



TRAINING PROCESSES IN EDUCATION AND HEALTH IN DECOLONIAL CARE PRACTICES

PROCESSOS FORMATIVOS EM EDUCAÇÃO E SAÚDE NAS PRÁTICAS DE
CUIDADO DECOLONIAIS

Larayne Gallo Farias Oliveira ¹
Lislaine Aparecida Fracolli ²
Talitha Zileno Pereira ³
Laiza Gallo Farias ⁴

Manuscript received on: September 13, 2023.

Approved on: December 12, 2023.

Published on: December 26, 2023.

Abstract

Objective: To present discussions regarding training processes in education and health in decolonial care practices. **Method:** The methodology adopted to conduct this essay was based on bibliographical research that is supported by the existing literature on the subject, as well as the dialogues of the Professional Master's Degree in Teaching and Ethnic-racial Relations. **Results:** Health and education professionals must be trained to understand and respect cultural beliefs and practices. They must actively seek equity in the provision of health services, recognizing the social determinants of health and adopting the inclusion of traditional knowledge in care. **Final Considerations:** To achieve this end, it is imperative to identify and overcome the inconsistencies present in training processes, encourage practices that resist colonialism, recognizing the importance of unconventional forms of knowledge, and embrace ethics that oppose racism.

Keywords: Health Education; Minority; Vulnerable and Unequal Populations in Health; Primary Health Care.

Resumo

Objetivo: Apresentar discussões frente aos processos formativos em educação e saúde nas práticas de cuidado decoloniais. **Método:** A metodologia adotada para conduzir este ensaio foi baseada em pesquisas bibliográficas que se apoiam na literatura existente

¹ Doctorate student in Sciences at the University of São Paulo. Master in Teaching and Ethnic-Racial Relations from the Federal University of Southern Bahia and Master in Nursing from the State University of Santa Cruz.

ORCID: <https://orcid.org/0000-0002-0031-3846> E-mail: larayne@usp.br

² Doctorate in Nursing from the University of São Paulo, with Post-doctorate from the University of Toronto. Professor of Nursing in Primary Health Care in the Unified Health System of the University of São Paulo.

ORCID: <https://orcid.org/0000-0002-0936-4877> E-mail: lislaine@usp.br

³ Master's student in Family Health at the Federal University of Southern Bahia. Specialist in Family and Community Medicine by the Brazilian Society of Family and Community Medicine. Professor at Santa Cruz State University.

ORCID: <https://orcid.org/0009-0001-7355-6275> E-mail: talithazileno@hotmail.com

⁴ Specialist in Hospital Physiotherapy with an emphasis on ICU from Faculdade Social da Bahia. Physiotherapist at the Eunápolis Municipal Health Network.

ORCID: <https://orcid.org/0009-0004-5746-7696> E-mail: laizagfarias@hotmail.com



sobre o assunto, bem como nos diálogos do Mestrado Profissional em Ensino e Relações Étnico-raciais. **Resultados:** Os profissionais de saúde e educação devem ser treinados para compreender e respeitar as crenças e práticas culturais. Devem buscar ativamente a equidade na prestação de serviços de saúde, reconhecendo os determinantes sociais da saúde e adotar a inclusão de saberes tradicionais frente ao cuidado. **Considerações Finais:** Para atingir esse fim, é imperativo identificar e superar as incongruências presentes nos processos formativos, fomentar práticas que resistam ao colonialismo, reconhecendo a importância das formas de conhecimento não convencionais, e abraçar uma ética que se oponha ao racismo.

Palavras-chave: Educação em Saúde; Populações Minoritárias; Vulneráveis e Desiguais em Saúde; Atenção Primária à Saúde.

INTRODUCTION

Coloniality is a concept that describes the persistence of colonial power structures even after the end of political colonialism (Mignolo, 2017). It continues to shape social, economic and cultural relations around the world. However, an often overlooked aspect of this perpetuation of coloniality occurs in the areas of health and education, where institutions have played a role in reproducing systems of oppression and hierarchy (Cesarino, 2017).

