Public policy for social inclusion in higher education and extension practices with ethnic groups

Política pública de inclusão social na educação superior e práticas extensionistas com grupos étnicos Política pública para la inclusión social en la educación superior y prácticas de extensión con grupos étnicos

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ABSTRACT

Objectives: to report the experience on the operationalization of a university extension project with and for training affirmative action students. **Methods:** an experience report with a descriptive approach on the operationalization of a university extension project for training affirmative action students, between 2020 and 2021, based on blended-learning and Activity Theory. **Results:** we carried out 103 activities, including actions for product development, media maintenance and targeted study of themes. They involved 13 students from two institutions, two leaders from ethnic groups and eight instructors. **Final Considerations:** collaborative relationships provided the exchange of knowledge about public health policies, educational technologies and social media, reducing deficits in the use of technological resources and application in health education. The activities promoted students' leading role coming from affirmative action, in a representative way, from their experiences and needs, being potential for equitable training.

Descriptors: Public Policy; Ethnicity; Online Social Networking; Interdisciplinary Studies; Universities.

RESUMO

Objetivos: relatar a experiência sobre operacionalização de projeto de extensão universitária com e para formação de estudantes de ações afirmativas. Métodos: relato de experiência com abordagem descritiva sobre operacionalização de projeto de extensão universitária para formação de estudantes de ações afirmativas, entre 2020 e 2021, com base na estratégia de aprendizagem blended-learning e na Teoria da Atividade. Resultados: foram realizadas 103 atividades, incluindo ações para desenvolvimento de produtos, manutenções de mídias e estudo direcionado de temas. Envolveram 13 estudantes de duas instituições, duas lideranças de grupos étnicos e oito instrutores. Considerações Finais: as relações colaborativas proporcionaram trocas de saberes sobre políticas públicas de saúde, tecnologias educativas e mídias sociais, diminuindo os déficits sobre uso de recursos tecnológicos e aplicação na educação em saúde. As atividades promoveram o protagonismo de estudantes oriundos de ação afirmativa, de modo representativo, a partir de suas vivências e necessidades, sendo potencial para formação equânime.

Descritores: Política Pública; Grupos Étnicos; Redes Sociais Online; Práticas Interdisciplinares; Educação Superior.

RESUMEN

Objetivos: relatar la experiencia sobre la operacionalización de un proyecto de extensión universitaria con y para la formación de estudiantes de acción afirmativa. **Métodos:** relato de experiencia con enfoque descriptivo sobre la operacionalización de un proyecto de extensión universitaria para formar estudiantes de acción afirmativa, entre 2020 y 2021, basado en la estrategia de aprendizaje semipresencial y Teoría de la Actividad. **Resultados:** se realizaron 103 actividades, entre acciones de desarrollo de productos, mantenimiento de medios y estudio focalizado de temas. En ellos participaron 13 estudiantes de dos instituciones, dos líderes de etnias y ocho instructores. **Consideraciones Finales:** las relaciones colaborativos facilitaron el intercambio de conocimientos sobre políticas públicas de salud, tecnologías educativas y redes sociales, reducir los déficits en el uso de los recursos tecnológicos y su aplicación en la educación para la salud. Las actividades promovieron el protagonismo de los estudiantes provenientes de la acción afirmativa, de forma representativa, a partir de sus experiencias y necesidades, siendo potencial para una formación equitativa.

Descriptores: Política Pública; Grupos Étnicos; Redes Sociales en Línea; Prácticas Interdisciplinarias; Educación Superior.

INTRODUCTION

Affirmative action policies, such as Law 12.711, of August 29, 2012, known as the Brazilian Quota Law, are important instruments for social inclusion that enable visibility and dialogue between vulnerable groups, such as indigenous and *quilombolas* (a common designation for slaves who are refugees in *quilombos*, or descendants of black slaves whose ancestors in the period of slavery fled the sugar cane mills, farms and small properties where they performed various manual jobs to form small villages called *quilombos*), in public universities⁽¹⁾. Access through quotas to universities grew progressively as inclusion policies were inserted, presenting themselves in Brazil through heterogeneous experiences due to the different readings carried out by higher education institutions⁽²⁾.

