

# Health promotion in Brazil: qualitative survey with primary school teachers

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## Summary

School health promotion programs can reduce common health problems like obesity, diabetes and respiratory complications. This qualitative study aimed to investigate the perceptions of a group of teachers regarding issues related to the promotion of health in school. The 15 teachers sampled were from public primary schools in a city in southeastern Brazil. Interviews with teachers were conducted and data was analyzed employing content. Teacher practices regarding the promotion of health appeared to be aimed at their students and their daily habits and their practices. Teachers described approaching health promotion through their lesson content and suggested that the school should seek help from other institutions in their health promotion activities like prevention activities, monitoring of improvements in student and teacher health. Teachers mentioned a strong relationship between knowledge and the pursuit of good health. The need to identify major determinants of the disease/health process was highlighted and the connection between lifestyle, socio-economic status and the disease/health process was described. Awareness of the influence concerning both the environment and the school surroundings was demonstrated. It is important that the teachers are aware of the environment that surrounds them as well as the reality of the lives of all those involved with the school.

**Key words:** health promotion schools, health education, health promotion programs, qualitative methods

## INTRODUCTION

Health promotion can be defined as the process of improving society with the aim of contributing to an improvement in quality of life and health, including the greater participation of people in society (Sheiham and Watt, 2000; Kickbusch, 2003; Brasil, 2009). Providing specific and explicit strategies for creating and cultivating health at individual, organizational and community level, the proposition of health promotion strives to

utilize a holistic approach to the health-sickness process (Gift *et al.*, 1997; Glouberman and Millar, 2003; Bauer *et al.*, 2004; Maring and Koblinsky, 2013). Health promotion refers to an approach to promoting health that moves beyond health care, with a commitment to social reform and equity (Kickbusch, 2003; Adamowitsch *et al.*, 2017; Lucarelli *et al.*, 2014).

The idea of health promotion arose from the Lalonde Report published in 1974. The document acknowledged

that major health influences stretched beyond traditional public health and medical care, defending the influence of socio-economic factors on the health-disease process (Glouberman and Millar, 2003).

In the 1980s, the World Health Organization (WHO) held debates geared toward the creation of a health promotion model for schools entitled Health Promoting Schools. It can be defined as a school which constantly strives to ensure a healthy environment in which to live, learn and work (WHO, 1998, 2003a; Maring and Koblinsky, 2013; Adamowitsch *et al.*, 2017).

Thus, schools are regarded as extremely important locations for the practice of health promotion. This occurs, above all, when the school manages to help train a citizen, promoting independence, the exercise of rights and duties and the monitoring of health conditions and quality of life by increasing healthy behaviors (McGinnis and DeGraw, 1991; Moysés *et al.*, 2003; WHO, 2003a; Bauer *et al.*, 2004; Brasil, 2009; Adamowitsch *et al.*, 2017).

In Brazil, the integration of the principles of health promoting schools' policies and their interfaces has been conducted by implementing specific policies and programs. In this way, health is regarded as a transverse issue in the field of education (Moysés *et al.*, 2003; Brasil, 2007, 2009). Moreover, the inclusion of health in school curricula has been considered a challenge for educators (Gonçalves *et al.*, 2008). Therefore, understanding the perspective of these professionals is vital to ensure education strategies are better prepared with a view to inter-sectoral activity.

With this in mind, this qualitative study aimed to investigate the perceptions of a group of primary education teachers regarding issues related to the promotion of health in school.

## METHODS

### Sampling frame

A total of 15 teachers were interviewed. The field work was undertaken in 14 public primary schools located in the district of Pampulha in the city of Belo Horizonte in southeastern Brazil. This region has great contrasts in the social strata because it has residents who are among the high social class, and those who are within the lowest economic class, as well as having areas of satisfactory basic sanitation and areas without basic sanitation.

The schools were selected randomly, representing the socio-economic diversity of the region (schools were randomly selected by computer-generated random

numbers). Only those schools with an existing health promotion program were eligible to participate. Study information was given to potential participants, who were invited to participate in an interview.

### Procedures

This study was approved by Research Ethics Committee of the Research Ethics Committee of the Federal University of Minas Gerais, Brazil.

