






## CRITICAL HEALTH EDUCATION AS A TOOL FOR THE EMPOWERMENT OF SCHOOL ADOLESCENTS IN THE FACE OF THEIR HEALTH VULNERABILITIES

A EDUCAÇÃO EM SAÚDE CRÍTICA COMO FERRAMENTA PARA O EMPODERAMENTO DE ADOLESCENTES ESCOLARES FRENTE ÀS SUAS VULNERABILIDADES EM SAÚDE

EDUCACIÓN DE SALUD CRÍTICA COMO HERRAMIENTA PARA EL EMPODERAMIENTO DE ADOLESCENTES ESCOLARES FRENTE A SUS VULNERABILIDADES DE SALUD

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### ABSTRACT

**Objective:** to analyze how health education work can contribute to the empowerment of school adolescents to reduce their vulnerabilities. **Method:** this is a descriptive, exploratory study, with a qualitative approach, carried out with 12 adolescents, of both sexes, aged between 15 and 17 years old, high school students from a public school in the interior of São Paulo. As an inclusion criterion, we chose to interview students who had already participated in health education activities developed at school in the year prior to data collection and who were still participating in the activities at the time of the interview. Data were collected through a script of semi-structured interviews and participant observation. The group of subjects was defined based on data saturation, homogeneities and internal differences of the researched group. For the analysis we used the method of content analysis, thematic modality. **Results:** the analytical-interpretative trajectory of the data revealed two thematic cores: "the activities of health promotion, the instruments and strategies used" and "the empowerment", allowing to show that the adolescents who participated in the health education activities at school became more empowered to think about their own lives and make more conscious decisions that affect themselves and society. **Conclusion:** health education activities when carried out under the critical conception of liberating education, which promote the formation of reflective subjects, contribute to the development of autonomy and empowerment, factors that drive assertive choices for a better quality of life.

**Keywords:** Health Education; Power (Psychology); Adolescent; Schools.

### RESUMO

**Objetivo:** analisar como o trabalho de educação em saúde pode contribuir para o empoderamento de adolescentes escolares para a redução de suas vulnerabilidades. **Método:** trata-se de estudo descritivo, exploratório, de abordagem qualitativa, realizado com 12 adolescentes, de ambos os sexos, com idades entre 15 e 17 anos, alunos do ensino médio de uma escola pública do interior paulista. Como critério de inclusão, optou-se por entrevistar estudantes que já haviam participado de atividades de educação em saúde desenvolvidas na escola no ano anterior à coleta dos dados e que ainda estavam participando das atividades no momento da entrevista. Os dados foram coletados por meio de um roteiro de entrevistas semiestruturadas e observação participante. O grupo de sujeitos foi definido a partir da saturação dos dados, homogeneidades e as diferenciações internas do grupo pesquisado. Para a análise utilizou-se o método de análise de conteúdo, modalidade temática. **Resultados:** a trajetória analítico-

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interpretativa dos dados revelou dois núcleos temáticos: "as atividades de promoção da saúde, os instrumentais e estratégias utilizados" e "o empoderamento", permitindo evidenciar que os adolescentes que participaram das atividades de educação em saúde na escola tornaram-se mais empoderados para pensar sobre a própria vida e tomar decisões mais conscientes que afetem a si e à sociedade. **Conclusão:** atividades de educação em saúde quando realizadas sob a concepção crítica de uma educação libertadora, que promovam a formação de sujeitos reflexivos, contribuem para o desenvolvimento da autonomia e empoderamento, fatores estes propulsores de escolhas assertivas para melhor qualidade de vida.

