Health education conceptions and practices in child care: perspective of health workers in the family health strategy

RESUMO | Objetivo: explorar as concepções e práticas de educação em saúde envolvidas no cuidado à criança na atenção básica. Método: estudo de abordagem qualitativa, realizado com 14 profissionais de duas Unidades de Saúde da Família, de Macaparana-Pernambuco. Utilizou-se um instrumento semiestruturado para coleta de dados e um diário de campo. As entrevistas foram gravadas e posteriormente transcritas para análise e formulação das categorias. O estudo foi aprovado pelo comitê de ética da Universidade Federal de Pernambuco. Resultados: os dados foram divididos em três categorias, de modo que a primeira trás as concepções de educação em saúde; a segunda trata-se das práticas de educação em saúde; e a terceira categoria mostra as ações de cuidado à criança. Conclusão: apesar de toda equipe multidisciplinar e aparato de políticas públicas, ainda se percebe uma lacuna no cuidado com à criança, evidenciado pela fragmentação do cuidado.
Descritores: Educação em Saúde; Saúde da Criança; Estratégia de Saúde da Família.

ABSTRACT | Objective: to explore the concepts and practices of health education involved in child care in primary care. Method: qualitative approach study, carried out with 14 professionals from two Family Health Units, in Macaparana-Pernambuco. A semi-structured instrument was used for data collection and a field diary. The interviews were recorded and later transcribed for analysis and formulation of the categories. The study was approved by the ethics committee of the Federal University of Pernambuco. Results: the data were divided into three categories, so that the first one brings the conceptions of health education; the second is about health education practices; and the third category shows child care actions. Conclusion: despite the entire multidisciplinary team and public policy apparatus, there is still a gap in child care, evidenced by the fragmentation of care.
Descriptors: Health Education; Child Health; Family Health Strategy.

RESUMEN | Objetivo: explorar los conceptos y prácticas de educación para la salud involucrados en el cuidado infantil en la atención primaria. Método: estudio de abordaje cualitativo, realizado con 14 profesionales de dos Unidades de Salud de la Familia, en Macaparana-Pernambuco. Se utilizó un instrumento semiestructurado para la recolección de datos y un diario de campo. Las entrevistas fueron grabadas y posteriormente transcritas para el análisis y formulación de las categorías. El estudio fue aprobado por el comité de ética de la Universidad Federal de Pernambuco. Resultados: los datos se dividieron en tres categorías, de manera que la primera trae las concepciones de educación para la salud; el segundo se refiere a las prácticas de educación para la salud; y la tercera categoría muestra las acciones de cuidado infantil. Conclusión: a pesar de todo el equipo multidisciplinario y del aparato de políticas públicas, aún existe una brecha en el cuidado infantil, evidenciada por la fragmentación del cuidado.
Descriptores: Educación para la Salud; Salud de los niños; Estrategia de salud familiar.

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INTRODUCTION

In the scope of activities of the Family Health Strategy (ESF), child health care is one of its main focuses, focusing mainly on the aspect of health promotion, working to keep the child healthy to ensure its full development and a healthy adult life. Among the basic objectives of the ESF, the prevention of diseases and the education of children and their families and anticipatory guidance on the risks of health problems are included. (1)

The National Policy for Comprehensive Child Health Care (PNAISC - Política Nacional de Atenção Integral à Saúde da Criança) is structured into seven strategic axes, with the purpose of guiding and qualifying the actions and services of child health in the national territory, aiming at the implementation of measures that allow the birth and the proper development in childhood, in a healthy and harmonious way, as well as the reduction of vulnerabilities. (2)

Health education aimed at children still has deficiencies within the scope of the ESF. An evaluative and quantitative study, carried out in João Pessoa with 344 families/children's caregivers, identified that the average scores according to the Primary Care Assessment Tool were lower than that determined for primary care, concluding that there is a deficit in family attribute orientation and community guidance in pri-

mary care, requiring a comprehensive look at the child. (3)

