

ORIGINAL ARTICLE

Health promotion concepts and the stress exposed in print media

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Abstract

Background: The current concept of Health Promotion includes an interdisciplinary approach from various sectors of society. However, many themes related to health promotion are still restricted to prevention and a biologic approach to disease, as is presumably the case with stress.

Objective: This study aims to analyze the concepts of health promotion associated with stress exposed by the print media.

Methods: It is a study in which it was carried out the qualitative media analysis of 727 news from printed newspapers, dated from 2015 to 2017. The concepts of Health Promotion related to stress, found in the approaches on the subject in the media were: 1- Early Health Promotion: absence of disease and birth of the term (past); 2 - Health Promotion as primary prevention (present); 3- Expanded Health Promotion (what is expected in the future).

Results: The study contributes to stimulating society's leading role in health promotion and brought the novelty of the print media's approach to stress. The study shows that the most recent concepts of health promotion linked to stress are little discussed in the print media. The study suggests, with its originality, a current reflection on stress and the evolution of the meanings of Health Promotion.

Conclusion: It was observed that the media still approaches the stress theme in a restricted, biologicist, medicalized, prescriptive way, and focused on commercial interests, reinforcing the need for public policies aimed at Health Promotion communication.

Keywords: means of communication, stress, history, health promotion.

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Authors summary

Why was this study done?

Health Promotion, despite being a broad term that includes intersectoral actions, is often restricted to disease prevention without considering the social inequities that contribute to chronic diseases such as stress. Therefore, this study sought to answer the question: how has the media been disseminating health promotion in relation to stress?

What did the researchers do and find?

From a content analysis of news stories from January 2015 to April 2017, the authors found three analytical categories: 1- Early Health Promotion: absence of disease and birth of the term (past); 2 - Health Promotion as primary prevention (present); 3- Expanded Health Promotion (what is expected in the future).

What do these findings mean?

The study evidenced that Health Promotion related to stress in its completeness, including intersectoral discussions of the social determinants of health, is not yet a frequent agenda in the media, being restricted to addressing the theme in a limited way.

INTRODUCTION

In Brazil, stress levels are rising following the global trend¹. Stress has biological, emotional and social aspects that can vary from person to person, according to personality and individual differences². These aspects tell about the ways of life of the subjects and communities, trends, values and beliefs^{3,4}.

The World Health Organization (WHO) recommends the organization, planning and establishment of new rules and support for people who enter a situation of stress⁵. It is known that stress becomes opportune in situations of social inequity and unhealthy conditions. The fight against these inequities in developing countries is focused on combating diseases related to poverty and delay in epidemiological situations, among them Chronic Noncommunicable Diseases (NCDs) and highly transmissible diseases. In this panorama, the historical reference of Health Promotion is inserted in an indispensable way, providing the theoretical and practical subsidies in the fight and overcoming of these diseases. The current principles of Health Promotion include concepts related to integrality, equity, co-responsibility between the various sectors of society, social participation, intersectoriality of actions and strategies, information and communication, education, sustainability, among others⁶.

Thus, knowledge and secure information, mainly through the media, are valuable instruments for participation and lifestyle changes in society and are also determinants on the theme of stress. Knowledge through the dissemination of the media is fundamental in how the subject can influence the public on the topic addressed⁷. The media can define how the subject of stress will be brought to the public and the community. Araújo and Cardoso⁸ point to a very close relationship between politics, communication practices and power relations that are connected with the principles and guidelines of the current system in the health area, opening up new demands and new times in the face of new technologies and new social contexts.

