

PROMOTING HEALTHY BEHAVIORS IN PRESCHOOLERS

Promoção de comportamentos saudáveis em pré-escolares

Promoción de conductas saludables en prescolares

Original Article

ABSTRACT

Objective: To analyze the perception of education professionals regarding self-care behaviors displayed by preschoolers from the implementation of an education extension project as well as understand their difficulties in teaching self-care measures, assess their satisfaction with working conditions and the implementation of the education extension project. **Methods:** This is a descriptive, qualitative cross-sectional study conducted from September to December 2009 at the day care center “Children’s House” in Petrolina, PE. A semi-structured interview was performed with eight professionals of the day care center. Data were analyzed using content analysis with emerging themes that were interpreted based on the literature concerning the theme. **Results:** Respondents highlighted the change in children’s behavior relating to nutrition, oral and body hygiene; however, professionals lack skills and competencies to develop such actions. **Conclusion:** The respondents highlighted the change in children’s behavior regarding self-care measures, evidencing their satisfaction; however, it was verified that they lack skills and competencies.

Descriptors: Health promotion; Health Education; Child, Preschool.

RESUMO

Objetivo: Analisar a percepção de profissionais do ensino quanto aos comportamentos de autocuidado apresentados por pré-escolares a partir da implantação de um projeto de extensão, apreender as dificuldades desses profissionais no ensino de medidas de autocuidado e apreciar sua satisfação com as condições de trabalho e com a implantação do projeto de extensão. **Métodos:** Pesquisa descritiva, transversal, com abordagem qualitativa, realizada de setembro a dezembro de 2009, na Creche Casa da Criança, em Petrolina-PE. Utilizou-se entrevista semiestruturada com oito profissionais da creche. Os dados foram avaliados através da análise de conteúdo, emergindo categorias temáticas, interpretadas à luz da literatura pertinente ao tema. **Resultados:** Os entrevistados destacaram a mudança de comportamento das crianças no que diz respeito à alimentação, higiene bucal e corporal, no entanto, compreendeu-se a falta de habilidades e competências dos profissionais em desenvolverem tais ações. **Conclusão:** Os profissionais destacaram mudança de comportamento no tocante às medidas de autocuidado pelas crianças, ficando evidente a satisfação deles; entretanto, verificou-se sua falta de habilidades e competências.

Descritores: Promoção da Saúde; Educação em Saúde; Pré-escolar.

RESUMEN

Objetivo: Analizar la percepción de profesionales de la educación respecto a las conductas de autocuidado presentados por preescolares con la implantación de un proyecto de extensión, aprehender sus dificultades para la enseñanza de medidas de auto cuidado y apreciar su satisfacción con las condiciones de trabajo y la implantación del proyecto de extensión. **Métodos:** Investigación descriptiva, trasversal, con abordaje cualitativo realizada entre septiembre y diciembre de 2009 en la Guardería “Casa del Niño” en Petrolina, PE. Se utilizó la entrevista semi-estructurada con ocho profesionales de la guardería. Los datos fueron analizados a través del análisis de contenido, surgiendo categorías temáticas que fueron interpretadas a la luz de la literatura pertinente al tema. **Resultados:** Los entrevistados

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Received: 02/21/2011
Revised: 06/29/2012
Accepted: 06/06/2013

destacaron cambios de conductas de los niños para la alimentación, higiene corporal y de la boca, sin embargo, se constató la falta de habilidades y competencias de esos profesionales para desarrollar esas acciones. **Conclusión:** Los profesionales destacaron el cambio de conductas para las medidas de auto cuidado de parte de los niños quedándose evidente su satisfacción, sin embargo, se verificó su falta de habilidades y competencias.

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

INTRODUCTION

Brazil has been fighting over the last decades a hard battle against problems concerning public health dating from centuries ago, problems which transcend the physiological aspects of the human organism, such as child malnutrition, infant mortality and other outbreaks of infectious and contagious diseases. The Ministry of Health has been developing a series of strategies to tackle the social aggravations resulting from these negative indicators. These strategies, in association with the technological progress in the area of health, the qualitative advancements concerning the access to these services and the better training of the professionals that work especially in the public health network laying great emphasis on the mother-child binomial, have made it possible, within a historical context of improvements of social indicators, such as income distribution and the access to public schools for children under five years of age, a relevant improvement in this scenario of problems and social ills^(1,2).