**Palavras-chave:** Educação em Saúde; Poder (Psicologia); Adolescente; Instituições Acadêmicas.

## RESUMEN

**Objetivo:** analizar cómo el trabajo de educación para la salud puede contribuir al empoderamiento de los adolescentes escolares para reducir sus vulnerabilidades. **Método:** estudio descriptivo, exploratorio, con enfoque cualitativo, realizado con 12 adolescentes, de ambos sexos, con edades comprendidas entre 15 y 17 años, estudiantes secundarios de una escuela pública del interior de São Paulo. Como criterio de inclusión se optó por entrevistar a estudiantes que ya habían participado en actividades de educación para la salud desarrolladas en la escuela el año anterior a la recogida de datos y que aún participaban en las actividades al momento de la entrevista. Los datos se recogieron a través de un guión de entrevistas semiestructuradas y observación participante. El grupo de sujetos se definió en función de la saturación de datos, las homogeneidades y las diferencias internas del grupo investigado. Para el análisis se utilizó el método de análisis de contenido, modalidad temática. **Resultados:** la trayectoria analítica-interpretativa de los datos reveló dos núcleos temáticos: "las actividades de promoción de la salud, los instrumentos y estrategias utilizados" y "el empoderamiento", lo que permite evidenciar que los adolescentes que participaron en las actividades de educación sanitaria en la escuela se sienten más empoderados para pensar en sus propias vidas y tomar decisiones más conscientes que les afectan a ellos y a la sociedad. **Conclusión:** cuando las actividades de educación para la salud se llevan a cabo bajo el concepto crítico de la educación liberadora, que promueven la formación de sujetos reflexivos, estas actividades contribuyen al desarrollo de la autonomía y al empoderamiento, factores que impulsan elecciones asertivas para una mejor calidad de vida.

**Palabras clave:** Educación en Salud; Poder (Psicología); Adolescente; Instituciones Académicas.

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## INTRODUCTION

The construction of a participatory and emancipatory scenario comprises the possibility of ensuring subjects the right to a voice in decisions and to a critical and reflective education, whether in formal or informal educational spaces.

In this sense, in relation to adolescence, the involvement of this age group in public policies that are able to guarantee their

participation and protagonism through their empowerment as a historical and social subject, experiencing a period of vulnerabilities, has been constituted in recurring demands. The main changes in the human development process occur, being a period of learning and maturation in the way of acting, thinking and playing its role in society.<sup>1</sup>

The World Health Organization (WHO) understands adolescence as the stage of life between 10 and 19 years of age and adolescents as a social and historical subject, both private and collective.<sup>2</sup>

The particularity is characterized by the fact that each one is unique; and the collectivity, for establishing the relationship between the subject and society, is the development of the collective consciousness, the commitment of each one to its social group.<sup>3</sup> Thus, adolescence is established as a biological, social, cultural and historically process built.

The conception of being an adolescent must be guided by a systemic view of the process of adolescence, in which the subject of this process is seen within its singularities and its interactions with the family and social context at a given historical and cultural moment.<sup>4</sup>

The vulnerability of this group to health problems, as well as economic and social issues in the spheres of education, culture, work, justice, sport, leisure, among others, determines the need for specific attention and efforts to help them in their trajectories of everyday life, especially in the protection processes and the possibility of transforming and dealing with life's adversities, aiming at strengthening individual and collective to assertively deal with their vulnerability.

Considering that adolescents must become protagonists of their own history and subjects capable of seeking their own answers and solutions to face the problems that affect them, it can be assumed that, with such skills, they will be able to sharpen their perceptions and build paths of empowerment.<sup>5</sup>

Empowerment is related to a process of human evolution, which is achieved by the subjects through actions that obtain power to transform reality. It makes it possible to reflect and understand why reality is configured in the way it is presented, not limited to individual actions and good, but also to a cooperation of collective results.<sup>5</sup>

The idea of empowerment, introduced in the Ottawa Charter - 1<sup>st</sup> International Conference on Health Promotion, held in 1986 - redefines the perspective of health education and presents itself as a mechanism for strengthening individuals and social groups for training and transformations in the relationships of care and self-care through actions carried out in different scenarios, including the school, the health units, the home, work and other places.

Therefore, health education is an essential strategy for health promotion, as it seeks to achieve awareness, awareness and mobilization, in order to encourage subjects to relate, express

themselves and generate conscious behaviors of care, health promotion and prevention of harms.<sup>6,7</sup>

It must be based on the participatory perspective and on educational and systematically planned strategies to stimulate the construction of the assertive choice and decision-making process.

The teaching strategies used in health education groups, which comprised this study, were based on debates, conversation circles, workshops and culture circles.

It is understood that health education is a fundamental component to enable subjects and communities to take more control of their lives, providing a process of critical reflection, thus making them the protagonists of their reality.<sup>7</sup> Furthermore, it must be based on an integrative perspective, as it understands health in all its dimensions, providing decision-making power and autonomy in the choice of the subject himself regarding his quality of life.<sup>6</sup>

Thus, we will seek to answer the following research questions: how does health education work contribute to the empowerment of adolescents in the face of their vulnerabilities? And from the perspective of adolescents: how can empowerment generate autonomy and citizenship in their lives?

