

HEALTH PROMOTION STRATEGIES: SITUATIONAL DIAGNOSIS IN ELEMENTARY SCHOOLS

Estratégias de promoção da saúde: diagnóstico situacional em escolas do ensino fundamental

Estrategias para la promoción de la salud: diagnóstico situacional en escuelas de la enseñanza fundamental

Original Article

ABSTRACT

Objective: To identify the existence of health-promoting actions in public and private schools. **Methods:** Exploratory and descriptive study with qualitative approach, conducted from June 2012 to June 2013, comprising 10 institutional managers of elementary schools of the public and private networks in the city of Ponta Grossa, PR. Data was collected through semi-structured interviews, and examined with use of content analysis thus emerging thematic categories. **Results:** Regarding nutrition, monitoring is carried out by nutritionists in both types of school. Private schools provide theoretical guidance, while the public ones practice the orientations about personal care. With respect to the access to health services, public schools provide assistance to their students through the city's Health Secretariat, whereas private schools are direct providers. The private network was also found to satisfy fully the human and social development. Concerning the structure, accessibility has been prioritized, both schools having implemented the necessary adaptations. As for security, although schools are equipped with monitoring cameras, violence and vandalism are more frequent in public schools. **Conclusion:** The institutions practice health-promoting actions, with significant differences between public and private schools, especially in the field of personal care, and social and human development. Approaching public and private networks is suggested, in order to perform an inter-institutional work, aiming to improve health promotion for the students.

Descriptors: Health Promotion; Population Policy; Schools.

RESUMO

Objetivo: Identificar a existência de ações promotoras de saúde em escolas públicas e privadas. **Métodos:** Estudo exploratório descritivo, com abordagem qualitativa, realizado de junho de 2012 a junho de 2013 com 10 gestores institucionais de escolas de ensino fundamental das redes pública e privada, em Ponta Grossa-PR. Os dados foram coletados através de entrevistas semiestruturadas e analisados a partir da análise de conteúdo, emergindo categorias temáticas. **Resultados:** Quanto à alimentação, a supervisão ocorre por meio de nutricionistas em ambas as escolas. As escolas privadas dão um enfoque teórico, enquanto as públicas põem em prática as orientações sobre os cuidados pessoais. Com respeito ao acesso à saúde, as escolas públicas disponibilizam atendimento aos seus alunos através da Secretaria de Saúde do município, enquanto nas privadas as próprias escolas oferecem atendimento. Apurou-se também que na rede privada contempla o desenvolvimento humano e social em sua totalidade. Em termos de estrutura, foi priorizada a acessibilidade, nas quais ambas as escolas realizaram adaptações necessárias. No quesito segurança, as escolas dispõem de câmeras de monitoramento, no entanto, a violência e o vandalismo são mais comuns nas públicas. **Conclusão:** As instituições realizam práticas de promoção de saúde, porém, observaram-se importantes diferenciações entre ambas, em especial no âmbito dos cuidados pessoais e do desenvolvimento social e humano. Sugere-se uma aproximação entre as redes públicas e privadas, a fim de realizarem um trabalho interinstitucional, visando à melhoria da promoção da saúde dos alunos.

Descritores: Promoção da Saúde; Política Populacional; Instituições Acadêmicas.

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RESUMEN

Objetivo: Identificar la existencia de acciones de promoción de la salud en escuelas públicas y privadas. **Métodos:** Estudio exploratorio descriptivo con abordaje cualitativo realizado de junio de 2012 a junio de 2013 con 10 gestores institucionales de escuelas de enseñanza fundamental de las redes pública y privada de Ponta Grossa-PR. Los datos fueron recogidos a través de entrevistas semiestructuradas y analizados a partir del análisis de contenido, emergiendo las categorías temáticas. **Resultados:** Sobre la alimentación, la supervisión ocurre a través de nutricionistas de ambas escuelas. En las escuelas privadas predomina el marco teórico en cuanto las públicas practican las orientaciones sobre cuidados personales. Respecto al acceso a la salud, las escuelas públicas ofrecen asistencia a sus alumnos a través de la Secretaría de Salud del municipio mientras que las propias escuelas privadas ofrecen la asistencia. Se verificó también que la red privada incluye el desarrollo humano y social en su totalidad. Sobre la estructura fue dada prioridad a la accesibilidad en las cuales ambas escuelas realizaron las adaptaciones necesarias. En cuestión de seguridad las escuelas tienen monitoreo por cámaras, sin embargo, la violencia y el vandalismo son comunes en las públicas. **Conclusión:** Las instituciones realizan prácticas de promoción de salud, sin embargo, se observaron importantes diferencias entre ellas, en especial en el ámbito de los cuidados personales y del desarrollo social y humano. Se sugiere una aproximación de las redes públicas y privadas para realizar un trabajo interinstitucional con el objetivo de la mejora de la promoción de la salud de los alumnos.

