

# TEACHERS' VOICE: ANALYSES OF BRAZILIAN LAWS IN THE PERSPECTIVE OF HEALTH PROMOTION

## *Voz do professor: análise das leis brasileiras na perspectiva da promoção da saúde*

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### ABSTRACT

**Purpose:** to analyze the Brazilian policies about teacher's vocal health, from the perspective of health promotion. **Methods:** 61 documents published between 1998 to 2010 were collected and organized according to the categories: terminology, aim, predicted strategies and support to the teacher. The data received a qualitative and quantitative treatment. **Results:** the terminology used in the documents was program (88,52%), campaign (6,55%) and vocal health policies (4,91%); as for the aims, the most cited was prevention of dysphonia in teachers (83,60%); the privileged strategy to approach the teacher's voice consisted of an annual theoretical-practical course (80,32%) and the teacher's predicted support was the access to speech-pathology therapy and to a physician case of dysphonia (65,57%). Majority of the documents did not indicated any support available to the teachers' vocal health and limited to the treatment of dysphonia, revealing that the teachers' vocal health is not taken as an object of concern of the State. **Conclusion:** despite their relevance the analyzed documents present a very incipient and superficial content, especially in terms of promoting vocal teachers' care and health. Mostly, except for the occasional vocal health recommendation concerning the rehabilitation of voice disorders, there is no foundation on a comprehensive teachers' vocal health policy. Speech therapists and related professional entities should play an effective role in the elaboration of documents to assist policy makers in the promotion of teachers' health in an objective and extensive way.

**KEYWORDS:** Voice; Faculty; Laws; Health Promotion; Teaching

### ■ INTRODUCTION

The occupational hazards present in schools relating to work environment and organization are evident and are harmful to the health and voice of teachers<sup>1-5</sup>. The Speech-Language Pathologist has been the professional of choice to revert this health

hazardous situation with constant participation in devising documents that aim towards a broader understanding of the relationship between the work, health and voice of teachers<sup>1</sup>.

There are recognized social, economic, technological and organizational determinants of workers' health that are responsible for the life conditions and aspects related to the environment and organization, present in work processes<sup>6</sup>. The consideration of occupationally derived voice disorders is undergoing an analysis process<sup>7</sup> aiming to include them on the list of ailments that should be notified to the Ailment Notification Information System (SINAN).

Health is linked to the concepts of Health Promotion that date back to the first International Conference on Health Promotion, held in Ottawa, in 1986. The Charter defined Health Promotion as

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the "process of enabling the community to improve their quality of life and health, including a greater participation in the control of this process"<sup>8</sup>. In Brazil, the Sanitary Reformation, made possible by the Federal Constitution of 1988, established a policy where health is understood as a universal right and a duty of the State<sup>9</sup>.

In this context, health is conceived as a dynamics social process, derived from the experiences and manifestations of life. Furthermore, it is considered an important indicator of quality of life<sup>10</sup>, defined as the way through which each subject perceives his position in life, in the context of culture and the values in which he is immerse and implies two aspects: subjectivity and multidimensionality. The first regards how each one is self-assessed; and the second, to the fact that the construct involves different dimensions, such as physical aspects, psychological aspects, social relationships and environment<sup>11</sup>.

The guidelines of Health Promotion should include the process of construction, (re)qualification and (re)construction of healthier urban spaces, potentially health cities and Health-Promoting Schools (HPS) that aim towards social transformation in order to ensure better quality of life to citizens and reclaiming of citizenship<sup>12</sup>.

From this perspective, education and health have an indissoluble relationship, as health is a requirement for learning, and education as a strategy that will lever health.

School may engage in the health promotion of its community, having faculty members as the essential element for this job, since teachers, when interacting with the students will multiply information and may generate curiosity and desire for knowledge in students. In this quest for promoting health, the teacher's attitudes, beliefs and ideas will be exteriorized through the modulations of his voice that will convey energy, call for attention, compromise and establish priorities<sup>13</sup>.

The use of dialogue and the voice in it is related to what is called soft technology<sup>14</sup>. This term is discussed by one author who, when approaching health care, establishes three types of resources: hard technology, soft-hard and soft. Hard technology involves the instruments or equipment used in treatments, the exams and organization of information; the soft-hard type regards the knowledge of the different well-known fields of health, such as clinical health, epidemiology, as well as the professionals involved in the team who develop the work process. Soft technology happens in the inter-subjective relationship, in the encounter between the health professional and the user, and this is why the author calls it a live work, in action. This kind of resource

involves dialogue, listening, bonding and taking responsibility for others and the problems that afflict them.

