

HEALTH PROMOTION IN “NEVERLAND”: AN INTERDISCIPLINARY EXPERIENCE

A promoção da saúde na “terra do nunca”: uma experiência interdisciplinar

La promoción de la salud en la “tierra del nunca”: una experiencia interdisciplinaria

Experience Report

ABSTRACT

Objective: To support the personal and interpersonal upbringing of pre-school children through children's care and an expanded view of health. **Data Synthesis:** The Family Health Strategy, a current healthcare model in Brazil, deepens the territorialization and prioritizes actions – that must go beyond the health service – to promote health by making use of existing community locales like the school for example. In this context, the team of the Multi-professional Residency Program in Community and Family Health has developed, between 2009 and 2010, a health education project in a Primary School that is run by the city of Porto Alegre (RS). It is a qualitative experience report on health promotion activities conducted with 48 children from four to six years old. **Conclusion:** It was possible to infer by the end of the activity that the children developed the possibility to establish health care relations that could be analyzed by means of their own behavior. The link established between the students and the residents and the use of playful techniques were the tools to facilitate the work. Through this work, it is possible to think about the expanded view of health based on a proposal of health promotion at schools by means of an interdisciplinary and intersectoral action.

Descriptors: Health Promotion; Health Education; Intersectorial Action; Child, Preschool

RESUMO

Objetivo: Apoiar a formação pessoal e interpessoal das crianças pré-escolares por meio do cuidado infantil e da saúde em seu conceito ampliado. **Síntese dos dados:** A Estratégia de Saúde da Família, modelo de atenção vigente no Brasil, aprofunda a territorialização e prioriza ações de promoção da saúde – que devem ir além do serviço – utilizando-se dos espaços comunitários existentes, dentre eles, a escola. Nesse contexto, a equipe do Programa de Residência Multiprofissional em Saúde da Família e Comunidade desenvolveu, nos anos de 2009 e 2010, um projeto em uma escola de educação infantil conveniada com a Prefeitura Municipal de Porto Alegre-RS. Trata-se de um relato de experiência de caráter qualitativo que descreve as atividades de promoção da saúde com 48 crianças, com idade entre 4 e 6 anos. **Conclusão:** Ao final das atividades, pôde-se inferir que as crianças desenvolveram a possibilidade de estabelecer relações de cuidado em saúde, as quais puderam ser analisadas por meio do comportamento. O vínculo estabelecido entre os alunos, as residentes e o uso de técnicas lúdicas foi a ferramenta para facilitar o trabalho, através do qual é possível refletir sobre o conceito ampliado de saúde, baseado em uma proposta de promoção da saúde nas escolas por meio de uma ação interdisciplinar e intersectorial.

Descritores: Promoção da Saúde; Educação em Saúde; Ação Intersetorial; Pré-Escolar.

RESUMEN

Objetivo: Apoyar la formación personal e interpersonal de los niños preescolares a través del cuidado infantil y de la salud en su concepto más amplio. **Síntesis de los datos:** La Estrategia de Salud de la Familia, modelo de atención vigente en Brasil, profundiza la territorialización y prioriza acciones de promoción de salud – que deben ir más allá del

Camila Irigónhé Ramos⁽¹⁾
Chandra da Silveira Langoni⁽¹⁾
Fernanda Brenner Morés⁽¹⁾
Júlia Schneider Hermel⁽¹⁾
Luciana Balestrin Redivo
Drehmer⁽¹⁾
Marcele Peretto⁽¹⁾
Tatiana Stürmer Badalotti⁽¹⁾

1) Pontifical Catholic University of Rio Grande do Sul (Pontificia Universidade Católica do Rio Grande do Sul – PUCRS) - Porto Alegre (RS) - Brazil

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servicio – se utilizando de los espacios comunitarios existentes, entre ellos, la escuela. En ese contexto, el equipo del Programa de Residencia Multiprofesional en Salud de la Familia y Comunidad desarrolló en los años 2009 y 2010 un proyecto en una escuela de educación infantil en convenio con el Ayuntamiento Municipal de Porto Alegre-RS. Se trata de un relato de experiencia de carácter cualitativo que describe las actividades de promoción de salud en 48 niños con edad entre los 4 y 6 años. Conclusión: Al final de las actividades, se pudo inferir que los niños desarrollaron la posibilidad de establecer relaciones de cuidado en salud las cuales pudieron ser analizadas a través del comportamiento. El vínculo establecido entre los alumnos, las residentes y el uso de técnicas lúdicas fueron las herramientas para facilitar el trabajo a través del cual es posible reflexionar sobre el concepto más amplio de salud basado en una propuesta de promoción de salud en las escuelas utilizándose de una acción interdisciplinaria e intersectorial.

