


THEATER AS A FACILITATING TOOL FOR SCHOOL HEALTH EDUCATION: AN INTEGRATIVE REVIEW OF THE 2007-2021 PERIOD

 <https://doi.org/10.56238/arev6n4-141>

Submitted on: 10/11/2024

Publication date: 10/12/2024

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ABSTRACT

This integrative review aimed to: a) characterize the scientific production, in the period from 2007 to 2021, on school health education, based on theater as a facilitating tool; b) to discuss the implications of the main results evidenced in the scientific production in the light of the assumptions of the Ottawa Charter. The search for articles in the selected LILACS, MEDLINE, and BDENF databases was carried out between April and May 2021 with descriptors: "Student Health"; "Drama" and "School Health Services". The sample consisted of six articles and the analysis was based on Bardin. The results demonstrate that theater is a powerful instrument in popular health education, enhancing the bond with the community and adapting to the children's language/cultural components. The need to train multiplier agents to develop educational practices that use theater as a dialogic tool for health was evidenced.

Keywords: Student health, Drama, School health services.

INTRODUCTION

The school can be seen as a social space conducive to the development of health practices, since its organizational structure allows the sharing of knowledge and the formation of opinions of students and their families¹. The health of the schoolchild, in particular, should be highlighted, since the children are in the process of socialization and construction of their citizen character and their concepts of health². In this context, the School Health Program (PSE) implemented by the partnership between the Ministry of Health and Education, is configured as a powerful tool for health promotion. Among its objectives we have: the promotion of health and a culture of peace; the prevention of health problems; the intersectoriality between the health and education sectors (sharing the responsibility for these practices between the two that formerly performed their actions separately); community participation, among others³⁻⁴.

By understanding the relevance of health promotion, it is necessary to elucidate a powerful tool for achieving its objectives and that speaks directly to the Ottawa Charter: Popular Health Education⁵. This concept, which had Paulo Freire as its main representative, refers to the process of health education that values the experiences, culture and knowledge of the community and understands that these components should be incorporated into the educational practice. In congruence with this definition, the National Policy for Popular Education in Health (PNEPS-SUS) was approved within the scope of the SUS, which aims to promote health practices with a comprehensive vision, incorporating social participation and reaffirming the principles present in the organic health laws^{6,7}.

One of the challenges when adopting educational practices that incorporate the components mentioned above is the application of strategies that provide opportunities for child protagonism, allowing the adaptation of the theme to their reality and interest. For this, active methodologies emerge, whose primary characteristic is the autonomy of the subject⁸. Thus, their previous knowledge, their experiences, culture emerge and reflection on the theme presented is stimulated. In this context, the health professional, as an educator, becomes only a mediator and must share with the children the construction of their own educational action^{8,9}.

Among the active methodologies that can be applied to enhance popular health education, the playful-theatrical tool emerges as a vigorous instrument for this⁸. Despite the contributions of theater to health promotion, there are few studies that address how this tool

can be used, its potentialities and challenges for the implementation of this instrument in health educational practices for school-age children, justifying this investigation¹⁰⁻¹¹.

In this context, the present study is dedicated to tracking and analyzing the available scientific literature on the object studied. The following guiding questions were listed: 1) What evidence is there in the scientific literature about the contribution of theatrical activities to health promotion at school age? 2) What are the factors that favor and hinder the implementation of educational practices in the theatrical modality?

In addition, the need to incorporate diversified facilitating instruments for health promotion, such as theater, in undergraduate curricula in the health area, with an emphasis on interdisciplinarity and the acquisition of skills and competencies that are close to the paradigms of popular health education, can be highlighted¹¹⁻¹². From this perspective, the objectives of this study are: a) To characterize the scientific production, in the period from 2007 to 2021, about health education of school-age children, based on theater as a facilitating tool; and b) To discuss the implications of the main results evidenced in scientific production in the light of the assumptions of the Ottawa Charter.