Not only schools but all segments of society should be involved in the movement of Health Promotion, as devising laws that ensure the use of strategies aiming towards the well-being of the population is an important resource in this direction, since public policies are valid throughout the entire country and are an advance in the acquisition of social rights.

The high occurrence of voice disorders among teachers, associated to the discussions on Health Promotion has led politicians to devise Bills with the purpose of ensuring actions so as to, at least, decrease voice disorders, especially of teachers. Limited disclosure of this kind of Brazilian legislation has motivated the researchers to characterize the laws about vocal health<sup>15</sup>.

At this moment, the purpose of this study is to analyze Brazilian laws about the vocal health of teachers, in the perspective of health promotion.

## ■ METHODS

The material for the present study was composed by the survey of laws that concerned vocal health in the period from 1998 to 2010. Since this is a documental study, there was no need for submission to an Ethics Committee or for an informed free consent term.

The identification of this material began with searches through the websites of Legislative Assemblies, Houses of City Representatives, state governments and city halls, performed by one of the authors, who works in government. A questionnaire devised by the authors was sent to a discussion panel on voice, of which participated several Speech-Language Pathologists who were interested in this field. These professionals sent information about laws or documents on vocal health of teachers of which they knew, or sent the laws to the authors.

The inclusion criteria was being Laws and Bills approaching issues about the voice of teachers, and those directed to parents or students, focusing on other issues of the Speech-Language Pathology field were excluded.

After reading and analyzing all the obtained documents and excluding those that did not meet the purpose of the study, there was a total of 61 documents from all of Brazil that were organized chronologically (Figure 1) and had content specifically directed towards the vocal health of education professional.

Afterwards, the following analysis categories were created based on detailed reading of the

material and analysis of its content: terminology, purpose, strategies and guarantees offered.

In addition to this global analysis, five documents received special attention, for they had more complex proposals and detailed actions to be developed, and thus were different from the others.

It should be noted that the expression vocal health was used throughout the entire paper because it is recurrent in the title or the content of all the analyzed laws, in spite of the criticism to

the use of this expression, especially in the field of Collective Health, as they consider that health should be understood as an indissoluble whole, and not segmented.

## ■ RESULTS

Figure 1 shows Brazilian laws about vocal health in the period from 1998-2010 that were the material for analysis in the present study.

Nº	Date	Law Nº	Government Sphere	City	State	LAW TITLE
1	14/04/1998	1652	City	Diadema	SP	Inclusion of vocal health program in the school plans of City schools*
2	08/07/1999	1781	City	Santos	SP	Authorization to create a vocal health program directed towards teachers of the City education system
3	02/09/1999	7878	City	Santo André	SP	Implementation of vocal health campaign in school plans of the Elementary Schools of the city of Santo André
4	17/04/2000	3435	City	Jahu	SP	Authorization to create the City vocal health program for the City school teacher
5	06/11/2000	4795	City	Governador Valadares	MG	Creation of the City school system teacher's vocal health campaign.
6	20/12/2000	2198	State		MS	Creation of the State program of the State school system teacher's vocal health
7	21/02/2001	9.100	City	Belém	PA	Creation of the City vocal health program for the City School system teacher
8	21/02/2001	9.100	City	Ribeirão Preto	SP	Authorization to create a City vocal health program for the City School system teacher
9	06/06/2001	4.839	City	Frutal	MG	Creation of the City vocal health program for the City School system teacher
10	17/07/2001	12046	State		PE	Creation of the State program of the State school system teacher's vocal health
11	26/09/2001	6776	State		ES	Authorization to implement the State program of the State school system teacher's vocal health
12	28/09/2001	10893	State		SP	Creation of the State program of the State school system teacher's vocal health
13	13/12/2001	1992	City	Santos	SP	Inclusion of the vocal health program in the school plans of the City schools in the communication health program
14	25/03/2002	12965	City	São Carlos	SP	Inclusion of the vocal health program in the plans of City schools and verses about other issues
15	30/04/2002	5542	City	Vitória	ES	Creation of the City vocal health program for the City School system teacher
16	14/05/2002	1225	City	Rio Brilhante	MS	Creation of the City vocal health program for the City School system teacher
17	04/06/2002	5845	City	Guarulhos	SP	Creation of the City vocal health program of teachers, childhood development agents and recreation professional of the City Education Office
18	11/10/2002	464	City	Santos	SP	Inclusion of vocal health program in the school plans of City schools*
19	03/12/2002	4688	City	Joinville	SC	Creation of the City vocal health program of the Education professional of the City School System
20	09/12/2002	7434	State		ES	Creation of the preventive Speech-Language Pathology service in the educational units of the state of Espírito Santo students and teachers*
21	05/08/2003	4957	City	Pelotas	RS	Creation of the City vocal health program of the Education professionals of the City School System