Hence, this study is justified by seeking to bring evidence, reflect and study health education, as a strategy to overcome the vulnerabilities experienced by adolescents, in view of their empowerment. It is necessary as an exercise to understand and transform practices in the field of health and education.

Given this, it was defined as the objective of this study to analyze how health education work can contribute to the empowerment of school adolescents to reduce their vulnerabilities.

## METHODS

It is a descriptive, exploratory study, with a qualitative approach, which seeks to analyze the work of health education in order to understand the social phenomena and the experiences of the subjects or groups, to understand how this work contributes to the empowerment of school adolescents schoolchildren and reducing their vulnerabilities.<sup>8</sup>

Twelve adolescents aged between 15 and 17 years old, students of the 2nd and 3rd years of high school in a state school in the city of *Ribeirão Preto*-SP participated in this study.

As an inclusion criterion, we chose to interview students who had already participated in health education activities developed at school in the year prior to data collection and who were still participating in activities at the time of the interview. It is understood that, for having experienced these activities, the adolescents had a set of experiences in relation to the themes worked on, to the detriment of the 1st year students, who were starting their participation in the activities.

It should be noted that, at this school, educational activities are promoted weekly for high school students by a group of

undergraduate and graduate students in Nursing at the *Escola de Enfermagem de Ribeirão Preto* of the *Universidade de São Paulo* (EERP/USP), linked to the Learn with Culture and Extension Program (*Programa Aprender com Cultura e Extensão*) of USP's Dean of Culture and Extension (*Pró-Reitoria de Cultura e Extensão da USP*).

These activities are carried out by three undergraduates and guided by the principles of health promotion, whose themes are relevant to the students' experiences and realities, leading them to dialogue, discussion and reflection in the classroom, guided by themes such as peace, violence, sexuality, family relationships, bullying, profession, health, among others.

During the insertion in the research field, the field diary was used as an instrument for recording the observed experiences, and for the data collection, carried out in the months of May and June 2017, the recorded semi-structured individual interviews, guided by a script.

The interviews were carried out at school at times that did not interfere with the frequency, performance and participation of students in classes.

The script consisted of eight questions that dealt with what health and health education is for adolescents, about their participation in health education activities at school, about the topics that most interested them and whether they managed to notice any change in their life from participation in activities.

Thus, the defined script consisted of open and guiding questions, which allowed the interpretation of the speeches, in addition to reducing the interference of the interviewer and facilitating the organization and analysis of the data.

The central topics of the interview aimed to identify personal and individual data of each adolescent and later understand how the work of health education carried out within the school is being effective with regard to the development of autonomy, citizenship and self-care, arising from the empowerment process.

It started by interviewing one student from each classroom, and so on, until information recur and data saturation were obtained.<sup>9</sup> Thus, the group of subjects did not seek to privilege numerical representativeness, but rather the deepening of the theme and the ability to reflect the totality of the phenomenon in its multiple dimensions, homogeneities and internal differences of the researched group.<sup>9</sup>

In terms of data treatment, the content analysis method, thematic modality, was applied.<sup>10</sup>

The analytical-interpretative trajectory went through the following phases: a) pre-analysis, seeking the first particularities and familiarization with the content; b) exploration of the material to identify key words, phrases and theoretical concepts, to build the themes, the registration units and the thematic nuclei; c) treatment of the results and elaboration of the interpretative synthesis, making the interface and dialogue with the theoretical content of this study.<sup>11</sup>

Ensuring anonymity, adolescents were represented by fictitious names of people who considered themselves historically empowered, who marked and transformed society, such as Zilda Arns, Nelson Justino, Mandela, Joana d'Arc, Maria da Penha, Bertha Lutz, among others.

In compliance with Resolution 466/12 of the National Health Council (*Conselho Nacional de Saúde-CNS*), the study was approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa-CEP*) of EERP/USP, protocol CAAE Nr. 56799616.6.0000.53. To participate in the interviews, the adolescents signed the Free and Informed Assent Term (IAF) in two copies and their parents or guardians signed the Free and Informed Consent Term (ICF).

## RESULTS AND DISCUSSION

Twelve adolescents aged between 15 and 17 years participated in this study, four of whom were 15 years old, five respondents were 16 years old and three were 17 years old; of these, six were male and six female; six belonged to the 2nd year and six to the 3rd year of high school; and most had at least five years of schooling.