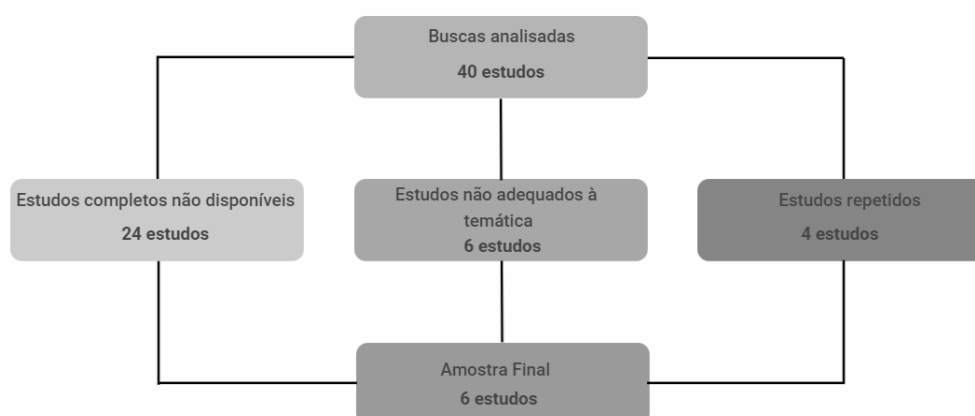
METHOD

It is a bibliographic review, with the purpose of making a critical analysis on a given subject. Thus, the Virtual Health Library (VHL) was chosen as a starting point for the search for scientific studies related to the theme studied, since it allows access to other databases. The Latin American and Caribbean Literature on Health Sciences (Lilacs) and Medical Literature Analysis and Retrieval System Online (Medline) stand out. The Health Sciences Descriptors (DeCS) selected were "Student Health", "Drama" and "School Health Services", which were cross-referenced in order to enable a refinement of the search, using the Boolean operator "and". The search for scientific studies in the databases mentioned above was carried out between April and May 2021. The inclusion criteria for studies established for the review were: a) Scientific articles, theses, master's dissertations, monographs and conference proceedings; b) Publications with full text available in the consulted databases; c) Publications in Portuguese, English and Spanish; d) Publications from the last fourteen years, starting from the framework of the School Health Program (PSE), covering the period between 2007 and 2021.

The exclusion criteria included the following intellectual productions: preliminary notes, interviews, reviews, opinion articles, conferences and manuals. With the application

of the inclusion and exclusion criteria, of the 40 productions found, 34 were excluded because they did not meet the previously established parameters. Thus, 6 articles (1 from the Lilacs database and 5 from the Medline database) remained as a final sample for interpretation and analysis. To illustrate this process of filtering the scientific production found, the flowchart below (Figure 1) follows:

Figure 1. Flowchart for the selection of studies for analysis



Source: Own

This material then underwent a floating exploratory reading to verify its adequacy to achieve the objectives proposed by the present investigation. Then, a critical reading of the same material was carried out, seeking the analytical contribution of the text to the research in question. The articles, originally from the English language, were submitted to a free translation into Portuguese. Then, the data were descriptively analyzed using an approximation with the Thematic Analysis technique of Laurence Bardin¹³, to detail the emerging contents in the scientific production found. It is worth highlighting the relevance of this technique and its adequacy to qualitative research in health research. This approach, also used in quantitative studies, refers to a set of empirical and adaptable methodological instruments, aimed at the analysis of communications.

This study was guided by the discovery of a core of meaning and the construction of categories, words or expressions, which classify the content of the collected data according to the approximation of themes exposed in the captured scientific productions. Subsequently, these data were semantically categorized and then discussed in the light of the pertinent bibliography. As this is a bibliographic research, it was not necessary to submit

to an Ethics Committee. There are no conflicts of interest associated with the publication of this article.