Nº	Date	Law Nº	Government Sphere	City	State	LAW TITLE
22	25/08/2003	4863	City	Colatina	ES	Creation of the City vocal health program for the City School system teacher
23	16/09/2003	2411	City	Paranaguá	PR	Creation of the City vocal health program of the Education professionals of the City School System
24	05/11/2003	3220	District		DF	Creation, in the federal district, of the vocal health program of teachers of the public school system
25	28/11/2003	8014	State		MT	Creation of the State program of the State school system teacher's vocal health
26	11/02/2004	13778	City	São Paulo	SP	Creation of the City vocal health program of the teacher of the City School System
27	26/02/2004	1560	State	Acre	AC	Creation of the State program of the State school system teacher's vocal health
28	16/03/2004	5640	City	Marília	SP	Implementation of the noise prevention program in the public equipment of education and social assistance*
29	31/03/2004	9415	City	Porto Alegre	RS	Implementation of the City vocal health program (education, physical education, sports, recreation professionals)
30	02/04/2004	5311	City	Gov. Valadares	MG	Creation of the City vocal health program of the Education professionals of the City School System
31	19/05/2005	8315	City	Belém	PA	Makes mandatory the vocal health program, destined for male and female teachers of the City school system
32	14/06/2004	6584	City	Maringá	PR	Institution of the City vocal health program, aimed towards teachers of the City public education system
33	02/07/2004	4134	City	Itajaí	SC	Creation of the City vocal health program of the teacher of the City School System
34	10/09/2004	3352	City	Teresina	PI	Creation of the City vocal health program of the teacher of the City School System
35	04/03/2005	6281	City	Vitória	ES	Institution of the noise prevention program of the public equipment of education and social assistance*
36	24/05/2005	45924	City	São Paulo	SP	Decree to regulate law n. 13.778, of 11/02/2004 that verses about the creation of a City vocal health program
37	28/06/2005	677	City	Barreiras	BA	Creation of the City vocal health program of the Education professionals of the City School System
38	20/09/2005	2165	City	Parnaíba	PI	Creation of the City vocal health program of the teacher of the City School System
39	29/09/2005	2980	State		AM	Creation of a program of the State school system teacher's vocal health
40	16/11/2005	1924	City	Chopinzinho	PR	Creation of the City vocal health program of the teacher of the City School System (implementation in 90 days)
41	14/12/2005	14939	State		PR	Implementation of the preventive State vocal health program for teachers of the State public school system
42	19/12/2005	1881	City	Cabo Frio	RJ	Authorization to implement the vocal health program of the teachers of the City school system
43	05/01/2006	91355	City	Belo Horizonte	MG	Creation of the City vocal health program for the teachers of the City School System
44	05/01/2006	3786	City	Tatuí	SP	Implementation of the City vocal health program, for the teachers of the City public school system
45	23/01/2006	5548	State		PI	Creation of the State program of the State school system teacher's vocal health
46	26/04/2006	16077	State		MG	Institutes the state policy on vocal health
47	13/07/2006	1489	City	Sorriso	MT	Implementation of the City vocal health program
48	11/12/2006	6764	City	Franca	SP	Implementation of the City vocal health program, directed to teachers of the City public school system
49	29/12/2006	2453	City	Unai	MG	Authorizes the creation of the vocal health program for teachers of the City school system
50	14/06/2007	4479	City	Campo Grande	MS	Creation of the vocal health program for the teacher of the City school system
51	19/06/2007	3617	City	Joaçaba	SC	Creation of the City vocal health program, for the teachers of the City public school system
52	20/07/2007	1923	City	Domingos Martins	ES	Creation of a vocal health program for teachers of public and private schools of the city of Domingos Martins

