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Child health promotion from the perspective of family health strategy nurses

Promoção da saúde infantil na perspectiva de enfermeiros da estratégia saúde da família

Promoción de la salud infantil en la perspectiva de enfermeros de la estrategia de salud familiar

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ABSTRACT

Objective: To apprehend nurses' conceptions and experiences about actions of child health promotion in family health units.

Methods: Exploratory study, with thematic content analysis of statements, obtained through semi-structured interviews with 11 nurses from a municipality in São Paulo.

Results: Three thematic categories emerged on child health promotion actions: they must be contextualized, provide for comprehensive care, and aim at self-care; they are carried out through health guidelines shared by professionals with children and their families, inside and outside the health units; present challenges to be overcome by health services, such as lack of involvement and appreciation of the family regarding child follow-up.

Conclusions: The concepts apprehended approached the premises of official documents on health promotion; however, practical experiences included difficulties related to the life contexts of children, their families and health services, compromising the achievement of comprehensive care.

Keywords: Health promotion. Child health. Nurses. Primary health care.

RESUMO

Objetivo: Apreender concepções e experiências de enfermeiros sobre ações de promoção da saúde infantil em unidades de saúde da família.

Métodos: Estudo exploratório, com análise de conteúdo temática de depoimentos, obtidos por entrevistas semiestruturadas com 11 enfermeiros de município paulista.

Resultados: Emergiram três categorias temáticas sobre ações de promoção da saúde infantil: devem ser contextualizadas, prever a integralidade do cuidado e visar o autocuidado; realizam-se por meio de orientações sobre saúde compartilhadas pelos profissionais com crianças e suas famílias, dentro e fora das unidades de saúde; apresentam desafios a serem superados pelos serviços da saúde, como falta de envolvimento e valorização da família quanto ao acompanhamento infantil.

Conclusões: As concepções apreendidas se aproximaram das premissas dos documentos oficiais sobre promoção da saúde, contudo, as experiências práticas incluíram dificuldades relativas aos contextos de vida das crianças, suas famílias e serviços de saúde, comprometendo a consecução da integralidade do cuidado.

Palavras-chave: Promoção da saúde. Saúde da criança. Enfermeiras e enfermeiros. Atenção primária à saúde.

RESUMEN

Objetivo: Aprehender las concepciones y experiencias de enfermeros sobre las acciones de promoción de la salud del niño en las unidades de salud de la familia.

Métodos: Estudio exploratorio, con análisis de contenido temático de testimonios, obtenidos a través de entrevistas semiestructuradas con 11 enfermeros de un municipio de São Paulo.

Resultados: Emergieron tres categorías temáticas sobre las acciones de promoción de la salud del niño: deben ser contextualizadas, brindar atención integral y apuntar al autocuidado; se realizan a través de pautas de salud compartidas por los profesionales con los niños y sus familias, dentro y fuera de las unidades de salud; presentan desafíos a ser superados por los servicios de salud, como la falta de involucramiento y valorización de la familia en el cuidado del niño.

Conclusiones: Los conceptos aprehendidos se acercaron a las premisas de los documentos oficiales sobre promoción de la salud, sin embargo, las experiencias prácticas incluyeron dificultades relacionadas con los contextos de vida de los niños, sus familias y los servicios de salud, comprometiendo la consecución de una atención integral.

Palabras clave: Promoción de la salud. Salud del niño. Enfermeras y enfermeros. Atención primaria de salud.

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INTRODUCTION

Health promotion, within the scope of health care, has been proposed by national and international organizations as the arrangement of strategies and means for the production of health and raising the standards of quality of life for individuals and collectives[1].

In Brazil, this proposition is contemplated in the National Primary Care Policy (*Política Nacional de Atenção Básica* – PNAB)[2] and in the National Health Promotion Policy (*Política Nacional de Promoção da Saúde* – PNPS)[3], which include as premises the respect for diversity, social justice and defense of health and life, also based on the principles of humanization, equity, social participation, autonomy, empowerment, intersectoriality, intrasectoriality, sustainability, integrality and territoriality[2,3].