Decolonization is a fundamental movement that aims to dismantle power structures and historical hierarchies that were established through colonialism (Morel & Pimentel, 2023). Although initially associated with politics and economics, decolonization plays a central role in the construction of decolonial care practices (Silva, Lima, & Junqueira, 2023).

The practice of health care is an ongoing and multifaceted commitment that goes beyond the treatment of illnesses. It involves the creation of trusting relationships, the promotion of prevention, user education and adaptation to technological innovations. By prioritizing comprehensive care, it is possible to build healthier communities and individuals who are better able to make decisions that benefit their quality of life.

To understand the importance of training processes in promoting decolonial care practices, it is essential to understand what decolonization means. Decolonization not only refers to the political independence of colonized nations, but also the liberation from structures of thought, values, and systems that perpetuate colonial supremacy (Irigaray & Stocker, 2023). In the context



of care practices, decolonization involves questioning traditional norms, perspectives and approaches that may be rooted in colonial prejudices (Sevalho & Dias, 2023).

Sevalho and Dias (2023) argue that training processes in education and health often present contradictions when it comes to incorporating decolonial approaches. According to these authors, these training processes may reflect colonial paradigms, such as the hierarchy of knowledge, the overvaluation of Eurocentric practices and the lack of consideration for indigenous, Afro-descendant and other marginalized groups' cultures and knowledge.

It is necessary to recognize these contradictions and transform training processes so that they become more inclusive, culturally sensitive and critical in relation to colonial power structures. This includes reevaluating curricula, teaching methods, and institutional practices to ensure that they not only prepare competent professionals but also promote awareness of colonial implications in care practices (Araújo, Costa, Silva, & Gervais, 2023).

The incorporation of decolonial perspectives in training processes is essential for promoting authentic and respectful care practices (Guedes & Porto, 2022). According to these authors, this can be achieved by diversifying curricula to include traditional knowledge and wisdom, recognizing the contribution of indigenous and Afro-descendant communities to health and education. Furthermore, the integration of decolonial perspectives involves questioning the authority of colonial knowledge and opening space for intercultural dialogue. This not only enriches the understanding of professionals, but also values the experience and agency of the communities served.

Decolonial care practices are based on principles of respect, autonomy and social justice. They recognize the importance of rebuilding relationships between health professionals, educators and the communities served, based on mutual understanding and collaboration (Lemos, Bezerra, Pereira, Corrêa, Bentes, Oliveira & Sá, 2023). Furthermore, promoting decolonial care practices means being aware of the dimensions of power present in care interactions, including confronting forms of discrimination and oppression, such as racism (Oliveira & Guidio, 2022).



Furthermore, training processes in education and health play a central role in promoting decolonial care practices. They not only prepare competent professionals, but are also an opportunity to challenge and transform the colonial power structures that still persist (Oliveira & Magalhães, 2022). The incorporation of decolonial perspectives in training processes and the promotion of care practices sensitive to culture and social justice are essential steps towards a truly inclusive and emancipatory health and education system.

METHOD

This study describes a theoretical-methodological study that, according to Michel (2015), argues in favor of an original perspective on a certain academic topic. This originality does not necessarily need to be in the initial conception of the topic, but may involve the presentation of a new perspective, approach, characteristic, quality or problem related to the object of interest. In academic contexts, essays have become a simplified form of production considered scientific, especially in the areas of humanities and applied social sciences, such as administration and organization theory.

From this perspective, this essay progresses by seeking relevance for the scientific community in the theoretical and academic sphere. This is achieved through the use of high-quality references that highlight the most significant discussions related to the topic. By problematizing the facts, the main focus of this essay is to investigate the social context of precarious work in the health sector. This is done with the aim of stimulating new debates and positions on this subject. In this essay, we explored how health education and training can be used as tools to promote social justice, particularly with regard to confronting racism and class oppression.

