



## NURSING EDUCATION ON INDIGENOUS HEALTH: A PROBLEMATIZATION APPROACH - CASE REPORT

### ENSINO DE ENFERMAGEM NA SAÚDE INDÍGENA: UMA ABORDAGEM PROBLEMATIZADORA - RELATO DE EXPERIÊNCIA

### ENSEÑANZA DE ENFERMERÍA EN LA SALUD INDÍGENA: UM ENFOQUE PROBLEMATIZADOR - RELATO DE EXPERIENCIA

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#### ABSTRACT

**Objective:** to describe the experience of educators teaching the course on Health of Indigenous Populations at the College of Nursing of the Federal University of Amazonas/UFAM, highlighting the results obtained in the educational process with the use of problematization of pedagogy. **Method:** descriptive study of a case report resulting from the course entitled Health of Indigenous Populations that used the methodology of problematization, following the phases of observation of reality, key points, theorizing, solution hypothesis and application in reality. **Results:** the scenario of indigenous health was contextualized and problematized with regard to the teaching of nursing care in a culturally different population. **Conclusion:** the use of this methodology was an important educational strategy, providing an opportunity for teachers and students to critically and creatively observe the reality experienced with the indigenous population as well as rethink and rebuild their pedagogical practices toward the health of indigenous populations. **Descriptors:** Nursing; Teaching; Nursing Education; Indigenous Health.

#### RESUMO

**Objetivo:** descrever a experiência de docentes ao ministrar a disciplina Saúde das Populações Indígenas, no Curso de Enfermagem da Universidade Federal do Amazonas/UFAM, destacando os resultados obtidos no processo educativo com a utilização da pedagogia da problematização. **Método:** estudo de natureza descritiva do tipo relato de experiência, resultado da disciplina Saúde das Populações Indígenas, na qual se utilizou a metodologia da problematização, seguindo as fases de observação da realidade, pontos-chave, teorização, hipótese de solução e de aplicação na realidade. **Resultados:** contextualizou-se e problematizou-se o cenário da saúde indígena, no que tange ao ensino dos cuidados de enfermagem, a uma população culturalmente diferenciada. **Conclusão:** a utilização dessa metodologia foi uma importante estratégia pedagógica, pois oportunizou aos professores e aos estudantes a observação crítica e criativa da realidade vivenciada com a população indígena, bem como repensar e reconstruir suas práticas pedagógicas na saúde das populações indígenas. **Descritores:** Enfermagem; Ensino; Educação em Enfermagem; Saúde Indígena.

#### RESUMEN

**Objetivo:** describir la experiencia de docentes al ministrar la disciplina Salud de las Poblaciones Indígenas, en el Curso de Enfermería de la Universidad Federal de Amazonas/UFAM, destacando los resultados obtenidos en el proceso educativo con la utilización de la pedagogía de la problematización. **Método:** estudio de naturaleza descriptiva de tipo relato de experiencia, resultado de la disciplina Salud de las Poblaciones Indígenas, en la cual se utilizó la metodología de la problematización, siguiendo las fases de observación de la realidad, puntos-claves, teorización, hipótesis de solución y de aplicación en la realidad. **Resultados:** se contextualizó y problematizó el escenario de la salud indígena, en lo que se refiere a la enseñanza de los cuidados de enfermería, a una población culturalmente diferenciada. **Conclusión:** la utilización de esa metodología fue una importante estrategia pedagógica, pues oportunizó a los profesores y a los estudiantes la observación crítica y creativa de la realidad vivida con la población indígena, bien como repensar y reconstruir sus prácticas pedagógicas en la salud de las poblaciones indígenas. **Descritores:** Enfermería; Enseñanza; Educación en Enfermería; Salud Indígena.