Descriptores: Promoción de la Salud; Educación en Salud; Acción Intersectorial; Preescolar.

INTRODUCTION

The Primary Health Care was established to organize healthcare services based on the needs of the population in order to improve health and equity in the distribution of resources. In Brazil, primary health care is called Basic Health Care (BHC) and ruled by the National Health Policy which establishes and defines that actions developed in BHC should include the individual and the group, covering promotion, rehabilitation and health maintenance^(1,2).

Following the BHC, in an attempt to reorient the institutional model, Brazil launched the Family Health Strategy, which further develops the processes of territorialization and sanitation responsibility. The Family Health Team must take into account the dynamism of the territory where it is inserted so that it can develop actions that will not only take place in the healthcare services, but also in existing community locales. Furthermore, the work process of the Family Health Teams is characterized by the interdisciplinarity, intersectoriality and integrality of care and the extended family care practice^(1,2).

One of the strategies of the Ministry of Health to train professionals to work in this new scenario of care is the Multiprofessional Residency in Health. The Family and Community Health Multiprofessional Residency Program of the Pontifical Catholic University of Rio Grande do Sul (*Programa de Residência Multiprofissional em Saúde da Família e Comunidade, da Pontifícia Universidade Católica do Rio Grande do Sul-PREMUS/09*) is inserted in this context.

It is in this interdisciplinary working field that health promotion stands out as a major contributor to the development of intersectoral actions in an attempt to comprehend health within its expanded concept, beyond this sector, contributing to social development. Through the exercise of citizenship, it is attempted to strengthen the autonomy of subjects and social groups, empowering them to act in the control of the situations to which they are subjected to^(3,4).

Under such opportunity, it is necessary, during all stages of life, the encouragement of skills and personal attitudes that contribute to the adoption of healthy behaviors, enhancing the development of integral healthcare. These actions must be performed at all collective spaces, among which the school stands out⁽⁵⁾.

The partnership between health and school aims to boost student's social responsibility and expansion of knowledge and skills for the improvement of quality of life. In early childhood, the school environment becomes a place of coexistence where children are exposed to different sensations, emotions, situations and stimuli that will positively influence their growth in different aspects. Within this context, the preschool child sees school as a resource for the development of motricity, language, socialization, cognition and emotion⁽⁶⁾.

The work at primary schools (PS) must be based on experiential learning, because everything that is experienced will be learned⁽⁷⁾. The literature points out that the most appropriate way to provide health education in a preschool environment is through playful games and theater⁽⁷⁻⁹⁾. It can be noticed that these activities make a difference in children's behavior, reflecting on the way they relate to each other, the environment, the food and the body and hygiene care⁽⁷⁾.

Based on this issue, a group of residents of PREMUS/09 developed a health promotion project at a primary school. It aimed to support the personal and interpersonal development of preschool children through infant care and healthcare within its expanded concept.

EXPERIENCE REPORT

This work is a descriptive experience report of a health promotion project based on a qualitative perspective conducted at a PS by seven professionals of Nursing, Pharmacy, Physiotherapy, Nutrition, Dentistry, Psychology and Social Work. The school is accredited by the Education Secretariat of Porto Alegre (*Secretaria de Educação de Porto Alegre-RS*) and it is located in the territory covered by the Family Health Unit of the east region of the city. The PREMUS/09 team linked to the healthcare unit conducted

this project in the period between 2009 and 2010. The ethical aspects involved meet the legal prerogatives for working in services of the Multiprofessional Residency Programs, Act No. 11.129, June 30, 2005.

For the planning of the actions, the residents met with the PS principals and educators to get to know the students' routine and main health demands. The institution has circa 160 children between two and six years old distributed in Nursery, Kindergarten A and Kindergarten B classes. Based on the demand, it was developed an interdisciplinary intervention project for the Kindergarten A and B classes, comprising 48 students between four and six years old.

This project, developed in the school environment, included actions divided into two working modules: Module A – aimed at supporting personal and interpersonal training, addressing infant care concerning identity and autonomy; and Module B – aimed at providing informative and reflexive content on health and its relationship to the environment.

The actions took place weekly among thematic areas, totaling 34 meetings lasting one hour and a half each. After 20 meetings, two other meetings were held – one with the educators and the school principal and another one with the educators and the children's parents/guardians – to assess the actions developed and also provide time for suggesting other issues to be addressed.

