



CLÍNICA

Conception of Health and Self-Care by Male Population from a Basic Health Care Unit

Concepção de saúde e autocuidado pela população masculina de uma Unidade Básica de Saúde
Concepción de salud y autocuidado de la población masculina de una Unidad Básica de Salud

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Keywords: Delivery of health care; men's health; health-disease process; self care primary health care; family health

Palavras chave: Assistência à saúde; saúde do homem; processo saúde-doença; autocuidado; atenção primária à saúde; saúde da família

Palabras clave: Prestación de atención de salud; salud del hombre; proceso salud-enfermedad; autocuidado; atención primaria de salud; salud de la familia

ABSTRACT

Objective: To know the care to health in a look to male population which attends groups of education in health from a Unity of Primary Health Care (UBS) in Southern of Rio Grande do Sul (RS).

Method: It consists in a qualitative study, descriptive and exploratory, developed with six users of a UBS from the urban area of the city of Pelotas (RS). Data collection occurred on November to December of 2012 through a semi structured interview, and after submitted to content analysis. The study had approval from Committee of Ethics and Research from Faculdade de Enfermagem at Universidade Federal de Pelotas.

Results: From the analysis of data, it was possible to identify three themes: participants' decryption; conception of health, and perception of care (self-care) to health. The obtained results pointed that men have a worry about care to health and perform preventive actions as a way to maintain their health.

Final Considerations: Men's comprehension about the process of health and self-care contributes to the accomplishment of actions, and these are effective to the improvement of the conditions of life.

RESUMO

Objetivo: Conhecer os cuidados à saúde no olhar da população masculina que frequenta grupos de educação em saúde de uma Unidade Básica de Saúde (UBS) no Sul do Rio Grande do Sul (RS).

Método: Consiste em um estudo qualitativo, do tipo descritivo e exploratório, desenvolvido com seis usuários de uma UBS de zona urbana do município de Pelotas (RS). Os dados foram coletados em novembro e dezembro de 2012 por meio de entrevista semiestruturada, e, após submetidos a análise de conteúdo. O estudo obteve aprovação do Comitê de Ética e Pesquisa da Faculdade de Enfermagem da Universidade Federal de Pelotas.

Resultados: A partir da análise dos dados foi possível identificar três temas: descrição dos participantes; concepção de saúde e percepção do cuidado (autocuidado) à saúde. Os resultados obtidos apontaram que os homens têm a preocupação acerca do cuidado à saúde e realizam ações preventivas como forma de manutenção da saúde.

Considerações finais: A compreensão dos homens sobre o processo de saúde e autocuidado contribuiu para a realização de ações, e essas são efetivas para a melhoria das condições de vida.

RESUMEN

Objetivo: Conocer la visión acerca de los cuidados de la salud de la población masculina que frecuenta grupos de educación en salud de una Unidad Básica de Salud (UBS) en el Sur de Rio Grande del Sur.

Método: Consiste en un estudio de abordaje cualitativa, de tipo descriptivo exploratorio, desarrollado con seis pacientes de una UBS de zona urbana del municipio de Pelotas (RS). Los datos fueron recogidos en noviembre y diciembre de 2012 por medio de entrevista semiestructurada, y después sometidos a análisis de contenido. El estudio recibió aprobación del Comité de Ética de Investigación de la Universidade Federal de Pelotas.

Resultados: A partir del análisis de los datos fue posible identificar tres temas: descripción de los participantes; concepción de salud y percepción acerca del cuidado con la salud. Los resultados obtenidos apuntaron que los hombres tienen preocupación acerca del cuidado con la salud y realizan acciones preventivas como forma de mantenimiento de la salud.

Consideraciones finales: La comprensión de los hombres sobre el proceso de salud y autocuidado contribuyen a la realización de acciones, y estas son efectivas para la mejora de las condiciones de vida.

INTRODUCTION

Men's health has gained greater focus due to the high morbidity and mortality rates and the low demand of this group for the services of primary health care (PHC). Aimed at improving the health of the population, in recent years, there was the implementation of several policies in the Unified Health System (SUS) in Brazil, among these, the National Policy of Comprehensive Care to Men's Health (PNAISH), which was standardized by Ordinance No. 1944 of August 27, 2009^(1,2).

The PNAISH is interconnected with the National Policy of Primary Health Care (PNAB) and with humanization strategies, within the principles governing the SUS. The aforesaid policy aims to facilitate and increase the access of the male population to health services, to contribute to reducing the causes of morbidity and mortality and to promote the work of health professionals across the socio-cultural aspects⁽³⁾.

Despite the deployment of PNAISH represents a breakthrough with regard to the care to men's health, mortality indicators released by the Ministry of Health, in 2010, show

that men (57.11%), when compared to women, still are in unfavorable health situation ⁽⁴⁾. This fact may be related to the lower demand for health services by this population, leading to the identification of diseases in later stages ⁽³⁾.