RESULTS AND DISCUSSION



Training processes in health and education can both reproduce systems of oppression and contribute to their dismantling (Sevalho & Dias, 2022). These perpetuate systems of oppression (Menezes, 2020), reproducing power hierarchies and dominant social norms (Rufino, 2021). For example, curricula that neglect the history and contributions of marginalized groups can reinforce the invisibility and devaluation of these groups. Furthermore, the lack of representation in teaching and health teams can limit the diversity of perspectives and shared experiences (Santos, Santana & Santana, 2021; Brazão, 2018).

To overcome these contradictions, it is essential to recognize the role that formative processes play in perpetuating or subverting existing power structures. This requires a critical analysis of curricula, teaching methods and institutional practices, with the aim of identifying and challenging oppressive assumptions and practices (Cecchetti, Pozzer & Tedesco, 2020).

Furthermore, decolonial practices challenge colonial structures and seek to restore the autonomy and dignity of historically oppressed communities (Sánchez, 2009). These practices may include promoting representation of marginalized groups, incorporating non-Eurocentric perspectives into curricula, and collaborating with local communities to develop culturally sensitive care approaches (Melo & Ribeiro, 2019).

An example of decolonial practice is the creation of training programs that value the traditional knowledge and experiences of indigenous communities (Gallois, 2007), people of African descent (Negreiros, 2017) and other historically marginalized communities. This not only empowers these communities, but also enriches the repertoire of care practices.

Hegemonic knowledge is that which dominates educational and health systems, often excluding or marginalizing other forms of knowledge. To promote training processes involved in the production of care and inseparable from practices to combat racism, it is essential to recognize and challenge the hegemony of this knowledge (Lander, 2000). On the other hand, decolonial epistemologies value and respect different forms of knowledge and wisdom. They recognize the importance of multiple perspectives and seek to decolonize thought



and practice. Incorporating countercolonial epistemologies into training processes can help create a space for the diversity of voices and knowledge (Alcoff, 2016).

Anti-racist ethics must be central to training processes in health and education. This means not only recognizing the existence of racism but also taking active action to dismantle these systems of oppression (Oliveira & Guidio, 2022). This involves developing care practices that are sensitive to the experiences and needs of people who experience racism.

In this way, education plays a central role in dismantling coloniality. Educational institutions often promote Eurocentric perspectives, marginalizing knowledge from indigenous, African and other non-Western cultures (Tonet, Rodrigues, & Meneghel, 2023).

Therefore, to establish decolonial care practices, it is essential to review the curriculum and is a fundamental action in the contemporary education process (Viçosa, Soares, Pessano & Folmer, 2017). According to these authors, it is to develop curricula that transcend Eurocentric perspectives and recognize the richness of local and traditional knowledge. In doing so, not only is the educational experience of students enriched, but equity and inclusion are also promoted by valuing all the cultural contributions and knowledge that shape the globally interconnected society. This more inclusive and diverse approach to the curriculum not only broadens horizons, but also prepares students to face the complex and intercultural challenges of today's world.

Likewise, it is essential to equip educators not only with solid pedagogical knowledge, but also with the sensitivity and skills necessary to promote cultural diversity and recognize systemic inequalities in the classroom (Iervolino & Pelicioni, 2017). According to Glat (2000), this implies providing teachers with the tools and strategies to value the different cultures present in the classroom, promote mutual respect and create an environment where all students feel welcomed and respected, regardless of their background, ethnic, social or cultural origin.

Furthermore, as Silva (2021) reiterates, educators must be able to identify and address systemic inequalities that affect access to education and



academic performance, actively working to eliminate such disparities and provide equal learning opportunities for all students.

