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Social sciences in undergraduate degree in collective health: perspectives of a decade


Ciências sociais na graduação em saúde coletiva: olhares de uma década

Rosamaria Carneiro^a

 <https://orcid.org/0000-0002-1271-7645>

E-mail: rosagiatti@yahoo.com.br

Éverton Luís Pereira^a

 <https://orcid.org/0000-0002-7771-1594>

E-mail: everton.epereira@gmail.com

^aUniversidade de Brasília. Faculdade de Ciências da Saúde.
Departamento de Saúde Coletiva. Brasília, DF, Brasil.

For 11 years Brazil has offered undergraduate courses in collective health, previously existing only in the scope of post-graduation, *lato* and *strictu sensu*, or in undergraduate courses in other areas of health. By 2014, 18 universities throughout the country already had undergraduate courses, with a total of 2,532 students enrolled. The debate on the need of educating sanitarians from the undergraduate course dates back to 1990, but only gained strength in the beginning of the 2000s and is in a position to become a reality with the expansion program for federal universities, Programa de Apoio a Planos de Reestruturação e Expansão das Universidades Federais, in 2008. The first courses to be designed were those of Universidade Federal do Acre and Universidade de Brasília, campus Ceilândia. Although the Northeast region has the highest number of courses, these values are not evenly distributed, since Pernambuco has three of the created courses.

In the curricular matrix of all these undergraduate courses we see since the 1980s the tripartite composition of the collective health area: social sciences in health, epidemiology, and management and planning. In this sense, all of their undergraduates acquire knowledge simultaneously on those three areas, although one course or another has a greater emphasis on one of those pillars. For six years we have strengthened the teaching staff that has contributed to this process of conformation of a new field of knowledge. We write, teach, think, and guide researches from the perspective of the social sciences in health - in our specific case, from the reading schedule of anthropology. Many other social scientists find themselves in a similar position to ours and we have always been very interested in hearing them regarding their impressions, dilemmas, and peculiarities with respect to teaching social sciences

Correspondence

Rosamaria Carneiro

Universidade de Brasília, Faculdade de Ciências da Saúde. Campus
Universitário Darcy Ribeiro, Asa Norte. Brasília, DF, Brasil. CEP
70910-900.

in the scope of graduation in collective health. It is one thing to occupy this same place in graduate programs, in which one can choose a concentration area to be researched. Another one quite different, in our opinion, is to equalize the social look to the epidemiological and the management in the undergraduate courses, in which one must count on this quite balanced tripartite look.

Many of those teaching social sciences in health come from master's and doctorate degrees already in collective health, but many others, as in our case, have undergraduate and/or graduate degrees in social sciences and begin to teach in health due to their master's and doctorate degrees' investigations, which interface with these areas. In this sense, collective health as a field of knowledge and practices (Campos, 2000) must also be unveiled and understood by social scientists themselves, so that they think about their contribution to the education of future bachelors – that is, so that they reflect on: the basic contents to be transmitted, concepts and foundations of social theory, Brazilian and international; particularities and *modus operandi* of qualitative research, more expressively ethnography; their role in supervised internships and the place of research throughout this universe. After all, the concentration of social sciences in health in the undergraduate course is much greater than what used to be seen in the graduate program or in the teaching of collective health for other courses.

In this sense, this shift from one purist area to another, per se interdisciplinary, has demanded more from us, social scientists, who are no longer doing pure anthropology, sociology, or political science, but are trespassed by epidemiology and management, given that we are forming a sanitarian who will need to act/perform amidst the population and their health demands, and not anymore among classical social scientists in their reflection exercise. This shift, however, is not just for the teachers, but also for the students, who find the presence of social sciences in health strange in their curricula, based on the expectation that this discussion does not constitute a training in health.

A recurrent question in the classes dedicated to discussing social sciences in the undergraduate course in collective health is, for example, about

its usefulness in the practical and professional life. The instructor of one of the disciplines taught by us once expressed her students' discomfort: "everyone likes the subject, but they always ask me: 'what is it used for?'" These questions are also common when teachers suggest readings and discussion of theoretical texts. We can think that the lack of connection between the problems of the social sciences and health practices is a difficulty of the teacher's pedagogical practice. However, we prefer to reflect on this question from two other points of view: would health courses (and, therefore, their students and professionals) be "willing" to embrace theories/discussions of social sciences? Would the social sciences (and their professionals) be able to establish a productive dialogue with other areas?