The data concerning the participation of the male population in health care represent a current and important challenge for health care, for the care of the body, when it comes to health, is not usually an issue in the socialization of men ⁽⁵⁾, because health care or presence of disease have been historically linked to fragility.

To perform actions of disease prevention and health promotion to population, in this case to men, it is necessary to take into account the perception of individuals about the health-disease process and the health care performed. Also, it is important to consider the gender differences in relation to behavioral habits, such as smoking, alcohol, type of food, work environment and physical activity ⁽⁶⁾.

The nurse, as a health professional, is in charge of the development of actions to assist in the health care as well as to help ensure that individuals have the necessary tools for the practice of care within the context to which they belong, particularly with the male population, as this lacks self-care ⁽⁷⁾.

Thus, it is important for nurses to know how men are committed regarding the adoption of healthy lifestyle in the context of health promotion, so that professionals seek to address the shortcomings of this care by encouraging actions aimed at the needs of this population, and put the PNAISH effectively in practice.

In this context, the study aimed to assess health care through the look of the male population who attends health education groups of a Primary Health Care Unit in southern RS.

METHODS

This study is part of the research entitled "Health care performed by the male population of a Primary Health Care Unit of Pelotas", which was had a qualitative, descriptive and exploratory approach. It was developed in a Basic Health Unit (BHU) of the city of Pelotas-RS, which has three teams of the Family Health Strategy (FHS), a support team (a social worker, two dentists, a nutritionist, two pharmacy technicians, four receptionists and two cleaners) and is linked to the Nursing School of the Federal University of Pelotas (UFPeL).

The municipality of Pelotas is located in southern Rio Grande do Sul (BR) and has an estimated population of 328,275 inhabitants ⁽⁸⁾, of which approximately 154,198 (46.97%) are males.

The research was approved by the Research Ethics Committee of the Nursing School of UFPeL, under the opinion No. 070/2012. It followed the ethical principles contained in Chapter III of the Resolution of the Federal Council of Nursing (COFEN) 311/2007 and also respect the Resolutions No. 196/96 and No. 466/12 of the National Health Council of the Ministry of Health ^(9,10).

In the BHU approached, the group which included the participation of the male population was the group of hypertensive and diabetic patients, as that BHU still does not carry out specific actions to meet the male population.

It should be noted that the number of inhabitants accompanied by the BHU and the participation of men in groups were the factors that contributed to the choice of the BHU for the study.

There is highlight to the population between 20 and 59 years old, since they represent a significant portion of the productive force in the country and have a high mortality rate and low demand for health services in primary health care (PHC).

The six participants were chosen according to the following criteria: being male; aged between 20 and 59 years old; being participating in at least one health education group of the UBS chosen for data collection; and being registered in the System of Registration and Monitoring of Hypertensive and Diabetic Patients (HiperDia).

To collect the data, it was initially conducted a survey, according to the selection criteria, and 110 registered men were found. Two participants from each FHS team were selected, registered in the National Program for Care to Hypertension and Diabetes Mellitus (HiperDia) and that attending the group of hypertensive and/or diabetic patients. In the group in which there were more than two participants who met the selection criteria the older one was chosen. The interview was held at the BHU, after the group session. To guarantee anonymity, the description of the subjects' results was identified by the initials of the name, followed by age.

Data collection occurred through semi-structured interviews, which were carried out between November and December 2012. The interviews sought information about the concept of health and disease; perception of care to their health; whether they practiced or not such care; the reason that motivated them to participate in the health group; receiving information from health professionals, in the group they participated, how to take care of health; realization of leisure activities; existence of recreational spaces in the neighborhood; participation in community activities; and about how they considered access to health services.

Data from the interviews were transcribed and analyzed according to the thematic modality of content analysis ⁽¹¹⁾. Three themes emerged: description of participants, health conception and perception of health care (self-care).

RESULTS AND DISCUSSION

Seeking to understand the health care carried out by the male population among user participating in health education groups of a Basic Health Unit, results are presented below according to the order of the identified themes, preceded by a brief description of respondents.

Description of participants

Six men were interviewed, aged between 35 and 56 years old. There was a prevalence of five married men, only one reported being single. Regarding the number of children, three mentioned having two to four children and two had no children. Regarding to education and family income, only one had completed elementary school, the other alleged incomplete primary education. They reported receiving between one and three minimum wages per month, from, for most men, retirement pension.

Income and education are factors that directly affect the health issues and can influence the subjects in the conception or understanding of health information, the adoption of healthy life attitudes, in the use of health services and in adherence to therapeutic treatments ⁽¹²⁾.

As for smoking, two men reported being smokers, one for twenty years and the other for thirty years. It should be noted that no one claimed to be alcoholic. According to the Ministry of Health, the male population makes use of alcoholic beverages and tobacco in increased frequency compared to the female population, which damages their health and increases risks and long-term problems ^(3,13).

