REFLEXION ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

PROMOTING EQUITY IN REPRODUCTIVE HEALTH IN LIGHT OF PAULO FREIRE'S APPROACH: A REFLECTIVE STUDY

PROMOÇÃO DA EQUIDADE EM SAÚDE REPRODUTIVA À LUZ DA ABORDAGEM DE PAULO FREIRE: ESTUDO REFLEXIVO

PROMOCIÓN DE LA EQUIDAD EN SALUD REPRODUCTIVA A LA LUZ DEL ENFOQUE DE PAULO FREIRE: ESTUDIO REFLEXIVO

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ABSTRACT
Introduction: Emancipatory pedagogy, inspired by the work of Paulo Freire, promotes autonomy and critical consciousness, enabling individuals to question and transform their social reality. In nursing, this encourages critical reflection on living and health conditions, helping patients overcome personal and social barriers. **Objective:** To reflect on the application of Paulo Freire's critical pedagogy in the education of health professionals to promote equity in reproductive health for vulnerable populations. **Method:** This is a descriptive and reflective study with a critical approach based on the principles of Paulo Freire's Pedagogy of the Oppressed. The analysis was conducted considering the National Health Promotion Policy. The study covered the period from April to June 2024 and was conducted in Fortaleza, Brazil. **Development:** Recognizing the inequalities that disproportionately affect vulnerable populations, the reflection was structured around three thematic axes: (1) current nursing practices in reproductive health; (2) challenges and divergences in promoting equity in reproductive health; and (3) the application of the principles of Pedagogy of the Oppressed in nursing practice. **Final considerations:** An emancipatory approach can enhance nursing practice, enriching the education of future professionals and promoting fairer and more effective reproductive healthcare practices.
Keywords: Reproductive Health; Health Equity; Pedagogy.

RESUMEN
Introducción: La pedagogía de la emancipación, inspirada en la obra de Paulo Freire, promueve la autonomía y la conciencia crítica, permitiendo a los individuos cuestionar y transformar su realidad social. En enfermería, esto fomenta la reflexión crítica sobre las condiciones de vida y salud, ayudando a los pacientes a superar barreras personales y sociales. **Objetivo:** Reflexionar sobre la aplicación de la pedagogía crítica de Paulo Freire en la formación de profesionales de la salud para promover la equidad en la salud reproductiva de las poblaciones en situación de vulnerabilidad. **Método:** Se trata de un estudio descriptivo y reflexivo, con un enfoque crítico basado en los principios de la Pedagogía del Oprimido de Paulo Freire. El análisis se llevó a cabo a la luz de la Política Nacional de Promoción de la Salud. El estudio abarcó el período de abril a junio de 2024 y se desarrolló en Fortaleza, Brasil. **Desarrollo:** Reconociendo las desigualdades que afectan de manera desproporcionada a las poblaciones vulnerables, la reflexión se estructuró en tres ejes temáticos: (1) las prácticas actuales de enfermería en salud reproductiva; (2) los retos y divergencias en la promoción de la equidad en salud reproductiva; y (3) la aplicación de los principios de la Pedagogía del Oprimido en la práctica de la enfermería. **Consideraciones finales:** Un enfoque emancipador puede mejorar la práctica de la enfermería, enriqueciendo la formación de futuros profesionales y promoviendo prácticas de atención en salud reproductiva más justas y eficaces.
Palabras clave: Salud reproductiva; Equidad en salud; Pedagogía.

RESUMO
Introdução: A pedagogia da emancipação, inspirada na obra de Paulo Freire, promove a autonomia e a consciência crítica, permitindo que indivíduos questionem e transformem sua realidade social. Na enfermagem, isso encoraja a reflexão crítica sobre condições de vida e saúde, ajudando pacientes a superar barreiras pessoais e sociais. **Objetivo:** Refletir sobre a aplicação da pedagogia crítica de Paulo Freire na formação de profissionais de saúde para promover a equidade em saúde reprodutiva para populações em situação de vulnerabilidade. **Método:** Trata-se de um estudo descritivo e reflexivo, com abordagem crítica fundamentada nos princípios da Pedagogia do Oprimido de Paulo Freire. A análise foi conduzida à luz da Política Nacional de Promoção da saúde. O estudo abrangeu o período de abril a junho de 2024 e foi desenvolvido em Fortaleza, Brasil. **Desenvolvimento:** Reconhecendo as desigualdades que afetam desproporcionalmente populações vulneráveis, a reflexão foi estruturada em três eixos temáticos: (1) as práticas atuais de enfermagem em saúde reprodutiva; (2) os desafios e divergências na promoção da equidade em saúde reprodutiva; e (3) a aplicação dos princípios da Pedagogia do Oprimido na prática de enfermagem. **Considerações finais:** Uma abordagem emancipadora pode melhorar a prática da enfermagem, enriquecendo a formação de futuros profissionais e promovendo práticas de cuidado em saúde reprodutiva mais justas e eficazes.
Palavras-chave: Saúde Reprodutiva; Equidade em Saúde; Ensino.

