

EDITORIAL

## 30 years of the Journal of Human Growth and Development: scientific communication in the several areas of knowledge

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The year of 2020 has been a challenging year for the economy, politics, health, science, education, and other sectors that are linked to Brazil's growth and development.

For the Brazilian population, this past 30 years of the Unified Health System "SUS" stood out as a result of social mobilization, and it is an example of outstanding successful experiences of health care access through a public system. This system has over the years sought to achieve universalization, even with many limitations and immense challenges.

In the last 30 years, there have also been challenges related to health research, in considering the use, the incorporation of new knowledge, and the products generated by this research, which are important for the generation of scientific evidence used as a basis for decision making and definition of health policies and services.

The research, in turn, has the means in scientific journals so that the results can be disseminated and recognized. In this context, the Journal of Human Growth and Development (JHGD), has been, since 1990, a journal that seeks in its editions to provide discussion of research, basic or applied, of themes that pervade human growth and development, and that constitute itself as basis for decision-making in health, maximization of public policies and guidelines for health practices, whether focused on prevention, promotion, control, treatment and / or rehabilitation of health problems.

In these 30 years of JHGD, while SUS also celebrates its 30th anniversary, it is essential to mention this system which is the largest public health system in the world and has as one of its focuses, promoting the health of the population through its numerous health programs, highlighting the health model of the Family Health Strategy (ESF, in Portuguese) whose focus is on Health Promotion.

The Unified Health System today in Brazil underlines the importance of primary health care and emphasizes the attention to be given to humanized care and health promotion.

Health promotion is considered as one of the strategies aimed at increasing the population's capacity for understanding and co-participating in the health-disease-care process. In the organization of health services, it is necessary that health professionals promote expanded lines of care, with the inclusion of actions that address the determinants of the health-disease-care process, considering locoregional<sup>1</sup> social, political, and economic aspects.

The assistance thus considered implies taking into account, in the conduct of its actions, the various determinants and conditions of the health and disease process, including those of a social, political, and economic nature. In doing so, the strategy based on an expanded conception of the health-disease process to face the various problems that affect the health of populations, forces a shift in the focus of the disease towards health. From this movement, primary care and health promotion are then articulated, understood by Lopes and collaborators<sup>1</sup>, as a strategy that, when considering the expanded conception of the health - disease process and its determining factors, aims to face several problems affecting the health of populations.

In this way, health promotion would be the correct instrument to "enable the articulation of interdisciplinary knowledge in individual and collective care" and Primary Health Care (APS, in Portuguese) would be the privileged locus for community mobilization, capable of promoting changes in organizational culture, expansion of the scope of actions, and the reorganization of local health systems<sup>2</sup>. The user is seen as a whole and not just as a disease, an understanding of health as multidimensional<sup>3</sup>. The concept of health is configured as a situation of balance of the person with himself and his physical and social environment<sup>4</sup>.

To meet the objectives set out in the doctrinal context described above, the Brazilian Ministry of Health, since late 1990s, has been dedicated to the implementation of the family health model.

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Operationally, the Family Health Strategy, presents a core of work composed of at least a doctor, nurse, nursing technician and community agents<sup>5</sup> who would be linked to the Oral Health team or a Family Health Support Center (NASF, in Portuguese)<sup>6,7</sup>.

NASF was born in 2008 in order to improve primary health care, standing out for being a multi-professional team. This composition of the nucleus is designed according to the needs of the territory, with the epidemiological profile and socioeconomic conditions of the inhabitants of that location<sup>7</sup>.

It is understood that the work process that aims to promote health must be conditioned to health needs, aspiring a quality of life for the users. Therefore, it is important that professionals are not unaware of the ESF's assumptions, thus guiding their practice, understanding that the change proposed by the ESF resides not only in the reorganization of services and practices that it can provide, but mainly in the guidelines that direct the professional work process.

Within this logic, the ESF is organized, valuing, and incorporating the health promotion proposal in the actions developed in the Strategy and seeking to understand its dimension for the population's quality of life.

Primary Care through the Family Health Strategy would have more welcoming basic health units, with "actions that are comprehensive, preventive and curative, based on the needs and demands of the population"<sup>8</sup>.

In this sense, in order to achieve the effectiveness of promotion actions, it is necessary to consider that these actions support personal and social development through dissemination, information, health education and intensification of vital skills. As a result, the options available for the population to exercise greater control over their own health and the environment<sup>9</sup> increase, emphasizing health education as a means for health promotion to take place, since it is geared towards the population aiming at better living and working conditions.

Health education represents a strategy for the reorganization of health practices, allowing the exchange of experiences and reflections, in order to build knowledge, health habits, and health promoting actions. Health Education reveals itself as a tool for implementing the assumptions of health promotion, which is built collectively at a meeting that involves the various sectors, knowledge and subjects, valuing the users' choices as statements of autonomy<sup>10,11,12</sup>.

