

**HEALTH AT SCHOOL. THE TEACHER OPINION.  
PRELIMINARY STUDY IN PUBLIC AND PRIVATE INSTITUTIONS IN  
MIRANDA STATE. VENEZUELA**

***La salud en la escuela. Los maestros opinan. Estudio preliminar en  
instituciones públicas y privadas del estado de Miranda. Venezuela.***

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**Abstract**

According to ENCOVI (2018) and the Bengoa Foundation (2019), our country is going through a complex humanitarian crisis, characterized by a situation of multidimensional poverty, which is 48%. In this context, the school is the ideal place and one of greater responsible for the achievement of a comprehensive health in children and allows the consolidation of habits that improve their quality of life, present and future. The research was based on a survey-study, during 2018, to teachers in 24 Basic Education institutions: public (70.6%), private-subsidized (29.4%), medium-low socioeconomic stratum, located in the Miranda-Venezuela state. The information was collected through three questionnaires with emphasis on the frequency and Likert scale: (a) nutritional evaluation, (b) the teacher as nutritional guardian, and (c) the school as a health promoter. Based on the indicators proposed by De Tejada and Col (2013) and WHO (2006). The internal consistency indices were 0.880; 0.794 and 0.842, respectively (SPSS, version 21). The results indicate: (a) teachers perceive nutritional deficiencies, not generalized, with affection of the physical condition in general, emotional and psychomotor health in children; (b) little presence (< 50%) of programs promoting integral health in schools; (e) The increase in diseases is observed in a worrying way: diarrhea (29% ↑), and influenza (36% ↑), caries (46% ↑), pediculosis (lice) (64% ↑), stress, aggression and irritability (27% ↑) and malnutrition (55% ↑).

**Keywords:** health promotion, health at school, child diet and nutrition, nutritional guardian, health policies.

**Resumen**

De acuerdo a ENCOVI (2018) y la Fundación Bengoa (2019), nuestro país transita por una crisis humanitaria compleja, caracterizada por una situación de pobreza multidimensional, la cual se ubica en un 48%. En este marco, la Escuela

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se constituye en el lugar ideal y de mayor responsabilidad para el logro de una salud integral en los niños y permite la consolidación de hábitos que mejoran su calidad de vida, presente y futura. La investigación se basó en un estudio por encuesta, durante el año 2018, a maestros, en 24 instituciones de Educación Básica: públicas (70,6%), privadas subsidiadas (29,4%), estrato socioeconómico medio-bajo, ubicadas en el estado Miranda-Venezuela. La información se recolectó a través de tres cuestionarios con énfasis en la frecuencia y escala tipo Likert: (a) evaluación nutricional, (b) el docente como guardián nutricional, y (c) la escuela como promotora de salud. A partir de los indicadores propuestos por De Tejada y Col (2013) y la OMS (2006). Los índices de consistencia interna fueron 0,880; 0,794 y 0,842, respectivamente (SPSS, versión 21). Los resultados señalan: (a) los maestros perciben carencias nutricionales, no generalizadas, con afección de la condición física en general, salud emocional y psicomotora en los niños; (b) poca presencia (< 50%) de programas de promoción de la salud integral en las escuelas; (c) Se observan el incremento de enfermedades en forma preocupante: la diarrea (29% ↑), y la gripe (36% ↑), las caries (46% ↑), La pediculosis (los piojos) (64% ↑), el stress, agresividad e irritabilidad (27% ↑) y la desnutrición (55% ↑).

**Palabras clave:** promoción de la salud, salud en la escuela, alimentación y nutrición infantil, guardián nutricional, políticas en salud.

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## 1. INTRODUCTION

Today there is apparent consensus on the definition from WHO, published in the objectives' formulation of the Strategy for Health for All in the 21st Century (1997), where health is defined as that which must be achieved so that all inhabitants can work productively and participate actively in the social life of the community where they live.

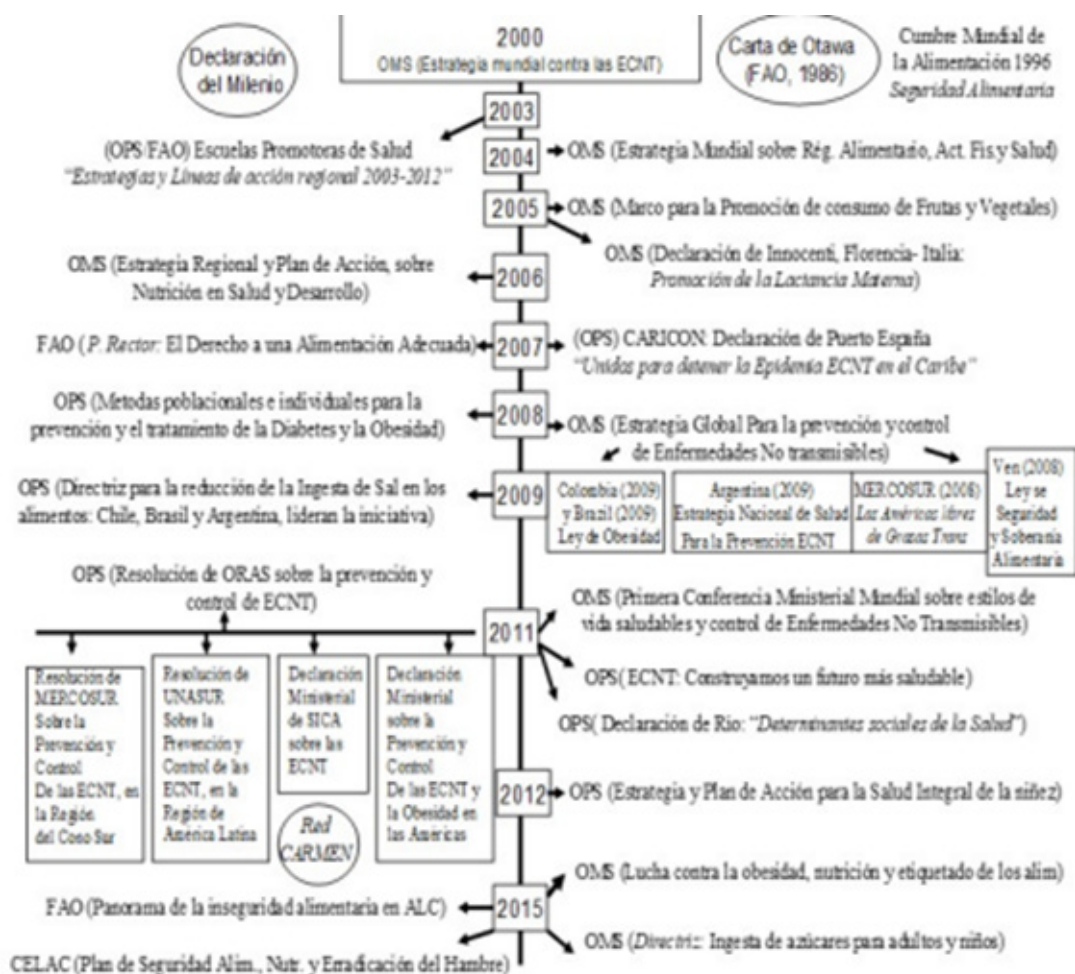
For this reason, these references guide us to interpret -re-interpret- the concepts of health and disease and the way they are approached as ideological categories, influenced by the economic, political and social context that surrounds them, evolving and responding to the current socio-political changes. This transdisciplinary approach in health, needs to achieve an articulation that innovates, creates new knowledge and overcomes the juxtaposition of knowledge, skills and abilities.

Thus, we reach the conception of health as an indispensable human need for development and, therefore, as a fundamental human right. We can approach its conception as a need that can only be realized relatively and transiently through the constant satisfaction of other human needs (subsistence, protection, affection, understanding, participation, recreation, creativity, identity and freedom) (Selva, 2014).

Within this framework, school is the ideal place with the greatest responsibility for the achievement of an integral health and the consolidation of habits that improve life quality. Because school is the main scenario of Health Education and becomes an agent in it, by directly influencing the knowledge and understanding of the conditioning factors of health, individual and collective welfare.

In support of the above, the World Health Organization, in 2006, issued a mandate to use schools as a means of strengthening Health Promotion (HPS), (thus seeking to improve the health of students, families and all members of the community). Promote the concept of health promoting schools, based on a social model of health, which should emphasize the need for each person as the center of the entire organization and using a comprehensive approach and a supportive environment that positively influences the perceptions and actions of all involved, teachers, students, parents and community (WHO, 2006).

In a more specific context, the world forum on education, promoted by UNESCO and held in Dakar (Senegal) in 2000. They agreed on an Education for All (EFA) framework for action. At that forum, the nations that signed the agreement committed themselves to pay greater attention to the fight against HIV/AIDS, early childhood, school health, education of girls, boys and women, adult literacy and education in crisis situations. The achievement of the EFA goals should no longer be postponed. Numerous agreements, lines of action have been generated in our region which are presented in figure number 1.



**Figure 1.** Regulatory framework on health, food, nutrition and physical activity  
**Source:** De La Cruz (2016).

The topic of food and nutrition represents a particular interest for our country in its current socio-political situation, as a strategic condition for school health. In this sense and according to the Latin American conception, nutrition is a wide and complex set of biological, psycho-emotional and socio-cultural phenomena associated with the obtaining, assimilation and metabolism of nutrients, for which its study is necessarily interdisciplinary, involving biology, ecology, history, politics, economy, psychology and anthropology, sociology and any discipline that addresses factors affecting nutrition (Bengoa, 2005).

Due to the above, nutrition can be understood as a state of subjective and integral well-being produced by a sufficient contribution of biological, affective, social, economic and cognitive-cohabitation nutrients, which are the expression of socioeconomic, socio-affective and cultural processes of the environment where one lives (De Tejada et al, 2013).

Diet and Nutrition Education constitutes a strategic proposal in human formation for life. It is a line of pedagogical work that allows us to acquire greater awareness of the importance of the first human need and induces us to revalue our own food culture. For this reason, it should be oriented to monitor, promote or modify eating

habits involving all members of the educational community; children, parents, teachers and directors. (De La Cruz, 2008, 2018).

In this sense, De Tejada et al (2013), highlights the idea of the teacher as a Nutritional Guardian. As the person who, based on the knowledge of Nutritional Education and clear values of commitment, responsibility, solidarity, tolerance and mutual respect, watches over the growth (physical parameters) and harmonic development (coverage of needs, progress in skills, habits and management of emotions) of a group of people who, under an affective climate contextualized in the school, family and community; and over whom he or she exercises leadership and contributes to human development, both individual and collective, and to their quality of life ( p. 121).

Similarly, it is intended that the Nutritional Guardian handles the Risk Management approach to nutritional problems. Therefore, it must be clear what nutritional risk means (overweight-obesity, malnutrition), nutritional vulnerability, nutritional threat (excessive consumption of salt, fat, ultraprocessed food), precautionary criteria (storage, provision and hygienic handling of food), with the purpose of contributing to the reduction of problems that affect the school and the community.

Physical health includes changes in anthropometric indicators and is also expressed in biochemical components that are manifested in weight variations and blood composition. These changes cannot be evaluated directly but through laboratory tests, so it is difficult for the teacher to specify. However, it is possible to suspect their alteration through the manifestation of a set of external physical characteristics, which can be recorded through a careful observation of the child's appearance, behavior changes, school performance, among others. As a guideline, the indicators described in table number 1 are proposed.

**Table 1. Characteristics of the child with a normal or altered nutritional status**

| <b><u>BEHAVIORAL CHARACTERISTICS</u></b>  |  |
|---|--|
| <b>Boy or Girl<br/><u>without possible nutritional alteration</u></b>                           | <b>Boy or Girl<br/><u>with possible nutritional alteration</u></b>   |
| Attend school activities regularly.   | Truancy. <u>Frequent</u> illness.  |
| Your weight and height may appear the same as your age group, with minimal variations.          | Shows substantially lower height and weight when compared to his/her <u>reference</u> group ( <u>peers, school friends</u> ).                                      |
| Shiny, loose, well established hair. Does not fall out when combing.                            | Hair is brittle, weak and not very shiny. It falls out easily when combing. Sometimes two types of colors can be seen (one <u>lighter than the base or root</u> ). |
| Smooth and soft skin.   | Dry, rough, flaky skin has lost its <u>smoothness</u> .  |
| The look becomes lively and bright. <u>Accepts eye contact</u> .                                | Lost, lost look. Tendency to <u>reject direct eye contact</u> .  |
| <u>Spontaneous and appropriate smile</u> .  | <u>Stop smiling, look sad</u> .  |
| He usually comes in for breakfast or lunch from home, depending on the school shift he attends. |  |

|   |   |
|---|---|
| If you eat at school, eat with interest the food <u>served to you or brought from home.</u>   | He comes to school without breakfast or lunch. Doesn't want to eat, refuses to eat. Leaves breakfast or snack in the bag or backpack.   |
| He presents harmony in the execution of his body movements, which he executes with <u>skill and grace.</u>  | Slowness in the execution of its thick and thin movements. Difficulty in initiating an <u>action.</u> <u>Objects fall off easily.</u>   |
| He is interested in the events of <u>his context.</u>   | Shows apathy, disinterest in what is happening in <u>context.</u>   |
| The game is his fundamental activity, which he develops with motivation and interest. You can be a leader of your group.  | He stops playing, not interested in participating in activities with his peers. Does not play in the playground or park, sits and does not participate in group activities, nor does he accept invitations from the group to <u>join.</u> |
| He maintains his usual character; he remains cheerful if he is generally humorous, <u>participative, friendly or communicative.</u>   | There are important changes in his character; irritability, low tolerance to frustration, <u>mutism (being able to speak he decides not to).</u>  |
| Concentrates on the activities he is asked to perform, in accordance with his age and developmental level. Appropriate selective attention, follows instructions, completes the tasks he <u>starts.</u> | Difficulty in concentrating on carrying out assigned tasks in the classroom and following instructions. Is easily distracted, difficulty retaining and processing information.  |
| In general, his personal presentation is adequate and he is interested in it; his uniform is <u>clean and well presented.</u>   | Neglect of personal appearance. No concern for your presentation.   |
| Your work materials are clean and tidy.   | Substantial change in the presentation of their school materials, which are shown as messy <u>and dirty.</u>  |

**Source:** *De Tejada, M. & González, H. (2013).*

Therefore, the interest in knowing the situation of health, food, nutrition and their promotion in educational institutions in our country from the opinion of their teachers.

## 2. RESEARCH METHODOLOGY

The research was based on a survey study, conducted during 2018, of teachers with more than 5 years of service in 24 institutions of Basic Education (Preschool-Primary): public (70.6%), private-subsidized (29.4%), morning shift, lower-middle socioeconomic stratum, located in the state of Miranda, Venezuela. It is an area of influence of Libertador Pedagogic Experimental University of Miranda José Manuel Siso Martínez.

The information was collected directly from the teachers through three questionnaires: (a) nutritional assessment, (b) the teacher as nutritional guardian, and (c) the school as health promoter.

a) Nutritional Evaluation. A set of indicators were generated oriented to the process of nutritional evaluation from the perspective and scope

of the teacher at school and proposed by De Tejada & Col (2013). The emphasis of the questionnaire was oriented to determine the frequency, Likert-type scale (Frequently-Regularly-Rarely/Occasionally) in which a set of 14 fundamental characteristics associated with nutritional alterations in the children of their institution are currently being evidenced (last year). The internal consistency or reliability index (Cronbach's alpha) was 0.88. Calculated by means of the SPSS statistical package, version 21.

b) The Teacher as Nutritional Guardian According to the descriptions of De Tejada et al. (2013), an instrument was generated with 10 characteristic features of this approach and a frequency Likert scale. Cronbach's Alpha 0.794.

c) The School as a health promoter. In this case, the teachers were asked, first, about the frequency of a series of diseases or events associated with health in their institution during 2018 and if these diseases have increased or decreased in the last year (Alfa de Cronbach 0.842). Second, about the presence of actions linked to the school as a health promoter, according to WHO guidelines (Alfa de Cronbach 0.833). And third, about external threats, programs or campaigns in health and the level of commitment or awareness of community members to health promotion in their school.

### 3. RESULTS OF THE INVESTIGATION

In relation to the nutritional assessment, the percentage findings are presented in table number 2.

**Table 2.** *Percentage presence of nutritional evaluation indicators, during 2018, in 24 institutions (public and private) located in the state of Miranda Venezuela.*

HEALTH AT SCHOOL. THE TEACHER OPINION. PRELIMINARY STUDY IN PUBLIC AND PRIVATE INSTITUTIONS  
IN THE STATE OF MIRANDA. VENEZUELA

| Nutritional Assessment Indicators  | Frequently | Regularly | Sometimes |
|--|------------|-----------|-----------|
| <u>Truancy. They get sick often.</u> (*)   | 23,5%      | 38,2%     | 38,3%     |
| Show substantially lower height and weight when contrasts you with reference groups (peers/Friends of the school) (*)  | 24%        | 38%       | 38%       |
| Hair is brittle, weak and not very shiny. It falls out easily when combing. Sometimes two types of colors can be seen ( <u>one lighter than the base or root</u> ). (*)  | 17,7%      | 20,6%     | 61,7%     |
| <u>Dry, rough, scaly skin has lost its smoothness.</u> (*)   | 8,8%       | 21,0%     | 70,2%     |
| Lost, lost look. Tendency to reject contact visual directly to the eyes.   | 9,0%       | 35,3%     | 55,7%     |
| <u>They stop smiling, they look sad.</u> (*)   | 5,8%       | 8,8%      | 85,4%     |
| Come to school withou breakfast or lunch ( <i>no food or insufficiet</i> ). They do not want to eat; they refuse to eat. <u>They leave their breakfast or afternoon snack in their lunch box or backpack.</u> (*)        | 17,7%      | 20,6%     | 61,7%     |
| Slowness in the execution of their coarse and fine movements. Difficulty in initiating an action. Objects fall off <u>easily</u> .   | 6,0%       | 23,5%     | 70,5%     |
| <u>They show apathy, disinterest in what is happening in their context.</u> (*)  | 14,7%      | 26,5%     | 58,8%     |
| They stop playing, not interested in participating in activities with their peers. They do not play in the park, sit and participate in group activities, nor do they accept invitations from the group to <u>join</u> . | 0%         | 5,9%      | 94,1%     |
| There are important changes in his character: irritability, low tolerance to frustration, mutism (being able to speak I decide not to). (*)  | 17,6       | 26,5%     | 55,9%     |
| Difficulty in concentrating on carrying out assigned activities in the classroom and following instructions Becomes easily distracted, has difficulty retaining and processing information or <u>instructions</u> .      | 26,5%      | 32,4%     | 41,1%     |
| They neglect their personal appearance. They don't care about their presentation.  | 20,6%      | 17,6%     | 61,8%     |
| Substantial change in the presentation of its activities, the which are messy and dirty (not like before or like <u>their peers</u> ). (*)   | 14,7%      | 41,2%     | 44,1%     |

**Note:** (\*) Significant differences were found between public and private institutions, the values being higher in public institutions.