For its success, health promotion provides for the establishment of healthy environments, implementation of community actions, development of skills for self-care and organization of health services to meet health needs, at the individual or collective scope, respecting socioeconomic differences and cultural aspects present in each context[4].

According to the Pan American Health Organization (PAHO), alongside other professionals, nurses are essential agents to operate changes in the health model and practices, such as the incorporation of health promotion actions in Primary Care units. This is due to the extent of competences and care role, educational and managerial roles to be performed by these professionals in these places, together with individuals, families and communities, with a great possibility of establishing close and effective bonds[5].

In Brazil, as a care model to be preferably adopted by Primary Care, there is the Family Health Strategy (FHS), which aims to guarantee continuous, comprehensive and close care to families enrolled in basic health units (BHU), with a view to a, not only to increase the detection and resolution of diseases and conditions, but also and especially to promote the health of individuals and collectivities[2].

Regarding child population, the National Policy on Comprehensive Child Health (*Política Nacional de Saúde Integral da Criança* – PNAISC) recommends the implementation of health promotion actions that value this dimension at different levels and spaces of child health care[6], reaffirming the need of replacing the paradigm of care centered on specialized medical work and which privileges curative actions, with the paradigm of comprehensive care and multiprofessional work, interdisciplinary and networked to meet the health needs of this population throughout the national territory[7].

Recent Brazilian studies on the role of nurses in Primary Care and in the FHS revealed that these professionals, through dialogic attitudes that involve the active participation of families, favor the child health promotion, training and empowering parents and families for comprehensive care of the child[8] and developing actions such as early care of the mother-child binomial after birth, raising awareness of the mother to follow-up growth and development, early identification of maternal difficulties in care and team discussion about the child's needs in order to avoid fragmentation of care, among others[9]. However, as another point to this favorable situation, other studies pointed out to the fragmentation of nurses' work, centralization in individual care and in the curative mode[10–12], as consequence of problems related to their work processes, such as overload of activities and responsibilities, lack of institutional support and continuing education to provide comprehensive child care[11–12].

The contradiction found in the current literature on the experiences of Brazilian nurses in child health promotion in primary care units, including those of the FHS, reinforces the need for continuity of investigation that focuses on this practice, advancing in the understanding of their conceptions on this theme, since health practices are even guided by the way the professional understands and defines them[13].

Thus, the present study aimed to apprehend nurses' conceptions and experiences about child health promotion actions in family health units. From the perspective of these professionals, the aim is to obtain relevant subsidies for the qualification and consolidation of such actions in local realities, with a view to improving the quality of health and life of children and their families.

METHODS

Qualitative study, based on the theoretical-practical propositions of Health Promotion[1,3–4,14] and on the items from the checklist of the Equator Network's COREQ[15], for the description of its methodological aspects.

About the participants, there was an intentional sample of 11 nurses working for at least one year in 11 of the 12 health units that adopted the FHS care model in a municipality in the interior of the state of São Paulo, Brazil. This option was made considering that, in this way, it would be possible to count on nurses with accumulated experience in child health work. It is noteworthy that the excluded unit did not have the professional nurse in the period stipulated for obtaining the data.

Semi-structured and audio-recorded interviews were applied for data collection, being conducted in the health

units in the second half of 2017, in a private place and at a time previously agreed by telephone with the participants. These interviews lasted from 15 to 25 minutes and were conducted by the first author, a nurse, working in the local municipal health network, not directly involved in the care provided and with previous experience in this type of data collection. The previous professional relationship established between the interviewer and the research participants was horizontal, the latter being clarified about the objectives and aware of the fact that it was the author's master's degree conclusion work.

