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THE KNOWLEDGE AND PRACTICES OF HEALTH EDUCATION: THE NARRATIVES OF BLACK WOMEN EDUCATORS

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ABSTRACT

This study presents the knowledge and practices of health education in narratives of black women and educators in Maranhão and aimed to contextualize the relationships between the knowledge and practices of health education, identify the processes of health education experienced by black women, know the knowledge and practices of health education. As a health professional, following the research associating health and education knowledge was what led me to choose this approach and because I believe that health education is important for health promotion, prevention and treatment measures. As a methodology, the Life History was adopted, through narratives, which propose a new type of knowledge, which seeks reflection on the narrated experience, to ensure a new political position in science. The relevance lies in the contribution to popular education in health, with the knowledge and practices of black women educators as a fostering of a dialectical articulation for paradigm shifts. In this course, the researcher's life story was briefly addressed; health education processes; the knowledge and health practices of black women; the knowledge and practices in health, revealed in the narratives of black women educators in Maranhão. It was concluded that the knowledge and practices of health education of black women educators have popular education as a background, and are based on informal education and influenced by the knowledge of their ancestors. Through this study, it is expected to contribute to the population in general about the knowledge and practices narrated by black women educators in order to perceive the contribution of knowledge and practices to their life trajectory, that there is a perception of the complementarity between informal and formal education in a dialogical articulation for paradigm changes, that serve as a basis for the production of scientific knowledge and for public legal measures as a support for informal or popular education.

Keywords: Knowledge and Practices. Health Education. Black Women Educators.

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INTRODUCTION

The knowledge and practices of health education in narratives of black women educators in Maranhão seeks to present the habits of health care based on prior knowledge. When we talk about knowledge and practices, we refer to popular education, although seen in some circumstance stereotyped in relation to its values, as there is a tendency nowadays to prioritize scientific or formal education.

On the other hand, informal education acquires a connotation of little or no value in the scientific environment, especially when it comes from more disadvantaged social strata, as is the case of women, especially black women.

As a health professional and Pedagogue, following the research associating knowledge between health and education was what led me to choose this approach and to believe that health education is important for health promotion, prevention and treatment measures.

In addition, in my professional, personal and social career, I experienced adverse situations related to the health and disease process, where resorting to popular health alternatives with their practices and knowledge was one of the paths I took. Furthermore, in living with other women, regardless of the issue of "race" and the level of education, I found that resorting to treatment alternatives through popular practices and knowledge is a common practice, although sometimes denied for fear of being exposed to an uncomfortable condition in the scientific environment.

Based on this view, "health education" was defined as the problem of the study and sought to understand the object of study, which is the "knowledge and practices" of "black women educators in Maranhão", which make up the study subjects.

In this aspect, the research was based on the following guiding questions:

What are the relationships between the learner's Life History and the knowledge and practices of health education? What health education processes do black women experience? What are the knowledge and health practices of black women? What are the health knowledge and practices revealed in the narratives of black women educators?

It was sought to understand in which context the researcher is inserted in the study, and among the education processes to know where black women are inserted, mainly due to the history of struggle in relation to their rights, which since the colonial period have been denied, and even with many legal achievements, they still occupy a social space in a

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vulnerable and disadvantaged condition when compared to other women, including access to health that was present in slavery and still today, including health.

In addition, due to the ethnic-racial aspect, where the knowledge and practices of health education can have characteristics of repetition of the experiences of their ancestors, even if without a formal education basis, it can inhibit these women from making their practices explicit. And it is in this context that I feel inserted in the object of the research.

Regarding the legal foundations related to the education and health of black women, support was sought in Brazil (2010 and 2013).

And, methodologically, we were presented with the "Life Story" by Professor Dr· Herli de Sousa Carvalho, in the discipline of Fundamentals and Methodology of the Teaching of History and I, as a learner, nurtured a total lack of knowledge until then, a condition that led me to the challenge of using the Life Story, among other aspects, the methodology in question. Among the authors we used as support, we highlight Bardin (1997), Gil (2008), Minayo (2009), Passeggi and Souza (2011 and 2017) and Carvalho (2016).