**Source:** *Own elaboration.*

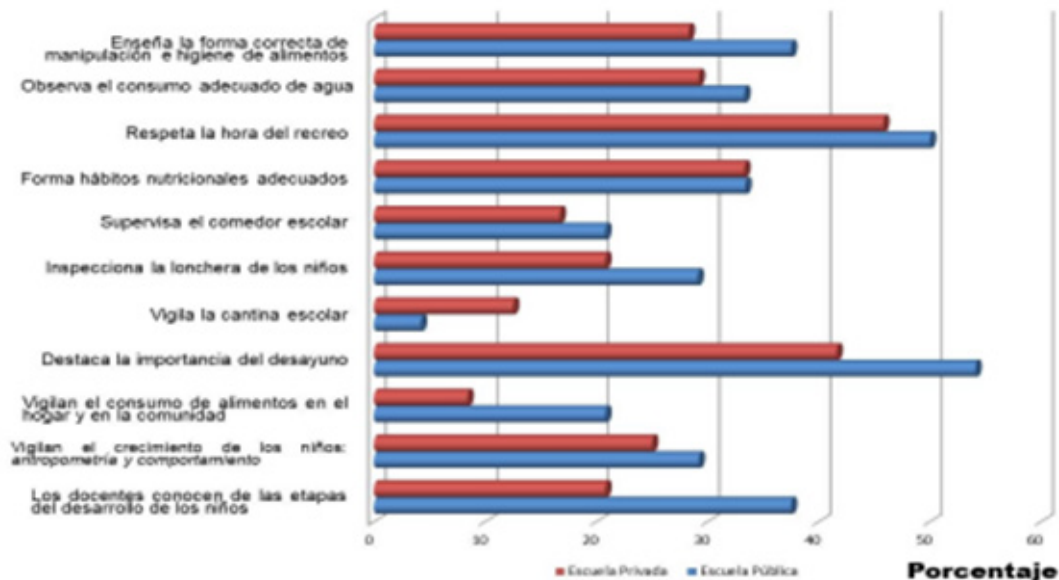
These values express a worrying situation due to the presence of indicators that reflect nutritional deficiencies, not generalized but to be considered as: absenteeism, alteration in the anthropometric values Weight/Age; Height/Age; Weight/Height, physical condition in general, emotional and psychomotor health. At the same, this influences the activities performed and their learning school performance in the classroom context. It should be noted that significant differences were found in these indicators between public and private institutions, for the year 2018.

In any case, it is necessary to emphasize that some of these indicators can be linked, for example, to the existence of inadequate habits or any other medical pathology or psychological dysfunction. Therefore, it is indispensable to gather more evidence to consider a possible nutritional alteration and to make the decision for the medical, nutritional or psychological consultation. However, they



constitute an adequate platform for the early and timely diagnosis proper of the (EPS).

In relation to the traits of the teacher as a nutritional guardian, the percentage results issued, in the opinion of the teachers, are presented in figure number 2:



**Figure 2.** Characteristics associated with the characteristics of the teacher as a Nutritional Guardian, in public and private institutions of the State of Miranda. Venezuela. 2018.

**Source:** Own elaboration.

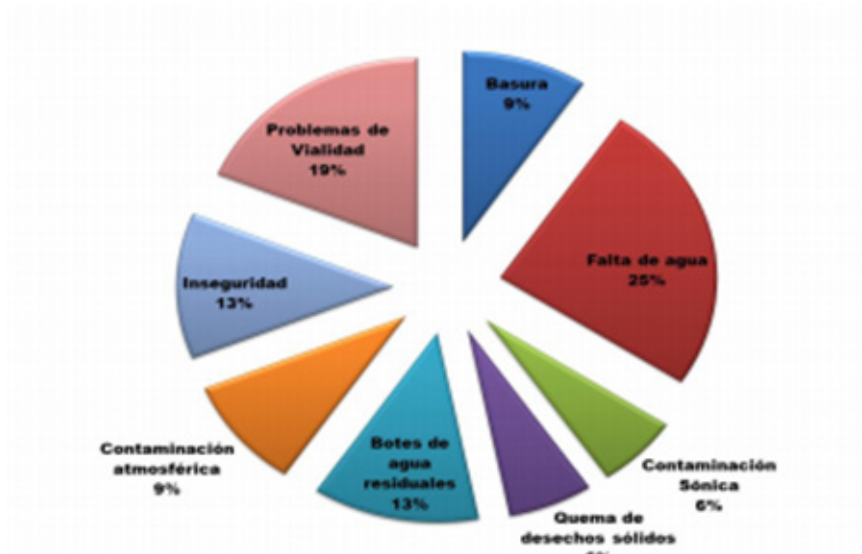
These results express several aspects to be considered. In the first place, the majority of the characteristics do not exceed 30%, which indicates the little articulation or competence of the teacher in his role as nutritional guardian and the implications that this scenario has for the (EPS). Moreover, the lowest percentages are centered on the actions of vigilance and supervision of the lunch box, or the school canteen, which weakens their pedagogical action on these processes, both inside and outside the classroom.

Secondly, there is a relatively greater presence of these indicators in public institutions: the teaching of hygienic handling of food, the importance of breakfast, food consumption at home and key aspects of children's development. Either oriented or emerging worrying situations in their institutions, especially if we place ourselves in a pre-school or early primary education teacher, where these aspects are a key part of the daily school routine. In private institutions, these guidelines should be part of an institutional policy and supported by the family.

Thirdly, the weak evidence of features such as the observance of adequate water consumption, the monitoring of anthropometric indicators as a reflection of the health status of children from birth and the proper formation of eating habits. These are indicators associated with their personal and professional training, which urgently need to be incorporated into their training as teachers, with

emphasis on Initial and Primary Education.

Finally, the teachers identified the main external threats that can affect the health of the children in their institution and which are presented in figure number 3.



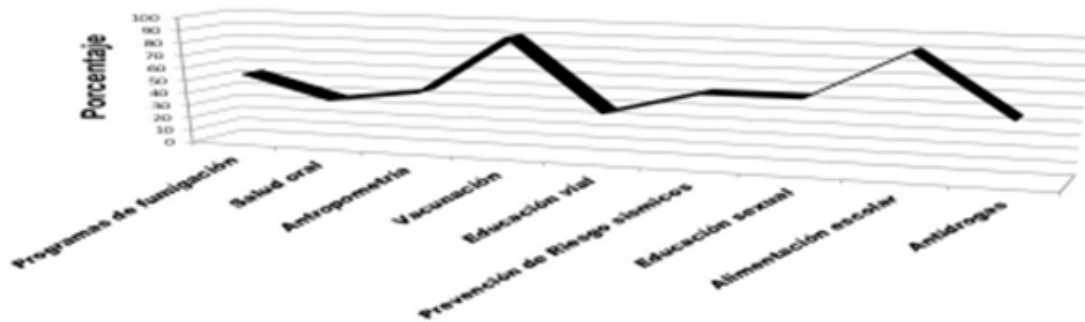
**Figure 3.** Presence of conditions or situations in the school environment that are worrying and that can affect health, in the opinion of teachers in public and private institutions in the state of Miranda-Venezuela, 2018.

**Source:** Own elaboration.

This graph shows that the problem of the lack of water (25%) constitutes the situation of greater frequency and concern on the part of the teachers. Considering that other health problems derive from it: gastrointestinal and skin diseases, poisoning, parasitism and storing water can generate the proliferation of mosquitoes, which is also linked to other diseases such as: Dengue, Malaria, Zika, Chinkungunya, among others.

Other problems that affect the institutions are the frequent waste water cans (13%), garbage (9%), and the viability or safe access to the institution (19%), which frames a complex and worrying situation regarding health in our schools.

As a counterpart, they were consulted about the institutional health programs and which of them, in their opinion, are presented with adequate and sufficient frequency for the prevention of diseases in the children of their school. These values are presented in figure number 4.

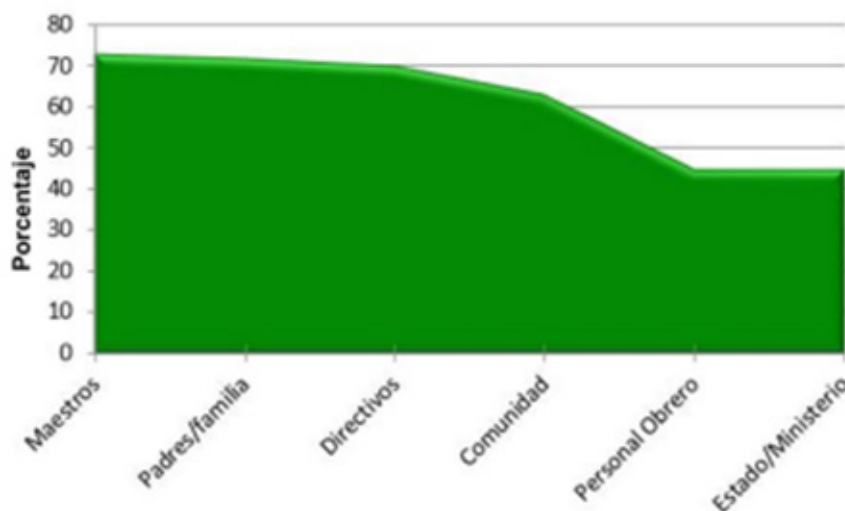


**Figure 4.** Presence of institutional programs or health campaigns that are carried out with adequate frequency, in the opinion of teachers, public and private institutions in the state of Miranda, Venezuela, 2018

**Source:** Own elaboration.

Here it is observed that the programs of vaccination (90%), school feeding (90%) and fumigation (60%) are presented with high frequency in the institutions during the year 2018. It is important to note that actions such as anthropometric evaluation, oral health, seismic risk prevention, sex education, road safety education and prevention of drug and alcohol consumption are not carried out (<50%), with the most appropriate frequency and/or intensity within the (EPS) framework. This requires a greater commitment to public policies and permanent actions in the community and school in this regard.

When reviewing the teachers' perception of the level of commitment or awareness of the various members of the educational community, around the issue of health and its promotion in the school, it is presented in figure number 5.

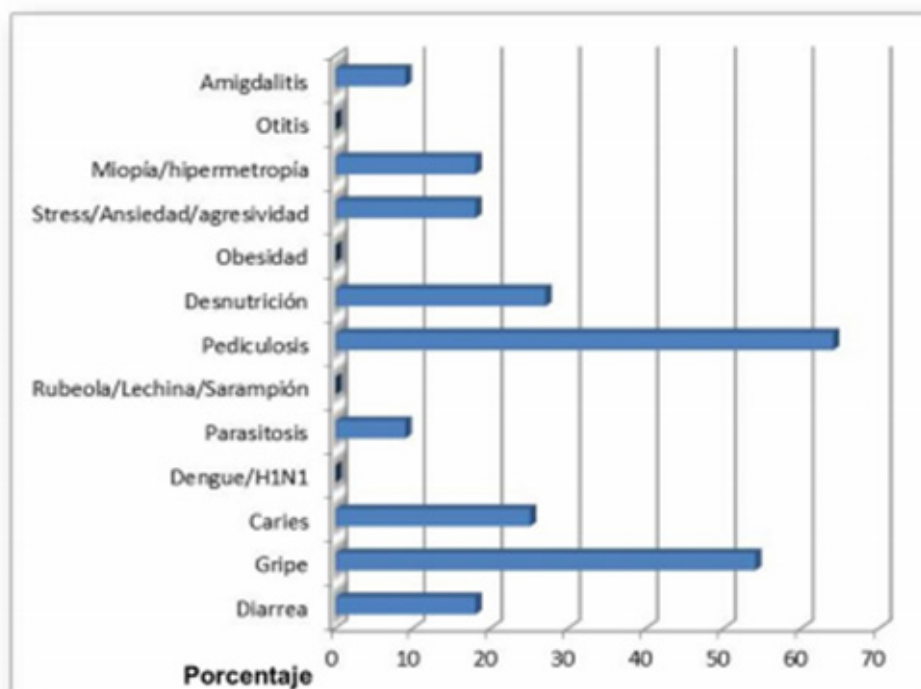


**Figure 5.** Percentage of commitment or awareness around the issue of health and its promotion in schools, in the opinion of teachers, public and private institutions in the state of Miranda. Venezuela, 2018.

**Source:** *Own elaboration.*

These percentages constitute a strength and an opportunity for the consolidation of programs and actions that proactivates the (EPS). The voluntary and articulated participation of teachers-family-management-community around health promotion is fundamental to achieve the objectives of the WHO, the millennium development goals and the country's goals. The weak teachers' perception of the level of commitment of the State entities, represented by the Ministry of the Popular Power for Education, around the programs and actions of (EPS), which should be revised and agreed upon with the community in order to attend to those priority health problems and with a risk management approach, in accordance with the mandates and international agreements that our country has assumed in health matters.

In particular, Figure 6 shows the frequency of a series of diseases or events associated with health in Basic Education schools (Preschool and Primary School), located in the state of Miranda, during the year 2018.



**Figure 6.** *Main illnesses or events associated with health that occur very frequently (high), in the opinion of their teachers, in 24 educational institutions, in the state of Miranda-Venezuela.*

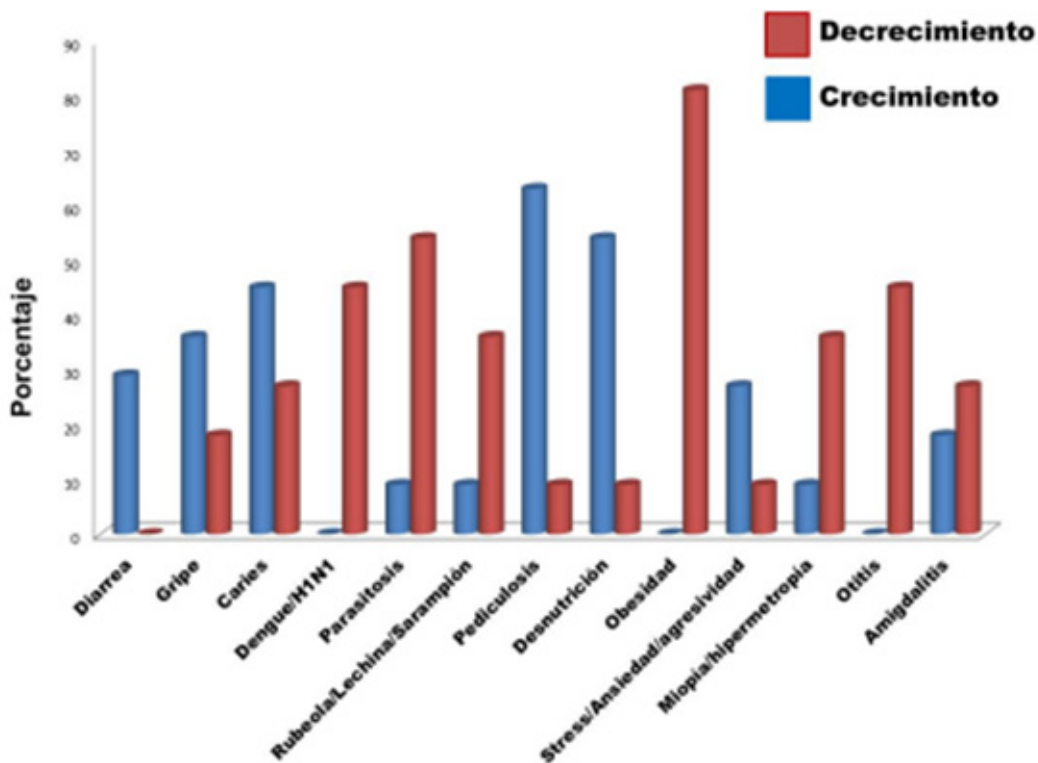
**Source:** *Own elaboration.*

In the teachers' opinion, diseases associated with gastrointestinal problems such as diarrhea (18%), cavities (25%), flu (53%), malnutrition (25%) presented a frequency of important events in our school context. For teachers, the problem of lice (pediculosis) reflects the most relevant situation (> 60%). It is highlighted that diseases such as Dengue/H1N1; Rubella Pigweed (chickenpox)-Measles, and

otitis; not often seen in these institutions.

Special mention is made of the situation of obesity, which is not observed, in the opinion of teachers, as a frequent problem in the school during the year 2018. This is interesting in light of the study by the National Institute of Nutrition (INN, 2013) where the rate of overweight/obesity of children aged 7-17 years in the Venezuelan population, in the state of Miranda, was between 25-28% and malnutrition was between 15-17%.

Another approach consulted was to consider whether these conditions, diseases or health events had increased or decreased in the last year. These values are presented in Figure 7.



**Figure 7.** Percentage's increase and/or decrease of diseases or events associated with health in the last two years, according to teachers, in 24 educational institutions, in the state of Miranda-Venezuela, 2018.

**Source:** Own elaboration.

In this graph, it is observed how diarrhea (29% ↑), and flu (36% ↑) have increased in an important way in the last year becoming a multicausal phenomenon that requires more research. In particular, cavities (46% ↑), have increased in a worrying way. Pediculosis (lice) presents the greatest increase (64% ↑) in institutions and constitutes, apparently, the greatest concern of teachers.

Another phenomenon consulted with teachers is the reference to situations of an emotional nature such as stress, aggressiveness and irritability (27% ↑) on the part of preschool and elementary school children, which have increased in the

last year. The phenomenon stands out that in the teachers' opinion malnutrition (55% ↑) has increased during this time, configuring a worrying situation if we associate it to the other problems evidenced by the teachers.

On the other hand, diseases or events, infections such as parasitosis (55% ↓), Rubeola-Lechina (chickenpox)-Measles (36% ↓), Dengue (46% ↓), visual diseases (36% ↓) have decreased in the last year. Perhaps associated with vaccination programs or hidden phenomena under other diseases or without adequate diagnose by the lack of regular medical consultation. It stands out that obesity (82% ↓) is the condition that has decreased the most and that requires greater follow-up in light of adequate programs of anthropometric evaluation and nutritional follow-up to be implemented in the school and analyzed by teachers and the family.