The interviews were conducted in a school classroom and participants gave informed written consent prior to participating. The classrooms were reserved beforehand to provide participants with privacy and comfort. The field technique used was a semi-structured interview with a field interview as an auxiliary technique. A script with questions was drawn up for conducting the interviews. The semi-structured design enables interviewees to discuss and express themselves freely while focusing on the core issues of the study (Denzin and Lincoln, 2005; Minayo, 2010). The questions were reviewed by two researchers in qualitative research and public health. Interviews were piloted with three teachers. The aim of this step was to test the appropriateness of questions, strengthening the validity of the interview schedule. The results of the pilot indicated participants sufficiently understood the questions and no changes were made. Given this, the data from pilot participants was included in the study.

Questions were asked in order to guide the discussion with teachers toward the key issues of the study, whilst enabling them to discuss health promotion freely. The average length of the interviews was 17 min. The interviews were conducted from August to November 2014.

The 15 interviews were conducted with each of the teachers and audio recorded. The answers were transcribed verbatim (minor grammatical corrections were made in order to facilitate comprehension of the interviews). After the interviews were transcribed in full and read thoroughly, all the material was organized with a view to highlighting and selecting the most relevant points for the purpose of the study (Denzin and Lincoln, 2005; Bardin, 2009; Minayo, 2010).

The teachers were identified in the transcription of the interviews based on their age. The selection criteria ensured variability among informants.

### Data analysis

This study investigates school health promotion in an exploratory way. Researchers often use content analysis when investigating opinions, attitudes, values and beliefs. This method attempts to verify and define what

is behind the content revealed in the interviews (Minayo, 2010). Although results obtained using content analysis are not regarded as ‘indisputable evidence’, they do constitute findings which allow for the corroboration, at least in part, of the assumptions in question (Bardin, 2009).

The study was focused on two main topics: health promotion and the health-disease process. The topics were identified as main ideas (thematic core issues) around which the other ideas revolve. The topic represents a unit of meaning which is highlighted naturally throughout a text. The frequency of appearance, or even the presence of the thematic groups, express, in most cases, something of significance to the study in question (Bardin, 2009).

The core issues were then categorized as the concept of health promotion, the school health promotion, empowerment, socio-economic conditions and environmental factors.

## RESULTS

The age of the teachers ranged from 27 to 54 years. The teachers had studied education at a tertiary institution. All were female and identified that they were primary school teachers.

### Health promotion

#### Concept

When questioned about health promotion, interviewees tended to direct the concept toward the health conditions of students. The teachers showed concern and responsibility in relation to the possibility of improving the health of their students.

Health promotion is linked to a person having the conditions in which to develop... in such a way that the student's needs are met... in accordance with the advancement of age, what he needs to ensure a physically, mentally and intellectually healthy and comfortable life in adulthood. (43 years old)

Health promotion is concerning yourself with the health of others as well. It is showing students the basic needs and what is important to stay healthy, such as hygiene. This is to make sure students perform the correct activities. We work very hard on hygiene and prevention. (30 years old)

There consensus among informants in reference to the promotion of health as being equivalent to prevention.

I think health promotion is prevention, disease prevention, healthy living. (50 years old)

### School health promotion

The teachers explained they practice health promotion through the educational content they administer in class.

... as a science teacher, I promote health the whole time. Particularly due to the fact I teach boys about the human body. I promote knowledge of the body itself and health at the same time. This has to be made very clear to boys, that welfare means being emotionally well, physically well. (27 years old)

.... In my opinion, for example, when I'm talking about preventive measures in relation to dengue fever or lice in the classroom, I'm promoting health. (50 years old)

### Empowerment

When asked what might influence the practice of health promotion, the teachers unanimously stated the strong relationship between knowledge and the quest for health. Their answers underlined the importance of students acquiring health information and empowerment of knowledge.

.....health is closely linked to knowledge. As such, when people are poorly informed their health may suffer as a result, due to a lack of knowledge” (42 years old)

Some teachers noted that knowledge facilitates access to health services. They also revealed a lack of satisfaction in relation to public health services.

People from the higher social classes study for longer, have access to more information, know what or what not to do in relation to healthcare and so on, in addition to having greater access to health by means of private health plans .... (39 years old)

The idea of promotion also involves the reinforcement of individual and collective capacity to deal with the multiple facets of health.

The greater a student's knowledge, the greater his ability to take preventive measures and ensure good health. But he will only be able to ensure good health if he has the sufficient knowledge to do so. (27 years old)

### Health-disease process

The teachers reported the impact of different socio-economic and cultural conditions on the health of the students, teachers and families.