Descriptor: Promoción de la Salud; Política de Población; Instituciones Académicas.

INTRODUCTION

Health Promotion is one of the health sector strategies that seek the improvement of the population's quality of life, being, in Brazil, taken over by the Unified Health System (SUS - Sistema Único de Saúde) as a possibility to focus on the determinant aspects of the health-disease process⁽¹⁾. This calls for a work with multidimensional and mutually complementary actions that reach the population and favour their achievement of health through reflections on health, care practices, changes in health-damaging behavior, and acquisition of habits favourable to the common good and personal health^(2,3).

In this direction, networking linked to the Health Promotion strategy aims to produce shared management between the users, social movements, health sector's and other sectors' workers, producing autonomy and co-responsibility⁽¹⁾. This policy can be executed in several settings, bodies in charge of public policy definition, at universities and especially in environments where people

live, representing, in political and institutional terms, a breakthrough in the inter-sector practices and in relationship with society^(4,5).

The initiative of health-promoting schools represents a commitment to develop partnerships and optimize resources in integrated action between schools, community and health services, aimed at producing knowledge and life skills, attitudes and encouragement to practices regarded as healthy, and the construction of supportive environments⁽⁶⁾. A healthy school is the one that considers the individual in full and promotes autonomy, creativity and participation⁽⁷⁾.

In this sense, aware that health develops and is generated as an articulation of possibilities in different sectors, this study aimed to identify the existence of health-promoting actions in public and private schools.

METHODS

This is a descriptive exploratory study with a qualitative approach, developed in public and private institutions in the city of Ponta Grossa-PR, within the elementary level of education, carried out from June 2012 to March 2013.

For definition of research subjects, a semi-structured and self-administered questionnaire⁽⁴⁾ was sent to an educational manager (principal or pedagogical coordinator) of the aforesaid educational institutions, in order to identify possible health-promote actions carried out in those social spaces. In total, effectively participated in this phase 70 public schools and 14 private ones. The study excluded the institutions that did not return the questionnaire within thirty days or declined to participate.

The data collection instrument consisted of nine guiding themes, open and closed, divided into three main dimensions: 'health', 'ambience' and 'human and social development'. Each category showed the following response options: 'no' (score 0), 'yes partially' (score 1), and 'yes totally' (score 2). The sum of the scores allowed the formation of a final result within each dimension, which can vary from 0 to 16 for 'health', 0 to 8 for 'ambience', and 0 to 20 for 'human and social development'⁽⁴⁾. Schools that reached at least 75% of the full score allowed for each dimension were considered potentially health-promoting.

Through the exposed situational analysis, respecting the default cut-off score, ten institutions were considered eligible for the second stage, being three public and seven private schools.

After the selection, semi-structured interviews were conducted, through dialogue between managers and researchers, aiming at better understanding of the activities performed, and the managers' perception and involvement.

The analysis of the material was made through content analysis and its unfoldings were exposed descriptively⁽⁸⁾.

Therefore, the following steps were conducted for data categorization: pre-analysis; initial reading of the interviews; constitution of the *corpus*; selection of context and recording units; cutting; coding and classification; categorization and definitions of the symbolic categories. Five thematic categories have thus emerged: 'healthy eating', 'personal care', 'access to health services', 'human and social development' and 'structure'.

This project was approved by the Research Ethics Committee of the State University of Ponta Grossa (Opinion No 33/2012), according to Resolution 196/96 of the National Health Council. To preserve the respondents' anonymity, they were named 'Public School Manager' and 'Private School Manager', being numbered successively.

RESULTS AND DISCUSSION

The following are the themes that emerged from the material produced by the interviews, reporting the most significant speeches.

Healthy eating

With regards to the 'healthy eating' category, in both public and private schools the nutrition monitoring is carried out by nutritionists, responsible for the organization of a balanced menu. In the public network, the same professional is dedicated to various schools, training school cooks on hygiene practices, preparation of a qualified menu, and ideal temperatures of food. In private schools, when students bring snacks from home, they receive guidance to avoid processed foods and fried foods.

