Health Educational Practices on Alcohol, Drugs, Sexuality, Gender and Human Rights – An Experience Report

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Abstract— This paper presents itself as an experience report. Its objective was to provide the academic community with mechanisms that enable the habit of critical reflection on the information provided with scientific basis, in the perspective of deconstructing common sense concepts and building new ones, focusing on reducing prejudice and exclusion and encouraging respect for others. The choice of the students being all specifically from the psychology degree occurred during the supervision of the care provided at the school clinic, where difficulties were reported in dealing with the demands related to the themes addressed in the workshops. This is the experience of psychology students of all semesters, in the morning and evening shifts of a private university in the city of Manaus, Brazil, where workshops were held, divided into two themes: Alcohol and other drugs, and Sexuality, Gender and Human Rights, from October 27 to November 11. There were 10 meetings, each lasting approximately 2h30m, conducted by three professional psychologists. The instruments used during the workshops were videos and images, along with dynamics and conversation wheels to raise discussions, providing, through the conversation wheel, a space for interaction and exchange of experiences on each theme.

Keywords— Alcohol, Health education, Human Rights, Sexuality and Sender.

I. INTRODUCTION

The action reported here was developed during the proposed internship as a completion activity of the specialization course in Health Psychology by the Amazonas State University - UEA. The importance of health education work as a strong instrument for understanding the health / disease process was discussed, as well as various ways for psychology professionals to participate in this modality. Health Education is inherent in all practices developed within the Brazilian Health System. As a cross-sectional practice, it provides the articulation between all levels of system management, representing an essential device for the formulation of health policy in a shared way, as well as the actions that take place in the direct relationship between services and users. (MS, 2007). Through health education, it is possible to reach people's daily lives, making them understand the determinants and conditioning factors of the health-disease process and offering subsidies for the adoption of new habits and behaviors. According to Oliveira (2009) health education focuses on people's autonomy in relation to health and disease processes and, consequently, their living conditions. Thus, from the relationship between health and school arises the opportunity to build the “school that produces health”, a proposal that aims to involve students, education workers,
the school community, government education bodies, health system managers and education, social movements, associations, groups, families and the whole population (COSTA, 2009)

In order to fulfill these proposals and understanding education as a social action, promoting learning that will contribute to the realization of a particular project, it is proposed that popular health education as a strategy that aims to enhance the practice of thinking, problematizing and build new practices on the topics covered during the workshops. The present report aimed to provide the academic community, more precisely students of the psychology course, mechanisms that enable the habit of critical reflection on the information provided with scientific basis, in the perspective of deconstruction of common sense concepts and construction of new, focusing reducing prejudice and exclusion and encouraging respect for others. The choice of the students being all specifically from the psychology course occurred during the supervision of the care provided at the school clinic, where difficulties were reported in dealing with the demands related to the themes worked in the workshops. As for the methodology, it is the experience of psychology students of all semesters, in the morning and evening shifts of a private university in the city of Manaus, which totals 7 classes, which is equivalent to approximately 100 students, where cycles were performed. The Workshops were divided into two themes: Alcohol and Other Drugs, and Sexuality, Gender, and Human Rights, from October 27 to November 11. There were 10 meetings, each lasting approximately 2h30m, conducted by three professional psychologists. The instruments used during the workshops were videos and images, along with dynamics and conversation wheels to raise discussions, providing, through the conversation wheel, a space for interaction and exchange of experiences on each theme.