To be fully developed, health team professionals must know and understand the child in their family and social environment, in addition to their relationships and interaction with the socioeconomic, historical, political and cultural context in which they are inserted. This becomes fundamental, as the actions, in addition to being aimed at the child, are reflected in their social environment, starting with the family. Without the involvement of these aspects, actions tend to have little chance of success. (1)

Health education permeates different health aspects and situations and is crucial when assessing the impact on children's health, through the caregiver's educational process, for example. In a research carried out with 21 primary care professionals, on the actions aimed at children living with chronic illness, the need for health education was perceived, and the lack of knowledge of the essence of the educational activity was evident, with no encouragement of autonomy in care, in order to prevent the occurrence of relapses and consequent hospitalizations. (4)

From the foundations of PNAISC, Paulo Freire's perspective is considered as an educational process in dialogic and relational health, when he mentions that, whatever the level at which the educational process takes place, knowledge requires a curious presence of the subject in face of the world, requires a transforming action on reality. Therefore, for the educational action to have a transforming character, the student cannot have a passive position in relation to what is being taught and the educator cannot assume an authoritarian posture, at the risk of transforming subjects into objects. (5)

Considering that the integral approach to the child involves the inseparable articulation of care and educational practices anchored in the exchange of knowledge between team workers, family and child, this study aims to explore the concepts and practices of health education involved in child care in the primary care.

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METHODS

Study of quantitative and qualitative approach, carried out in two Family Health Units in the city of Macaparana-Pernambuco. Fourteen family health workers participated (higher and secondary education), who met the inclusion criteria "Working in primary care for at least one year".

Data collection was carried out from December 2016 to February 2017 and a semi-structured interview script was used as an instrument, as well as notes in a field diary by the researcher, which included the frequency of educational activities and childcare consultation.

The instrument contained sociodemographic, educational and professional performance information. For the open questions, two guiding questions were used, which sought to obtain information about the actions of health education aimed at children (Chart 1).

The interviews were recorded on a cell phone, Smartphone Samsung Galaxy Gran Prime, being transcribed right after. For data analysis, the steps involving the analysis of qualitative data were followed: (6) 1) Database compilation; 2) Data decomposition; 3) Data recomposition; 4) Interpretation; 5) Conclusion. The analysis of quantitative data was of the simple descriptive type, showing absolute values and percentages.

The research followed the ethical recommendations for research with human beings, with all participants having signed the Informed Consent Form. The project was approved by the Ethics Committee of the Federal University of Pernambuco, under the number CAAE 54674816.7.0000.5208.

Table 1. Sociodemographic and occupation data of the study participants. Macaparana, PE, 2017

Variables	N=14	%
Sex		
Female	12	85,7
Male	2	14,3
Age		
20 to 29 years	8	57,1
30 to 39 years	3	21,4
40 years or more	3	21,4
Profession		
CHA	6	42,9
Nurse	2	14,3
Physician	2	14,3
Dentists	2	14,3
Nutritionist	1	7,1
Nursing technician	1	7,1
Time of PHC		
1 to 5 years	9	64,3
6 to 10 years	1	7,1
>10 years	4	28,6

Source: research data. Notes: PHC= Primary Health Care, CHA= Community Health Agent.

RESULTS

As for the sociodemographic and professional data of the participants, it is observed that the majority were female (85,.7% n=12), were aged between 20 and 29 years (57,1% n=8), were Community health agents (42,9% n=6) and had from one to five years of experience working in primary care (64,3% n=9) (Table 1).

In table 2, it is possible to observe that almost all participants did not undergo any training in health education (n=13). It is also noted that most of them do not know the legal framework for early childhood (n=13). As for knowledge about the PNAISC, eight professionals do not know (57,1%) and all know the ECA (n=14).

In the interviews, it was possible to identify that health education was practiced using various resources and strategies according to the knowledge and experiences of the participants themselves, and through means offered by the health unit. The conversation circles were the most used means in educational actions (11 quotes), followed by a serial album (10 quotes) (Table 3).

