Brasilian Association of Nutrition Education and Their Integration into the Nacional Forum of Professional Education o Health

A Associação Brasileira de Educação em Nutrição e sua Inserção no FNEPAS

INTRODUCTION

The Brazilian Association of Education in Nutrition (ABENUT) was established in May 2008, with the main objective of discussing the training of Nutritionists. In keeping with the national trend of similar entities, the proposal emerged to form an organized representation of nutrition schools in Brazil and their respective academic community, including teachers and students in conjunction with the Ministries of Education and Health and other entities of civil society. The creation of ABENUT occurred at a time when higher education in Brazil reflected the education public policies of the 1990s, which resulted in a disorderly expansion, dominated by the growth in the non-university private sector, regional imbalance and an increasing number of unoccupied places in the private sector. This expansion process generated a complex and diversified system of institutions with distinctive academic practices, vocations and configurations.

In the health area, which includes undergraduate courses in nutrition, concern regarding the high concentration of private-sector trained health professionals and the rise in non-university education sparked a debate about subjecting the opening of undergraduate courses in the area to some form of social control, as discussed at the 11th National Health Conference in 2000\(^1\), and the 12th Conference in 2003\(^2\).

As a result of this movement, in 2003 the National Health Council (CNS) recommended to the National Education Council (CNE) a 180-day suspension of permits for setting up courses in the area of health, through Resolution nº 324/03\(^3\). In another resolution, nº 325/03\(^4\), the National Health Council recommended a public hearing with the Special Evaluation Committee to review the criteria adopted in health-related courses.

Another measure, which can be associated to the movement for quality training of health professionals, was the involvement of the Ministry of Health in regulating the opening of courses in medicine, the contributions of which were approved by the Ministry of Education in the instru-

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ment that establishes the criteria for opening such courses in accordance with the National Curriculum Guidelines5, 6.

In 2001, the National Curriculum Guidelines (DCN) were ratified, bridging the two original policies from the Ministry of Health and Ministry of Education, driving the changes in health education. It is noteworthy that the debate on the DCN set the stage for a broad mobilization of all courses in the area, concerning the needs of establishing the professional profile that would meet the demands of health policy. The proposals are developed in the context of the needs of the population, as they emphasize the formation of attitudes focused on health, citizenship and teamwork, while also indicating service-learning integration, binding academic training to the society’s health needs. The aim is suitable training for quality health care, with a holistic, interdisciplinary, multiprofessional and balanced approach7.

With the implementation of the DCN, including those governing undergraduate courses in nutrition, new learning scenarios are required and the roles of teachers and students need to be redefined and redirected8. This is where education associations, either individually or in conjunction with other professional organizations and movements, play an important role in engaging change processes, which move from being concerns/objectives of a handful of schools or teachers to become significant projects for the professional segment9.

Amidst this thriving drive for changes in the training of health professionals, the National Forum on Education of Health Professions (FNEPAS) emerged in 2004 with the aim of contributing to these changes based on the principles of comprehensive health care and continuous education. In 2011 the Forum gathers thirteen entities1 involved in training and development of health care professionals.

Based on the assumptions described above, this text investigates the impact of national higher education policies since 1996 on courses in nutrition, drawing on the data from the Higher Education Census from the period 1996 to 2009, student performance reports, as well as the National Student Performance Examination (ENADE) in 2007, documents published by the Anísio Teixeira National Institute for Educational Research (INEP), an organization controlled by the Ministry of Education. The Census data allows understanding of the situation of these courses in Brazil, with reference to the indicators of number of courses and student enrolments, in both the public and private sector, and academic organization. The ENADE data form one of the quality indicators for the undergraduate courses.

The investigations suggest that the development of nutrition courses, presented by the above data, and the implementation of the National Curriculum Guidelines for undergraduate courses in nutrition have been driving forces behind the creation of the ABENUT, which, supported in the FNEPAS discussions, plays an essential role in guiding the training of nutritionists, while committed to social issues and capable of tackling new challenges that emerge in the area of health professional training.

**HIGHER EDUCATION POLICIES - IMPACT ON HEALTH COURSES**

Brazilian Higher Education in the 1990s was marked by a boom in the number of places, resulting from the public policies on education that produced a complex and diversified system of institutions, each with their own distinctive formats, vocations and academic practices, and a growth in the private sector and non-university education.