II. THEORETICAL FRAMEWORK

The traditional model of health care is still linked to a reductionist concept of health and disease, which considers the meaning of health as absence of disease, based on curative techniques. From the need to broaden the concept of health, placing it in the political sphere, health education is thought as a strategy of great relevance to ensure the redirection of practices, health promotion and the integral look of the subject. (SICARI et al, 2014) For the Brazilian Ministry of Health (2007), Health Education is linked to all practices developed within the public health system. It’s a cross-sectional practice that provides the articulation between all levels of management of the system, representing a primordial device both for the formulation of health policy in a shared way, as well as the actions that take place in the direct relationship between services and users. Thus, such practices must be valued and qualified in order to contribute more and more to the affirmation of public health system as the public policy that has provided greater social inclusion, not only by promoting the appropriation of the meaning of health as a right by the population, as well as for the promotion of citizenship. According to National Council of Health Secretaries: Popular education was the agenda of the 12th National Health Conference in Brazil which, in its thematic axis Popular Health Education, presented a series of deliberations contemplating strategies and actions to be implemented in the three levels of the system management, in order to strengthen Popular Education in Occupational health with social control, management, care and health education. (Conass, 2013).

Popular education aims to work the groups involved in the process of popular participation, fostering collective forms of learning and research, thus promoting the growth of the capacity for critical analysis of reality and the improvement of strategies of struggle and confrontation. (VASCONCELOS, 2004). According to Freire (1997), the traditional education, known as “banking”, has the proposal of depositing knowledge. The educator, instead of communicating, makes announcements and deposits that most students receive, memorize and repeat, archiving the knowledge. Popular education, essentially problematizing, is contrary to banking education, as the educator keeps in constant dialogue with the learners, in order to promote the growth of the capacity for critical analysis of reality and the improvement of fighting and coping strategies. Regarding popular health education, Cameiro et al (2010), mention it’s a way to validate popular knowledge and experience, encouraging individuals and collectives to develop critical judgment and ability to intervene about their lives and the environment, which interact, creating conditions to appropriate their own existence and health. Educational work in groups is an important alternative to achieve health promotion that allows for deeper discussions and broadening of knowledge, so people overcome their difficulties and achieve greater autonomy, better health conditions and quality of life. (SILVA, 2003). The alternative practice of popular education nationwide is becoming a way of reorienting health policy, making it strategic for public health actions. (VASCONCELOS, 2004)
According to Stotz (2007), popular health education is called a social and fighting movement among health professionals in order to establish a joint construction of scientific and popular knowledge. When it comes to popular education, we assume that a horizontal relationship is built between the facilitators of the group and the subjects, so that reflections that permeate the collective and the individual can be promoted. (SICARI et al, 2014) About the methodological theoretical assumptions of the national policy of popular education that contemplate physiological, political, ethical and methodological dimensions that aim to give coherence to the practice Conasss (2013) it cites: dialogue; Lovingness; Problematization; Shared construction of knowledge; Emancipation; Commitment to building the democratic and popular project.

Knowing that health education is linked to learning, structured in a way that makes it possible to achieve health, it is necessary that it is focused on serving the population according to their particularities. It’s justified by the fact that health education must instigate conflict in individuals, creating the opportunity to think and rethink their culture and, from that, modify their reality. (OLIVEIRA and GONÇALVES, 2004) Given the proposal offered by popular education in health, to provide a space for discussion and exchange in order to deconstruct concepts, permeated by the absence of information, which proposed, through these assumptions a moment of reflection on the themes of alcohol and other issues, drugs and sexuality, gender and human rights.

Drug abuse has been treated as a matter of international order, being an object of organized mobilization around the world. It’s negative consequences undermine structures, threaten political, economic, human and cultural values of states and societies and inflict considerable damage on countries, contributing to increased spending on medical treatment and hospitalization, increasing occupational accident rates, traffic accidents, urban violence and premature deaths, and also to the decrease of workers productivity. It affects both men and women of all racial, ethnic and socio-economic power groups. It even affects newborn babies who inherit disease and / or drug addiction from their drug-addicted mothers. (CARLINI, et al, 2002) For Kano et al (2012), in the health sector, professional training to deal with drug-related problems is deficient, based on medical knowledge, focusing on dependence and not prioritizing prevention. This mismatch between the relevance of the theme and insufficient qualification denotes the importance of vocational training proposals, providing users and their families with adequate care.

