





EXPERIENCE REPORT

Popular health education and child health care in primary health care

Educação popular em saúde e cuidado à saúde da criança na atenção primária

Educación popular en salud y atención a la salud del niño en la atención primaria

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ABSTRACT

Objective: To report an experience in popular health education within a family health unit as part of the response to emerging childhood parasitic diseases. **Method:** Systematization of a popular health education experience carried out between 2021 and 2022 through a teaching-service partnership in a family health territory in a municipality in the interior of Rio de Janeiro. The initiative involved family members of children attending a daycare center, family health and epidemiological surveillance professionals, as well as nursing faculty and students. **Results:** Natural soap-making workshops and discussion groups were conducted to address pediculosis and scabies. **Final considerations:** In addition to enhancing the work of the family health team from a comprehensive care perspective and fostering the training of undergraduate nursing students, the experience enabled community engagement in shared care practices, mediated by traditional knowledge and practices, including the use of medicinal plants.

DESCRIPTORS:

Health Education; Parasitic Diseases; Family Health; Child Health.

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RESUMO

Objetivo: Relatar uma experiência de educação popular em saúde a partir de uma unidade de saúde da família como parte do enfrentamento de parasitoses emergentes na infância. **Método:** Sistematização de uma experiência de educação popular em saúde transcorrida entre 2021 e 2022 a partir de uma parceria ensino-serviço em um território de saúde da família de município do interior do Rio de Janeiro, envolvendo familiares de crianças de uma creche, trabalhadores da saúde da família e da vigilância epidemiológica, docentes e acadêmicos de enfermagem. **Resultados:** Foram realizadas oficinas de saboaria natural e rodas de conversa com vista ao enfrentamento da pediculose e escabiose. **Considerações finais:** Além de qualificar o trabalho da equipe de Saúde da Família na perspectiva da integralidade e contribuir para a formação de estudantes de graduação em Enfermagem, a experiência possibilitou mobilizar a comunidade para um cuidado compartilhado e mediado por saberes e práticas populares a partir do uso de plantas medicinais.

DESCRIPTORES:

Educação em Saúde; Doenças Parasitárias; Saúde da Família; Saúde da Criança.

RESUMEN

Objetivo: Informar sobre una experiencia de educación popular en salud a partir de una unidad de salud familiar como parte del abordaje de parasitosis emergentes en la infancia. **Método:** Sistematización de una experiencia de educación popular en salud llevada a cabo entre 2021 y 2022 en el marco de una colaboración entre la enseñanza y el servicio en un territorio de salud familiar en un municipio del interior de Río de Janeiro. Involucró a familiares de niños de un jardín de infancia, trabajadores de salud familiar y epidemiológica, docentes y estudiantes de enfermería. **Resultados:** Se llevaron a cabo talleres de fabricación de jabón natural y charlas grupales para abordar la pediculosis y la sarna. **Consideraciones finales:** Además de mejorar el trabajo del equipo de salud familiar desde la perspectiva de la integralidad y contribuir a la formación de estudiantes universitarios de enfermería, la experiencia permitió movilizar a la comunidad hacia un cuidado compartido y mediado por conocimientos y prácticas populares a través del uso de plantas medicinales.

DESCRIPTORES:

Educación en Salud; Enfermedades Parasitarias; Salud Familiar; Salud Infantil.

INTRODUCTION

The sharing of knowledge and healthcare practices for children is a present, dynamic, and mobilizing aspect of community life. These encompass experiences, advice, prayers, and care practices that stem from teachings inherited from grandmothers, mothers, and aunts, which are generally passed down from women to other women and their families across generations. Such practices strengthen intercultural dialogue and promote popular learning about care, aiming to safeguard the life and development of children as part of the overall care provided to individuals of any age, whether healthy or ill.

Beyond its cultural legitimacy, popular and community-based care is more accessible, as it involves kinship and neighborhood relationships and requires minimal resources—such as making herbal tea from a backyard plant—thereby becoming fundamental in times of crisis⁽¹⁾. Furthermore, this type of care enables the exercise of comprehensive health care by fostering community mobilization and

engagement in health interventions in alliance with health services, equipping communities with the capacity to claim and benefit from their right to healthcare in terms of assistance, prevention, and health promotion. However, establishing shared care between the popular knowledge circulating in communities and the biomedical knowledge prevailing in health services remains a political, institutional, and practical challenge in healthcare units⁽²⁾.