As for the pathologies, three of the respondents suffered from systemic hypertension (SH), two from diabetes mellitus (DM), and one had both diseases. Surveys conducted in Brazilian cities over the past 20 years showed high prevalence of hypertension, 35.8% in men and 30% women ⁽¹⁴⁾. It is estimated, in the Brazilian population, that 11% of the population aged 40 years old or older has DM ⁽¹⁵⁾.

Health conception

Nursing professionals have a plot and important action in carrying out educational activities to promote health and disease prevention, as well as to clarify doubts and motivate the male population to take care of health ⁽¹⁶⁾.

When it comes to actions to promote health and disease prevention, it is important to know the understanding of men about the health-disease process according to the context in which they live.

The concept of health is different for each person, which involves socio-cultural, political and economic factors, as well as individual values, principles and beliefs ⁽¹⁷⁾. This can be seen in the reports obtained, since the research participant referred to health differently, as noted below:

Health is the key for me is, if the person does not have health, it's no good having money [...]. If you do not take care of health, it's no good in having the best service, the best cars, the best mansions, if I do not have health [...]. I think that health is crucial (G.S.,52).

Well, health for me would begin with the environment [...] then health is related with our body, care, seeking to do medical examinations periodically [...]. So I understand that health begins in the environment, then at home, then in the body, and so on, right? If there was more prevention, I think that much disease could be prevented [...] (A.S.F.,56).

Given the presented reports, it can be seen that health is something important in the respondents' lives and mainly needed so that they to feel good. It is important to note that health is the result of several conditions, such as food, housing, education, income, environment, labor, employment, leisure and access to health services ⁽¹⁸⁾ and not merely the absence of disease ⁽¹⁹⁾.

Preventive actions are usually more associated with women than men ⁽²⁰⁾. But based on comments from two participants, it is possible to identify concerns related to health care and prevention, described in the following lines:

[...] so life becomes to show you that you have to be careful with health in general, because if you do not take care, you will leave, there are certain

diseases that if you do not prevent, it will already be severe, when you come to notice [...] [...] (G.S, 52).

[...] especially the man, and the woman too, but the man, right, when we reach a certain age, the man has that taboo of not wanting to see the doctor, to do some tests, you know, that are a little embarrassing, but we have to do it [...]. So, for me, health begins with prevention, as well as security and other things, you have to prevent (A.S.F., 56).

In this case, the examination referred to by the respondent is the digital rectal exam, which is considered a preventive inexpensive measure to detect prostate cancer, but this procedure affects the male imaginary, which contributes to the removal of many men in preventing from prostate cancer ⁽²¹⁾.

By questioning about disease, it can be seen that this also encompasses differing perceptions, as reproduced in subsequent speeches:

[...] disease, for me, is basically something that arises as a malfunctioning of the human body, and that is difficult to solve, that is, it is difficult to cure and treat. For me, this is disease (A.S.F., 56).

I think disease is the worst thing that can happen to a human being [...], it's even a headache, a toothache [...] (G.S, 52).

Disease is something that unbalances everything; right (B.E.S.S., 56).

It is emphasized the importance in knowing the concept of health and disease for the population, since this approach is connected to the individuality of the person, the context in which they live, and their culture. It is expected that the nurse, as well as other health professionals, consider these conceptions so that together, professional and user, can plan actions consistent with the reality of the individual.

Perception of health care (self-care)

Study participants were asked about the perception of health care and presented different views. According to most respondents, the health care is essential, and includes factors such as prevention, knowledge of the body, nutrition, seeking for doctors and tests, as evidenced by the following reports:

[...] It is about preventing, you know, I think if we prevent, firstly with hygiene, I think that this is the first step, right? Because if we do not have hygiene, do not perform self-examination, do not know our body, how will we perceive we are in need of help or not? So there must be care in that sense, and prevention, in that sense (A.S.F., 56).

It is about always having meals, eating breakfast, lunch, dinner [thoughtful], when you have to go out for a walk, you can go out and everything (A.M.R., 35).

Ah, seeking medical advice from time to time, doing some tests, something, you know, it's for person to know what he needs, right (B.E.S.S., 56).

The health care of oneself or self-care is the individual's behavior to establish and maintain their own health, through the development of actions to promote health and prevent diseases for their own benefit. These actions involve care with hygiene, diet, and lifestyle, environmental and socioeconomic factors ⁽²²⁾.

Among the self-care activities, respondents indicated participation in the group, carrying out medical consultation, use of medications to control hypertension and diabetes, proper nutrition and physical activity, as shown in sequence:

I perform these that I'm doing, right, seeing a doctor once in a while, coming here (referring to the group), when I can, I come [...] (B.E.S.S., 56).