Thus, contextualizing the relationships of the learner's life history with the knowledge and practices of health education, identifying the processes of health education experienced by black women, knowing the knowledge and practices of health education, analyzing the knowledge and practices in health revealed in the narratives of black women educators, were the objectives outlined in this study, given the possibility of articulating the object with the problem to be studied in the population involved.

To this end, among the various readings, the study was anchored in authors such as Freire (1967 and 1976), Teixeira, Ferreira and Queiroz (2010), Teixeira (2012),

Chamis (2013), Lima and Volpato (2014), Amthauer (2017) Santos, *et. al,* (2017).

Even in the face of timid achievements, there is a tendency, as in the sounds of drums, to echo affirmative conducts such as the National Policy of Popular Education in Health within the scope of the Unified Health System, which in social terms, makes this approach relevant, which can contribute to academia to the extent that it will give rise to new, more in-depth studies.

Regarding the professional relevance of discussing the health education of black women educators, will contribute to the understanding and appreciation of popular education, having knowledge and practices as alternatives acquired from an ancestry, which do not compete with scientific knowledge, on the contrary serve as impulses for the search for the scientificity of this knowledge. While in the personal aspect, the relevance is

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mainly in the answers to the concerns experienced in relation to the search for this knowledge and practices in the presence of compromised health of family members, even with all formal scientific education, contribute to the perception that there is a complementarity between informal and formal education, where one does not cancel the other, but are fostered in a dialectical articulation for paradigm shifts.

The human being in his biopsychosocial complexity has capacities and skills acquired informally or formally that allow him to learn and reinvent himself always. Learning is a process that goes beyond the formal aspect, we learn in different ways, because we are transforming ourselves at every moment, we rebuild knowledge from new experiences, so we are never ready. In this sense, knowing the "knowledge and practices of black women's health education, based on their narratives", is significant for us, as it is a universe historically of struggles for their rights such as education and health, in addition to the conditions of exclusion that women go through, especially if they are black in our country.

Although the exclusionary aspect of blacks is widely disseminated, as well as other social categories, and even though scientificity often starts from popular knowledge, the problem in question was: in which health education processes are the knowledge and practices of black women based? Starting from the hypothetical principle that the health education of black women is not done through a process of formal education.

Addressing issues related to ethnic-racial problems in Brazil still presents certain difficulties. Maio and Monteiro (2005) highlight the existence of sensitive points in the complex relationship between race and health, attributed to the inconsistency of the concept of race, as geneticists insist on, or to the interrelations between race and health problems, especially when these interfaces have become the object of State policy in times of racialization. However, being aware of being black or not would not justify the lack or delay in the State's sensitivity to the fulfillment of the rights of the citizen. However, the proposal for a policy for the health of the black population only found an echo after the Durban Conference, which took place in the second half of 2001 (May; Monteiro, 2005).

Regarding education, Almeida (2009) states that the absence of public policies for formal schooling significantly influences the life of societies, since it can be responsible for opportunities that could not be experienced with simple personal effort and thus characterize an educational exclusion as is the case of directing the course of life of a large part of black women. In this way, creating legislation legitimizes rights, but does not

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guarantee their effectiveness and it is believed that the lack of formal education can be a contributing factor to the perpetuation of ancestral practices without a scientific foundation.

In searches carried out in academic databases, approaches were found on some practices such as religion, health policies and education in isolation, however, no research was found from the perspective of health education, which makes the research relevant, which aimed to know the knowledge and practices of Health Education of Black Women, to identify the health practices of black women in their life trajectory, to describe the knowledge of black women and to analyze the relationship between the practices and knowledge of health education of a woman from the interior and a woman from the state capital.

METHODOLOGY

For the approach to the knowledge and practices of health education in narratives of black women educators in Maranhão, it was anchored in phenomenology, which according to Gil (2008), starts from a premise considered true and allows conclusions to be reached only through logic, seeks to describe the real data without worrying about clarifying them, they are interpreted, communicated and understood, therefore, he considers that the existing reality is not unique.