RESULTS

In the first search, the descriptor "School Health Services" was used, resulting in 22,018 publications. For the second, the descriptor "Student Health" was used, and 15,047 publications were located. In the third, using the descriptor "Drama", 1,206 publications were found. In the fourth, using the descriptor "School Health Services" associated with the term "Student Health", 1,067 publications were located. On Thursday, using the descriptor "School Health Services" associated with the term "Drama", 17 publications were identified. On Friday, using the descriptor "Student Health" associated with the term "Drama", 22 publications were located. In the seventh, using the descriptor "Student Health" associated with the terms "Drama" and "School Health Services", 1 publication was found, as shown in Figure 2.

Figure 2. Number of results obtained after applying the inclusion and exclusion criteria.

| Busca | Estrutura | Sintaxe de Busca | Resultado |
|------------------|--|---|-----------|
| #1 | "Serviços de Saúde Escolar" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (serviços de saúde escolar) AND (fulltext:("1") AND db:("MEDLINE" OR "LILACS" OR "BDNF") AND la:("en" OR "pt" OR "es")) AND (year_cluster:[2007 TO 2021]) | 22.018 |
| #2 | "Saúde do Estudante" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (saúde do estudante) AND (fulltext:("1") AND db:("MEDLINE" OR "LILACS" OR "BDNF") AND la:("en" OR "pt" OR "es")) AND (year_cluster:[2007 TO 2021]) | 15.047 |
| #3 | "Drama" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (drama) AND (fulltext:("1") AND db:("MEDLINE" OR "LILACS" OR "BDNF") AND la:("en" OR "pt" OR "es")) AND (year_cluster:[2007 TO 2021]) | 1.206 |
| #1 AND #2 | "Serviços de Saúde Escolar" AND "Saúde do Estudante" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (serviços de saúde escolar) AND (saúde do estudante) AND (fulltext:("1") AND db:("MEDLINE" OR "LILACS" OR "BDNF") AND la:("en" OR "pt" OR "es")) AND (year_cluster:[2007 TO 2021]) | 1.067 |
| #1 AND #3 | "Serviços de Saúde Escolar" AND "Drama" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (serviços de saúde escolar) AND (drama) AND (fulltext:("1") AND db:("MEDLINE" OR "LILACS") AND la:("en" OR "es" OR "pt")) AND (year_cluster:[2007 TO 2021]) | 17 |
| #2 AND #3 | "Saúde do Estudante" AND "Drama" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (saúde do estudante) AND (drama) AND (fulltext:("1") AND db:("MEDLINE" OR "BDNF" OR "LILACS") AND la:("en" OR "pt")) AND (year_cluster:[2007 TO 2021]) | 22 |
| #1 AND #2 AND #3 | "Serviços de Saúde Escolar" AND "Saúde do Estudante" AND "Drama" Filtros: Texto completo disponível, Lilacs, Medline, BDNF, português, inglês e espanhol, 2007 a 2021 | (serviços de saúde escolar) AND (saúde do estudante) AND (drama) AND (fulltext:("1") AND db:("MEDLINE") AND la:("en")) AND (year_cluster:[2007 TO 2021]) | 1 |

Source: Own.

It is important to note that the searches were carried out by two independent reviewers at different times, who applied the same criteria, obtaining the same results. To enable the interpretation of the material found, the selected references were organized in a synoptic table according to the following information: title of the article, language, author,

title and area of knowledge, year, journal of publication, objectives, methodology and results
(Chart 1)

Table 1. Selected articles after floating reading.

