

Humanization of nursing cares concerning to the health of women, children and teenagers

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The existence of new centers and municipal medical units have included from its establishment in 1927, up to the maternal and child care assume the strategic position with household activities of visiting nurses or public health. During the 1930s intensified public policies recognizing women and children as the focus of health care.

The Protection Board for Motherhood and Childhood was established in 1934 as an organization of the National Department of Public Health. The term "protection", included in the name of the Directorate, was already showing the vulnerability that women and children were exposed. Curiously, the New State policy was identified as unidirectional and authoritative, formulated by concerned puericulture men with the ignorance or the neglect from poor mothers to their children¹.

Even though reactive and partial, these State measures, and the ones that followed with the creation of the National Children's Directorate in 1940, represented answers to feminist demands. Bertha Lutz^{*1}, federal deputy and supporter of feminist movements that occurred in the US, claimed laws and programs for maternity and childhood, as well as expansion of social rights. Lutz presented a project of Law in 1936, for the creation of a National Department of Women and, in a Women's Council, which would be dedicated exclusively to women and children's health care¹.

Thirty-eight years later, a new milestone begins with the Alma Ata Conference of 1978. Among its recommendations, women and children are a priority focus point. Thereafter begins a coverage extension for primary health care. Social and women's movements will mark out this operation. The movement of pastoral agents, and later, community health agents, will reach the farthest parts of the country, bringing the high cost effectiveness of actions that have historically influenced on the changes in infant and maternal mortality in the country.

Public policy, however, remained reactive to feminist demands. Especially in a neuralgic point: the ambiguous policy of family planning. The State, during the period of military dictatorship (1964-1985), was omitted as a subliminal gave support to the actions of the notorious Bemfam who promoted birth control. A semi-official policy in reverse. The Integral Assistance Program for Women's Health was created in 1983. Formulated by women, it has proposed a care model to meet global health needs of women. A critical issue was, to give a better response to what existed at the time: the inappropriate use of pills bought without any control and perverse progression of surgical sterilization².

The Family Health Strategy (ESF) since 1993 and stronger from the 2000s established a resolute and equal Primary Health Care (PHC), giving the opportunity to the poor and under vulnerability community, and full care in the territory. The health team had the outstanding participation of nursing in family health. In over 20 years the ESF has achieved 60% coverage of the population. In this new model of care, unpublished partnerships have been established among doctors, nurses, dentists, nursing technicians, nursing assistants, community health workers and other professionals, guided by the horizontality. The primacy of the multidisciplinary approach is care for the User (family) focused in the territory of the National Health System (SUS), in the community by sharing responsibilities and a full care. APS is under the responsibility of the Department of Basic Attention on Health Care Ministry, whose disclosure programs, actions and strategies are socialized through virtual and printed materials available on its website (<http://dab.saude.gov.br/portaldab/>).

The women's participation channels were expanded with the creation of health councils, where have become the major interested and participative, taking important role in controlling the society on government actions (social control)³.

DOI: 10.5935/1414-8145.20150070

The strength of the feminist movement and militant inside the SUS has expanded to other borders². The integration and inter-sectorial social policies allowed new advances, with the participation of the health sector. The most prominent are the protection mechanisms and social assistance programs such as the Child and Adolescent (Law No. 8069 of July 13, 1990), the family allowance; food safety, legal and programmatic measures for the protection of children, adolescents and women victims of domestic violence, the creation of reference centers for women²⁻⁴.

Despite many achievements, there are still other challenges to be faced in the years of 2010 and already flagged by social movements and by health professional discussions. The affirmative action policies for women's rights in the issues concerning to family model, to abortion, to free sexual orientation, harassment, inequality in the workplace and other forms of discrimination, are a few examples.

In the health policy the answers were gradually bringing more comprehensive answers, although late, to the new social demands. Among them, we can include cancer screening policies, the expansion of vaccination cards, improved prenatal care, the national humanization policy, the innovative approach of sexually transmitted diseases, care priorities highlighting the pregnancy, childbirth and postpartum, comprehensive care to all segments of the population, including women, children and adolescents. All these aspects involve strategies, accompanied by actions and approved by clinical and organizational evidences that are available for the advancement of scientific knowledge.

The SUS and universities, with their studies seeking for the best practices and approaches are based on many of the

solutions placed on the agendas of social and health policy. There is no humanization without rights achievements. In Portugal, health professionals use the word *Utente* (to refer to the User) with the meaning of full citizen rights. That is why the SUS Users must be understood and recognized, not only as a legal guideline, but also as a social practice.

Therefore, the SUS should have a growing unconditional commitment: to make the practice of health professionals more focused on the interests and needs of the citizens who use it. From there, everything becomes a natural consequence of this commitment.

The hope is that the production of knowledge in nursing and health also reach the top. The full right of citizens should always come first.

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* Daughter of Adolfo Lutz and Amy Fowler, English nurse, Bertha was a biologist, researcher at the National Museum. After making contact with the feminist movements in Europe and the USA, Bertha laid the foundations of feminism in Brazil.