Corroborating these historical achievements, in 1991, supported by the worrying scenario in which most of the Brazilian municipalities were, especially the ones in the Northeast, the Ministry of Health launched the Community Health Agent program (*Programa de Agentes Comunitários de Saúde – PACS*), which, among other priorities, proposed the monitoring of growth and development of children under five years of age⁽³⁾.

In 1994, the Ministry of Health implemented the Family Health Programme (*Programa Saúde da Família – PSF*), which extended the actions already undertaken by the PACS and concentrated the attention on children's health, aiming at reversing the indicators that made the quality of life worse for a great part of the Brazilian population⁽³⁾. This⁽¹⁾ revealed, in 1989, that 31% of the Brazilian children aging five years or under had malnutrition and often showed a debt in the height/age ratio. Chronic malnutrition prevailed. In Pernambuco, stunting dominated as a representation of

the epidemiological profile frequently at 12.1%, whereas the weight deficit was around 4.9%.

In 2007, Brazil had 4923,984 children under five years of age and Pernambuco alone had 195,186. The municipality of Petrolina-PE, that year, had 3,213 children aging from 0-3 and 3,482 aging from 3-5, corresponding approximately to 7% of the children under five years of age in the state⁽²⁾. However, the school offer for this group age was still very far from coping with all the existing demand⁽⁴⁾.

The indicators of the municipalities within the micro region of Petrolina-PE are not different from the ones found in the rest of the state. They show the expressive number of 12% of children with low weight and/or child malnutrition, exposing the frailty of the actions taken by the Unified Health System (*Sistema Único de Saúde – SUS*) in that region⁽⁵⁾.

Within this context, children are seen as individuals developing both physiological and functionally and they are exposed to risky situations as they constantly interact with situations and organisms unknown to them until then. Thus, not rarely, health related problems occur, for this interaction makes it possible the appearance of pathologies directly related to the contexts in which the children are inserted. Illnesses, such as child malnutrition, respiratory infections, infectious and contagious diseases, among others, are constant⁽⁶⁾.

The aforementioned context shows the vulnerability of children due to the group of 'risks to development' present in this phase of life⁽⁷⁾, which can result from biological, psychological and/or social conditions and be identified in the individuals themselves, in the environment or in the combination of both⁽⁸⁻¹¹⁾.

Associating the expressive numbers of individuals that need special attention with the social and economic difficulties faced by the families in the Northeast concerning the access to basic health services, one can see the necessity to elaborate strategies and programs to revert the indicators found. These health related problems are closely related to the families' high indexes of poverty, increasing exponentially the risks to children development, mainly for the 29% of the Brazilian population (50 million) that live under the poverty line, Pernambuco being one of the states with the worst indicators (50.9%)⁽¹²⁾.

Such programs should prioritize primary prevention⁽¹³⁾, avoiding the emergence of diseases, and include actions to promote child health increasing the incorporation of healthy habits for children.

These preventive measures are opposed to the vulnerability or the presence of risk factors; therefore, one should also analyze the protection mechanisms, emphasizing the concept of psychological resistance or resilience,

particularly within the developmental psychopathology⁽¹⁴⁾ studies. These concepts, generally speaking, are related to the individual's capacity to overcome adverse conditions^(15,16).

Following this preventive line, government programs that promote child health or developmental surveillance have a prominent place⁽⁷⁾, with PSF being renamed as Family Health Strategy (*Estratégia de Saúde da Família – ESF*) – a proposal for (re)organizing Basic Attention whose aim is to increase health promotion⁽¹⁷⁾. Programs such as this are part of governmental actions in the area of Health, restricted to the professionals working in the sector and without the proper support coming from the educational area. As a result, these educational and preventive actions are held hostages by punctual actions proposed by city mayors with enough sensitivity to implement them.

In order to improve this situation, the government launched the Health Promoting Schools Program⁽¹⁸⁾, which brings the proposal of a new health paradigm for schoolchildren based on a comprehensive and integrated view, whose objectives are: Encourage the development of behaviors and attitudes within the school community directed to the practice and conservation of health as a social and cultural well-being; (b) identify and prevent any problems and risks to health that might affect the learning process; (c) contribute to make the school and its surroundings propitious environments for the physical, mental and social development of schoolchildren; (d) encourage the organized participation of the school community and society in general to improve health⁽¹⁹⁾.