| Title/Language | Author/Title/Area | Year | Magazine | Objectives | Methodology | Results |
|---|---|------|---|--|---|--|
| Theater in focus: a playful strategy for educational work in family health (Portuguese) | Autores: Soares, M. S.; Silva, L. B.; Silva, P. A. B. Title/Area: Doctorate in Public Health; Master's and Undergraduate Degrees in Nursing. | 2011 | Anna Nery School Nursing Journal | To report the experience of using theater as a playful strategy for educational work with Family Health teams during Curricular Internship I of the School of Nursing of the Federal University of Minas Gerais/Brazil from August to December 2008. | Theater was used as a playful strategy for educational work with the Family Health teams. A Situational Health Diagnosis was carried out in the interior of Minas Gerais, whose most prevalent morbidities guided the themes addressed in the skits. Nine skits were written, staged for diverse audiences. | A rupture was perceived in the daily life of the community, in which, under the playful dimension, people let the pleasurable side of life flow, decoding the world in their own way: a pleasant mixture of art and science. Theater is an effective playful strategy for the acquisition of concepts of health, leisure resource, and living space. The need to promote training of multipliers in the community was found. |
| Evidence, theory and context - using intervention mapping to develop a school-based intervention to prevent obesity in children | Autores: Lloyd, J. J, et al. Title/Area: not specified. | 2011 | BMC International Health and Human Rights | Describe the application of a systematic process: Intervention Mapping (IM). | Describes the development of the Healthy Lifestyles Program (HeLP), a school-based intervention to prevent obesity in children, through the first 4 steps of the Intervention Mapping protocol. | The Intervention Mapping protocol was a useful tool in developing a viable, theory-based intervention aimed at motivating children and their families to make simple changes. |
| The Healthy Lifestyles Programme (HeLP), a novel school-based | Autores: Wyatt, K. M., et al. Title/Area: not specified. | 2013 | BMC International Health and Human Rights | To determine the efficacy and cost-effectiveness of the Healthy Lifestyles | Randomized controlled trial (RCT) guided by the Information Model, | The results of the study will provide evidence on the effectiveness |

| | | | | | | |
|---|---|------|---|--|--|---|
| intervention to prevent obesity in school children: study protocol for a randomised controlled trial | | | | Program (HeLP) in preventing overweight and obesity in children. | Motivation, and Behavioral Skills. Participating schools will be randomized to intervention or control groups, with initial measures taken prior to randomization. | and cost-effectiveness of the program in affecting children's weight status. Fifty schools expressed interest in participating in the study, of which 41 met the inclusion criteria. |
| Steps on a journey to TB control in Solomon Islands: a cross-sectional, mixed methods pre-post evaluation of a local language DVD | Authors: Massey, P. D. et al. Title/Area: not specified. | 2015 | BMC International Health and Human Rights | 1) Increase the detection rate of TB cases in East Kwaio through the development of a DVD in the local language for TB awareness; 2) Share this resource with people from remote villages; 3) Assess the impact of the resource on local communities; 4) Describe key issues for further analysis. | Development and evaluation of a DVD in the local language (Kwaio) with five videos, containing local songs/songs (ai'mae); stagings that present an allegory of Tuberculosis; and a short documentary on local TB redevelopment, based on the "Australian Respiratory Council TB Education Flipchart". | The DVD was shown in 41 towns and villages. The pre-DVD survey showed that despite moderate knowledge about the signs, symptoms and treatment of tuberculosis, 30% of the participants incorrectly stated that the disease was caused by witchcraft, as well as that the use of the medication should be stopped when the person feels better. The post-DVD research showed a change in the discourse of some participants, who correctly stated the signs, symptoms and routes of transmission of the disease. |
| Effectiveness of the Healthy Lifestyles | Autores: Lloyd, J., et al. | 2017 | Lancet Child Adolescent Health | To verify whether HeLP was | Pragmatic cluster randomized | The primary outcome was the change in |