Nº	Date	Law Nº	Government Sphere	City	State	LAW TITLE
53	27/07/2007	4878	City	Itajaí	SC	Implementation of the City vocal health program, with the purpose of preventing Dysphonia in teachers of the City School system
54	28/09/2007	1508	City	Maracatú	MS	Creation of the City vocal health program, for the teachers of the City public school system
55	13/11/2007	7184	City	Blumenau	SC	Creation of the City vocal health program, for the teachers of the City public school system
56	18/12/2007	4517	City	Mogi Mirim	SP	Creation of the City vocal health program for the professional of the Education and Health departments of the City public system
57	02/04/2008	4812	City	Rio de Janeiro	RJ	Creation of the City support system of vocal health of the teacher of the City school system
58	08/04/2008	4099	City	Barbacena	MG	Institution of the month of October in the official calendar for prevention of vocal health for teachers of private and public schools
59	13/05/2008	4722	City	Rio do Sul	SC	Creation of the City vocal health program, for the teachers of the City public school system
60	05/09/2008	5968	City	Cascavel	PR	Creation of a vocal health program for teachers of private and public schools in the city of Cascavel
61	05/11/2008	1065	City	Sinop	MT	Authorization for the implementation of the City vocal health program of the teacher of the City school system
62	0/1/2009		Federal		DF	Creation of a national vocal health program of the public school system teacher
63	07/07/2009	230	City	Itapoá	SC	Authorization for the implementation of a vocal health program for the teachers of the City school system
64	22/07/2009	13202	State		RS	Implementation of the state policy for teachers' vocal health
65	21/03/2010	1881	City	Sta Cruz Capibaribe	PE	Creation of the vocal health program for the teachers of the City school system and verses about other issues
66	23/04/2010	1247	City	Jaciara	MT	Institution of the City policy of teachers' vocal health and verses about other issues

Key: \*Documents excluded from the analysis for regarding broader issues of communication, noise or directed to students

### Figure 1 – Presentation of the laws about vocal health in the period between 1998-2010

Table 1 shows the analysis data of the documents using the categories: terminology, purposes, strategies and guarantees for the teacher, present in Brazilian laws about vocal health in the period between 1998 and 2010.

Figure 2 shows the five laws which texts represent advances in the rights and guarantees for teachers

and have broader action proposals when compared to the group of analyzed documents. It was found that the documents are mostly from State governments, including a federal bill, PL 1128/2003, for its broad spectrum and approval by congress and that is under process in the House of Representatives.



**Table 1 – Distribution of vocal health laws existing in Brazil in the period between 1998 and 2010, according to the categories terminology, purpose, strategies and guarantees (n=61)**

CATEGORY	LAW TEXT	n	%
Terminology	Vocal health Program	54	88.53
	Campaign or similar	4	6.56
	Vocal Health Policy	3	4.91
Purpose	Prevention of dysphonia in teachers	51	83.60
	Diagnose, intervene and prevent	1	1.64
	Prevention and treatment/correction of dysphonia due to professional voice use	4	6.56
	Prevention, promotion and treatment of dysphonia due to professional voice use	2	3.28
	Not stated	3	4.92
Strategies	Annual theoretic course	2	3.28
	Annual theoretic and practical course	49	80.32
	Seminars, classes, conferences, posters.	1	1.64
	Promotion (admission medical exam, course and treatment) education (courses every semester) protection (environment changes) and recovery (rehabilitation, re-adaptation) actions	5	8.20
	Not stated	4	6.56
Guarantees	Speech-Language Pathology treatment	1	1.64
	Full access to medical and Speech-Language Pathology treatment, in case of dysphonia;	40	65.57
	In case the teacher needs to take leave due to dysphonia, the rights and advantages of his position will be assured	2	3.27
	Full access to Speech-Language Pathology and Psychology treatment and a program developed during work hours, without harming attendance records.	1	1.64
	Not stated	17	27.88

**Law n. 12.046 of 17/07/2001: State Vocal Health Program for the Teacher of the State School System of Pernambuco**

**1. Promotion actions** – preventive admission medical exams conducted by an inter-disciplinary team (otolaryngologist and Speech-Language Pathologist) in order to identify signs of voice disorders and/or laryngeal pathologies, courses and conference; in the presence of voice and/or laryngeal disorders guarantees that the teacher is hired, through a recovery program and/or reduction of work hours until the teacher is fully capable of conducting his work in the classroom.

