

**THE PERCEPTION OF SCHOOLCHILDREN ABOUT THE HEALTH PROGRAM
AT SCHOOL ASSESSED BY DRAWINGS AND NARRATIVES: A CASE STUDY IN
BELO HORIZONTE**

***A PERCEÇÃO DE ESCOLARES SOBRE O PROGRAMA SAÚDE NA ESCOLA
AVALIADA POR DESENHOS E NARRATIVAS: UM ESTUDO DE CASO EM BELO
HORIZONTE***

***LA PERCEPCIÓN DE ESCOLARES SOBRE EL PROGRAMA DE SALUD EN LA
ESCUELA EVALUADA POR DIBUJOS Y NARRATIVAS: ESTUDIO DE CASO EN
BELO HORIZONTE***

Fernanda Piana Santos Lima de OLIVEIRA¹
César ROTA JÚNIOR²
Andrea Maria Duarte VARGAS³
Zulmira HARTZ⁴
Sônia DIAS⁵
Efigênia Ferreira e FERREIRA⁶

ABSTRACT: The School Health Program is an intersectoral policy and results from the joint work between the Ministry of Health and the Ministry of Education to expand health actions to public school students. Participating schools must include in the school pedagogical political project the themes of health activities developed in the Program, to meet the expectations of teachers and students. The topics approached must facilitate learning and must be adapted to the student's development stages. Qualitative study carried out in 2016, with the objective of investigating the perceptions of students in relation to the activities developed by the School Health Program in Belo Horizonte, Brazil. Data collection was performed using a drawing accompanied by an oral narrative, with participants aged between six and ten years.

¹ FIPMoc University Center (UNIFIPMOC), Montes Claros – MG – Brazil. Professor in Dentistry and Medicine courses and Manager of the Center for Health Care and Professional Practices (NASPP). PhD in Public Health Dentistry (UFMG). ORCID: <https://orcid.org/0000-0002-8826-6852>. E-mail: fernandapiana@gmail.com

² FIPMoc University Center (UNIFIPMOC), Montes Claros – MG – Brazil. Professor of disciplines in School/Educational Psychology and supervisor of research work in the scope of Scientific Initiation. Doctorate in Education (UFMG). ORCID: <https://orcid.org/0000-0002-6346-3972>. E-mail: cesarota@yahoo.com.br

³ Federal University of Minas Gerais (UFMG), Belo Horizonte – MG – Brazil. Full Professor at the College of Dentistry. PhD in Animal Science (UFMG). ORCID: <https://orcid.org/0000-0002-4371-9862>. E-mail: vargasnt@task.com.br

⁴ Nova University Lisbon (UNL), Lisbon – Portugal. Associate Professor and Coordinator of the Health Evaluation Course in the Doctoral Program in International Health, Institute of Hygiene and Tropical Medicine, Nova University Lisbon (IHMT/UNL). Post-Doctorate in Community Health by the École Nationale de Santé Publique (ENSP) - France. ORCID: <https://orcid.org/0000-0001-9780-9428>. E-mail: zhartz@ihmt.unl.pt

⁵ Nova University Lisbon (UNL), Lisbon – Portugal. Professor at the National School of Public Health (UNL) and Associate Professor with Aggregation at the Institute of Hygiene and Tropical Medicine (UNL). Doctorate in International Health (UNL). ORCID: <https://orcid.org/0000-0001-5085-0685>. E-mail: sfdias@ihmt.unl.pt

⁶ Federal University of Minas Gerais (UFMG), Belo Horizonte – MG – Brazil. Full Professor at the College of Dentistry and Permanent Professor in the Postgraduate Program in Dentistry. PhD in Animal Science (UFMG). ORCID: <https://orcid.org/0000-0002-0665-211X>. E-mail: efigeniaf@gmail.com

It was possible to demonstrate that students were able to receive information and understand it, to the point of being able to reproduce it.

KEYWORDS: Children narratives. Health promotion. Intersectoral collaboration. School health. Children's education.