Food, leisure, sleep, accommodation, all have an influence on health. This is all linked to economic status. The quality of these factors has a direct impact on health.

A healthy diet, sufficient rest and leisure and a good job will result in good health. (46 years old)

### Socio-economic conditions

The most common discussion among interviewees was the relationship between socio-economic conditions and the health-sickness process. The professional experience of the teachers underlined how unfavorable living conditions can undermine a person's health.

In practice you notice that the poorer the area where the school is, the greater the health problems. So, yes, I believe the issue of economic conditions is directly related to health, or, rather, poor health. It's obvious that people from a lower socio-economic class, in addition to often having a poorer diet, sometimes have no time at all to worry about their health. They need to concentrate on making a living. (50 years old)

However, varying results were obtained with regard to this. Some interviewees made it clear that only schooling is capable of having an influence on the health-sickness process. The interviewees stated different health problems in different student groups, placing significant value on education as a generator of constructive or destructive processes, in accordance with the focus and level of attention.

The level of instruction interferes with health and sickness, whereas social and economic conditions do not. We constantly see people from a poor economic class in reasonable conditions of health, who take care of themselves, just as we see affluent people who have neglected their health and lead a disorderly lifestyle, with no commitment. . . However, I believe education has an impact. This is how a person gains access to knowledge. Not just specific knowledge with regard to health, but knowledge of oneself, of the world, of personal, work, and social relations. This will have an influence on the way you relate to yourself and in relation to your health. (44 years old)

### Environmental factors

The perspective of the teachers also revealed awareness in relation to the influence of the environment on the health-sickness process.

... there's a stream next to the street down from the school and it's always full of garbage. Of course these are urban environmental problems, but they affect health. (39 years old)

The school surroundings do not represent a health issue for the people. However, the conditions in the small community just down the road where a lot of our

students live are not very favorable. There are alleys and passageways and the houses are built too close together, resulting in poor conditions of hygiene. Garbage piles up and all this has a negative impact on health. (50 years old)

The school surroundings are a hub of noise and visual and air pollution. . . And amenities which might promote health, such as sport and leisure facilities, are few and far between. (42 years old)

## DISCUSSION

Health promotion attempts to reinforce the positive influences of the determinants of health (social, cultural, political and economic) that may not be directly controlled. As such, addressing this issue involves integrated and inter-sectoral activities with the active participation of the population from formulation to implementation (Gift *et al.*, 1997; Sheiham and Watt, 2000; Glouberman and Millar, 2003; Kickbusch, 2003). Health policies identify the school environment as a privileged site for health promotion activities (WHO, 2003b; Bauer *et al.*, 2004; Brasil, 2007, 2009; Maring and Koblinsky, 2013; Adamowitsch *et al.*, 2017; Lucarelli *et al.*, 2014).

When asked about health promotion, teachers direct the idea of health promotion and the health-sickness process toward professional practices developed at schools and the conditions of school. Ever since the concept was introduced, health promotion has become an increasingly essential practice within schools. The school health promotion represents a way of thinking and acting in accordance with educational factors. The aim is to provide the students and individuals involved in the school environment with improving in the form of educational projects to help them achieve a better quality of life. Educational projects could include vaccination campaigns, oral hygiene activities and awareness campaigns about the importance of separating recyclable trash.

The results of this study are in line with one of the WHO definition for a school health promotion, which relies on the efforts of teachers in improving the health of both students and staff, in addition to their families and the community as a whole (WHO, 1998, 2003a,b; Bauer *et al.*, 2004; Maring and Koblinsky, 2013; Adamowitsch *et al.*, 2017). There was a common consensus that teachers identified health promotion as a synonym for disease prevention. The dividing line between health promotion and disease prevention identifies a critical point in the promotion of health, with both being complementary in the health-disease process from

an individual and collective point of view. Health promotion is not an extension or reconditioning of disease prevention, public health or the health of the populations. The model overlaps, but does not completely encompass disease prevention and the health of the population. Its principles and strategies apply to all areas of health, including prevention, treatment, rehabilitation and continuous care.

