



HEALTH EDUCATION PRACTICES IN THE FAMILY HEALTH STRATEGY: AN INTEGRATIVE REVIEW OF LITERATURE

PRÁTICAS DE EDUCAÇÃO EM SAÚDE NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA DA LITERATURA

PRÁCTICAS DE EDUCACIÓN PARA LA SALUD EN LA ESTRATEGIA SALUD DE LA FAMILIA: UNA REVISIÓN INTEGRADORA DE LA LITERATURA

Amanda Grangeiro Alves e Leite¹, Juliane Carla Medeiros de Sousa², Ankilma do Nascimento Andrade Feitosa³, Aracele Gonçalves Vieira⁴, Ocilma Barros de Quental⁵, Elisangela Vilar de Assis⁶

ABSTRACT

Objective: identifying the most common practices currently used in Health Education developed by the professionals of the Family Health Strategy (FHS). **Method:** an integrative review, with a view to answering the question << What are the Health Education practices developed by professionals of the FHS? >> Held in LILACS and SciELO in March 2014 by means of controlled descriptors in health sciences: "education, health and information", comprising six stages. **Results:** there were found 365 articles and after applying the inclusion and exclusion criteria remained four. These publications mentioned as a practice of health education lectures, actions in festive events, creation of community groups and bodily practices, guidelines about caring for chronic diseases and during pregnancy. **Descriptors:** Education; Health; Information.

RESUMO

Objetivo: identificar as práticas mais comuns atualmente utilizadas em Educação em Saúde desenvolvidas pelos profissionais da Estratégia Saúde da Família (ESF). **Método:** revisão integrativa, com vistas a responder a questão << Quais são as práticas de ES desenvolvidas pelos profissionais da ESF? >> realizada na LILACS e SciELO, em março de 2014, por meio dos descritores controlados em ciências da saúde: "educação, saúde e informação", contemplando seis etapas. **Resultados:** foram encontrados 365 artigos e após a aplicação dos critérios de inclusão e exclusão restaram quatro. Nessas publicações foram mencionadas como prática de educação em saúde palestras, ações em eventos festivos, criação de grupos de convivência e práticas corporais, orientações sobre cuidados com doenças crônicas e durante a gestação. **Descritores:** Educação; Saúde; Informação.

RESUMEN

Objetivo: identificar las prácticas más comunes que se utilizan actualmente en la Educación en Salud desarrollada por los profesionales de la Estrategia de Salud de la Familia (ESF). **Método:** es una revisión integradora, con el fin de responder a la pregunta << ¿Cuáles son las prácticas de Educación en Salud desarrolladas por los profesionales de la ESF? >> Celebrada en LILACS y SciELO en marzo 2014, mediante descriptores controlados en ciencias de la salud: "la educación, la salud y la información", que comprende seis etapas. **Resultados:** se encontraron 365 artículos y después de aplicar los criterios de inclusión y exclusión se mantuvieron cuatro. En estas publicaciones fueron mencionadas como una práctica de charlas acerca de la educación para la salud, acciones en eventos festivos, la creación de grupos de coexistencia y las prácticas corporales, directrices acerca del cuidado de las enfermedades crónicas y durante el embarazo. **Descriptores:** Educación; Salud; Información.

¹Student, Graduate Program in Physiotherapy, College Santa Maria/FSM, Cajazeiras (PB), Brazil. Email: grangeiroa@gmail.com; ²Nurse, Professor, Nursing Program, College Santa Maria/FSM, Master's Student of Public Health, University of Santos/UNISANTOS, Santos (SP), Brazil. Email: julianecarlam@gmail.com; ³Nurse, Master Teacher, Nursing Program, College Santa Maria/FSM, Doctoral Student, Postgraduate Program in Health Sciences/PPGCS, College of Medicine of ACB/FMABC, São Paulo (SP), Brazil. Email: ankilmar@hotmail.com; ⁴Fisioterapeuta, Professora, Curso de Fisioterapia, Faculdade Santa Maria/FSM, Mestranda, Programa de Pós-graduação em Saúde e Sociedade, Universidade Estadual do Rio Grande do Norte, Mossoró (RN), Brasil. E-mail: aracagy@hotmail.com; ⁵Nurse, Master Teacher, Nursing Program, College Santa Maria/FSM, Doctoral Student, Postgraduate Program in Health Sciences/PPGCS, College of Medicine of ACB/ FMABC, São Paulo (SP), Brazil. Email: ocilmaquental2011@hotmail.com; ⁶Nurse, Master Teacher, Nursing Program, College Santa Maria/FSM, Doctoral Student, Postgraduate Program in Health Sciences/PPGCS, College of Medicine of ACB/ FMABC, São Paulo (SP), Brazil. Email: ely.vilar@hotmail.com