After consenting to participate in the research, the nurses signed the Free and Informed Consent Form (FICF), which stated the objective of the study and ensured respect for the ethical principles to be followed, including guaranteeing the anonymity of the participants. This study was duly approved by the Research Ethics Committee of the Faculty of Medicine of Botucatu, receiving CAAE No. 62023816.6.0000.5411, under the opinion No. 1.851.368.

The pre-stipulated script for conducting the interviews was composed of questions to characterize the group of nurses participants in the study, as well as guiding questions to apprehend their conceptions and experiences in child health promotion within the scope of the FHS: How do you define Health Promotion? What do you think should be done to promote child health in the FHS? Considering all the moments of your work at the FHS, talk about your experience in Child Health Promotion actions and, also, what are the facilities/difficulties to carry out these actions? At the end of the interview, the interviewer reproduced the content for each participant, allowing it to be validated.

The statements were transcribed in full and submitted to thematic content analysis, according to Lawrence Bardin, by two of the authors. For the development of this analysis, the three planned stages were performed: pre-analysis, with a fluctuating reading of each statement and subsequent comparative reading between them, with hypotheses being raised about the phenomenon studied; exploration of the material, from the coding operation, when there was the delimitation of the thematic categories and the identification of the units of record/meaning (cuttings of the text produced from the interviews) and of context (nuclei of meaning of the statements) and treatment of the data and interpretation, process of inferential interpretation of categorized data carried out through intuition, reflective and critical analysis[16], based on premises contained in official proposals and scientific literature related to child health promotion.

RESULTS

Ten of the 11 nurses who participated in this study were female. The age of the participants ranged from 30 to 50 years and the time elapsed since the qualification as a nurse from eight to 26 years. All of them had been working in the FHS of the municipality under study for at least five years. Such characteristics indicated that this group had sufficient time for training and professional insertion to contribute to the achievement of the objective of this research.

The application of content analysis techniques to the statements obtained from the participants allowed the elaboration of three thematic categories, which are presented with their respective context units and examples of record units, accompanied by the indication by the letter N (nurse), added by the number of the interview performed (1 to 11).

The conceptions elaborated by nurses on health promotion actions allowed the configuration of the first thematic category: **they must be contextualized, provide comprehensive care, and aim at self-care**, which was composed of three context units:

The risks and vulnerabilities presented by children and their families need to be evaluated:

> *For this* (health promotion) *to occur, it is necessary to make an evaluation of the territory, of cultures, aiming at the creation of mechanisms that reduce situations of vulnerability.* (N2)
>
> [...] *you have to evaluate, together with the family, the health conditions and determinants.* (N3)
>
> *It is necessary to see that a child is different from another* [...] *there are children with emotional changes due to impaired living conditions, in their coexistence with their own family and with society* [...] *you can find a child's development already impaired since the beginning of their training, since an unwanted pregnancy, for example.* (N4)

They presuppose the comprehensiveness of child care:

> *It is to promote actions that favor the health of the child as a whole, achieving goals you want to achieve, with actions that provide health benefits in the biopsychosocial.* (N1)
>
> *It must seek to improve the child's health conditions* [...] *also carry out preventive actions that reduce infant mortality and morbidity.* (N11)
>
> [...] *always looking for a solution to the problems that children present and that they need to treat.* (N10)

The promotion of self-care is necessary aiming a better quality of life and health:

> *For me, it is to provide access to the development of knowledge, skills, and abilities for self-care with health.* (N5)
>
> *So, you have to consider how you can help them* (families) *to improve their child's living and health conditions within their home, their territory, their city and their country.* (N8)

The experiences of FHS nurses in child health promotion actions were coded in four context units of the thematic category: **they are carried out through health guidelines, shared by professionals with children and their families, inside and outside the health units**:

Educational actions have made it possible the promotion of the health of child and their family:

> *Everything you pass on to children, they capture much more quickly than an adult* [...] *with the advantage of promoting health in those who, from an early age, have this vision and who will take it to the rest of life* [...] *and in my experience I see that children are, many times, the ones who pass something on to adults. For example, in relation to dengue: "You are doing it wrong! Look, you can't leave standing water!".* (N1)