"The canteen is like that: no fried foods, it sells fruit salad, vitamins, cereal bars; no sweets, the canteen has no meat or fried foods, then an orientation is sent to their parents and they know [...]". Private School Manager 1

"The canteen is prohibited, most of our children don't bring snacks, then it's just what is served in school, but it's very healthy; every month there is the menu, right, that's provided there by the nutritionists, so the meals are of good quality, right, and it is very varied [...]". Public School Manager 1

"[...] there is the temperature, the menu, our school cook, she does training almost monthly, the cleaning is well monitored, the hygiene, especially when it comes to eating the fresh fruit, you have to use a spoon of bleach, soak; our tools, we have no more plastic [...] nothing wooden, right, because it contaminates. Snacks delivery, teachers use the cap and glove, right, leaves the kitchen what the child is going to have access, that is, closed dishes with

cover, right, food is also tightly closed, taken from the cart and taken into the classrooms." Public School Manager 2

Healthy eating is a relevant topic, discussed and addressed in either the developed and developing countries, given the alarming rates of infant-juvenile obesity^(9,10).

There are several external factors that may influence the feeding habits and the development of obesity⁽¹¹⁾. The school, as a place attended by children and adolescents, constitutes the ideal place for healthy eating promotion and development of physical activities, since that is the age at which the nutritional status is established, and thus can affect health and well-being at every stage of life^(9,12,13). The results of this study showed the provision of a balanced diet in schools supervised by nutritionists, even in the public network.

Other important aspects to be considered are the safety and hygiene of food consumed⁽¹²⁾. Both schools reported using personal protective equipment when preparing food, in accordance with the requirements of the National Health Surveillance Agency (*ANVISA - Agência Nacional de Vigilância Sanitária*), especially the public schools, which also reported training and guidance provided to the school cooks. The offer of continuing education and monitoring of sanitary practices are essential to ensure food security^(12,14).

Personal care

Regarding the 'personal care' category, the private schools address issues on formation of essential habits, such as hand washing and bathing, and shows availability of auxiliary materials such as alcohol gel, soap and paper towel. This is evidenced in the following statements:

"For our students we take care this way, for example, in the bathroom, you have, soap for hand wash and you have a brush to get your nails cleaned, [...] we have alcohol gel through the corridors for them to sanitize their hands." Private School Manager 2

"We have the timetables, you know, because we only have the tap only up here [...] so at that given time the teacher will make hygiene, they go to the bathroom, wash their hands and go to eat back inside the rooms." Public School Manager 1

Toothbrushing associated with topical application of fluoride, with or without supervisor agent, proved to be rooted practice only in public schools. Private institutions only exposed theoretical interventions.

"Each semester the child receives two brushes and the toothpaste, one they keep in their suitcase and the other they leave at home, every day after the meal they make oral hygiene." Public School Manager 2

*“Daily brushing we don’t have, but we have programs.”
Private School Manager 3*

“There’s a set for healthy teeth, materials that we have, we lend for the teachers to tell stories, work, especially with the youngest right? Because the older ones already have the habit [...] and the little ones don’t, the little ones will learn the habit of brushing.” Private School Manager 4

As for body hygiene, private schools had greater supply of inputs, which, according to the Ministry of Education and Culture (MEC) are essential for health maintenance⁽¹⁵⁾. As regards to oral hygiene carried out in public schools, despite the practice being effected, teachers and trainees had a low level of knowledge on the subject. A survey on teachers of a public school in Belo Horizonte, MG, found that many do not feel safe to address the issue and need to get more information⁽¹⁶⁾. Despite the assumed importance of toothbrushing for oral health maintenance, the exposure to topical fluoride, as a practice performed only by the public schools in the city, is not regarded as associated with the prevalence of dental caries⁽¹⁷⁻¹⁹⁾.

The prevention of drug use was common to all public schools and most private schools, which suggests the positive influence of the Educational Program of Resistance to Drugs (*PROERD - Programa Educacional de Resistência às Drogas*), highly disseminated initiative by the Federal Government, as seen in the following speeches:

“We have here in the municipality the PROERD program, that is our support against smoking, drugs and violence, right? This year we have 75 students attending and they are multiplying at home.” Public School Manager 2

“They charge their parents a lot, we see that [...] and the parents themselves have been talking about the demands they do at home.” Private School Manager 6

There is a large number of adolescents who use drugs, mainly due to age immaturity and ease of access. The best way to combat the use of drugs is prevention and awareness of young people via school, family, friends and society in general^(20,21). In the present study, the institutions have satisfactorily addressed this issue.