RESUMO: *O Programa Saúde na Escola é uma política intersectorial, resultado do trabalho entre o Ministério da Saúde e o Ministério da Educação, cuja finalidade é ampliar as ações de saúde aos escolares da rede pública. As escolas participantes devem incluir no projeto político pedagógico escolar os temas das atividades em saúde desenvolvidas no Programa, de modo a atender às expectativas dos professores e escolares. Os temas são abordados para facilitar o aprendizado e devem ser adequados às fases do desenvolvimento do escolar. Estudo qualitativo, realizado em 2016, com o objetivo de investigar as percepções dos escolares em relação às atividades desenvolvidas pelo Programa Saúde na Escola em Belo Horizonte, Brasil. A coleta de dados foi realizada utilizando desenho acompanhado de narrativa oral, com participantes na faixa etária de seis a dez anos. Foi possível demonstrar que os escolares puderam receber informações e compreendê-las, a ponto de poder reproduzi-las.*

PALAVRAS-CHAVE: *Narrativas infantis. Promoção da saúde. Colaboração intersectorial. Saúde escolar. Educação infantil.*

RESUMEN: *El Programa Salud en la Escuela es una política intersectorial, resultado del trabajo entre el Ministerio de Salud y el Ministerio de Educación, cuyo propósito es ampliar las acciones de salud a los estudiantes de escuelas públicas. Las escuelas participantes deben incluir en su proyecto político pedagógico los temas de las actividades de salud desarrolladas en el Programa, para satisfacer las expectativas de docentes y estudiantes. Los temas san abordados para facilitar el aprendizaje y deben adaptarse a las fases del desarrollo del alumnos. Estudio cualitativo, realizado en 2016, con el objetivo de investigar las percepciones de los estudiantes en relación a las actividades desarrolladas por el Programa Salud en la Escuela en Belo Horizonte, Brasil. La recolección de datos se realizó mediante un dibujo acompañado de una narración oral, con participantes de entre seis y diez años. Se pudo demostrar que los estudiantes en sido capaces de recibir información y comprenderla, hasta el punto de poder reproducirla.*

PALABRAS CLAVE: *Narrativas infantiles. Promoción de la salud. Colaboración intersectorial. Salud escolar. Educación Infantil.*

Introduction

The Health at School Program (PSE, Portuguese Initials) is a Brazilian intersectoral policy that involves the areas of health and education (BRASIL, 2007). Schools participating in the PSE should include in the school pedagogical political project the themes of health activities developed, in order to meet the expectations of teachers and students. These themes

should be discussed in the classroom by teachers, advised by health professionals, with agendas programmed for that purpose (BRASIL, 2015). The Health at School Program in Belo Horizonte (PSEBH, Portuguese initials) started in 2008 and, as of 2010, all daytime elementary schools were included, which started the expansion to the Municipal Units of Early Childhood Education - UMEI (PBH, 2014).

The work developed through the PSE must be multiprofessional, with a discussion of perceived needs and the creation of an institutional routine, with the objective of approaching the students to develop healthy habits. In this way, the way the topics are approached should facilitate learning and be adequate to the student's development phases, allowing for exchange of knowledge and dialogue. (SANTOS *et al.*, 2009).

The literature highlights the importance of health promotion in the school environment, the school being a place where critical citizens are formed, to encourage autonomy, the exercise of rights and duties, the control of health conditions and quality of life, as well as the construction of healthier attitudes (SOUZA *et al.*, 2011). Health education, present in the school curriculum, aims to improve knowledge and skills, in addition to modifying behaviors, which often do not have the expected results. Therefore, the participation of schools in School Health Programs can guarantee a broader approach to health (BONELL *et al.*, 2013).

According to Junqueira (2004), the capacity of the actors involved and the ability to create organizational arrangements, which allow the union of knowledge and practices that guarantee students quality of life, are essential for an effective intervention in the school environment. Thus, in recent years, several areas of child welfare and social research have described the concern with listening to children.

That is, a concern with assessing whether the child's "voice" could be taken seriously and at what age this would be possible. Even with the existing ethical and legal recommendations, children are still not considered in the decision-making processes that directly affect their lives, and several debates related to the willingness of professionals to listen to children are being developed and how this listening would be carried out, relating it to the skills, age, maturity and credibility of the statements of this population (KOMULAINEN, 2007).

The individualization of health care with the child's participation in decision-making could contribute to an improvement in health care (BUBADUÉ *et al.*, 2016). According to the authors, as a right of citizenship, there should be a mobilization to think about the child's voice in the decision-making process, especially in countries with universal health systems

where access to services has wide coverage. However, they claim that this participation in the decision-making process must be linked to age.

In this context, the question arises: are schoolchildren receiving information from PSEBH, to the point of understanding and reproducing it? It was decided to seek the answer to this question by assessing the students' perception of the PSE.