The inclusion of Health Promotion perspectives and social determinants of health with regard to stress has been expanding through the field of communication that within the area of Public Health has been developing with the beginning of the Preventive Medicine movement, with a change of focus from traditional medical practice focused on disease to a direct focus on health, including Social Medicine, Community Health, Family Medicine

and is under construction with the Health Promotion movement⁹. The great change of meaning in relation to Health Promotion has been built from the understanding that health has broader social, political and cultural determinations than the reduced view of hereditary character, human biology and the exposed environmental factors¹⁰. In this context, some documents define the current theoretical framework of Health Promotion, among them the Informe Lalonde¹¹ which brings four determinants of health - the organic constitution of the physical and mental individual, the environment, lifestyle and the organization of assistance to health - as well as the "Ottawa Charter" that emerged from the 1st World Conference on Health Promotion, held in Ottawa (1986), in addition to other conferences on the topic such as that of Adelaide (1988), Sundsväl (1991), Jakarta (1997), Latin America (1992), Mexico (2000) and the one that occurred in Brazil in 2002¹².

Currently, Health Promotion is characterized by the set of adequate processes of food and nutrition, housing and sanitation, working conditions, study, physical environment, social support, lifestyle and health care provided by institutional, governmental bodies that favor knowledge, favorable skills so that subjects have control over their health and living conditions, at the individual and collective level¹³. Health promotion when it comes to creating healthy habits refers to the surveillance of oneself identifying oneself in a statistical probability and its reality. The strategies to avoid the risk can generate both innocuous or beneficial actions for health, but they can also be used as mechanisms of control and exclusion¹⁴. A new way of intervening and conceiving the health field arises from the new meaning of Health Promotion in its broader sense refers to the concept "Defends the idea that health promotion practices can be activators of the power of action to build measures that result in the strengthening of subjects and collectivities, in the expansion of autonomy and in the promotion of participation and networks (p. 190)"¹⁵. However, in spite of the broader and more current concept, three conceptual perspectives sometimes still prevail on Health Promotion. The first in which the patient is passive to health professionals, the second that advances a discourse on Health Promotion with emphasis on medical technology and change of individual behaviors as solutions to the problems faced and the third that fits in an emancipatory perspective that seeks to enhance

participation and autonomy, in addition to stimulating the production of knowledge and advancing information with the aim of transforming reality^{16,17}.

In this sense, Westphal^{18,19} reports that the concept defended in Informe Lalonde does not correspond to the socio-environmental aspect of “modern” or “New” or “Expanded” Health Promotion. It starts from the 1st International Conference on Primary Health Care, held in Alma-Ata (Kazakhstan), in 1978, organized by the World Health Organization (WHO), but it does not advance at that time. Strengthening the autonomy of individuals and social groups should be one of the basic axes of Health Promotion, covering a perspective much larger than the specific field of health. Including environment, from the scope of the local territory and related to the global territory in the incorporation of social, psychological, physical and even spiritual elements. There is no way to work on the construction of the Health Promotion idea without facing two interconnected and essential questions: philosophical reflection and the reconfiguration of communication in health practices²⁰. For this reason, the role of the media in the enhancement of Health Promotion in its expanded concept is considered fundamental. Thus, this study aims to analyze the concepts of health promotion associated with stress exposed by the print media.

METHODS

It is a qualitative exploratory study in which stress was used as a strategy to map the evolution of the term Health Promotion and to verify the approximations between stress and health promotion in the print media. The place of study is the state of Espírito Santo-Brazil, territory of coverage and circulation of the selected journals. The collection was carried out in partnership with the Observatory of Health in the Media - Regional ES (OSM-ES) of the Federal University of Espírito Santo

(UFES), carried out in the study period from January 1, 2015 to April 30, 2017. In the time frame, we found 727 news items that present and confirm the risk of stress. In the study, a parallel is made between how stress has been addressed by the printed media from the evolution of the concept of Health Promotion.

It started with the accomplishment of the documentary analysis in order to evaluate what is its frequency in the proposed categories, the data collection tool used for the search was the Adobe Acrobat Reader DC program. For data collection, the newspapers were systematically read. This initial phase considered as pre-analysis aims to systematize and operationalize the main ideas about social phenomena in the historical course. After this phase, a thorough reading of the news was carried out to identify the categories and the main section was removed to be organized using the MAXQDA software, which organized the empirical material and assisted in the coding and categorization process, via computer, allowing the visualization of the code frequency and create graphs and diagrams helping the researcher to analyze without bias²¹.