Several modes of insertion on the subject have been implemented transversely in training, such as CNE/CP Resolution 01 of 2003, which establishes the Brazilian National Curriculum Guidelines for the Education of Ethnic-Racial Relations and for the Teaching of Afro-Brazilian and African History and Culture (DCN ERER - Diretrizes Curriculares Nacionais para a Educação das Relações Étnico-Raciais e para o Ensino de História e Cultura Afro-brasileira e Africana), Decree 7,824/2012, which defines the conditions for reserving vacancies in higher education, as well as Regulation 18/2012, which establishes the basic concepts for law enforcement, considering all modalities.

In higher education, records point to a heterogeneity of actions through extension, teaching and research projects, highlighting the last from studies on admission and permanence^(1,3). Regarding the training of health professionals who have identity related to native and Afro-descendant populations and the involvement of different institutions, there is a lack of information. It is noted, in the few studies identified, that, due to the historical processes, there are disadvantages in the course of teaching-learning of these groups⁽⁴⁾. Therefore, there is a need to record institutions' experiences, in order to contribute to an inclusive education in nursing and health.

By bringing the theme closer to the conditions imposed by the new coronavirus pandemic, it was necessary to adapt the work plan and methodological resources⁽⁵⁾. In this context, space is opened for developing remote extension practice that helps to alleviate the deficit of aptitude and technological expertise in the training process, from the insertion of technological competencies, highlighted with the acceleration of information and communication⁽⁶⁾.

In this sense, learning, based on the conditions identified and taking into account students' peculiarities, sought to develop activities with the purpose of inserting students as leading roles of their learning (with) and of their groups (to), through actions that incorporate skills to build educational technologies, use of media and socialization of knowledge on topics that involve public health policies for populations in situations of vulnerability, observing techniques and methods that meet the teaching modality. Therefore, virtual experiences were carried out, anchored in direct involvement, and interaction between indigenous, *quilombola* and non-indigenous students with health professionals and students.

The strategy used was blended-learning (BL), which combines multiple methodologies, capable of being mediated through Information and Communication Technologies (ICT), which enabled new learning opportunities, combinations of educational

techniques and typologies, mixing learning that perceives and considers students' reality, making learning meaningful⁽⁷⁾. This strategy, in addition to making it possible to adapt to students' real needs, encouraged interaction among peers based on the collaborative and technological skills involved in the current scenario of information acceleration⁽⁶⁾.

BL also enables knowledge management, as it requires the acceptance of students from a student-centered approach on an ongoing basis, which creates channels of motivation. For this, it is necessary to understand it from its structural and psychological levels, such as organization, exchange of attributes and aggregation. The three levels are anchored from collaboration and social organization (one to one), collaborative interaction (one to all), working the feeling of belonging (group identity)⁽⁷⁾. In this regard, it is possible to create a personalized motivation environment based on the objectives proposed in the extension project work plan.

This report reveals the experiences developed through a university extension project in partnership with a nursing professional, considering the social and educational role. On the other hand, it describes the collaborative relationships in the course of university education, from a pedagogical reflection observed in student interaction, technological deficits, exchanges of knowledge and production of technical resources for health education. Thus, it was considered appropriate to include students of affirmative actions from the extension practice in a nursing course, in order to seek an equitable and inclusive education⁽⁸⁾.

OBJECTIVES

To report the experience on the operationalization of a university extension project with and for the training of affirmative action students, between 2020 and 2021, at a public university in northern Brazil.

METHODS

Setting and methodological path of experience

This is an experience report that was guided by the BL method, which combines multiple methodologies, enabling interaction between those involved, and has been an important tool for developing skills from the combination of pedagogical practices and an emerging method from a multidimensional perspective^(7,9).

It was developed through a university extension notice belonging to a public university in northern Brazil, in partnership with a nursing trade association, from March 2020 to December 2021. The public notice aims to promote the strengthening and inseparability of the teaching, research and extension tripod. Among the objectives of this project, the main one is the construction of educational technologies among students, professionals and students in the health area, guided by experiences, needs, identity and student leading role.

The data presented were extracted from the final and partial report of the project, assessing the activities developed, attributions, involvement of extension workers and monitoring the achievement of the objectives. Remote activities were subdivided into asynchronous and synchronous, which resulted in

technological products developed by students, mediated by ICT and related to creation, dissemination and execution.