The issues covered were: health and disease, body hygiene, oral health care, environment, family, healthy diet, sexuality, accident prevention, violence and drug abuse. The actions addressed health education through playful activities – storytelling and dramatization of classic children's stories, puppet theater, music and games. At the end of each meeting, the residents wrote a report that would be further discussed and evaluated in weekly meetings between the team and the tutor in charge of the project. The material followed the guidelines⁽⁸⁾ for qualitative documentary research, which suggested that documents should be used as communication devices methodologically developed in the construction of versions of events. Thus, the reports were analyzed and the results have given rise to this article.

In order to bring health and education closer to each other, activities were performed between institutions and actors involved. In the first meeting with children, the project was presented, integration between residents and students was developed and students' understanding of health was assessed. After that, it became apparent that their concept of health was associated with various diseases and that they considered the "healthcare center" a place where they take "injections and vaccines". After identifying the need to work on the broad concept of health, the team of residents developed a domino game whose tiles had figures

representing the health-disease process on them. This activity aimed to problematize the determinants of health: environment, violence, education, basic sanitation, living and working conditions, and nutrition.

A study conducted with public school teachers has also identified the concept of health based on the traditional biomedical model practices for emergency measures⁽⁹⁾. Thus, authors reinforced the need to further promote health education at schools in order to develop healthy habits and citizenship. The school community must participate actively in promoting health to strengthen protection factors using the resources and potentialities of every social actor⁽¹⁰⁾.

Hygiene was worked throughout three meetings. The group used the children's story by Braga and Brondani "Quem nunca teve diarreia?" (*Who has never had diarrhea?*) and dramatized the song by Hélio Ziskind, "Ratinho tomando banho" (*Little mouse taking a shower*). The group also played a game for washing hands in which blindfolded children with hands painted with gouache washed their hands a second time when noticing that they were still dirty. With this, the importance of washing hands and food before eating them was reinforced. Another objective of the project was to provide students with an opportunity to think about the care for the environment. To do so, residents used the children's story by Silvia Orthof, "João Feijão" (*Johnny Bean*) and bean seeds were planted on cotton balls so students could grow them. It was observed that planting the seeds and watching them growing made students interact with the plants in several moments of their school routine, comparing the growth of each seed and praising the classmates who grew the seeds longer.

To work on nutrition, a sensory workshop was performed. Students should smell, touch and express what they felt about a fruit and then eat it. Also, a food bingo related nutrition to environment and hygiene. For the closing and review of the issue, a story was presented through a puppet theater with characters made of fruit and vegetables *in natura* in order to stimulate healthy nutrition.

Activities to work on accident prevention, violence and drug abuse were also developed. First, a firefighter presented specific techniques of his profession and dramatized a rescue to show actions that can prevent accidents. After that, students participated in a playful activity with objects that represented the scenery of risky situations related to their routine.

Based on the demand revealed in the evaluation meeting with educators, parents and the school board, a work on family structure and configuration was developed, problematizing the theme "family". Students talked about their families, expressing characteristics and relating them to hygiene, nutrition and affective relationships. During the

activity, children noticed the different family configurations within the group and one student summarized the issue using the following sentence: “Family is not only mom and dad. It’s grandma, uncle, aunt, godmom... family is anyone who cares.” After that, students drew their families.

Another demand presented by students was “sexuality”. So, it was developed a workshop on body perception in which students were blindfolded and touched every part of their body, verbally describing their characteristics. After that, every student outlined the body of a classmate – who was lying on the floor – on paper. It was observed that children highlighted the face, heart and external genitalia, besides emphasizing the difference in body sizes. This helped work on differences and similarities of sex and gender, identity and body care.

Oral health actions were developed from the observation of school routine concerning nutrition, mealtimes and oral hygiene. Five educators were trained to perform oral health practices, especially concerning oral hygiene, non-ingestion of toothpaste and substitution of toothbrushes. Activities with children included reading the series entitled “Festa dos Dentinhos” (*Little Teeth Party*), by Daniela Mello, that talks about the importance of taking care of the teeth by means of dental floss, toothbrush, toothpaste and a healthy nutrition. The methods used included puppet theater with the story characters, demonstration of oral hygiene using a dental manikin and visualization of dental plaque through mouth rinsing with a liquid that pigments the plaque (oral biofilm).

A technique called “Story Time” was used to work on emotional and cognitive development. Among the options provided, Kindergarten-A students chose the tales “Snow White and the Seven Dwarfs” and “Little Red Riding Hood”. Storytelling took place at the beginning of every meeting, followed by activities for reflection, discussion, drawing and dramatization with costumes. During dramatization, students projected themselves onto the characters, added speeches and created new roles, scenes and interpretations for the stories. Several feelings and emotions could be noticed, like the fear of playing the role of certain characters and the indecision to choose one of these roles. It was observed that the tales used in this study bring, in their plot, existential matters that are similar to those found in children’s daily lives – within their families and community – like situations of violence and abandonment. It is by means of an imaginary world that children can transfer themselves to a space and time different from their reality; a place where they can share feelings and alleviate their anxieties and suffering⁽¹¹⁾.