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INTRODUCTION

Brazil exhibits social disparities evidenced by high maternal mortality rates and difficulties in accessing quality health services, particularly among low-income, Black women and rural residents[1]. These groups mostly face racial and socioeconomic discrimination as well as a lack of adequate information on reproductive rights, which accentuates inequalities and restricts full access to reproductive healthcare[2].

Nurses play a fundamental role in promoting and maintaining reproductive health. They are responsible for sharing information on reproductive planning, sexual health, and disease prevention, as well as providing emotional and psychological support[3]. In this process, the goal extends beyond healthcare to the construction of an educational process that allows individuals to recognize themselves as subjects of their own choices in reproductive health.

In the meantime, emancipatory pedagogy is a concept that aims to promote autonomy and critical consciousness, empowering individuals to question and transform their social reality[2]. In this same perspective lies the classic work of Paulo Freire, Pedagogy of the Oppressed, which serves as a philosophical and methodological foundation, where Freire proposes education as an act of freedom, in which dialogue and conscientization are central to the educational process[3].

Given this context, the intersection between nursing and the pedagogy of the oppressed is revealed in the application of principles that promote autonomy, active participation, and equity in health promotion. By encouraging critical reflection on individuals' living and health conditions, nurses can help patients identify and overcome personal and social barriers that impact their well-being.

Therefore, conducting this study is justified by the need to identify new approaches to address persistent inequalities in reproductive health, which disproportionately affect vulnerable populations. It is expected that this study will assist in the education of future nurses and inspire fairer and more effective care practices, strengthening the capacity of health professionals to act as agents of change.

Considering the above, this article aims to reflect on the application of the principles of Paulo Freire's critical pedagogy in the education of health professionals to promote equity in reproductive health for vulnerable populations.

METHOD

This is a descriptive and reflective study with a critical approach based on the principles of Paulo Freire's Pedagogy of the Oppressed[4]. The analysis was conducted considering the National Health Promotion Policy, considering its impact on the promotion of health equity, particularly in contexts of social vulnerability. The study covered the period from April to June 2024 and was conducted in Fortaleza, Brazil.

Recognizing the inequalities that disproportionately affect vulnerable populations, the reflection was structured around three thematic axes: (1) current nursing practices in

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reproductive health; (2) challenges and divergences in promoting equity in reproductive health; and (3) the application of the principles of Pedagogy of the Oppressed in nursing practice.

DEVELOPMENT

Current Nursing Practices in Reproductive Health

In traditional nursing practices, patients are often treated as passive recipients of knowledge, without questioning or active participation. This approach, described by Paulo Freire as "banking education"[4], positions health professionals as depositors of knowledge[4]. However, this dynamic perpetuates oppression in several ways. First, it sustains the power hierarchy between the health professional and the patient, reinforcing the idea that the patient is incapable of contributing to their own care. Second, it disregards patients' needs and specificities, often resulting in care that is insensitive to cultural issues.

Dependence is perpetuated because patients are not encouraged to develop the capacity to manage their health. This manifests, for instance, in reproductive planning consultations that often follow a standard format and do not account for individualities. Without the opportunity to discuss, question, and reflect on the information received, patients remain dependent on health professionals for all guidance and interventions[5].

These actions often reflect weaknesses in professional education, both at the undergraduate level and in continuing education. One of the main challenges is the insufficient coverage of critical pedagogies, such as Paulo Freire's pedagogy of the oppressed, and of the social issues that influence reproductive health.

In traditional training, nursing education tends to be highly technical and focused on clinical procedures, setting aside a broader understanding of the social, cultural, and economic dynamics that affect patients' health. Thus, without a deep understanding of the social and political issues influencing health, nursing professionals may struggle to advocate for fairer and more equitable policies and practices. This is particularly problematic in contexts of vulnerability, where populations face significant barriers to accessing quality healthcare[6].

Therefore, it is important to reflect that the vulnerabilities of oppressed populations should not be viewed merely as weaknesses or deficiencies, but also as sources of resistance and potential transformation. In the context of nursing care, this means recognizing that the difficulties faced by patients, whether due to socioeconomic conditions, health status, or other forms of oppression, contain within themselves a wealth of experience and knowledge that can contribute to the healing and empowerment process.

Divergences and Challenges in Promoting Equity in Reproductive Health

Inequalities in access to reproductive health services reflect the dynamics of the oppressor-oppressed contradiction discussed by

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Freire. This opposition is fundamental to understanding relations of power and education, in which a dominant group (the oppressors) maintains control while subjugating and exploiting another group (the oppressed)[4].

This dynamic can be observed in the barriers exacerbated by social determinants of health, which represent a form of oppression. The oppressed, such as low-income women, ethnic minorities, and rural residents, face restrictions imposed by a social structure that privileges the oppressors—those with greater resources and power. An example is the problem of "obstetric pilgrimage" faced by women during childbirth due to a lack of information on when to seek services, accessibility difficulties, and, even upon gaining admission, barriers related to the quality of care provided[7].