Thirteen students participated, 2 scholarship holders, 11 volunteer students (5 indigenous students, 6 *quilombola* students and 2 non-indigenous students). All, except non-indigenous students, entered higher education through affirmative action policy. Furthermore, 8 instructor collaborators participated (2 leaders, representatives of the indigenous and *quilombola* student movement). Students' access to the extension project took place through a shared open call, through digital social media and with the support of indigenous and *quilombola* student leaders, invited to participate as collaborators. The selection process was carried out by remote interview.

As a consequence of the conditions imposed by COVID-19, it was adjusted in accordance with institutional regulations. The analysis was performed through the activity theory (AT), because it recognizes the cognitive processes involved in the development of the project and, mainly, because it understands that all results are related to interaction (mediators, objects, institutions and subjects)⁽⁹⁻¹⁰⁾. AT has an interdisciplinary, dynamic and constantly changing approach, used by several areas to analyze the learning processes within a social system, recognizing the cultural influence of the activity and which has currently been used to analyze mediation instruments, such as information technologies, given that it has conceptual tools that analyze joint activities⁽¹⁰⁾.

As it is the authors' experience report, the study does not require approval by the Research Ethics Committee.

RESULTS AND DISCUSSION OF EXPERIENCE

Organization, collaboration and collaborative interaction processes

The data presented emerged from the activities carried out by the extension workers in the course of 20 months of media and social networks, instant messaging devices and electronic mail. All the information related to the pandemic university context, the needs identified individually and of the groups of students of each traditional population and the interventions developed in the course of the activities were compiled. The data were organized in three stages: 1 - Collaborative processes and flows; 2 – Mediations from ICT/ and 3 – Insertion and leading role of needs and peculiarities.

Moment 1 - Collaborative processes and flows

The inclusion of indigenous people and *quilombolas* based on affirmative action makes it possible for access to the university to be possible, but not necessarily equitable (4). Therefore, the need for student selection and initiatives to adhere to initiation to research and extension through academic projects. In the past, the direct interlocution with an association in the nursing area, which has a coordination on traditional peoples' and populations' health, stands out, allowing indigenous peoples and *quilombola* communities to carry out effective affirmative action in academic activities through accessible and equitable learning and training.

Moreover, projects and programs that value the teachingcommunity interaction stand out. The trade association, linked to health training, was integrated from a perspective of valuing social groups in situations of vulnerability. At the same time, it is highlighted that the new curriculum of the university's Faculty of Nursing, executing the project, in a transversal way, signals the need to include ethnic and racial issues in the context of training.

The design flow and project execution were sought to be representative and strategic in the inclusion of project members. To this end, at first, it included 01 indigenous student, 01 *quilombola* student and non-indigenous/*quilombola* students (Non-I/Q) - the latter group with experience with ICT - and interested in the area of health education. From the student network of each indigenous and *quilombola* student, the collaboration network was expanded, which enabled systematic interaction based on public policies, institutions and individuals. This promoted an exclusive project for and with the profile of students, as well as the construction of products on specific themes related to ethnic groups' health, as mentioned in Chart 2.

Moment 2 - Mediations from Communication and Information Technologies

The development of activities (Chart 1) identified the contributions of the mediations carried out, according to the remote teaching modality (asynchronous or synchronous), following the emergency plan of the institution and the epidemiological scenario, as well as the media formats from the perspective of information acceleration⁽⁶⁾. It should be noted that the technological strategies experienced are easily accessible and free of charge, which can be inferred that they reduce the difficulties of practical introduction and accessibility to those involved.

In addition, they reveal the potential of social networks for collaborative activities^(5,10), as they are available as remote or face-to-face support. In this sense, it was decided to use ICT to intermediate the instruction and construction of educational technologies, providing the execution of technological products (Chart 2). It is noted that cyberspace was the condition used for the experience concept, using network resources for communication and transforming the group into a virtual community, enhancing the connection of people⁽⁵⁾. ICT mediation modeled activities and potentiated knowledge in a collective and collaborative way⁽¹⁰⁾.

It is noteworthy that, despite the innovative possibilities of technologies and dissemination processes observed in recent years⁽⁶⁾, the use of ICT is not a privilege for all indigenous and *quilombola* students, and therefore a deeper understanding of students' reality and their limitations⁽³⁻⁴⁾ is necessary. Strategically, when choosing the digital tool, it is oriented to identify the regional reality and established interaction limitations, in order to be configured within students' peculiarities, being fundamental for the use of ICT.