INTRODUCTION

Health Education (ES) is a resource through which the scientific knowledge produced in this area is mediated by professionals, reaching the daily lives of people, since the understanding of conditions in the health-disease process provides subsidies for the adoption of new habits and behaviors.¹

Incorporate new healthy practices that can bring benefits to the population is one of the challenges compromised by the entire structure of the Family Health Strategy (FHS). Changes that are able to transform into educational practices to the health of populations should be carried out from a dialogue with the participants responsible for the different dimensions of primary care.²

Currently, there are two models of ES: the traditional and the dialogical. The first emphasizes the educational practices that include verticalized information that dictate behavior to be adopted for maintaining health. The second emphasizes the perspective of the subjects of healthcare practices, in which the user is knowledge carrier, that although several of the technical-scientific knowledge, is not delegitimized by the service.³

Educational activities in the FHS are still largely based on the traditional model, characterized by vertically integrated interventions and little concerned with the development of autonomy of the subjects. However, some authors claim to be possible to find in this context less normative practices and coexisting with other directives of the traditional model. Fewer directives considered using active learning methodologies that help people promote themselves the necessary changes for a better quality of life and modify the ways of living. These are usually due to the sensitivity, creativity and perception of professionals on the need to expand health promotion activities in addition to the creation of groups and lectures activities.⁴

Continuing education of health measures seeks to ensure the quality and effectiveness of the practices and the adequacy of them to the expectations of completeness, declared principle of the country's health system, to which is assigned the responsibility to carry out health promotion, prevention, treatment and health rehabilitation.⁵

The potential to generate transformations of educational activities is closely associated with both how these are being structured and developed by health professionals as to the

manner in which the professional design and implement the community context.⁶

Professionals and social groups, as well as health workers, have the responsibility to contribute to mediate between the different interests in relation to health, existing in society⁷. The way the team conceptualizes health education and puts into practice these actions can bring it closer or distancing it from building a new way to meet and to produce health.⁸

Bring the community to participate in the actions and behaviors of implementation process focused on health promotion indirectly creates a sense of responsibility, which allows people to understand their reality and find ways to solve problems that influence, which is only possible when you create a link between professionals and the population and from practices for the presence of interaction and exchange of experiences and information⁹.

This article aims to identify the practices currently used in health education developed by the professionals of the Family Health Strategy.

METHOD

Integrative review covering six stages, namely: the 1st is the theme identification and selection of the research question, guiding the integrative review; the 2nd is the establishment of inclusion and exclusion criteria; the 3rd is the identification of pre-selected and selected studies; it should be performed a careful reading of the titles, abstracts and descriptors of all complete publications located to verify that comply with the inclusion criteria of the study; the 4th stage is the categorization of the selected studies; the 5th is the analysis and interpretation of results, and the 6th stage is the presentation of the review/synthesis of knowledge for the construction of the article should be presented the main results found¹⁰. Starting from the guidelines was made the following question << What are the health education practices developed by professionals of the FHS? >>

The survey was conducted in databases Latin American and Caribbean Health Sciences (LILACS) and the Scientific Electronic Library Online (SciELO). The search for data occurred in March 2014, by use of controlled descriptors in health sciences: "education", "health" and "information."

The results have been very extensive; due to this free terms were used as means of bringing the results of the predetermined aim.

Free terms used were "Health education", "Health education practices" and "Health information".