At the beginning of the meetings, the previous activities were performed again, reinforcing the issues and building up a relationship among them. By the end of the

first semester, a timeline was built to recall themes and foster students’ reflection, aiming to check what students had learned from the activities developed. By the end of the second semester, the residents wrote a book entitled “Era uma vez...Uma história de saúde” (*Once upon a time...A health story*). The narrative is about the project developed by residents and students. It talks about the moments they spent together and describes the themes discussed, naming each student who participated in the study. Thus, children could acknowledge themselves as the protagonists in the health education process. This inference could be obtained from their speech because when they were questioned: “Whose this story?” they replied: “It’s ours”.

Even though the completion of the project had been worked in a practical and symbolic way, children had difficulty unlinking themselves from the residents at the end of the activities. It was found that the link established throughout the meetings between children and the residents helped in the research. This link had been established not only because of the school activities, but also because the residents had assisted the children’s families at the Healthcare Unit. The fact of children recognizing the residents as caregivers may have contributed to strengthen this bond. Affection plays a major role in human development since the individual is born with a predisposition to form relationships; however, the relationship must be a two-way street⁽¹²⁾.

Regarding activities, Kindergarten B presented more creativity and autonomy to modify proposals, relating the issues approached to daily life. In Kindergarten A, students paid attention to other activities and requested the residents’ attention individually. One should take into account the differences of every stage of early childhood, in which many acquisitions and changes occur within one year^(6,13).

It was observed that the technique used to develop each theme raised either a greater or a less interest among students. It is known that the pedagogical work developed in children’s schools is based on playful proposals^(14,15). Therefore, playful activities had a greater acceptance. Within this context, the insertion of healthcare units in schools and the consolidation of health education work as a daily practice of teams pops up as a challenge. To work on this problematic, it is necessary to consider the concept of territory as an environment for life production that is collectively built through economic, political, social and cultural transformations. Thus, it is possible to recognize the diversity of individuals and particularities of each reality⁽¹⁶⁾.

Given that as true, the territory becomes crucial for the understanding of the health-disease process. It is a strategic place for the development of actions aimed at integral health care. In this context, the Ministry of Health determines, as

one of the tasks of the Family Health Team, the guarantee of intersectorial and interdisciplinary actions, aiming at the articulation of many actors and sectors involved in health promotion. It is thought, then, that knowledge sharing strengthens the understanding of conditioning factors and determinants of the health-disease process, which is the objective of the new healthcare model^(2,17).

The principles of health promotion and the broad concept of health suggest intersectoriality as a strategy for facing the determinants of health. However, it should not be considered as the only strategy to be used in the different territories and populations, but as a strategy for mobilizing all the sectors needed to meet the demands of a collectivity, uniting all the actors involved, especially the population that must participate from the moment of diagnosis until the evaluation of the actions implemented^(18,19).

However, the literature shows that the healthcare services still work in a fragmented and individualized way, based on an assistentialist medical model rather than health promotion actions⁽¹⁾. The insertion of professionals in social spaces – for instance, schools – is still a challenge experienced by the residents in the development of this project, which has undergone a maturing process with the internalization of health promotion. Thus, it is necessary to reflect on the working process and relationships among professionals, aiming at interdisciplinarity and the real change in the healthcare model⁽¹⁷⁾.

CONCLUSIONS

By understanding the school as a privileged space for coexistence and social interaction and relating it to health promotion one can find the way that leads to health maintenance. This work could problematize many questions involved in health processes. The intersectorial and interdisciplinary activities presented good results as the actors involved (children, educators and parents) developed different ways to promote health.

Considering that childhood is marked by many transformations and the construction of subjectivity, the work developed in two different axes – identity and autonomy; and relationship with the environment – allowed for supporting the health condition of these children. Although the project sample is reduced, it can be a motivation for new healthcare practices.

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First author's address:

Camila Irigónhé Ramos
Secretaria da Faculdade de Psicologia
Av. Ipiranga, 6681, Prédio 11
CEP: 90619-900 - Porto Alegre - RS - Brazil
E-mail: mila85@gmail.com

Mailing address:

Luciana Balestrin Redivo Drehmer
Secretaria da Faculdade de Psicologia
Av. Ipiranga, 6681, Prédio 11
CEP: 90619-900 - Porto Alegre - RS - Brazil
E-mail: luciana.redivo@puers.br