It is revealed that the main factors that determined the profile of Brazilian education, still present in 2009, are associated to the educational policy guidelines defined by the government of Fernando Henrique Cardoso, especially by the former Education Minister Paulo Renato de Souza, during his eight year term (1995-2002), which favoured the private sector. The data presented in Table 1 show the reflection of the policies implemented:

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TABLE 1 - Number of Higher Education Institutions (HIE), Places, On-Site Undergraduate Courses by administrative category - 1996, 2002, 2009 - Brazil

<table>
<thead>
<tr>
<th></th>
<th>HIE</th>
<th>Places</th>
<th>Undergraduate courses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>public</td>
<td>private</td>
</tr>
<tr>
<td>1996</td>
<td>922</td>
<td>211</td>
<td>711</td>
</tr>
<tr>
<td>2002</td>
<td>1,637</td>
<td>195</td>
<td>1,442</td>
</tr>
<tr>
<td>∆% 1996-2002</td>
<td>77,55</td>
<td>-7,58</td>
<td>102,81</td>
</tr>
<tr>
<td>2009</td>
<td>2,314</td>
<td>245</td>
<td>2,069</td>
</tr>
<tr>
<td>∆% 2002-2009</td>
<td>41,36</td>
<td>25,64</td>
<td>43,48</td>
</tr>
</tbody>
</table>

SOURCE: MEC/INEP

Data from the Higher Education Census10, 11, shown in Table 1, one can see that, between 1996 and 2002, the policies adopted enabled greater expansion of the private sector, to the detriment of the public sector, by all the indicators shown.

In 1996, the year the Law of Educational Guidelines and Bases was approved12, Brazil had 922 Higher Education Institutions (HIE), of which 211 (22,9%) were public and 711 (77,1%) private; 136 (14,7%) were universities, and 786 (85,3%) not universities. Of the total course places 28,9% were at public institutions and 71,1% private, distributed among 6,644 on-site undergraduate courses, with 62,7% of the courses (4.165) offered by the universities, of which 60% (2.495) by the public sector. The courses offered by non-university higher education institutions accounted for 37,3% (2.479).

In 2002, the end of Fernando Henrique Cardoso’s presidential mandate, there were 1,637 HEIs, 195 (11,9%) of which were public and 1,442 (88,1) private, 162 were universities (9,9%) and 1,475 (90,1%) non-university. In terms of places offered, 16,6% were public and 83,4% private, distributed among 14.399 undergraduate courses, which reported a 116% growth; the universities offered 8.496 (58,9%) of the courses, however although the public university sector still retained 54,1% (4,599) of that offer, private sector growth in this indicator was 132,7%, while in the public sector it was 84%; 5,913 (41,1%) courses were offered by non-university HEIs.

According to scholars, the higher education reform during the Fernando Henrique Cardoso government, joined three fundamental principles: flexibility, competitiveness and evaluation, aiming at an accelerated expansion of the system13.

In 2003, Luis Inácio Lula da Silva took office and proposed to boost the public sector. In 2007, the Lula government launched the Support Program for the Restructuring and Expansion of Federal Universities - REUNI13, recommending the creation of evening classes. Fifty-three federal universities have adhered to this program. Even considering the intended public sector investment in 2009, as per Table 1, the majority of undergraduate places and courses were offered by the private sector, with 87,6% and 70,4%, respectively. However, it is noted that this sector grew at a slower rate between 2002 and 2009 than in 1996-2002, while, the opposite was true for the public sector.

The supremacy of the private sector was also maintained in relation to the number of HEIs: in 2009, 89,4% of Brazilian higher education institutions were private and 10,6% public. The higher education system was largely non-university, seeing as only 8% (186) of the 2.314 HEIs were universities and 92% were non-university HEIs, which, by law14, offer undergraduate teaching without any integration with research and extension studies15.

Applying this analysis to healthcare courses16 it can be affirmed that, despite some specific features, the area has not been immune to the private sector growth.

1 De acordo com o Censo da Educação Superior, os cursos agrupados em nove áreas; Educação; Agricultura e Veterinária; Básicos / Programas Gerais; Ciências sociais, Negócios e Direito; Ciências; Matemática e Computação; Engenharia, Produção e Construção; Humanidades e Artes; Saúde e Bem Estar Social; Serviços16,17,18.
Table 2 - Number of undergraduate courses and enrolments in the area of Health and Welfare - 1996, 2002, 2009, Brazil