Regarding the production of knowledge mediated by ICT, Chart 2 reveals that it is possible to execute the work plan from themes contextualized in public health policies aimed at the reality of the students involved, signaling the insertion of the group's identity, as well as the training of potential instruments for scientific initiation. It is important to emphasize that virtual mediation considered the limitations of the internet, communication processes and affirmative action students' peculiarities.

Chart 1 - Formats, activities and Information and Communication Technologies used between 2019 and 2021, from remote education, Pará, Brazil, 2021

ICT	FOCAL ACTIVITY	MODALITY/TEACHING FORMAT	
WhatsApp/ Google Meet	Training in platforms and creation of technological products. Meeting and debate for group planning and direction and social media management.	Synchronous (Remote)	
Instagram/Facebook/Email	Dissemination of educational materials created by extension workers and/or Ministry of Health training courses. Storage space for technological products created.	Asynchronous (Remote)	
Canva/OBS Studio/ InShot	Production and/or creation of technological products.	Asynchronous (Remote)	

ICT - Information and Communication Technologies.

Chart 2 - Characterization of products, focus, theme and repercussion, used between 2019 and 2021, Pará, Brazil, 2021

Product/Quantity	Focus	Theme	Repercussion
Card/30	Dissemination of educational material, course and class.	Attention to traditional peoples' health: interculturality and health, environmental health, public health.	Encouraging reading and the search for training in courses.
Class cycle/9	Promotion of classes and webinars with interest in the theme, with and for the group involved.	Health care for traditional populations in different age groups of riverside, indigenous and <i>quilombola</i> populations.	Training of health professionals and students, respecting the specificities of traditional groups and health care prioritized by the Unified Health System (SUS - Sistema de Saúde Único).
Infographics/17	Construction of educational material on the educational process.	Conceptual bases of health education and educational action plan specific to the target group.	Construction of an educational action plan that responds to traditional populations' needs, following health promotion and prevention.
Videos (8)	Representation of a member of the traditional people and the legislation pertinent to the subject.	Definition of what it is to be a riverside, indigenous and <i>quilombola</i> . Definition of group-specific health policies.	Leading role and the identity of the representative of the indigenous or <i>quilombola</i> project in the space of theme construction and discussion.
Workshops and courses/5	Training students for research. Remote activity, focusing on scientific and technological production.	Qualitative analysis by IRaMuTeQ software. Educational and scientific dissemination technologies.	Training of indigenous and <i>quilombola</i> students focused on the teaching-research-extension tripod.
Mind map/5	Construction of educational material on the theme of health related to the specific traditional population.	Health education in aspects: diversity, culture, popular health education and laws. Chronic non-communicable and infectious and parasitic diseases.	Creation of educational materials with identity and leading role with the creation of the extension agent representing the traditional community.

In this sense, institutions, involved through their experiences in inclusive higher education, must anticipate racial inequalities⁽²⁾ and allow reflective exercise through the various groups included in the extension activities of being/doing university⁽¹⁾.

With regard to the topics addressed, it was essential to follow public policies for health care for specific populations, such as Indigenous Peoples, Black Populations and Water Populations, based on cultural care⁽⁸⁾ and on the conceptual bases of health education, which were explored through different types of products, as observed in Chart 2.

Moment 3 – Insertion and leading role from the needs and peculiarities

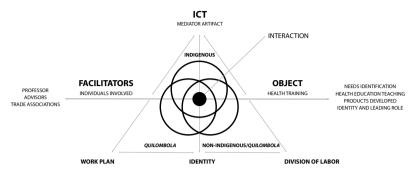
The articulation and interaction presented in Table 1 consolidates the importance of investing in collaborative processes that contribute to the development and training of human resources guided by creative, dynamic processes and that recognize that inclusion is a continuous process among peers and not in peers^(7,10). Note the significant participation and leading role of indigenous and *quilombola* students in the production process of programmed activities from the 78% (15/19) of actions. On

the other hand, from the perspective of the training-educational process, it attributes learning through cooperation, using each student's leading role in the activities carried out in the project, which built their learning and supported the dissemination of public policies based on digital culture.