In summary, we can see that in our educational institutions there are numerous health problems that hinder and limit the academic development of our youngest children. Moreover, these problems have become more serious and complex in the last year, generating resonance in health parameters: biological, physical, psychological and social; affecting the present and future quality of life of our most vulnerable population.

Finally, with regard to the main indicators of a health promoting school, table number 3 presents the percentage values of teachers' opinions on these indicators.

**Table 3.** *Percentage of the frequency of indicators that profile a health promoting school, in the opinion of its teachers, in 24 educational institutions of Basic Education (Public 70.6% and Private 29.4%). From the state of Miranda -Venezuela. 2018.*

| Main indicators of a school health promoter  | Yes/always/<br>frequently/<br>enough | Moderate/<br>Regular/<br>insufficient | No/<br>absence/<br>I don't<br>know<br>evidence |
|--|--------------------------------------|---------------------------------------|--|
| The school promotes, or for children ( <i>physical environment infrastructure positive psychological effect pleasant, ergonomic</i> )              | 45,5 %                               | 36,4 %                                | 18,2 %   |
| The school generates or promotes healthy in a continuous and integral way  | 45,5 %                               | 54,5 %                                | 00%  |
| Strengthens and values healthy behaviours coherent and not contradictory in children   | 45,5 %                               | 54,5 %                                | 00 %   |
| Strategies or activities are promoted in order to strengthen knowledge, procedures and healthy attitudes in boys and girls                         | 36,4 %                               | 63,6 %                                | 00 %   |
| Meetings with the family are encouraged to improve quality of life/health of children  | 18,2 %                               | 54,5 %                                | 27,3 %   |
| The activities of the school are linked to the Community Health Services for health promotion and disease prevention.                              | 45,5 %                               | 18,2 %                                | 36,4 %   |
| Actions are promoted to improve the health of the school staff, family and community   | 36.4 %                               | 36,4 %                                | 27.3 %   |
| School Works with community leaders to help them understand how the community can contribute to health and education                               | 27.3 %                               | 36,4 %                                | 36.4 %   |
| Teachers at the institution recognize and use the basic skills and processes that are common to all health issues to develop the school curriculum | 54.5 %                               | 18.2 %                                | 27.3 %   |
| The school assumes and contributes to the solution to conflicts, affecting health that exist in the environment (solid waste, pollution, etc.)     | 36.4 %                               | 45,5 %                                | 18.2 %   |

**Source:** *Own elaboration.*

This table shows that public and private institutions located in the state of Miranda, during the year 2018, regularly or insufficiently perceive: (a) The promotion of healthy or wholesome practices in a continuous and integral way (54.5%); (b) the strengthening and assessment of healthy, coherent and non-contradictory behaviors in children (54.5%); (c) the promotion of strategies or activities in order to strengthen knowledge, procedures and healthy attitudes in children (63.6%); (d) the promotion of meetings with the family to improve the quality of life/health of children (54.5%). (e) the school works with community leaders to help them understand how the community can contribute to health and education (36.4 per cent); and (f) the school takes on and contributes to the resolution of conflicts that affect health in the environment (solid waste, pollution, etc.), (45.5 %). This is a worrying situation in the context of the complex humanitarian situation that our country is going through in socio-economical terms.

#### 4. CONCLUSIONS

Venezuela is currently going through what experts call a complex humanitarian crisis (Bengoa Foundation, 2019), characterized by a situation of multidimensional poverty identified by the presence of multiple deficiencies at the level of households and individuals in health areas, education and standard of living, which stands at 48%, with marked differences between regions of the country

(ENCOVI, 2018). This index uses microdata from household surveys where each member of a household is classified as poor or non-poor according to the number of deprivations experienced by their household, reflecting both the prevalence of multidimensional deprivations and their intensity (UNDP, 2019).

This phenomenon affects particularly the youngest children. Being the school and teachers the first to be jointly responsible together with the family and the community for monitoring, training and promoting health. In this sense, the teachers said:

(a) there is evidence of a deterioration in children's health, not only because of nutritional deficiencies but also because of emotional and social-emotional deficiencies, which are impacting their integral development. This situation being more worrying in the public schools of the state of Miranda; (b) at this moment, schools do not have basic tools for the students to learn to lead a healthier life by carrying out creative and innovative activities or didactic strategies that facilitate their learning; (c) the interest in health from preschool education is not articulated with primary education. At this stage, there is less concern about the issue of food, breakfast, physical activity and overall health of their children; (d) teachers express sensitivity and concern about the unfavorable condition of children's health although they consider this responsibility to be the sole responsibility of the parents.

This is why it is recommended: (a) greater state collaboration without distinction between public and private schools. Accompanied by supervision of the lunch box and the dining room, with the participation of specialists in health-nutrition that improve the quality of the food in the school; (b) the schools should be an example of healthy eating, make campaigns, forums, workshops and activities of good health and hygiene of the food directed to the parents and representatives; (c) teachers need to be better trained and more committed to the integrity and health of their students, strengthening the monitoring of the different aspects related to the promotion of integral health; (d) the indicators proposed in this study represent a valid guide that serves as support and orientation for the process of monitoring, accompanying and fulfilling goals for the achievement of a health promoting school; and (e) the schools should have better conditions, more support and commitment from parents, family and the community that interacts with the child, since the teachers expressed a lack of specialized personnel or pedagogical advisors to coordinate, supervise and accompany the health promotion process.

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## THE NEED TO TRAIN CAREGIVERS OF PEOPLE IN SITUATIONS OF DEPENDENCY: COMMUNICATION AND RESPONSE FROM THE UCM

### *Necesidad de formar a los cuidadores de personas en situación de dependencia: comunicación y respuesta desde la UCM*

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#### **Abstract**

Recently, the need to provide care for people with varying degrees of dependency and vulnerability is increasing. They are living longer and longer due to two reasons mainly: scientific advances in the field of health and family, and work and social changes. This care is usually provided by family members -mainly women- who are occupied 24 hours a day in the solitude of these people's homes, without speaking, communicating or receiving feedback that encourages them to continue. This is a difficult and prolonged task, with little recognition, although it can also awaken unsuspected facets that enrich the caregiver. Logically, they carry out their invaluable work with more will, interest and dedication than knowledge because no one has clearly indicated to them how they should carry it out. Consequently, from a public university like the Complutense University of Madrid, an educational institution with a clear vocation of service, a training offer for these caregivers emerges with the clear objective of alleviating this growing need.

**Keywords:** communication; caregivers; dependency; emotion, training

#### **Resumen**

Recientemente se está incrementando la necesidad de proporcionar cuidados a las personas con diverso grado de dependencia y vulnerabilidad, que cada vez viven más años debido fundamentalmente a dos razones: los avances científicos en el ámbito de la salud y los cambios familiares, laborales y sociales. Estos cuidados suelen ser impartidos por familiares -principalmente mujeres- que deben ocuparse durante las 24 horas del día en la soledad del domicilio de estas personas, sin hablar, sin comunicarse y muchas veces sin recibir un feedback que anime a seguir. Se trata de una tarea difícil y prolongada, sin

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apenas reconocimiento, aunque también pueda despertar facetas insospechadas que enriquezcan al cuidador. Lógicamente estos realizan su inestimable labor con más voluntad, interés y dedicación que conocimientos, porque nadie les ha indicado claramente cómo debe realizarla. En consecuencia, desde una universidad pública como la Universidad Complutense de Madrid, una institución educativa con una clara vocación de servicio surge una oferta formativa para estos cuidadores con el claro objetivo de paliar esta necesidad creciente.

**Palabras clave:** comunicación; cuidadores; dependencia; emoción, formación.

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## **1. INTRODUCTION**

The need to provide quality care to a growing dependent population forces educational organizations to respond from a training point of view, planning and offering an appropriate curriculum so that the so-called “non-professional caregivers” can communicate and develop their functions in the best possible way to these people in a situation of dependency and vulnerability, temporary or permanent. Therefore, it is a question of offering a response to the growing training needs of the caregivers but also of being in tune with the application of Law 39/2006 of December 14, on the Promotion of Personal Autonomy and Care for Dependent Persons, in favor of their development.

## **2. BACKGROUND AND JUSTIFICATION**

The demographic and sociological changes that the Spanish population has undergone in recent decades are causing new and growing needs in the assistance and care of an enormous number of people in situations of vulnerability and dependence and consequently great difficulties for their vital development.

On the other hand, scientific advances have led to high rates of population that have managed to make it chronic the morbidity or disability of these people suffering from diseases such as cancer or AIDS, as well as high rates of aging in the population, which has been called “the aging of aging”. All of this is leading to the rise of the presence - in many cases forced - of “non-professional caregivers”, close relatives or hired persons, with more enthusiasm than knowledge, with more attitude than aptitude, who provide such care without adequate preparation to offer these dependents a service according to their needs.

These scientific, demographic and sociological changes demand, on the one hand, the need to guarantee a stability of resources and services and, therefore, the increase and update of social and health services, as well as the essential

modifications in family behavior. On the other hand, the need to offer an increase in the adequate training offer for the figure of these “non-professional caregivers”, with the objective of being able to offer efficient care and thus, ensure essential care to these people in a situation of dependency or vulnerability.

## **2.1 The rise in the need to provide care. The situation in Spain**

The Spanish National Health Survey (ENSE) 2017, with respect to the need to provide care, reflects<sup>2</sup>:

- The aging of the resident population in Spain. (2018, p.1) - The increase in the prevalence of chronic diseases, metabolic cardiovascular risk factors (diabetes, hypertension, hypercholesterolemia, obesity...), and diseases of the locomotive system (osteoarthritis, low back pain), and also, the increase in the population with limitations and functional disability. (2018, p. 1)
- Limited mobility is the main cause of disability. In people over 64 years old, it affects 45.3%. In this same age group, 44.1% reported hearing difficulties, slightly above 41.7% in 2014, and 24.3% reported visual difficulties, similar to previous years. For the first time, cognitive difficulty is explored, reaching 31.3% of the population aged 65 and over. (2018, p. 5).

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<sup>2</sup> National Health Survey. Spain 2017. [https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica\\_C&cid=1254736176783&menu=result\\_ados&idp=1254735573175](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176783&menu=result_ados&idp=1254735573175) (Consultado 15-02-2019).

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26 junio 2018

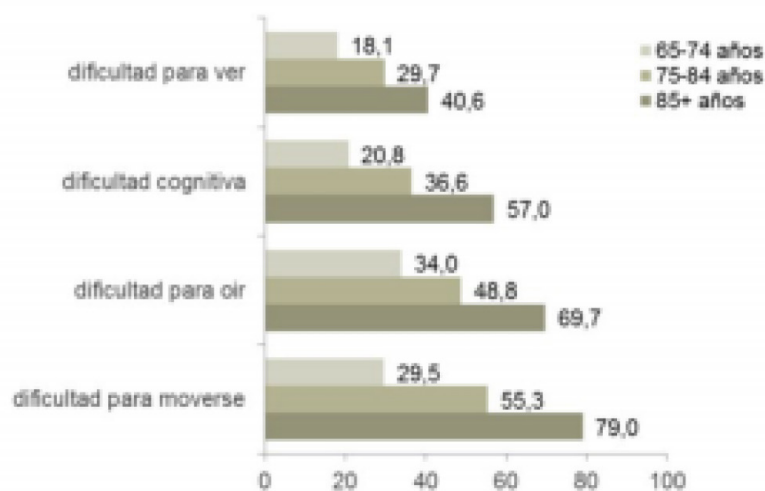


Figure 1

- Two out of ten older people (19.6%) report some degree of difficulty in some personal care activity (feeding, sitting and standing, dressing, going to the toilet, taking a shower), more often women (24.5%) than men (13.2%).
- Within the people with difficulty, 84.9% have technical or personal assistance for at least one of the activities, but 57.7% need help or more help than they have.
- In the case of domestic activities (preparing food, using the telephone, shopping, taking medication, light and heavy housework, managing money), one in two persons aged 65 and over (52.4%), presents some degree of difficulty for one of them, more often women (64.1%) than men (37.3%). Of these, 80.4% have technical or personal help to carry out at least one of the activities and 43.4% need help or more help than they have. (2018, p. 6).

## 2.2 The rise in the need to provide care. The situation in the world

According to the World Report on Disability (2011:7-8)<sup>3</sup>

- It is estimated that more than one billion people live with some form of disability; that is, about 15 percent of the world's population (according to estimates from the Summary World Disability Report 8 the world's population in 2010).
- According to the World Health Survey, about 785 million people (15.6%) aged 15 and older live with a disability, while the Global Burden of Disease project estimates a figure of about 975 million (19.4%).
- The World Health Survey points out that, over the estimated total number of people with disabilities, 110 million (2.2%) have very significant difficulties in functioning, while the Global Burden of Disease puts the number of people with a

<sup>3</sup> [https://www.who.int/disabilities/world\\_report/2011/summary\\_es.pdf?ua=1](https://www.who.int/disabilities/world_report/2011/summary_es.pdf?ua=1) (Consulted 15-02-2019)

“severe disability” (the equivalent of disability associated with conditions such as quadriplegia, severe depression or blindness) at 190 million (3.8%).

- Only The Global Burden of Disease measures childhood disabilities (0-14 years), with an estimated number of 95 million children (5.1%), 13 million of whom (0.7%) have “severe disabilities”.

### 2.3 The results of the Disability, Personal Autonomy and Dependency Situations Survey (DIDSS)

The available data in Spain from the National Institute of Statistics corresponds – lacking the promised 2017 update- to that related to the 2008 Survey on Disability, Personal Autonomy and Situations of Dependency (EDAD).

In 2008, some residents in homes claim to have a disability or limitation<sup>4</sup>. This implies a rate of inhabitants. The study of the characteristics of disability has focused on the population of 6 years old or older since the prognosis of evolution is uncertain for minors and only the adapted limitations to their age are analyzed. For people aged 6 or more, the disability rate is 89.7 per thousand inhabitants. 3.85 million people 85.5 per thousand.

**Tipos de discapacidades**  
(Personas de 6 y más años con discapacidad)

|  | Tasas por mil hab. |              |
|--|--------------------|--------------|
|  | Varones            | Mujeres      |
| <b>Total</b>   | <b>72,6</b>        | <b>106,3</b> |
| Movilidad  | 42,6               | 77,5         |
| Vida doméstica   | 29,5               | 69,2         |
| Autocuidado  | 31,3               | 55,3         |
| Audición   | 21,9               | 28,4         |
| Visión   | 17,8               | 28,4         |
| Comunicación   | 16,3               | 18,6         |
| Aprendizaje y aplicación de conocimientos y desarrollo de tareas | 12,7               | 17,1         |
| Interacciones y relaciones personales                            | 14,0               | 15,4         |

<sup>4</sup> For the purposes of the survey, it has been defined as the limitation for health reasons and of long duration in some of the 44 activities investigated. People with disabilities are limited because of a body impairment (failure or lack of an organ or system).



Figure 2

Mobility, the most common: 67.2% of these people have limitations in moving or moving objects, 55.3% have problems related to household tasks and 48.4% with personal care and hygiene tasks.

What causes more disability: the most frequent deficiency is osteoarticular: due to a problem in bones and articulations, 42.0% of people have a disability. But the impairment that causes the greatest number of disabilities per person is mental disability: 11.6 compared to the 8.7 average that people with disabilities have.

With respect to the different types of disabilities, those that prevent the performance of the Basic Activities of Daily Living (ABVD) because they generate dependency:

The number of these people reaches 2.8 million and represents 6.7% of the population (2008, p. 3).

**Personas con discapacidad para las ABVD cuando no reciben ayudas, según su máximo grado de severidad** (miles de personas)

|                     | Total          | Número de discapacidades (ABVD) de la persona |              |              |              |              |
|---------------------|----------------|---|--------------|--------------|--------------|--------------|
|                     |                | 1-2   | 3-5          | 6-9          | 10-13        | 14-18        |
| <b>Total</b>        | <b>2.822,3</b> | <b>861,3</b>                                  | <b>761,4</b> | <b>563,6</b> | <b>341,5</b> | <b>294,4</b> |
| <b>Discapacidad</b> |                |   |              |              |              |              |
| Moderada            | 560,8          | 387,5   | 136,7        | 31,4         | 4,6          | 0,7          |
| Severa              | 702,2          | 258,0   | 264,9        | 130,7        | 37,1         | 11,5         |
| <b>Total</b>        | <b>1.363,6</b> | <b>142,8</b>                                  | <b>314,4</b> | <b>371,0</b> | <b>284,5</b> | <b>270,8</b> |
| No consta           | 175,7          | 73,0  | 45,4         | 30,5         | 15,4         | 11,4         |

Figure 3

## 2.4 The profile of “non-professional caregivers” in Spain

It corresponds to that of a woman who joins the tasks of domestic work, the tasks



of caring for a close relative: father, brother, husband or son. This tends to cause them both physical and emotional overload caused by two outstanding factors: the necessary continuous dedication to care and their lack of information and training to perform safely and efficiently their task as “non-professional caregiver”.

The growing figure of the “non-professional caregiver” hired by family members who cannot take care of the person in a situation of vulnerability and dependency is also emerging. These are untrained caregivers, many of them of South American or Eastern European origin: Romania, Bulgaria or Belarus, who have recently come to Spain and most of them are unaware of the basic rules of hygiene, prevention and the main tasks of care.

Both types of “non-professional caregivers” carry out their work continuously, in schedules that in most cases are often excessive, without adequate salary recognition and with a tremendous sense of loneliness and social recognition for their work, (Burnout Syndrome as illustrated in caregivers of Alzheimer’s patients by Martinez Perez, 2010). So it is often frequent that they end up suffering somatization of diseases, sleep disorders or psychological imbalances that lead to depressive states.

In the National Health Survey Spain (2017) refers:

Informal caregivers of older people with health problems or chronic conditions provide indirect information about possible gaps in long-term care services. According to ENSE 2017 data, they are stable compared to 2014. 11.2% of those interviewed stated that they provide care at least once a week, more often women (12.9%) than men (9.5%). Between 45 and 64 years old, it is when care is provided to the elderly or sick people more frequently. 27.1% of informal caregivers of kind I state that they spend 20 or more hours a week, compared to 55% of kind VI. (National Health Survey Spain, 2018, p. 6).

The Survey on Disability, Personal Autonomy and Dependency situations refers to that:

More than two million people with disabilities receive personal care or supervision. These tasks are provided by people in their environment or hired for this purpose.