School health programs may reduce common health issues, increase efficiency in the educational system (linking the academic curriculum with health promotion activities) and progress in public health, in addition it may support to economic, social and educational growth in developed and developing countries (WHO, 1998; Bauer *et al.*, 2004; Maring and Koblinsky, 2013). A school health promotion focusses on the development of different policies and activities geared toward the promotion of health, promoting the well-being of students, staff and the community involved with the school (WHO, 1998; Sheiham and Watt, 2000; Bauer *et al.*, 2004; Maring and Koblinsky, 2013). The success of health promoting schools' policies is directly related to collaborative work conducted between the team, students, parents and authorities in the areas of education and health within the school community (Sheiham and Watt, 2000; WHO, 2003a; Lucarelli *et al.*, 2014).

For prevention, avoiding illness is the ultimate goal and therefore the absence of disease would be a considerable achievement. For health promotion, the continuous goal is a greater quality of life and health. Therefore, the absence of disease is not enough. There is always something that can be done to promote better health conditions and a higher quality of life. In planning health programs, prevention and health promotion can be complementary and are not mutually exclusive (Buss, 2000; Ontario, 2006).

The teachers in this study defined the practice of health promotion through teaching content administered in the classroom, and noted that health promotion can be addressed via activities developed in the school curriculum. In Brazil, health was included as a transversal issue in the school curriculum in 1997 and when the *Parâmetros Curriculares Nacionais—PCN* (National Curriculum Standards) for basic education were defined (Brasil, 2007, 2009). According to PCN, transversality is understood as an interdisciplinary integration of the content of traditional disciplines (Portuguese language, mathematics, natural sciences, history, geography, art and physical education) and transversal issues (ethics, cultural plurality, environment, health and sexual orientation). It is noteworthy that the concept addressed in the PCN is based on the dynamic concept of health and

illness, explaining that one cannot understand or transform the health status of individuals and communities without taking into account that health is influenced by relationships with the physical, social and cultural environment (Brasil, 2007, 2009). In this context, intersectoral action is essential to the rapprochement between the areas of health and education (Brasil, 2009).

The strengthening of this intersectoral 'dialogue' could take place, for example, through the collective construction of fundamental strategies from possible learning situations within the school curriculum, where health promotion could be inserted (Brasil, 2006).

School health education can be provided as a specific subject or as part of other subjects in Brazil. This type of content may also be included in extra-curricular activities (McGinnis and DeGraw, 1991; WHO, 2003b; Bauer *et al.*, 2004; Lucarelli *et al.*, 2014). One of the biggest challenges in relation to activities geared toward school health promotion is 'integration with quality teaching for life at all school levels', as well as 'the technical instruction of school teachers and staff' (Brasil, 2007, 2009; Maring and Koblinsky, 2013).

The idea of health promotion involves the reinforcement of the individual and collective capacity to navigate the multiple facets of health. Health promotion is a process of empowerment and improving (Sheiham and Watt, 2000; Kickbusch, 2003; Bauer *et al.*, 2004; Gift *et al.*, 2004; Meyer *et al.*, 2006; Carvalho, 2008; Maring and Koblinsky, 2013). This was reflected in the comments given by participating teachers. The teachers associated health with students' level of knowledge. They stated the importance of students receiving health information. They also noted that the ability of the community to acquire skills to resolve their problems effectively is one of the contributing factors to health promotion. Thus it is important that schools strive to garner support from other partner institutions, such as churches and community associations.

It would be ideal for health and education professionals to acquire a permanent and professional position of empowering students, teachers and staff at schools, thus implementing the basic principle of health promotion (Sheiham and Watt, 2000; Glouberman and Millar, 2003; WHO, 2003b; Meyer *et al.*, 2006; Brasil, 2007, 2009; Lucarelli *et al.*, 2014).

Health promotion underlines the importance of defining the meaning people attribute to the health-sickness process (Gift *et al.*, 1997; Sheiham and Watt, 2000; Kickbusch, 2003; Carvalho, 2008; Adamowitsch *et al.*, 2017). The teachers perspectives emphasized the need for the health promotion model to identify and address the determinants of the health-disease process.

The interviewees highlighted the link between a person's lifestyle, social and economic status, and state of health. By means of coexisting and having daily contact with such a wide variety of realities of life, it was clear the teachers perceived that different socio-economic and cultural conditions on the health of the students, teachers and families belonging to their school community had an impact on health.

While there are specific social factors regarded as essential for the creation of health, people are also thought of as social players who can have a direct impact on the health-disease process. According to certain authors, the individual component involvement process is regarded as being a health promoter to the extent that they can redeem, for example, a sense of self-esteem and a feeling of value and social capital (Sheiham and Watt, 2000; Kickbusch, 2003; WHO, 2003a; Meyer *et al.*, 2006).

