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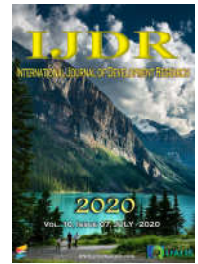
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RESEARCH ARTICLE

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HEALTH STUDENTS KNOWLEDGE ABOUT INTEGRATIVE AND COMPLEMENTARY PRACTICES

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ABSTRACT

Integrative and Complementary Practices have gained space in public health policies and interest in them have increased. Health professors must train professionals to develop a more critical thinking, focused on integral health. This study aimed to describe about the knowledge of physiotherapy students about integrative and complementary health practices. This is a descriptive, experimental, transverse and quantitative study. The data were quantified and analyzed using descriptive statistics. The results show that although most students reported knowing some Integrative and Complementary Practices (88%), few know the National Policy of Integrative and Complementary Practices (46%), however the vast majority (90%) would indicate the treatment of some of these practices to any client, friend or family member for believing in their therapeutic effects. Acupuncture was the best-known practice among students (74%) and the technique most used by them was auriculotherapy (58%). It is suggested that higher education institutions include this theme in their curricular components and knowledge about health care must become more holistic and humanized.

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INTRODUCTION

Integrative and complementary practices (ICP) started to be discussed in Brazil by the end of the 70's, after the International Conference on Primary Health Care where there was the Declaration of Alma Ata. In the 1980s, due to the 8th National Health Conference, was highlighted a need in the Brazilian society to include an innovative health culture which sought to discuss and question the hegemonic pattern of health care, in which it would bring new forms of care, self-care, in

addition to knowledge and learning for the population (Brasil, 2012). Health managers and users of the Unified Health System, jointly thought of a durable public policy that could promote comprehensive health care through CIPs, considering not only natural health prevention factors but a more comprehensive way of promoting health, care and recovery of the health-disease process. Thus, CIP started to be offered in three phases of service, primary, secondary and tertiary (Brasil, 2012). Besides that, the Ministry of Health through Ordinance No. 971 from May 2006 approved the implementation of the

National Policy of Integrative and Complementary Practices in Health (NPICP) (Brasil, 2006). These practices aim at the patient's well-being, assessing him with a more comprehensive view and providing more natural procedures, addressing continuous and humanized care, and providing a welcoming listening to the therapeutic bond. These practices value self-care and the natural mechanisms to preventing injuries, generating not only physical well-being but also emotional and psychological well-being, which can replace conventional treatment or act together with it (Salles, 2011). The NPICP aimed to ensure that Unified Health System users have access to traditional and complementary medicines, among which, those in the scope of Traditional Chinese Medicine: Acupuncture, Homeopathy, Phytotherapy, Anthroposophical Medicine and Thermalism - Crenotherapy (Brasil, 2006). In 2017, 14 new ICP methods were included through/by Ordinance No. 849/2017, SUS now offers 19 integrative and complementary practices to its users, which are: Homeopathy, Traditional Chinese Medicine / Acupuncture, Anthropozoic Medicine, Medicinal Plants and Phytotherapy, Social Thermalism / Crenotherapy, Art Therapy, Ayurveda, Biodanza, Circular Dance, Meditation, Music Therapy, Naturopathy, Osteopathy, Chiropractic, Reflexotherapy, Reiki, Shantala, Integrative Community Therapy and Yoga (Brasil, 2017).

Since the public policy brought significant advances for the access qualification and resolution in the Health Care Network, new increments were made. Therefore, in 2018, the new ordinance No. 702 from the Ministry of Health approved an addition of 10 more practices to the National Policy of Integrative and Complementary Practices: aromatherapy, apitherapy, bioenergetics, family constellation, chromotherapy, geotherapy, hypnotherapy, laying on of hands, ozone therapy and flower therapy (Brasil, 2020). Even with this diffusion of ICP, health professionals are unaware of these practices despite the interest in knowing them and in approving their inclusion in health services. The lack of knowledge generates a prejudiced view regarding ICP and the non-recognition of their contributions to health. Also, the lack of scientific evidence to prove these practices generates a prejudice which is sometimes passed from the doctor to the patient and even from teachers to students in the health field, thus causing the reduction in the use of these practices today (Gontijo, 2017). Thereby, it depends on health professors to be responsible to instruct health professionals to have a more critical view and to be able to question about the teaching and learning process. This approximates the real practice of health and the various changes that occur constantly, in addition to exposing the dynamics of care not as something stagnant, but flexible, affectionate and non-linear (Silva, 2013). Investigate the current scenario of health course students understanding can be considered the first step towards the establishment of regular and extensive precepts into the Unified Health System, achieving success on disease prevention and health promotion. It can also contribute to reflections, studies about the theme and improvement of the ICP. This study aims to describe the knowledge of students in the physiotherapy course on integrative and complementary health practices.