<table>
<thead>
<tr>
<th>Year</th>
<th>Public</th>
<th>Private</th>
<th>Grand total</th>
<th>Public</th>
<th>Private</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>366</td>
<td>392</td>
<td>758</td>
<td>114.248</td>
<td>134.121</td>
<td>248.369</td>
</tr>
<tr>
<td>2002</td>
<td>403</td>
<td>1.172</td>
<td>1.575</td>
<td>115.474</td>
<td>308.909</td>
<td>424.383</td>
</tr>
<tr>
<td>∆%1996-2002</td>
<td>10,11</td>
<td>198,98</td>
<td>107,78</td>
<td>1,07</td>
<td>130,32</td>
<td>70,87</td>
</tr>
<tr>
<td>2009</td>
<td>745</td>
<td>2.636</td>
<td>3.381</td>
<td>167.038</td>
<td>641.823</td>
<td>808.861</td>
</tr>
<tr>
<td>∆%2002-2009</td>
<td>84,86</td>
<td>124,91</td>
<td>114,67</td>
<td>44,65</td>
<td>107,77</td>
<td>90,60</td>
</tr>
</tbody>
</table>

Source: MEC/INEP.

Table 2 shows that the profile of education in the health and welfare area has followed the national trend, with high private sector concentration, yet with greater public sector growth in the period between 2002-2009 than the national average presented in Table 1. We can assume that this fact is associated to the movement arising from the concern within the area in relation to a high concentration of private sector-trained health professionals and the increased non-university education. The discussions indicated the need for greater state regulation for opening new courses and better quality training of health professionals, which needs formed the agenda for the 11th and 12th National Health Conferences.

Also regarding the characteristics of the undergraduate health studies offered, in 2009 50,7% (1.715) of the courses were offered by universities, and of those, 39,4% (675) were public and 60,6% (1.040) private.

In their evaluation of the growth rates of courses in health, Veloso, Silva and Souza found that there are internal inequalities. Between 1996 and 2008, courses in medicine presented the lowest growth rate, 105%, representing 91 new courses, while the whole field reported a 306% growth in the same period. We assume that this fact was due to the movement launched by Medical Class for regulation of the opening of new courses.

The courses with the highest growth rates included: Technologies for diagnosis and medical treatment (2,150%), nursing and primary care (512%), therapy and rehabilitation (453%), Pharmacy (443%), Social work and guidance (284%), health (general courses), (130%) and Dentistry (111%).

Undergraduate courses in nutrition - expansion profile

Undergraduate courses in nutrition, according to the classification of the Higher Education Census, fall into the area of Health and welfare in the subarea of Therapies and Rehabilitation.

Studies into the profile of the expansion of undergraduate programs in nutrition, associated to data on their quality, both obtained from MEC reports, are important tools that reveal the reality of nutrition education in Brazil, its trends and contradictions.

Table 3 - Number of undergraduate courses in nutrition by academic organization and administrative category - 1996, 2002, 2009 - Brazil

<table>
<thead>
<tr>
<th>Year</th>
<th>University</th>
<th>University Centre</th>
<th>Schools/Colleges/Institutes</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Public</td>
<td>Private</td>
<td>Total</td>
</tr>
<tr>
<td>1996</td>
<td>38</td>
<td>23</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>2002</td>
<td>87</td>
<td>27</td>
<td>56</td>
<td>33</td>
</tr>
<tr>
<td>∆%1996-2002</td>
<td>128,95</td>
<td>17,39</td>
<td>273,33</td>
<td>400,00</td>
</tr>
<tr>
<td>2009</td>
<td>163</td>
<td>56</td>
<td>106</td>
<td>58</td>
</tr>
<tr>
<td>∆%2002-2009</td>
<td>87,36</td>
<td>107,41</td>
<td>89,29</td>
<td>75,76</td>
</tr>
</tbody>
</table>

Source: MEC/INEP

1. Na classificação do INEP, inserem-se na área de Saúde e Bem Estar, oito áreas detalhadas ou programas, denominadas: Enfermagem e atenção primária; Farmácia, Medicina, Odontologia; Saúde (cursos gerais); Serviço Social e orientação; Tecnologias de diagnóstico e tratamento médico; Terapia e reabilitação.

2. A subárea de Terapia e Reabilitação agrega os seguintes cursos de graduação: Fisioterapia, Fonoaudiologia, Musicoterapia, Nutrição, Nutrição e dietética, Optometria, Quiroprática, Serviços de saúde mental, Terapia ocupacional.
Review of the data in Table 3 reveals that the public/private relationship is maintained with the same characteristics of the area of Health and Welfare, i.e., in 2009, 81.2% (264) of the nutrition courses in Brazil were offered by the private sector. Bearing in mind the growth rate in the two periods, there has been a disturbing growth in the non-university private sector, particularly of colleges (Faculdades), which, by law, are only responsible for the teaching. Although in 2009, 50% of courses were at Universities, it is worth noting that in 2002, this proportion was 60%. With the continuation of the expansion profile, in a short space of time, nutritionist training will be concentrated in colleges.