Still by having a large number of studies filters were applied to the search. Since then there were selected only those published in the years 2007-2013, Brazilian and Spanish collections, in the journals “Brazilian Journal of Medical Education”, “Health Education Work”, “Science Public Health” and “Public Health Journal”, in Portuguese and Spanish, in studies with humans, adults and adolescents. Dissertations, tests and monographs were not

included, as well as articles in which health education practices were not managed by professionals of the Family Health Strategy, in publications arising from educational activities practiced by university students, and those who assessed the professionals concerning their knowledge about health education.

Figure 1 allows the observation of search through LILACS and SCIELO, being found respectively 148 and 217, using the descriptors and filters above (Figure 1).

Free Terms	LILACS = 148	SCIELO = 217
Health Education	110	181
Health Education Practices	31	35
Health Information	7	1

Figure 1. Number of articles found by free terms and databases.

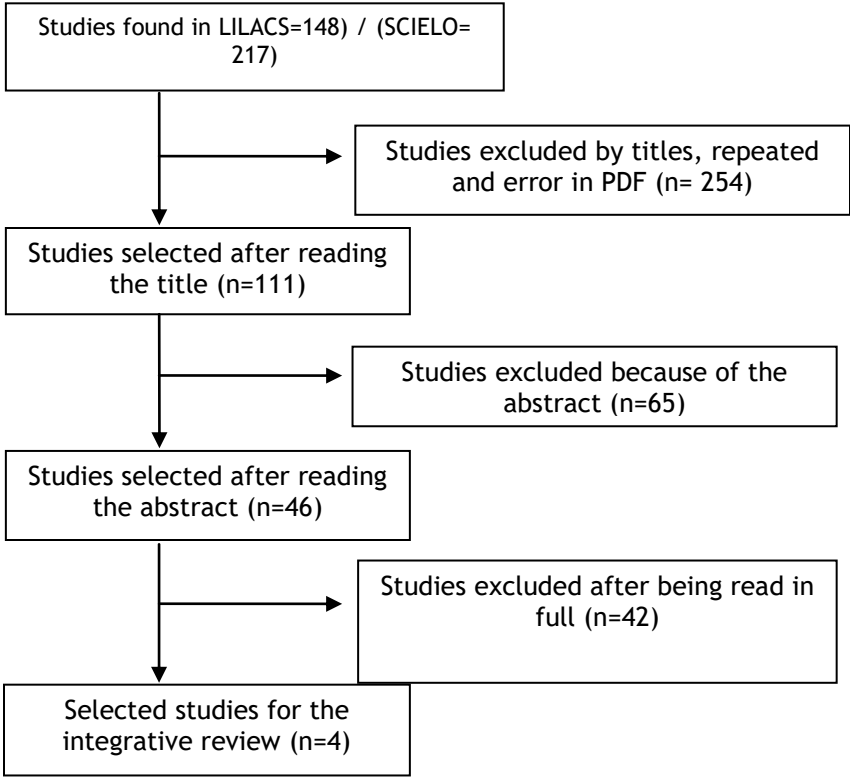


Figure 2. Flow chart of the number of articles found and selected after the application of the criteria of inclusion and exclusion according to descriptors and data bases.

RESULTS

Journal	Title of the Article	Study Type	Year	Database/ Virtual Library
Panamerican Journal of Public Health	Education for health promotion in the context of primary care	Descriptive study	2012	LILACS
Nursing Journal	Dynamics of creativity and sensitivity in the approach to alcohol and tobacco with teenagers.	Qualitative study	2012	LILACS
Science & Collective Health	Health Education for prevention of cervical cancer in women in the municipality of Santo Angelo /RS.	Quantitative and qualitative study	2011	LILACS
Journal of Public Health	Practices of community health workers in basic attention models of the South and Northeast of Brazil	Cross design	2010	SCIELO

Figura 3. Characterization of the articles selected for review based on the journal, article title, type of study, year of publication and database.