Three out of four primary caregivers are women. The profile of the primary caregiver is a woman, aged 45-64, who lives in the same household as the person that she is taking caring of.

Primary caregiver problems. Caregivers have difficulty performing their duties. In addition, their health and personal lives are affected. Among the tasks of personal assistance, the main difficulty that caregivers find is the lack of physical strength to perform them. As for the consequences to their health, most of them claim to feel tired and a significant part of them even see their health deteriorate. (The Disability, Personal Autonomy and

Dependency Situations Survey, 2008, p. 4).



Figure 4

For Artaza Artabe, I. and Ramos Cordero, P.:

**1) The profile of the caregiver could be defined by:**

- a) Women (88.5%)
- b) Between 31 and 60 years old (82.5%)
- c) With secondary or higher education (88 %)
- d) Combining care and work (63.5%)

**2) The caregiver tends to professionalization:**

- a) Has been caring for more than 3 years (70%)
- b) Dedicates more than 6 hours/day (62%)
- c) Their work is predominantly urban (68 %)

**3) Mostly the caregiver:**

- a) Not related (52.5%)
- b) Does not live with the person being cared for (68%)
- c) Provides care in the home of the person she or he is mainly caring for (87 %)
- d) Receives additional aid (69 %)

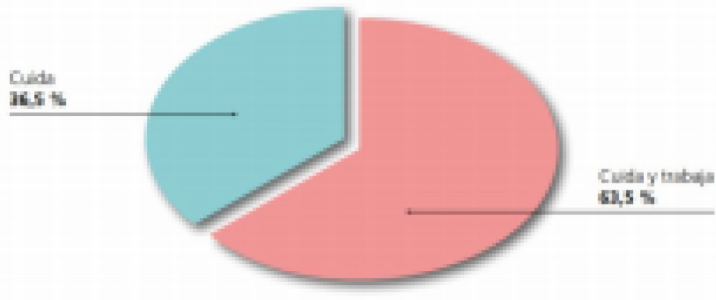
**TABLA 1** DISTRIBUCIÓN POR GRUPOS DE EDAD

| Edad         | Nº de cuidadores | %          |
|--------------|------------------|------------|
| < 20 años    | 7                | 0,9        |
| 21-30        | 105              | 12,8       |
| 31-40        | 152              | 18,5       |
| 41-50        | 290              | 35,4       |
| 51-60        | 235              | 28,7       |
| 61-65        | 20               | 2,4        |
| 66-70        | 10               | 1,2        |
| > 80         | 1                | 0,1        |
| <b>Total</b> | <b>820</b>       | <b>100</b> |

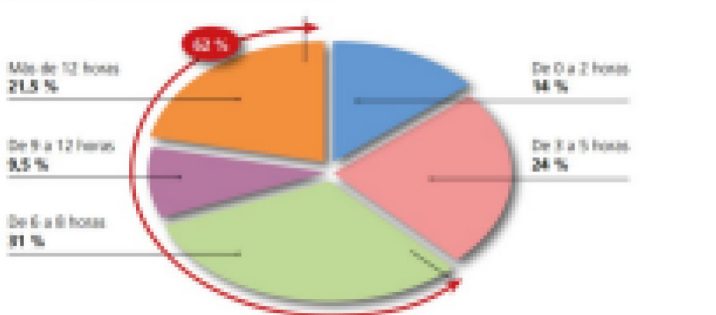
**FIGURA 3** DISTRIBUCIÓN POR SEXO



**FIGURA 4** CUIDA/CUIDA Y TRABAJA



**FIGURA 5** TIEMPO DEDICADO A CUIDAR



**Figure 5**

These “non-professional caregivers”, despite their difficulties in accessing information and training to carry out their important personal care tasks on a daily basis, must face daily decisions and actions with great ignorance of the possible consequences on the person who is being cared. In addition, a need for the caregiver and “care” emerges, and this refers to the way of communicating. We consider the need to train caregivers in communication and verbal and non-verbal language techniques because, on many occasions, a simple gesture in the person being cared for is more valued than wiping the patient’s chin with a clean cloth after eating. This is a very significant example because in addition to caring, one should be emotional: the application of emotional intelligence in order to achieve psychological well-being (Suberviola-Ovejas, 2011). And this is where communication could play an interesting but necessary role, given the need to empower similar groups (Moriel-Corral, Pizarro et al. 2012). Emotion refers to the set of interactions between subjective and objective factors, which are mediated by neural and hormonal systems, generating feelings, cognitive processes, physiological adjustments and generating a frequently expressive behavior, of which purpose is adaptation (Kleinginna & Kleinginna, 1981). We ask ourselves, what would cinema become if it was not a vehicle of emotions? What would a doctor become if he or she did not understand the emotions and needs of a patient? In order to try to understand the concept of emotion, we consider it appropriate to resort to its etymological definition since it is a concept difficult to delimit in itself due to its multidimensionality and perspective (Barrientos, 2019). Thus, we discover that it is a word that comes from the Latin e+movere, and that its translation into Spanish could be interpreted as “that which pushes or moves us to”. In the case of the emotion construct, we find scientific consensus on its definition. An emotion is generally considered to be “a complex state of the organism characterized by an excitation or disturbance that predisposes to an organized response” (Bisquerra, 2003, p. 49). The definition provided by the RAE for this term is very similar, describing it as “an intense and fleeting mood alteration, pleasant or painful, that is accompanied by a certain somatic shock”. Therefore, it refers to a behavioral process from which an associated physical alteration is derived. It is therefore important to empathize with the person being cared of by controlling and managing the emotions of ourselves and others. In this way, it is easier to communicate with clarity, feeling and professionalism. The bond that generates the correct communication with the patient or “care” is fundamental for the good development and well-being of the person who needs basic attention. Feeling the “human warmth” of the caretaker is important because it is with him/her that you will spend long hours of the day, long hours of the night and therefore emotions of different kinds will emerge, all of them necessary to contemplate the day-to-day life with a certain degree of optimism and satisfaction of a well done job. Paul Watzlawich compartmentalized human communication in five inescapable sections and left written in *Theory of Human Communication* (1997), acting in any way implies necessarily and inevitably transmitting information to our human environment: in other words, it is not possible not to communicate, because even the decision not to communicate transmits information: at least, the information that we have stopped communicating. For Watzlawich, to communicate is to take a stand and to define oneself in the face of personal relationships. If we transfer his words to our case study, we can understand that to communicate is to transmit, and caregivers should only transmit positivity and optimism to the “care” because

it is in them that they trust, it is in them that they leave the responsibility of being cared of and protected. Therefore, one important conclusion comes early, that is that communication with emotion can represent a guide of values and behaviors for people who need to be taken care of.

The figure of the “non-professional caregiver” is so novel and so little known that there are even discrepancies about its name. For some authors, they should be considered as “non-professional caregivers”, distinguishing them clearly from nurses who are professional caregivers. For others, the figure is clearly denominated “informal caregivers” and there is even a third trendy denomination that opts for the “family caregivers” (As it is also clear from the work of Ruíz López, Pullas Tapia et al. 2017) and even a fourth one that qualifies them as “primary caregivers”. However, it seems to us that the denomination of “primary caretakers” or simply “caretakers” is more accurate, moving away from disabling semantic particles such as “no” and “in” that tend to deteriorate the figure or “family” or “primary” that can cause some terminological confusion.

## **2.5 Demographic perspectives**

In Spain, according to population projections between 2016 and 2066, a loss of population of a bit over half a million inhabitants is expected in the next fifteen years and a loss of 5.4 million until 2066. Regarding the percentage of the population aged 65, and which is currently at 18.7%, they would reach 25.6% in 2031 and 34.6% in 2066.

On the other hand, life expectancy at birth would reach 83.2 years for men and 87.7 years for women in 2031, a gain from the current values of 3.3 and 2.3 years, respectively.

In 2065, if current trends continue, life expectancy for men will exceed 88.5 years and 91.6 years for women. Similarly, a woman reaching age 65 in 2065 would live an average of another 28.2 years more (25.1 for men), compared to the current 22.7 years of survival (18.8 for men). (INE, 2016, p. 3).

### Proyección de la esperanza de vida al nacimiento y a los 65 años.

| Años | Esperanza de vida al nacimiento |         | Esperanza de vida a los 65 años |         |
|------|---------------------------------|---------|---------------------------------|---------|
|      | Hombres                         | Mujeres | Hombres                         | Mujeres |
| 2015 | 79,94                           | 85,41   | 18,81                           | 22,67   |
| 2016 | 80,26                           | 85,71   | 19,08                           | 22,97   |
| 2021 | 81,31                           | 86,41   | 19,72                           | 23,55   |
| 2026 | 82,30                           | 87,08   | 20,37                           | 24,13   |
| 2031 | 83,23                           | 87,74   | 21,01                           | 24,70   |
| 2036 | 84,12                           | 88,37   | 21,64                           | 25,26   |
| 2041 | 84,97                           | 88,98   | 22,27                           | 25,80   |
| 2046 | 85,79                           | 89,57   | 22,89                           | 26,34   |
| 2051 | 86,57                           | 90,14   | 23,50                           | 26,86   |
| 2056 | 87,32                           | 90,69   | 24,09                           | 27,37   |
| 2061 | 88,04                           | 91,22   | 24,68                           | 27,86   |
| 2065 | 88,60                           | 91,64   | 25,13                           | 28,25   |

Figure 6

Despite the loss of population and increased life expectancy, the number of deaths would continue to grow as a result of the aging population. Thus, in the period 2016-2030, almost six and a half million deaths would be recorded, 12.7% more than those observed in the previous 15 years (2001-2015) (INE, 2016, p. 5).

(...) the population would increase in the upper half of the population pyramid. In fact, all age groups from 70 years onwards would experience a growth in numbers. In 15 years' time, 11.7 million people over the age of 64 would be living in Spain, three million more than at current time (34.8%). This figure would increase to 14.2 million people (63.1% more) in 50 years. If we look at the five-year age groups, the most numerous today is the 40-44 age group but this will change both in 2031 and in 2066, when the group with most members would be the 55 to 59 years old. (INE, 2016, p. 7).

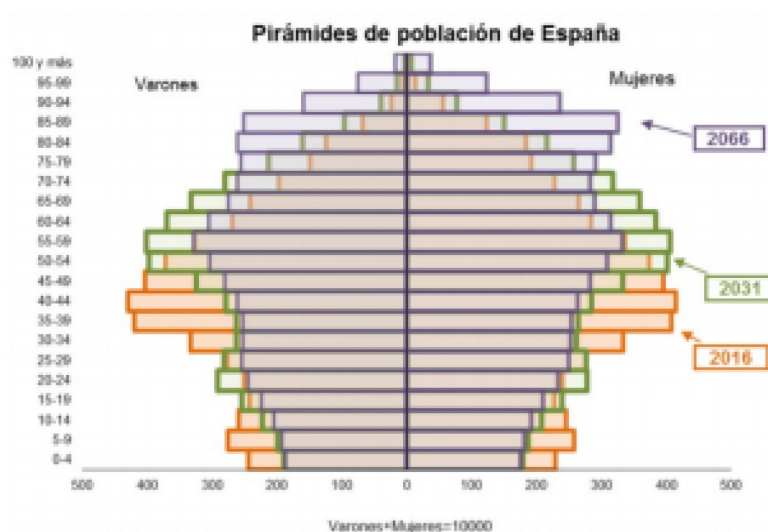


Figure 7

Demographic aging. The percentage of the population aged 65 and over, which currently stands at 18.7% of the total population, would rise to 25.6% in 2031, and to 34.6% in 2066. If current trends continue, the dependency rate (the ratio, as a percentage, between the population under 16 or over 64 and the population aged 16 to 64) would rise from the current 53.5% to 62.2% in 2031, reaching 87.7% in 2066. The centennial population (those aged 100 or more) would go from 16,460 people today to more than 222,104 in 50 years. (INE, 2016, p. 8).

### **3. THE “CUIDADOR COMPLUTENSE” PROJECT**

In the Faculty of Nursing, Physiotherapy and Podiatry of the Complutense University of Madrid (FEF and P-UCM), we consider these training needs of the caregivers as our own. We try to lead a training process, which guarantees quality care and therefore, it includes the conditions of efficiency and safety in the care, towards people with some degree of temporary or permanent dependence they are taking caring of.

#### **3.1 Objectives of the Project “Cuidador Complutense”**

Once the situation has been analyzed from a demographic and sociological point of view, which portrays the perspective of an aging Spanish society, and which announces a progressive aging and consequently, an increase in the older population and in dependency and vulnerability, this Project sets out the following objectives:

1. To promote the culture of self-care and hetero-care in the population.
2. To bring basic care techniques and procedures closer to the population in general and to caregivers and nursing students in particular.
3. To lead and promote both self-care and hetero-care in the general population, caregivers and student nurses.

#### **3.2 Immediate beneficiaries of this project “Cuidador complutense”**

- The general population interested in self-care as well as hetero-care - The caregivers.
- Current and prospective Nursing students.

All of them, groups interested in self-care and hetero-care and with enough technological skills to access the contents from any technological terminal.

#### **3.3 Final recipients of this Project “Cuidador Complutense”:**

People who because of:

- An acute deterioration of their health, they need support in their care.

- A chronic deterioration of their health, they need permanent care.
- A situation of dependency, they need a permanent primary caregiver.
- General population that wants to know or improve their skills in self-care of their health.

#### **4. METHODOLOGY AND WORK PLAN**

The aim is to apply a participatory method so that the students become aware of the task of care they must perform. In the ETF and P-UCM, we will contribute to the design and maintenance of those informative and didactic resources, both in-person and distance. Those with which our students are more identified: establishment of in-person classes, fulfillment of practices with simulation models, design and maintenance of the web page, of the social networks, recording of interviews and videos and design of tangible material.

##### **4.1 About university recipients**

With this project, the students and also the professors of the FEF and P-UCM, but also those of other Faculties of the UCM; they will be able, from a perspective of Learning Service (APS):

- To provide an invaluable service to caregivers, both in Spain and internationally, since the digital resources used have an informative component that goes beyond our borders.
- Learn and disseminate care techniques among caregivers as well as the general population.
- In the specific case of ETF and P-UCM students, they will be able to apply and consolidate the knowledge learned in class, as well as the skills and attitudes learned in their health practices and use them in real life as a way of helping caregivers and the population in general.
- Students of Health Sciences in general: Psychology, Pharmacy, Medicine, etc. and even other faculties far from the health branch will also be able to access a new aspect of the person in a situation of vulnerability and dependence from a perspective of care and communication, offering a solidary response.
- All UCM students will be able to commit to a situation of deficit in the field of knowledge, developing a solidary and enormously useful project.
- They will also be able to perceive the importance of values: empathy, ethics, solidarity and understanding in education and society.
- They will also be able to promote their personal autonomy, solving problems and making decisions frequently in a responsible and efficient manner, as well as become aware of the importance of their knowledge and the need to disseminate it to a population that lacks it, thus demonstrating the usefulness of their contributions.

With this Project, both the ETF and P-UCM and the UCM in general, will obtain a recognition from the society since a public educational institution like the UCM is committed to spread the best care practices, scientifically studied in



its bosom, to the population in general, which contributes to improve its public image. Reflecting the thought of Ortega y Gasset when he spoke to us about the “Mission of University”, we can specify that the modality of Service-Learning allows to answer the question that was asked by the author in an efficient way. This way, the public University becomes a promoter of the culture and the critical thought moving away from the fragmentation of the academic knowledge, and also Santos Rego, M.A.; Sotelino Losada, A. and Lorenzo Moledo refer:

Three lustrums ago, one of the authors of this book made an academic visit to Georgetown University in Washington, D.C. There, in the magnificent library of this renowned center of higher education, he had the opportunity to consult a work with a suggestive title, ‘A passion for democracy’, whose author is Benjamin R. Barber (1998). And he read something that he would always have to remember: it is not that the university has a civic mission, it is civility in itself, which is defined through the rules and conventions that facilitate dialogue in a community and the kind of discourse on which all knowledge depends. (Santos Rego, M. A.; Sotelino Losada, A. & Lorenzo Moledo, M., 2015, p. 7).

## 4.2 Resources



**WEB PAGE:** centralizes the Project. Includes links to the rest of the resources. Teachers can write entries, include resources audiovisuals and prescribe recommendations. <https://www.ucm.es/admin/apps/?apn=web>

**AUDIO CHANNEL IN IVOOX:** recording of short interviews (three minutes) to teachers in podcast format. [https://www.ivoox.com/cuidador-complutense\\_sb.html?](https://www.ivoox.com/cuidador-complutense_sb.html?)

**APP:** Made by the Department of Architecture of Computers and Automation, Faculty of Computer Science, UCM. Distance mode: EAO.

**Corporate Video Channel (UCM) on YOUTUBE:** Includes complementary documentation. <https://www.youtube.com/playlist?list=PLIpARNby2vcXLAMJBILAO0XBhWJ0Pc4fB>



**TWITTER:** @CaregiverC

**INSTAGRAM:** <https://www.instagram.com/complutensecuidador/?hl=es>

**FACEBOOK:** <https://www.facebook.com/complutense.cuidador.3>

## COMPLUTENSE CARETAKER

**TIENDA COMPLUTENSE:** edition of calendars, agendas, posters and didactic games for caregivers.

## **5. IMPACT, VIABILITY, ADEQUACY AND TRANSFER OF THE PROJECT “CUIDADOR COMPLUTENSE”**

This training project aims to respond to the initial and continuing training needs of caregivers from the quality of teaching around two perspectives, one legislative and another educational, which can act synergistically:

1. Law 39/2006 of December 14, on personal promotion of personal autonomy and attention to dependent persons.
2. The methodological proposal of Service-Learning of the UCM.

### **5.1 Legislative perspective**

On the one hand, Law 39/2006 of December 14, on the personal promotion of personal autonomy and care for dependent persons refers in its EXHIBITION OF REASONS, among other things, to the following:

1. Care for dependent persons and the promotion of their personal autonomy is one of the main challenges of social policy in developed countries. The challenge is none other than to attend to the needs of those people who, because they are in a situation of special vulnerability, require support to carry out the essential activities of daily life, to achieve greater personal autonomy and to be able to fully exercise their rights as citizens.
2. Therefore, attention to this population group has become an unavoidable challenge for the public authorities, which requires a firm, sustained response adapted to the current model of our society. We must not forget that, until now, it has been families, and especially women, who have traditionally taken care of dependent persons, constituting what has been called “informal support”. The changes in the family model and the progressive incorporation of almost three million women into the labor market in the last decade introduce new factors into this situation that make it essential to review the traditional care system in order to ensure an adequate capacity to provide care to those who need it.