Furthermore, engagement with communities plays a fundamental role in promoting inclusive and enriching education. Establishing strong partnerships with local communities is an essential approach to incorporating their perspectives and knowledge into the educational process. By actively engaging communities, schools and educational institutions can enrich their curricula with local experiences and stories, making learning more relevant and meaningful for students. Furthermore, this collaboration allows schools to better understand the specific needs and challenges of their communities, promoting more effective, student-centered education that respects cultural diversity and values the contributions of all members of society (Martinelli & Euzébio, 2022).

Health is another area where coloniality manifests itself, often resulting in significant health inequalities for marginalized populations. In this way, health professionals play a fundamental role in providing quality care to patients, and an essential part of this process is cultural sensitivity (Degli Esposti, Ferreira, Szpilman & da Cruz, 2020).

Therefore, it is essential that these professionals receive adequate training to understand and respect the different cultural beliefs and practices that their patients may follow (Vilelas & Janeiro, 2017). By recognizing the importance of cultural diversity, healthcare professionals can establish a relationship of trust with patients, ensuring that treatments are more effective and aligned with each person's individual needs, thus promoting a more inclusive and equitable healthcare system (Gambarelli & Taets, 2018).

Regarding the latter, promoting health equity is a fundamental imperative in the provision of health services (Albrecht, Rosa & Bordin, 2017). These authors argue that this involves proactive and conscious actions that recognize the influence of social determinants of health, such as economic conditions, access to education, living environment and ethnic belonging.



Furthermore, actively pursuing health equity means ensuring that all individuals have equal access to quality services, regardless of their origin or socioeconomic status. This approach not only improves the health of the population as a whole, but also contributes to the construction of fairer and more inclusive societies, where the well-being and dignity of each citizen are prioritized (Siqueira, Hollanda & Motta, 2017).

Finally, the inclusion of traditional knowledge is a crucial step towards promoting health and respecting cultural diversity (Chassot, 2008). By incorporating traditional and indigenous healing methods into healthcare systems, when requested and approved by communities, we are recognizing the wealth of knowledge accumulated over generations (Oliveira & Magalhães, 2022). This approach not only strengthens ties between conventional medical practices and ancestral traditions, but also empowers communities to actively participate in their own healthcare decisions. This not only enriches the provision of healthcare, but also contributes to the preservation and appreciation of ancestral cultures and knowledge, thus promoting inclusion and mutual respect.

CONCLUSION

The decolonization of training processes in health and education is fundamental for the construction of decolonial care practices. This requires a profound review of educational structures and curricula, as well as a change in the mindset of healthcare professionals and educators. By challenging decoloniality in these areas, we can contribute to creating a more just and equitable world, where all people have access to quality health services and education that values and respects their cultural identities. It is necessary to recognize and face contradictions in training processes, promoting decolonial practices that adopt a truly inclusive and emancipatory anti-racist ethics.

REFERENCES



Albrecht, C. A. M., Rosa, R. D. S., & Bordin, R. (2017). O conceito de equidade na produção científica em saúde: uma revisão¹. *Saúde e Sociedade*, 26, 115-128. Disponível em: <https://www.scielo.br/j/sausoc/a/kGzLZKCFrh3RVxS7f94rHNf/>. Acesso em: 06/09/2023.

Alcoff, L. M. (2016). Uma epistemologia para a próxima revolução. *Sociedade e estado*, 31, 129-143. Disponível em: <https://www.scielo.br/j/se/a/xRK6tzb4wHxCHfShs5DhsHm>. Acesso em: 05/09/2023.

Araújo, J. M., Costa, K. A. O. D., Silva, F. C. C. M., & Gervais, A. M. D. (2023). Relação entre território e residência em saúde: uma possibilidade de experiência decolonial?. *Saúde em Debate*, 46, 196-206. Disponível em: <https://www.scielo.br/j/sdeb/a/LLDPVL37GbnRkYcFk93GsTc/>. Acesso em: 03/09/2023.