The incorporation of health education into the ESF practices implies recognizing the reality of the population, giving due attention to their social health needs in their area of coverage, in addition to paying attention to the discussion between themselves and management; and actions performed by the family health team<sup>13</sup>.

Social practice in a perspective of building health knowledge can contribute to the autonomy of people in their care, however, they must establish knowledge exchange and be configured as an act of creating and transforming reality<sup>13</sup>.

Health education represents an important facilitating tool for the empowerment of the community thus contributing to health promotion. Therefore, health workers and users need to establish a dialogical relationship based on therapeutic listening, respect and appreciation of experiences, life histories and worldview, and knowledge of these educational practices by these workers. There also needs to be a consideration for the importance of knowing the vision of others, interacting with them and collectively reconstructing everyday knowledge and practices<sup>14</sup>.

It is corroborated by Feijão and Galvão<sup>15</sup> when they emphasize the importance of health education as a health

promotion strategy, considering, one of the main activities of professionals working in primary care. Through it, preventive and promoting actions can be based, in addition to training individuals aware of their citizenship and decision-making power on their own health and responsibility for the health of the community in which they live.

These educational actions for their implementation follow some principles, such as: dialogue and listening to the other; starting the pedagogical process from the knowledge of the other; and the exchange of experience and construction of knowledge between technical and popular knowledge<sup>16</sup>.

Although the Family Health Strategy is a proposal to change the model of health care and that, within this change, health education actions must present a differentiated approach from the traditional one, a normative approach is still perceived, focused on disease prevention, in which professional / user interaction prevails over the banking education model<sup>17</sup>.

For the author, the educator is responsible for collaborating with the student in the organization of his thinking, stimulating the identification of his learning needs, through reflection and dialogue, in order to reveal his reality in a critical and conscientious way, making him an agent of social transformation.

In this approach, the development of health education must be based on a liberating pedagogy, as a tool for social transformation, since it tries to break it with curative practices. Proposing to transform the traditional model of health education, predominantly focused on disease prevention, to a practice directed to the emancipation and empowerment of subjects, favoring dialogue<sup>18,19,20</sup>.

Freire<sup>21</sup> considers that man is capable of consciously acting on the objectified reality. At first, reality is not given to men as a knowable object, that is, due to their critical conscience; in the spontaneous approach that man makes to the world, the fundamental normal position is not a critical position, but a naive position, which reveals a closeness to reality without it being transformed.

Critical conscience is not yet awareness, because it is the critical development of awareness. Awareness implies, therefore, that it goes beyond the spontaneous sphere of apprehension of reality, in order to arrive at a critical sphere in which reality occurs as a knowable object and in which man assumes an epistemological position.

Considering these aspects, it is believed that the full use of health education actions with a view to critical awareness, which, in line with the perspectives of health promotion in the ESF, allows the health professional to perceive himself in the relationship of the care for the clientele, community and individuals who need attention, contributing so that this community can achieve a healthier and better quality life.

In this context, the need to understand what is still behind the non-implementation of practices with a view to empowering users is highlighted, limiting itself to transmitting information, clarifications and specific information, in order to overcome practices still characteristic of traditional hegemonic models of health care, thus constituting a problem to be overcome.

It is understood that professionals working in Primary Care must understand and act on the determinants of the health / disease process, implying the union of knowledge and practices to be used in defining the care of individuals and families, going beyond the practices established by the model privatization that end up limiting care to specific and curative practices.

Thus, the Journal of Human Growth and Development

has given visibility to themes that seek to discuss quality of life in health and the importance of health promotion actions for the empowerment of the population. In the latest edition, Soares et al bring education and health as two important fields, which are linked in the production of knowledge, and show that when working with a focus on the child's skills and difficulties and the care with learning, there is a positive result. When comparing the written narrative between children with and without difficulty in syntactic awareness, there is an improvement in the elaboration of written narratives with greater competence, demonstrating acquisition of orthographic aspects and development of textual coherence<sup>22</sup>.

Still in the social perspective, this time highlighting the nutritional aspects, there are discussions about excessive time in front of TV or computer screens by children and adolescents and the association with nutritional, behavioral and parental factors. Excessive time in front of screens in adolescents was associated with the father's nutritional status. It is suggested that strategies to reduce screen time should be encouraged early, involving the entire student's family<sup>23</sup>.

In the same topic focused on nutritional issues, Pinasco *et al.*,<sup>24</sup> show that the social factors that influence the maternal perception of the nutritional status of their children, and the correct perception was related to less education and worse for mothers without a partner and who don't exercise. The mothers of girls, compared to mothers of boys, had more accurate perception.