The historical context and the meanings of the word stress that made up the communication were analyzed through printed media. It was not only sought the frequency of appearance of the words stress, but the meanings within the news and its assumptions in Health Promotion and its relationship with the conceptual approach to health promotion.

Content analysis was adopted used, following the conceptual precepts of Bardin²², being applied to different communication studies, as well as in newspapers. The main theme was used as a unit of record to understand trends, values, beliefs, opinions and attitudes²². The reference to the context contributed to the evaluative and contingency analysis of the history of Health Promotion (figure 1).

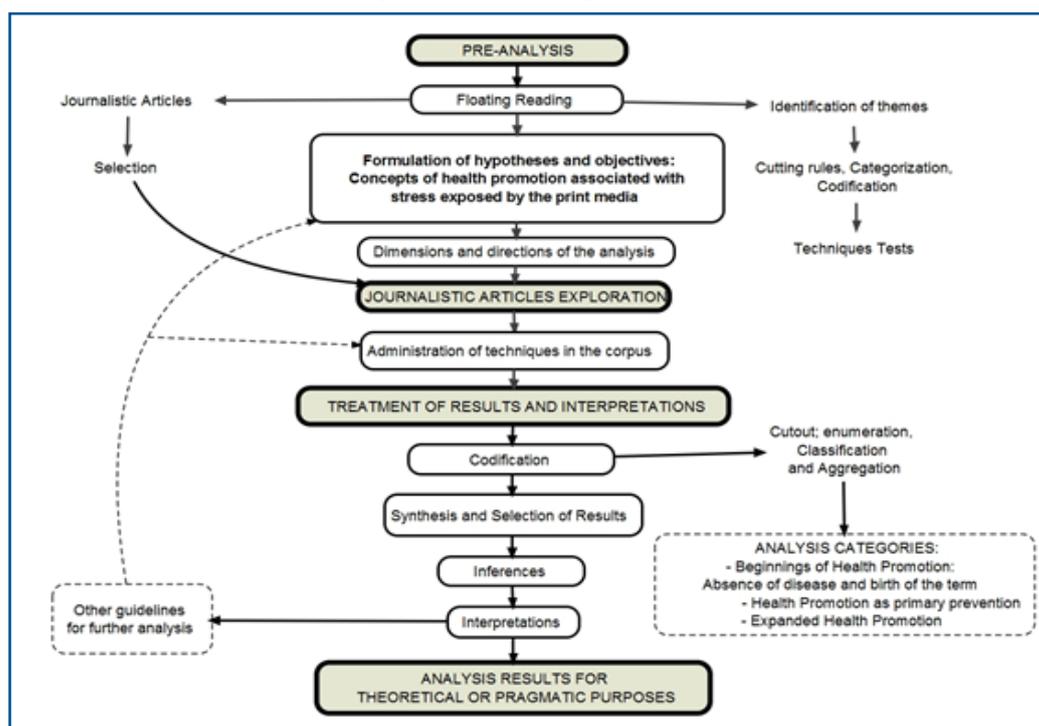


Figure 1: Diagram adapted by conceptual precepts of Bardin²² to analyse relations between Health Promotion and Stress concepts in the printed media.

The final stage consisted of an in-depth analysis of the categories based on the historical milestones of Health Promotion, taking as a backdrop the excerpts about stress in the media and what their repercussions are for the population, health services and researchers. Considering the treatment of the results obtained, it was possible to understand how the concepts of health promotion were addressed in the news about stress, according to the journalistic articles, from the interpretation of the data that followed and critically analyzed the ways in which the media they construct discursively the senses on the themes of health.