In uncertain times, the results indicate that it is possible to transform pedagogical practices into interdisciplinary and innovative(10), overcoming barriers, involving the academic community and, mainly, interacting with the subjects directly in the process. Interaction takes place through educational systems mediated by ICT, based on the execution of the work plan and identity of being an indigenous or quilombola student and the proposed model in which feedbacks and processes are represented by arrows⁽⁹⁾ (Figure 1). The inserted elements promoted a representative place that gives new meaning and strengthens the identity belonging of undergraduate students, which promotes actions that value diversity and give opportunity to continuity of professional qualification(1,3). From this perspective, efforts should be apprehended, as pertinence in extending quotas to other spaces, in order for the university to play its social role⁽³⁾, continuously, beyond graduation, contributing to identifying cultural diversity of ethnic groups⁽⁸⁾.

Table 1 - Leading role of groups between 2020 and 2021, Pará, Brazil, 2021

Production/groups	Indigenous	Quilombola	Non-I/Q	Everyone
Technical and technological products	5	5	2	12
Participation in workshops and events	2	3	2	7
Total	(7) 36%	(8)42%	(4) 21%	(19) 100%



Source: based on Engestrom (2001).

Figure 1 – System of activities mediated by Information and Communication Technologies and the interaction promoted among students, Pará, Brazil, 2021

INCLUSION EXPERIENCE PROCESS

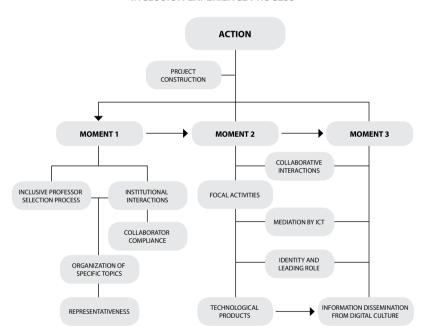


Figure 2 - Operational flowchart of the inclusion experience process, Pará, Brazil, 2022

Therefore, the entities involved, professors and non-I/Q students identify the desires of the groups in relation to health, enabling debate on the subject (Figure 1). The inclusion of affirmative action students in academic movements promotes rupture of an ethnocentric model, bringing the university closer to traditional communities⁽¹⁻³⁾. In this sense, health education guided by this triangular reflection^(7,10) is established in a link between the peculiarities and needs of each group involved, becoming a strategy to enable the teaching-community integration via health education, mediated by students' knowledge and experiences in the development of products in which indigenous and *quilombola* students are leading roles, with the use of ICT for mediation

between object and subjects involved⁽¹⁰⁾, as shown in Figure 2.

Study limitations

Due to the pandemic, there were technological limitations and personal skills of indigenous and *quilombola* students involved, as well as the limitation of mobile data resources offered by the institution.

Contributions to nursing and health

The experience contributes to reflect on the incorporation of affirmative action students and leading role and maintenance of these groups within the public university through active participation and an inclusive project. It broke an ethnocentric pattern with the interaction of different profiles of students, enabling the exchange of knowledge by cultures of different ethnicities and communities, by virtue of including indigenous, quilombola and non-indigenous/ quilombola students. Moreover, the unilateral nature of university bleaching decreased in extension projects, due to the initiative of the first inclusive project for indigenous and quilombola students in nursing. Such an initiative combats prejudice within teaching with these groups, as professors in the area interacted through direct collaboration in the activities promoted, favoring the qualification of students based on technological skills and abilities for equitable training. It shows that affirmative action policies combat institutional racism in nursing, when they are inserted, with inclusive projects for actions carried out in practice. It stands out for the participation of trade associations in promoting the defense of society's interests that must be visualized by universities.

FINAL CONSIDERATIONS

The insertion of affirmative actions of native peoples and Afro-descendants in the university

has made possible the access to higher education of these groups, but it is necessary, for its maintenance, an equitable training. Deficits related to technological competencies identified along the course of extension actions can be reduced through collaborative activities promoted by social and participatory interaction between institutions, from the combination of methodologies that make students leading roles.

As the interactions were developed, individual motivation and the evolution of learning were perceived, as well as it was necessary to understand the need for flexibility in the schedule due to the limitation of internet access. The methodological didactic issues involved then took on the social dynamics

related to coping with the COVID-19 pandemic, which led to the incorporation of learning continuously, according to the modality. Experience can be used to deepen new moderation strategies adapted to the technological and regional reality of students involved and as a complement to training according to health emergencies.

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