**2. Education actions** – theoretic and practical training every six months conducted by Speech-Language Pathologists specialized in voice, aiming to guide and enable teachers regarding the importance of vocal health principles and the adequate professional voice use.

**3. Protection actions** – making the work process more adequate which involves the development of technologies that will aid teaching and learning, reducing vocal strain through strategies such as improvement of the physical space and audio and visual resources, white boards that will eliminate the use of chalk, and providing drinking fountains to ensure a satisfactory level of hydration for better phonation performance.

**4. Recovery actions**- Speech-Language Pathology care for rehabilitation of the professionals affected by voice and/or laryngeal disorders, and analysis of the feasibility of the teacher remaining in the classroom or the need for temporary or permanent re-adaptation, according to the clinical evolution of the cases being analyzed.

**Decree 45924/2005 that regulates Law n. 13.778 of 11/02/2004: City Vocal Health Program (São Paulo)**

Individual and group actions that include guidance about vocal health and intervention in work environments, aiming at controlling the risk factors of the physical and organizational environment of work. Course for teachers ministered at least once a year containing guidance information about vocal production and care, practical activities on vocal production and expressiveness, and that contemplates the relationship between vocal health and work environment.

The City Health Offices should propose guidelines and integrated and independent guidelines on vocal health, through a Coordinating Committee of the Vocal Health Program, under supervision of a Speech-Language Pathologist named by the Health Department of the City Worker (DESAT).

The Coordinating Committee of the Vocal Health Program should:

- I – organize actions proposed by the program;
- II – provide the development of educational and disclosure material;
- III – promote theoretic and practical courses and other educational activities;
- IV – ensure participation of the involved professionals;
- V – promote the education of professionals who will develop program activities;
- VI – ask for the necessary material resources;
- VII – propose the establishment of partnerships with education institutions, professional institutions, non-governmental institutes and organizations.

The City Health Office should establish a reference and counter-reference system for medical and Speech-Language Pathology treatment, among others, thus integrating the City health system, the Hospital for the City Public Server and related services.

**Law n. 14939 - 14/12/2005- Institution of the State Program of Preventive Vocal Health for Teachers of the Public State School System of Paraná**

**Prevention Program** – campaigns that are formative, informative and that provide guidance about professional voice diseases of female and male teachers; conduction of preventive medical exams when the professional is admitted in order to identify signs or predisposition for professional voice diseases; conduction of periodic occupational exams or when required by teachers to identify signs or predisposition to professional voice diseases.

The exams will be conducted by a multidisciplinary team involving otolaryngologists, Speech-Language Pathologists and Occupational Health Doctors with proven experience in their fields of expertise.

When health conditions disorders are found, adequate treatment should be provided in order to assure that the teacher is formally hired.

**Education Program** – through courses given by specialists with proven experience, with the purpose of guiding female and male teachers as far as the importance of the principles of health and adequate use of their voices.

As part of the education actions, the Teacher Education Courses should contain subjects about health and adequate conditions of preservation from professional diseases.

**Protection Program** - consists of making the work process more adequate, using available technology to aid teaching and learning, in accordance to vocal conditions.

The situation of school spaces should be analyzed and correspondent solutions should be presented to issues such as acoustics and noise; heat, cold and humidity; ventilation and presence of dust, characteristics that may intervene in the vocal health of male and female teachers.

The State government should present a program in steps: implementation of White boards, to assure better performance of the vocal apparatus and avoid related diseases; providing drinking fountains for daily hydration in the classroom; revision of the environment noise situation through the N.R. 17 and National Work Office, and accomplishment of measures that will promote the health of male and female teachers; regarding adequate educational material, these will be seen according to need and available non-toxic technology, as to promote workers' health.

**Recovery Program** – consists of the guarantee of assistance to the teachers affected by vocal diseases in order to promote their rehabilitation.

The State Office of Education must guarantee the availability of sound equipment for use by teachers in recovery or treatment, to be used following the advice of the responsible doctor or Speech-Language Pathologist.