Physical activities of the public network were part of the personal care context, in most cases, linked to physical education classes and stretching sessions with teachers, students and staff. The private network, on the other hand, presented activities in an extracurricular schedule, such as singing, painting and guitar workshops, dance and sports groups - topics covered in the speeches that follow:

“We have a partnership project with SESI, Athlete of the Future, right, where our students make the practice

*of sport, twice a week with a teacher from SESI. [...] We have the physical education teacher, that is now of that area (of specialization), right? The sport has developed a great deal after his arrival because he works in the area.”
Public School Manager 2*

“And at the science fair, that we call pedagogical exposition, it has now the theme ‘Science, Sports, Education, incentive for health’. This theme will develop all sports activities that we practice and some others that exist. Each room presents one sport and we are studying how it affects the quality of life.” Private School Manager 5

Physical activities should be premises of the health-promoting schools, since they fight obesity, help releasing tension, improve social interaction and self-confidence, and reduce the risk of developing diseases, including cancer and osteoporosis^(13,22,23). Private schools exposed more frequently differentiated physical activities such as dancing, which stimulates and develops the ability to create, imagination, sensation, and perception, integrating the body and intellectual knowledge, improving fitness and reducing weight in adolescents^(24,25). Music education and playfulness programs, and reading projects were exposed by most institutions. The playfulness, however, often imposes only its theoretical profile or low utilization of space and time⁽²⁶⁾. This fact may be related to teachers’ lack of training or the lack of school human, physical or material resources⁽²⁷⁾, which is consistent with the reality of most Brazilian public schools.

Access to health services

The ‘access to health services’ category shows that public institutions develop partnership with the municipality’s Health Secretariat, and students may be referred to medical or psychological treatment after parental consent.

Regarding dental actions, those responsible are often encouraged to seek care in the local health unit. Most private schools offer health insurance to their employees, and the student’s monitoring through psychological counseling, weight control, and vaccination, occurs within the school.

*“We have a health insurance plan, you know, that the school provides. And once a year we also have this routine, that is, routine examinations [...] for employees. For students we have preventive actions and psychologists.”
Private School Manager 3*

Human and social development

The ‘human and social development’ category raises questions on the values, religiosity, vocations, reflections, education for life, friendship, among others, which were

less expressive in schools of the public network, being addressed by all the private schools.

Waste recycling constituted an attitude practiced by most schools. Some act simply separating the garbage, as in the case of public ones, in order to help the parents in exchanging recyclable material for horticultural products; others, of both networks, treat this issue through educational materials developed with students, presence of selective dumps, and dialogue. Environmental preservation, stimulated by lectures, science fairs and projects that transform the oil brought by students in soap, was mentioned in the private managers speeches.

“They were keeping the material at home, plastic, paper, metal, every Tuesday, they brought to school. It was really cool [...]. there was a company that bought this material and with the money we chose a family there from Castanheira, and we remodeled the home.” Private School Manager 5

Environmental education involves the society in a differentiated way and can be an important ally of health promotion practices. Schools, in particular, have the task of stimulating values and related practices⁽²⁸⁾, aiming at the quality of the natural and social environment, positively influencing overall health status. The dialogue involving environmental issues in elementary schools in Brazil has been expanded, however, most schools do not provide proper final destination to the waste, with reuse or recycling rates around 5%⁽²⁹⁾. The schools surveyed revealed actions toward environmental education, although sometimes in a shy way.

The playfulness, brought by reading incentive, access to the library and theater, demonstrated to be frequent in the two institutions. Public schools, however, admitted difficulty in the acquisition of materials used in the playful activities.

“Read in family [Reading Project] is a very nice thing, we do exchanges on Mother’s Day, families come with their children and we purchase some new titles, so we do a delightful literature [...] there’s storytelling, the theaters, so always associating that moment of reading, a very pleasant thing.” Private School Manager 2

Social inclusion practices were embraced by most institutions, facing the individual monitoring of students with disabilities, possible supply of multi-purpose rooms and the important Association of Parents and Teachers (APT).