Thus, this study aimed to investigate the perceptions that students have in relation to the activities developed by PSEBH in Municipal Elementary Schools, to ascertain whether the Program is bringing any perspective of change, emancipation and transformations in health practices.

Method

Qualitative study developed from narrative strategies using the creative research method called “drawing, writing and counting” (ANGELL; ALEXANDER; HUNT, 2015). The method is appropriate for a range of ages and abilities with the potential for children to adapt the style of drawing or writing, according to their personal communication preferences, offering a more pleasant, acceptable and non-threatening means of inducing ideas, even when dealing with a subject that you may find difficult to discuss. In addition, it provides that the child's own interpretation, using “counting”, is a central part of data collection, achieving a more effective analysis of what the child is trying to convey.

The act of drawing demands, on the part of the child, a wide range of psychological processes, and not just memory, as one might think. Language, attention, imagination, emotion and perception, all articulated in the process of signifying graphic production. In addition, "the way in which these processes develop and become objective varies due to the social and cultural conditions, historically, produced and, particularly, appropriate due to the social places that each person occupies in the fabric of daily relationships, in which one actively participates” (NATIVIDADE; COUTINHO; ZANELLA, 2008, p. 11, our translation).

According to the same authors, who refer to Vygotski (1998), this means that the drawing produced by the child needs to be understood as a process of signifying the reality objectified there. Thus, when reading a drawing, it is necessary to consider that it is not a mere reproduction of the perceived reality, but a construction of it with the experiences socially shared by the child who draws. To carry out the study, two Municipal Elementary Schools (EMEF, Portuguese initials) were selected, having as inclusion criteria: being

inserted in the PSE, presenting different scenarios of development of the activities of the PSE and having the agreement of the directions and the Regional Education Management (GERBES).

They were included for the collection of school data from six to ten years of age, and as instruments of data collection, a drawing accompanied by an oral narrative was used. Next, two classrooms for the age group were intentionally selected in each school, totaling four classrooms. All students received the Free and Informed Consent Terms (ICF) for the parents' signature. All participants were informed about the research objectives, the voluntary nature and the guarantee of anonymity, in the presence of the teacher.

Although all students participate in the classroom, in the activities proposed for each group, only drawings with an oral narrative of those in which the informed consent form signed by the responsible person was included in the study. 33 drawings with oral narratives were included in the study.

The collection of drawings took place inside the room, during a normal class time (50 minutes), both in the morning and in the afternoon. All the material, necessary for the activities, was delivered by the researcher and included: white A4 sheet, writing pencil, eraser, pen and ruler, in addition to colored pencils for the students who were going to make the drawings. The students could request as many sheets as needed and could use, if they wished, their own pen, writing or colored pencil. The narratives were carried out one week after the execution of the drawings, outside the room, individually, with the visual support of the drawing made by the student, in the same previous circumstance. The data collection was carried out in the months of May and June 2016 and followed the script presented in **Chart 1**, where the instructions could be reformulated according to the degree of dependence in relation to the clarification of the subject.

The oral narratives were recorded and transcribed. For the analysis, both the drawings and the transcriptions were considered. All the material was examined and read in a systematic and exhaustive manner, by two researchers, in order to allow an organization of subjects for the understanding of the relevant structures and the construction of dimensions and units of meaning (MINAYO, 2012), in an attempt to identify facts that persist in relation to the variety of facts that appear in the data. To organize and systematize the narrative data, the computer program ATLAS was used. TI 7.5.4® which made it possible to organize by school, in addition to the organization of transcribed oral narratives, by means of codes, which allowed researchers to identify and group representative written passages.

The analysis of the drawings took place in the same direction, emphasizing their contents, the appearance of graphic elements that indicate, within the individual variety, that is, the way each child expressed himself, which referred us to the meanings shared by the participants (MINAYO, 2012).

To guarantee anonymity, the acronym "E" related to the school was used, followed by numbering and identification of the place to which they belonged (EMEF 1 and EMEF 2). The name and location of the EMEF were omitted, in order to avoid identification. The study was approved by the Research Ethics Committee of the Federal University of Minas Gerais (COEP/UFMG) and by the Research Ethics Committee of the Municipality of Belo Horizonte (COEP/PBH), CAAE - 39270114.9.0000.5149, on 23 December 2014.