However, the actions of health promotion taken in the school setting are usually characterized by restricted contents of the examinations given by higher education institutions pushing aside the needs of the individuals and their community concerning health promotion. In pre-school education, the syllabus concerning health promotion and the prevention of specific diseases, such as the incorporation of healthy habits, substantially influences the values that the individuals will carry with them along their whole adult life; however, it is usually presented in a way that does not make the best of it as to the incorporation of these habits⁽²⁰⁾.

The pedagogical practices used are characterized for presenting essential content and steps towards the development of children. However, the use of playful nature teaching strategies can be more effective because they take into consideration the characteristics of child development⁽²⁰⁾.

It becomes relevant the proposition of investigative researches on pre-school pupils attending nursery school. Within these educational environments, self-care behaviors are different according to the age group. It is expected from the educational institutions and the professionals involved in the children's learning process the development of

pedagogical strategies that facilitate the incorporation of healthy habits by this target audience⁽²¹⁾.

With this preventive approach, we proposed the “*Esparrápicos* Project: (re)building your health”. This project was conceived from classroom discussions with students from the Federal University of Vale do São Francisco (*Universidade Federal do Vale do São Francisco – UNIVASF*) in 2006, when the scope of the educational activities developed by professionals participating in the ESF program was questioned. These activities included actions towards targeted audiences, such as the elderly, pregnant women, adolescents and children.

Starting from the assumption of the necessity of a multiprofessional team to work the strategies adopted by the Ministry of Health, particularly on health education, educational practices were proposed, such as games to facilitate the promotion of healthy habits among children, aiming at increasing the actions already taken by the educational institution on eating habits and bodily hygiene⁽⁵⁾.

When performing school daily activities, children tend to behave more spontaneously if exposed to methodologies that permit them to play, for one of the aspects that stands out in typical children development is the playful nature of their actions⁽⁷⁾. Such methodologies are in contrast with more formal strategies, which are presented in a way that does not permit the children to interact with contents, situations and collective environments. In a scenario made of playful strategies, the individual learns how to separate the objects from their meanings more effectively; the building of scenarios encourages and makes it possible for a more effective interaction with the social context, the real world and also imaginary situations, which are regarded as being essential for learning⁽²⁰⁾.

Based on the above considerations, the objectives of this research are: analyze the perception of educational professionals regarding self-care behaviors displayed by preschoolers from the implementation of an extension project, grasp the difficulties faced by these professionals when teaching self-care measures and to assess their satisfaction with their working conditions and the implementation of the extension project.

METHODS

Cross-sectional descriptive research⁽²²⁾ with a qualitative approach which describes the strategies adopted for the implementation of the proposals brought by the *Esparrápicos* Project. Aiming at the incorporation of healthy habits by preschoolers, playful practices were employed through imitation⁽²¹⁾ since, by means of games, it is possible to create a new attitude before reality⁽²⁰⁾.

Thus, after these considerations, the university extension

project “*Espadrápicos*: (re)building your health⁽⁵⁾” was put into practice. This project was funded by the Federal University of Vale do São Francisco (UNIVASF), situated in Petrolina-PE, students from Medicine and Nursing courses took part of it under the supervision of a Nursing course Professor. This insertion in the school settings is supported by the idea that they need multifaceted professional (a multiprofessional team) interacting with the families and showing them that children create their first identities from numerous alternatives offered by the social context⁽²³⁾ in which they are inserted.

The activities were conducted in 2006 and 2007 at *Creche Casa da Criança* situated in Petrolina-PE downtown. This is an educational institution linked to the Petrolina Association for the Support of Motherhood and Childhood (*Associação Petrolinense de Amparo à Maternidade e à Infância - APAMI*), a nonprofit legal entity of private law founded in 1967 whose mission is to offer educational support to poor families from Petrolina. This institution opens on a daily basis; in the morning, as preschool for children under seven years of age; in the afternoon, as a day care center for children under four years of age.

Casa da Criança offers free and full social assistance from 7h to 17h, Monday through Friday, for children coming from low-income households. Approximately 300 children in need are benefiting. The institution has classrooms, nursery, medical and dental offices, a cafeteria, a playroom, areas for recreation and sports. It counts on the help of volunteer professionals and nearly 30 staff members who collaborate with the social and psychological assistance, nutritional, pedagogical, medical and dental services, as well as didactic and pedagogical activities.