Authors	Objective	Sample	Results
Carneiro e et al., 2012 ⁴	Investigating if educational practices in basic health units of Belo Horizonte, State of Minas Gerais, Brazil, meet the principles of health promotion.	20 Basic Health Units	There were carried out activities related to body practice, of living together. Guidelines about care related to pregnancy. Care guidelines for chronic patients (hypertension, diabetes and asthma) and practices turned to environmental issues.
Lopes e et al., 2012 ¹¹	Describing the expectations of elementary school students about their participation in a research project; identifying the types of drugs and alcohol and smoke effects in the body.	109 students of the 6th year of the Institute for Application Fernando Rodrigues da Silveira, of the State University of Rio de Janeiro (UERJ).	Three interactive dynamics of questions and answers. The first was of individual character, called "I'm here", the second was an interactive game of questions and answers organized with three questions and the third was entitled "How I am leaving" was configured as concluding activities.
Casarin e Piccoli (2011) ¹²	Developing a critical reflection among women of different age groups about cervical cancer.	Sixty women aged between 15 and 60 years old.	Five meetings / lectures were held. In the meetings we tried to develop a critical reflection among women of different age groups about cervical cancer and the incentive to seek appropriate prevention services provided by the municipality.
Martins e et al., 2010 ¹³ .	Checking the prevalence of conducting health practices by workers in the community, as well as identifying the practices carried out in seven States of Southern and Northeastern Brazil.	3,743 health workers of BHU of 41 municipalities with more than 100,000 inhabitants of the states of Rio Grande do Sul and Santa Catarina in Southern Brazil, Alagoas, Pernambuco, Paraiba, Rio Grande do Norte and Piauí in Northeastern Brazil.	Mainly were conducted health education activities taking advantage of the festive dates, meetings for lectures and also meetings in groups.

Figure 4. Description of the activities carried out for health education by primary care professionals.

DISCUSSION

Health education is understood as a means to produce and exchange knowledge, so that the information absorbed have a transforming power in the community by giving individuals the ability to develop a critical view of health problems and act together with professionals to address them¹⁴. There are abundant scientific evidence to show health education contribution to the quality of life of individuals or populations. Similarly, it is known that many components of social life contributes to live with quality.¹⁵

Health education is primarily to stimulate awareness in making individual and collective decisions to improve the current health conditions, developing in individuals a sense of responsibility for their health and the health of the community as a whole, contributing constructively to the general improvement of life for all.^{5,16}

It is a health promotion strategy, not limited to eliminate the disease, but to ensure the control of risks, making it an ongoing process aiming to improve the current conditions. Health education expanded includes public policies, appropriate environments and reorienting health services beyond clinical and curative treatments, as well as liberating pedagogical proposals, committed to the development of solidarity and citizenship, it targets actions whose essence is the improvement of quality of life and promoting human welfare.¹⁷⁻⁸

It should be encouraged dialogue and exchange of knowledge in actions linked to leisure and social interaction, such as festivals and cultural events, bingo, social mobilizations, popular festivals, creation of toy libraries and training of community groups, art workshops, music, dance, viewing videos and other actions related to popular culture that can enhance the popular education initiatives in health, leading to information far beyond the walls of the health service.¹⁹

The way that the individual understands the educational practice and the way these practices and interfaces are established structure a concept of the disease and encourage the development of personal attitudes that directly affect the quality concept and lifestyle.²⁰

The organization of services and health practices are characterized by the assimilation of prevention and care by the same service. Thus, users of the Unified Health System does not need to move to

different health facilities to receive curative and preventive care, because the health team of the family is able to run from active search actions of cases in the community through home visits, outpatient follow up cases diagnosed with the supply of drugs. Governed by the principle of comprehensiveness, the health education activities are included among the responsibilities of primary care professionals.¹

Thus, the FHS teams should support programs and health promotion policies/health education, at least at the local and municipal levels, analyzing the social and health reality, it is expected that the less act in the family and community approach, addressing psychosocial problems and sanitary partner in partnerships with other sectors to then arrive at a multi-disciplinary work.²¹

The Primary Health Care (PHC), to be potentially structuring of the care model, received the duty to develop actions in the first health care level with the task of promoting the reorganization of practices with new approach criteria, generating reflections in all levels of the system,²² so one can classify them as the main qualification strategy of it.