In the treatment of the data, the categories were created a priori by the researchers with reference to the evolution of the concept of health promotion. The historical perspective on the phases of Health Promotion will be described in the context of stress from three references of the concept of Health Promotion over the years: Health Promotion with Sigerist²³; the Health Promotion of Leavel and Clark²⁴; Health Promotion in the Ottawa Charter⁶ and Health Promotion broadly under construction in Brazil today, according to Buss²⁵, Czeresnia²⁰.

The empirical categories found were: “Early Health Promotion: Absence of disease and birth of the term” - 58 news items (past-first phase); “Health Promotion as primary prevention” - 381 news items (present-second phase); “Expanded Health Promotion” - 17 news items (what is expected in the future-third phase); and other stress stories that do not fit into any of the previous categories - 271 stories, which were excluded from this study. Thus, the empirical corpus considered totaled 456 news items.

Some excerpts were selected for discussion of the categories, in order to provide the inference and interpretations for the debate of themes, in the questioning of problems, in the contestation of common views about the themes^{27,28}. During the presentation of the categories, a basis is sought on the affirmation of the news and then a reflection on the contributions that the media could provide.

Ethical issues

The research project was carried out in partnership with the Observatório Saúde na Mídia - Regional ES, which has approval for the functioning and carrying out of its research through the CAAE opinion 58948516.5.0000.5060 of the Research Ethics Committee of the Health Sciences Center of Federal University of Espírito Santo, in accordance with Resolution 466/2012.

RESULTS AND DISCUSSION

Beginnings of Health Promotion: Absence of disease and birth of the term

The terminology “Health Promotion” was used in a pioneering way by the physician Henry Sigerist in 1945 for better working conditions, education, leisure, physical and cultural activities and to provide a decent standard of living through integrated action between workers, educators, health professionals and politicians²⁹.

According to Luiz³⁰, this era is marked by the biological and mechanistic emphasis of health, with a

consequent continuity of biomedical hegemony. In this first stage in the history of Health Promotion, there is a tendency to identify health conditions with the presence or absence of disease in society without questioning the population’s overall living conditions.

From 58 journalistic productions and with all progress in building a more comprehensive model in terms of Health Promotion, the media presents a part of the news reflecting health as the absence of disease. The media as a consumer product carries the vision of health conveyed by it⁸, as evidenced in the excerpts:

Heart disease: Research suggests that taking a vitamin D supplement daily may prevent the onset of heart disease. According to previous studies, vitamin D is capable of to block an enzyme necessary for the formation of cortisol, known as “stress hormone” (The Tribuna-08/11/2015).

It has been proven that vitamin D does, in fact, decrease heart disease, but we cannot reduce the problem to just that factor. The media could have expanded the reflection on the importance of changes in habits (eating habits, physical activity, sleep and emotional balance), however, it ends up medicalizing non-medical phenomena. The news encourages the use of vitamins and supplements and prescription drugs to treat the stress generated by the habits of life, mostly focused on the technological era in which the subject is always late in relation to the increasingly accelerated innovations.

Against the chaos, tranquilizers to relieve stress and fear, due to the security crisis that has taken over the state, consumers are buying more sedatives. (The Tribuna-11/02/2017)

Indirectly the news encourages the use of tranquilizers to relieve stress. According to Lefèvre^{31,32} the commodification of health and disease without ethics and without concern for the consumer.

In historical terms, according to Paim and Almeida Filho³³, in this period 1945, a movement parallel to Social Medicine called Sanitarism takes place, with emphasis on sanitation, immunization and vector control, aimed at the poor and excluded sectors of the population, combine health with social issues, but in an incipient way.

Health Promotion as primary prevention

Among the news cited from the two categories: “Early Health Promotion: Absence of disease and birth of the term” and “Health Promotion as primary prevention”, there was no information about rights and public policies that can be used. Media information becomes almost like entertainment, with some information relevant to health.

The term Health Promotion has undergone changes since its origin, this category of Health Promotion was the second leap in terms of the evolution of the concept, although this leap is very impregnated with models that preach behavior change.