Chart 1 – Roadmap of activities carried out with students from six to ten years of age, for the evaluation of their perceptions and/or conceptions about the PSE in schools in the city of Belo Horizonte, Minas Gerais, 2016.

Room Activity Roadmap
<p><u>Introduction before verbal instructions</u> “Here, in this school, there is a program called <i>Programa Saúde na Escola</i> (Health at School Program.). This program's nickname is PSE. This program develops activities here at the school. Who knows the PSE? Who has participated in anything?”</p> <p><u>Verbal instruction for schoolchildren (first activity)</u> “So, I want you to make a drawing of whatever you want about PSE here at school. Don't forget to write your name, age and class behind the sheet!”</p> <p><u>Verbal instruction for schoolchildren (second activity)</u> “Is everything okay (student name)? How did you spend the week? Do you remember the drawing you did for me in the classroom about the Health at School Program (PSE) last week? Yeah, I brought it with me and can you tell me what you drew?”</p>

Source: Devised by the authors

Results and discussion

The students had an average age range of 8.03 years ($\sigma = 1.15$). From the phenomenon studied (PSEBH), appeared as revealed and categorized meanings from the analysis of the material collected: “Association of health care actions with the PSE”, “Association of health promotion and disease prevention actions with the PSE” and “Lack of knowledge about PSE”.

A child's ability to tell a story is the result of his interaction with the events he experiences and the people he learns from (RODRIGUES; QUEIROZ; ALENCAR, 2008). For Oliveira *et al.* (2013), the ability to narrate, whether orally or in writing, is a manifestation

of child development. The narrative, oral or written (using images or not), is a way of expressing perceptions, interpretations of knowledge and experienced conflicts, and can be a possibility of approach in research with data collection and analysis technique (SILVA; TRENTINI, 2002).

Association of health care actions with the PSE

In the narratives of the drawings made by the students, the association of the following health care actions with the PSE was found: weighing, height measurement, pressure measurement, medical consultation, and visual acuity test (**Figure 1**). The students also narrated the performance of these activities inside and outside the school. It is good to remember that, with the exception of medical consultation, these actions are part of the PSE, being carried out by nurses and assistants within schools. In addition, in the researcher's initial conversation with the students, before the activities started, comments were made about these actions. The students associated the doctor with the PSE, considering that the doctor may have been confused with the nurse by the students.

It's the woman going to weigh the girl... The nurse... And did that happen here at school? No. So why did you draw this? Because it has to do with the doctor (E-17/EMEF1, our translation).

This one is me and this one... my friend. And what are you doing here? Uai, we're weighing the weight. And where is this happening? Over there, in that little room. Go there and turn ... (E-8/EMEF 2, our translation).

I drew it at the doctor... And why do you think what you drew has to do with the health program at school? Because it talks about health (E-2/EMEF 1, our translation).

Figure 1 – Drawing carried out by a schoolchild, to assess their perceptions and/or conceptions about the PSE in schools in the city of Belo Horizonte, Minas Gerais, 2016.



Source: Authors' collection

Pereira's study (2016) reinforces that, in order to understand the meaning of a drawing made by a child, one must consider the child who drew it, the drawing being a record in the present where memory, imagination and observation meet, involving various mental operations, selection and relation of stimuli, symbols and representations to form concepts.

Association of health promotion and disease prevention actions with the PSE

The students associated health promotion and disease prevention actions to the PSE, such as: dengue fever, tooth brushing, healthy food, concern for the environment and personal hygiene (**Figures 2 and 3**). Reiterating, these issues also appeared in the conversation with the researcher before the activities started. The narratives bring the learning of these actions related to the parents, the school, the community in which they live and their own experiences, due to the acquisition of some kind of illness by a relative, friend or by the student himself. It is important to make it clear that it is part of the PSE responsibilities to develop health promotion and disease prevention actions within schools (BRASIL, 2015).

I drew a place full of garbage and water where the dengue mosquito started to invade... Did you learn at PSE? No, I learned alone because I already had dengue (E-11/EMEF 1, our translation).

Here she is throwing garbage in the trash, here she is taking a shower, here she is eating healthy things, and here she is brushing her teeth. And did you learn all of this here at school? Yes. Who taught you? No, I learned it at home. Before I came here to school I learned... (E-15/EMEF1, our translation).

I drew the dengue mosquito... And where did you learn about dengue? At my home and at school... (E-6/EMEF 2, our translation).