MATERIALS AND METHODS

This is a transverse descriptive study with an experimental characteristic and a quantitative approach. This project is part of an umbrella project entitled

“Integrative and Complementary Practices in Health Promotion”. The Certificate of Presentation of Ethical Appreciation has the number: 86462318.3.0000.5578, which was approved for data collection under the protocol 2.593.674. The study procedures were initiated after the institution's approval for data collection by signing and stamping the Institutional Authorization Term for Data Collection by its manager, submission and approval by the Ethics and Research Committee of Faculdade Independente do Nordeste - FAINOR. All volunteers were informed about the research and signed an Informed Consent Form, respecting the ethical precepts contained in Resolution 466/2012 of the National Health Council. The research was carried out in a private higher education institution in the city of Vitória da Conquista, in Bahia state, Brazil. The higher education institution was chosen for this study because it is a training center for health professionals who will act directly on health promotion for others, and, therefore, must be responsible for their insertion in the broader context of Brazilian Unified Health System.

Physiotherapy course students of a higher education institution participated in the study. Were included in the study Students duly enrolled in the physiotherapy course who were attending the last year, excluding irregular students. Subsequently, the students were asked to answer a questionnaire at a time when they were in between classes. A questionnaire was used to assess the students' knowledge about the existence of ICP and NPICP, their practices, their personal experiences with ICP, and the experience of their family members regarding ICP. Data collection took place in October 2018. The data obtained were analyzed using the electronic program Microsoft Office Excel 2017 software with procedures for data tabulation and responses analysis using descriptive statistics, simple percentages including absolute and relative frequencies.

RESULTS

The sample of this present study was composed of 50 physiotherapy course students from both sexes from the final academic year, enrolled on 9th and 10th semester. Table 1 shows students' knowledge about the ICP. Although 88% of the students reported hearing about some ICP, only 24% made use of any of them. It was also reported by the students that only 26% of their relatives have already used any ICP. When asked if they would indicate any ICP to a client, family member or friend, 90% answered positively, a higher percentage than those who reported knowing these practices. As for the knowledge of the practice of Acupuncture, only 6 students (12%) reported not knowing it. About believing on the ICP's therapeutic efficacy of health condition improvement or in the people's health conditions, 86% of the students said they believed in these effects (Table 1). As for the knowledge of the NPICP, only 23 students reported knowing this Policy (Table 1). When asked if they heard about the NPICP in any discipline at graduation, 21 (91,3%) said they were aware of this policy through an optional discipline offered by the Higher Education Institution called Alternative Therapeutic Resources. The other 2 academics (8,7%) knew about this policy through other sources. Among the students who reported knowing some ICP, they were asked to answer which ones they knew. Acupuncture was mentioned by 74% of the students. It is important to make it clear that auriculotherapy and cupping therapy techniques reported by the students were included as Acupuncture since they are part of Traditional Chinese Medicine.

Table 1: Knowledge of university students about Integrative and Complementary Practices

Questions	Yes		No	
	N	%	N	%
Have you heard about the ICP?	44	(88%)	6	(12%)
Do you use or have you used any ICP?	12	(24%)	38	(76%)
Does anyone in your family use or have used any ICP?	13	(26%)	37	(74%)
Do you indicate or indicate ICP to any customer, family member or friend?	45	(90%)	5	(10%)
Do you know NPICP?	23	(46%)	27	(54%)
You know the practice of Acupuncture?	44	(88%)	6	(12%)
Do you believe in the therapeutic effects of ICP in improving your health or people's health?	43	(86%)	7	(14%)

ICP: Integrative and Complementary Practices / NPICP: National Policy of Integrative and Complementary Practices. Source: Research data.

Music therapy was the second most reported, with 22%, followed by reiki, circular dance and homeopathy (12%), Aromatherapy (10%), Phytotherapy and Shantala (6%), chromotherapy and meditation (4%), flower therapy, yoga, osteopathy, hypnosis and anthroposophical medicine (2%) (Figure 1).

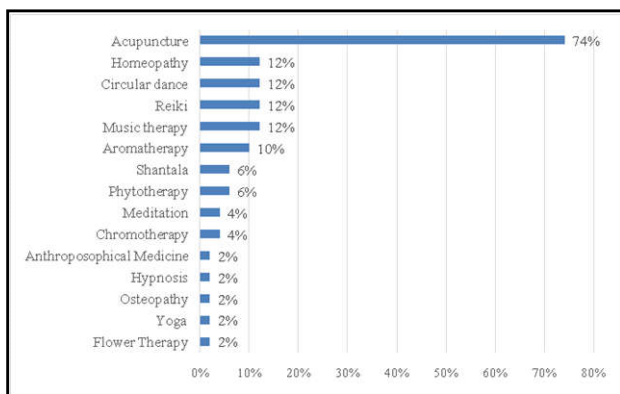


Figure 1: Percentage of Integrative and Complementary Practices reported as known by interviewed students. Source: Research data

Figure 2 shows the percentage of techniques used by the 12 students who reported having already used some practice. The majority, 58.3% reported having used auriculotherapy, an acupuncture technique. Meditation, hypnosis and cupping therapy were used by 16.7% of the students, followed by chromotherapy, homeopathy, circular dance and yoga with 8.3%.