The Operational Norm of Health Care 2011 defines the strategies and minimum responsibilities to be developed by municipalities under the APS, as follows, controlling shares of Tuberculosis Elimination of Leprosy, control of systemic hypertension, control of diabetes mellitus, Oral Health actions, Children's Health and Women's Health. Apart from these, the family health team, with the government can assess the needs of the region and deploy new production and health promotion services such as health of the elderly, worker and other guidance to the public about new concepts in quality of life.²³

The continuity of health promotion policies, including higher education, is especially important considering that these are complex nature of initiatives involving collective transformation processes affecting the medium and long term ²². The World Health Organization characterizes as health promotion initiatives programs, policies and activities planned and executed in accordance with the following principles: holistic approach, intersectoral, empowerment, social participation, equity, multi-strategy actions and sustainability.²⁴

The promotion requires cooperation between the different sectors involved and

the articulation of their actions: legislation, tax system and fiscal measures, education, housing, social services, primary health care, work, food, leisure, agriculture, transport, urban planning etc. It is worth emphasizing the government's responsibility, both locally and nationally, to act in order to ensure that general conditions, which are beyond the individuals or groups, are favorable to health.²⁴

The development of health promotion policies, there must be continuous consultation dialogue and exchange of ideas between individuals and groups, both lay and professional.

Most public health actions involve practices with the aim of adopting healthy behaviors by individuals for the own benefit. The FHS thus assumes a unique role in the implementation of health policies, such as system gateway and is an important step in the regulatory process, and improve health actions, allowing the rational use of more complex features.²⁵

CONCLUSION

Stand out among the practices found using traditional methods of health education, such as lectures, actions in festive events, creation of community groups and bodily practices, guidelines about caring for chronic diseases and during pregnancy. There are numerous possibilities in the promotion of health education actions; however, the only barrier between the practices and the citizens is now at ease. Educator in health should take the information to the population always and in any environment, can promote health in a simple advice of everyday life.

At the clinic and in class actions, there are always ways to innovate on the applicability of practices. With technological advancement and ease of access to information, a constant renewal in the media to promote health education is needed to arouse the interest of the community and make the same interact back to that professionals can evaluate as the given information is being received by the population, creating a growing tie with the individuals who will in turn feel a fundamental part of the health system, participating ever more actively in events promoted by the basic health unit thus improving staff productivity and increasing the quality of life of individuals from health education programs and forming a new concept of quality of life.

Supposing that information is liberating, take it to the population is participating in the birth of a new generation, participatory and informative, can be a milestone, since the

lack of correct and scientifically produced information passed on by professionals, it is still deficient in some fields.

The autonomy of the community must be considered, so professionals must acquire a flexible and interactive approach and not just sow the information but interact with the community to assess the way in which this information is being absorbed and used in day to day benefit of the population.

Based on what was seen, feels the need for the back and a new study, which in a broader research and present the main issues addressed in health education are identified and investigate what the most active professionals are in health education practices in the Family Health Strategy.

REFERENCES

1. Alves VS. Um modelo de educação em saúde para o Programa Saúde da Família: pela integralidade da atenção e reorientação do modelo assistencial. Interface [Internet] 2005 [cited 2013 Oct 20];9(16):39-52. Available from: http://www.scielo.br/scielo.php?pid=S1414-32832005000100004&script=sci_abstract&tlng=pt.
2. Siqueira FV, Nahas MV, Facchini LA, Silveira DS, Piccini RX, Tomasi E, et al. Aconselhamento para a prática de atividade física como estratégia de educação à saúde. Cad Saúde Pública [Internet] 2009 [cited 2013 Oct 20];25(1):203-13. Available from: http://www.scielo.br/scielo.php?pid=S0102-311X2009000100022&script=sci_abstract&tlng=pt.
3. Santos DS et al. Sala de espera para gestantes: uma estratégia de educação em saúde. Rev Bras de Educ Med Interface [Internet] 2012 [cited 2013 Oct 20];36(1):62-7. Available from: <http://www.scielo.br/pdf/rbem/v36n1s2/a10v36n1s2.pdf>.
4. Carneiro ACLL et al. Educação para a promoção da saúde no contexto da atenção primária. Rev Panamericana Salud Publica [Internet] 2012 [cited 2013 Oct 20];31(2):115-20. Available from: <http://www.scielosp.org/pdf/rpsp/v31n2/a04v31n2.pdf>.
5. Esteves AF, Rodrigues FM, Lorecchio GPL, Oliveira BMM, Laluna MCMC. PET - Saúde - medicina e educação em saúde no Programa de Saúde da Família: um relato de caso. Rev Bras Educ Med [Internet]. 2012 [cited 2014 Apr 17];36(1):187-90. Available from: <http://www.scielo.br/pdf/rbem/v36n1s1/v36n1s1a27.pdf>