Qualitative data from interviews with health workers supported the construction of three categories: 1) Conception of health education; 2) Health education practices in child care; and 3) Child care actions.

Table 2. Data regarding the knowledge of study participants regarding the legal framework, PNAISC, ECA and health training. Macaparana, PE, 2017

Variables	N=14	%
Did training in health education		
Yes	13	92,9
No	1	7,1
Do you know the legal framework for early childhood?		
Yes	13	92,9
No	1	7,1
Know PNAISC		
Yes	6	42,8
No	8	57,1
Know ECA		
Yes	14	100,0

Source: research data. Note: PNAISC= National Policy for Comprehensive Child Health Care, ECA= Child and Adolescent Statute (Estatuto da Criança e do Adolescente.)

Table 3. Methods and materials used for health education actions reported by the participants. Macaparana, PE, 2017

Methods and materials used for health education actions	n	%
Serial Album	10	71,4
Conversation wheels	11	78,6
Slideshow	9	64,3
Posters and Flyers	6	42,9
Guidance on consultations and home visits	2	14,3
Lecture	1	7,1
Videos and movies	1	7,1
Dynamics	1	7,1

Source: research data. Note: n variable as this question allowed more than one answer.

DISCUSSION

In this section, the categories formulated from the interviewees' statements will be discussed and it is divided into topics for a better understanding.

Category 1: Conception of health education

For a portion of respondents, health education is seen in a way where knowledge is passed on in the traditio-

Chart 1. Guiding questions used in the interview. Macaparana, PE, 2017

Guiding questions	Could you tell me a little about the actions you develop in relation to the care of children from zero to nine years old?
	Tell me a little about how you have worked for child care in each of these ranges: - Newborn (0-28 days) - Infant (29 days to 1 year and 11 months and 29 days) - Preschool Age (2-5 years) - School Age (6-9 years)

nal way, where the student is in a passive position. For others, it is portrayed based on the hygienist model, with a focus on preventing future diseases.

> "It's information about health that we pass on in a lighter way to the community, in a way that they can understand and take with them wherever they go (...) and show what you're saying is right, they'll believe and take it to the rest of their lives". (A 4)

> "(...) continuous actions where the population seeks prevention and health promotion through the information provided by professionals, it is simply to leave the population empowered and aware of seeking quality health" (M 2)

> "(...) we seek to educate the population about their own health, through the prevention and promotion of various diseases or risk factors that may aggravate their health, that is, here in primary care the key to this current health model, the primary care, consists of health education, where we work to prevent diseases (...) from children we will have a healthier population and aware of various risk factors in the near future". (N1)

When we analyze the learning theories of contemporary philosophers, we see their applicability in the health education process as well. For example, according to Vieira, (7) supported by Vygotsky's theories, it is necessary for the teacher to recognize the need to address new elements and information in the classroom, so that the students themselves build and re-elaborate knowledge. Because, it is in the interaction process that new ideas are built, making the construction of thought a collective process. Still considering Vygotsky's studies, the teacher needs to understand how learning takes place and then propose methodologies that stimulate and motivate students.

In this perspective, the health professional needs to understand that the construction of knowledge takes place in the social environment for the individual and that everyone has the ability to absorb knowledge, but will only be motivated if it is stimulated in the right way. Vygotsky's socio-interactionist approach, also called sociocultural or learning approach, seeks to understand the mechanisms of learning, but prioritizes the influence of sociocultural factors on this development. (8)

Other theories can also be adapted and applied to health care and education, such as Wallon's theories. According to him, "emotion establishes an immediate relationship between individuals, regardless of any intellectual relationship". The same states that affectivity influences the teaching-learning process, since the subject who presents himself in the position of receiver of knowledge, the learner, is exposed to interferences that can act positively or negatively in the training process. (9)

Associated with health care, it is known that the establishment of a professional-patient bond can influence better adherence to the indicated therapy, as well as providing a circle of trust, which acts positively even in health education. According to Wallon, cognition and affectivity are always in connection and movement, alternating in different learning throughout the daily experiences. (10)

