointed from the

reality of students, there is no effective health promotion.

With this, the importance of giving voice to the students is reinforced, in order to understand them, exchange knowledge, encourage them to perform good health practices and recognize their needs, based on their knowledge and previous experiences, through appropriate methodologies.

The dialogue with the students allowed the recognition of conceptions, related to the public health system, but in a limited way due to the lack of experiences in public services, which may be related to the lack of bond with them, as well as associated with the lack of knowledge about the public health system and services in Brazil.

This reinforces the importance of promoting dialogue in the school space so that critical and active citizens are trained in society, and may reflect on the construction of other meanings and values and, with this, other conceptions of society, health and disease.

CONCEPÇÕES DE JOVENS EDUCANDOS SOBRE SISTEMA E SERVIÇOS DE SAÚDE PÚBLICOS

RESUMO

Objetivo: descrever as concepções de jovens educandos sobre o sistema e serviços de saúde públicos, a partir da pesquisa participante. **Métodos:** pesquisa participante realizada no período de outubro a dezembro de 2017, com 12 educandos de 12 a 16 anos, pertencentes a uma escola pública de Pelotas. A coleta e análise de dados ocorreu por meio do Círculo de Cultura e *Photovoice*. **Resultados:** os educandos associam serviços de saúde com doenças e questões biológicas, e sabem que os serviços prestados pelo Sistema Único de saúde são financiados com dinheiro público. A visão dos educandos sobre a Unidade Básica de Saúde foi preocupante pelo desconhecimento sobre o que é este serviço, apesar da proximidade física com a escola e, além disso, referem não frequentar a unidade. **Considerações finais:** o diálogo permitiu o reconhecimento de concepções dos educandos relativo ao sistema de saúde, porém evidenciou desconhecimento e falta de vivências em serviços públicos. Isto reforça a importância da promoção do diálogo no espaço da escola para que se tenha a formação de cidadãos críticos e atuantes na sociedade, podendo refletir na construção de outros significados e valores e com isso, outras concepções de sociedade, saúde e doença.

Palavras-chave: Serviços de saúde escolar. Cultura. Educação em saúde. Enfermagem em saúde pública. Autonomia pessoal.

CONCEPTUALIZACIONES DE JÓVENES EDUCANDOS SOBRE SISTEMA Y SERVICIOS DE SALUD PÚBLICOS

RESUMEN

Objetivo: describir las conceptualizaciones de jóvenes educandos sobre el sistema y servicios de salud públicos, a partir de la investigación participante. **Método:** investigación participante realizada en el período de octubre a diciembre de 2017, con 12 educandos de 12 a 16 años, pertenecientes a una escuela pública de Pelotas-RS-Brasil. La recolección y el análisis de datos se llevó a cabo a través del Círculo de Cultura y *Photovoice*. **Resultados:** los educandos asocian los servicios de salud con enfermedades y problemas biológicos, y saben que los servicios prestados por el Sistema Único de Salud se financian con dinero público. La visión de los educandos sobre la Unidad Básica de Salud fue preocupante por el desconocimiento sobre qué es este servicio, a pesar de la proximidad física con la escuela y, además, relatan no frecuentar la unidad. **Consideraciones finales:** el diálogo permitió el reconocimiento de conceptualizaciones de los educandos relativo al sistema de

salud, pero evidenció desconocimiento y falta de vivencias en servicios públicos. Esto refuerza la importancia de la promoción del diálogo en el espacio de la escuela para que se tenga la formación de ciudadanos críticos y actuantes en la sociedad, pudiendo reflejar en la construcción de otros significados y valores y con ello, otras conceptualizaciones de sociedad, salud y enfermedad.

Palabras clave: Servicios de salud escolar. Cultura; Educación en salud. Enfermería en salud pública. Autonomía personal.

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