Methodologically, the research focused on the Life History method, which according to Silva and Barros (2010), is one of the methods that make up the broader field of qualitative research, commonly used in the human and social sciences, being a method widely used by several sociologists, anthropologists, historians, psychologists and, more recently, in the health area. It was started in the 20s and incorporated oral history.

Therefore, a qualitative approach, which according to Minayo (2009) is based mainly on the description and analysis of the meanings and senses of actions and relationships of people or groups.

As data collection instruments, semi-structured interviews were used, which, even without a specific script, has guiding questions directed to the proposed objectives. However, the subjects (black women educators) were left free to express their narratives.

Thus, the guiding questions were: What are the relationships between the learner's Life History and the knowledge and practices of health education? What health education processes do black women experience? What are the knowledge and health practices of black women? What are the health knowledge and practices revealed in the narratives of black women educators?

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Reinforcing that despite these issues, black women educators had the freedom to express their orality, because it must be considered that in the Life Story, it is about memories, recollections and as such, there is the unsaid between the lines of those who narrate, because:

> The narratives propose a new episteme, a new type of knowledge, which emerges not in the search for a truth, but from a reflection on the narrated experience, ensuring a new political position in science, which imply principles and methods that legitimize the word of the social subject, valuing their capacity for reflection, at all ages, regardless of gender, ethnicity, color, profession, social position, among other options. (Passegui; Souza, 2017, p. 6)

(Auto)biographical narratives in the context of Life History, Carvalho (2016, p. 62), says that: "narratives deal with life and are expressed from themes arising from a broader reality [...] and individual stories are collectivized."

In the ethical aspect, initially the objectives of the research, purpose and relevance were explained. Next, the Informed Consent Form (ICF) was presented, with all the explanations written to the participants and the signatures were collected, with subsequent input of one copy to the women interviewed.

The narratives were recorded with the support of a cell phone, Iphone 7 plus type. As the transcriptions do not fit the interpretation of the researcher, the analytical treatment was made through discourse analysis, which according to Bardin (1997), in the elaboration of the discourse a work is done and a meaning is elaborated. Discourse is not a transparent transposition of opinions, attitudes and representations, it is an unfinished product, a moment in a process of elaboration that includes contradictions, inconsistencies and imperfections.

And for Santos and Santos (2008), the category of analysis can be determined after fieldwork, because the Life History method advocates not using the testimonies or narratives in a fragmented way and only starting from the meaning attributed by the narrator, his life story can the researcher determine by the theoretical orientation for the study developed.

The subjects of the research were two black women, described by nicknames as a way of preserving their identity, one from the municipality of Imperatriz and the other from the state capital, that is, from São Luís, were randomly chosen according to the following criteria: women, blacks, educators, mothers, and who accepted to make their narratives. These criteria are established, as it is believed that mothers, within their maternal instinct,

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use their knowledge and practices to treat their offspring, especially in the eminence of great vulnerabilities and, at the same time, enable the perception of knowledge and practices of health education.

Furthermore, the fact that they are from different locations was due to the interest in perceiving the relationship of these knowledge and practices between the black woman educator in the interior and that of the state capital.

To express the women's narratives, the way in which they are called within the family was used, and allowed by them, namely: Ceiça and Cenivia.

HEALTH EDUCATION PROCESSES EXPERIENCED BY BLACK WOMEN

For Almeida (2009), this aspect of the history of black women's education is that due to the various symbolisms that kept black girls away from formal school, the reality of non-access appears in black memories in a position of significant relevance, this fact is perceived by the way in which details related to some symbols of school culture emerge from women's memories that remain alive in memories even though the educational offer of secondary education in the city has not contemplated this population group in a relevant way.