From the analysis of the empirical material, the following thematic groups were learned from the speeches of the adolescents: "the health promotion activities, the instruments and strategies used" and "the empowerment".

### THEMATIC CORE 1: HEALTH PROMOTION ACTIVITIES, INSTRUMENTS AND STRATEGIES USED

This group mentions the adolescents' impressions about the activities and explains the methodologies used that most marked the learning process within the classroom.

*I think it's very good, they always leave space for people to say what they think, what they ponder. But like this, when they see that one group of the class is quieter than the other, they go there and ask this group, so nobody ends up being left out [...] because of that it ends up involving everyone and that's a very good thing (Nelson).*

Considering the adolescent social subject who carries with them their culture and history as bases for learning, it is reaffirmed that, for an effective learning process, one of the primary factors is that the adolescent is able to correlate the content with their life experiences and feel involved in the teaching and learning process. It is necessary that the methodologies are close to everyday life and that the student can identify the applicability and use of that knowledge in life.<sup>12</sup>

The creation of differentiated places in which learning becomes dialogical, enabling action strategies differentiated from the standard defined for the classroom, allows adolescents to participate, learn and identify more easily with the programmed contents.

Amid so many conflicts and contradictions of adolescence, the possibility of being heard and considered in the school process is fundamental and makes a difference in training.

Such evidence is based on the report about the learning process from health education activities at school. It is perceived that the impressions about the activities are effective and positive regarding new knowledge, awareness and reflections on healthier life choices.

*Everything that you teach here are super important for our life, health, from feeding to the sexual point [...] now to trans, bisexual, gays, about anorexia, which I found very important, because many girls suffer today with that and don't talk, so it's very important for us to find out, meet people who have no guidance at home and know what it's like (Zilda).*

In view of this, it is emphasized the need for schools, through their managers, teachers and pedagogical projects, to provide space to address issues of relevance and interest of adolescents.

It is understood that the current educational and health policies, in their interdisciplinary perspective, need to provide, in the practice of their daily actions, that the adolescent subject is seen in its multidimensions and subjectivities, allowing the school to be in fact a driving force of empowerment.

Therefore, reformulations at the macro level are necessary nowadays, mainly in view of the political, social and economic scenario that is experienced today. Also noteworthy are the innovations and changes that teachers can make within the classroom, bringing curricular content closer to the needs and demands of students through active methodologies.

The debates, conversation circles, workshops or cultural circles about a theme are teaching strategies and pedagogical methodologies that allow the possibility of the student having his "voice", being an active subject who intervenes in maintaining and improving health conditions and exercise the critical and reflective thinking necessary for this decision-making process.<sup>12,13</sup>

*[...] because we didn't sit there and talk about some subjects, everything we talk about was commented on there, so we felt that we had a voice there, so I think about politics, about women, about drugs, about everything, you know, mainly about the food, that we hit on it a couple of times that you came, so it was wonderful (Mandela).*

During the observation, and from the records in the field diary, it can be seen that the undergraduate students used active approaches and methodologies in the classroom, and the plans of activities or classes accessed were designed based on playful and participatory practices, being implemented and changed in each class and according to the profile of each classroom.

In view of the reflections, it is highlighted that innovative strategies for working with disciplinary content and the use of interactive activities with the student, such as practical experiences, group experiences, conversation circles, dialogic learning models, exchange of experiences and use of playfulness, do more meaning in the adolescents' learning process.

## THEMATIC CORE 2: EMPOWERMENT

The critical concept of education, which references this research, considers man as a historical being, which necessarily implies considering him also as a social and political being. This condition of man can never be conceived in isolation, as he only realizes himself and only produces his materiality from contact with the other.<sup>14</sup>

School empowerment also refers to the possibility of the student's active participation in the learning process, since the power to do is not just an individual attribute, the ability to do is linked to the doing of the other and to the relationships established in the context of one's own life.

Developing the capacity for analysis, discernment, decision and self-care among adolescents is to take them to a pedagogical and educational process in health aiming to give meaning and meaning to their needs, curiosities and doubts.<sup>15</sup>

As discussed in the previous category, health education activities, carried out at school, sought to develop active methodologies in the teaching and learning process and strategies for listening and participating students, working on themes consistent with the life stage and their interests.

The interviews showed how the teaching method and strategies made sense to the students, leading them to relate the knowledge learned with their daily lives, challenges and life problems.

