

Visibility of Hospitalized Children: Right to Learning

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Abstract

The article results from a research developed in the Postgraduate Program in Health and Development of the Midwest Region, at the Federal University of Mato Grosso do Sul, carried out in the hospital classes of two public hospitals in Campo Grande / MS, between 2014 - 2016. We carried out a bibliographic survey on the topic, allowing us to reflect and discuss the visibility of hospitalized children. We verify how the children's learning process takes place in the hospital environment. The right to basic education belongs to all children, including those who are away from school due to illness. It is necessary to think about the locus of pediatric hospitals in order to develop activities in which the hospitalized child feels productive, in development, and with activities similar to other children of his age. The child must participate in activities that allow him to live on equal terms with other children and have the opportunity to be included in the knowledge acquisition process. Ceccim et al. (1997) affirm that the hospitalized child cannot be doubly penalized: to be sick and to be away from school, friends, games and organizations of space and time. Education is a right for all and a duty of the State and the family and is expressed as a right to learning and schooling. These rights are consolidated in article 214 of the Federal Constitution when expressing that the actions of Public Policies should lead to the universalization of specialized school attendance and in the Law of Guidelines and Bases of National Education in art. 5, by ensuring that the Public Power will create alternative forms of access to different levels of education. This service is characterized as Special Education for serving children considered to have special educational needs as a result of having curricular difficulties due to conditions of specific health limitations recovering the child in an inclusion process offering learning conditions.

Keywords: Hospital class; Hospitalized child; Education and health.

1. Introduction

The right to Basic Education belongs to all children, including those who are away from school due to illness. It is necessary to think about the *locus* within pediatric hospitals to develop these activities. It is important that the hospitalized child feels productive, developing, and with activities similar to other children his age. The child must participate in activities that live on equal terms with other children and the opportunity to be included in the process of acquiring knowledge.

Ceccim et al. (1997) recognize that the hospitalized child cannot be doubly penalized: first to be sick and, second, to stay away from school, friends, games and organizations of space and time that are contextual. Education is a right for all and a duty of the State and the family and is expressed as a right to learning and schooling.

These rights are consolidated in article 214 of the Federal Constitution when stating that the actions of Public Policies should lead to the universalization of specialized school attendance and in the Law of Directives and Bases of National Education when ensuring that the Public Power will create alternative forms of access at different levels teaching (art. 5 § 5), being able to be organized in different ways to guarantee the learning process (art. 23).

To work in the hospital, the teacher is legally supported at the national level, by the document entitled Hospital Class and Pedagogical Home Care: Strategies and Guidelines, created by the Ministry of Education (MEC), in 2002, this material points out some guidelines on the profile of the educator in this space.

The teacher works together with the multidisciplinary team (doctors, nurses, nursing technicians, pediatrician, psychologist), being part of the team assisting the student, both to contribute to health care and to improve teaching planning (BRASIL), 2002). This research was carried out in the Postgraduate Program in Health and Development of the Central West Region of the Federal University of Mato Grosso do Sul, carried out in 2 (two) public hospitals in the city of Campo Grande-MS in the hospital class sector between 2014 - 2016.

In the course of its realization, we carried out a bibliographic survey on the theme, which allowed us to reflect, discuss the child's visibility as well as the Hospital Class Teacher. We verify how the children's learning process takes place in the hospital environment. Although the Hospital Class is considered a "new" educational field, it is nothing new in other states, including Rio de Janeiro, a reference in this service, when the first hospital class was created, at Hospital Municipal Jesus, in Vila Isabel, in 1960. Such assistance is characterized in the Special Education modality for attending children and/or teenagers considered to have special educational needs as a result of having curricular difficulties due to conditions of specific health limitations recovering the child in an inclusion process offering learning conditions (FONSECA, 1999).

2. THE HOSPITALIZED CHILD AND ITS RIGHTS

For many centuries, the child's fragility in the early years of his life was ignored. The importance of looking at the child as a being that exists and, in the face of its fragility, looking for ways to protect it, led several segments of society and institutions to fight for the approval of laws in their defense. In a simple way, it can be said that this fight aims to ensure that children have the right to visibility in society, so that they can be configured as subjects of rights and duties, with all the complexity involved in personal originality and

in the significant similarities between the subjects.

It is worth highlighting the importance of giving social visibility to childhood and children in the current context of society. Listening to the child is still in the process of being recognized by the authorities, seeking to value what they tell us. As researchers, we need to learn ways to involve children at all stages, from identifying issues in their own research and disseminating good practices, including those children who are hospitalized for long-term treatments.

The concept of child has been built over the centuries, currently involved with rights, admitting that the child as a social actor, or belonging to a social group, is a recent appropriation, especially for the scientific area, which obviously has implications for the journey construction of associated rights.

Sarmiento (2005, p. 370) portrays children as being “social beings and, as such, they are distributed by the different modes of social stratification: social class, ethnicity to which they belong, race, gender, region of globe they live in”. Prout and James (2005) claim that children build their social worlds, that is, they build their worlds around them.