According to the National Secretariat of Drug Policy from Brazil (2009), the use of alcohol and other drugs has been problematized in various spheres of Brazilian society. The consequences caused by the abuse of these substances are diverse and perceived in various sectors. Because it affects both individual and collective health, this phenomenon requires an approach that combines prevention, treatment, organization of care practices and services, and formulation of specific public policies.

According to the Brazilian Federal Court of Accounts (2012), drug abuse is among the main problems pointed out by professionals of the Brazilian Unified Social Assistance System (SUAS). Due to the evolution of social assistance policies and their institutional capacities, SUAS services provide preventive approaches, referrals of users for treatment, as well as welcoming through assistance and support to family members. Thus, it is important that professionals of social assistance devices are also trained to meet the demands related to drug misuse.

According to Cardoso and Ferro (2012) the LGBT population has its basic human rights assaulted, and is often in a vulnerable situation due to gender mistaken with biological sex or non-heteronormative sexual identity. According to the authors, the Brazilian Ministry of Health itself recognizes that sexual identity and gender identity are components of a complex process of discrimination and exclusion, from which the vulnerability factors derive. The pressure caused by numerous social movements linked to the defense of LGBT rights since the 1980s, demanded from the Ministry of Health strategies to confront the HIV / AIDS epidemic and counted with the partnership of social movements linked to defending the rights of the LGBT population. This strategy strengthened the participation of these groups in the fight for health (BRAZIL, 2010). Nowadays, this partnership has more than two decades of theoretical accumulation and health promotion actions, which has led to the expansion of public policies beyond the fight against AIDS. (CARDOSO and IRON, 2012)

III. RESULTS

After widespread dissemination through a mobile application, the workshop began on November 28, with the attendance of the majority of psychology students, totaling approximately 100 people. The space chosen was a large room located at the end of the second floor corridor with little movement of people nearby. The themes were divided into two moments for each class, the first to be addressed was alcohol and other drugs. At the opening of the workshop there was a dynamic with
questions about the theme in order to instigate a reflection on what we know and what we do not know about drugs, from that reflective moment began the slide presentations with information about the subject and, consequently, a space for discussion was provided. During this time it was observed that most participants were unaware of the data and statistics explained about the history, problematization of licit and illicit drugs, as well as their decriminalization. They raised several questions, some academics shared personal experiences, showing a certain naturalness in exposing, in that space, details of their lives, thus contributing to the enrichment in the question of exchange of experiences. The second workshop brought the theme sexuality, gender and human rights, as well as the first workshop, this opening had a dynamic that brought as reflection the privileges we have before others and from that first moment reflections arose about what was proposed to them. The audiovisual resources were also used bringing information about the statistical data of homophobia in Brazil and in the world and the information about sexual diversity. During this moment there were some questions and again a moment of discussion and reflection about the misused terms and its reflection in the perception of LGBT population. As occurred in the first theme, some students shared their experiences, during the discussion about homophobia a participant reported a personal situation, the suffering experienced within the family environment. We have mentioned the consequences of prejudice and lack of information of the population based on a heteronormative culture. There was a certain discomfort caused by the theme due to religious issues, which was expected. Some participants brought the biblical writings as their basis, but at no time did the facilitators put the religious references in the background, always making it clear that the purpose of the workshop was to bring information on a scientific basis and with the purpose of reducing prejudice as future professionals. The Psychology code of conduct, which does not oblige them to meet the demand that does not cause them comfort, obliges them to provide welcome, respect and proper referral to a qualified professional. In general, the two workshops provided a moment of information, exchange and new ways of thinking, thus reaching its real meaning when referring to the concept of popular health education, providing students of the course of psychology a unique opportunity for deconstruction and construction of new concepts, respecting the individuality of each participant. The workshops had great repercussions among the academics of the course, during the following weeks there was a certain care and attention to the terms used when referring to the topics addressed, so as not to apply prejudiced and pejorative words with which they were used to use in everyday life and reinforced by knowledge of common sense. When asked what they thought about the themes and the proposal of health education, they showed satisfaction in having participated in the activity and interest in new opportunities with other themes.