Another theory is that of Piaget, who states that knowledge does not come only from the unique experience of objects or from an innate programming, but from successive constructions, which are the result of the subject vs object relationship, where both are solidarized. According to him, knowledge results from the subject's interrelationship with the known being,

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with "knowing" being operating on the real and transforming it in order to understand it. (11-12) When the linear relationship between established knowledge and behavior happens, as a rule, education becomes normative. (13)

From the perspective of a dialogical health education model, the dialogue between professionals and users must provide not only clarification, which is often seen as the main aspect to be privileged in the scientific field, but sharing and accessing the uniqueness of the other individual involved in the communicative act. (5) Health education acts as an interactive practice of popular education, which has transformative potential, enabling the subject to perform critically and reflectively the care of their own health.

Category 2: Health education practices

When workers were asked about the practices of educational activities they performed in their daily work, lectures, conversation circles and group activities were mentioned. Regarding the main pedagogical resources used, serial albums, slideshows and pamphlets from the Ministry of Health were mentioned.

> "Here we have several groups, which is usually led by me together with the CHA, such as the hyperdia, the pregnant women's group, so we held conversation circles, answered questions, used the data show that the unit now has, an album series from the ministry of health that belongs to the unit, depending on the subject, we also use it". (E 1)

> "We always use here in the unit, series albums from the health ministry and sometimes we build dynamics, conversation circles, pamphlets from the health ministry, these are basically these resources that we use to carry out the activities." (E 2)

In a study describing the development of health education activities along with early childhood education, important issues were addressed, such as hygiene habits, infant feeding and childhood accidents, in playful ways, using gymkhana, drawings, painting and the wheels of talk

Conversation circles are an integrative educational method and enable dialogic meetings, allowing the re-signification of meaning-knowledge, about the experiences of the participants. This methodology is based on the horizontalization of power relations, where the subjects who become critical and reflexive historical and social actors. (14)

In a study describing the development of health education activities along with early childhood education, important issues were addressed, such as hygiene habits, infant feeding and childhood accidents, in playful ways, using gymkhana, drawings, painting and the wheels of talk. (15) In another study that sought exploratory descriptive, with a qualitative approach, it used conversation circles and concluded that active and informal methodologies are able to disseminate and clarify knowledge on health-related topics, allowing for reflection and health promotion. (16)

Serial albums also show themselves as effective means of health education. In a survey, the authors developed a serial album that was applied to mothers on their return for the first consultation at the maternal and child health clinic. The material proved to be very significant in terms of ease of access for use in places where multimedia equipment is not viable. It was concluded that the serial album is an educational vehicle for clarifying the main doubts aimed at promoting health in a simple, fast and efficient way. (17)

In another study where the same type of educational material was addressed, this time for Attention Deficit Hyperactivity Disorder, topics such as the concept, its different types, specific and nonspecific symptoms, diagnosis and treatment were addressed. It was concluded that the activity was of great importance for increasing the popula-

tion's awareness on the subject. (18)

Playful approaches facilitate the exchange of knowledge, enabling subjects to share their personal experiences that intersect and allow a common reflection. Dialogue is a form of exercising autonomy, as it does not operate in terms of transmission, but as a mechanism of exchange, in the form of mutual instigation between the professional and the user. (6)

Category 3: Child Care Actions

In general, according to the data analyzed, health actions for child care are fragmented according to their age group, care involving newborns and infants is more structured, where it's evidenced the updated vaccination, exclusive breastfeeding as well as the introduction of food after six months, the risks of domestic accidents and general care for the child. In a way, being in accordance with the principles recommended by the health programs. (1)

Regarding the educational actions aimed at newborns, the guidelines for pregnant women still in the prenatal period, cleaning the umbilical stump, vaccination, encouraging exclusive breastfeeding until the child's six months of life were mentioned, the growth and development, problem identification, clothing hygiene and accident prevention.