Until 1874, care for Brazilian children was linked to the so-called “Casa dos Expostos” or “Roda” of some cities. These were institutions that sheltered abandoned children under the age of twelve. Because they were abandoned, they needed care and protection, which was then dispensed there. Later in national history, preventive measures were taken with children, “[...] such as childcare, hygiene and protection” (KRAMER, 1984, p. 52). In terms of public policies for childhood itself, they were implemented more recently, in the 1990s. At the end of the last century, more attention was given to childhood problems, generating discussions in all areas of knowledge. As highlighted by Sarmiento and Pinto (1997), children have always been present in the world, and the living conditions of the present times produce new discussions and concerns. Childhood emerges as a social reality, mediated by society itself. Thus, we have different childhoods in different contexts.

In Brazil, the Federal Constitution provides structuring principles for the lives of Brazilian children. It was also the subject of the United Nations Convention on the Rights of the Child in 1989, showing similarities in the lives of children in general. These principles could be incorporated into Federal Law No. 8069/1990 (Law of the Child and Adolescent Statute), in which the requirement to give the highest priority to this child and youth population was enshrined. The right to life is constituted as the primary right, so that it is the guarantee of all other rights, to health, education, etc.

The lack of these rights constitutes social exclusion, resulting from “[...] a social process that favors illegitimate appropriations by certain sectors of society and prohibits others from accessing goods, resources, conditions or statutes that allows them to enjoy opportunities in conditions of equality” (SARMENTO, 2003, p. 2). Thus, giving children the opportunity to enjoy their rights is to play a fundamental role in social protection.

These reflections allow us to affirm that little has been done to effectively change the harsh reality of children. Thus, as the concept of childhood was historically constructed, the same is true of the achievement of rights for this social category. Children themselves are unaware of their rights. The fundamental rights of children are, first of all, social rights, which extend to society as a whole. (SARMENTO, SOARES AND TOMÁS, 2004, p. 2).

Children and teenagers enjoy all fundamental rights guaranteed by law, providing physical, mental, moral, spiritual and social development, under conditions of freedom and dignity. Human, universal, indivisible and inalienable rights. The defense of human dignity - and its right to life with health and quality education - permeates, thus, the recognition of jurisdiction and demandability.

Despite the legal progress that has been made, such as those promoted by the Convention on the Rights of the Child, and the increase in public policies, inequities and discrimination against children have also increased (SGRITTA, 1998 apud SARMENTO, 2003), emphasizing the “[. . .] specific characteristics of the most vulnerable generational group and effectively subject to conditions of social exclusion”. Still, we have a lot to achieve effectively in the areas of Health and Education.

In childhood, the disease refers to problems that interfere with the functioning of the child's body, so that health and education professionals must provide comprehensive care, it is worth mentioning that the disease in childhood is characterized by making it impossible to children to perform many of their daily activities, interfering in their growth and development (NASCIMENTO, 2005). This demonstrates the importance of integrating practical actions in the educational context.

3. Reality Of The Hospital Context: Guaranteed Right

Despite the laws and advances in the legislative achievements of human rights, as far as children are concerned, there is still a deep gap between what is written and what happens in reality. What we need, at the moment, is to protect the rights inscribed in laws and other documents, so that they are enjoyed by children. It is important and urgent the need to guarantee the full enjoyment of these rights previously exposed, so that the child, as citizens who are respected in their dignity, as these rights are achievements of a social construction of long history.

The hospitalized child, like any other child, is in a network of multiple relationships. The hospital is a space for the participation of several actors - such as the school. The life of the hospitalized child is not restricted to the hospital walls, nor are his human ties to the outside suspended. The child and its immediate surroundings do not exist in isolation, but are related to other social instances. Such a children's world for children with cancer ends up being transmuted, so the child perceives his life threatened and his routine unstructured by treatments and recurrent hospitalizations. Once the diagnosis is concluded, the period of loss and removal from various spheres of daily life begins.

Educational care in a hospital environment must be inserted in the context of humanization of care provided

in hospitals, as the child patient treated as just a sick body has impairments in learning. In this new perspective, however, of being perceived as an integral being, a more promising panorama opens up. The hospitalized child cannot be denied his right to education, nor can his right to cognitive, social and emotional development be ignored.

4. Conclusion

The research in question shows that educational care in a hospital environment must be inserted in the context of humanization of care provided in hospitals, as the child patient treated as just a sick body has learning impairments. In this new perspective, however, it is important that the child is perceived as an integral being, so that an educational work that considers him / her as a potential learning subject is dimensioned. The hospitalized child or adolescent, within this new vision, cannot be denied their right to education, nor be ignored in their full development, in their cognitive, social and affective aspects.

It is emphasized that, effectively, there is a need for these hospitalized children to continue their studies at the hospital. There is no doubt that it is through education that the subject creates possibilities to overcome problems related to fragmentation and the distance between teaching and learning. What is seen is that the child is effectively recognized as a subject of rights.

5. References

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