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## INTRODUCTION

Indigenous peoples have a health care subsystem in the current context of the Unified National Health System (SUS) as regulated by Law nº 9,836/99. Currently, the Special Secretariat of Indigenous Health, an agency of the Ministry of Health (MOH), is responsible for managing this subsystem and implementing differentiated actions of health toward indigenous peoples of Brazil.<sup>1</sup>

Thirty-four Indigenous Special Health Districts (DSEI) were implanted for its operationalization. These are made up of a network of hierarchical services, increasingly complex and articulated with other levels of SUS attention. Health actions are developed by multidisciplinary teams with participation of nurses and nursing technicians respecting the epidemiological, operational and cultural specificities of each village attended.<sup>1</sup>

There are 1,450,998 indians throughout the national territory, according to the latest census conducted in 2010. The Northern region lodges 61.81% of this total. The state of Amazonas has the highest proportion of indigenous population of the country, especially in some cities such as Sao Gabriel da Cachoeira and Santa Isabel do Rio Negro, where more than 90% of the self declared indigenous population is settled.<sup>2-3</sup>

Thus, the health system needs to be prepared in all levels of care to act in face of the needs of this population. From this perspective, it is necessary that universities, especially in the Northern Region, seek training health professionals to be skilled in working with this population and to know how to articulate knowledge on health, the health-disease process and the culture of indigenous peoples. These peoples have a peculiar great cultural wealth of knowledge, perceptions and meanings of health, sickness, life and death and who often are not well known/understood by professionals.

The nurse, by basing its assignments on comprehensive care to the individual, needs to be prepared to deal with the idiosyncrasies of the patient, whether white man, indigenous man or from any other cultural system.

In the state of Amazonas, seven DSEIs were implemented, demanding a set of social and health needs. These districts must act on the view that the indigenous population is detentor of rights for which SUS principles of access, universality, fairness and integrity must be assured.<sup>4</sup>

A common feature of any Indigenous Special District is the presence of nursing professionals. Basic health assistance programs toward indigenous peoples as well as health education programs and training of indigenous health workers, are deployed by these professionals. The nurse acts as supervisor in healthcare centers in villages and plays a role of paramount importance in multidisciplinary teams of indigenous health.<sup>5</sup>

In this context, it is understood that the training of nurses to work with the indigenous population must be guided by a social practice that qualifies for competence in knowing how to deal with geographical and cultural characteristics of indigenous peoples. For this, the Nursing course must implement systematic teaching-learning initiatives through their teachers, discussing biodiversity in the Amazon and, specifically, indigenous peoples, not only in the context of health but also education, environment and technology.

The course of Nursing of the Nursing School of the Federal University of Amazonas (UFAM) trains the performance of nursing students toward indigenous populations in the course entitled Indigenous Health, initially offered as optional and subsequently as mandatory subject in the curriculum of Nursing course/UFAM. This is because it is understood that there is a need to prioritize attention to ethnic and cultural issues of the native population in the North of Brazil, where indigenous peoples are mostly concentrated.

The present study has as objective to describe the experience of educators teaching the course entitled Health of Indigenous Populations at the Nursing School of the Federal University of Amazonas/UFAM, highlighting the results obtained in the educational process from the use of problematization of pedagogy.

## METHOD

Descriptive study of case report on the teaching educational practice of the course "Health of Indigenous Peoples", part of the curriculum of the Nursing Course at the Federal University of Amazonas, conducted in the city of Manaus, with duration of 45 hours corresponding to 15 hours of theoretical lectures and 30 hours of practical lectures. The course is offered as a mandatory subject in the seventh semester of the nursing course.

The purpose of this course is to offer students: a holistic view of socio-cultural, political and epidemiological aspects related to indigenous peoples of Brazil; seizure of concepts of culture, ethnocentrism,

intercultural, inter-medical and cultural diversity; knowledge of the history of the National Policy of Indigenous Health and the health subsystem with emphasis on the organizational model of services, intervention by means of prevention, health promotion and rehabilitation of the indigenous population; reflection on current nursing assignments in indigenous health care aiming to redefine the roles of this category in the promotion of indigenous health.

In the search for an approach that considered the listed aspects, it was decided to use the pedagogy of problematization proposed by Bordenave<sup>6</sup> as a teaching-learning strategy in order to equip the student to face the professional practice, integrating theory and practice based on knowledge arising from Anthropology, Social Sciences, Epidemiology and Nursing.

The pedagogy of Problematization is fundamented on the thinking that, in a world of rapid change, the most important thing is not the knowledge or ideas or the correct and easy behaviors that are expected, but the increased capacity of the student - participant and agent of social transformation - to detect real problems and seek original and creative solutions for them. For this reason, what is pursued is the development of the ability to ask relevant questions in any situation, ask relevant questions to understand them and be able to resolve them properly.<sup>6</sup>

Therefore, through practical classes, students carried out successive approximations with the various scenarios of the extant reality in the city of Manaus, extending the duration of educational practice in public health services and integrating the SUS services and indigenous health.