Paulo, Santos and Sá Sobrinho (2014) pointed out that since colonial Brazil, black women have carried with them a label that unfortunately still persists within a country built by diversity. The act of denying black women their rights and depriving them of access to health was present in slavery and persists in a certain way to this day, more than a century after Abolition, even supported by Human Rights and the Federal Constitution, Brazil is still observed as a country in which black women occupy a social space in a vulnerable and disadvantaged condition when compared to other women from the gender and "race".

One of the alternatives for changing the valorization and promotion of women was through the promotion of affirmative actions, given that they are focal political actions that allocate resources for the benefit of people belonging to groups discriminated against and victimized by socioeconomic exclusion in the past or present. (Paul; Saints; Sá Sobrinho, 2014).

Therefore, these are measures that aim to combat ethnic, racial, religious, gender or caste discrimination, increasing the participation of minorities in the political process, in access to education, health, employment, material goods, social protection networks and/or cultural recognition.

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Black women, in turn, are not directly covered by an affirmative policy, but share other policies in which they can be included, such as affirmative action through quotas for black identity or by the attribution of Law 11.340, or the Maria da Penha Law, which is common to all women.

Highlighting the right granted by the State and paradoxically denied, Marques and Gomes (2013, p.1) pointed out that:

> In the plot of the construction of black female identity in Brazil, the school institution appeared as a determinant in the social experience of becoming a black woman, either by the acceptance of a social non-place, or by the affirmation of this place from its systematized negation and, in this case, state intervention was strongly present from the lack of effective public policies that contemplated, in fact, the schooling of black women.

It is observed, however, that black women are not in the same social context as white women, needing more consistent actions that value the knowledge of their practices. Well, popular knowledge and practices in this population to deal with health are very common, as highlighted by Amorim *et.al*. (2013), that to address the deficiency of health services offered by the State, women have made use of knowledge from their ancestors such as the use of plants such as mastruz or erva de santa-maria (*Chenopodium ambrisioides* L.) and lemon balm (*Lippia alba* (Mill).

In this sense, it was observed that knowing cultural adversities, ancestry, myths, beliefs and taboos, will favor the dialogue between the various knowledges in the identity construction of a popular health education without fears or misgivings.

In this sense, education is no longer banking, where the value is unidirectional to the scientific, disregarding that the individual has knowledge, knowledge and practices acquired in the social life of the environment to which he belongs and that remain rooted in each being, even if he climbs a privileged formative condition by the conquest of higher education.

THE KNOWLEDGE AND PRACTICES IN HEALTH OF BLACK WOMEN

It is considered that knowledge can come from a formal education from school organizations and informal education, which does not follow any defined organizational principle, it is where popular knowledge is framed that stands out within the common sense of the traditions in which one lives and has its basis in the traditions of people who maintain social rules, behaviors and ways of living.

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In this sense, this knowledge is very present in communities whose conquest and access to rights depended on struggles, as in the case of blacks, especially black women.

According to Santos (2014), popular knowledge guides family history, and many are characterized as myths and rites that were used by past generations, with a view to obtaining a cure for some pathology, malaise or injuries, among other conditions.

In cases of diseases, it is known that human beings react in different ways and that each individual recognizes their disease state by interpreting it through cultural responses, which reflect precisely their popular knowledge within the context of health/disease, and this knowledge assumes the main role in the codification of health problems.

Many of the practices among black women can express their knowledge passed on from generation to generation, which makes it difficult to radically change a culture, even through formal education, and thus this knowledge must be respected even taking it to scientific development.

Teixeira (2012) highlights many health care practices arising from popular knowledge, such as the use of medicinal plants, religious belief, diets and the practice of midwives. And that the search for the legitimacy of popular practices reveals itself as an educational process, since it leads them to resort to the various sources of knowledge to promote the safety of the choices made by women in the care of their own health, in addition to the health of others around them.

Considering these aspects, Santos (2014) emphasizes that the emerging paradigm is not based only on a single science [...] it is prudent when it embraces the complexity of reality and its forms of apprehension [...] it does not discard the knowledge that directs technology [...] it seeks other forms of knowledge, that of oneself, and of insertion in nature, sustain the emergence of a wisdom of life [...]. He adds that no form of knowledge is in itself rational to postulate a truth as definitive, and that rationality is in the set of various forms of knowledge, of the understanding of the human being, of the nature of the relationships established between them, with the objective of building a decent life, where it is possible to overcome the knowledge without wisdom cited by Rousseau.