The bond with mothers has been essential:

> *The bond with the mothers is essential for the promotion of the child's health. As you spend time at the unit, you get to know the mothers, not all of them, but I think the vast majority, we end up having a bond with them, since prenatal care* [...] *many still want to send their children to the pediatrician* (reference service), *but they end up coming back or going to both places* [...] *we had mothers with medical insurance who did not give up going to the Family Health (unit) because of their trust in our guidance.* (N2)
>
> [...] *try to be close to the mother, because she is the one who is directly linked to the child.* (N7)

The actions take place at different times and spaces of care for children by the health service:

> (Child health promotion actions) *here we try to make all contacts, whether they are individual, as in consultations, or collective, as in groups, scheduled or not* [...] *Today I saw a mother who was out there when I went to call her. She had the baby on her lap and was smoking. So, it ended up being an opportunity to guide and also to covenant, showing that that is not good, what are the disadvantages for the children, for them* (mothers) *and little by little try to improve it.* (N9)
>
> *We also hold groups with mothers and talk about breastfeeding, talk about children's health in general.* [...] *home visit is also a great opportunity to observe family dynamics. This context is very enlightening about the way the child is cared for.* (N7)

It's a work you don't do alone:

> *One professional alone i believe that is much more difficult, he/she needs the entire team of the unit involved in child care [...] for you to do this (child health promotion), you need intersectoral actions.* (N3)
>
> *We have the adherence of schools, day care centers, professors. Everyone wants to participate in health promotion actions, trying to change something, involve parents.* (N2)
>
> *It is important here the networking with the CEU* (Unified Sports Center) *and* CRAS (Social Assistance Reference Center) *of the coverage area.* (N6)

The last thematic category on child health promotion actions, which emerged from the nurses' statements: **they present challenges to be overcome by health services**, was composed of four context units:

Working in an adverse socioeconomic and cultural scenario:

> *I've had so many difficult experiences* [...] *there are those children who, even with bad social status, have good emotional conditions, that parents manage to promote their healthy development and I've had experiences of children being mistreated and neglected. Prejudice is another issue that children suffer a lot. If they are not clean, they are rejected and if they are hyperactive, they find it difficult to establish themselves in society and everyone is putting up barriers. The social question is very difficult! You want to provide conditions for the family to take care of and, many times, there is so much need that it is not possible to talk about health promotion, just "putting out the fire".* (N8)

Involving broad family participation in the proposed activities of child follow-up:

There are mothers who end up missing and not properly following the growth and development of their children. (N1)

Some mothers do not see the importance of child care, they seek more in case of illness. And then these mothers, they end up missing and not following the child's growth and development properly [...] *there is a lack of greater awareness of what we offer here, it is more than that, it is also to provide a better quality of life.* [...] *there are many mothers who do not adhere, they have to keep asking to come or have to ask the community agent to pick them up, bring them, make an active search.* (N10)

Community agents sometimes find it difficult to contact the mothers, because they are working [...] *they find it difficult to see a vaccination card at home, because they cannot find these mothers at home. And then, these mothers, they end up missing and end up not following the children's growth and development properly.* (N2)

Promoting the appreciation of FHS teamwork by families:

The difficulty is when parents want to listen only to the pediatrician, even before we take any action. For example, when parents want a pediatrician and do not accept to have a consultation with the FHS, even if we explain that they have to go here first and that when it is not solved here, we refer them to the pediatrician. (N7)

Counting on sufficient organizational, material and continuing education resources:

I think the most important thing is the organization of the service and the time available for these actions. Because, sometimes, despite being a Family Health Strategy, we end up conducting more "curative" actions, because there are a lot of people in need and then we end up leaving the promotion ones a little, well, to be desired. But we try to do everything. (N3)

