

DISCURSIVE CONSTRUCTIONS IN HEALTH EDUCATION ABOUT HIV, TUBERCULOSIS AND LEPROSY



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ABSTRACT

This study analyzed the discourses of 8th grade students from a municipal school in Fortaleza-Ceará, evidenced in the interrogative constructions produced in the webradio as health education strategies. Methodology. Qualitative and exploratory studies, anchored in the literature review. The research unarchived interrogative discursive constructions of the youths mobilized by the health-promoting communication in the program, In Tune with Health of the Web Radio Ajir, of the State University of Ceará, as an integral part of the Master's dissertation of the Graduate Program in Clinical Care in Nursing and Health. Result. The strategies of problematizing the reception of the communication of the programs with the themes, Sexually Transmitted Infections and neglected diseases, Tuberculosis and Leprosy, boosted the participation and problematization of the participants, which led to the analysis of 5 questions-discourses addressed in the digital program. From these questions, discursive analysis and poems were produced, revealing a little lyricism in the face of complex themes. Discussion. Neglected diseases, such as tuberculosis and leprosy, along with HIV challenge health systems in the efficiency of treatment and self-care for their elimination and eradication. Despite the advances in treatment, care and prevention, evidenced in the creation of public policies, prevention through information, education and drug production, these policies have been suffering setbacks and leaving populations on the margins of care and prevention. Conclusion. The discursive constructions carried out by the students pointed to the biomedical model and to the need to classify pathologies as a way to understand them, demonstrating that models centered on self-care and preventive are little known.

Keywords: Discursive constructions, Care, Health at school, Health promotion.

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INTRODUCTION

This study analyzed the discursive constructions of schoolchildren gathered in 5 questions-discourses and from them poems were produced that developed the question, answering it or contextualizing it. Thus, knowledge related to complex pathological themes was intertextualized, in which the literary texts sought to emphasize the perspective of care and sociocultural behavior in the process of health and disease.

The questions were addressed in the digital program, In Tune with Health, on the Web Radio AJIR of the State University of Ceará – UECE. This analysis was part of the study from the *stricto sensu* graduate program of the Clinical Care in Nursing and Health Program (PPCLIS).

The questions and poems became contents that trigger discussion in the process of health education in educational mediation with the school youth population.

By dissecting the polysemy of the word in this process of health education, a bit of lyricism was promoted in the face of themes related to HIV and neglected diseases in our society.

In this way, there was an approximation between linguistics and health, between scientific discourse and poetry, making a chain of knowledge that intends, above all, to improve knowledge in health, making it accessible, smooth and delightful to read and learn in the educational process.

METHODOLOGY

Qualitative and exploratory studies, anchored in the literature review and in the participation in the program, In Tune with Health, of the Web Radio AJIR of the State University of Ceará – UECE as an integral part of the Master's dissertation of the Graduate Program in Clinical Care in Nursing and Health – PPCLIS of the Center for Health Sciences.

The discourses anchored in the genealogical and critical studies of Michel Foucault were carried out, among them, the *Microphysics of Power* (1984), *Archaeology of Knowledge* (1987), *The Order of Discourse* (1996), *The Birth of the Clinic* (2006). In addition to the Web Cuidado studies and the discourses of the youth of Torres (2015, 2020).

In order to analyze the discourses of young people about health education as a practice of web care, qualitative-descriptive research was used because, according to Deslandes, Gomes, Manayo, (2007, p. 21), we sought to understand "the meanings,

motives, aspirations, beliefs, values and attitudes" about the discursive interrogative constructions of young people in the school space. In this sense, it sought to situate, interpret and position itself in front of the discourse-questions given from the experiences of the students and their insertion in health programs through the AJIR web radio.

The research used the participation of a teacher, a master's student, in the interactions and pedagogical articulations of a school in the mobilization and problematization of the reception of the communication of the contents of the Program: In Tune with Health, broadcast online channel: Web Radio AJIR-UECE. (Association of Youth of Irajá).

The work proposal was formatted as a process of health education in the school, since social practice was carried out in the interactions and discussions in the educational space. Thus, according to Brazil (2007, p. 20), this process contributes to the formation of people's critical awareness of their health problems, based on their reality, and stimulates the search for solutions and organization for individual and collective action".

RESULTS

DISCURSIVE CONSTRUCTIONS IN HEALTH EDUCATION ABOUT HIV AND NEGLECTED DISEASES

Question 1: Are people living with HIV more vulnerable to TB?

Vulnerable originated from the Latin word *Vulnus*, which means in the proper sense "wound, blow, cut, crack" and in the figurative sense "wound, wound, disgrace, anguish, pain and affliction according to Faria, (1994, p. 588). In this way, the metaphor of the one who can be hurt and damaged is scrutinized and conveyed in the interrogation. The archetype of the fragile being who languishes, without health and vigor that remains for him to wait for death, is resumed.