Data collection for this research occurred in the day care center from September to December 2009. Between 2006 and 2007, 26 professionals working at the institution had the opportunity to take part of this project. Thus, this study has as criterion of inclusion the permanence of the professional since the implementation of the project until 2009. Therefore, the sample consists of eight participants.

We used semi-structured interviews containing questions related to the identification of the participants, the routine of students and recreational resources used. Then, the data related to self-care concerning eating habits, oral and bodily hygiene of the students; the difficulties when teaching self-care actions; and the professionals’ satisfaction concerning their job and the project *Espadrápicos* are presented. It is important to emphasize that the interviews were recorded on days and times set by the participants.

The analysis of the data was accomplished by the content analysis technique in Bardin’s perspective⁽²⁴⁾. After the systematic analysis of the interview transcripts, four themes were identified and defined: oral and bodily hygiene as a self-

care measure; eating habits as a self-care measure; facing difficulties when teaching self-care measures; the professionals’ level of satisfaction with their working conditions and with the implementation of the *Espadrápicos*” project. All the interviews were analyzed according to the literature on the subject studied.

The study was approved by the Ethics Committee of the State University of Paraíba (*Universidade Estadual da Paraíba*) under number 0288/2009, and all participants signed an informed consent form. In order to maintain anonymity, they were named Respondents (E1, E2, E3 ...).

RESULTS AND DISCUSSION

Now, identification data of the professionals interviewed are presented and, then, the routine of students and the playful resources used are described so that, later on, the four category themes can be presented.

The classification of the eight teaching professionals is as follows: four of them were teachers (one teacher for the class with 2-3 year olds, two teachers for the class with 3-4 year olds and the other one for the classes with 4-5 year olds); all the teachers mentioned had a high school degree; three classroom assistants, two of whom had a high school degree and the other one was still attending high school, and the coordinator who had a higher education degree.

Few are the researches on the teachers’ concepts concerning preschoolers’ health; works on school age are more common^(25,26). By tracking the government health care programs throughout the country, one concludes⁽²⁷⁾ that there are still only few health public policies destined for children, particularly towards the educational environment. Therefore, not only is it relevant to propose health intervention projects for this specific population, but also to assess them, as it is proposed by this work.

Description of the routine of the students and the playful resources used in the daycare center

The children arrive at the daycare center at 6h30 and are taken to their respective classes. Firstly, there is a collective gathering for morning prayers. Then, they are taken to the cafeteria where the first meal of the day is served. The institution offers a very broad and well diversified physical structure, which allows the realization of an extraordinary range of didactic and pedagogical activities. The daycare multidisciplinary team tries to diversify the offer daily through workshops in theater, dance, music, painting and sports, such as soccer and capoeira.

Due to the significant number of meals provided by the daycare center, the institution has the support of a dietitian who gives very relevant orientations. The children have two

full meals, the first one early in the morning and the other one at lunchtime, plus three snacks at 9h, 15h and 17h.

Oral and bodily hygiene as self-care measures

As to oral hygiene, the respondents reported that the students brush their teeth once a day at the institution using toothpaste and dental floss. When asked about dental care, they said that the children receive the visit of a dentist at the institution once a week. Then, there is a contradiction: the institution offers a dentist weekly, but the students brush their teeth only once a day. Thus, it becomes evident that the oral health actions developed at the daycare are merely technical procedures, pushing aside the educational and preventive focus. Therefore, there is a curative focus to the detriment of health promoting regulated by SUS.

This is a poorly health promoting scenario, for minimal orientations on oral hygiene would substantially improve the students' oral health quality as well as help them incorporate healthy habits – which is being left aside.

“The results were good. In brushing, mainly. They brush their teeth in groups, then, one of them would say: “do not brush like that, that’s how we were taught, moving the toothbrush up and down”. Others would come and tell the teachers that some other child hadn’t washed their hands. Most of them were really worried about that.” (E3)

These statements do not differ much from the scenario found in different schools working with children from other grades of elementary school, making clear the lack of systematization in the integration of these issues in other educational institutions of the country, as exemplified by a study made with elementary school teachers from eight schools in Rio de Janeiro-RJ, who had little knowledge about oral health, showing the necessity of better informing these professionals about oral diseases, prevention and maintenance because only then can they become health multipliers⁽²⁸⁾. It is important to remember that not only the teachers influence the attitudes and behavior of children in a school environment, headmasters, secretaries, general helpers among other staff members should be included for they can also act as health promoting agents⁽²⁹⁾.