| | | | | | | |
|---|--|------|---|---|--|--|
| Programme (HeLP) to prevent obesity in UK primary-school children: a cluster randomised controlled trial | Title/Area: Doctorate in Medicine; Masters. | | | effective in preventing childhood obesity. | controlled trial of the Healthy Lifestyles Program (HeLP). Intervention carried out in 32 schools in the southwest of England with children aged 9 to 10 years for more than 1 year and included physical activity workshops, education sessions with short homework assignments, and drama, as well as the establishment of goals to modify behavior (with parental support and individual discussions with HeLP coordinators). | body mass index (BMI) standard deviation score between baseline and after 24 months of intervention, analyzed in children with BMI data available for both time points. No significant differences were observed between the groups in any of the other anthropometric outcomes at 18 or 24 months, nor in any of the physical activity outcomes at 18 months. |
| Class Time Physical Activity Programs for Primary School Aged Children at Specialist Schools: A Systematic Mapping Review | Autores:Emonson, C, et al. Title/Area: not specified. | 2019 | International Journal of Environmental Research and Public Health | To conduct a systematic review of the mapping of Physical Activity programs during class hours that have been implemented in specialized primary schools and classes. | Studies of programs that contained a physical activity component, implemented with elementary school students, were selected. The following databases were used: MEDLINE, PsycINFO, CINAHL, Academic, SPORTDiscus, Global Health, Education Source and ERIC. The search period ranged from the earliest date in each database | This review identified 33 records reporting 34 physical activity programs during class hours that were implemented in schools and specialized classes between 1964 and 2018. More than half (67%) were conducted in the US. Programs involving dance/drama activities were more common and programs involving |

| | | | | | | |
|--|--|--|--|--|-----------------------|---|
| | | | | | to September 7, 2018. | stretching activities were less frequent. |
|--|--|--|--|--|-----------------------|---|

Source: Own

DISCUSSION

Regarding the year of publication, the six articles analyzed were published between 2011 and 2019, five in English and one in Portuguese. Regarding the journal of publication, the "BMC International Health and Human Rights" stood out with three articles. The articles published in English comprise research that was developed in the United Kingdom, Solomon Islands and Australia. The one in Portuguese comes from a survey carried out in Brazil. Articles published by two or more authors stood out, in which only two identified the authors' titles: doctors, masters and undergraduate students.

As for the areas of knowledge by title, as recommended by the Coordination for the Improvement of Higher Education Personnel (CAPES), the following stand out: Health Sciences, particularly Public Health, Nursing and Medicine. In the researched articles, no productions in the areas of Education or Social Sciences were evidenced. As for the approach to the manuscripts, merely hygienist aspects of health education were privileged, to the detriment of an interdisciplinary approach, dispensing with the interpretative dimension of the phenomenon based on customs, traditions and beliefs at the core of the analysis.

Among the selected articles, the main objectives identified were established with a sanitary bias, favoring disease control, the prescriptive approach, the depositary-banking approach, and the standardization of the body from the biomedical perspective of the health-disease process¹⁴. In addition to this reductionist view limited to the dimensions of life on the physiological and vegetative planes, Canguilhem¹⁵ proposes a more in-depth reflection on the categories "normal and pathological". The author considers that each individual has his or her own conception of what is normal for himself. "To be normal" means to live in an environment where fluctuations and new events are possible ¹⁵.

Thus, health can be conceived as a feeling of security in life, which being by itself is not limited. On the other hand, the pathological does not have an existence in itself, and can only be conceived in a relationship. Therefore, it is possible to infer that the pathological state is also a way of living life¹⁵. Considering that this state presupposes a framework of the norm that does not tolerate any deviation from its conditioning elements, it is incapable of undergoing transmutation. Thus, the sick individual can be seen as incapable of being

framed in normative aspects previously determined by the social environment in which he is inserted¹⁵.