The issue of physical space often makes this child care difficult [...] *you have few rooms, with many activities in the same room. You must have a space to try some things, for some educational action, a play therapy, for some observation of her/his in the environment...* (N8)

We realize, therefore, that the mortality rate (infant) *in the last two years has decreased a lot, that the children are healthier, but I still believe that it could be better, if we had training for the entire team.* (N11)

In summary, the results pointed to the conceptions and experiences of FHS nurses who value the contextualization of health promotion actions, as well as their link to the comprehensiveness of care and the realization of this with autonomy; in addition, that the actions are operated as a team, actively involving the child and their family, at different times and contexts of health care. However, they present challenges to be overcome, such as the lack of involvement and appreciation of the family regarding the children clinical follow-up and the need to search for strategies to carry out the work in adverse socioeconomic, cultural, and institutional conditions.

DISCUSSION

The concepts apprehended about actions of child health promotion proved to be converging with the Social Determinants of Health framework[17] (SDH), and the nurses pointed out the importance of considering the reality of each child, in order to carry them out to their satisfaction. It is noteworthy that even not citing this referential, the statements of these professionals were close to it, pointing out the importance of getting to know children and their families, as well as their social environment, making it possible to detect exposure to situations of vulnerability and risk. Also, in this sense, such conceptions proved to be in accordance with the postulates of the PNPS[3], especially regarding the idea that promoting health is to enable individuals and the community to have better health and living conditions, with the reduction of their vulnerabilities and risks, in turn related to SDH. Differently, findings from a study carried out with nurses from the FHS of five BHU in the city of Manaus, Amazonas, where the extreme situations faced by these professionals in child health care practices were analyzed, revealed that nurses expressed difficulties in understanding, not doing distinction between disease prevention and health promotion[10].

Another convergence to the premises of the PNPS[3] and the PNAISC[6], identified in the conceptions of the participants of this study about the actions that promote child health, was the consideration of the importance of the several aspects of comprehensive care for its effectiveness. The nurses highlighted both the relevance of taking care of the child in its biopsychosocial integrality, and of relating health promotion actions to preventive and curative actions to reduce childhood morbidity and mortality and achieve better levels of quality of life. It is recognized the possibility of not differentiating the meanings of health promotion and disease prevention by the FHS nurses[18], which could lead to the limitation of the possibilities of comprehensive child health care[6–7], however, this seems not to have been the case in the present study.

Still in terms of conceptions about child health promotion actions, the nurses indicated their connection to

the promotion of self-care, aiming at the acquisition of healthy life habits, showing coherence with the objective of the PNPS[1,3–4,14].

Regarding the nurses' experiences on health promotion actions within the scope of the FHS, it was found that these are occurring during the monitoring of child growth and development, mainly as actions of guidance on health and from the establishment of the bond with the mothers, and in a shared way with other team professionals of the own health units and/or external to them, involved with the work with children and their families.

The PNPS, in its first edition, already contemplated health education as a strategy to promote individual and collective health[1], keeping it highlighted in its new version[3–14]. The effectiveness of health education actions, aimed at childhood, is directly related to the adoption of active methodologies and the understanding of the different stages of the process of growth and development of children and the family and social aspects of the context in which they live[19]. In this sense, the nurses interviewed highlighted the advantage of guiding children on health issues and of having the results of educational actions extended to their families.

Establishing closer bonds with families, especially mothers, has been shown to be another important strategy used by nurses to effectively conduct actions to promote child health in the context studied. It is known that the location of the FHS units favors the recognition of the SDH and their repercussions on the populations that use these services, enabling to implement actions corresponding to their health needs and with greater chances of adherence to the professionals' proposals[20]. In this regard, attention is drawn to the risk of taking, in educational approaches, to the preventive and treatment aspects of diseases and conditions, to the detriment of those more extended, aimed at the empowerment of individuals and social groups, both in relation to better quality of life and health in terms of awareness of this right[18–19].