After the origin of the term Health Promotion in 1945, Preventive Medicine emerged in 1948, Community

Health in 1960, following Alma-Ata in 1978 with the International Conference on Primary Care. In 1974, the term Health Promotion in Canada grows, culminating in the Ottawa Charter in 1986, integrating health as part of public policies with an emphasis on changing lifestyle³³.

Brazil followed the history of developments mentioned above in a singular way, having as a landmark the Health Reform instituted in 1980 incorporated by the Federal Constitution of 1988. Intending a non-curative and non-individual decentralized model and after the 8th National Health Conference, the unique System emerges of Health (SUS)³⁴.

According to Buss²⁵ Health Promotion has become a promising strategy for the health problem of humanity. According to Czeresnia²⁰, the concept of Health Promotion appears as one of the levels of primary prevention that is based on aspects that privilege educational actions in health.

Communication through the media, a consolidated area, could be a relevant tool in the contribution of health information and education to the population, however, it has proposed changes in habits and attitudes with a mercantilist character and rigid standards of the ruling class. The media, which previously had a vanguard role, begins to reflect the bourgeois and capitalist aspirations without contributing to the questioning and reflection of habits acquired to improve health. It ends up transmitting a fragmented view of health, with changes in behaviors, habits and palliative and individual measures. As example is the role played by mass media in constructing the governmental agenda on SUS³⁵.

The implementation of Health Promotion programs seeks to encourage the coping with daily health care, however, there is a lack of integration between different sectors of science without an interdisciplinary approach, which makes it difficult to articulate new knowledge, formulate new strategies for decision-making and problem solving³⁶. In the printed media, economic interest overrides human values. The media could enhance the resolution of social and educational issues³⁷.

The subject of food was very emphasized, there was a representative number of news items, a subject that is very much in vogue nowadays, as shown in the excerpts of the articles. According to Castro and Abdala³⁸ the changes in food production and in the act of eating reflect the fast pace imposed by the lifestyle, the time of meals became a moment of work, leisure, meetings, meals passed to be conducive to sociability and ritualization in contemporary times, as described in the excerpt:

... stress and lack of time are the main causes of the increase in obesity in the world (The Tribune-02/04/2016).

... young people are attracted to eating, even if they don't feel like it. It is an act just to discount a situation of stress or tiredness (The Tribune-06/02/2017).

Masih *et al.*³⁹ describes about foods and beverages that are harmful to health that are consumed in response to psychological stress, they relate how stress can affect food and vice versa.

Lack of time leads people to stress and when eating, fast foods are the most comfortable options because they are easier to consume in less time, taking a large part of the contemporary population to "fast food", but which are not healthy⁴⁰.

Food news is usually very attractive, with great visual appeal and most foods with a high content of sugar, oil and salt, do not eat for health, but to meet consumption needs⁴¹. The media disseminates many advertisements with foods that are harmful to health, but as shown in the excerpts cited above, we seek to raise awareness of obesity and other harms of poor diet. Demonstrating a contradiction between presenting harmful foods to be consumed and in the same newspaper pointing out the damage that these foods lead to health. This fact was observed in a significant part of the collected material.

The media also made an association between stress and sex, portraying that coping with stress in a positive way is associated with sexual harmony and quality of life⁴². In the excerpt above, sexual disharmony due to everyday problems is pointed out, but without many alternatives for the reader, the news as a whole does not deepen nor stimulate other more effective readings.

Another issue was the association between physical activity and stress relief, which has been highly publicized both in the media and in academia⁴³.

The printed newspaper presents relevant information to the reader about the benefits of physical activity, however, often aimed at a privileged class highlighting the most sophisticated sports

Among the issues related to Health Promotion is also sleep, as illustrated in the following excerpt.

Other tips are also important: try to sleep well, as sleep is essential for the maintenance of the immune system and to help the mind and body recover from the stress of everyday life. (The Tribune-10/14/2016).