When we add to this analysis the results of National Student Examination (ENADE) of 2007, which results are presented in Chart 1, the need for greater regulation and review of the expansion of the area expansion is reinforced.

In assessing the participation of ENADE 2007, it can be seen that of the 19,989 participants 84.7% were from the private sector, and according to the document, the greatest share was from the southeast region. In relation to the academic organization, the largest share was from universities (130), followed by Colleges (88) and University Centres (53).

**CHART 1 - Number of students participating and their performance in the ENADE 2007, according to administrative category and academic organization - Brazil**

<table>
<thead>
<tr>
<th>Group</th>
<th>Administrative Category</th>
<th>Total</th>
<th>Federal</th>
<th>State</th>
<th>Municipal</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrants</td>
<td></td>
<td>13,358</td>
<td>1,253</td>
<td>199</td>
<td>399</td>
<td>11,507</td>
</tr>
<tr>
<td>Graduates</td>
<td></td>
<td>6,631</td>
<td>866</td>
<td>197</td>
<td>144</td>
<td>5,424</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance by administrative category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Average</td>
</tr>
<tr>
<td>Entrants</td>
</tr>
<tr>
<td>Graduates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance by Academic Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Average</td>
</tr>
<tr>
<td>Entrants</td>
</tr>
<tr>
<td>Graduates</td>
</tr>
</tbody>
</table>

Source: MEC/INEP/ENADE.

In the performance analysis by academic organization, as per the information in Chart 1, one can observe that the highest average mark for entrants and graduates is from the Federal Institutions and Universities. The state sector reported the lowest performance for both groups, as did the Integrated Colleges, Independent Colleges and Institutes.

Therefore, the association of studies on the relationship between the nature of the expansion and its connection with the evaluation of nutrition courses requires further development and investigation into how this reflects in the professional class.

**nutrition undergraduate courses - national curriculum guidelines**

In the health sector, the debate on this expansion has been seasoned by the discussion regarding consolidation of the SUS, with a consensus that professional training and organization of the health system were closely linked. Therefore, there has been an increasingly evident need for organic collaboration between the sectors of health and education, aimed at the effective implementation of the constitutional guidelines of the SUS and the national curriculum guidelines.

In 2001, with the approval of the new Curriculum Guidelines for Courses in Health, a bridge between two policies, originating from the Ministry of Health (MOH) and Ministry of Education (MEC) was established. Veloso and Feurwerker conclude in their studies that, in terms of education and health policies, there are greater discussions about the movements for change with the Ministry of Health than with the Ministry of Education. For these authors, the former is engaging to support and lead changes, whereas the Ministry of Education does not seem to prioritize this discussion on its agenda, despite the approval of the Curriculum Guidelines.
The Ministry of Health, responsible for health policies, upon entering discussions about the need for total change in the health professional training, is supported by Article 200 of the Federal Constitution\(^20\), that determines that such training is designed for the Unified Health System (SUS). Hence, it has become the main sponsor of this transformation, through steering programs, but also through education and work programs, which seek greater formative integration with the health service network. It therefore responds to a State demand, but also a demand of social control, considering a “reality” and all the means therein to impose its decision\(^19\).

The DCN for the training of health professionals present some common assumptions, including the need for a new design for the specific context of each profession. They also establish that the training of health professionals should consider the effective health system of the country, seeking to train professionals capable of developing comprehensive health care, focusing on teamwork. They move towards overcoming the hegemony of the teacher-centred biomedical learning model.

Specifically regarding the DCN for nutrition courses, these were discussed as from June 2001, with reference to the draft presented by the MEC, based in Opinion nº 1133/2001-CNE\(^21\), submitted by the Federal Council of Nutritionists (CFN) to all undergraduate courses in nutrition, with participation by the Brazilian Association of Nutrition (ASBRAN) and the Ministry of Education specialist committee. This opinion was later transformed into Resolution nº 5/2001 (Official Gazette of 9/11/2001), establishing the National Curriculum Guidelines (DCN) for undergraduate courses in nutrition\(^22\).

In general the DCN represent progress in relation to the extinct minimum curriculum. The main content resides in the construction of the professional profile, the principles that should govern nutritionist practice, as well as the breakdown of competencies and skills sets. They highlight elements that indicate a more qualitative direction of the course, aiming to make students more able to understand and act in relation to the health needs of the population.