Brazão, D. A. (2018). *Entre o colonial e o decolonial: A Base Nacional Comum Curricular como Território de Disputas* (Doctoral dissertation, Dissertação—Universidade do Estado do Rio de Janeiro, Faculdade de Formação de Professores. São Gonçalo, 174 f). Disponível em: http://www.ppghsuerj.pro.br/wp-content/uploads/2021/04/Diogo_Alchorne_Brazao.pdf. Acesso em: 04/09/2023.

Cecchetti, E., Pozzer, A., & Tedesco, A. L. (2020). Formação docente intercultural e colonialidade do saber. *Revista del CISEN Tramas/Maepova*, 8(1), 187-200. Disponível em: https://www.academia.edu/download/86833086/Artigo_publicado.pdf. Acesso em: 04/09/2023.

Cesarino, L. (2017). Colonialidade interna, cultura e mestiçagem: repensando o conceito de colonialismo interno na antropologia contemporânea. *Ilha*, 19(2), 73-105. Disponível em: <https://www.academia.edu/download/55985195/52027-186357-2-PB.pdf>. Acesso em: 01/09/2023.

Chassot, A. (2008). Fazendo educação em ciências em um curso de pedagogia com inclusão de saberes populares no currículo. *Química Nova na Escola*, 27, 9-12. Disponível em: <http://qnesc.sbq.org.br/online/qnesc27/03-ibero-2.pdf>. Acesso em: 02/09/2023.

Degli Esposti, C. D., Ferreira, L., Szpilman, A. R. M., & da Cruz, M. M. (2020). O papel da Educação Permanente em Saúde na Atenção Primária e a pandemia de COVID-19. *Revista Brasileira de Pesquisa em Saúde/Brazilian Journal of Health Research*, 22(1), 4-8. Disponível em: <https://periodicos.ufes.br/rbps/article/download/33685/22354>. Acesso em: 06/09/2023.

Gallois, D. T. (2007). Materializando saberes imateriais: experiências indígenas na Amazônia Oriental. *Revista de Estudos e Pesquisas*. Disponível em: <https://dspace.sistemas.mpba.mp.br/handle/123456789/504>. Acesso em: 08/09/2023.

Gambarelli, S. F., & Taets, G. G. D. C. C. (2018). A importância da empatia no cuidado de enfermagem na atenção primária à saúde. *Enfermagem Brasil*, 17(4), 394-400. Disponível em: <http://portalatlanticaeditora.com.br/index.php/enfermagembrasil/article/view/1258>. Acesso em: 06/09/2023.

Glat, R. (2000). Capacitação de professores: pré-requisito para uma escola aberta à diversidade. *Revista Souza Marques*, 2(6), 16-22. Disponível em: https://revista.souzamarques.br/index.php/REVISTA_SOUZA_MARQUES/article/download/214/203. Acesso em: 02/09/2023.



Guedes, A. L., & Porto, R. M. (2022). O cuidado enquanto promoção de humanização e saúde para mulheres negras em contexto de prisão. *Revista Remecs-Revista Multidisciplinar de Estudos Científicos em Saúde*, 15-19. Disponível em: <http://www.revistaremeecs.com.br/index.php/remecs/article/view/924>. Acesso em: 03/09/2023.

Iervolino, S. A., & Pelicioni, M. C. F. (2005). Capacitação de professores para a promoção e educação em saúde na escola: relato de uma experiência. *Journal of Human Growth and Development*, 15(2), 99-110. Disponível em: <https://www.revistas.usp.br/jhgd/article/view/19762>. Acesso em: 05/09/2023.

Irigaray, H. A. R., & Stocker, F. (2022). Diversidade, singularidade, sustentabilidade e decolonização: avanços na pesquisa científica nacional. *Cadernos EBAPE. BR*, 20, 1-5. Disponível em: <https://www.scielo.br/j/cebape/a/hhGHmYdzyBgqf4PtwP8Jn3N/>. Acesso em: 01/09/2023.