Figure 2 – Drawing carried out by a schoolchildren, for the evaluation of their perceptions and/or conceptions about the PSE in schools in the city of Belo Horizonte, Minas Gerais, 2016



Source: Authors' collection

According to Santos (2013), it is the interrelations built between people and the environment that involves them that promote and contribute to the process of human growth, with the family having an important role in growth and social construction. The child draws what is of interest to him, trying to represent what he knows about the object, in a way to externalize on paper the reading and the meaning that a given event has for his life, and relates it with the people around him and with the spaces he frequents (ARAÚJO;

TAVARES, 2011). Therefore, the insertion of everyday facts in narratives of situations experienced by children is a common practice, assuming the mediation of an adult who provides access to the world of adult culture (KISHIMOTO; SANTOS; BASÍLIO, 2007).

Figure 3 – Drawing carried out by a schoolchild, for the evaluation of their perceptions and/or conceptions about the PSE in schools in the city of Belo Horizonte, Minas Gerais, 2016



Source: Authors' collection

Lack of knowledge about PSE

The students narrated drawings that had no association with the PSE and, when asked about the reason for choosing the drawing made, they narrated not knowing what to draw and, therefore, drew what they liked best. Again, it is worth mentioning that, before starting the drawing, the researcher talked about the PSE with the students as shown in **Chart 1**.

A doll eating ice cream. And why did you do this drawing? Because I didn't know what else to do... (E-7/EMEF 2, our translation).

A beach and a crab... And why did you draw this here for PSE? I don't know... Because I like the beach (E-4/EMEF 1, our translation).

He's a guy with a sword, and this is his friend... And why did you draw this for PSE? Because I like it. Because I saw a movie of him... (E-7/EMEF 1, our translation).

For La Pastina and Duarte (2008), when there is a request for a drawing of something that has never been drawn, the tendency is for the child to propose to make a drawing that they know how to do, with some children using ready-made images, instead of creating their

own, as they are easier to represent than the drawing of the perception of a real object. According to Fargas *et al.* (2010), children can draw what they find easier to portray or what they think would please the researcher.

In this study, due to the research time, there was not an accompaniment of the children, where the first drawings (baseline) would be compared with drawings made in the follow-up session and the last session, therefore, it was not possible to assess behavior change by schoolchildren. Despite bringing the importance of working with children, it was not a controlled study and it was not possible to build close and confident relationships with students, which may limit the conclusions regarding the results found.

In the case of drawing, care with the approach, that is, how the child is invited and encouraged is fundamental. The child cannot feel obliged and the drawing must be done freely, without interference from other people, preferably in a quiet place and without interruptions (SOUZA, 2010).

According to Silva and Vasconcelos (2013), the description, by the children themselves, of their drawings to an interlocutor can vary according to the context where they were made, that is, the production of meanings about the drawing, must be supported in the regulation between speech and the child's action during the construction of the drawing. When children remember information about who, when and where events happen, about what was happening, why and what the result, they can organize everything in a coherent episodic structure (RODRIGUES; QUEIROZ; ALENCAR, 2008).

The research carried out only in the school space may be another limitation of this study. According to Spyrou (2011), the school space can encourage students to provide the “right answer”. For Angell, Alexander and Hunt (2015) the school space is an environment where students are more comfortable and can reveal more in their drawings than they really wanted, although it is also a space where students do not feel empowered in refusing to participate. In addition, issues such as the noise of other children during the recordings and the lack of privacy, as they are inside a classroom, in the presence of other students and the teacher, may have had some impact on data collection.

Final considerations

The students revealed to be aware of the activities developed and the information provided by the PSE, but it was not possible to guarantee changes in behavior.

The “draw, write and count” method was a tool that allowed communication between students and the researcher in an attempt to understand their world, being a child-centered method (ANGELL; ALEXANDER; HUNT, 2015). In the study by Water *et al.* (2017) the use of the “draw, write and count” method allowed to support the children's ability to be informants, as consumers of health care, contributing to the discussion about health environments.

Thus, the drawings, as well as the accounts made by the children, gave access to the way they meant their experiences with the PSE. As much as a percentage of the children did not produce drawings about the research theme, those who did managed to organize the information about the PSE strategies. It was possible, therefore, to demonstrate that they were able to receive information and understand it, to the point of being able to reproduce it.