> "Breastfeeding in the first place, vaccination, hygiene and observing if the child is developing normally and also childcare consultations." (A 2)

> "(...) I work in the part of exclusive breastfeeding for up to six months and in the mother's diet, which will directly influence the child's diet". (N 2)

For infants, different information was emphasized according to the professional area, emphasizing vaccination, the introduction of food from six months onwards, care with the child's hygiene, the importance of monitoring in childcare consultations and the prevention of accidents in household appliances.

"(...) I work in the part of exclusive breastfeeding for up to six months and in the mother's diet, which will directly influence the child's diet". (N 2)

> "For infants, I work in breastfeeding, then in this transition of feeding, which I work together with the unit nurse in childcare consultations" (N 1)

> "For this audience, I advise mothers to wash their mouths with a diaper and always clean after eating." (D 1)

Breastfeeding has numerous benefits for the child's development, with immediate and late results. Human milk is made up of nutrients, water and other components such as growth factors that allow proper development, in addition to preventing future illnesses. (20-22) Addressing breastfeeding in health education practices becomes a preventive act against deficits in child development and diseases in adolescence and adulthood.

The Ministry of Health states that health education actions, aimed at children, must be developed by health professionals working in primary care and be inserted in whatever opportunities exist. Home visits, childcare consultations and even waiting rooms can be environments and opportunities to establish the educational process, contributing to a change in the scenario of a population. (23)

In the preschool phase, the professionals emphasized the insertion of the unit (team) in the schools in the area, that is, the School Health Program (PSE - Programa Saúde na Escola), which aims to integrate and coordinate the health of the school environment. Among the actions mentioned are: measurement of weight, height and blood pressure, guidance on healthy eating and oral hygiene.

> "We do the PSE, weigh the child, look at the issue of height and issue of stains, these things, it is with the nurse, she is the one who looks and we do this part of weighing and measuring the child". (A 1)

> "When we go to the PSE, we update the vaccination card, assess weight and height to see if it is suitable for the child's age, we

hold lectures on proper nutrition with the nutritionist and the dentist always talks about oral health." (A 3)

"We also do the same thing, weigh and measure, and the issue of the hpv vaccine". (A 1)

"This public, we assist in the unit with a dental problem and in educational activities in schools". (D 1)

The Health at School Program (PSE) contributes to the strengthening of actions from the perspective of integral development and provides the school community with participation in programs and projects that combine health and education, to address the vulnerabilities that compromise the full development of children, Brazilian teenagers and young people. This initiative recognizes and welcomes the actions of integration between health and education that already exist and that have had a positive impact on the quality of life of students. (7)

Despite knowing the benefits of the PSE, studies show that there is still a deficit in the performance of health teams in this regard. In a study carried out in the city of Belo Horizonte, Minas Gerais, it was found that there is difficulty in building intersectoriality also in the development of PSE actions. The potential of intersectorial action identified in official texts and described in institutional news did not reverberate in the practices of managers nor in their actions on territories.(25).

The perception of what the PSE is about is also sometimes misleading. Perhaps due to the lack of correct information dissemination in the school environment and in the health units themselves. A survey showed that, when evaluating the opinions of students about the PSE, some saw the program's activities as a possibility of care in the health area, to identify problems and provide solutions. However, for others, it was an offer received passively, a favor, for which they show their gratitude. (26)

Limitations were found in the work articulated by the health team. To improve the quality of teamwork and make health education more effective for child care, it is necessary to plan the entire team on how to carry out an effective educational action, where children, parents and all the community can be co-participating actors in this action.

CONCLUSION

Regarding health education practices in child care, the main and most mentioned were lectures, conversation circles and group activities. The main actions highlighted were child care consultations, vaccination and hygiene care. Actions aimed at students in the School Health Program, led mainly by nurses and CHA, were also mentioned.

According to the study carried out, it can be observed that there are different forms of health education conceptions and actions in child care, even if professionals are part of a multidisciplinary team. During the research, different points can be observed about the conceptions of health education, prevailing a conception focused on an interventionist model, in which professionals act exclusively in the transfer of information, with limitations in the dialogue between professional-users.