Lander, E. (2000). ¿Conocimiento para qué? ¿Conocimiento para quién? Reflexiones sobre la universidad y la geopolítica de los saberes hegemónicos. *Estudios Latinoamericanos*, 7(12-13), 25-46. Disponível em: <http://revistas.unam.mx/index.php/rel/article/view/52369>. Acesso em: 05/09/2023.

Lemos, E. D. J. S., Bezerra, T. C. C., Pereira, E. M. S., Corrêa, S. R. M., Bentes, J. A. de O., Oliveira, I. A., & Sá, P. F. (2023). Revisiting the construction process of SUS: In search of a decolonial practice: Revisitar o processo de construção do SUS: em busca de uma prática decolonial. *Concilium*, 23(15), 170-189. Disponível em: <http://clium.org/index.php/edicoes/article/view/1604>. Acesso em: 03/09/2023.

Martinelli, B. M., & Euzébio, U. (2022). Contribuições do pensamento decolonial sobre a ciência e sua práxis no contexto de povos e comunidades tradicionais. *Desenvolvimento e Meio Ambiente*, 60. Disponível em: <https://revistas.ufpr.br/made/article/download/78111/46891>. Acesso em: 06/09/2023.

Melo, A. D., & Ribeiro, D. (2019). Eurocentrismo e currículo: apontamentos para uma construção curricular não eurocêntrica e decolonial. *Revista e-Curriculum*, 17(4), 1781-1807. Disponível em: http://educa.fcc.org.br/scielo.php?pid=S1809-38762019000401781&script=sci_arttext. Acesso em: 07/09/2023.

Meneses, M. P. (2020). Desafios à descolonização epistêmica: Práticas, contextos e lutas para além das fraturas abissais. *Contemporânea: Revista de Sociologia da UFSCar*, 10(3), 1067-1097. Disponível em: <https://estudogeral.uc.pt/handle/10316/95799>. Acesso em: 04/09/2023.

Michel, M. H. (2005). Metodologia e pesquisa científica em ciências sociais: um guia para acompanhamento da disciplina e elaboração de trabalhos monográficos. *São Paulo: Atlas*, 421-437.

Mignolo, W. D. (2017). Colonialidade: o lado mais escuro da modernidade. *Revista brasileira de ciências sociais*, 32. Disponível em: <https://www.scielo.br/j/rbcsoc/a/nKwQNPrx5Zr3yrMjh7tCZVk/?lang=pt&format=html>. Acesso em: 01/09/2023.

Miranda, D. W., & Félix-Silva, A. V. (2022). As Subjetividades Periféricas e os Impasses para a Descolonização da Clínica Psicológica. *Psicologia: Ciência e Profissão*, 42. Disponível em: <https://www.scielo.br/j/pcp/a/c9dvXwsycCnM6ddCWNTCgTB/>. Acesso em: 03/09/2023.



Morel, A. P., & Pimentel, S. K. (2023). MUITOS MUNDOS, MUITAS EDUCAÇÃOES: educação popular, descolonização epistêmica e outras questões contemporâneas. *Caderno CRH*, 36, e023002. Disponível em: <https://www.scielo.br/j/ccrh/a/5trtHbkbysVMgmXPms7sNQm/>. Acesso em: 01/09/2023.

Negreiros, D. F. D. (2017). *Educação das relações étnico-raciais: avaliação da formação de docentes*. Editora UFABC.

Oliveira, L. G. F., & Guidio, M. C. M. S. (2022). Relações entre racismo institucional e saúde integral da população negra: estudo com e Estratégia da Saúde da Família. *Práticas e Cuidado: Revista de Saúde Coletiva*, 3, e15345-e15345. Disponível em: <https://www.homologacao.revistas.uneb.br/index.php/saudecoletiva/article/view/15345>. Acesso em: 03/09/2023.