ACKNOWLEDGMENTS: Thanks to the Coordination for the Improvement of Higher Education Personnel (CAPES) for granting the scholarship of the institutional program Doctorate Sanduiche Abroad (PDSE) - Brasilia- DF, 70.040-020, Brazil (BEX: 10349 / 14-6), to the participating schools and volunteer schoolchildren.

REFERENCES

ANGELL, C.; ALEXANDER, J.; HUNT, J. A. ‘Draw, write and tell’: A literature review and methodological development on the ‘draw and write’ research method. **Journal of Early Childhood Research**. v. 13, n. 1, p. 17-28, 2015. Available: <https://journals.sagepub.com/doi/10.1177/1476718X14538592>. Access: 23 Apr. 2017.

ARAÚJO, L. F.; TAVARES, H. M. A significação do desenho infantil e a percepção do professor. **RECS**. v. 2, n. 1, p. 9-17, 2011. Available: <http://www.sociais.ufu.br/recs/v2n1/9-17>. Access: 04 Jan. 2018.

BONELL, C. P. *et al.* Theories of how the school environment impacts on student health: Systematic review and synthesis. **Health Place**. v. 24, p. 242-249, 2013. Available: <http://europepmc.org/article/med/24177419>. Access: 21 Mar. 2018.

BRASIL. Ministério da Saúde. Portal da Saúde. **Programa Saúde na Escola (PSE)**. Política Nacional de Atenção Básica. Saúde na Escola. Caderno do Gestor do PSE. Brasília, DF: Ministério da Saúde, 2015. Available: http://dab.saude.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/caderno_gestor_pse. Access: Sep. 2016.

BRASIL. Presidência da República. Decreto nº 6.286, de 5 de dezembro de 2007. Institui o Programa Saúde na Escola - PSE, e dá outras providências. **Diário Oficial da União**: Seção 1, Brasília, DF: Poder Executivo, p. 2, 06 dez. 2007.

- BUBADUÉ, R. M. *et al.* Análise normativa sobre a voz da criança na legislação brasileira de proteção à infância. **Rev. Gaúcha Enferm.**, Porto Alegre, v. 37, n. 4, p. 1-9, 2016. DOI: <https://doi.org/10.1590/1983-1447.2016.04.58018>
- FARGAS, M. M. *et al.* Research with children: methodological issues and innovative techniques. **Journal of Early Childhood Research**, v. 8, n. 2, p. 175-192, 2010. DOI: <https://doi.org/10.1177%2F1476718X09345412>
- JUNQUEIRA, L. A. P. A gestão intersetorial das políticas sociais e o terceiro setor. **Saúde soc.**, São Paulo, v. 13, n. 1, p. 25-36, 2004. DOI: <https://doi.org/10.1590/S0104-12902004000100004>
- KISHIMOTO, T. M.; SANTOS, M. L. R.; BASÍLIO, D. R. Narrativas infantis: um estudo de caso em uma instituição infantil. **Educação e Pesquisa.**, v. 33, n. 3, p. 427-444, 2007. Available: <http://www.scielo.br/pdf/ep/v33n3/a03v33n3.pdf>. Access: 30 Mar. 2017.
- KOMULAINEN, S. The ambiguity of the child's 'voice' in social research. **Childhood**, v. 14, n. 1, p. 11-28, 2007. DOI: <https://doi.org/10.1177%2F0907568207068561>
- LA PASTINA, C. C.; DURTE, M. L. B. Reflexões sobre desenho infantil, memória e percepção. **Revista Contrapontos**. Itajaí, v. 8, n. 1, p. 113-128, 2008. Available: <http://siaiap32.univali.br/seer/index.php/rc/article/view/940>. Access: 03 May 2017.
- MINAYO, M. C. S. Análise qualitativa: teoria, passos e fidedignidade. **Ciênc. saúde coletiva**, Rio de Janeiro, v. 17, n. 3, p. 621-626, 2012. DOI: <https://doi.org/10.1590/S1413-81232012000300007>
- NATIVIDADE, M. R.; COUTINHO, M. C.; ZANELLA, A. V. Desenho na pesquisa com crianças: análise na perspectiva histórico-cultural. **Contextos Clínic**, São Leopoldo, v. 1, n. 1, p. 9-18, 2008. Available: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-34822008000100002&lng=pt&nrm=iso. Access: 25 July 2020.
- OLIVEIRA, J. P. *et al.* Produção de conhecimento sobre narrativas orais: contribuições para as investigações em linguagem infantil. **Rev. CEFAC**, São Paulo, v. 15, n. 1, p. 207-214, 2013. DOI: <https://doi.org/10.1590/S1516-18462012005000108>
- PEREIRA, L. T. K. **O desenho infantil e a construção da significação**: um estudo de caso. 2016. Available: https://www.researchgate.net/publication/268324355_O_desenho_infantil_e_a_construcao_da_significacao_um_estudo_de_caso_Children's_drawing_and_the_construction_of_meaning_case_study. Access: 16 May 2017.
- PREFEITURA DE BELO HORIZONTE (PBH). **Manual Operacional do Programa Saúde na Escola (PSE)**. Belo Horizonte, MG: Secretaria Municipal de Educação/Secretaria Municipal de Saúde, 2014. 72 p.
- RODRIGUES, M. R. F.; QUEIROZ, S. S.; ALENCAR, H. M. Possíveis influências da elaboração de desenhos sobre narrativas infantis. **Psicol. Esc. Educ. (Impr.)**, Campinas, v. 12, n. 1, p. 203-219, 2008. DOI: <https://doi.org/10.1590/S1413-85572008000100014>