<b>Law n. 16.077 of 26/04/2006: State Policy for Voice Disorder - Minas Gerais</b>
<p>The State Policy for Voice Disorder will include:</p> <p>I – preventive assistance, by the public health system;</p> <p>II – education of teachers with the conduction of theoretic and practical training that will guide and enable these professionals regarding adequate professional voice use;</p> <p>III – making the process and work environment of teachers more adequate, aiming to reduce their vocal strain and ensure their best phonic performance;</p> <p>IV – rehabilitation of the professional affected by voice or laryngeal disorders, through Speech-Language Pathology assistance.</p>
<b>PL 1128/2003 – National Program for Vocal Health of Teachers of the Public School System</b>
<p><b>Prevention program</b> – consists of the conduction of preventive medical exams when the professional is admitted in order to identify signs of voice disorders and/or laryngeal pathologies;</p> <p><b>Education program</b> – should be held every semester, through theoretic and practical trainings given by Speech-Language Pathologists with proven experience in the field of voice, aiming to guide and enable teachers in regard to the importance of the principles of vocal health and the adequate use of professional voice;</p> <p><b>Protection program</b> – consists in making the work process more adequate, which involves the development of Technologies to aid teaching and learning, reducing vocal strain. Strategies should be used in order to improve the acoustics of the physical space and also White boards that will replace the use of chalk with markers, in order to ensure better phonation performance;</p> <p><b>Recovery program</b> – consists in guaranteeing Speech-Language Pathology assistance in the rehabilitation of the professional affected by voice and/or laryngeal disorders.</p> <p>The need for the teacher to remain in the classroom, the need to reduce his work hours or of granting him a leave from his habitual functions to perform others that do not require voice use over long periods of time, whether temporarily or permanently, should be assessed.</p> <p>The exams are conducted by a multidisciplinary team that will involve otolaryngologist doctors and Speech-Language Pathologists with proven experience in the field of voice.</p> <p>If evidences of voice and/or laryngeal disorders are found, alternatives to ensure the teacher's hiring should be given.</p>

**Figure 2 – Summary of the advances found in the documents regarding the organization and structure of the proposals of teachers' vocal health programs**

## ■ DISCUSSION

On the 61 analyzed documents, there is a proposal for the creation of a resource or some kind of action that are named either as Campaign, Program or Policy.

Campaigns refer to punctual actions and need to be held constantly in order to achieve lasting results (Table 1). Voice disorders in teachers are different from other health conditions, especially infectious and contagious diseases that are treated with vaccines or other medicines. Although it has a powerful value of health education, this strategy, when used in isolation, is not comprehensive enough to eliminate voice disorders usually caused by issues related to work activities, since merely improving hydration or not smoking, among other clarifying and important information disclosed

in voice campaigns, alone, are not actions with potential for eliminating voice disorders or protecting teachers' voices from dysphonia, faced with so many problems encountered in the daily work life of these individuals that affect their health and their voices. Therefore, campaigns are a resource that may be used alongside other health actions<sup>16</sup>, as a component of a policy or program.

On the other hand, a Program or a Policy imply articulated and synergic actions that include all issues involving care, and thus is more complete and resolute, with proposals of actions in the different levels of attention and complexity. Given the factors that intervene on teachers' voice disorders, this would be the best option to protect their health and their voices.

The initiatives shown reflect the adopted conception regarding teachers' health care. The



traditional curative practice prevails, one that is established through medical and Speech-Language Pathology consultation and treatment when the voice disorder is already occurring and, therefore, focuses on rehabilitation. In 83.6% of the vocal health programs analyzed in this study there is an advance towards a broader perspective, aiming at the prevention of teachers' voice disorder, but however the perspective is not to promote health but to avoid the worsening of the disease that continues to be the focus of action.

It should be noted that, in the analysis of the documents shown in Figure 1, it was clear that the law's use of the expression "program" did not imply that its content included the requirements and broadness required by this concept, and the text was limited to mention care actions for the teacher diagnosed with a voice disorder. Thus, there was not always consonance between use of terminology and the content of the documents.