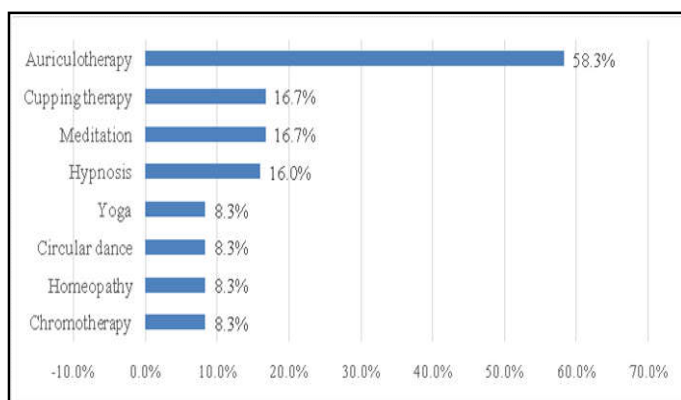


Figure 2. Integrative and Complementary Practices techniques used by interviewed academics. Source: Research data

DISCUSSION

Although the vast majority of respondents reported knowing some Integrative and Complementary Practices (ICP), there is a lack of knowledge about the National Policy on Integrative and Complementary Practices (NPICP) by academics, showing a low dissemination level of this policy within the academic environment. When these professionals start to work, they may not offer ICP or even not indicate them due to lack of information. Such practices have the main objective of promoting health. According to Ischkanian (2016), instruction about such practices has not been included in health professionals training, although in Brazil it exists since 1998. This indicates a necessity to implement such themes within the curriculum of health area courses. In this study, 43% of academics said they knew the NPICP through an optional discipline offered by the higher education institution they study, already pointing out the change in this reality. A study from Thiago and Tesser (2011) surveyed 177 doctors and nurses and it was observed that 88.7% did not know the guidelines for complementary therapies. However, 81.4% said they were in agreement with the inclusion of these practices in the Unified Health System, in addition, more than half of the interviewees (59,9%) agreed that these practices should be part of the curriculum during the graduation process.

There is also a low level of knowledge related to NPICP by health professionals due to their academic background because the courses were developed following a biomedical model which did not include a formal education about integrative and complementary health practices. This scenario is currently changing, gaining greater availability of information and obtaining greater strength (Couto, 2018). However, the reflection of this lack of information on this topic can be seen in the study by Andrade (2018), when evaluating the knowledge of 23 basic health unit professionals about the NPICP. Only 4 of these professionals said they knew what the NPICP was about. Of the 12 academics who said they used one of the ICP, auriculotherapy proved to be the most used and widespread among students. This technique is part of acupuncture therapy, which in turn plays its role through Traditional Chinese Medicine, with a holistic approach, which works through stimuli at reflex points located in the auricular region, and is widely used to treat various disorders, such as physical, emotional and psychological (Weiler, 2012). Because it is a simple and easy to apply technique, in addition to already having evidence in the treatment of anxiety and stress (Rodrigues, 2018), it is justifiable that students have used this technique to resolve these issues that most affect them. On the other hand, in the study by Couto (2018), it was observed that medical students from the 1st and 7th graduation period said that among the ICP, phytotherapy was the most prevalent both in use and in indication. However, acupuncture proved to be notoriously better known and arouses greater interest in being manipulated, although phytotherapy is a more common technique in Brazil. Many students reported knowing some ICP, but few have experienced these practices neither any member of their families. This finding can be explained by barriers of distance from where the ICP are offered or even unawareness about ICP inclusion in public health units free of charge. An equal result was found in the Andrade (2018), in which many health professionals said they did not have access to services due to financial issues, lack of information and interest. However, this demonstrates a lack of knowledge about the NPICP guidelines, which guarantees free access of

the population to these services in the public network free of charge (Brasil, 2018). The results presented indicate that the lack of use of these practices by students is mainly due to the deficit of information provided. This study suggests that higher education institutions in health area should encourage, promote workshops and lectures to train health professionals to present these practices and facilitate their use, in addition to including them in the curriculum components. This study encourages new researches in the area, including larger samples, students from all health area courses and other semesters containing detailed sociodemographic data. Also researching the knowledge of teachers, to better elucidate the knowledge of integrative and complementary practices in health.

Conclusion

It was observed in this study that although the majority of students reported knowing some Integrative and Complementary Practices (ICP), few know the National Policy of Integrative and Complementary Practices (NPICP). Even though today we have 29 practices inserted in the NPICP, only 15 were reported by the students, with Acupuncture being the most reported practice. The technique most used by students was auriculotherapy. The students who reported knowing the NPICP, obtained this knowledge through an optional discipline in graduation, pointing out the importance of this theme to be addressed in the curricular components. Although the students do not know the policy, the vast majority would recommend the treatment of ICP to a client, friend or family member because they believe in the therapeutic effects of ICP in improving their health conditions or in the health conditions of people.

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