SANTOS, I. G. *et al.* Percepção dos educadores e coordenadores de uma creche sobre processo educativo em saúde desenvolvido com abordagem multiprofissional. **Rev. APS**, Juiz de Fora, v. 12, n. 4, p. 409-419, 2009. Available: <https://periodicos.ufjf.br/index.php/aps/article/view/14196>. Access: 19 Feb. 2019.

SANTOS, S. Estudo de caso: a interpretação do desenho infantil. **Revista da Escola Superior de Educação de Castelo Branco**, Castelo Branco (Portugal), v.1, p. 73-82, 2013. Available: <http://educare.es.eipcb.pt/index.php/educare/issue/view/1/showToc>. Access: 14 Feb. 2016.

SILVA, N. M. V.; VASCONCELOS, A. N. O self dialógico no desenho infantil. **Psicol. Reflex. Crit.**, Porto Alegre, v. 26, n. 2, p. 346-56, 2013. DOI: <http://dx.doi.org/10.1590/S0102-79722013000200015>

SILVA, D. G. V; TRENTINI, M. Narrativas como técnica de pesquisa em enfermagem. **Rev. Latino-Am. Enfermagem**, Ribeirão Preto, v. 10, n. 3, p. 423-432, 2002. DOI: <http://dx.doi.org/10.1590/S0104-11692002000300017>

SOUZA, A. A. *et al.* **Educação e saúde na escola**. Belo Horizonte: CAED-UFMG, 2011, 293 p.

SOUZA, C. F. **II Circuito Batistiano de Estudos Pedagógicos (CBEP)**. Leitura e interpretação do desenho infantil. Apostila 2. Colégio Batista, 2010. Available: <http://docplayer.com.br/13762810-li-cbep-circuito-batistiano-de-estudos-pedagogicos-apostila-2-leitura-e-interpretacao-do-desenho-infantil.html>. Access: 22 Feb. 2015.

SPYROU, S. The limits of children's voice: from authenticity to critical, reflexive representation. **Childhood**, v. 18, n. 2, p. 151-165, 2011. DOI: <https://doi.org/10.1177%2F0907568210387834>

VYGOTSKI, L. S. **La imaginación y el arte en la infancia**. 4. ed. Madrid: Akal, 1998. 127 p.

WATER, T. *et al.* Participatory art based research with children's to gain their perspectives on designing health care environments. **Contemp Nurse**, v. 53, n. 4, p. 1-18, 2017. DOI: <https://doi.org/10.1080/10376178.2017.1339566>

How to reference this article

OLIVEIRA, F. P. S. L.; ROTA JÚNIOR, C.; VARGAS, A. M. D.; HARTZ, Z.; DIAS, S.; FERREIRA, E. F. The perception of schoolchildren about the Health Program at School assessed by drawings and narratives: a case study in Belo Horizonte. **Temas em Educ. e Saúde**, Araraquara, v. 17, n. 00, p. e021002, 2021. e-ISSN 2526-3471. DOI: <https://doi.org/10.26673/tes.v17i00.14215>

Submitted: 22/09/2020

Required revisions: 20/01/2021

Accepted: 23/03/2021

Published: 20/04/2021