#### ◆ **Applicability of the Methodology of Problematization**

The methodology of problematization was applied following the Arch of Charles Maguerez that proposes five stages of implementation, namely: observation of reality and problem identification; definition of key points; theorizing; hypothesis of the solution; and application of reality.<sup>7</sup> It initiates from reality (observation of reality), it goes through an extensive process of study and reflection (discussion of the theoretical and empirical data) and returns to reality (effective execution in reality) with some degree of intervention. The participation of groups to be reached is important, whether in a situation of teaching or research. Starting from the concrete reality lived towards posterior reflection, this process provides a

transforming action of reality.<sup>7</sup>

#### ◆ **First phase: observation of reality and identification of problems**

In the first phase, the students were made to understand and observe the way of life of an indigenous group called Zoé (Social organization, customs, religion, eating habits, conception of health and disease, among others) through a video. Later, they were asked to express their perceptions of indigenous peoples, and these were, on a first reading, laden with prejudice or even a naive and misguided view of indigenous peoples.

This first phase involved the active participation of subjects (in this case, the students) for a close look at the reality, making the first reading, in which the theme to be worked was inserted. This is the time when students involved can look closely at the reality, choosing aspects that need to be developed, processed, reviewed or improved. During this phase, students observed closely the reality of the group studied and expressed their views on the reality found, identifying the relevant aspects of a culturally distinct group. In this phase, the students identified as problems: the cultural differences, communication difficulties, which would possibly raise, first contact with the indigenous population.

#### ◆ **Second phase: definition of key points**

In the second phase, the students carried out an election of what was observed in reality. They analyzed what was really important, identified key points of the problem or issue at hand and the determinants of the situation. This is the moment of synthesis.

Students elected key points to be addressed during the course, such as the concept of culture, ethnocentrism, intercultural and intermedical aspects and organization of the health care model of indigenous peoples in the Amazon and Brazil.

#### ◆ **Third phase: theorization**

In this phase, students began to reflect and discuss the behavior of indigenous peoples, the contribution of nursing to the health of these populations, strategies that could help natives to understand the Western health practices, besides the comprehension of the Indians on the process of health and disease. Through it, teachers and students sought in literature support for a more thorough and specific understanding of indigenous people, particularly the groups living in the north of the country. This took place through directed studies, round-table discussions, lectures and seminars.

*Theorization*, the third phase of the Arco Maguerez, is the moment when subjects begin to perceive the problem and ask why such events are observed in the earlier stages. A well-developed theorization takes the subject to understand the problem, not only in its manifestations based on experiences or situations but also the theoretical principles that explain them. Analytical mental operations that favor the intellectual growth of students happen at that moment of theorization. Everyone involved in the process should study the subject.

Students experienced that stage diving in pursuit of what was still something new for them but essential for their training because this is such a large population in the region in the state of Amazonas, that demand specific knowledge of issues such as policies of indigenous health, specific cultural aspects of each ethnic group, among others.

#### ◆ Fourth phase: hypothesis of solution

The students were taken to the House of Indian Health of Manaus (CASAI), which receives diverse indigenous ethnic groups living in the north of the country. These are referenced from their community for specialized health services required to continue treatment after discharge, make specialized tests and treatments in the public (SUS) or private health system, do the translation service for those who do not speak Portuguese and enable their return to the village.

The fourth phase of Maguerez Arch is the development of viable alternatives to address, critically and creatively, the problems identified from the confrontation between theory and reality. Students initially identified the cultural difference as a problem because they were filled with prejudices and distorted views regarding the care to indigenous population, which sparked interest for diving in the search to learn the customs and culture of indigenous groups found in CASAI in order to develop a plan of care that would meet the care needs of such groups, without, however, forgetting that these are culturally different groups.

#### ◆ Fifth phase: application to the reality (practice)

In the fifth phase of the Arch of Maguerez, *application to reality*, those involved are induced to construct new knowledge to transform reality observed through the hypotheses previously planned.