Seropositivity. Without stigma. Empathy. Life calls for courage. Firmness is needed. Fortaleza is needed. The question above focused on the person living with HIV and considers him or her as venerable, and the adverb of intensity "more" reinforces this, showing that the representation in vogue of the 80s and 90s still persists in a subtle way, in which the population living with HIV was stigmatized as vulnerable and fragile, associated above all with thinness and wasting. Disregarding ways of life, prejudice and other contexts as devastating and potentiating agents of the disease.

Between the lines of the question, this resumption of the "vulnus", the wounded, the fragile and the weak, can be perceived. In this way, the residues that point to being vulnerable because they have HIV are not the same for those who have lived, for example, with the measles, mumps, malaria viruses and, more recently, with Covid-19. Thus, it is clear from the question asked in the program's chat that until the present moment

it is surprising how persistently AIDS continues to be seen in countries like ours (where access to HAART [antiretroviral therapy] is universal, as determined by a federal law of 1996) as a disease associated with imminent death, which causes patients to become progressively and inevitably emaciated, as in the 1980s. (BASTOS, 2013, p. 94)

For the Michaelis dictionary (2024), vulnerability would be a quality or state of what tends to be vulnerable. It is the condition of susceptibility, of being injured or struck by a disease; fragility. Thus, humanity, as long as it has life, has this condition of vulnerability, and can be affected by viruses, epidemics, pandemics and diseases.

In the pedagogical process, centered on self-care, when trying to answer the question posed, one can start with the answer that, depending on immunity, living conditions, geography, and misinformation, everyone is vulnerable to tuberculosis. One of the ways to combat vulnerabilities in the face of diseases is health information and education.

Q2: Is leprosy Leprosy? Is there a cure?

The term leprosy was presented in discourse and carries prejudice and social ignominy. "Leprosy" was the mark that stained and demarcated bodies and placed them under social stigma. A "leper" body is an excluded body, devoid of rights, absent of humanity and sociability, and should be separated from other healthy bodies. In the imagination, the body rotting little by little in the silent ordeal for solitary collective death.

On the skin the mark of the incurable. The leprosy or leprosy patient was previously called "leper", a term that still causes fear. The injuries leave sequelae and physical deformities and the sick person seen as a dead and contaminating body was isolated and removed from the cities, from social life, the so-called "leprosaria" stayed there waiting in expiation, divine love to sympathize, to take them to paradise where they would have their bodies purified, one day healthy, clean, without stains and marks that differentiate them.

Leprosy is the official term
Leprosy abolished is
The term is no longer
Recommended to use

in Law 9.010 of 1995
nailed it is.
But what is a law,
Facing the Force
of popular discourse?
But the people need to be taught
Inclusion and respect to share.

Q3: Are there any symptoms that do not appear on the skin? Can those who had it get it again?

The skin is the garment of the body. It is the showcase and the vestment of the soul. In this fabric, it is necessary to have no marks or prints that stain the body's clothing. The hidden and silent symptom can spoil clean and smooth skin and peacefully compromise health.

Stained, stigmatized skin saddens the soul, numbs the body, weakens the hands. It is necessary to hide what no one wants to see.

That is why the interrogative constructions to know about hidden and invisible signs that can compromise the body. Are there spots that affect the nerves, the epidermis, the tissues and organs that cannot be seen or touched? In primary care, there is care, follow-up and treatment for patients with leprosy. "Catching it again" is not very common, unless the patient is in an endemic setting, geographic region, or population significantly affected by the infection or discontinues treatment that takes 6 to 12 months.

Mycobacterium leprae
Infection, slow and silent
Transmission Mode
Respiratory tract, injured skin.

After...
Spot, hypoesthesia, anesthesia,
The skin is the gateway
of human tactile sensations
Leprosy closes that door
and other doors close
for the marked body,
reddish, stigmatized.

It is the ordeal that no person wants to live.

Q4: Do you have any specific medication for STIs?

Since ancient times, humanity has sought remedies to cure its illnesses. In the pedagogical mediations via web radio, the students reassembled this search for a drug that can extirpate the acquired disease. The medicine is the popular term to name medicines, in

which they have chemical compounds, called drugs, prepared in laboratories. There are specific drugs for each STI, including pharmacological therapies for HIV.

Nowadays, the use of medications has been recurrent, making people believe that only medicalization is the answer to fighting diseases; being the only treatment for acquired diseases. So, it was agreed that it is enough to buy the indicated, prescribed, listed drug at the pharmacy and your life will be solved.

The question resumes the traditional biomedical model that used prescriptions on a large scale as the only treatment, not considering other forms of care, leaving or denying complementary and auxiliary therapies in the holistic process of treatment, care and self-care in the health/disease process.