“The APT is involved in all the June Festival organization. They help on the day of the party, at the period of student games [...]. Also [there is] a project where (sic) APT is

with us, along with the physical education staff where (sic) parents play grandparents’ games [and] current games along with their children.” Private School Manager 5

“These students are students who have special needs, not students with attention deficit [...] or with hyperactivity. They’re students who need some monitoring [...]visual, auditory needs. We have cochlear implants (sic) [...], we are a central school [...]. It’s inclusion. Inclusion means not just put in the class; include, they go to the class, he comes, he follows normally the school routine, he will graduate.” Public School Manager 2

The family-school-community integration should be facilitated by the active presence of APT, which shall cooperate in the development of cultural and leisure activities, promoting improvements in the teaching-learning process and especially the interaction of parents, teachers and students⁽³⁰⁾. In this research, public schools had higher performance of APT in bureaucratic aspects, while private institutions, in exchange with the external community

Structure

The ‘structure’ category deals with accessibility, in which schools perform the basic necessary adaptations like ramps, drinking fountains, and adapted bathrooms. In this category, it became clear the need to broaden spaces. In terms of security, the most cited strategy was the monitoring system, with the use of cameras, alarms, intercoms, electronic gates, entry and exit control, and identification cards.

“[...] there is a space that’s all flat, right, to walk. Then the classrooms are already down here, and that also facilitates the access; we have toilets, female and male toilets. When one needs to go the library, we have stairs, but then we have the lift, we have an employee who attends to it.” Private School Manager 5

“We have a contract with a monitoring company, right, our school is provided with internal and external cameras, right? [...] the front gate is that gate that is automatic, so you introduce yourself over the intercom and at the same time you can be displayed, because there is a camera.” Public School Manager 2

An inclusive and accessible school can bring many benefits to students with disabilities, such as the opportunity to participate, observe, and learn from others, facilitating social interaction; and to the others, the opportunity of learning to live together and accept differences. It was observed, however, that the prospects for change availables at law are not adequately translated into political actions⁽³¹⁾.

In the city of Ponta Grossa, PR, the public network showed greater effectiveness on the issue of inclusive

education, with specific schools for the referral of students who require multidisciplinary care. The possibility of a second education agent monitoring the student was common to both analyzed networks. As for accessibility, public and private educational institutions should provide conditions for access and use of all school environments, including classrooms, library, auditoriums, gyms, sports areas and toilets for people with special needs⁽³²⁾. The managers' perception showed compliance with the received notions, however, no specific protocol was used to analyse the actual conditions of physical accessibility, unlike the findings in the literature⁽³³⁾.

Although the majority of schools have revealed to have security interventions, the researchers had free access to school space on several occasions, especially in the public network, even with the presence of external gate, alarm and monitoring system. We live in a culture of fear and insecurity, in which the fact of being monitored becomes a necessity⁽³⁴⁾. On the other hand, studies argue about the effectiveness of monitoring cameras and the quality of their images, showing they often pose unnecessary expenses⁽³⁵⁾.

Regarding acts of violence and vandalism, in the results of this study, public schools exposed greater fragility, while the private schools showed greater incentive to prevention policies. Studies held in public schools showed that violence occurs because of fights between students, between students and teacher, and also depredation actions by the students themselves⁽³⁶⁾, making them even more exposed to unsafe conditions⁽³⁷⁾.

Finally, this study addressed the access to basic healthcare services, effective in some public schools through a partnership with the local health unit and, in private schools, through agreements with health professionals and health-oriented insurance trade. No schools mentioned the regulations on federal initiative named the School Health Program⁽³⁸⁾, which provides for preventive and educational activities to be performed in schools by the public health system professionals, despite the presence of posters announcing that program in one of the public school.

FINAL CONSIDERATIONS

Health-promoting actions were practiced by both analyzed educational institutions, however, there were important differences between public and private schools, particularly in the field of personal care and social and human development. We suggest an approach between public and private networks in order to perform an inter-institutional work, aimed at improving health promotion for the students.

Given the relevance of information obtained in the present study to the field of Health Promotion, the

development of new scientific research is suggested, including sets of expanded data with multilateral approaches, involving the managers, along with the students', parents' and employees' perspectives, to further the exposed theme.

It is worth noting that the public school system is subject to the determinations of the Municipal Secretariat of Education, while private schools have greater autonomy for the development and implementation of policies to promote health.

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