IV. DISCUSSION
Health education is a proposal that aims at the collaboration of all participants for better living habits. By incorporating the health theme in the higher education institution, it was possible to promote educational health actions that lead to reflection on themes that have their concepts nourished by common sense from everyday experiences. This fact is reinforced by the position of Carneiro et al (2010) on popular health education, as a way to deal with popular knowledge and experience, encouraging individuals and collectives to develop critical judgment and ability to intervene on their health, lives and the environment with which they interact, creating conditions to appropriate their own existence and health. The proposal emerged after the perception that psychology students, especially those who were in internships at the clinical school, needed information on the themes suggested in the perspective of reducing prejudice and aiming at better preparation to deal with the demand that increasingly appears in psychological care services. The collaboration of the participants to reflect on the topics addressed through dialogues and exchanges of experiences was remarkable in all the meetings held. This fact corroborates the position of Freire (1997) when says that popular education, essentially problematizing, is contrary to banking education, as the educator keeps in constant dialogue with the students, in order to promote the growth of the capacity for critical analysis of reality and the improvement of fighting and coping strategies. It was observed that some participants seemed comfortable to talk openly about their particularities, not feeling intimidated even when it came to themes surrounded by taboos and social impositions. About this Santana (2000) states that the individual feels comfortable in the group, because he is among people with similar characteristics, does not need to hide his health condition and shares with them the anxieties and fears of daily life, opening up to the possibility of live well despite having a constant situation of organ dysfunction. All the participants’ reports during the workshops were significant, as they brought the scientifically proven data closer to reality, allowing, once again, a reflection on what we have as truth, what matters as moral in society.
The practice of health education has great relevance when there is a need to address topics that are still considered taboos in our society and which, due to the lack of information, are sources of prejudice and discrimination. This is confirmed by Cardoso and Ferro (2012) when they say that the LGBT population has basic human rights assaulted, and is often vulnerable because of gender mismatch with biological sex or sexual identity, not heteronormative. We understand that this is a great experience in terms of professional and personal life, believing that health education supports the practice of the profession of psychologist as an instrument that aims to mobilize and provide the personal organization that emerges from of a collective exercise. Through dialogue and the sharing of knowledge and horizontal reactions, the formation of a posture of resistance and rupture becomes real, thus preparing future psychology professionals for action based on professional ethics.

V. CONCLUSION
Psychology is a science that aims to care for human beings, either individually or collectively, because health promotion is important for the quality of life of the population. Taking into account the recent model of public health in Brazil (universal system) with regard to greater participation in improving people's living and health conditions, working with academics is an important tool for critical awareness of the social environment and its conditions, of life and health. We had the opportunity to develop new skills as facilitators of the educational process, realizing potentials to promote change. Experience with psychology academics has provided evidence that health education is essential for reflection and behavior change in individuals' lives. The psychologist, as a health professional, needs to be able to identify the levels of his actions in the educational process, reflecting on the need to detach himself from his practice, placing himself as an educator precisely because of the reciprocal action regarding the reflection that is instigated in all participants. A work that requires thorough preparation, but becomes rewarding from the moment it is possible to feel, through the participants’ discourse, the awakening for reflection, as well as the interest in acquiring and exchanging more information with the group. The two themes that were addressed during the workshops, fed by common sense, surrounded by taboos and, consequently, by prejudice, provided an opportunity for growth as psychology students, alerting them as future psychologists and possible health professionals, to be alert to the chain reaction that implies the process of vulnerability and that leads to the illness of these populations. I truly believe that the goal of providing voice space instead of group members and encouraging them to think through the information provided has been achieved.

It was noticed through some reports the beginning of a deconstruction of common sense and especially the interest in wanting to be part of the process of deconstruction. What makes the work done extremely relevant to my professional life, contributing to training, providing greater learning, new experiences, with the construction of moments that differ from others by the possibility of putting into practice the knowledge acquired as a theory, which is a broader knowledge of health and concern for the population.

REFERENCES