As to hand washing, the institution offers adequate infrastructure for this purpose which is essential for an effective bodily hygiene. The respondents reported that the students used to wash hands after using the toilet, before meals and after the playful activities. Concerning the use of individual soap, they affirmed the exclusive use of this material by the students.

When asked if the children ask to be taken to wash their hands, they said “yes”, nonetheless, other respondents said that the students did it on their own initiative, making clear

the incorporation of this habit by the students at the day care center as one can see in the report below:

“ ‘Teacher, there is no soap in the sink.’ Or: ‘They forgot to put a washcloth in the bathroom.’ That is something they didn’t use to do before.” (E1)

As to bathing, all respondents affirmed that the students use to take this self-care measure daily at school, using individual towels. This piece of information disagrees with the reports about the frequency of the change of towels. Even in this context, the positive results were evident from the strategies adopted by the project, as expressed by some respondents that emphasize the incorporation of habits of hygiene by part of the children.

“It is hard to notice this kind of thing, but those children that used to come here a little bit dirty, after the lectures, they started to come a bit tidier, with a morning bath. I felt they improved.” (E3)

Healthy eating as a self-care measure

The participants reported that the students drink water whenever they are thirsty. They also reported that the preschool children use to eat sweets, candies and chocolates. The risk of frequent ingestion of this kind of food to the children's health lies initially on overweight and childhood obesity as it has been observed with elementary school students⁽³⁰⁾.

Childhood obesity is a serious public health issue⁽³¹⁾ that has been increasing among Brazilians in general. Prevent it means decreasing, rationally and cheaply, the incidence of chronic degenerative diseases such as diabetes and cardiovascular diseases. School is a great venue for this kind of work to be performed because it allows nutritional education for both students and their families as it is proposed by this project. This way, healthy eating is part of the educational syllabus and the incorporation of healthy habits could start at early childhood. That is precisely why parents and educators have, over the years, agreed with the need for school to take on a leading role in this work⁽³²⁾ and create mechanisms for involving the family in the collective construction of student learning process, strengthening the binomial parents-schools, as the respondent argues:

“They used the same teaching methodology with the mothers. Because they wanted the mothers to keep on encouraging their children to practice at home what they learned here at school.

This is very important because some children assimilate it, but some others “forgets” (sic) over the course of time.
“ (E4)

The concern for the health of children is also present in other countries, like the United States. They also consider

that schools can play an important role in promoting healthy eating⁽³³⁾ and thus demand that they serve at least two fruits or vegetables daily at school snacks⁽³⁴⁾. These recommendations are also present in Brazilian regulations^(35,36) in order to increase the consumption of fruits and vegetables in school meals. However, even after systematic strategies adopted by this project, it was not observed at the daycare center a considerable change in the institution routine that would encourage this practice in the children.

“Yes, they worked this issue of hygiene. Showed the value of fruit in the diet, which has vitamins that help you grow and stay strong. Everything was in practice. They showed the fruit, said they could not eat before washing, then the fruits were washed in front of children and sometimes by the children themselves.

It was like a party once (laughs). They made fruit salad and the whole process was explanatory and demonstrative. What I liked about them is that it was very practical: saying and doing it “ (E4)

To help promote this context, not only the teacher should be involved, but also other professionals, such as the school canteen manager, as it is shown by a project⁽³⁷⁾ held in Bahia.

Facing the professionals’ difficulties in teaching self-care measures

The professionals working in the *Casa da Criança* daycare center made clear throughout the period of the *Espadrápicos* project a total dedication in the planning and development of the proposed actions, they were always receptive to the experiences proposed by the teachers.

“The Espadrápicos group did a very good job. Many groups have come here, but two of them were very special, one of them is the Espadrápicos group. After the project was over, they left materials for us to work with the children. We tried, but we could not do it like them. Too bad that the project only lasted one year.” (E4)

This report reinforces the understanding of the lack of skills and competencies by educational professionals in developing actions of teaching self-care and health promotion. It is noticeable the absence of systematic strategies, which, according to the direction of the institution, would be developed at school.

Thus, responsibility is diluted by the countless professionals working in the institution: teachers, class assistants, educators, nutritionists and social workers, regardless of their training, competence and skills. The activities are developed daily, transversely to the routine of the daycare center.