The undergraduate courses in collective health being developed in Brazil recognize the importance of social sciences for the training of the sanitarian (Loyola, 2012; Nunes, 1992). Undoubtedly, these sciences are put into dialogue with others in the daily routine of the courses in the different Brazilian states. However, each reality produces particular contours and makes use of social science discussions in a manner consistent with its pedagogical political projects.

Notwithstanding, as pointed out by authors concerned with the teaching of social sciences in health, the tension between biomedical knowledge and/or the "hard" sciences and the one deriving from social sciences may lead to undue appropriations of the method (Nakamura, 2011; Vitoria, 2011), the unreflective use of social theories in the daily life of the research or the classroom (Barros, 2014; Knauth; Leal, 2014), or, still, difficulties in recognizing this knowledge as valid for the health sciences (Luz, 2011). Undoubtedly, the construction of collective health as a multidisciplinary area requires that these issues be debated and viewed as matrices for the improvement of the field and the expansion of research in this area of knowledge.

But thinking about these tensions does not exhaust the debate generated by the report presented earlier. The epistemological conflicts embedded in the production of the two great views – that of the health sciences and that of the social sciences

- make the reflections presented by the students of extreme relevance.

In the everyday life of the classrooms in the undergraduate course in collective health, we perceive that there is a tendency to compare the knowledge produced by the social sciences with the one conducted in epidemiology. The language ("let's work with evidences"), the search for the universalization of affirmations ("what was your sample?"), or the pedagogical processes centered on binary affirmations are recurring facts that require social sciences teachers to have "much tact".

When social sciences are compared with the other areas that make up collective health, teachers need to make an effort to transform the knowledge produced in theory into a palatable reality for students. This "transfer" between the productions of large analytical frameworks of classical and contemporary authors of sociology or anthropology and the universe of actions and reflections in health for the materialization of the contribution of the social sciences in the formation of collective health can provoke at least two conflicts. The first one is the risk in which power may be lost during instrumentalization of a particular concept. The second one presents the challenges of producing material and objective answers to complex problems and those of difficult immediate resolution.

The great underlying question of this need to present objective answers is in the need to perform "interventions". The idea of intervening or producing answers to the health problems of the population guides the collective health degree. However, this requires different approaches, since it is not always possible or advisable to seek objective and immediate solutions.

The second reflection presented at the beginning is directly linked to the problem discussed before. If, on the one hand, collective health (making use, largely, of the assumptions of the health sciences) is insistently seeking objective "answers" to everyday questions, on the other hand, social sciences seem to not be completely convinced of their active and political role in social contexts.

The conflicts generated around the performance of social sciences mark some important fissures in the production of knowledge. Differences between

professionals who would make "applied social sciences" and those who are "pure" have been constant (Barros, 2014). The objectification of knowledge in social sciences is difficult, especially considering a scenario of disputes between different ways of observing the world. It can be perceived, therefore, that the dialogue between health sciences and social sciences is not always productive and constructive. The difficulties in recognizing the potential of the interdisciplinary construction of the answers are perceived on both sides. Undoubtedly, it is necessary to overcome the dichotomies for the construction of collective health.

We are convinced that much has already been produced on the social sciences in the graduate degree in collective health, regarding what this perspective would be: the importance of its existence for the understanding of health as a social phenomenon, anthropology of health and medical anthropology, among many other approaches. But nothing has yet been thought and written about our role and existence in undergraduate courses. This is another historical moment - there is no more conformation of a field of action different from preventive medicine, social medicine, or community medicine, as seen in the 1980's and 1990's. Collective health has been consolidated as a field, mainly with the advent of the Brazilian National Health System (SUS). But the novelty is its bachelor's degree and the interdisciplinarity already at that level of education and teaching. Before, few used to choose, personally, social sciences in health as their research areas; currently, all the undergraduates in collective health are trespassed by the social sciences, their concepts and main theories.

To reflect on this moment and to take stock of a decade of our presence in this place is what has instigated us to organize this dossier. How have the social sciences been taught and how have they impacted the view of the most interdisciplinary health professionals in this great field of knowledge? What have been their dilemmas, provocations, and transformations? To what extent do social sciences affect theoretical training? How can they be practiced when the sanitarian doctor goes to the field? And, finally, how does one teach/shape the research in the pursuit of the qualitative

and the relational? For this purpose, we sought to aggregate at least one theoretical/practical contribution from each of the Brazilian regions, in order to contemplate their regionality and wealth, considering as selection criteria that the texts be written by professors of undergraduate courses in collective health who are social scientists, thus educated at undergraduate or graduate courses. We don't have a contribution from the North region, but not for lack of incentive and convocation. Different and valuable are the presented views and the stories told by these social scientists and professors in collective health, about their daily life, their students, their classrooms, their researches, and the challenges that push them even further.