Despite public policies indicating the need to integrate professional health practices with popular practices within Brazil's Unified Health System (SUS), this integration remains distant from the reality of healthcare services, even within the Family Health Strategy (ESF)—a primary healthcare model built in integration with local territories. It is important to highlight that the defense of popular knowledge is part of the historical struggles in the field of public health, paving the way for policies that recognize and institutionalize such knowledge as a cultural component and a therapeutic resource within communities, such as the National Health Promotion Policy ⁽³⁾, the National Policy on Popular Education in Health (PNEPS) ⁽⁴⁾; and the National Policy on Integrative and Complementary Practices in SUS⁽⁵⁾.

Although popular care practices are particularly recognized in child healthcare—since popular experience offers valuable insights into managing infectious, parasitic, and emerging childhood diseases ⁽⁶⁻⁷⁾ - healthcare remains predominantly oriented toward clinical-individualized actions and pharmacological therapies. Encouraging a relationship between professional and popular care represents a potential avenue for expanding community engagement and strengthening social participation, an especially crucial aspect within the ESF as a primary healthcare model.

Building comprehensive and shared care entails valuing the cultural aspects of a given territory as a space of life, culture, and memory ⁽¹⁾. Popular care, as an extension of generational knowledge, preserves the legitimacy of a particular culture, which often migrates alongside families, making the use of teas, poultices, and prayers a reflection of a personal and communal history of care, belonging, and life. Engaging with memories and accumulated popular care experiences, transformed over time, is an important task within the ESF. Moreover, innovating institutional care practices requires overcoming the limitations of clinical-individualized care, which is sometimes disconnected from the material conditions of families ⁽⁶⁻⁷⁾.

The ways of caring for and treating common childhood diseases and ailments are deeply influenced by cultural practices, particularly among vulnerable populations and territories. In these contexts, the incidence of infectious and parasitic diseases such as pediculosis (head lice infestation) and scabies is a neglected reality. Despite causing suffering and requiring specific care, these diseases tend to be nearly naturalized as part of childhood illnesses ⁽⁶⁾. Even though families tirelessly strive to combat these conditions, generating knowledge and practices, this accumulated experience is often undervalued or disregarded in professional healthcare settings.

OBJECTIVE

To present an account of an educational experience in health (EPS) for addressing pediculosis and scabies within the ESF framework.

METODOLOGY

It is important to contextualize that this account contains reflections from four women of diverse racial backgrounds but with shared origins—ranging from the rural areas of Bahia and Minas Gerais to the suburbs of Rio de Janeiro—as well as from our inherited memories of care passed down by our grandmothers, mothers, and aunts. We are four nurses whose professional health trajectories are deeply influenced by the knowledge and care practices of our communities before entering university.

For all these reasons, our commitment to popular healthcare knowledge and practices becomes more than just a point of convergence in our daily work—whether in epidemiological surveillance, family health assistance, or professional health education. Our narrative evokes the memories and professional practices of affectionate care, characterized by a strong sense of community. All of us—co-authors—participated in this experience. Thus, by collectively constructing the intervention, we also sought to reflect on shared healthcare practices with the community, mediated by popular education in health.

Despite its potential, popular education in health is rarely employed in services aimed at tackling infectious and parasitic diseases in childhood to construct collective prevention and care strategies in the community⁽⁶⁻⁷⁾. Popular education can be understood as an educational approach originating in Latin America and as a sociocultural phenomenon, expressed through a set of practices with transformative intent⁽⁸⁾. This approach adopts principles of Freirean pedagogy as its epistemological, ethical, and pedagogical foundation.

As a result, the PNEPS⁽⁴⁾ is based on key theoretical and methodological principles: dialogue, affection, problematization, shared knowledge construction, emancipation, and commitment to building a democratic and popular project. In this way, popular education in health constitutes a field of knowledge, skills, and practices permeated by listening, dialogue, and action.

A mobilization meeting

The experience began with a meeting to devise actions linked to the School Health Program in the second semester of 2021, in the municipality of Rio das Ostras, Rio de Janeiro. This meeting was part of an intervention project developed by students and professors from the Undergraduate Nursing Program at the Fluminense Federal University (UFF), Rio das Ostras campus (CGEnf/UFF-RO). It involved approximately 30 participants: members of two family health teams from the Family Health Unit of Âncora, students and professors engaged in theoretical-practical activities in the course on Health

Policy, Planning, and Management at CGEnf/UFF-RO, workers from the Family Health Support Center (NASF), and the Coordinator of Epidemiological Surveillance of the municipality. The meeting was held at the *São Jorge das Missões* Catholic Church, chosen for its spacious hall that allowed for social distancing and its location within the territory assigned to the Family Health Unit.

RESULTS

Epidemiological diagnosis: a starting point

The Coordinator of Epidemiological Surveillance presented compulsory notification data based on a historical series of reportable diseases (excluding COVID-19) from the past five years for the population of Rio das Ostras (2017–2021), as shown in Table 1.