Level of satisfaction of the professionals with their working conditions and the implementation of the *Espadrápicos* project

It was found that the day care center has a very wide infrastructure, enabling professionals working in the institution to perform the most varied planned didactic and pedagogical practices. According to information gathered with the direction of the institution, they rely on volunteer support from self-employed professionals, physical education teachers, social workers, nutritionists, dentists and physicians that work with the students for free and give basic guidelines for the educators. During the interviews, it became evident the consensual satisfaction in terms of the resources available in the daycare center.

When asked about the methodology used by the *Espadrápicos* project, respondents had a positive assessment, emphasizing the relevant enrichment of the knowledge and techniques on how to approach the themes worked.

“I think it helps a lot, not only the children, but in our knowledge. We already have some, but knowledge is formed day by day. I myself learned a lot from the Espadrápicos in the dramatization. I learned to put on a costume and mke-up.” (E1)

“We used a lot of what we had learned after the project was over. We used to remember: ‘the Espadrápicos used to do like this and it worked, so let’s do like them’”

By the statements gathered, we see the great acceptance of the project by the institution, especially in terms of contents and practices considered difficult to be worked in the classroom, be it for the professional’s lack of experience or lack of knowledge. This situation confirms the research data⁽²⁸⁾ on the little knowledge on health by the professionals working in the school. Most respondents reported that the playful activities proposed by the project, when coupled with practical demonstrations, made the children adopt self-care measures, such as washing hands, without the need of a teacher to guide them, which had not occurred until then.

FINAL CONSIDERATIONS

The respondents highlighted the perception of change in the children’s behavior regarding nutrition, oral and bodily hygiene. However, one can understand the lack of skills and expertise from these professionals to develop actions of teaching self-care for health promotion after the completion of the activities proposed by project.

It is considered that the scenario described in this study, associated with the cluster of risk factors and situations to which children are exposed, denotes the character of vulnerability of these infants, reinforcing the urgent need

for effective strategies that can reverse this scenario. It is still necessary that the areas of health and education work together as a way to prevent and manage health problems, plus developing a propitious environment for the implementation of programs that promote activities, research and training for the educational professionals on nutrition, health and other themes.

After three years of the *Esparadrápicos* project, little change in the dynamics of the daycare center was evidenced, because the practices proposed were not institutionalized and incorporated into the school offers, denoting the lack of an effective policy for health promotion in the molds defended and presented by the students who worked at the institution.

It is noteworthy that preschool children experience a stage where relevant learning processes are underway, which will influence the possible cognitive and social changes and bring great impact in shaping the individual. In this age group, the development of strategies that promote health, particularly with educational focus, may favor the incorporation of attitudes and values.

The data collected in this study suggest a worrying picture regarding the ability of educators to develop strategies to promote health and guide preschoolers with self-care measures.

With the end of this study, some concerns are highlighted in this context of uncertainties and possibilities of education in general. In institutions such as *Casa da Criança* daycare center, it is clear the difficulty of the systematization of educational processes related to transversal themes with an emphasis on the individual's quality of life and health. How can the promotion of health, which is widely spread and legislated by SUS, be legitimized amid a backdrop of discrepancies between educational policies and the health sector?

Seen in these terms, it is necessary the urgent implementation of multidisciplinary teams to effectively give support to educators in various stages of education, with emphasis on the preschool period, as some respondents argue.

The picture presented in this research is limited to local reality, a daycare center and school in the Brazilian northeastern semiarid region, requiring a continuous study to make it possible, within the next three years, to go deeper into the concerns and questions emerged from within this context where the professionals who carry the responsibility to educate and train these infants and shape new citizens are totally unaided, overloaded with activities and unprepared for the contemporary demands.

Institutions, in general, are held hostages of specific, isolated strategies of experimental nature, which,

unfortunately, do not turn into state policies making it impossible for the creation of an effective civic education.

ACKNOWLEDGEMENTS

Thanks to the former students Caroline, Darlan, Fabiana (Bibi), Katarina and Rosyaline; to the direction of the daycare center and to the cooperation of its professionals; to Katie Valerie, Heloisa Helena and Adriano Diniz.

Funding: CAPES/MINTER

Master's degree dissertation "Analysis of a Program for Promoting Healthy Behaviors in Preschoolers", of the Psychology Program of the Federal University of Espírito Santo (*Universidade Federal do Espírito Santo – UFES*), 2010.

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