And specifically in CHAPTER II, Section 2, it refers to the importance of training for the group of non-professional caregivers:

Article 18; The Territorial Council of the System for Autonomy and Care for Dependency will promote support actions for non-professional caregivers that will incorporate training programs, information and measures to attend to rest periods.

Article 36. Training and qualification of professionals and caregivers. Attention shall be paid to the basic and permanent training of the professionals and caregivers who take care of people in a situation of dependence. To this end, the public authorities shall determine the appropriate professional qualifications for the exercise of the functions corresponding to the Catalogue of Services regulated in article 15.

3. The public authorities shall promote the programs and training actions that are necessary for the implementation of the services established by the Law. 3. With the aim of guaranteeing the quality of the System, collaboration between the different competent Public Administrations in educational, health, labour and social affairs matters will be promoted, as well as between these and the universities, scientific societies and professional and trade union organisations, employers and the third sector.

## **5.2 Educational perspective**

In the 2019 Complutense Learning-Service Projects Call, it refers to:

1.2. In this same line, the Universidad Complutense is committed to the incorporation of innovative methodologies that allow our institution to link with the socioeconomic reality of its environment, facilitating its students to develop skills through participation in the generation of benefits for the community in which the Complutense is enrolled.

1.3. The methodology known as “Service-Learning” (henceforth ApS), allows to address these objectives effectively and appropriately, linking students and teachers with projects of special social relevance. In fact, the ApS methodology has been gaining presence in various subjects of the University’s curricula, as well as in the proposals of working groups in the field of educational innovation. Therefore, our Project is clearly framed in these premises, both from the point of view of learning and of permanent service to society.

## **5.3 Dissemination and promotion of the Project**

In this case, the transfer of the Project aims to reach the heterogeneous and dispersed group of caregivers through various digital channels of easy access, the necessary information and information, provided by professionals of the ETF and P-UCM to perform their important work of care with better guarantees.

The project “Cuidador complutense” aims to be promoted in the media and social networks by disseminating it in The Faculty of Nursing, Physiotherapy and Podiatry (FEF and P).

- The Universidad Complutense of Madrid.
- Other Faculties of other national and foreign Universities.
- Corporate nursing institutions: Professional nursing associations and the General Council of Nursing.
- The Associations of sick people.
- The Embassies of Latin American countries in Spain.
- The Ministries of Education and Health of Latin American countries.

## **5.4 Future projection of the Project**

Once the didactic resources are established and their continuity is guaranteed, the student will be able to take the “Cuidador Complutense” course for free in APP format according to his/her own learning pace. In accordance with the regulations of the Continuous Training courses of the UCM, the accomplishment of a in-person exam in the FEF and P-UCM will be facilitated by means of the payment of a minimum fee, that after being approved guarantees the expedition of the corresponding accrediting certificate.

We will leave for later many other foreseen possibilities of this Project, such as:

- The creation and management of a bank job for caregivers.
- The proposal of nursing research designs around this activity of Service-Learning framed, in either Degree Final Project, Master’s Works or Doctorates.
- The publication of didactic resources as a result of the experience.
- The dissemination of the contents of the Project in the media.

### **5.5 Transfer and adaptation**

Woolfolk (2010, p. 295-296) compiles the concept of transferring related to the works of four authors, specifying two main types:

According to Salomon and Perkins (1989, p. 118), we can establish two types of transfer, low and high level. The first implies the spontaneous and automatic transference of skills that require much practice, but with little need for reflective thinking. While the second, the high leveled, requires the conscious application of abstract knowledge, learned in one situation to another different situation.

Bransford and Schwartz (1999) consider that it is this type of high-level transfer that offers the best preparation for future learning. The key to high-level transfer is the conscious abstraction or deliberate identification of a principle, main idea, strategy or procedure that is not linked to a specific problem or situation, but applies to many cases. This type of abstraction becomes part of your metacognitive knowledge that is available to guide future learning and problem solving. Bransford and Schwartz (1999) added another key: a resource-rich environment that supports productive and appropriate transfer.

In this Project, these two types of transferring are facilitated although priority is given to the high level transfer:

The problem is identified: the lack of information and training of caregivers in the domestic environment, where they usually develop their tasks, far from the university education system.

Efficient solutions are sought and offered for care from the university educational system itself, which can be applied in an ideal way in that domestic environment with sufficient guarantees.

### **5.6 Feasibility and scope of the “Cuidador Complutense” Project**

Analysis of the situation: made in the first point of the description of this Project, we can summarize it in this way:

Recently, it is possible to detect a growing segment of the Spanish population in a situation of vulnerability and dependence, which is attended by caregivers with serious training deficiencies, as a result of scientific progress in the health and new sociological and demographic situations.

Scope of the Project. Consequently, this project "Cuidador Complutense" aims to offer efficient nursing resources of free access and dissemination about the care of people with vulnerability and dependence, as well as to configure a corpus of information and nursing knowledge that contributes to the efficient improvement of care by caregivers.

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## SKIN COLOR AS A FACTOR OF DISCRIMINATION IN CUBAN EDUCATION

### *Necesidad de formar a los cuidadores de personas en situación de dependencia: comunicación y respuesta desde la UCM*

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#### **1. INTRODUCTION**

Rarely when approaching the topic of the black in Cuba or education, researches that deepen in this aspect are presented. The most usual forms have been the treatment, as part of the instruction work of societies, associations of Africans and descendants, in which Juan Gualberto Gómez had an outstanding role since the end of the 19th century and during the first decades of the 20th century, at the head of the Directory of the colored race in Cuba.

His deep concern was to provide this human group with a dignified social step, with opportunities for progress and employment in representative branches of social life and not only in equally dignified occupations, but in which intellectual preparation was not required by their nature because they were eminently physical.

For Juan Gualberto Gómez culture should be a bastion to be conquered by the race of color and from its reach would be conquering a dignified treatment in correspondence with their abilities and ingenuity, ceasing to be considered savages because of their ties to Africa.

It came as a surprise to the author, who addressed on a previous occasion, at an event in the town of Orozco, Bahía Honda, the issue of social education in Africans and their descendants, to find a small text by Salvador García Agüero in

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<sup>6</sup> The thesis *La filosofía de la educación en las sociedades de instrucción y recreo en Cuba*, was presented by the author in option to the scientific degree of Doctor of Philosophical Sciences, 2008.

which he captured his attention on this issue of the presence of black people in education.

The text belonged to a lecture read on December 30, 1973, eighty-one years ago, and was presented at the Municipal Palace as part of the series *Habaneros Ilustres*, published in No. 11 of the *Cuadernos de Historia Habanera*, and this presentation is worth paying tribute to Havana on its 500th birthday. At the same time, we are in this context recognizing an inhabitant of the city, a resident of the Jesús María neighborhood belonging to the municipality of La Habana Vieja, an outstanding figure of Cuban social history.

## **2. THE DIRECTORY OF RACE OF COLOR. THE WORK OF JUAN GUALBERTO GOMEZ**

The presence of the Directory of Race of Color is to be found at the end of the 19th century, a period that witnessed the implementation of the Law of Associations by the Spanish Metropolis for both the nation and the Spanish overseas territories. This law of 1877 put into effect the official registry of town halls, brotherhoods, societies, associations, fraternities, sororities, churches, etc., existing in the Island of Cuba to legalize their status, rights and obligations, as well as the continuity of functions.

The period is complex for the people of color since the town halls, prayer chapels and societies had to face this process with a natural disadvantage. The language and on the other hand, the dominance of a legislation and social culture that was "strange" to them if we take into account the short period between the total cessation of slavery, the changes in the subsistence life of the former slaves, as well as the obligation to participate in a legal process if they wanted to preserve the only real space that they had for the practice of their origin cultures.

In addition to this objective situation, the legal skirmishes stand over the obligation to participate under the invocation of a certain Catholic saint, established by the previous legislation as an unavoidable condition for the admission of the functioning of these groups of black people. This, in this present, would imply legal battles against the intentions of the Catholic Church to appropriate the properties of the town hall, be it houses, land, furniture, etc., aggravated by the lack of knowledge of the Spanish language, especially among the group of slaves of the nation. They were cheated by descendants and Spaniards, some legitimacy processes for granted rights were hard during this period, so that preparation for social life became an imperative of the first order.

Thus, Juan Gualberto Gómez stands as the representative figure for the change required by the race of color. Because of his biological origins, his opportunity, his culture, his sense of national identity and socio-racial identity, he is called upon to participate in the intention of providing this ethno-racial group with an educational preparation that will allow them to ascend towards better work and life opportunities and social representation.



For Juan Gualberto Gómez, culture should be a bastion to be conquered by the people of color and since its reach it would be conquering a dignified treatment in correspondence with their capacities and ingenuity, ceasing to be considered as savages for having ties with Africa. With this idea in mind, he worked for the constitution of the Central Directory of the Societies of the colored race, located in the center of coachmen of the city of Havana, its creation took place 2nd June, 1887.

The purpose: it responds to the need of joining efforts for the moral and material welfare of this race. In an article by Juan Gualberto Gómez himself, published in La Igualdad, on June 15, 1892 in Havana, titled Lo que es el Directorio (What the Directory is), he answered questions coming from different parts of the Island about the character and mission of the Directory, he explains:

“The intellectual effort of the colored class, from the implantation of the regime in force, was directed to the establishment of Societies of Instruction and Recreation that have been created in the main populations and that by the fact of being the only collectivities organized by the men of our race, they are also those that show their representation more legitimately to the people.<sup>7</sup>”

The Board of Directors is created to unify the partial efforts of all the Societies of the Race of color. Article 1. It is formed by the representation of all the societies of the same race:

- Coachman center,
- Center of cooks,
- Beautiful Havana union,
- Friends of Progress,
- Our Lady of Mercy
- Pure Conception Society
- Our Lady of Guadalupe
- Divine Charity,
- Our Lady of the Ribbon
- Our Lady of the Rule,
- Artisans of Havana,
- Our Lady of Monserrate,
- Good success
- Detroit, etc.

The address of the association Directorio de la Raza de Color is in Avocado Street No. 6 since September 20, 1888.

In its general bases, Chapter 3, article 5 declares that its main objective is to maintain a serious and authorized representation near the authorities, Charitable Centers, Abolitionists, Economic Society, Superior Centers of Education and all those of whom it is possible to obtain the protection and improvement of the interests of the black race in the different orders of the life within the narrowest

7 On page 1, paragraph 2

legality.

Article 6. It declares that it will tend by all licit means within its reach, to the improvement of the customs, morality, community of aspirations, propagation of useful knowledge and in short, to all that directly and indirectly may benefit the black race.

Article 7. Likewise, as a consequence of the fraternal spirit that animates it to establish an unbreakable base of the community of interests and aspirations, it will try to establish the closest union with all the centers of Instruction and Recreation, Mutual Aid, Brotherhoods, etc., in order to avoid collisions, antagonisms and all kinds of difficulties that could hinder the progressive march of the same (...).

The following articles are essential for education, as referred to in article 8. The creation of Colegios de Primeras Letras for children of both sexes will be requested, and failing that, admission to the establishments for children of both races.

Article 9. It will manage the conducive placement and entrance of young people of color in the University, Provincial Institutes, Professional, Normal Schools, etc., etc., either paying its education, or requesting free places to be awarded by mercy, or the admission in the Real House of Benefit for the helpless children.

Article 10. Considering the development of the Instruction as the only base of our future prosperity, it will focus first on the creation of laic schools, as many as possible; it will organize conferences on instructive subjects, competitions and functions of which nature is constant stimulus for the individuals of our race.

Later on, he summarizes: 'As you can see, the Board of Directors is something like the concentration of the black community in Cuba, which is carried out with the purpose of having a representation that can, in all cases, manage everything that interests the man of color in the diverse spheres of social life, close to the authorities, public powers and corporations, both official and private.'

It denounces, at every moment, the events that affect the whole class of color or that, by hurting individuals of its bosom, are so generic in nature that by rejection they hurt or interest the class of color in general. (...)

The Directory is a great constituted social group, it seems useless to consider that in its breast the political fights, the religious controversies do not fit, for that is the reason why it calls to the integration and unit of the group to join with independence of the political or religious filiation.

Due to its character, the Board of Directors aspires to be the representative of the Color Race in the Island of Cuba. It gives space to all men of all opinions, respects the political and general problems of Cuba, as well as the participants and the exclusive ones of black community. Agreements are taken by majority.

This association was cancelled as Directory 21st August, 1891, not so the different societies that constituted it. Those that followed an independent trajectory along

the 20th century, for example the Societies of Instruction and Recreation, popularly known as Societies of Blacks existing along the whole national geography.

### 3. THE RESEARCH EVIDENCE LEFT BY SALVADOR GARCÍA AGÜERO IN RELATION TO CUBAN EDUCATION

In the conference, Lorenzo Meléndez, a Lieutenant of the Pardos Grenadier Battalion, born around the middle of the 18th century, mulatto, with a remarkable performance during the defense of Havana, spoke to the point of being willing to have himself killed for defending it against the English invader, an attitude that denotes his sense of belonging to the place of residence and birth.

Meléndez became a teacher by altruistic vocation in union with Mariano Moya, a free brown like himself, who noticed, with enlightening vision, that instruction, understanding and cooperative love in rectifying brutal prejudices in the soul of the dominant race was an important factor in the recovery of the race of color of their self-esteem, dignity and value as human beings.

His school was of high credit, it taught reading, writing, arithmetic, grammar and spelling, and had an enrollment of 120 students, 40 of them white and 80 of color, a high figure for the time and the state of education.

Fray Félix González, contemporary of Meléndez, describes it very well when he characterizes, “the short stipend given to the teachers could hardly afford them a reduced house and ta living with scarcity and misery, (...), later he adds, only the unhappy and useless one could apply to be a teacher and leave it when finding occasion that would offer more profit and comfort, because anyone who applied himself to another exercise of less support and task would get more out of his work<sup>8</sup>.”

The lines written by the friar expose the painful situation of the teacher, the required dedication and the personal convictions as a driving force of the need of this service in order to opt for it instead of engaging in a better paid and economically compensated activity. On the other hand, if we consider Meléndez’s previous military life, where the opportunities for salary were superior, we can understand why Salvador García Agüero qualifies his choice as altruistic and has a high esteem for his work, to the point of writing a conference about this teacher who was forgotten with the passing of time; but who dignifies the sense of service to society provided by the teaching profession with his work<sup>9</sup>.

What is interesting, and leaves much to be desired at the same time, it is the pragmatic reflection of “the soul and moral norms maker”, Friar Gonzalez, and his qualification of “as unhappy and useless” for those who privileged the welfare of many to the detriment of the staff. A hypocritical dichotomy between thought and practice, regarding what he should have preached in his daily work.

García Agüero provides other data that indicate the concern and interest that this

<sup>8</sup> Quoted on page 10 - 11 of the above-mentioned lecture given by Salvador García Agüero.

<sup>9</sup> It is not clear from the text cited whether Juan B. Segura is black.

topic generated in him and provides information about:

- During the 16th-18th centuries, primary education and culture were not important or a sensitive concern in colonial society.
- Around 1569, a school was founded by Juan Roger, a Spanish missionary, where Juan B. Segura<sup>10</sup> taught Indian children for a time.
- Fixed in 1605, year of fleeting existence of the first school in Havana.
- It points out that it is in the 18th century, after the English occupation, when the intellectual concern about the need to extend the instructive capacity begins. Linked to this intention, the first convent schools appeared, cited as an example in this framework, the school of the Convent of Belén<sup>11</sup> and the work of Fray González in it.
- The influence of Don Luis de las Casas<sup>12</sup>, General Governor in 1790, and the impulse to the creation of the Patriotic Society of Havana in 1739, stands out.
- He highlights Antonio Bachiller y Morales, who is recognized as the first Cuban bibliographer<sup>13</sup>. As prejudiced and hostile to the black community as the social majority of his time, he repudiated the contact between people of color and whites. He also declared himself against the instruction carried out by blacks and browns community; with respect to it, García Agüero<sup>14</sup> quotes: “the most degraded race and the most ignorant, will teach the Caucasian. And, this rarity caused another one that certainly tried to destroy the Economic Society, the confusion of all colors and castes in the same enclosure, fostering in this way, from childhood, that moral confusing element that brings with it the inevitable familiarity of young people of diverse conditions in slave countries.”

Salvador García Agüero’s cultural breadth is exposed when he recognizes, in accordance with Hegel, that “the departure of ideas is a consequence of the progress of things; the departure of thought is explained by the progress of life<sup>15</sup>. “This quotation closes the assessment of Antonio Bachiller y Morales’ position. He points out that the first regulation for the Government of Masters was written in 1809, it did not become firm and was left to the election of every master; it intended to deny any instruction to people of color, which must have raised great debates that caused the matter to remain open.”

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10 Geographically located in the current Old Havana, where in spite of the years it stands majestically, its great capacity in areas allows to have an idea of the complexity of the instruction developed there and where between 600 and 800 children of all ages were attended by only one friar. Faith of it provides the first census on the situation of instruction and the first letters in Cuba, ordered by the Education Section of the Patriotic Society of Havana in 1816, as well as Bachiller y Morales in his book on the same topic.

11 Governor who marks the period of the Enlightenment in Cuba, notable for his support of culture and its promotion. His period is known as Enlightened Despotism.

12 The creation of the Patriotic Society in Havana is part of a real Spanish strategy to promote industry, the expansion of economic occupations based on knowledge and the application of new productive techniques, as well as instruction as the way to enhance them

13 Bachiller’s thinking regarding racial discrimination is palpable proof of the thinking of the time, of a social psychology of broad political involvement of power over the dominated groups, in this case Indians, mestizos and blacks, as well as their descendants. This does not obviate, the recognition of his valuable intellectual work, promoting the book and knowledge. But the admission that he was a man of his time, and the exposition of his discriminating thought by skin color, reflects his belonging to his century and historical time that he lived.

14 The data quoted are on pages 13 and 14 of the above-mentioned conference

15 On page 19 of the conference.

He explains his thinking with a quote from José Antonio Saco<sup>16</sup>, 1797 – 1879, when he said the custom of children of both sexes meeting in a room was abolished, and that the white and African races were mixed. The teaching of people of color was also forbidden, although they were tolerated to practice it only with those of the same race.”

He was a professor at Buenavista School in Havana and had great influence on the development of Cuban education and culture in general in the 19th century. For him, (...) public education is the firmest foundation on which the happiness of the people rests (...) Let us therefore establish, for the poor who cannot afford their education, the competent number of schools in all towns and fields.