Tabela 1. Distribution of the major causes* of reportable diseases and conditions among residents of Rio das Ostras from 2017 a 2021.

Position	2018	2019	2020	2021
1°	Diarrhea (1330)	Diarrhea (3037)	Scabies (740)	Scabies (813)
2°	Scabies (575)	Scabies (954)	Anti-rabies treatment (643)	Anti-rabies treatment (781)
3°	Anti-rabies treatment (541)	Chikungunya Fever (952)	Violence (503)	Violence (700)
4°	Not Specified (449)	Anti-rabies treatment (603)	Viral Conjunctivitis (203)	Viral Conjunctivitis (233)
5°	Dengue (298)	Dengue (587)	Exogenous Intoxication (125)	Post-vaccination adverse events (263)
Sum	4650	8693	3379	4184

*Causes accounting for at least 60% of the aggravations reported in compulsory notifications.

Source: Prepared by the authors based on data from the Epidemiological Surveillance of Rio das Ostras.

The reports from the Unit's workers indicated a convergence between epidemiological information and the daily reality of the service. The nurses reported that, particularly during that period, there were recurring complaints of pediculosis and symptoms of scabies, mainly among school-aged children, with the aggravating factor of disease dissemination among household members.

This situation led the team to reconsider the approach to scabies and pediculosis complaints at the Unit. Initially, the nursing staff coordinated with the medical team to standardize the reception of common complaints (reports of scabies within the family, complaints of itching worsening at night, lesions

resembling insect bites, particularly in skin folds, etc.), patient flow, pharmacological treatment, and guidelines. Users also reported difficulties in affording the purchase of prescribed medications, as the municipal pharmacy did not always provide the recommended drugs. Additionally, there were reports of frequent use of antiparasitic drugs but persistent infection, leading to a certain level of skepticism regarding the prescribed treatments.

It is important to highlight that the practices adopted by the Family Health Strategy (ESF) nurses in response to this situation also served as mediating strategies in the training of nursing students, allowing them to integrate theoretical-practical learning from the CGEnf/UFF-RO—conducted at the same time in the Unit—with this experience of care planning based on a contextualized diagnosis and actions beyond individual clinical care.

Among these practices, the search for non-pharmacological care strategies stands out. Furthermore, this issue occupied an institutional space within the health unit and involved other public facilities in the territory. Notably, through the nurses' contact with the municipal daycare center within the ESF's assigned territory, a demand emerged to address head lice and scabies contamination, as families reported distress, children's absences, and challenges for both the daycare center and families in managing these diseases. Consequently, a demand for community-based care emerged, presenting an opportunity to address the issue through popular health education practices.

Workshop on Natural Soaps and Shampoos for Combating Childhood Parasitic Infections

In response to the request from the daycare, we discussed how to develop strategies for shared care with the community to combat pediculosis and scabies among families. On June 29, 2022, we held a workshop on caring for children with lice or scabies at the daycare. Two sessions were offered—one at the end of the morning and another in the middle of the afternoon—so that as many families as possible could attend. Approximately 20 families per session, along with several daycare staff members, participated in the event, which was also attended by three nurses from the Family Health Strategy (ESF), three members of the NASF team, two professors from UFF, and a group of six students from the CGEnf/UFF-RO.

The meeting began with a dialogue between the ESF team and the daycare families (the target audience for the initiative). The goal was to identify the families' experiences in caring for children with lice and scabies—what worked, what didn't work, and how they perceive the guidance provided by healthcare services at different times. In addition to valuing the narratives and memories related to care, the team discussed necessary practices and provided guidance on preventing and managing pediculosis and scabies in children and other household members. After this conversation, practical workshops were

held on how to prepare natural shampoos and soaps using medicinal plants as part of the care strategies and guidance provided.

The soap and shampoo preparation workshop was conducted by three herbalist women with extensive knowledge of medicinal plants. Two of them live in rural settlements in the interior of Rio de Janeiro, are agroecological farmers, and are members of the Working Group (GT) – Women of the Serramar Agroecology Network (AAS). The partnership with the GT Women of AAS was facilitated through a collaboration with a professor from the UFF-RO Social Work Program, who coordinates an extension project called “Semear Agroecologia no Campo e na Cidade.”

During the workshop, the facilitators explained how the plants used in their communities combat mites, ticks, and other parasites responsible for pediculosis and scabies. As each plant was introduced, participants listened attentively and shared similar uses passed down from their mothers and grandmothers. However, they also reported limited access to medicinal plants at home and expressed a desire to cultivate and use them. There was a strong cultural legitimacy and historical memory associated with care linked to plant-based treatments. The plants introduced included aroeira, arruda, aloe vera, and erva de Santa Maria—some of which were familiar to the participants, while others were unknown. The participants also shared other uses of these plants and raised questions about their application in treating scabies and lice.