In this sense, Vasconcelos (2001) apud Cabral (2016, p. 11), emphasizes the importance of the health professional's posture in the face of popular knowledge and practices, which should be more respectful and dialogueful, (...)

> (...) identifying and indicating situations of which there is knowledge of harm caused to the population by some popular techniques and medicines, however, valuing practices that represent a systematization of knowledge that accumulates over

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> several generations. Because there are practices adopted by the population that deserve further study, since in addition to respecting the beliefs and culture of the population, health professionals want to know their effectiveness, benefits and even risks that the professionals themselves can cause.

With this, it is understood that popular knowledge and practices are still reproduced in various communities and deserve respect for the potential to become a solid basis for systematized studies with a view to redimensioning these practices based on scientificity.

On the other hand, as a result of women's social movements, the Unified Health System (SUS) together with the Ministry of Health, created in 1984 the Program of Integral Assistance to Women's Health (PAISM) which in 2004 was expanded and became the National Policy of Integral Assistance to Women's Health (PNAISM). And, progressively, in 2005, the Health Care Program for Black Women was created, becoming in 2009, the National Policy for the Integral Health of the Black Population (PNSIPN), including the National Plan for Women's Health. (Lima; Volpato, 2014).

Allied to this aspect, the Ministry of Health in its General Guidelines, establishes: in item V, "Promotion of the recognition of popular knowledge and practices implementation of this Policy, agreed upon in the Bipartite Interagency Commission – CIB". (BRASIL, 2010, p.18).

Therefore, the knowledge and practices of health education for black women have currently been echoed mainly in the legal aspect, and although the greatest concern is dimensioned for the health care provider for black women, it is highlighted that:

> The great danger of welfare lies in the violence of its anti-dialogue, which, by imposing on man silence and passivity, does not offer him special conditions for the development or "opening" of his conscience, which, in authentic democracies, must be increasingly critical. Hence the relations between welfare and massification, of which it is at once effect and cause. What really matters when helping man is to help him to help himself. It is to make him an agent of his own recovery. It is, to put him in a consciously critical posture in the face of his problems. (Freire, 1996, p. 56).

RESULTS AND DISCUSSIONS

The interviewed women were given the opportunity to provide conditions for their narratives, leaving them at ease, without interrupting with questions, so that the reconstruction of diachromia, which refers to the temporal succession of events or their relations from before to after, as well as to chronology, which deals with dates of an event or age.

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Considering that the objective of the analysis of a biographical interview is to expose the information and its meanings, the narratives were listened to several times by interviews and when for the transcriptions, the discourses narrated in the recordings were exhaustively followed for the transcribed information.

For Santos and Garms (2014, p.8), in the thematic analysis they consider that "most of this information and meanings do not appear in the first reading [...] Experience shows that they appear one after the other in the course of successive readings. Because each reading reveals new semantic contents".

It was noticed that in the text transcribed from the narratives, some rich moments, whether gestures, facial expressions, ellipsis and laughter. After much thinking and reviewing the nature of quotations with deletions, the possibility of maintaining the richness of information through the use of ellipses was envisioned, as these express a rescue of memory, a rearticulation of ideas, details that have escaped. In addition, the speeches narrated in full, including slang, were maintained, with replacement only of language vices.

From this perspective, the narratives of the black women educators Cenivia and Ceiça were described, seeking to group the narrated semantics.

Mrs. Cenivia...