This controversial figure in national history was a convinced anti-slavery figure, but he always rejected the humanitarian principles of abolitionism. This position was based on the conviction that black community, whether slaves or freedmen, were the main enemy of the Cuban nationality, which was limited to white creoles.

The analysis that was carried out revealed the sharpness of the issue, the passions aroused, the positions that clashed in favour and against. It argues with data and examples, such as the case of December 13, 1827, when the Havana City Council denied the free brunette Ana del Toro the permission to teach First Letters to girls of color. It also describes the ideas of Félix Varela about the right of everyone to education and of Juan Gualberto Gómez against the separation of people of color and whites in the classroom.

It provides some statistical data taken from Trelles to make a simple comparison, not less valuable about the social situation of the man of color before the education. Nevertheless, it has the added value of being sufficiently instructive to appreciate the urgency of education as a necessity of society and the close parity of disadvantage between the groups compared in the 20th century, an alarming the disparity in the 19th century. Even though, access to education for both groups is minimal.

| IN CUBA THEY CAN READ |              |              |
|-----------------------|--------------|--------------|
| YEARS                 | WHITE PEOPLE | BLACK PEOPLE |
| 1862                  | 30%          | 4%           |
| 1920                  | 49%          | 44%          |

- By 1937 there are 1,170 Black Masters in practice.

He closes with the contributions of the black community group to education and emphasizes that the alternative was found in the creation of the Cultural Societies of instruction and recreation<sup>17</sup>, both in the country and in emigration, he cites as 16 **José Antonio Saco y López Cisneros** (Bayamo, Cuba, May 7, 1797 - Barcelona, Spain, September 26, 1879) was a Cuban sociologist, journalist, historian and economist. He made known the Cuban national identity and opposed the annexationist current with the United States that existed in the island at that time.

17 These schools within the societies were attended by children of any racial group, both in Cuba and

examples of the latter:

- Society "El Progreso" in Key West
- Society "La Verdad", Tampa.
- Society "The League", New York

The work of Salvador García Agüero, with the aim of preparing the conference and arguments on the education of the person of color in Cuba, places us in the position of appreciating this area as a crucial scenario of struggle for social equality. So the importance that it assumes throughout the national history, brings us closer to the dimension of this figure that is counted among the less studied by the generations of the present and to which, as to that of Meléndez in 1937, it is necessary to do him justice in 2018 and near future.

But were Melendez and Moya the only individuals "of color<sup>18</sup>" engaged in education during this time, have they been the only ones forgotten?

I dare not answer this question alone, since I am placing at the disposal of all those present and those who can read these pages some names accompanied by details about the work they developed as teachers. I recognize that not everything is as substantial as I would have liked, since the search for more information is complex; but at least the way is open for more effort in this direction.

They were outstanding Masters in the 19th century:

1. **MATÍAS VELASCO**, son of a slave and a priest. He was a man with a deep knowledge of the law, which meant that the gatherings he offered were attended by lawyers of his time, who listened to him and discussed with respect.
2. **JOSÉ CALZADA**, was an individual who was praised in the press of the time, around 1826, he maintained a school in which children of different races learned, he exercised in his school as a teacher Don Agustín Botey, who would later be the rector of the Piarist Fathers.
3. **FRANCISCO PASTOR RODRÍGUEZ**, a dentist like his father, he founded the first Dental Warehouse in Spanish America in 1866. In 1879, he founded the Odontological Society of Havana and in 1881, the Dental School "El Progreso".
4. **SECUNDINO ARANGO**, a very remarkable cellist requested by foreign Opera Companies, he mastered many instruments. He was a well-known and famous music teacher. He counted as disciples with: - José Silvestre White - Francisco de Paula Arango, his son, later an eminent violinist and professor at the Academy of Music in Havana.
5. **JUANA PASTOR**, teacher and poet born in the Barrio de Jesús María y José, versed in arithmetic, geometry, grammar and Latin, died in the exercise of her profession. She was a mentor to the most distinguished ladies of her time.
6. **ANTONIO MEDINA**, comedy poet, tailor and teacher, lived in Jesús María Street, San Isidro neighborhood, in Old Havana. He was a teacher of Juan

abroad.

<sup>18</sup> Qualifier used in Cuba during the 15th to 21st centuries to establish the differences between "whites" and the others "Indians, mestizos and blacks." This denomination has deep roots of discrimination, prejudice, and social inequality due to the color of the skin. Unfortunately, they are still present in social psychology, despite the education, instruction and social culture to which the population has access. Indicator of the resistance of prejudice and negative emotions to social change.

Gualberto Gómez.

7. **LEÓN MONZÓN**, a teacher from Havana who was deported to Spain on charges of conspiracy, he founded a school in La Coruña.

8. **PILAR BORREGO**, a teacher from Havana who was very concerned about the illustration of women of color, she was deported together with León Monzón and with the latter, she co-founded the school in La Coruña.

#### 4. FINAL CONSIDERATIONS

- Salvador García Agüero's work was laudable. His work was to speak about teachers of color and the efforts of this human group to carry out the necessary education that dignifies the human being and places him in a better position to face life. At the same time, it provided us with an opportunity to get closer to a little-studied figure in our national history.

- The issue of access to education was a matter of political struggle for equal social rights against racial discrimination and for social justice throughout our history and until 1959, when the Revolution of which we are heirs triumphed.

- Remembering, investigating and socializing the results is, at this time, a way of contributing to the general integral culture about the profession and to the fight from the profession against the ideology-political stigma of social differentiation by skin color.

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## REVISTA DE COMUNICACIÓN Y SALUD: CONTENTS, INFLUENCES AND REPRESENTATIONS IN ITS FIRST TEN ISSUES

### *Revista de Comunicación y Salud: contenidos, influencias, y representaciones en sus primeros diez números*

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#### **Abstract**

This article aims to systematize the scientific production of the Revista de Comunicación y Salud in its first ten issues, published between 2011 and 2017. Four aspects are analyzed: the thematic trends of the texts, the profile of the authors, the main theoretical references in the field of communication for health and the methodological frameworks. The information was systematized through the Filemaker Relations Database Program, in version 17 Advanced. For the analysis of the texts, a systematic review study was carried out in order to evaluate, interpret and synthesize the data found. The journal reflects the main research trends in the field of communication for health, at the Ibero-American and international levels. It also corroborates that we are facing a relatively young research field, with an interdisciplinary nuance that enriches it as a field of scientific knowledge. Furthermore, the journal represents a point of attraction for scientific production in health communication in the Ibero-American region.

**Keywords:** communication for health, scientific journals, systematic review study.

#### **Resumen**

El presente artículo tiene como objetivo sistematizar la producción científica de la Revista de Comunicación y Salud en sus primeros diez números, publicados entre 2011 y 2017. Se analizan cuatro aspectos: las tendencias temáticas de los textos, el perfil de las autorías, los principales referentes teóricos del campo de la comunicación para la salud y los encuadres metodológicos. La información fue sistematizada a través del *Programa de base de datos relaciones Filemaker*, en la versión 17 Avanzada. Para el análisis de los textos, se realizó un *estudio sistemático de revisión*, con el fin de evaluar, interpretar y sintetizar los datos encontrados. La revista refleja las principales tendencias investigativas en el campo de la comunicación para la salud, en el plano iberoamericano e internacional. También corrobora que estamos frente a un campo de investigación

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relativamente joven, con un matiz interdisciplinar que lo enriquece como campo del conocimiento científico. Además, la revista representa un punto de atracción de la producción científica en torno a la comunicación para la salud en la región iberoamericana.

**Palabras clave:** comunicación para la salud, revistas científicas, estudio sistemático de revisión.

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## 1. INTRODUCTION

Scientific journals currently have a significant weight in the production and circulation of scientific knowledge. They constitute a privileged space as authorized publications to disseminate and legitimize the fields of scientific knowledge. In terms of Callon et al. (1995), these journals bring consistency to science and are its reason for being.

According to Guinchat et al. (1990), articles published in scientific journals constitute the most elaborate collective writing and criticism in science today. The very development of a journal not only includes a group of topics, styles, structures and research profiles, which allow it to be characterized as a publication; but the way in which its contents have been produced gives clues to other elements of a relational, thematic, institutional nature. These can be considered external to the publication, but they leave a mark on how scientific knowledge is produced and reproduced.

Martín (2001), speaking of the importance of the study of scientific journals in the transfer of knowledge, assures that these are useful for evaluating the subjects behind it, as well as their relationships and interests.

The growing interest in studying them, according to Jiménez (1992), is based on the fact that 95% of current scientific studies are published in journals or databases, which makes them a privileged space. The *Revista de Comunicación y Salud [Communication and Health Journal]* (hereinafter RCyS) has published ten issues since its inauguration in 2011 to date. It was born in the International Institute of Communication and Health then and later on, it was edited by the Extraordinary Chair of Communication and Health of the Complutense University of Madrid.

RCyS sees the light a year after the *Revista Española de Comunicación en Salud* (hereinafter RECS), published by the Spanish Association of Health

Communication and the University Carlos III of Madrid. Since then, both journals are leading publications in the field in Latin America.

During the first three years, RCyS had a biannual edition, for a total of six issues, but since 2014, it has an annual edition, so four more issues have come out until 2017. The official languages of the magazine are Spanish and Portuguese, although most of the texts appear in Spanish (97%).

## 2. OBJECTIVE AND RESEARCH HYPOTHESIS

This article aims to systematize the scientific production of the *Revista de Comunicación y Salud* in its first ten issues, published between 2011 and 2017. The raised hypothesis is that the *Revista de Comunicación y Salud* constitutes a reference in the field of communication for health in Latin America, which has served to report the state of the disciplinary field, through four aspects: thematic trends, profile of the authors, the main theoretical references, as well as the methodological frameworks of its texts.

## 3. RESEARCH METHODOLOGY

For the systematization of the information, a content sheet was elaborated in the *Filemaker relations database program*, in version 17 Advanced<sup>20</sup>. Likewise, for the analysis of the texts, a *systematic review study* was carried out in order to evaluate, interpret and synthesize the data of the analyzed texts. According to Rychetnik et al. (2004, cited in Caballero, 2006: 64), it allows “generating a descriptive and interpretative synthesis of the findings to obtain a panoramic vision of the evidence”.

This analysis covers all the texts published in the journal. A total of 82 texts that make up the 7 sections of the journal were reviewed, distributed as follows: Editorial (7), Original Article (38), Review (9), Essay (11), Invited Signature (6), Review (10) and Letter to the Editor (1).

## 4. DISCUSSION

For the presentation of the results, the text includes two sections, the limits of which have been set according to the analysis and the data found. The first one includes the main research topics, the most recurrent terms or concepts and the areas of research interest. The second one includes an analysis of the variables of the authorships, along with the theoretical, methodological and results questions, as we will see below.

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<sup>20</sup> The card is organized in four parts, one for the general data of the texts, another for the authorships, a third for the theoretical questions and at the end appears the methodological and the results. The card is made up of a total of 245 fields, distributed in its four parts.

#### 4.1. Communication and health as categories of a scientific field

In this section, the main concepts that are handled in the texts of RCyS are located. They show which communication and health problems are privileged and from which perspectives they are approached. There are three main areas of thematic interest for the journal and its authors: the institutional area, studies on Mass Media (hereinafter MDM), and research on Information and Communication Technologies (hereinafter Tics), as the most recurrent topics in the publications of the journal.

It is not by chance that research on mass media stands out since this has been the privileged field in any area of communicative studies. In fact, communication theory has emerged with them from Mass Communication Research in the 1920s. On the other hand, the publications dedicated to ICTs found here are also part of this migration in the field of communication studies towards ICTs, because of their impact - positive and negative - in the forms of social relationship; as well as its imprint on the dynamics of information circulation.

From each reviewed text, four categories of analysis were extracted: one main and three secondary. From there, groups of terms were established for coding and simplification. This analysis allows us to affirm that the concepts most used in the articles are: communication in health, communication for health, and risky communication<sup>21</sup>. This is followed by the concepts of health promotion, health communication; as well as health education, health literacy and crisis communication.

Terms are also brought from other areas such as intercultural, interlinguistic, interpersonal and persuasive communication, but applied to the health field. The same happens with the term health itself, which is rarely used in a generic way, but rather limited to areas such as public health, global health, local health, or national health issues.

There are two important areas dedicated to campaigns and communication strategies within the magazine. They talk about design, implementation, actions, evaluation and effectiveness. On the other hand, the authors are interested in the styles and models of communication, as well as the communicative needs of the subjects.

The magazine talks about the importance of participatory approaches in health care, as a counterpart to the assistance approach that lies the protagonism on the health personnel and not on the subject/patient. There, concepts such as individual and collective participation, community participation, social mobilization, the protagonism of patients, and the co-production of knowledge come into play. It is possible to detect a recurrence to some terms in the articles. Such as community reorganization, leadership strategies, community and intercultural mediation, training of community managers, from the methodologies of community intervention and research-action-participation.

<sup>21</sup> In the texts written in Portuguese, they appear as “Comunicação em saúde” and “Comunicação de riscos”.

Other articles discuss the social marketing approach, the cultural and social dimension of health problems, the semiotic and anthropological-cultural approach, as well as the interconnections with social change and development. There are texts that work on the psychosocial perspective of health, social awareness strategies and the relational perspective of communication. Meanwhile, others address discursive strategies, linguistic corpus and narrative persuasion, along with the use of audiovisual methodologies and experimental video therapy.

In line with the profile of the journal, medicine topics are highlighted, such as primary care, medicalization, traditional medicine, ancestral knowledge, non-conventional therapies, complex epidemiological profiles, together with family, community, urban and school medicine. Health is also related to quality of life, environment, poverty, risk and early detection of diseases.

Among the most recurrent health problems, there are HIV/AIDS, breast cancer, diabetes, Efe, dengue, drugs, aging and obesity. The issue of nutrition has a significant component, specifically food industrialization, nutrition paradigms, information on agrotoxins, among others.

However, the topic of greatest coverage in the magazine is sexual and reproductive health, as it relates to gender issues. There are texts on the models and discourses on women and family in women's magazines, HIV/AIDS, sexual behaviors and conduct, the male condom, techno-addiction to sex and andropause.

It is also possible to find in the articles, a marked influence of the area of clinical and social psychology, from the studies of perception and memory, either of the risk of diseases such as cancer or sexually transmitted infections, or the public or social perception of crises.

Other topics addressed are the expectations and motivations of chronic patients, of affective and psychosocial processes of health-disease, self-image, self-concept, personal identity, emotional intelligence, stigmatizing social representations around diseases, as well as the relationship of subjectivities with social discourses. Added to behavioral theories, healthy behaviors, psychometric paradigms and neurosciences.

In the axis of works dedicated to the institutional area, the articles that focus on the communication in the institutions, so much at internal level as external, they stand out their strategies, audits, health crisis management, information and knowledge management, contingency plans, etc.

There are other texts dedicated to organizational culture, work climate and communication studies, organizational innovation, transformational leadership; besides motivation and job satisfaction. The most studied institutions are health centers or hospital centers, Non-Governmental Organizations (henceforth NGOs), non-profit, health or socio-sanitary, as they are also called.

Thus, texts appear on the relationship of health institutions with the media, the brand image of pharmaceutical companies, corporate social responsibility and

the management of public funds.

They also contain theoretical criticisms of health systems, public policies and health policies, hospital services, doctor-patient communication, health care and assistance, together with studies on patient opinion and satisfaction regarding these indicators. In addition, research on the administration of health institutions, their personnel, conditions and opportunities in the field of work, and in decision-making is conducted.

In the axis dedicated to the studies of the mass media, the treatment and media coverage of health problems such as disability, nutrition, alcohol, HIV/AIDS and autism stand out, mainly.

Studies on the construction of the news, the disclosure of medical information, the discursive organization of media language, advertising and the pejorative uses of health terms also stand out.

Some issues focus on the educational function of the media, journalistic errors, advertising effectiveness, as well as on the use of health issues in the media for electoral purposes. Others focus on the professional training of communicators and journalists, the rigor of specialization and the links between journalists and health personnel.

In the same way, several works relate the Tics with the health, the concept of E-health<sup>22</sup> appears recurrently in them. They work on the subject of the functions of the Tics in the era of the global village, its potentialities for the generation and diffusion of the knowledge, and as an electronic instrument to estimate risk. Other articles focus on the management and technological development, the relationship between technical assistance and education, as well as the competences, knowledge and technical skills involved in their use.

There are original articles about virtual spaces and communities, online platforms, web 2.0, tweets, health applications for cell phones, videogames and dissimilar software.

These findings allow us to conclude that the journal contemplates a wide coverage of topics that synthesize the main concepts, approaches and areas of the field of communication for health in Latin America. The preponderance of studies on health institutions prove the governmental and political influence of the area. The same happens with health issues, diseases and epidemics' control legitimates national governments, which are being better represented; this is influenced by the fact that many times these texts are the result of research financed by official organizations that guide the guidelines of research agendas.