Excessive stress and / or inefficient management of the systems that promote the adaptation of the body can lead to sleep deprivation and affect important functions of the brain and body systems. The converse also occurs with sleep deprivation and the disruption of the circadian cycle, day and at night, it can potentiate stress. The causes of stress can have several origins: anxiety, depression, work overload, hectic lifestyle interfering with daily behavior and physiology of the body. The consequences impair the brain functions and systems of the body leading to disease. Physiological changes affect the subject's behavior⁴⁴.

The categories general care, food, physical activity, sex and sleep report that relate to very similar situations and advice with different content, the main purpose is to shape the behavior of the subjects, as if all subjects had the same needs. The validity of this type of communication is questioned for the quality of life of the population.

According to Porto and Pivetta⁴⁵ in Brazil, the discourse and the implementation of Health Promotion strategies started in 1990, with the National Health Promotion Policy being instituted by the Ministry of Health (www.saúde.gov.br / svcs) in 2006. Despite the

introduction of equity strategies, improved quality of life, assumptions for intersectoriality and community participation, the priority actions are directed mainly to behavioral and individual dimensions as we saw above, control of food, physical activity and other components of health. everyday life. In other words, the focus of change is still the control of people and not an attempt to change socio-environmental determinants and their conditions and stress exposure.

Expanded Health Promotion

Health Promotion in its expanded form makes it possible to establish living standards (cultural, socioeconomic, political and environmental) that avoid the risk of developing illnesses in the procedure of actions directed at the population through laws, policies and programs and mainly gives possibility of choice within its singularities and particularities of the subject in its context and subjectivity.

The advancement of Health Promotion is pointed out with its third leap, including the dimension of environmental sustainability, which is an essential item on the agenda in contemporary societies, however, not only, it also proposes the empowerment of the subject.

Bydlowski; Westphal; Pereira⁴⁶ highlight that the biomedical model and the culture of medicalization in the population, the government structure and the media are holding back the development of Health Promotion.

Some illnesses have become a challenge for global health. The authors develop the policy theme at the global and local interface. Themes that should be taken up by all countries in the world such as climate change, sustainability, life cycles, knowledge and creativity to improve the quality of policy development for the quality of life of citizens⁴⁷. The media is an ally in the defense of health for these global transformations. The following excerpts are representative of this category:

There is a lack of public health policy in order to age healthily. Factors of risk such as hypertension, physical inactivity, obesity and stress can lead to dementia, a disease that most affects the elderly population (The Tribune-10.04.2017).

... the stress caused by working with exhaustive hours, discrimination, persecution and abusive goals concerns institutions. The International Labor Organization (ILO), worldwide, and the Superior Labor Court (TST), in Brazil, are deepening the debate on the subject, with the aim of discussing policies to prevent and minimize work-related stress. (The Tribune -24.07.2016).

It is observed that the two news stories speak of politics and organizations that promote health, in any case in the news raised during the research period, no legislation was cited that reaffirmed the population's right to health promotion.

In Germany, municipalities have a comprehensive health promotion structure that are called "services to the public" and are responsible for voluntary and mandatory tasks in which the right of self-government is proposed

for the management and development of quality in health within the community. It is a joint project in which legal acts, requirements, recommendations and constitutions that enforce regulations for education, social tasks, consumer protection and the environment are based on pillars of health promotion in various regulations from different disciplines. They vary from public international law to municipal resolutions. Through measurable goals and community commitments to the formulation of guidelines. Germany's National Prevention Law opens opportunities for municipalities that have been guiding the practice of promoting community health⁴⁸.

The world population is found mainly in urban centers with a consequent increase in health inequalities. The most challenging concepts for the 21st century have been urban places and equity in health. Health inequities are avoidable differences in the social, environmental and political conditions that shape morbidity and mortality. By linking the urban place and health inequities, researchers accompanied by actions that bring up the challenges of achieving urban environmental justice suggest a more relational and integrated approach to address these challenges, such as mapping and participation in Health Policies, including sustainable development of the environment, by communities to promote the health of poor, racial, ethnic and religious minorities⁴⁹.