> I see myself, in fact, in fact I am a black woman daughter of Indians with Africans and Portuguese (laughs), a mixture. And I see myself that way, a struggling black woman, who managed to get where I am in terms of schooling with a lot of effort. Today I am a professor at the University, I took a course in Library Science, I specialized in system analysis, I did a Master's degree in Informatics and I did a PhD in an Electrical Engineering Program, focused on the line of research of Information Sciences.
> From my academic career, you can see that I have been breaking barriers. That's my motto, to break barriers. And this comes from when I was a baby, because my mother said that I had Asthma and I had a candle in my hand it was like they did when the person was about to die. Still, I have resorted to prayers for broken.... those evil eyes on my children when they were children... the healers, you know. In addition to many remedies such as teas of various plants, for cough, diarrhea and other diseases and even resorting to religions of African origin.... You know, right? Somewhat, kind of condemned by some.

Mrs. Ceiça...

> Mrs. Ceiça, narrated... I am the daughter of a descendant of slaves, my grandmother was a slave, my paternal grandfather. I'm the daughter of blacks. We were raised well for this tradition, although the mother had white skin, the mother also had characteristics and was a black woman, she pulled more towards the father.
> We are seven children of this couple, raised in the countryside, that really heavy work, few studied. I was one of those who faced uncles' houses, even strangers [...] to be able to study, because my father was more from the countryside. That really heavy work. And, for the treatment of many health problems, much was used to

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> religions of African origins.... although, kind of without talking about it because you know... It was not accepted by many. Also.... Prayers and teas I still use today for some diseases.

In view of this, Passeggi, Souza and Valentini (2011, p.), say that "this search for the life history of the other goes beyond the limits of gratuitous curiosity to become a search for patterns of behavior". Therefore, it is understood that all knowledge and the search for health care should not be limited purely to scientific knowledge, but respect the nuances of the ancestors.

The Federal Constitution of Brazil of 1988, in its Article 5, states that "everyone is equal before the law, without distinction of any nature".

However, a dichotomy was perceived to the extent that it is necessary to assume oneself as black in order to enjoy some rights, which demonstrates the interdependence between individuals in society through an educational practice that contemplates education as a guaranteed right for the formation of men and women of various ethnicities, social classes, cultures, religions, or any other aspects that differentiate them from others.

For Cabral (2016), the oldest person in a family environment passes on security and respect for their life experiences, and can contribute to the dissemination and use of popular knowledge and practices, even if there is a need for them to be potentially studied and used by health professionals. In addition, they serve as a means of recognizing and developing popular wisdom in a set of integrative and complementary practices. In this aspect, the holistic view of the health professional should serve as an incentive for discovery and provide greater acceptance of the culture of a given region.

FINAL CONSIDERATIONS

It was observed in this study that life histories are currently used in different areas of the human sciences and education, with adaptations in their epistemological and methodological principles to the logic of the education studied, based on tacit, experiential or personal knowledge revealed through learning built throughout life as a metacognition or metareflection of self-knowledge.

In the contextualization of the relations between the researcher's life history and the knowledge and practices of health education, it was evident that she is inserted in the process, as she is a woman, black and an educator and that in her narratives she articulates education with health as lived experiences.

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Regarding the knowledge and practices of health education, it was evidenced that the basis of the health education processes experienced by the black women in the study came mainly from an informal education, based on the search for information passed on by their ancestors, and informed by closer relatives, whether a brother or an older cousin, Even with the acquisition of higher education, these popular and informal practices remain alive and even recurrent today.

By analyzing the knowledge and practices in health revealed in the narratives of black women educators, it was possible to highlight that in the narratives of these women, the knowledge and practices of health education have as a background popular education, based on informal education and influenced by the knowledge of their ancestors, although with a certain reticence, due to the taboo with the habits of Afro-descendant religions.

To contribute to the population in general for knowledge about the knowledge and practices narrated by black women educators in order to perceive the contribution of these knowledge and practices to their life trajectory, to perceive the aspect of complementarity between informal and formal education in a dialogical articulation for paradigm shifts, and to serve as a basis for the production of scientific knowledge and for public legal measures in support of the informal or popular education with a view to overcoming the "status quo" of inferiority, was one of the first in the production of the article, because as Paulo Freire says "there is no more knowledge or less knowledge: there is different knowledge".

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