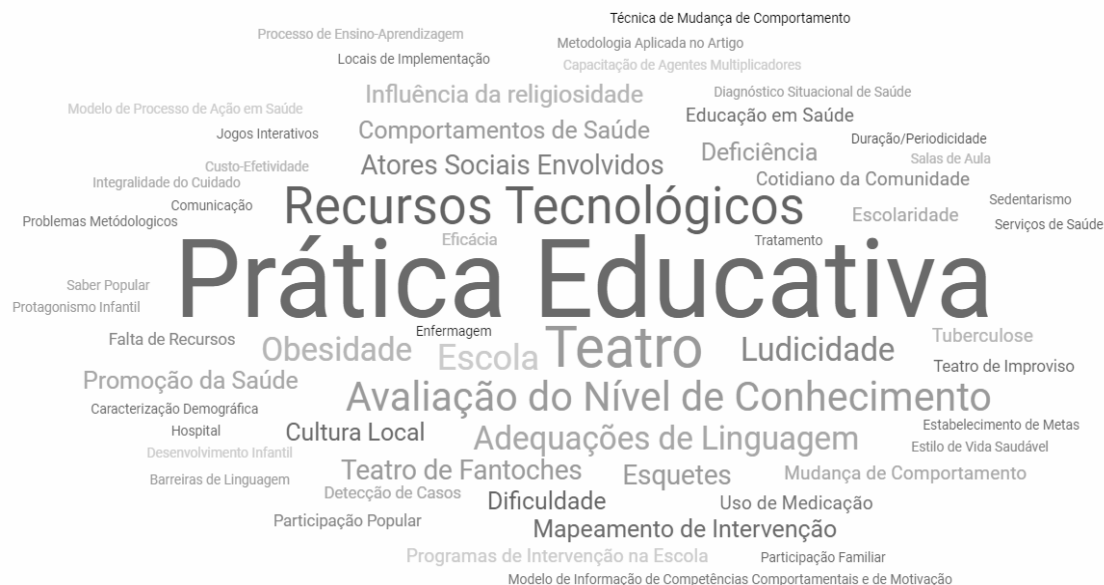
With regard to methodological aspects, most articles with a quantitative approach were observed, with a descriptive epidemiological design of the observational type (four articles). One article is characterized as an integrative review and only one article presented an experience report study design. The critical reading of the selected articles demonstrated that the quantitative approach was adequately aligned with the objects of study, allowing the achievement of the proposed objectives. In addition, quantitative research aims at the statistical "translation" of the collected data, assisting in the planning of collective actions and enabling greater generalization of the results, primarily when the sample faithfully represents the population studied¹².

Regarding the type of study presented in the articles, the observational design is pertinent, as it evidences the effects of the use of theater as a facilitating tool to enhance health promotion in childhood. However, this type of epidemiological study has its relevance questioned by many authors in research involving the theme of health education, since this approach does not allow for a deeper understanding of subjective issues related to the theme. Likewise, descriptive studies are appropriate, since they seek knowledge about the different relationships and events present in the life of the individual and the community, whether social, political, economic, etc.¹². In view of the above, the choice of observational and descriptive formats is considered appropriate to achieve the objectives established in the articles.

The scarcity of articles with a qualitative approach was evidenced, which address the meaning, motivation, belief, attitudes and values related to the theme studied¹². The studies were carried out with children, adolescents, young adults and the elderly, with these participants as the main informants. For data collection, the researchers used active methodologies, pre-established forms and focus groups.

From the extraction of the nuclei of meaning of the scientific production analyzed, a word cloud was constructed for a better visualization of these units of meaning (Figure 3), in which the greater the length of the term, the greater the frequency it presented in the production studied.

Figure 3. Word cloud containing the nuclei of meaning emerging from the scientific production analyzed



Source: Own

The previous image shows the predominance of the units of meaning, namely: Educational Practice; Technological Resources; Theatre; Assessment of the Level of Knowledge; social actors involved; Language Adequacy; School; Playfulness; among others. Having already listed the emerging themes of the selected production, the following analytical categories were established after the floating reading of the articles: a) Themes addressed in educational actions in the theatrical modality: influence of the hygienist model in the approach to health education activities; b) Strategies adopted that are close to the paradigm of comprehensiveness; c) Scenarios for the development of educational actions and the social actors involved in these activities: the space for the exchange of knowledge; and d) Difficulties faced in the implementation of educational practices.

Thus, each category was explored using the assumptions present in the Ottawa letter and with the help of the available scientific literature. To facilitate the discussion of the results, excerpts from the scientific productions analyzed were chosen in order to illustrate the emerging nuclei of meaning.