Oliveira, L. G. F., & Magalhães, M. (2022). Percurso da implantação da Política Nacional de Saúde Integral da População Negra no Brasil. *Revista Brasileira de Estudos de População*, 39. Disponível em: <https://www.scielo.br/j/rbepop/a/p9Z9c4pJnPHpj35TVxSBMZz/citation/?lang=pt>. Acesso em: 03/09/2023.

Rufino, L. (2021). *Vence-demanda: educação e descolonização*. Mórula Editorial.

Sánchez, C. (2009). Autonomia, Estados pluriétnicos e plurinacionais. *VERDUM, Ricardo. Povos indígenas: Constituições e reformas políticas na América Latina. Brasília: Instituto de Estudos Socioeconômicos*, 63-90. Disponível em: http://perso.unifr.ch/derechopenal/assets/files/obrasportales/op_20090918_01.pdf#page=63 Acesso em: 07/09/2023.

Santos, V. C. B., Santana, W. S. D., & Santana, D. M. S. (2021). Para quê, por que e como aprender? A promoção de uma aprendizagem significativa a partir de uma educação decolonial e antirracista na educação básica. *Anais do XV Colóquio Internacional Educação e Contemporaneidade*. Disponível em: <https://ri.ufs.br/handle/riufs/16433>. Acesso em: 04/09/2023.

Sevalho, G., & Dias, J. V. D. S. (2022). Frantz Fanon, descolonização e o saber em saúde mental: contribuições para a saúde coletiva brasileira. *Ciência & Saúde Coletiva*, 27, 937-946. Disponível em: <https://www.scielo.org/article/csc/2022.v27n3/937-946/pt/>. Acesso em: 01/09/2023.

Silva, K. V. (2021). Oficinas digitais de artes indígenas para professores de ensino fundamental e ensino médio: Produzindo conhecimento decolonial sobre história indígena. *Revista Brasileira de Extensão Universitária*, 12(2), 235-244. Disponível em: <https://periodicos.ufes.edu.br/index.php/RBEU/article/view/12183>. Acesso em: 02/09/2023.

Silva, L. M. V. D. G., Lima, B. C. S. D., & Junqueira, T. L. S. (2023). População indígena em tempos de pandemia: reflexões sobre saúde a partir da perspectiva decolonial. *Saúde e Sociedade*, 32, e220092pt. Disponível em: <https://www.scielo.br/j/sausoc/a/jHrvbTpHR4hkqdRfFD5vmpK/>. Acesso em: 01/09/2023.

Siqueira, S. A. V. D., Hollanda, E., & Motta, J. I. J. (2017). Políticas de Promoção de Equidade em Saúde para grupos vulneráveis: o papel do Ministério da Saúde. *Ciência & Saúde Coletiva*, 22, 1397-1397. Disponível em: <https://www.scielo.br/j/csc/a/Hmkmtw9NYb5cVtfZwJqb36c/>. Acesso em: 06/09/2023.



Tonet, J. J., Rodrigues, C. R., & Meneghel, S. M. (2023). Educação intercultural como possibilidade de reconhecimento e valorização das diferenças. *Linguagens, Educação e Sociedade*, 27(55), 1-30. Disponível em: <https://periodicos.ufpi.br/index.php/lingedusoc/article/view/3993>. Acesso em: 05/09/2023.

Viçosa, C. S. C. L., Soares, E. L., Pessano, E. F. C., & Folmer, V. (2017). Diagnóstico no Projeto Político Pedagógico sobre a transversalidade e interdisciplinaridade no ensino fundamental. *Ciências & Ideias*, 8(3), 01-19. Disponível em: <https://ury1.com/urj2V>. Acesso em: 05/09/2023.

Vilelas, J. M. D. S., & Janeiro, S. I. D. (2012). Transculturalidade: o enfermeiro com competência cultural. *Revista Mineira de Enfermagem*, 16(1), 120-127. Disponível em: <https://11nq.com/0rQ09>. Acesso em: 06/09/2023.