For nurses, the cooperation of professionals from different categories reveals as essential in carrying out actions to child health promotion, whether from the unit itself, from others in the health sector or even in other social segments that serve children. It is understood that, thus, it becomes possible to address the several dimensions involved and necessary for health promotion, complementing the performance of the health sector[20], as proposed by the PNPS[3] and PNAISC[6] which also recommend developing health interventions in their places of daily attendance, in addition to the units of the sector itself.

According to the participants of this study, actions aimed at health promotion have been occurring at various times during the children and their mother's follow-up by health professionals, seeking not to miss opportunities for action in inter and extra sector spaces. Thus, qualified listening and the identification of the needs of each child and their families, in the referred follow-up, are fundamental to obtain success in their health care.

Regarding the incorporation of child health promotion in the FHS units and in other units of the health sector, the nurses reported that actions in this sense are present since the prenatal period, as recommended by the PNAISC, aiming at birth and the beginning of the healthy lives and, subsequently, during child care, by periodically and longitudinally monitoring the growth and development of children, in partnership with the services in the other points of the maternal-infant HCN. It is worth reaffirming that in PHC, actions carried out by health teams individually or collectively have the potential to reduce the harmful effects of SDH, as well as reinforce those that will contribute to improving the living and health conditions of children and their families[7]. It is noteworthy that, even being a privileged opportunity to carry out health promotion actions[3,6,21], the home visit was little mentioned by nurses, pointing out the need to rescue this activity for such purpose.

Regarding the possibilities of approaching the children's health promotion, involving professionals from other sectors focused on childhood, the nurses highlighted the successful partnerships established with the social assistance and education sector. These results are consistent with regard to strengthening the integration of HCN and other social networks aimed at meeting the needs and rights of children and their families, both with the premises of the PNPS[3] and with those of the National Primary Health Care Policy (*Política Nacional de Atenção Básica* – PNAB)[22]. In order to achieve better health and living conditions, an open and perennial dialogue between the State and society in general is still necessary, to ensure the co-responsibility of actions to be developed in this sense[1,14].

As an example of the potentialities of intersectoral actions to children's health promotion, there is a case-control study carried out in New York, United States of America, with the objective of evaluating the impact of educational intervention in a preschool in a community diverse and socioeconomically disadvantaged, which proved the effectiveness of this strategy in establishing healthy behaviors among preschoolers and their relatives[23].

It is considered that the challenges to carry out the children's health promotion, pointed out by nurses, were several and basically related to overcoming difficulties, related to the life context of children and their families and the health care provided to them.

The unfavorable situations reported here revealed how vulnerable children are to the conditioning and determinants of illness and adverse family conditions, as well as the difficulty in working on health promotion actions in monitoring the health-disease processes presented by them, reinforcing even more the need for broaden health promotion actions, supported by intra and intersectoral public authorities.

As in a previous study[10] that pointed out the low adherence of mothers to the continuity of the children follow-up at the BHU, who sought the unit only in case of illness, in the present investigation, it was also observed the low expressiveness of family participation in the proposed activities of care elaborated by health professionals, showing little appreciation of parents/guardians of children regarding adherence to childcare consultations and guidance groups for the child health promotion. The participants of this study related such situations to the business hours established by the health services, as a considerable number of mothers have work. Associated with these conditions, there are difficulties for professionals to go to children and their families, as well as to gather the child population in regions where their responsible work during the working hours of health agents, difficulties already described in the literature[24], whose overcoming would require restructuring the work process of the teams according to the needs of users, including changes in their hours of internal and external assistance to the BHU.