The article by Leny Trad, Clarice Mota, and Yeimi López analyzes the undergraduate course in collective health of Universidade Federal da Bahia, in its tensions about the practice and reflection of the future sanitarian. In order to do so, it takes as its theoretical basis the lines of Boaventura de Sousa Santos on the university of the 21st century, no longer distant from society, but neither merely technical nor heterogeneous in its conformation of teaching, which is understood as "multiacademic". It highlights the axis of health, culture, and society, which has four disciplines of social sciences in health, showing us the effort in offering to the sanitarian elements of social theory, but with little concentration regarding the theory of qualitative research. And, at the end, it presents us with an interesting result of four semesters in the discipline Integrated Practices in Collective Health, at Ilha da Maré, and the most distinct activities developed by the students, in order to be in line with every knowledge invested in them, including in the axis of social sciences in health. According to the authors, "preparing the student for the labor world also implies developing the capacity to reflect on the structures, processes, and social relations presented therein, in a complex network of relationships whose historical character must be recognized". For all this, the text produced from the Bahian context is very rich in the debate of the curricular matrix, the epistemological line that inspires them, and the practical scenarios of application of what was apprehended in social sciences.

The article by Jaqueline Ferreira, Lucas Tramontano, and Ana Paula Klein reflects on the contribution of anthropology in the discipline Integrated Activities in Collective Health II in the undergraduate course of the Instituto de Estudos em Saúde Coletiva (Iesc) of Universidade Federal do Rio de Janeiro (UFRJ). "One of the assumptions of the discipline is to show how certain social problems are public health problems", comment the authors in order to insert us into a practical and complex proposal of learning. The main objective of the discipline is bringing students into contact with social theory about social movements, getting them to meet their local militants and reflect on health conditions and local practice. In this pursuit, they have already completed the field portion of said discipline in the favela of Maré, in Rio de Janeiro. For their success, the students are trespassed by the practice of concepts such as intersectoriality and cultural relativization, proper to anthropology, to broaden the understanding about health, even taking this information to very institutional instances of debate about public health, such as their local councils.

From the reality of the Carioca teaching, we migrate to Rio Grande do Sul's reality with the article by Tatiana Engel Gerhart on the daily life of the Units of Pedagogical Production, around which the undergraduate course is organized, especially the one on "health, society, and humanities", from where the anthropologist writes. In narrating her daily life as a teacher, she extols the plurality of classrooms and teaching techniques, as well as the importance of teaching anthropology in this context. Moreover, the article, at the end, conducts important debate with the reformulation of the national curricular guidelines of the courses of collective health, especially from 2017, and its specific debate on social sciences in health and the conflict between the theoretical and the practical (Barros, 2014).

The text of Éverton Luís Pereira and Rosamaria Carneiro turns its eyes to the internship fields and the place of the teacher of social sciences in health in these environments, also dialoguing with the practical/theoretical conflict mentioned above - but, in this case, from the reality of the undergraduate course in collective health of the federal capital,

Brasília. Starting from their practice as mentors of supervised curricular internships, they comment on how they organize and sometimes canonize restricted spaces of health and care. But, much more than this, they plan what would be the look and practice of the social sciences in environments in which action is expected, not observation or description. Therefore, they announce an original and innovative debate in the teaching field in collective health and confuse the teachers themselves about what social scientists can do. Posed like this, they contour a little explored debate, yet to be valued, based on the undergraduate perspective analyzed in this dossier.

Finally, we count on the article by Elaine Brandão and Fernanda Vecchi Alzuguir on the importance of gender debate within the undergraduate course in collective health. Starting from the recovery of the trajectory of both authors and their education in collective health, already with the lenses for the gender issue, they tell us how an extension course became the optional discipline Gender and Health in the course of collective health of Iesc-UFRJ, with intense demand and political importance in such dark moments. The article works, this way, as a practical and situated case of everything that is addressed in this dossier, considering it operationalizes a concept of the social sciences in the universe of health care and training.

We see, then, that this dossier condenses important contributions on the design of the undergraduate courses in collective health, since practically all the texts describe how it works in diverse contexts and with very innovative and interdisciplinary curricular projects, organized in modules or units and all trespassed by practical disciplines, of application and learning with social life. In this sense, its lines point to another possibility of existence of the social sciences - in our case, social sciences in health, a branch of knowledge that makes hybrid the relationship between theoretical and practical, already much discussed, but still suspended. We hope that this undertaking contributes to the historization of collective health in undergraduate courses and to our participation in this universe as social scientists dedicated to public health.

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