References

1. Del Ciampo LA, Ricco RG, Daneluzzi JC, Del Ciampo IRL, Ferraz IS, Almeida CAND. O Programa de Saúde da Família e a Puericultura. Ciência & Saúde Coletiva [Internet]. 2006 [acesso em 10 mar 2019]; 11(3): 739-43. Disponível em: https://www.scielosp.org/article/csc/2006.v11n3/739-743/pt/

2. Brasil. Ministério da Saúde. Secretaria Executiva. Política Nacional de Atenção Integral à Saúde da Criança. Brasília: Ministério da Saúde, 2015

3. Reichert APDS, Leônico ABDA, Toso BRG, Santos NCCDB, Vaz EMC, Collet N. Orientação familiar e comunitária na Atenção Primária à Saúde da criança. Ciência & Saúde Coletiva. [Internet]. 2016. [Acesso em 14 abr 2021]; 21: 119-127. DOI https://doi.org/10.1590/1413-81232015211.05682014

4. PEREIRA MM et al. Educação em saúde para famílias de crianças/adolescentes com doença crônica. Rev. enferm. UERJ. [Internet]. 2017. [Acesso em 14 abr 2021]; 4343. DOI: http://dx.doi.org/10.12957/reuerj.2017.4343

5. Freire P. Extensão ou Comunicação?. 13ª ed. São Paulo: Editora Paz e Terra, 2006.

6. Yin RK. Pesquisa qualitativa do início ao fim. Porto Alegre: Penso Editora, 2016.

7. Vieir LR. Aprendizagem desenvolvimento e motivação: um olhar a partir da concepção de Vygotsky [Internet]. 2017. [Acesso em 14 abr 2021]. Disponível em https://www.fclar.unesp.br/Home/Pos-Graduacao/StrictoSensu/Linguisticae-LinguaPortuguesa/x_selin_cadernos-de-resumo_volume-ii.pdf#page=89

8. Medeiros MF. Ambiente virtual de aprendizagem na educação contemporânea: avaliando o binômio ensino-aprendizagem a partir da análise de conceitos de aprendizagem de Vygotsky e dos princípios do método cartesiano. Revista Dissertar. [Internet]. 2019. [Acesso em 14 abr 2021]; 1(32). DOI: https://doi.org/10.24119/16760867ed115265

9. Carvalho MR, Lima RL. A Importância da afetividade na EaD: uma perspectiva de Wallon. Revista EDaPECI. . [Internet]. 2015. [Acesso em 14 abr 2021]; 15(1):196-209.

10. Silva RF. As emoções e sentimentos na relação professor-aluno e sua importância para o processo de ensino e aprendizagem: contribuições da teoria de Henri Wallon. [Internet]. 2017. [Acesso em 14 abr 2021]; Disponível em: https://repositorio.unesp.br/handle/11449/150708

11. Palangana IC. Desenvolvimento e aprendizagem em Piaget e Vigotski: a relevância do social. Summus Editorial. 2015.

12. Sousa MRB, Moura MGC. As teorias da aprendizagem: contextualização e desdobramentos com foco na relação professor e aluno em curso profissional. EJA em Debate, 2016. [Acesso em 14 abr 2021]; Disponível em: https://periodi-

References

cos.ifsc.edu.br/index.php/EJA/article/view/2087

13. Gazzinelli MF, Gazzinelli A, Reis DCD, Penna CMDM. Educação em saúde: conhecimentos, representações sociais e experiências da doença. Cadernos de saúde Publica [Internet]. 2005 [acesso em 30 jul 2019]; 21(1): 200-6. DOI: http://dx.doi.org/10.1590/S0102-311X2005000100022

14. Viana IDS, Silva LFD, Cursino EG, Conceição DSD, Goes FGB, Moraes JRMMD. Encontro educativo da enfermagem e da família de crianças com necessidades especiais de saúde. Texto & Contexto-Enfermagem, [Internet]. 2018 [acesso em 30 jul 2019]; 27(3). DOI; https://doi.org/10.1590/0104-070720180005720016