This preventive way of acting upon the health-illness-voice care process comes from the model of Preventive Medicine<sup>17</sup>, where prevention measures are established in a progressive order, in a normative and prescriptive model, focused on the individual or in specific groups at risk aiming to intercept the disease. This model was transposed to the field of Speech-Language Pathology during the end of the 1990's<sup>18</sup>, advancing beyond a purely rehabilitative practice, albeit still restrained to the prevention of diseases, immediate treatment and interruption of consequences of the disorder. Health promotion considers broader aspects that are: sanitary education, food safety, dignified housing and work, leisure, all responsibility of public powers, and not related to the competence of health professionals, particularly the Speech-Language Pathologist.

Three documents did not have a stated purpose, which seems to indicate that texts that will become laws are not always devised in a structured and objective way so as to clarify its purpose and thus making its execution more difficult.

The majority of the analyzed laws propose, among other strategies, an annual theoretic and practical course. It is important to mention that this strategy is being discussed as one of low impact when changes of attitudes of the subjects are proposed, since this strategy agrees with a conception of illness that is solved with medication and population control (which justifies the expression "vocal health"), in detriment of their empowerment aiming at quality of life and improvement of their health conditions. In a study<sup>19</sup>, in which the authors used concepts by Antonio Zabala, it was stressed that when the aim is to ensure the occurrence of the teaching-learning process, the education

professional should keep in mind the need to work with concepts alongside procedures in order to later seek a change in attitude of those involved. Thus, the proposal of theoretic and practical courses may solely enable the presentation of concepts and possible procedures, however will hardly account for the changes in attitude or behavior. In order for this to happen, the work must be continuous, with a commitment for active participation of the subjects and with the purpose of constantly raising awareness and questioning the information brought by the participants. Some of the broader laws, that will be discussed further ahead, seek to promote the health of teachers by proposing actions that are linked and systemic.

In fact, the idea of constancy or continuity is, once again, discarded when it is made clear in more than half of the documents that the periodicity should be annual. This sole contact of the Speech-Language Pathologists with the teachers enables punctual actions and the development of behaviors and attitudes that will very likely be forgotten or negligence as soon as the difficulties in a healthy voice use in school arise, due to the lack of maintenance of professional support. A very small number of propositions (Figure 2) suggest permanent actions that proved the opportunity for the use of more active methodologies by the involved parties and would favor changes in attitudes regarding health. On the other hand, part of the documents bring no information regarding the strategies that should be used in vocal health programs, showing a lack of knowledge or also postponing ways of reaching the purpose, and thus their conduction may become even more difficult.

When approaching the process of work in the field of health, several kinds of resources should be used<sup>14</sup>, and the importance of soft technology is pivotal, since the dialogic involvement of the Speech-Language Pathologist with the teacher enables the approximation and understanding of the first professional about the life, work and health conditions of teachers and generates more consistent subsidies for the conduction of actions that are in agreement with the demands that come from them.

Although the initiatives aim towards preventive actions, a preoccupation with the assistance to teachers with voice disorder may be identified, when part of the Programs announce that, in the presence of the disorder, the participants will have access to Speech-Language Pathology, medical or even psychological treatment.

The need for advancing in the perspective of Health Vigilance should be stressed. In this perspective, special attention must be paid to the document being devised in the National Health

Department that highlights the structural and essential role played by Vigilance in Workers' Health, associated to the model of Integral Attention in Workers' Health<sup>7</sup>. It should also be stressed that sanitary knowledge and practices should have intra and inter-sectorial links, in addition to focusing on the work environment and processes, with the participation and, especially, with the knowledge of the workers.

Thus, the actions that approach the vocal health of teachers, as pointed out in the programs shown in Figure 2, should be always associated to others of inter-sectorial nature, aiming to minimize the risks found in the work environment (noise, dust, lighting, for example) and organization (among which are: goals to be met, excess work and occurrence of violence).

When discussing group management by the Speech-Language Pathologist, one study<sup>20</sup> presents the experience of the City of São Paulo in the development of workshops for vocal well-being, encouraging the participants to create or take part in the Internal Committee for Accident Prevention (CIPA) in schools, as a way of continuing the discussions regarding work environment and organization.

In regard to teacher guarantees, the fact that almost one third of the documents not mentioning this issue stands out, as they seem to not consider the teacher as a worker, with rights and duties. This is possibly due to the fact that teaching has been considered, for a long time as a mission, denying it a professional role<sup>21</sup>, or even the assumption that a voice disorder is not as incapacitating as other conditions that may ail the teacher. This may also account for the fact that almost one third of the documents did not so much as mention these rights.