Oh I coming to the group, using medication for high blood pressure, right, I take diuretics in the morning, it's lacking exercise that I am, I'm lazy now [...], and in the day-to-day life, taking care of the hair, personal hygiene, all this composes a general habit [...] (G.S., 52).

It is noteworthy that the activities carried out matched the concept of health care, referred to by the subjects above. But they did not reported on what they consider healthy eating or practice of physical exercises.

At various times, users of health services reproduce the hegemonic established discourse as appropriate, for example, that they are careful with fatty foods and practice physical activity ⁽²³⁾, though not performing it.

Before the men's statements, it is noteworthy that they expressed concern facing the issue of health care, and also that they perform actions to take care of it, within their means, in the environment in which they live. These speeches contradict the literature, which indicates that care is perceived as a distinctly feminine action, whereas men are taught to be strong and tough ⁽¹⁶⁾.

Participants were also asked about the realization of leisure activities, which are essential to the quality of life. Most stated enjoying being at home with family and sightseeing, as evidenced by the next lines:

[...] I really like being at home, drinking a mate, listening to a song, ah this makes me feel good, sometimes I go out too, I will not say I don't, but I prefer being at home [...] (B.E.S.S., 56).

Several. Sports, in general, sports and family, normal things with family, a small party with family, a walk at the weekend, a family reunion to distract, there, at home, out in the church, soccer, I don't have problems, I am normal (R.T.A., 50).

[...] I stay at home, I sit on the patio, I keep sat, when I have to go for a walk, I still walk (A.M.R., 35).

One of the subjects pointed leisure as necessary, in addition to dedication to work and to family, as noted by the following speech:

[...] because the life of a human being, that's what I think, it's not all about work, work, work, we have leisure time, we have time to work, time to devote to family, so we have to be in good health (G.S., 52).

Leisure practices provide the realization of nice activities, actions and favorable to the time available. In addition, leisure allows biological benefits such as physical fitness and strengthening of metabolic systems and also influences other social determinants of health as access to culture and sociability ⁽²⁴⁾. These practices are of crucial

importance for health promotion in full and contribute to rest, fun and personality development ⁽²⁵⁾, which also need to be encouraged by health professionals.

As for leisure facilities in the neighborhood where respondents live, the majority reported not having, currently, any place favorable to moments and leisure activities. It was noticed the dissatisfaction of one interviewee, identified by speech:

Leisure facilities, not only here but in all neighborhoods, are precarious [...] but this happens everywhere, not only in our neighborhood, all neighborhoods, every city you go, there isn't. There should be a small square to take the kids. In fact, there are some places, if we search, we will find, but it's not how we wanted it to be (G.S., 52).

Health promotion is not focused only on the actions of individuals and professionals, but especially in the social and ecological environment in which they live ⁽²⁶⁾. In the municipality in which the study was conducted there are few and precarious public spaces available for leisure and sports activities.

Participants were questioned about participation in community activities, as the social integration can influence the understanding of health and its care. It was observed that four of the participants reported not participating in any religious group, association, health advice group or other, only the hypertensive and diabetic group. Moreover, two mentioned participating in religious groups. The reports are described in the following:

Actually, we have been invited, but when we were invited we could not join the group [...], religious groups, sometimes we have a communication with each other, we are leaders, so we meet, exchange ideas, here in the neighborhood, and in other cities also [...] (A.S.F., 56).

No, my wife goes [in the religious group], I do not [...]. She invites me to go, but I do not know, I respect her decisions and everything, I even love and find beautiful those attending, but I do not know (B.E.S.S., 56).

Social participation facilitates the contact with people and groups, and consequently the establishment of social bonds. In addition, participation in the planning, decisions and community actions, contributes directly and effectively for the promotion of population health ^(12, 27).

In this way, we can see that there are several aspects that can be investigated by nurses and other professionals, for achieving better health care for the male population in the Basic Health Units. This information can contribute positively to the realization of actions aimed at the reality of the population, taking into account the uniqueness of each person. It is emphasized the importance of identifying the care needs to men's health, from health conceptions and perceptions of care that each individual has, from their own experience.

FINAL CONSIDERATIONS

Through this research, relevant information was found regarding the perception of men on the health care and the health-disease process, for example their concern for carrying out care practices and effectiveness of preventive actions as a way to maintain health.

It was observed that the understanding of men about health and self-care process contributes to carrying out actions, and these are effective for the improvement of living conditions.

It was concluded that the participation of the male population in health actions is a challenge for both the man with his peculiarities, as well as for health services and professionals who meet this demand.

Further research regarding the health care of men must be performed, including in different realities, contexts and perceptions in order to contribute to institutions and health professionals for the planning and implementation of actions in health promotion and prevention of diseases.

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Received: February 18, 2014; Accepted: April 24, 2014

ISSN 1695-6141

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