In the above questioning construction, in relation to Sexually Transmitted Infections, despite the recognized importance of pharmacological treatment, it is necessary to pay attention to ways of life centered on self-care, prevention policies, primary care care, training and information, and also valuing safe sex practices.

The poem below ironizes this contemporary relationship of people in search of a medicine in pharmacies, evidencing the weight of advertising and the contemporary pharmacological industry in the daily life of societies.

Life in pharmaceuticals
In search of a cure
We want a remedy for everything.

Medicine to relieve
The pain.
Medicine to cure
love.

Medicine to heal wounds
rejuvenate
And forget
the evils of life.

For every disease
a specific remedy
prescribed
It may be said,
Nominated or shared
by neighbor, friend or brother.

From pharmacy to pharmacy
Buy-se
Pain medicine
Redeemed for love
Medicine for STIs
Medicine to forget
Even a medicine to get rid of you.

DISCUSSION

The questions of the students unarchived and examined in this article form discursive constructions that carry historical and sociocultural marks that allow the visualization of intentions and worldview of those who interrogate. Thus, we sought to analyze the discursive interrogative constructions that glimpse, according to Foucault (1987, p. 31) "the intention of the speaking subject, his conscious activity, what he meant, or even the unconscious game that emerged involuntarily from what he said" in relation to the diseases addressed in health communication.

The discursive game of schoolchildren in relation to health and diseases addressed in the care strategy emerges and is contextualized in a disciplined society that seeks to fit health into the classification of pathologies. It is known that the birth of social medicine, in the debate and treatment of people's health, appropriated the discourse and strategies of massification, "normalization" and disciplining of bodies through medical control in medical records, prescriptions and the discourse of the physician as the holder of knowledge-power in health.

For Foucault (1984), society's control over individuals is not configured simply by consciousness or ideology, but begins in the body, with the body. Through the biological, in the analysis of the somatic and anatomical, in the dissection and body examination that, above all, invested the medical sciences in capitalist society. The body, therefore, has become a biopolitical reality in which the control apparatuses existing in society dominate this body. Medicine is a biopolitical strategy because it exerts control, commands, guides and generates power over people by pointing out the diagnosis and treatment of the ailments, diseases and complaints that this body carries.

The students' questions are situated in this context of disciplining bodies, pathologizing life and classifying diseases as a way of apprehending them and recognizing the doctor and clinic/health centers/hospitals as a priority space for disease control and prevention.

By instigating health education with young schoolchildren, an inverse movement is sought centered on valuing self-care and prevention strategies. In this sense, the questions that raised the importance of discussing some diseases that are still neglected in the Brazilian territory, including Tuberculosis and Leprosy, were examined. It was found that Sexually Transmitted Infections (STIs) are still compromising and are related to the lack of knowledge of a positive sexuality in care.

STIs result from the way of life rejected in self-care with the body and, especially, by the misinformation driven by silence and denial of sexuality as a human dimension. In relation to HIV, despite advances in inclusion, respect and dignity for people living with HIV, the focus on prevention, the discovery of medication that helps in the treatment of people, studies show that this scenario has been interrupted, compromising the treatment and health of these people.

The documentary analysis showed that the situations that increase people's vulnerability to HIV, the isolation of actions and programs, the biomedical model of care, inequities in access to health and social support services, the global financial crisis, and the persistence of attitudes of prejudice and discrimination related to HIV, were not sufficiently overcome to promote greater inclusion of HIV-positive people and key populations in social and social policies. health. Such issues successively prevent the achievement of goals established worldwide, which, once achieved, would enable a response towards the eradication of the epidemic (Lucas; Böschemeier; Souza, 2023, p.10).

The study in question also considered the statements of health professionals and the public served, and in these interviews it was evidenced a deterioration in the care and health care of people with HIV, there is an absence of preventive attitudes of public state agencies on a large scale, intersectoral educational actions, in addition to the reduction of the work of non-governmental organizations. The study of Luke; Böschemeier; Souza, (2023, p. 13), point out several indicators that compromise the care and attention to people living with HIV:

Other aspects identified in the narratives are prejudice and stigma that have intensely marked the care provided to people living with HIV/AIDS in various ways, in the field of health and, more broadly, in the social field. In the context of health services, the statements indicate that, since the beginning of the epidemic, there has been a refusal of professionals to assist these people for oral health actions, surgery and even care provided by infectious disease specialists, attitudes that persist to this day, even with all the current knowledge about biosafety and HIV. In the social field, the fear of revelation to society in general persists, especially friends and relatives. In this sense, staying healthy is a condition to preserve the secrecy about one's condition as a person living with HIV, a situation narrated by one of the interviewees.

