



RESEARCH ARTICLE

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## THE HEALTH IN SCHOOL PROGRAM (PSE) IN THE CURRENT CONTEXT OF BRAZILIAN EDUCATIONAL POLICIES

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### ARTICLE INFO

#### Article History:

Received 02<sup>nd</sup> January, 2019

Received in revised form

18<sup>th</sup> February, 2019

Accepted 26<sup>th</sup> March, 2019

Published online 29<sup>th</sup> April, 2019

#### Key Words:

Health program at school;  
Education and health;  
Educational policies.

### ABSTRACT

This study approaches the "Health in School Program in the current context of Brazilian Educational Policies". Based on the history of the development of the public health and education policy scenario, Brazil has a slow development, so the PSE has the important mission of integrating Educational Policies and the National Primary Care Policy to jointly seek, through health promotion and education, the quality of life of the population served. Considering that each place has its own characteristics and culture, health practices at school can guarantee shared constructions of knowledge supported in individual and collective histories, evaluating the different contexts in which they are carried out, respecting popular and formal knowledge, in the construction of proposals that make sense to the people who live there. To this end, the active participation of the various members of the school community, health professionals and especially adolescents and young people in the construction of the PSE Project is fundamental, since innovative health education actions should progressively be incorporated in the Plan Educational Policy of the school, according to Ordinance n° 1,861 / 2008.

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Citation: Cristiana Maria de Araújo Soares Gomes, Sheila Cristina Teixeira Fonseca et al. 2019. "The health in school program (pse) in the current context of Brazilian educational policies", *International Journal of Development Research*, 09, (04), 27045-27047.

### INTRODUCTION

The educational policies in Brazil based on the legal framework of the 1988 Federal Constitution solidify two important movements initiated in the first decades of the twentieth century: compulsory education as a duty of the State and society and, as a consequence, its Universalization. Brazil (2015) describes the guidelines of the Health Program at School: I. Decentralization and respect for federal autonomy II. Integration and articulation of public health and education networks, through the joint actions of the Unified Health System (SUS) to the actions of public education networks, in order to broaden the scope and impact of their actions

regarding students and their families, optimizing the use of spaces, equipment and available resources. III. Territoriality, respecting the realities and the diversities existing in the space under shared responsibility. IV. Interdisciplinarity and intersectoriality, allowing the progressive expansion of the exchange of knowledge between different professions and the intersectoral articulation of the actions carried out by the Health and Education systems, aiming at the integral attention to the health of children and adolescents. V. Integrality, treating integral health and education as part of a broad training for citizenship and full enjoyment of human rights, strengthening the confrontation of vulnerabilities in the field of Health that could jeopardize the full development of the school. SAW. Care over time, effectively acting on the shared accompaniment during the development of the students, providing for the reorientation of the Health services beyond

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their technical responsibilities in clinical care, which involves promoting health and a culture of peace; to promote the prevention of diseases; evaluate signs and symptoms of changes; basic and integral attention to learners and the community. VII. Social control: promote the articulation of knowledge, the participation of students, parents, school community and society in general in the construction and social control of public policies of Health and Education. VIII. Permanent monitoring and evaluation: to promote communication, referral and resolution between schools and Health Units, ensuring care and attention to the health condition of students and informing those that are carried out in the monitoring systems. Evaluate the impact of the actions with the students participating in the PSE. The school is one of the foundations of education, citizenship and the formation of a nation. It is through this that the child begins its education, its integration and social inclusion, its relationships and its potential, that is, complex relationships that extend throughout life (LIBERAL 2005).

**Pse and Health Question at School:** Reflecting on health education implies the observation of innumerable relevant aspects about its origins, implications and ways to make it effective, guaranteeing better health care to the population. In this context, it has roots in different theories and is related to themes highlighted in the Sanitary Reform and health conferences and international meetings that also dealt with the subject. Within this context, articulating school education to health promotion, we can see a mechanism for strengthening and implementing a more transversal, integrated and intersectoral policy, which proposes the articulation between health services, the community, public and private initiatives, besides the citizen himself in proposing actions that seek well-being and quality of life (BRASIL, 2006). One of the ways to promote health and encourage healthy life practices is to use the health education process, where it is possible to share the knowledge of the most varied possible in the search for solutions of the most diverse problems. Educational actions may aim at raising awareness and / or awareness of a health problem, or actions that may prevent the emergence of ills to the clientele. In this sense one can not fail to remember how preventive actions are more advantageous than curativist actions; both economically and from the point of view of care, since they can reduce the incidence of diseases and contribute to the reduction of the number of patients seeking more expensive, sometimes less effective, services of greater complexity. In addition, according to the organic health law (Law 8.080 \ 1990), among other aspects, education is perceived as an influential factor in the health status of the individual:

Art. 3 - Health has as determinants and conditioning factors, among others, food, housing, basic sanitation, environment, work, income, education, transportation, leisure and access to goods and essential services; the health levels of the population express the social and economic organization of the country. According to Pereira (2003), education and health are spaces of production and application of knowledge destined to human development, where one can notice intersection and way of operating them that is often done unconsciously. It is noted that the health professional practices health education in his professional life without being perceived as such. In this perspective, the school is an essential space for the development of shared knowledge and for integration with the community. It contains a large part of the population that

shows an interest in learning, and where there is a great potential for disseminating information that goes beyond its physical limits (OLIVEIRA; BUENO, 1997).