Another challenge to be overcome, indicated by nurses, is the preference of some parents for pediatric care, not accepting what other members of the health team do. This situation shows the lack of visibility on what is officially expected to be carried out in the FHS units, in terms of multiprofessional and interdisciplinary work for comprehensive care and children's health promotion. It is considered that users' limited perceptions about the potentialities of the work performed in these units will be modified when there is an institutional appreciation of the clinical practice of other team workers, at their respective levels of competence[25]. As a strategy to change this reality and qualify the clinical work developed in the FHS units, there is the matrix support provided by the Family Health Support Centers (*Núcleos de Apoio à Saúde da Família* – NASF) which, among other specialists, can count on a pediatrician. In this sense, the FHS team, when faced with difficulties in providing comprehensive care in certain situations, can share with the NASF team the problems related to children and their families and, through the exchange of knowledge and practices, agree on necessary interventions, respecting the common and specific responsibilities of each professional/team[22], giving users visibility about this collective care process. A study that aimed to characterize the needs of nurses regarding scientific knowledge that support their care for children in the clinical practice of PHC, developed in the FHS of two Brazilian municipalities, also pointed out the importance of the partnership with the NASF to meet the needs of the child and the family[12].

Thus, it is believed that the awareness of professionals, to broaden ties with the families of children who use the FHS units, can increase trust and collaboration in the care provided. A study conducted in another Brazilian state that sought to evaluate aspects of the family approach in these contexts also proposed increasing the active participation of families in the actions developed in the FHS units, both for a better diagnosis of their health needs and to expand the possibilities of social control[26].

Other challenges, pointed out by the interviewees as limiting the implementation of actions promoters of child health, refer to the insufficient organizational, material and continuing education resources in health, which were also highlighted by other studies on such actions in the context of the FHS[18,27]. The maintenance of care and management professionals in adequate numbers and qualifications is proposed in the PNPS for its viability, recognizing that this is a right of the population that uses health service[3,28]. However, as in the present study, in an evaluative research conducted in PHC services in the State of São Paulo, using the Quali AB instrument, in 2007, 2010 and 2014, problems were identified regarding the feasibility of actions to child health promotion of the same nature, concluding for the need for greater institutional investment for the articulation of preventive, care and promotion actions aiming at the comprehensiveness of the care provided[28].

The analysis of the challenges pointed out by the participants of this study agrees with the assertion that there are still numerous barriers to be overcome in order to bring the population closer to the actions of the BHU, indicating that the FHS teams need to innovate in the ways of relating to families and children, in line with SUS principles and guidelines.

FINAL CONSIDERATIONS

The FHS nurses participating in this study presented conceptions in line with the premises of current national policies regarding child health promotion actions, especially when considering that, in order to be implemented satisfactorily,

there is a need to carry them out based on recognition of the risks and vulnerabilities presented in each situation, respecting the principle of comprehensive care and promoting self-care for children and their families.

When reporting their experiences regarding the insertion of these premises in their daily work, the nurses indicated that these have been taking place through educational actions, with greater results obtained by establishing close bonds with these families, at different times and spaces during the children follow-up by members of the health team and by other professionals from other sectors involved with the child population.

However, the nurses pointed out difficulties to be overcome, related to the adverse socioeconomic and cultural context of the children's lives, the lack of involvement of families in the proposed actions and recognition by these families of the importance of the work of the different professionals of the team, as well as the insufficient organizational, material, and continuing education resources to make the actions in focus viable. It is noteworthy that among the challenges to be overcome by nurses to carry out health promotion actions with children and their families, it is still present the strong influence of the biomedical care model, centered on diseases and health problems compromising the comprehensiveness of child care.

It should be noted that this study presented, as limitation, the fact that it privileged only one professional category of nurses, not including other members of the FHS, care and management teams, whose perspectives could contribute to the complementation of the purposes of this study. Thus, future studies are recommended that include professionals from different categories and functions inherent to the care context studied, using methods that allow the apprehension and integrated analysis of their conceptions and experiences on child health promotion actions.

Finally, it is considered that, even with the delimitation of the research site restricted to a municipality in a specific geographic region of the country, the contextualized analysis of the data obtained allowed us to present important subsidies for the necessary resignification of health promotion actions, in face of the challenges to be overcome by nurses linked to the FHS of the studied municipality and others with similar realities, aiming at better living conditions and health of the children under their care.

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