The facilitators guided the families in preparing recipes for natural soap and shampoo using the recommended medicinal plants. The families took home samples of the soap and shampoo made during the workshop. The sessions were a great success, engaging the participants enthusiastically. The initiative was also highlighted on the Rio das Ostras City Hall page: [<https://www.riodasostras.rj.gov.br/rio-das-ostras-em-parceria-com-a-uff-realiza-oficina-de-preparo-de-xampu-e-sabonetes/>], which increased its local legitimacy.

DISCUSSION

Although pediculosis and scabies are well-known and widespread diseases, there is limited literature that describes their magnitude, despite being conditions that affect vulnerable groups such as children, adults, and the elderly, especially those institutionalized and immunocompromised. This lack of attention contributes to the persistence of these diseases—classified as ectoparasitic infections—as a public health issue, given their high transmission rates, particularly among children, inadequate management, and negligence from both the population and healthcare professionals. It is estimated that up to two-thirds of the population in impoverished communities is affected by at least one ectoparasitic infection, with scabies and pediculosis being the most prevalent ⁽⁹⁾.

In 2017, scabies ranked 8th among the most reported diseases (74 out of 2,445 notifications); however, in 2018 and 2019, it became the second most reported condition in Rio das Ostras. In 2020 and 2021, it ranked first, except for COVID-19 notifications. We consider that the COVID-19 pandemic may have contributed to this increase due to the prolonged time people spent at home, although in more peripheral and vulnerable areas, movement outside the home remained significant. Additionally, the population faced difficulties accessing and utilizing healthcare services ⁽¹⁰⁾.

In the experience described, the emergence of scabies and pediculosis, identified through the systematic analysis of compulsory notification data, highlighted the need to reinforce actions to combat ectoparasitic infections in the municipality. This involved not only strengthening guidance on interpersonal contamination and care during the treatment period (personal hygiene and cleaning of clothes, including bed linens, towels, etc.) ⁽⁹⁾ but also developing community actions. Epidemiological monitoring influenced the design of surveillance, promotion, and prevention strategies for families and within the territory, led by nurses from the Family Health Strategy (ESF).

For community actions, non-pharmacological health practices and the use of medicinal plants played a key role. We relied on literature that describes the effectiveness of medicinal plants such as arruda, boldo, and bitter melon in treating parasitic infestations, particularly among children ^(1,9).

Study Limitations

The limitations of this experience refer to monitoring cases in the territory and assessing its impact on epidemiological indicators. In December 2022, we had the opportunity to analyze the number of scabies notifications in the municipality based on data provided by the local Epidemiological Surveillance service. We observed a reduction of 42 cases compared to the previous year, totaling 771 notifications in 2022, making it the third most reported disease in the municipality that year.

We cannot claim that our activity directly impacted the reduction of scabies cases. However, it certainly contributed to raising awareness about the issue at the local level, signaling the need to address it beyond pharmacological treatment. Furthermore, it highlighted the importance of actions that integrate the epidemiological, care, and educational dimensions while engaging the community's perspective on this health issue and its intervention possibilities.

Contributions to Nursing, Health, or Public Policy

This experience highlighted the potential of ESF nurses to redesign care practices, moving beyond a medicalized or doctor-centered perspective, promoting shared care and popular health education. For nursing and other health professions, popular health education should be incorporated into care practice not only as a methodological tool but also as an ethical-political and aesthetic approach that uniquely shapes care practices. Moreover, popular education strengthens the identity of health

professionals by grounding their work in local contexts, whether in healthcare services or the community, enhancing bonds and the network of affective relationships between professionals and service users through the integration of professional and community-based care practices.

FINAL CONSIDERATIONS

The high prevalence of infectious and parasitic diseases is a reality in vulnerable territories, and there is still a long way to go before the community dimension of these infections is effectively integrated into health surveillance practices and ESF care strategies. It is necessary to challenge the biomedical and individualistic approach that predominates in ESF practices, as it prevents dialogue with communities and the construction of shared care.

Popular health education has proven to be a valuable tool in tackling infectious and parasitic diseases, especially those affecting children in their early years of life. It enables community-based care practices that combine scientific knowledge with traditional wisdom, adapt to the community's living conditions, and strengthen ESF efforts in collaboration with daycare centers and schools—key institutions for the health of children and adolescents.

The challenges of ensuring comprehensive care at the individual, family, and community levels involve overcoming care fragmentation, the isolation of programmatic actions, and the normalization of infectious and parasitic diseases, along with other vulnerabilities that shape the daily lives of families and ESF assistance practices. In-service professional training, fieldwork in communities, and health research provide fertile ground for popular health education, fostering alliances between communities, universities, and healthcare services.

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