Paulo Freire emphasizes that oppression dehumanizes both groups. Oppressors dehumanize themselves by denying the humanity of the oppressed, treating them as mere objects or means to an end[4]. In turn, the oppressed internalize this dehumanization, often accepting their subordinate position as natural. This results in a lack of consideration for patients' emotional, cultural, and social needs, as seen in the example of a rural woman whose concerns regarding contraceptive methods are ignored.

However, the liberation of the oppressed, as Freire argues, cannot be granted by the oppressors: it must be conquered by the oppressed themselves through conscientization[4]. This process involves a critical and reflective perception of oppressive reality and collective action to transform it.

Furthermore, it is necessary to analyze how practices of manipulation and cultural invasion can be used to reinforce hierarchies and maintain systems of inequality[8]. For example, manipulative practices may include the dissemination of inadequate or biased information regarding contraception, family planning, and reproductive rights, aiming to control people's decisions and bodies, especially those in vulnerable situations. These practices can be perpetuated through misinformation, stigmatization, and social pressure.

Similarly, cultural invasion can occur when reproductive health practices are imposed on a community in a manner insensitive to its beliefs, values, and cultural practices. This can result in alienation, resistance, and non-adherence to the offered health services, hindering the implementation of approaches that respect the autonomy and cultural diversity of the served communities.

These practices usurp the fundamental right to exercise control over one's own life and body. To overcome these barriers, it is essential to actively recognize and challenge these reproductive healthcare delivery practices.

Paulo Freire's Pedagogy of the Oppressed in Nursing Practice

Paulo Freire's pedagogy can be applied in nursing practice to transform the traditional teaching dynamic into a more participatory and critical approach. Instead of merely transmitting

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information to patients, nursing professionals can actively involve them in their learning process, promoting a more collaborative education. This can be achieved through activities such as group discussions, interactive education sessions, and the use of educational materials that stimulate reflection and patient participation in their own care[9].

In this context, Popular Health Education emerges as a fundamental approach to strengthening this practice, as it recognizes that healthcare delivery values popular knowledge as the starting point for educational actions. Furthermore, this approach seeks to promote the construction of health knowledge based on the active, critical, and proactive participation of individuals, their lived experiences, and a horizontal dialogue between professionals and healthcare service users[9].

Thus, by promoting a critical and participatory education, patients are encouraged to share their own experiences, concerns, and prior knowledge, creating a conducive learning environment. For Freire, this idea is directly linked to the concept of dialogic education, in which knowledge construction occurs through critical and reflective dialogue, wherein subjects are the protagonists of their educational process[4].

This approach also helps to build a more egalitarian relationship between health professionals and patients, based on mutual respect, trust, and the appreciation of individual experiences. From this perspective, dialogic education and the investigation of generative themes proposed by Paulo Freire can be applied to nursing care.

Nursing professionals can engage in dialogue with communities to identify specific concerns, challenges, and needs related to reproductive health. Based on this exchange, professionals can "co-construct" guidance more aligned with local realities, addressing issues such as conscious access to contraceptive methods, prenatal care, humanized and safe childbirth, maternal-child health, reproductive rights, prevention of sexually transmitted infections, and ethical and informed reflection on abortion. Thus, an education that liberates and empowers is promoted, leading to autonomy and social transformation.

It is important to highlight that conducting participatory investigations in collaboration with communities is an essential step. This includes conducting focus groups, interviews, and surveys to better understand the underlying causes of reproductive health problems and barriers to accessing health services. Based on the findings, nursing professionals can collaborate with communities to develop and implement practical, evidence-based interventions. In this context, this involves the inclusion of health education programs, democratic access to health services, and the emancipatory training of individuals as protagonists of care, for example, valuing the potential knowledge of community midwives and doulas.

This collaboration is fundamental to creating an effective partnership between health

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professionals and communities, where all contribute their knowledge and experiences to identify and address reproductive health issues. Uniting around common goals of health promotion and equity strengthens the bonds among the various actors involved, promoting a more holistic and inclusive approach.

By integrating these characteristics of the theory of dialogic action into their practice, nursing professionals can create a care environment that promotes equity in reproductive health, encouraging communities to take an active role in their own health and well-being. In view of this, by considering the individual as an active agent in the learning process, Freire advocates for the necessity of empowering subjects, enabling them to understand and transform the reality in which they are embedded[10].

FINAL CONSIDERATIONS

The essence of Paulo Freire's pedagogy resides in the pursuit of liberating individuals from the oppressive structures that permeate society. The dialogic approach is also essential in nursing care, promoting a collaborative relationship of mutual respect between nurse and patient. This practice, centered on dialogue and active listening as emphasized by Freire, allows the patient's needs and concerns to be recognized and considered in the planning and execution of healthcare. Finally, the importance of recognizing and combating practices that maintain oppression is highlighted. In nursing care, this implies questioning the power structures that perpetuate inequalities in reproductive health and working in collaboration with patients and communities to promote autonomy and equity.

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Conflict of interest statement

None to declare.

Data availability statement

No datasets were generated in this study. The information presented is described in the body of the article.

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