#### **4.2. Authors, theoretical-methodological approaches and obtained results**

This section presents an analysis of the authorships, theories, methodologies and

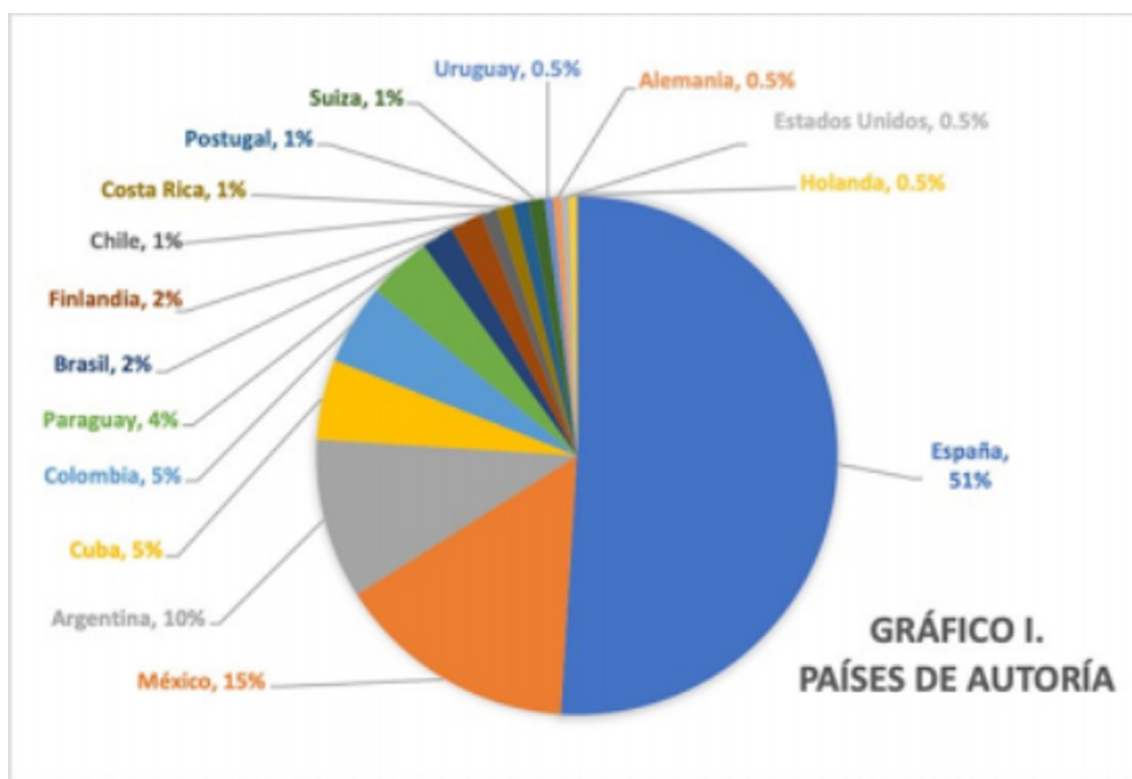
<sup>22</sup> It refers to ICTs for the health field.

results. The data on authorship shows the representativeness of the countries of publication, professional training, the institutions to which they belong, as well as individual and co-authored publications; in addition to the alliances created by disciplines, institutions and countries.

The theoretical review of the texts allowed to outline the profile of most of the cited authors, countries, journals, documents and government institutions. Meanwhile, the methodological part refers to the organization of the texts, the most used methodologies, techniques and research instruments, the subjects they work with and the results they obtain. It should be clarified that only the most outstanding results are presented, the main trends in each of these variables, defined based on their recurrence in the reviewed texts.

In the RCyS, scholars from 16 countries have collaborated, most of them from Latin America. The list is headed by texts from Spain, which occupy 51% of the total. It is followed by Mexico with 15%, Argentina with 10%, Cuba and Colombia, each one close to 5%. Paraguay follows with 4%, followed by Brazil and Finland, each with 2%.

Among those that represent the least number, there are Chile, Costa Rica, Portugal and Switzerland, each with 2 authors, which represent a 1%. Below 1%, we have Uruguay, Germany, the United States and the Netherlands, as shown in the following graph:



Source: Own elaboration.

On the other hand, more than 140 authors have published in the magazine; they were tracked in google, in order to know the disciplinary fields from which they come. From that search, information was found for only 75% of them, that is, 106

authors. Based on what was found, it can be stated that 46% of the authors come from the field of communication or related areas such as information science, journalism, advertising or public relations.

While 25% belongs to the field of health sciences, and is composed mainly of professionals in medicine, nursing and biology. Then, the fields of psychology come with 10% and sociology with 7%. There are also authors with training in other areas such as Hispanic philology, linguistics, economics, anthropology, computer science and public administration. This proves the interdisciplinary character that shapes communication for health as a field of study.

It is important to highlight that many of the authors have specializations, masters or doctorates in the area of public health, regardless of their disciplinary field of origin. It is frequent to find professionals from both the social and humanistic sciences, as well as the natural and exact sciences. This shows that the area of public health, especially at the post-graduate level, is becoming a space for interdisciplinary dialogue from which alliances for scientific production emerge, as we will see below.

In the journal, there are four sections<sup>23</sup> in which texts can be published in co-authorship. These sections contain 28 original articles, 5 review texts, 2 essays and 1 guest signature, for a total of 37 collaboratively written texts, out of the 60 that compose them. That is, more than half of these texts have more than one author. Of these, 31 have between one and three co-authors. Only a small part (6 texts), have between four and seven co-authors, this being the largest number found in the journal.

However, 11 texts or about 30% are written by professionals of more than one area of knowledge. The most common combinations are between medicine and sociology and/or communication, nursing with information science and/or psychology, education with nursing and/or computer science. Combinations of information sciences with public health, sociology, philology and/or nursing are also highlighted. Besides communication with administration. These combinations are an example of the interdisciplinary condition in which the field of communication for health was born and has developed.

In turn, 17 texts mix authors from more than one institution. There are relationships between faculties within the same university, between universities, and between these and foundations, public institutes, freelancers, and hospitals.

As for the country partnerships<sup>24</sup>, we found that 4 texts have been written by authors from more than one country. The binomial<sup>25</sup> Argentina-Finland, Mexico Brazil, Spain-Argentina, and Spain-Switzerland are given. In these four cases, different institutions are also mixed; in 3 cases, alliances between universities and foundations are found, and the other is between two universities.

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23 There are no co-authors in the editorial, review and letter to the editor sections.

24 Clarify that it is the country of residence and where the institution it represents is located, this is a data that appears in the same journal, because tracking authors in Google is not reliable.

25 The first country belongs to the main author and the second to the co-author



However, a greater number of articles were written by Joan Carles March Cerdá and Alina Danet, whose names appear in five and four of the texts respectively. It is worthy to mention that these authors are co-authors of the same texts, therefore their high proliferation, with respect to the rest, is the result of strategic alliances between them.

On the other hand, the main theoretical references of the texts stand, to find them, we reviewed all the bibliographic citations of each of the works published in the RCyS. From there, the ten most cited texts in the journal were extracted. In order to do this, the variety of texts in which they are cited was taken into account, rather than the number of times they are referenced in the same text. The self-cited were also excluded.

The most cited authors are the American Paul Slovic, the Argentinean Hernán Díaz (at the time editor of the magazine), the Bolivian Alfonso Gumucio, and the Spanish Justo Villafañe, Carmen Costa Sánchez and Ubaldo Cuesta Castra; the last two are also authors of reviewed books in the magazine.

Similarly, the most frequently cited journals are *Atención Médica* (17), the RCyS itself (16), the *Revista Cubana de Salud Pública* (16), the *Gaceta Sanitaria* (14), followed by the *Health Communication* (13) and the *Revista de Comunicación y Salud* (13). These last two are published in English and their dominating publications are in the field of health communication at the international level. In fact, in the words of Aitor Ugarte (2011), RCyS was born as a Latin American alternative to the magazines of the Anglo-Saxon world. However, they are the pioneering magazines in this field and enjoy international prestige, which is why they continue to be a reference for the entire world.

The countries and cities where the most cited publishers are located are Spain, with 130 texts cited, and the United States with 42. The most cited international organization is the UN, which appears in 11 texts, or some of its agencies, such as WHO in 36 and PAHO in 15; even UNDP<sup>26</sup>, UNAIDS<sup>27</sup>, UNESCO<sup>28</sup> and UNICEF<sup>29</sup>.

The most frequently cited national organizations are the Ministry of Health of Argentina and the Ministry of Health of Mexico, both of them are mentioned in five texts. References are also made to ministries of health or health care, education, labor and social affairs, equality, interior, environment, and rural and marine affairs, mainly.

The most widely cited document is the "*Carta de Ottawa*", which was drawn up by the WHO during the First International Conference on Health Promotion held in *Ottawa* in 1986. It is followed by the "*Manual de comunicación social para programas de promoción de la salud de los adolescentes*". This was done by PAHO, together with the W.K. Kellogg Foundation, in 1989. It is followed by action programs, government reports, national surveys and international

26 United Nations Development Programme.

27 Joint United Nations Programme on HIV/AIDS.

28 United Nations Educational, Scientific and Cultural Organization.

29 United Nations Children's Fund.

statements, mostly official information from international organizations or national governments.

This is an example of the influence of politics in the academic field of communication for health and vice versa, because, for example, population and health policies made by governments are fed by scientific production in universities and institutes for these purposes, often financed by the governments themselves; and results of which are published in journals such as this one.

In the order of methodological analysis, it stands out that, although the journal proposes a structure to follow for the publication of the text, in many cases, it is not fulfilled, especially in the first numbers. Nevertheless, according to the RCyS website, the structure for original and review articles is the following: introduction, research objective and hypotheses, research methodology, research results, discussion and conclusions.

Of the total of 82 texts that the journal is composed so far, only 41% have a methodological section, 29% do not, and the remaining 30% do not apply, as they are editorials, reviews, essays, invited signatures or letters to the editor.

Likewise, 22% of the texts declare to use a qualitative methodology, while 18% adhere to the quantitative one, 12% to the mixed perspective that combines both, and 20% declare neither.

As for the research techniques and instruments, a great combination of them is noted. The most used is the questionnaire, used in 27% of the researches, followed by the content analysis and the statistical analysis, each one in 20% of the researches. Then, the review is located in 16% and the interviews in 15% of the texts. Finally, there are the focus groups and the observations in 6% of the works. Others used, but to a lesser extent, are discourse analysis, comparative analysis, case studies and discussion groups, as shown in the following graph:



**Source:** *Own elaboration.*

At the same time, in 30% of the texts, the authors analyze documents, such as institutional or government reports, journalistic material and textbooks. Also, 24% of the works are focused on MDM or ICTS, there are studies on websites, radio, television, spots and cell phone applications, among others.

The results of the texts were divided into two main groups. The first one gathers the works on an empirical level, that is, researches that produced data supported by reality; this represented 43% of the revised texts. In the second group, the revisions or states of art are located, they represented 29% of the total texts.

It is important to point out that, at the beginning, a third group was defined in order to narrow down the texts that contained as a result a methodological reflection, but for lack of findings, it was deserted. This fact indicates that the strongest points of the articles published in the magazine are found in its theoretical and empirical results.

In summary, the theoretical work (essays, reviews or state of the art), amounts to 21% of the total texts. However, it is also easy to find the interest for health in specific subjects of research in the field of communication, such as health professionals (16%), communication professionals (11%), the general population (11%) or patients with chronic diseases (10%). Other groups of subjects found, although to a lesser extent, are students, adolescents and young people, caregivers of the sick, farmers, migrants, women and children, as shown in the following graph:



**Source:** *Own elaboration.*

These data corroborate the magazine's country coverage in the region. Many of its texts are also the result of a mixture of professional training and theoretical references from different areas of knowledge, in which co-authorship stands as a strategic alliance for greater scientific production and visibility. In another sense, the review corroborates that the field of communication for health is developed within the framework of relations between academic, political and governmental institutions.

## 5. CONCLUSIONS

The systematization of the scientific production of the first ten issues of the CRyS, allows to reach to the conclusion that it is a reflection of the main research trends in the field of communication for health, at the Ibero-American and international levels.

Likewise, the results found here, in terms of theoretical-methodological perspectives, and the results obtained, corroborate that we are facing a relatively young field of research, which still has a complex and diffuse appearance. Hence, the proliferation of terms, concepts and categories that arise indistinctly to refer to a single phenomenon.

Moreover, the texts show that the research in the area is supported by theoretical references from different sciences, such as social, health, natural, exact and applied sciences, and whose interconnection has resulted in rich, wide and diverse approaches.

On the other hand, the data confirm that communication for health is an area of influence between political and academic fields, where governments and national and international organizations related to the subject come into play. Thus, it is

possible to identify that the research routes and fields of action are guided, while on the other hand, political interests are legitimized through science.

Similarly, the journal represents a point of attraction for scientific production in health communication in the Latin American region, thus confronting the hegemonic publications that dominate the field of study from the Anglo-Saxon world.

In another order of ideas, it is possible to affirm that the process of organization of the data, in this case through the Filemaker, is always limited, while to classify them in a way and not of another one becomes arbitrary, and entails to discard part of its wealth. Nevertheless, a study of this type allows us to synthesize the complex configurations that occur in the production of scientific texts, whose academic, institutional and political nuances condition their scope and development.

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## SEXUAL HEALTH EDUCATION, A NEED BEYOND THE PROVISION OF INFORMATION

### *Educación en Salud Sexual, una necesidad que va más allá del aporte de información*

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#### **Abstract**

This essay arises from a documentary review of the problem created by the high rate of teenage pregnancy in Latin America and the different initiatives that have been produced to try to minimize it. Many are based on biological approaches that reinforce what is called genitality; according to which, sexuality is associated with reproduction, with the almost exclusive participation of the genital organs. This is part of a program called: Metas Educativas 2021: la educación que queremos para la generación de los Bicentenarios, which is one of the most important and significant initiatives that has been launched in recent years. It should give an idea of attitudes, pressures, awareness of alternatives and their consequences; increase love, self-knowledge, improve decision-making and communicative skills. When referring to Education in Sexuality, one must have a complete vision of the complexity of the sexual being and start from the fact that sexuality is an integral part of the personality of every human being. That is why it must be approached from the integrity of the being. It emphasizes that the solution is in approaching it from the affective and spiritual dimensions, overcoming the biological schemes of health and risk.

**Keywords:** health, sexual health, sexuality education, affectivity, spirituality.

#### **Resumen**

El presente ensayo surge de una revisión documental del problema creado por el elevado índice de Embarazo en adolescentes en Latino América y las diferentes iniciativas que se han producido para tratar de minimizarlo. Muchas se apoyan en enfoques biologicistas que refuerzan lo que se denomina genitalidad; según la cual, la sexualidad se asocia con la reproducción, con la participación casi exclusiva de los órganos genitales. Parte de un programa denominado: Metas Educativas 2021: la educación que queremos para la generación de los Bicentenarios, el cual constituye una de las iniciativas de mayor envergadura y significación que se ha puesto en marcha en los últimos años. Debe dar una idea de las actitudes, de las presiones, conciencia de las alternativas y sus consecuencias; aumentar

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el amor, el conocimiento propio, mejorar la toma de decisiones y la técnica de la comunicación. Cuando se hace referencia a la Educación en Sexualidad se ha de tener una visión completa de la complejidad del ser sexuado, y partir de que la sexualidad es una parte integral de la personalidad de todo ser humano. De allí que debe ser abordada desde la integralidad del ser. Destaca que la solución está en abordarla desde las dimensiones afectivas y espirituales superando los esquemas biologicistas de salud y riesgo.

**Palabras clave:** salud, salud sexual, educación en sexualidad, afectividad, espiritualidad.

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The Organization of Ibero-American States (OEI, 2012) promoted, based on a consensus analysis of the Latin American problems in the field, a program called:

*Metas Educativas 2021: la educación que queremos para la generación de los Bicentenarios [Educational Goals 2021: the education we want for the generation of the Bicentennials]*, which is an important and significant initiative. In the opinion of its General Secretary, Álvaro Marchesi Ullastres, the achievement of its objectives will contribute decisively to the development of the towns and the well-being of the citizens. Its purpose is ambitious and its aim is to improve the quality and equity of education. To achieve this, it is urgently required to join forces to guide the policies of each state towards goals that promote education in values for a democratic and active citizenship. This is oriented towards the culture of peace, the appreciation of democracy, respect for the environment and gender equality, and the promotion of health to achieve a significant improvement in the quality of life of the population. However, the problems that society has generated cannot be solved themselves, but it requires significant changes in other areas of society.

The United Nations Population Fund (UNFPA) alerts the Latin American region to significant increases in violence, homicide, suicide, teenage pregnancy, and alcohol and drug use since adolescence. This program constitutes a reference axis that challenges a solid base that facilitates Latin American educational system to face with greater guarantees of success one of the challenges that it has posed. To achieve that all the students have access to a quality education; guaranteeing the fulfillment of certain indispensable conditions for the learning, as the health and the feeding of the population that corresponds to take care of and prepare it for the integral development of its personality.

The same program emphasizes social and participatory aspects and will be constantly evaluated and monitored by those responsible for educational policies in each Latin American nation. These fundamental pillars achieve their direct correspondence in the eleven general goals they set. Of these, the first and fifth



deserve special mention:

1. To strengthen and expand society's participation in educational action.
2. To offer a meaningful curriculum that ensures the acquisition of basic competencies for personal development and the exercise of democratic citizenship (Organization of Ibero-American States, 2012).

Laak (1996) analyzes the five major dimensions of personality; also called traits or factors that constitute the basic pillars that capture the essence of individual differences. They are developed on the basis of genetic as well as environmental influences. Studies have shown that these are universal dimensions and can be used to describe the personality of individuals from very different cultures. These dimensions are:

- I. Extroversion (Emergence): affection, gregariousness, assertiveness, activity, emotion seeking, positive emotions.
- II. Pleasure (Sympathy): trust, honesty, altruism, compliance, modesty, sensitivity.
- III. Consciousness (Conformity, Security): competence, order, obedience, struggle for achievement, self-discipline, reflection.
- IV. Neuroticism (Emotional Stability, Restlessness): Anxiety, angry hostility, depression, shyness, impulsiveness, vulnerability
- V. Openness to Experience (Culture, Intellect, "Intelligence"): fantasy, aesthetics, feelings, actions, ideas, values.

The goals indicated above could be combined to promote the integral development of the personality oriented towards social participation in the construction of a meaningful curriculum for the development and approach to one of the crucial aspects of the personality of the being as it is sexuality. This aspect is addressed by sexuality education in a way that, according to the United Nations Population Fund (UNFPA, 2011) and the World Health Organization (WHO), has not been effective according to the indicators of teenage pregnancy, HIV-AIDS infections, domestic violence and gender inequality in Latin American countries.

This approach represents what has constituted the Reproductive Sexual Health approach. In accordance with what UNFPA promotes, since 2003, the Education Program in Human Sexuality and Reproductive Sexual Health through an agreement with the Libertador Pedagogic University to formally integrate the Comprehensive Education on Sexuality in the curriculum offered that was to its students. As a result of this intersectoral work, in which specialists from the eight institutes that make up the UPEL participated, the Strategic Curriculum Lines for Sexuality Education in the Basic Education Subsystem were presented in February 2012. This new curriculum includes the promotion of healthy lifestyles and the prevention of social and health problems in children and teenagers.

For its part, the WHO and the Pan American Health Organization (PAHO), together with the Ministry of Education (1989), designed a permanent training program for teachers of Health Education, forming a regional commission in charge of developing strategies to update teachers in Health Education and the promotion of sexual and reproductive health of students in the country.

These efforts arise as a response to what they consider to be the low level of achievement in sexuality education in Venezuela and many Latin American countries, according to indicators of teenage pregnancy, HIV-AIDS infections, domestic violence and gender inequality. This is added to other socioeconomic indicators such as the increase in the number of women heads of household, domestic violence and divorce, all of which reflect this fact.