When evaluating the metabolic profile and its association with the stages of readiness to change eating behavior and physical activity in overweight adolescents Bolognese, da Silva, Bianchini, Benemmamm and Junior<sup>25</sup>, showed that the stages of readiness for behavior change have an impact on anthropometric variables and metabolic profile of overweight adolescents, being a recommended tool for the monitoring of intervention programs.

And finally, still related to social issues, Cordeiro et al sought to identify the relationship between diagnosed cases of dengue and socioeconomic factors, mass generation of MSW and rainfall index. These showed in an ecological study that the larger the total population is, the purchasing power or socioeconomic condition (GDP per capita) and the generation of MSW, a higher number of dengue cases are found. Proper disposal of MSW seems to be a way to help control dengue cases<sup>26</sup>.

In education through practices based on active methodologies, Bachur *et al.*, report that knowledge about the steps of blood pressure measurement is an educational intervention among physiotherapy and medical students, particularly using inverted classroom techniques. KAHOOT and OSCE were effective in building the knowledge of students involved in the educational reality<sup>27</sup>.

Still reinforcing the educational axis of this volume, the case report is cited as an important proposal to ensure visibility of the findings to researchers within the scientific community. Gallo *et al.*, describe Guillain-Barré Syndrome in a child with developmental marks of manual ability at an earlier age than expected during the course of the disease, especially the ability to perform the pinch movement. As it is an in-hospital clinical evolution, it is important to be notified so that the multidisciplinary team is co-responsible and is able to comply with appropriate treatments and provide the best possible clinical evolution for the child's development while still in the hospital environment, as reported by the authors<sup>28</sup>.

In the articles by Atrash and Jack<sup>29,30,31</sup> there are approaches about aspects of clinical interventions offered to women before conception to help avoid adverse results, as

well as the development and implementation of a sustainable preconception care program when addressing related issues public education, suppliers and policy makers, based on scientific evidence currently available.

Regarding body image, Peres, Costa and Santos<sup>32</sup> emphasize that body image refers to the figuration of the body in the mind, has a strong experiential aspect, being permeated by subjective aspects. Thus, when analyzing the subjective aspects of body image in women with fibromyalgia, the authors indicate that the participants' body image has an essentially negative value, since it is subjectively shaped by internalized and unconscious concepts that are not very favorable to themselves.

In the scope of assisted technology, virtual reality environments are increasingly effective instruments for the performance of activities of daily living in subjects who live and live with muscular dystrophies of the waist and who evolve with loss of functionality, it shows potential to optimize motor function during the practice of a non-immersive virtual reality activity<sup>33</sup>.

For Zequinão *et al.*,<sup>34</sup> physical punishment used as a discipline strategy at home and school failure are factors that increase students' vulnerability in relation to the practice of bullying or victimization.

Finally, reports from COVID-19 are presented so that we can understand the dynamics of the disease today. In this context, Bernal et al assessed trends in COVID-19 lethality rates in the world and report that the trend in COVID-19 lethality rates in the world remained stable between December 31<sup>st</sup> and August 31<sup>st</sup>, with the pandemic of COVID-19 is still in progress throughout the world<sup>35</sup>.

Thus, the contribution of Mocelin, Primo and Laignier<sup>36</sup> is relevant and should be highlighted as a necessary conduct in the scenario of maintaining the COVID-19 pandemic, and the authors describe recommendations about breastfeeding during SARS-CoV-2 infection and emphasize that the scientific knowledge currently available does not allow to accurately inform the best conduct in the breastfeeding process.

Finally, a discussion about Brugada syndrome stands out, due to the fact that there is still a dispute about the "paternity" of the syndrome. Therefore, a comparative analysis of the disputed manuscripts was made. We also highlight the various names of Brugada Syndrome, since many colleagues ignore most of these names. Thus, it is pointed out that Brugada syndrome is the same entity of sudden nocturnal death, highly prevalent in Southeast Asian countries (Thailand, Philippines, and Japan), which share mutations in the same gene: SCN5A. In addition, Asian patients have an identical electrocardiographic pattern. What do these findings mean? These findings allow us to affirm with tranquility that the Brugada brothers were the true discoverers of the syndrome, considering the claim of the Italian authors to be inadequate. Even so, the dispute regarding Brugada syndrome as an independent entity or part of the spectrum of arrhythmogenic right ventricular cardiomyopathy is still controversial<sup>37</sup>.

In this way, over the 30 years of uninterrupted publications, JHGD promotes discussions of current issues in Brazilian society, in Latin America and in recent times, worldwide, starting from its current publication in English.

It remained true to its editorial line of growth and development with an emphasis on public health policies, being the setting for discussions of knowledge between professionals, academics, services and organized society, through quality communication.

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