1ST CATEGORY: THEMES ADDRESSED IN EDUCATIONAL ACTIONS IN THE THEATRICAL MODALITY: INFLUENCE OF THE HYGIENIST MODEL IN THE APPROACH TO HEALTH EDUCATION ACTIVITIES

Among the themes presented in the educational actions that were described in the scientific production found, the following stand out: Obesity; Deficiency; Child development; Tuberculosis; Use of Medication; Sedentary lifestyle; Healthy Eating; and Physical Activities. It can be observed that the vast majority of the themes addressed in these practices focus on biomedical aspects and the standardization of health behaviors. This is in line with the expanded concept of health present in the Ottawa Charter⁵, which deals with the need to promote physical, mental and social well-being to the population.

The results indicated by reading the articles demonstrate that the educational practices developed for school-age children have doctrinal characteristics and a primarily hygienist focus¹⁶. This can be glimpsed when the intervention programs proposed by some articles are based on the adoption of a "healthy lifestyle" and on the change of health behavior. The excerpt below extracted from the articles researched as the primary source of the present investigation, illustrates, in a way, this panorama:

"The HeLP consists of four phases, which have been ordered to enable and support behavior change in the home and school environments, giving children strategies and motivation to improve their eating and physical activity behaviors"¹⁷.

"A series of components were used to reorient children and their parents on messages of help and behavior change strategies"¹⁸.

The educational actions carried out in this model have a depository-banking and prescriptive approach, which focuses on changing community health behaviors. They are based on a "healthy" lifestyle, often incompatible with the reality of a large portion of the Brazilian population. Furthermore, it is important to emphasize that the influence of this traditional model generally promotes the rigidity of health promotion practices to meet goals and indicators that are often established in a centralized way, not involving the population, especially the school, in the decision-making process¹⁶⁻¹⁷.

2ND CATEGORY: STRATEGIES THAT APPROACH THE PARADIGM OF COMPREHENSIVENESS

Strategies in health promotion practices are important means of enhancing the achievement of the proposed objectives. In this sense, the use of tools that dialogue with

the expanded concept of health constitutes a significant advance for the amplification of health promotion activities in schools^{17,18}. The scientific production researched reveals that educational practices should be developed from the perspective of valuing the social determinants of health, so that they produce meanings that match the life context of the assisted population. The excerpts below exemplify such statements:

"The educational practice in health acts as a process of learning and reflection, establishing close contact with everyday situations, in their intricate cultural, social, political and economic aspects. By considering the continuous interaction between man and the world, it allows for the collective construction of knowledge, enabling people to critically assume the solution of health-disease problems"¹⁹.

"Due to the relevance of health promotion and disease prevention actions in the context of Primary Health Care, educational activities acquire a relevant role in achieving comprehensive care, constituting one of the basic attributions of all professionals who make up the Family Health team"¹⁹.

Among the strategies used in the educational practices evidenced in the studies, the following can be highlighted: puppet theater; Sketches; improvisational theater; dance; interactive games; among others¹⁹. Thus, the protagonism of the use of the playful-theatrical tool as a didactic-pedagogical instrument is evidenced, and its potential use is illustrated in the scientific production found:

"The experience made it possible to glimpse the various applications of theater in Family Health: as an effective pedagogical strategy for the acquisition of health concepts, leisure resource and living space"¹⁹.

"The results suggest that programs involving dance/theater activities can contribute to improvements in children's physical fitness, psycholinguistic skills, visual perception skills, and increased positive social interactions with typically developing peers"²¹.

The valorization of components of different cultures from different collectivities is pointed out as inherent to health promotion practices by the Ottawa Charter⁵⁻²⁰, which advocates that strategies be adapted to the demands of the community itself and incorporating the differences of each population group into their practices. From this perspective, theater emerges once again as a facilitator by enabling the adaptation of health themes to different experiences and customs in a fluid and dynamic way. These contributions of the theatrical tool can be glimpsed in the following excerpts, extracted from the scientific production studied:

"As a playful strategy, theater humanizes practice, as it contemplates feelings, sensations and intuition, as well as reason. It also considers people's imagination,

desires and dreams, potentially overcoming the traditional boundaries established between disciplines and allowing the search for the formation of citizenship, with the participation of all those involved as subjects of history."¹⁹

*"Through scenic language, new possibilities were unveiled to work on issues related to health promotion and disease prevention, revealing itself as a path to the humanization of care."*¹⁹

It is important to highlight that the articles found discuss the relevance of using technological resources, such as the use of DVDs and cell phones, to facilitate the dissemination of health knowledge. These components, associated with innovative practices, facilitate the awakening of the community's interest, favoring their participation in health educational actions²¹⁻²². The importance of using these resources is present in the excerpts extracted from the articles below:

*"Having the TB DVDs recorded in the local language was a key feature of the project."*²²

*"I recommend that this video can be placed on our mobile phone so that it is accessible. So that we can show and teach our children and also our elderly who could not go to Atoifi or who did not have the privilege of this information."*²²

3RD CATEGORY: SCENARIOS FOR THE DEVELOPMENT OF EDUCATIONAL ACTIONS AND THE SOCIAL ACTORS INVOLVED IN THESE ACTIVITIES: THE SPACE FOR THE EXCHANGE OF KNOWLEDGE

By analyzing scientific production, the school emerges as a favorable environment for the development of educational practices in health. This is because its organizational structure, with regard to the professionals present and shared knowledge, favors the exchange of knowledge in health. The Ottawa Charter (1986) points out that health promotion practices should be carried out in different scenarios in order to promote the creation of favorable environments and the enhancement of the subjects' contact with this health knowledge⁵⁻²⁰. The contribution of schools to educational practices can be seen in the excerpts below extracted from the scientific production found:

*"It is not surprising that most child prevention programs to date have been situated within the school, especially when their existing organizational, social, and communication structures provide opportunities for regular health education and the possibility of a health-promoting environment..."*¹⁷

*"Schools have the potential to play a critical role in preventing overweight and obesity. They also allow the researcher to engage children and families across the social spectrum."*¹⁸

Focusing on the target audience of this study, which is school-age children, it is important to note that the diversity inherent to the children's universe must be carefully observed when producing educational actions in health²². This is because the child is subjected to interpersonal relationships with the most varied people, cultures and beliefs. However, it is greatly influenced by the culture of peers, which favors their personal and civic formation²³.

4TH CATEGORY: DIFFICULTIES FACED IN THE IMPLEMENTATION OF EDUCATIONAL PRACTICES

Among the difficulties presented in the articles found about the implementation of educational practices, language barriers can be highlighted. According to Massey et al.²², the literal translation from one language to another of the educational materials cannot reach the necessary significant depth, hindering the process of reflection of the assisted community. However, by adapting the educational action to the local language, it is possible to achieve a good result. For the student, adapting educational practices to their universe and modes of communication is essential to capture their attention and produce meaning about the health theme presented¹⁴. The language barriers, as well as the overcoming of this challenge, are illustrated in the excerpt below taken from the analyzed studies:

"The importance of visual and audio materials in the local language for people with low literacy levels has also been highlighted in health education work in South Africa.... However, health education information translated from one language to another can be complicated because not all health concepts can be translated from one language to another or from one culture to another."²²

FINAL CONSIDERATIONS

From the bibliographic analysis and the thematic analysis following Bardin's assumptions, it was possible to evidence the contributions of the theatrical tool to the health education process of school-age children. The gaps observed in the scientific production found were important, such as the scarcity of research on the object of study in question, especially in the national territory. Focusing on the analysis of the potential use of theater in Brazilian territory can be configured as an important strategy for popular health education.

The articles found also highlighted the importance of training health multiplier agents, whether they are members of the community itself or health professionals. Understanding the aspects inherent to the development of educational practices that use playful-theatrical tools is necessary for an evidence-based practice. Thus, the present study is justified as a

powerful instrument to clarify the potentialities, challenges and possible paths to be followed for the implementation of theater as an instrument of popular health education for school-age children.

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