15. Silva CBD, Kantorski KJC, Motta MDGCD, Pedro ENR. Atividades de educação em saúde junto ao ensino infantil: relato de experiência. Revista de Enfermagem UFPE On Line. Recife. [Internet]. 2017 [acesso em 30 jul 2019]; 11(12): 5455-5463. Disponível em: https://www.lume.ufrgs.br/handle/10183/174055

16. Dias ESM, Rodrigues ELA, Miranda HR, Corrêa JÁ. Roda de conversa como estratégia de educação em saúde para a enfermagem. Revista de Pesquisa: Cuidado é fundamental online. [Internet]. 2018 [acesso em 30 jul 2019]; 10(2): 379-384. Disponível em: https://dialnet.unirioja.es/servlet/articulo?codigo=6701776

17. Vascoski VC, Almeida DCL, Alves FBT, Fadel CB. Álbum seriado como veículo de educação em saúde bucal da mãe para com o bebê. Archives of health investigation. [Internet]. 2019 [acesso em 30 jul 2019]; 7. Disponível em: https://www.archhealthinvestigation.com.br/ArcHI/article/view/3832

18. Farias GM, Lemos Negreiros JE, Mata Sousa HM, Rodrigues CM, Freitas Maniva SJC. Aplicação de album seriado sobre transtorno do déficit de atenção e hiperatividade em uma unidade básica de saúde: relato de experiência. Mostra Interdisciplinar do curso de Enfermagem. [Internet]. 2019 [acesso em 30 jul 2021]; 3(2). Disponível em: http://reservas.fcrs.edu.br/index.php/mice/article/view/3292

19. Almeida ER, Moutinho CB, Leite MTDS. Prática pedagógica de enfermeiros de Saúde da Família no desenvolvimento da Educação em Saúde. Interface-Comunicação, Saúde, Educação [Internet]. 2016 [acesso em 25 de nov 2021]; 20: 389-402. DOI: https://doi.org/10.1590/1807-57622015.0128

20. Sherwood WB et al. Duration of breastfeeding is associated with leptin (LEP) DNA methylation profiles and BMI in 10-year-old children. Clinical epigenetics. [Internet]. 2019 [acesso em 25 de nov 2021]; 11(1): 1-10. Disponíevel em: https://link.springer.com/article/10.1186/s13148-019-0727-9

21. Pauwels S et al. The influence of the duration of breastfeeding on the infant's metabolic epigenome. Nutrients. [Internet]. 2019 [acesso em 25 de nov 2021]; 11(6): 1408. Disponível em: https://www.mdpi.com/2072-6643/11/6/1408

22. Meek J. Infant benefits of breastfeeding. Uptodate [internet]. 2021. [Acesso em 14 abr 2021]. Disponível em https://www.uptodate.com/contents/infant-benefits-of-breastfeeding.

23. Brasil. Ministério da Saúde. Protocolos da atenção básica: saúde da criança. Instituto Sírio-Libanês de Ensino e Pesquisa. Brasília: Ministério da Saúde, 2016.

24. Brasil. Ministério da Saúde. Ministério da Educação. Cartilha Série F – Comunicação e educação em saúde, 2012.

25. Chiari APG, Ferreira RC, Akerman M, Amaral JHLD, Machado KM, Senna MIB. Rede intersetorial do Programa Saúde na Escola: sujeitos, percepções e práticas. Cadernos de Saúde Pública. [internet]. 2018. [Acesso em 14 abr 2021]. 34: e00104217. DOI: https://doi.org/10.1590/0102-311X00104217

26. Oliveira FPSLD, Vargas AMD, Hartz Z, Dias S, Ferreira EF. Percepção de escolares do ensino fundamental sobre o Programa Saúde na Escola: um estudo de caso em Belo Horizonte, Brasil. Ciência & Saúde Coletiva. [internet]. 2018. [Acesso em 14 abr 2021]; 23: 2891-2898. DOI: https://doi.org/10.1590/1413-81232018239.16582018