### **PSE Contributions**

One of the contributions of the PSE is the coping with vulnerabilities that affect the development of children and young people in the public school system through prevention of health and promotion of quality of life. According to Brazil (2009), the main objectives of the PSE are: I - To promote health and a culture of peace, reinforcing the prevention of health problems; II - Articulate the actions of the public health network with the actions of the public basic education network, in order to broaden the scope and impact of its actions regarding students and their families; III Contribute to the constitution of conditions for the integral formation of students; IV - To contribute to the construction of a social care system, with a focus on promoting citizenship and human rights; V - To strengthen the confrontation of the vulnerabilities, in the field of health, that can compromise the full school development; VI - Promote communication between schools and health units, ensuring the exchange of information on the health conditions of students; VII - Strengthen community participation in the policies of Basic Education and health, at the three levels of government. In its article 3, the PSE specifically points out the Family Health teams to constitute, together with Basic Education, a strategy for the integration and permanent articulation between the policies and actions of education and health, with the participation of the school community.

In Article 4, the health actions foreseen in the scope of the PSE are mentioned and that should consider activities of promotion, prevention and health care, being able to understand, among others: I - Clinical evaluation; II - Nutritional assessment; III - Promotion of healthy eating; IV - Ophthalmologic evaluation; V - Assessment of oral health and hygiene; VI - Auditory evaluation; VII - Psychosocial evaluation; VIII - Update and control of the vaccination calendar; IX - Reduction of morbidity and mortality due to accidents and violence; X - Prevention and reduction of alcohol consumption; XI - Prevention of drug use; XII - Promotion of sexual health and reproductive health; XIII - Control of smoking and other risk factors for cancer; XIV - Permanent education in health; XV - Physical activity and health; XVI - Promotion of prevention culture in schools; XVII - Inclusion of health education themes in the political pedagogical project of schools. Thus, it is clear that the School Health Program in Brazil is of great importance, as it has extraordinary actions for society, although all Brazilian cities have not contributed together to this program, there is still a need for awakening to improve in general for both health and education.

### **MATERIALS AND METHODS**

The study was defined as exploratory research with a bibliographic research design, is defined by the aid of books and scientific articles on the subject Hospital Dentistry, Management, Clinical Management Financial management. It can involve a bibliographical survey, interviews with experienced people in the researched problem, search to explore and know the characteristics of a phenomenon to later allow the proposal of further studies (GIL, 2008). According to Beurem (2007), exploratory research may arise hypotheses

during or at the end of the research, the research is conducted in an area in which there is little accumulated knowledge and systematized. According to Souza et al (2007), the process of data collection through a bibliographical research, making studies in books, scientific articles, dissertations, monographs, theses and journals is used. When a research is formulated, the researcher must make choices as to the research methods and inquisition techniques to be used, which are naturally conditioned to the character of the problem. Because it is a scientific research, the researcher requires a systematic approach, in the face of the application of scientific methods that will meet the demands of the problem researched. In a second moment, a comparison between the theoretical framework and the researched reality is necessary. For this, a field research was carried out (MINAYO, 2010).

**Final Considerations:** One can see that school is an environment of socialization and expansion of relationships, for the constitution of personal values, it is in the school that we learn to live and to be part of a society, but still deserves a greater look at education and health. In order to have a quality education and health in health promotion, it is necessary to train the professionals who are part of the team, because it is through them that any changes outside the abnormality patterns will be detected early.

## REFERENCES

- BRAZIL, Ministry of Health. National Policy for Health Promotion. Brasília (DF): Ministry of Health; 2006.
- FONTANA, R.T. Sanitary surveillance in the school context: an experience report. *Rev Bras Enferm, Brasília*; v. 61, n.1, p. 131-4, 2008
- BRAZIL. Ministry of Health. Notebook of the PSE manager / Ministry of Health, Ministry of Education. - Brasília: Ministry of Health, 2015.
- BRAZIL. Ministry of Health. Secretariat of Health Care. Department of Basic Attention. Health at School / Ministry of Health, Health Care Secretariat, Department of Primary Care. - Brasília: Ministry of Health, 2009.
- DINIZ, M.I.G. The importance of the education / health interface in the school environment as a health promotion practice. *Get in touch with health promotion*, v.4, n.2. p.30-33, 2008.
- LIBERAL, E. F. et al. Accidents and damages with schoolchildren: incidence, causes and consequences *Jornal de Pediatria* .v. 81, n.5 (suppl.), P.155 - 163, 2005.
- MARZANO, R.J. & Kendall, J.S. What should students be taught in school: A U.S. adults survey. Aurora, CO: *Mid-Continent Regional Educational Laboratory* 1998.
- OLIVEIRA, M.A.F.C .; BUENO, S.M.V. Nursing education in the promotion of school sexual health. *Rev.latino-Am.enfermagem, RibeirãoPreto*, v. 5, n. 3, p. 71-81, 1997.
- OLIVIERA, A.S; ANTONIO, P.S. Adolescent feelings related to the Bullying phenomenon: possibilities for nursing care in this context. *RevistaEletrônica de Enfermagem*, v. 08, n. 01, p. 30 - 41, 2006. Available at <http://www.revistas.ufg.br/index.php/fen>. Accessed on: 29 \ 01 \ 2019.
- PEREIRA, A.L.F. Pedagogical trends and educational practice in health sciences *Cad. SaúdePública, Rio de Janeiro*, v.19, n.5, p.1527-1534, 2003.
- SOUZA, A.C.; LOPES, M.J.M. Implementation of an ombudsman's office in school health: experience report. *Rev. Gaúcha Enferm.*, Porto Alegre, v. 23, n. 2, p. 123-141, 2002. REFERENCE TO THE TEXT COSTA, F. S .; SILVA, J.L.L.

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