The School of Social Management Foundation (2006) promoted research on adolescent pregnancy with support from the UNFPA-Venezuela representative Luz Beltrán Molina. There, they proposed some indicators that describe the situation as a public health problem in Venezuela; these are:

1. The main sexual and reproductive health problems are the high number of maternal deaths from preventable causes and teenage pregnancy.
2. The available data that outline the situation of early motherhood are: In less urbanized and rural areas the age decreases, 30% start before 15 years of age and 70% before 19 years of age.
3. Despite the fact that 9 out of 10 adolescents know about contraceptive methods, only 1 out of 10 uses them.
4. Only 1 out of 5 adolescents know their fertile period, which makes the use of the method of interrupted intercourse very risky.
5. The fertility rate of young women between 15 and 19 years old is estimated at 97%, which means that 97 young people out of every thousand have had a child.
6. 21% of the live births registered in the country occur in adolescents between 15 and 19 years old.
7. Pregnancy interrupts studies: 2 out of 5 teenagers leave school as a result of pregnancy and the more education, the fewer pregnancies. The poorest and least educated adolescents are 4 times more likely to become pregnant than those who are less poor and less educated.
8. 6.4% of the adolescents had had an abortion.
9. The third cause of death in women aged 15-19 years is due to obstetric complications.

In accordance with the above, these socioeconomic, educational and cultural indicators outline the reality that exists in Venezuela and place it among the Latin American countries with the highest numbers of early pregnancies. According to the WHO/PAHO, it refers to those that occur in children under 19 years of age. Projecting this situation to the international level, the United Nations Children's Fund (UNICEF, 2007) points out that 42% of teenage girls aged 14 to 19, worldwide, are pregnant, 33.95% are already mothers, two out of five of them had not left primary school. Likewise, girls under 15 years old are five times more likely to die in pregnancy than women over 20 years old, making this situation a public health problem... (p.2)

This denotes that there is a reality that requires attention, and that is associated with what is known as Sexual Reproductive Health. Reinforcing the idea that sexuality is mainly associated with reproduction, though it goes much further in fact. Hence, when people are asked what they associate a high percentage of people who have had sexual intercourse with, they say that it is related to the

practice of sexual relations. And it is precisely this practice, which is carried out without protection or prevention, which has generated the situation described.

In relation to the vision that the collective imaginary has about sexuality, it generally approaches genitals and therefore, reproduction. For example, in the case of the promotion of the use of the male condom, the main beliefs for not using it are that it would affect the sensation of pleasure, it represents a lack of trust towards the partner and, in the case of men, it is not their responsibility. These last two reasons reflect the strong influence of gender stereotypes. Other causes are fear of breaking them, difficulty in obtaining them and embarrassment when buying them.

From this viewpoint, the problems that arise are not due to the lack of information related to sexual relations and pregnancy, as was the case in previous generations. In the country, adolescent pregnancy is linked to culture, to the project in the life cycle, to poverty and education. In this sense, in formal education, specifically, in the curriculum of Primary and Secondary Education, content has been included that, in some way, promotes the exercise of a healthy and responsible sexuality. In educational institutions, many teachers have received talks and workshops to update their students on the subject. Even on the web, guided by parents and teachers, it is possible to get updated information for children, adolescents and adults.

However, these elements such as culture, the project in the life cycle, poverty and education are more decisive in the establishment of certain practices that generate risky behavior, which is responsible for the above-mentioned indicators. In many cases machismo, the submission of women, the stereotype of the magician, the hunter and the superhero promote these behaviors that carry the previously established consequences. This is assumed to be normal and has repercussions on the role of the parents who, far from redirecting these behaviors, promote them with the fixed idea that this is the way "it should be". Similarly, teachers who are also trained under these conditions obey them and promote them in their students.

Fortunately, initiatives have emerged that, in one way or another, seek to provide assertive responses to this situation. The Andean Regional Health Organization in the Hipólito Unanue Agreement (ORAS-CONHU, 2008) presents the Andean Plan for the Prevention of Adolescent Pregnancy (PLANEA). It is a meeting point for high-level representatives and technical teams from the health, social protection, youth, education and social welfare sectors of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela and other regional organizations such as the Ibero-American Youth Organization (OIJ) and Family Care International (FCI).

There, it was proposed that in order to address prevention and care of early pregnancy, multisectoral and multidisciplinary initiatives should be carried out from the governments themselves, with the active participation of the teenagers and young people to whom they are addressed. The prevention of these pregnancies implies addressing the risk factors that determine them and the promotion of human development, promoting autonomy with an emphasis on the life project of

the young people and its follow-up.

It could be said that public policies designed to guarantee sexual and reproductive health should emphasize prevention and care of early pregnancy within the framework of human rights as a central axis in an integral manner, besides being priority components in sectoral health and education policies. This is why long-term, wide-ranging policies are needed to counteract the effects of poverty and the lack of opportunities for the full development of young people and adolescents without gender differentiation. Promoting human development in their faculties at all times, autonomy and life project.

One of the advances achieved in the field of educational public policies at that time was the Ministry of Popular Power for Education (MPPE, undated). Between 2000 and 2005, it presented a pedagogical proposal that aimed to promote the permanent formation of those responsible for education, as well as the development of resources for learning, based on research, creativity and innovation, in compliance with the legal regulations in force at that time. This represented a valuable contribution to the educational approach given to sexuality education. It transcended the informative-preventive and began in preschool.

Unfortunately, it was not followed up and it was an initiative that would have made significant progress in promoting the development and integral formation of citizens. It sought to promote responsible decision making, the practice of healthy lifestyles, as well as knowledge, attitudes, values and positive behaviors towards the experience of a pleasant and responsible sexuality, through the articulation of the family, school and community. At that time, the MPPE (op. cit.) assumed, and it seemed to be so, the commitment that this educational policy would be guaranteed; “the implementation of sexuality education with a democratic, participative, co-responsible and leading approach within the framework of human rights, which leads to inter and transdisciplinary work strategies” (p. 37).

Among the challenges that were raised, there was the need for greater family participation in the training activities that took place in the schools. It was not only the fact that they were informed or invited to talks or workshops in the schools, but also that families could feel that they could count on the school and the high school to support them in strengthening spaces and initiatives aimed at fostering good family communication on the subject.

This is important because, the participation of the family and the community in the activities that are developed in schools at present is very scarce. There is an important separation in the interests that guide each of these sectors. The current situation in the country, as reflected in the Survey on Living Conditions in Venezuela (ENCOVI 2017), shows that the worsening of the quality of life is not only related to the loss of purchasing power, but also affects the most structural dimensions of households, this has been determining. This leads to the need to promote and provide facilities for the continuing education of teachers in the system, so that they incorporate into their educational practices the necessary content, skills, methodologies and attitudes. In order to achieve full and comprehensive development of the sexuality of their students, suggested

by the same society in which they will exercise their teaching, incorporating the human dimension of affectivity.

Considering possible solutions to the situation described, in the Latin American countries and, in the special case of Venezuela, it is urgent to propose the implementation of actions that give an immediate response to the situation in the area of sexuality education, demanded by society. This will require a deepening of the promotion of an integral, pleasurable and responsible sexuality, which will have resonance in social and economic contexts and will have a positive impact on the development of the country. In order to achieve that, it is useful to vindicate the scope and dimensions of Sexuality in the terms set forth by the World Health Organization (1983):

Sex education must encompass much more than information. It must give an idea of attitudes, pressures, awareness of alternatives and their consequences. It should increase love, self-knowledge, decision making and communication skills (p. s/n).

One of the actions implemented took place in 2009, when the Meeting of Ministers of Health and Education to Stop HIV and any other STI in Latin America and the Caribbean was held in Mexico City. Within the framework of the XVII International AIDS Conference, and with the aim of strengthening the response to the HIV epidemic in the formal and non-formal educational context. Among the aspects they considered, there was that a considerable percentage of young people initiate sexual activity at an early age and in most of these sexual encounters no protection is used to prevent sexually transmitted infections.

The representatives of the Ministries of Health of the countries attending this meeting agreed that comprehensive sexuality education from childhood favors the gradual acquisition of information and knowledge necessary for the development of appropriate skills and attitudes to live a full and healthy life, which could reduce health and reproductive risks. It should be incorporated in an articulated, balanced and consensual manner with the audience and the community: ethical, biological, emotional, social, cultural and gender aspects, as well as issues related to the diversity of sexual orientations and identities in accordance with the legal framework of each country, in order to generate respect for differences, the rejection of all forms of discrimination and to promote responsible and informed decision-making in relation to the exercise of their sexuality. This would be reflected in their self-esteem, respect and positive gender relations from childhood, which could lead them to delay the start of sexual relations until they reach the psychological maturity to do so. This position is in congruence with the position of the UNDP, Venezuela chapter and the line of research of the Libertador Pedagogic University that promotes an Education in Sexuality that gives timely and integral answers to the situation that is lived in the Latin American countries.

At the aforementioned Ministerial Summit, it was projected that the gap in the number of schools that had not institutionalized comprehensive sexuality education in educational centers under the jurisdiction of the Ministries of Education would be reduced by 75% by 2015. Likewise, it was expected that

the gap in teenagers and young people who lacked health service coverage to properly address their health and reproductive needs would be reduced by 50%. Convinced that these actions reflect the commitment with the children, teenagers and youth of Latin America and the Caribbean, with the sister countries, and with the world community.

In 2012, an assessment of the achievements of each country that signed this Ministerial Declaration was made, and it was shown that overall progress has been made by 58%. The percentages of particular progress are the following: Cuba, 99; Ecuador, 86; Argentina, 82; Costa Rica, 80; Colombia, 79; Uruguay, 71; Brazil, 69; Mexico, 68; Guatemala, 67; Nicaragua, 66; El Salvador, 60; Honduras and Peru, 51; Panama, 40; Chile, 35; Venezuela, 34; Paraguay and Dominican Republic, 30 and Bolivia, 24.

Specifically in the Bolivarian Republic of Venezuela, in the Plan for the Nation (2013-2019) officially called the Second Socialist Plan for Economic and Social Development 2013-2019, initially in June 2012 and later in December of that same year. The document is based on the ideology of Hugo Chávez (Chavismo) and on the socialism of the 21st century. The document states that Consolidate gender equity with socialist values, guaranteeing and respecting the rights of all, and social diversity, in section 2, numbers 2.2.4.1, 2.2.4.2, and 2.2.4.3. To deepen women's political and protagonist participation; To incorporate the gender equality perspective into public policies by promoting non-discrimination and the protection of socially vulnerable groups and to generate training policies on the gender equality and sexual diversity perspective. However, nothing has been accomplished to date, public policies that could serve as support for achieving these goals have not been generated either.

This reflects the 34% progress that is assigned to the country, and according to the latest available official data from 2014 provided by UNICEF, Venezuela has one of the highest adolescent fertility rates in South America, where 93 babies are born every year for every 1000 adolescents between 15 and 19 years old, which means that out of the total number of births in the country, 23% are to adolescent mothers and according to La Prensa Lara (2018, online document) the country is the third with the most adolescent pregnancies, behind Ecuador and Honduras.

This indicates that the situation in the country remains delicate and little progress has been made since 2008. When referring to Education on Sexuality, one must have a complete vision of the complexity of the sexual being, and start from the consideration that sexuality is an integral part of the personality of every human being. Likewise, we must bear in mind that it is built through the interaction between the individual and the social structures, and that its full development is essential for individual, interpersonal and social well-being.

In the area of addressing sexuality and promoting its education at the formal and informal levels, throughout recent history, it has been evident that different models that coexist today, intermingling and distorting messages. It is clear that there must be guidelines or fundamental pillars that typify the reality of a given society in this area, but the nuances of the locality and daily life of the community that

benefits from such policies must not be overlooked. The social representations responsible for the establishment of the social imaginary play an important role here, which will delimit the community's cosmovision and its behavior in this regard in the end.

We must start from what Weeks (1998) said when he said that sexuality:

...is a deeply problematic concept, and there are no easy answers to the challenges it poses. But if we start by asking the right questions, then maybe we can find our way through the maze. At the end of the journey, we will not find a prescription for right behavior, but perhaps we will find a framework that allows us to embrace diversity, and we will again find, in sexuality, new opportunities for creative relationships, action, and choice (p. 22).

For this author, sexuality has not been formulated as a way to study it, to understand it, to make academic sense. People have experiences linked to their sexuality, they have lived them throughout all their lives, but the way to talk about it is relatively new. It is only done since the Industrial Revolution approximately. The simple idea of it is practically impossible to translate into Asian cultures (China or Japan, for example) because Eastern culture does not have the conceptual development that one has in the West. When you are facing an abstraction, everything depends on how you make that abstraction in order to know what you are talking about.

Although different cultures have varying interpretations of sexuality, Westerners have been governed by the Jewish-Christian tradition which has tended to see it as a source of apprehension and moral conflict. This doctrine plays a fundamental role in defining the subjectivity of the person, morality, sin, normality and abnormality. This is evident in the philosophical dualism established between spirit and flesh, between mind and body. In Western culture, the body is repudiated as the unworthy, impure or sinful part; the spirit is the noble part that connects the existence of the being to the divine.

Weeks (op. cit.), generalizes his approaches by pointing out that sexuality is a complex universe in which biological, psychological and social aspects are involved. It encompasses a series of cultural, social, anatomical, physiological, emotional, affective and behavioral conditions related to sex that decisively characterize human beings in all phases of their development.

On the other hand, from a sociobiological perspective, Reiss (1967), proposed to understand sexuality as "the set of shared cultural scripts about erotic behaviors that are supposed to induce erotic excitement and genital responses" (p. 45). Such behaviors have two universal consequences: they are culturally significant and they lead to the formation of bonds among participants.

The approaches of these authors contextualize the reality that is lived and the one that is aspired to establish, along with others that will be approached later, it allows us to assume that sexuality in its essence is detached from the aspects of Health and Reproduction. Traditionally, we speak of Sexual and Reproductive

Health to address the study of sexuality and more specifically of sexuality education. Nevertheless, sexuality by itself represents a theoretical construct that goes beyond both dimensions. It, in itself, touches the essence of the human being, as a person who feels, thinks and acts. It is part of his or her personality. That is why, from this point on in the study, we will only talk about sexuality as a process marked by complexity. In the context proposed by Morín (2004), in which, in addition to the questions related to sexual excitement, there are different elements, such as identity or affectivity that erotic sexual closeness produces very often and that cannot be ignored when elaborating a formal concept of sexuality.

This complexity of sexuality makes human beings different from other living beings. They have needs that go beyond the natural ones, and this characteristic is what gives them their true specificity. What for animals is relatively simple, in humans becomes complex.

In this way, sexuality can be seen as a very important element of human life and it could even be said that it modulates the perception that the individual has of himself and of the world of which he is part, from the vision of his sex - gender. Therefore, in order to understand it, it is necessary to contextualize it in a complex of relationships that place it in its authentic dimension.

The sexual needs for the human being are not, like in the rest of the living beings, a call to the reproduction; but they are related to the self-esteem, to the pleasure, to the feelings, to the morals, to the customs, to the religion, to the right, to the project of life, to the gender, in short, to all and each one of the elements that constitute their identity and their life in society. Each person has a different concept of sexuality that is influenced by society, cultures, time, history and individual tendencies.

In this sense, several authors, including Rubio Aurióles (2014) and Murillo Gamboa (2017), agree that one of the fundamental aspects or pillars of sexuality is affectivity or emotional bonding. This has been little considered in the programs of Education in Sexuality, which remain only in the genitals and index the reproduction. This only prevents the full enjoyment of this aspect of the individual's personality that could give meaning and relevance to his existence and could guarantee the path towards his happiness and fulfillment.

For Alonso (2005), affectivity is an aspect of the adaptation of the individual with its own functions that guides and qualifies the actions of the subject; it encompasses all the states of mind and all the reactions that are rooted in instinct and the unconscious. The affective component is the central axis of all human relationships and the development of sexuality and, therefore, the way in which emotions are expressed. The clarity that one has of its importance will determine the clear conscience and adequate handling of feelings. The world of affects is as the hinge of the whole personality. It is where the sensitive meets the spiritual and points to personal balance.

The aim of affections between two people who are attracted to each other is love and surrender to the other. For a long time it was believed that what was decisive



was only the will to want to do it and the intellect that rationalized the act. It is certain that these, in the objective order of things, are determining and are called to orient and to illuminate in short the acting. But them alone, by themselves, can do little without the integration of affective and spiritual life.

It is difficult for people to pinpoint the exact moment when they first consciously perceived pleasant sensations associated with the experience of their sexuality on the physical plane of their corporeality. This usually occurs gradually, and without the mediation of the will with the intention to do so. Sometimes, the origin of these sensations is not even motivated by a specific attraction to another person. There are many stimuli in the environment that through the senses can be perceived and awaken these sensations.

When the consciousness begins to take over the actions of the individual, people simply feel that something new is happening to them, that they do not know very well how to qualify it. Whether it is a physical sensation, an emotion, a feeling, etc. Sometimes it can be difficult to relate these feelings and sensations, which are perceived with sexuality itself and they only associated with the biased vision that is oriented towards carnal pleasure, product of what has been learned at home and mediated by cultural elements and the continuous bombardment of the media communication.

Experiencing these pleasant sensations associated with sexuality can have its origin in stimuli from the individual's own body when his or her sensory system is activated, or it can be the product of sensory stimuli from another person which, can generate confusion when they are first experienced,. This happens because since childhood, significant adults have not prepared themselves to live their affectivity. Murillo Gamboa (2007) points out that from birth, the sexes are separated by conditioning that reinforces the gender stereotypes imposed by society. Then, at a certain age, it is expected that the encounter with the other occurs in circumstances in which they have not gone through an intimate encounter with themselves, in order to know themselves and to ponder the potentialities of their biological being. The first requirement is that in order to love the other, one must love oneself.

It is evident that Education in Sexuality does not deal with the affective dimensions in the formation of the being of the individual; generally, it is emphasized in the cognitive thing, so can be said of the spiritual scope. Therefore, it is necessary to build a solid and coherent proposal, based on the reality that the country is experiencing, oriented towards these aspects of the personality that have been left aside in the formation of the individual from home and school. In this way, it is urgent to establish a path that leads to the establishment of meaningful and edifying affective relationships that guarantee the person well-being with himself and prepare him for stable and lasting encounters with the other. This requires knowledge of the epistemological, axiological, ontological and methodological fields of the approach of comprehensive sexuality education centered on individuals, their affectivity and spirituality.

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