*Because it teaches us to see, like this, to change our opinion, you know? Many things, to change us. Just like today, we were talking about machismo, feminism, such [...] and this is good, because it changes the opinion, the way of thinking, the way of seeing the world (Bertha).*

In the reports, it is noticed that the adolescents refer to the personal change of values and knowledge already internalized,

but they also refer to the way they see the world, that is, from the moment when new knowledge leads them to change their understanding of given situation. Consequently, they also reflect on the worldview, of the whole that is around them.

This understanding leads to the achievement of autonomy and empowerment already described.

*[...] but I think it opened my mind [...] at least mine, like that, I was always very expressive, but now I can express myself saying things that are true, understand? That I learned that they really exist and are real [...] (Maria).*

Many adolescents mentioned that the activities helped them to build arguments, and this is revealed from the subject's critical and thinking awareness. The activities carried out led the adolescents to think, debate, expose and listen to the opinions of their peers and build arguments to discuss various subjects.

*Um [...] they helped to have an understanding, because like, maybe I already had an idea, but I wouldn't be able to explain the reasons for my idea and where it came from. With their project, they were able to clarify and help me, and now it's easier (Che Guevera).*

In the adolescent's speech, the construction of arguments is related to life "out there", that is, adult life, in the job market and in the career to follow after the completion of high school. The adolescent reveals that she still feels she is in the process of training and preparation, not seeing herself as part of that life today.

Furthermore, it was evident in the adolescents' reports that they perceive changes in their lives, as they understand that the activities and strategies used contributed to make them capable of thinking and making healthier and more conscious choices of care for their lives, reflecting the process of autonomy.

It is emphasized that autonomy precedes empowerment, and empowerment is activated with the exercise of the subject's citizenship, which leads him to take individual and social attitudes, modifying the environment in which he lives.<sup>5</sup>

Another type of learning mentioned by the adolescents was the feeling of empathy for others, exercised during the activities of debates and conversations. The act of putting oneself in the place of the other generates social and community values such as respect, listening and understanding, which are essential for community life: Ah, I think I put myself more in the place of the other and being able to hear the other (Joana).

In this perspective of the guiding axis of their pedagogical practice, "educating" is much more than training human beings in their skills, paying attention to the need for ethical training of educators, making them aware of the importance of stimulating



students to a critical reflection of reality and allowing the educational process to be able to contribute so that people can reframe their life practices.<sup>16</sup>

However, it should be noted that many health education strategies are not able to promote the autonomy and training of critical subjects. Studies in the scientific field still indicate the recurrence of activities and interventions that are ineffective and promote empowerment. Studies have been added to give more evidence to the discrepancies in interventions carried out with adolescents and the effectiveness of programs developed since the 1960s.<sup>17</sup>

Therefore, effective health education practices must put an end with vertical methods in which the exercise of power is “over” the student, in which the knowledge and information are in the possession of the educator alone, for an education in which this exercise contemplates active participation of the student, being built together with the student.

Thus, there is a dialectic composed of the potential and weaknesses that health education actions present.

The first constitutes verticalized strategies, with banking ideals of education that do not consider the cultural and socio-historical condition of the subjects, being developed through specific actions such as lectures and merely informative activities. And the second, in turn, constitutes the sense of empowerment that comes from active and horizontal education strategies, based on listening, participation and recognition of the subjects’ needs.

## CONCLUSION

Understanding how health education work can contribute to the empowerment of school adolescents, based on the students’ own narratives, becomes relevant, since health education strategies have been used in schools, but little effective when developed under the banking and content education paradigm.

It was unveiled that educational practices of a liberating character that have the perspective of work reflection, critical thinking and active participation of the subjects can promote the autonomy and empowerment of school adolescents.

From the results, it appeared that health education activities should include actions that contribute to health promotion and be developed within the school space, aiming at the formation of more critical and active subjects.

Working with adolescents is a challenge, as it becomes essential that professionals have the sensitivity to know and understand the specific demands, weaknesses and potentialities of this phase of life, so that they can develop activities that make sense to them.

In relation to the limitations presented by the present investigation, those related to its operationalization stand out, that

is, it did not include the participation of other subjects, such as parents or teachers, to understand the phenomenon. This may be an issue for future studies.

It is observed that the study provided an in-depth and contextualized understanding of the senses and meanings attributed by the adolescents about the object under study, that is, about their empowerment, contributing so that health education policies and actions can be implemented in the school context and community, in order to establish health-promoting schools that encourage self-care and the development of adolescents as protagonists in their personal and collective history.

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