The interviewees highlighted access to the health services as vital to ensuring good health. In accordance with the health promotion model, the population needs to be supplied with significant information that can be seen, interpreted and used for behavior change and decisions involving health and sickness. According to some authors, when individuals acquire and implement information in relation to health and sickness factors, they become more aware of their health (Glouberman and Millar, 2003; Kickbusch, 2003; WHO, 2003a; Meyer *et al.*, 2006).

The teachers' reflections highlighted the influence the characteristics of a school's surroundings have on the requirements perceived by the teachers or by the students. The approach to health promotion put forward by the Ottawa Charter that implies that health is produced in the dynamic exchange between people and the environment in which they live (WHO, 1998; Glouberman and Millar, 2003; Kickbusch, 2003; Maring and Koblinsky, 2013).

The state of the physical environment and policies on the use of this environment might have a direct and significant impact on health. According to the WHO, this environment includes the site and surrounding areas of the school, the classrooms, refectories and other structures. Schools should be located in a safe environment away from busy roads, hazardous industrial installations and polluted areas (WHO, 2003b; Maring and Koblinsky, 2013; Adamowitsch *et al.*, 2017). Investment in schools aims to provide benefits for the population and communities involved. These benefits enhance social and economic development, increase productivity and improve quality of life.

The perceptions of teachers regarding factors related to health promotion influences their professional

performance, where it is vital that these professionals acknowledge the environment to which they belong, in addition to the reality of all those involved in the school environment.

One of the main challenges in relation to health promotion involves making health understandable and achievable within the scope of individual behavior. It is however, an illusion to believe that this task is simple and can occur automatically. Public health policies are often developed using unsuitable approaches and methodologies which are far from the reality of their target audience. The biggest shortcoming in relation to the effectiveness of these programs is probably the fact they ignore the standard of living of the population and their inclusion in society.

With a view to improving professionals in health promotion, it is essential that changes are made both in the improving process and the permanent education of those involved. In this scenario, the role of the school should be to broker social changes by improving citizens in the main goal of the creation of a society based on ethics, justice and general welfare, thereby guaranteeing the sustainability of social advances achieved by collective action. The literature emphasizes that for success of promotion of health in school, it is important that health promotion work be developed based on what students, teachers and employees know (Brasil, 2009; Adamowitsch *et al.*, 2017; Lucarelli *et al.*, 2014).

### Study limitations

The limits of the data analysis are due to the practice of social sciences and qualitative methodology. It should be taken into account that the purpose of a qualitative study is to identify the entire range of questions for the participants. This should be incorporated in a new study designed to research a bigger and more representative sample.

The sample size in a qualitative study cannot be considered a methodological limitation. It should be based on the concept of saturation of the sample. The search for more data does not promote or necessarily result in more information. If the sample size is too large, the data becomes repetitive and is not useful for the study. The concern of qualitative research is the meaning of dialogue, as the purpose is not to make generalized statements of hypotheses (Mason, 2010; Baker and Edwards, 2012; Malterud *et al.*, 2015). Another point that must be discussed refers to the fact that all the participants were women. It was not the intention of the authors to seek only female participants. But considering the fact that most primary school teachers (89.8%) in Brazil are

women (World Bank, 2012), the probability of finding female teachers to participate in the study is much higher.

## CONCLUSIONS

When asked about health promotion, the teachers tended to direct the idea of health promotion and the health-sickness process to the professional practices developed at schools and to the health conditions of school. They declared they practice health promotion by means of the teaching content administered in the classroom, and that health promotion can be addressed via activities developed in the school curriculum.

The teachers believe that schools should seek out the support of other institutions where possible. The teachers were unanimous in affirming the significant relationship between knowledge and the quest for health. Their answers underlined the need for the health promotion model to identify and address the main determining factors of the health-sickness process. The interviews with interviewees emphasized the link between a person's lifestyle, social and economic status, and their state of health.

The teachers revealed an awareness of the influence of the environment and school surroundings on the health-sickness process.

We recommend that promoting schools' policies be an increasingly essential work practice within schools. School health promotion incorporates educational and collective health practices. This happens through partnerships between the school, the health unit and the wider community. The knowledge exchange and the practice of the professionals are both fundamental to the practice. It is important to develop further studies on this topic.

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