The analysis of the documents showed that a small part of the initiatives, devised throughout time, differed from the rest in regard to the detail of its texts and for bringing advances concerning the voice of teachers, as they approach it in different levels of attention in an integrated and global way (Figure 2).

These documents that are valid state-wide (Pernambuco/2001, Paraná/2005 and Minas Gerais/2006), city-wide (São Paulo/2005) and nation-wide (Brasília/2003) date from the beginning of this century, from the same time as the publication of official documents that outline the line of care and relevance of integral health attention, as set by the National Health System (SUS)<sup>9</sup>.

These documents detail the actions of health promotion, education, protection and recovery, from the admission medical exam that receives the teacher with voice disorder, hiring him under special conditions, that is, offering adequate treatment

and/or workload decrease until fit for completely performing his job. They offer courses on teacher vocal qualification, aiming at their empowerment so that they may become promoting agents of their own health and of those with whom they live and work. In addition to personal care, they focus on teaching-learning technology and improvement of the physical space such as acoustics, noise, heat/cold, humidity, ventilation, dust, as well as whiteboards, availability of drinking fountains and sound equipment in order to reduce risks and cooperate for teacher health promotion.

Finally, in addition to the vocal rehabilitation of dysphonic teachers, they leave room for the analysis of their working situation, proposing temporary or definitive re-adaptation in order to assure their rights as workers.

These documents, as opposed to the rest, express a consideration for teachers, their value as education professional and establish actions along the entire line of health care, in agreement to the principles of health promotion, in a detailed and objective manner<sup>15</sup>.

It should be noted that in these documents the Speech-Language Pathologist is repeatedly mentioned as the professional who is responsible for the vocal care of teachers and the coordinator of the work teams. This professional's inter-relationship with other professionals, especially the otolaryngologist doctor with whom he establishes a partnership regarding the pertinent care measures to the field of professional voice use is also made clear.

## ■ CONCLUSION

In spite of their importance, the analyzed documents have very incipient and superficial texts regarding the line of care, especially promotion of teachers' health, remaining restricted to the indication of punctual actions aiming towards rehabilitation of their voice disorders, with few exceptions.

It was hoped that the laws would contemplate a broader concept of health with a consequent determination of broader and more articulated procedures, as well as the maintenance of guarantees for the teacher as a worker, in both health and illness situations.

Speech-Language Pathologists and their professional representation organs have an important role in aiding public figures in devising documents so that, in a broad and objective manner, they may be directed to integral health attention, focusing on its promotion.

**RESUMO**

**Objetivo:** analisar as leis brasileiras sobre saúde vocal do professor, na perspectiva da promoção da saúde. **Métodos:** foram captados, no período de 1998 a 2010, 61 documentos publicados, sendo organizados nas categorias: terminologia, objetivo, estratégias previstas e garantias ao professor. Os dados receberam tratamento quali-quantitativo. **Resultados:** as terminologias utilizadas nos documentos foram: programa (88,52%), campanha (6,55%) e política de saúde vocal (4,91%); quanto aos objetivos, a prevenção de disfonias em professores (83,60%) foi o mais citado; a estratégia privilegiada para abordar a voz do professor se resumiu a curso teórico-prático anual (80,32%) e a garantia prevista ao professor foi o acesso ao tratamento fonoaudiológico e médico em caso de disфония (65,57%). A maioria dos documentos não indicou qualquer garantia de direitos aos professores, limitando-se ao tratamento da disфония, demonstrando que a voz do professor e seu cuidado, ainda não constituem objeto de preocupação do Estado. **Conclusão:** os documentos analisados, apesar de sua importância, apresentam conteúdo muito incipiente e superficial, especialmente quanto à linha de cuidado e à promoção da saúde vocal dos professores. Salvo raras exceções, restringem-se à indicação de ações pontuais voltadas à reabilitação de seus distúrbios da voz, desvinculadas de uma política de saúde vocal de base consistente. Há necessidade do fonoaudiólogo e seus órgãos de classe participar efetivamente na assessoria às figuras públicas visando à elaboração de documentos para que, de forma objetiva e abrangente, promovam a saúde do professor.

**DESCRITORES:** Voz; Docentes; Leis; Promoção da Saúde; Ensino

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