6. Silva CP, Dias MAS, Rodrigues AB. Práxis educativa em saúde dos enfermeiros da Estratégia Saúde da Família. *Cienc Saúde Coletiva* [Internet]. 2009 [cited 2014 Jan 19];14(11):1453-62. Available from: <http://www.scielo.br/pdf/csc/v14s1/a18v14s1.pdf>
7. Czeresnia D, Freitas CM. (Org) Promoção da saúde: conceitos, reflexões, tendências. Rio de Janeiro: Fiocruz; 2003.
8. Bonfim PF, Fortuna CM, Gabriel CS, Durante MC. Ações educativas em um Programa de Agentes Comunitários de Saúde. *Rev Bras Enferm* [Internet]. 2012 [cited 2014 Mar 22];65(3):420-7. Available from: <http://www.scielo.br/pdf/reben/v65n3/v65n3a05.pdf>
9. Carneiro ACLL, Souza V, Godinho LK, Faria ICM, Silva KL, Gazzinelli MFL. Educação para a promoção da saúde no contexto da atenção primária. *Rev Panamericana Salud Publica* [Internet]. 2013 [cited 2014 May 25];31(2):115-20. Available from: <http://www.scielosp.org/pdf/rpsp/v31n2/a04v31n2.pdf>
10. Duarte KM, Duarte VS, Valenti VE, Sousa MN A, Feitosa ANA, Assis EV. Importância da Fisioterapia na Estratégia Saúde da Família: revisão integrativa. *J Nurs UFPE on line* [Internet]. 2013 [cited 2014 Mar 13];7(12):321-7. Available from: [file:///D:/elisangela/Downloads/5335-50449-1-PB%20\(3\).pdf](file:///D:/elisangela/Downloads/5335-50449-1-PB%20(3).pdf)
11. Lopes GT, Belchior PC, Felipe ICV, Bernardes MM, Casanova EG, Pinheiro APL. Dinâmicas de criatividade e sensibilidade na abordagem de álcool e fumo com adolescentes. *Rev de Enfermagem UERJ* [Internet]. 2012 [cited 2014 Apr 20];20(1):33-8. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/3972/2755>
12. Casarin MR, Piccoli JCE. Educação em saúde para prevenção do câncer de colo do útero em mulheres do município de Santo Ângelo/RS. *Cienc Saúde Coletiva* [Internet]. 2011 [cited 2014 May 11];16(9):3925-32. Available from: <http://www.scielosp.org/pdf/csc/v16n9/a29v16n9.pdf>
13. Martins AR, Silveira DS, Siqueira FV, Facchini LA, Piccini RX, Tomasi E et al. Práticas dos trabalhadores de saúde na comunidade nos modelos de atenção básica do Sul e Nordeste do Brasil. *Cad Saúde Pública* [Internet]. 2010 [cited 2014 Feb 17];26(12):2279-95. Available from: <http://www.scielo.br/pdf/csp/v26n12/07.pdf>
14. Vila ACD, Vila VSCO. Tendências da produção do conhecimento na educação em saúde no Brasil. *Rev Latino-Am Enfermagem* [Internet]. 2007 [cited 2013 July 17];15(6):1177-83. Available from: http://www.scielo.br/pdf/rlae/v15n6/pt_18.pdf
15. Buss PM. Promoção da educação em saúde no âmbito da escola de governo em saúde da Escola Nacional de Saúde Pública. *Cad Saúde Pública* [Internet]. 2010 [cited 2014 Mar 10];15(Sup.):177-85. Available from: <http://www.scielosp.org/pdf/csp/v15s2/1299.pdf>
16. Vieira AM. Promoção em saúde: Pressupostos, sentidos, práticas e a compreensão dos técnicos em saúde. In: Saito RXS. *Integralidade da assistência - Organização do trabalho no Programa Saúde da Família na perspectiva Sujeito-Sujeito*. São Paulo: Martinari; 2005.
17. Câmara AMCS, Melo VLC, Gomes MGP, Pena BC, Silva AP, Oliveira KM et al. Percepção do processo saúde-doença: significados e valores da educação em saúde. *Rev Bras Educ Med* [Internet]. 2012 [cited 2014 Apr 18];36(1):40-50. Available from: <https://www.ufmg.br/portalprosaudebh/images/pdf/PercepcaoDoProcessoSaudeDoencaSignificadosEValoresDaEducacaoEmSaude.pdf>
18. Candeias NMF, Abujamra AMD, Pereira IMTB. Delineamento do papel profissional dos especialistas em educação em saúde, uma proposta técnica. *Rev Saúde Pública* [Internet]. 1991 [cited 2014 Feb 10];24(4):289-98. Available from: <http://www.scielo.br/pdf/rsp/v25n4/08.pdf>
19. Gomes LB, Merhy EE. Compreendendo a educação popular em saúde: um estudo na literatura brasileira. *Cad Saúde Pública* [Internet]. 2011 [cited 2014 Apr 12];27(1):7-18. Available from: <http://www.scielo.br/pdf/csp/v27n1/02.pdf>
20. Torres HC, Hortale VA, Schall V. A experiência de jogos em grupos operativos na educação em saúde para diabéticos. *Cad de Saúde Pública* [Internet]. 2003 [cited 2014 Feb 17];19(4):1039-47. Available from: <http://www.scielo.br/pdf/csp/v19n4/16853.pdf>
21. Tesser CD, Garcia AV, Vendruscolo C, Argenta CE. Estratégia saúde da família e análise da realidade social: subsídios para políticas de promoção da saúde e educação permanente. *Cienc Saúde Coletiva* [Internet]. 2011 [cited 2014 Apr 10];16(11):4295-306. Available from: <http://www.scielo.br/pdf/csc/v16n11/a02v16n11.pdf>

22. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Programa Saúde da Família: ampliando a cobertura parágrafo consolidar a mudança fazer modelo de atenção básica. Rev Bras Saude Mater Infantil [Internet]. 2003 [cited 2014 May 21];3(1):113-25. Available from: <http://www.scielo.br/pdf/rbsmi/v3n1/a13v03n1.pdf>

23. Souza TS, Virgens LS. Saúde do trabalhador na Atenção Básica: interfaces e desafios. Rev Bras Saúde Ocup [Internet]. 2013 [cited 2014 May 16];38(128):292-301. Available from: <http://www.scielo.br/pdf/rbso/v38n128/16.pdf>

24. Machado CV, Lima LD, Viana LS. Configuração da atenção básica e do Programa Saúde da Família em grandes municípios do Rio de Janeiro, Brasil. Cad Saúde Pública [Internet]. 2008 [cited 2014 Apr 10];24(1):42-57. Available from: <http://www.scielo.br/pdf/csp/v24s1/10.pdf>

25. Costa COM, Bigras M. Mecanismos Pessoais e Coletivos de Proteção e Promoção da Qualidade de Vida de para a infância e Adolescência. Cienc Saúde Coletiva [Internet]. 2007 [cited 2014 Apr 17];12(5):1101-09. Available from: <http://www.scielo.br/pdf/csc/v12n5/02.pdf>

Submission: 2015/03/31

Accepted: 2015/11/26

Publishing: 2015/12/15

Corresponding Address

Elisangela Vilar de Assis
Av. Capitão João Freire, 742 / Ap. 402
Bairro Expedicionários
CEP 58041-060 – João Pessoa (PB), Brazil