This scenario demonstrates that it is necessary to advance in protocols and public policies that guarantee effective prevention and care for people living with HIV in health systems, in addition to reinforcing communication, information and education channels to ensure preventive processes with a focus on self-care so that prejudice can be combated, controlled and, possibly, eliminated from this infection.

Regarding tuberculosis, the Ministry of Health, in April 2023, through Decree No. 11,494, established the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases (CIEDDS).

It is recognized that these diseases and the health condition of each person are directly influenced by environmental, social and economic factors in which they are inserted. Thus, in Brazil, (2023), the diversity and extensive territorial dimension of Brazil have marks of deep social inequalities, contributing to some diseases affecting more or only people in areas of greater social vulnerability.

Therefore, eradicating these groups of diseases that are socially determined requires structural public policies and broad actions, which involve not only their diagnosis and treatment, but also access to health, sanitation measures, social and economic inclusion, education, housing, a healthy environment, health of fauna and flora, and health education as a cross-cutting theme in society.

According to the Clinical Protocol and Therapeutic Guidelines for Leprosy, (2022), leprosy is an infectious disease that has a chronic evolution. It has a cure, however, it is endemic in several parts of the globe, including the countries of India, Brazil and Indonesia. It is related, above all, to the processes of impoverishment and precariousness of life. In Brazil, it is still considered an important health challenge because, according to the Ministry of Health, (2024), it ranks 2nd in the world among countries that register new cases. Due to its high burden, the disease remains an important public health problem in the country, and is mandatory to be notified and investigated.

According to BRASIL, (2024), tuberculosis is also an important public health problem. Worldwide, each year, about 10 million people get sick from tuberculosis. The disease is responsible for more than one million deaths annually. In Brazil, approximately 70 thousand new cases are reported and there are about 4.5 thousand deaths due to tuberculosis.

In view of the above, Health Education is a formative action that mobilizes social actors in the effort to take care of themselves and the collectivity that aims to raise the quality of life of the population of a given region.

According to the Ottawa Charter (1986), health promotion has become a device that is anchored in the process of "training the community to act to improve its quality of life and health, including greater participation in the control of this process." In this sense, the debate on health begins with the education of the population for human care and self-care, empowering them with the principles and parameters of individual care, in addition to

seeking from the public authorities the execution of collective care, represented in health policies for the population.

This debate goes beyond the offices of the health department, hospitals, and health centers and reaches schools with the aim of raising care and self-care practices for the prevention and reduction of diseases, contaminations and infections in population groups.

Thus, health promotion spaces are expanded and schools can and should discuss, debate and carry out Health Education projects with a focus on healthy living practices. The school, when discussing health actions in favor of students and the community in general, according to MEC (1996), allows its students to re-elaborate knowledge in order to adhere to values, skills and practices favorable to health. In this execution, the aim is to strengthen healthy behaviors and habits, thus allowing students to become protagonists capable of influencing changes that have repercussions on their personal lives and on the quality of life of the community.

The Health Education process contributes to undoing pre-judgments and strengthening the paths of social inclusion, the exercise of citizenship and the consolidation of care. The motivation and incitement of these questions under study were, therefore, a proposal for a webcare that is, according to Torres (2015), the construction of knowledge from discursive interaction in cyberspace through the transmission of content, anchored in professional responsibility and ethical principles, in order to generate learning, and thus, sensitize to changes in attitudes.

Health education, therefore, can be seen as a very effective system in the production of knowledge, through dialogical and discursive processes in the face of a specific theme. Health education at school consists of care and prevention actions, focusing on health promotion in which the school community and its surroundings turn and are attentive to the health of all its members.

In this way, all schools can potentially promote health. The healthy school should, therefore, be understood as a vital space that generates autonomy, critical participation and creativity (Castanha et al, 2017).

CONCLUSION

Health care in relation to Tuberculosis, Leprosy and STIs instigated questions that helped to demystify ideas and prejudices against those who live with these diseases.

In addition, it was possible to understand that such diseases are related to the ways of life of population groups and that sociocultural factors can interfere in the process of care and prevention.

The discursive constructions carried out by the students pointed to the biomedical model and to the need to classify pathologies as a way to understand them, demonstrating that models centered on self-care and preventive are little known.

In addition, the discursive interrogative constructions in relation to the treatment of a disease, care and self-care, demonstrated that there is in youth mentalities the game of cultural representations and prejudices constituted at the core of coexistence and social interaction and can interfere in the health/disease process.

In the process of health education, the stimulation of questions has become an efficient resource for addressing pathological themes, in which the mediator explains and clarifies doubts and demystifies explicit or underlying thoughts and opinions.

The poems, built from the students' questions, carrying complex meanings about diseases and prevention, contribute to a significant learning in relation to neglected diseases and HIV. They are historical and cultural products that portray ways of life in the face of care and treatment related to these pathologies.

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