As a proposal of the course, students were divided into pairs to follow a specific ethnic group, endeavoring to consider cultural,

epidemiological and logistical peculiarities of the care provided to these people and, at the same time, favor the confrontation of reality with their theorization and enable the formulation of hypotheses of solution, with regard to competences and assistance skills of nurses. For this, the students were encouraged by teachers to provide care to the culturally different population, identifying specific aspects of the studied group, such as their customs, beliefs, values and culture.

These aspects are essential components that must underlie the action of nurses in the context of life of a particular group. The nurse must also know how the health-disease process is understood by this group in order to seek solutions to the problems encountered. Students, after familiarizing with the various ethnic groups, sought to apply the knowledge acquired in the classroom, and associate this knowledge with the knowledge acquired in reality. The group of students and teachers observed that despite professionals already having some skill and experience in dealing with the indigenous population, the difficulty in dealing with ethnic groups that have so much peculiar culture and habits was still notorious. This aspect has been questioned with a view to seek to understand which is the best way to work and develop the practices of care toward this population.

Faced with this reality, students promoted educational activities with the team in order to share the acquired knowledge, explaining the importance of considering the ethnic specificities observed, given that the CASAI receives indigenous of various ethnicities. With respect to the indians of different ethnicities found in CASAI, students sought to make a physical approach, always seeking to minimize the barrier of communication and cultural difference. This proximity promoted intercultural exchange of knowledge that led the group of students to reflect on how the care practice toward indigenous peoples imposes the need for nurses to immerse into the culture, beliefs and values of the ethnic group with which they will act.

#### ◆ The impact of the educational process for students and teachers

At the end of the course, teachers observed that the use of problematizing pedagogy was a key differentiator in the course because students perceived that the nurse performs its role of caregiver, educator and manager in the field of indigenous health. The methodology has brought important contributions for teachers and for students. Students had the opportunity to learn the

epidemiological profile and demographic aspects of the indigenous population as well as understand the applicability of the concepts of culture, ethnocentrism, intercultural and cultural diversity in nursing practices, in the pursue of a special attention to the health of indigenous peoples. For teachers, the experience of teaching the course helped to reduce the prejudice of students towards indigenous peoples, in addition to preparing future nurses to reduce the cultural barrier between two social actors (nurse and subject of care), thus promoting , the necessary interaction in practical scenario, aiming at a nursing care of good quality.

Experiences based on problematization, through the use of the Arc of Maguerez, enabled the active participation of the student in the approach and understanding of indigenous reality by the experience of the phases of the process.

Students are positioned as the main characters of the whole process, from the observation of the portion of reality and defining the problem of the study until the carrying out of some of intervention in that portion of reality, in order to contribute to its transformation.<sup>8</sup>

It is in this reality that perception to identify the problems develops, and, therefore, it is understood that a sensitive experience is needed to understand others and their reality.

The perception of the other, based on the philosophy of Lévinas, is commented as follows:

Facial expression is the living word, is how the other appears to me, naked and indigent. The expression does not occur as a manifestation of a plastic form, connected to a comparison system, is not restricted to the physical, but it is the way how the other presented himself to me.<sup>9</sup>

The need to understand the reality and then transform it requires a sensitive listening from the student. Barbier<sup>10</sup> by definition makes it clear that sensitive listening starts by not interpreting, but quit all judgment, seek to understand by empathy, the sense of a given practice or situation, is something that is conferred to go beyond, is surprise by the unknown.

## CONCLUSION

The course needs to be inserted in the discussions and actions that guide the nursing practice in care services for indigenous health in order to meet the health care policy of

indigenous peoples, as defined in our health care system.

Regarding the implications for nursing, reflection on the field of indigenous health and interaction with the nurses in the Amazon region were crucial to have an understanding of this reality by updating contents and concepts, exchanging experiences and building new knowledge on the theme. All these measures contributed to the training of students in assisting the indigenous population.

The pedagogical practice of the teacher is built with interaction with the student and is based on trust. The experience of this teaching methodology fostered action-reflection-action activities in students with the application of Arc of Maguerez and awakening to the search for strategies to solve the problems identified in the field of indigenous health. This experience provided to teachers and students an oportunity to rethink to reconstruct the journey toward the act of learning to teach and teaching to learn.

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