The proposed innovations include: a) stimulating the implementation of complementary activities (training courses, monitors, extension projects), planned throughout the course; b) more flexible system of subjects offered (semester options, year options, credits, modules); c) incorporation of course management requirements, such as participatory development of the pedagogical project and d) guidance towards equal distribution of internship hours (20% of total) in the three main areas of the nutritionist (clinical nutrition, social nutrition, administration of collective meals)\(^23\).

The document makes no mention of minimum total course hours, causing protests by the CFN, which has favoured a 4,000-hour requirement, as defined for most undergraduate courses in health\(^24\).

Ceccim\(^25\) leads us to perceive comprehensiveness as an underlying axis for changes in health care training and the need for a broader understanding of health through the connection of multiprofessional and interdisciplinary fields of knowledge and practices and health care practice innovations.

Costa\(^7\) draws attention to the importance of the teacher’s role in the implementation of the DCN for nutrition courses insomuch that among the proposals presented, the learning methodologies need reviewing, including those used in the classroom, as per necessary, and in the new practical settings for the learning process. According to the author, little attention has been given to teacher development for working in new settings, thus suggesting the creation of spaces for teachers to reflect university teaching matters and on the “development of a critical reflective perspective, which can ground the pedagogical changes required for the training of the Nutritionist “(p.97).

Considering the implementation of the Curriculum Guidelines and their advances and obstacles, several spaces for dialogue and collective construction were generated following the creation, in July 2004 of the National Forum on Education of Health Professions (FNEPAS), a platform for networking and partnerships to strengthen actions aimed at transforming health professions. This Forum has come to represent a social actor committed to the transformation of health education in Brazil, and has the main objective of contributing to the process of change in undergraduate study, fostering the concept of comprehensive care and health training.

**BRAZILIAN ASSOCIATION OF NUTRITION EDUCATION (ABENUT)- OPPORTUNITIES AND PROSPECTS**

ABENUT emerged from the need for deeper discussions regarding specific problems related to nutritionist
training, considering that issues concerning the inadequacy of such training are similar to those for other health professions. The experiences of Education Associations were very encouraging, such as the Brazilian Association of Medical Education, where studies to assess medical education in Brazil supported the Ministry of Health’s reorientation programs, initially intended only for courses in medicine, but later extended to other courses in the area of health.

Likewise, concern about the disorderly expansion of undergraduate programs and the quality of professional training, as described above, indicated a need for an organization to centralize the education discussion. The difficulties of DCN implementation were important aspects for the creation of ABENUT, since most of the teaching staff from Nutrition courses have not had teacher training and such training has not been included in the MEC evaluation policies for undergraduate courses. However, we cannot fail to highlight the leading role that FNEPAS has played. As Lima and Pereira26 have noted, in the FNEPAS, through the joint efforts and connection of the member organizations, the discussions helped overcome the fragmentation arising from the positivist scientific approach and enabled an education where evaluation-based regulation of educational institutions elevated the social commitment to public health policies, as well as multidisciplinary relationships and creative learning experiences, in order to build a continuous, cross-sectorial and multiprofessional education.

In light of these challenges, ABENUT was founded on 18 May 2008; a not-for-profit civil association with educational/scientific purpose and a corporate entity under private law. It proposes to be the representative body for nutrition education institutions in Brazil; instructors of professional nutritionist training and nutrition students, in relation to the Ministries of Education and Health and other civil society organizations. Its objective is the development and improvement of nutritionist training.

Since its inception, its representatives have participated in the FNEPAS Board, the Technical Committee of Multiprofessional Residency and the Technical Committees of the Federal Council of Nutritionists.

In 2010 it had roughly 60 members, setting the goal of expanding the participation of undergraduate courses, teachers and students, making use of conferences and seminars for the profession in order to raise awareness, as happened in the Brazilian Congress of Nutrition in May 2010, in Joinville, which gathered nutrition course coordinators in a workshop on management of undergraduate course teaching in nutrition.

As we conclude this text, the purpose of which is to present the key indicators that led to the creation of the Brazilian Association of Nutrition Education, we can indicate the prospects for this Association, which do not overlap the activities already undertaken, but present a major challenge: to raise the awareness of training institutions through inclusion in the discussion of the interprofessional training of the Nutritionist, trying to break the culture of fragmentation and discrimination of healthcare professionals; so that they understand their social responsibility in the training of their professionals, defend the public character of health and education policies, and embrace the idea that, besides being a constitutional right of every citizen, it is the duty of all those who have chosen to be health care workers to defend their principles. Such principles that must be present in their relationship with the “other”, with a humanistic and comprehensive approach, whether the “other” be a user of the health system or a member of the health team.

REFERENCES


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