According to Lignowska, Borowiec, Slonska⁵⁰ the media could contribute as it promotes health and prevents disease, on the other hand, the media is corporate and imposes its values created by the Market. She informs about diseases and treatments aiming at profit since the newspapers are dependent on the advertising budget, which has the objective of selling products of interest to the market.

The media associates pleasure with customs that are proven to be harmful to health, such as industrialized foods, cigarettes, alcoholic beverages, creating consumption habits associated with certain images. Creates behaviors with images that the media itself has instilled in users' minds as models within a culturally hegemonic pattern such as: models of Aryan women and men, state-of-the-art cars, sophisticated homes and culturally successful social lives, encouraging the consumption of products harmful to health and imposing its values.

If, on the one hand, the media presents a healthy "lifestyle", on the other, it offers consumer products that can harm public and democratic interests.

The media bombards the public with facilities in their routine presenting ready-made industrialized food, some developed countries even use the term "TV Dinner" in the supermarket in search of "fast food" for fast food to put in the microwave and they will quickly be ready, in addition after all, some products that are advertised have a negative impact on the environment.

For Communication and Health to expand, it is necessary to highlight the concept of territory to expand the capacity to understand potential and limitations of space, time and subject, in addition to seeking a socio-ecological look⁵¹.

According to Pinto⁵², the proposal is not to abandon the concept of risk and prevention, as seen in category

3.1, but to relativize it, taking into account all aspects of the subject's context from his personal and collective singularities, socioeconomic conditions and cultural, its territorialization. The territorialization processes and their constituent forces in the direction of the field of Communication and Health that generates a confluence of ideas that dialogue within Collective Health. The territory that is made up of different angles: space, time, political, cultural, socioeconomic and communicational together with the media.

According to Castanheira, Faulhaber, Gerschman³⁵ the media continues to be a field of dispute between social actors in a space of permanent tension that seeks the construction of meanings. Mass communication has been the main factor in changing the perception of the community on certain subjects, through processes of public interpretation, from the media, certain themes become visible or invisible. The population has been driven to give certain meaning to certain phenomena or to stop making sense, in the way that the media disseminates and expands its frameworks.

Actions in Health Promotion will be more effective and efficient if planning is carried out as a perspective of looking at communicational territory, a term that we have given to this media phenomenon from a territory that allows for a variability of trends, paradigms, approaches, concepts, parameters having different sciences as an approach and foundation.

Porto; Martinez-Alier⁵³ refer to political ecology, ecological economics and collective health with interfaces for the sustainability of development and for Health Promotion, just as Mendes⁵⁴ Health Promotion is an organized social response with social production health through an integrated action based on health determinants and health itself as a holistic practice.

Regarding the news of stress' concepts in the printed media based on the history about Health Promotion, the first two historical stages are perceived without many differences and positive impacts. In contrast to the third stage, already called Health Promotion in its expanded form, there is an epistemic leap and a theoretical paradigm shift, however, in practical terms, the actions carried out, as well as the news in the newspaper, remain within the first and second categories, without advancing. for the Health Promotion proposal in fact.

The concept of health promotion has undergone changes over time with regard to stress in the media, as we saw in the analysis of this study. In a historical perspective regarding the Health Promotion transition born with Sigerist²³, then with Leavel and Clark²⁴ and finally towards Health Promotion in an expanded and contemporary way, we observe this theoretical leap, however, in terms of actions have a long way to go. Contemporary Health Promotion favored the collective dimensions and social changes, however very slowly. The field of Communication and Health appears, in this context, to strengthen the profound changes that public health practices and policies need.

We saw from the news presented in the study, that the media did not overcome the emphasis on individual and behavioral dimensions that mark the normative and

decontextualized Health Promotion of the third phase.

We propose the expansion of the media with respect to a movement that is not based only on changes in lifestyles and on the control of people, but that broadens and disseminates ideas of emancipation and equity with regard to Health Promotion with proposals that are more collective and link the idea of building freedom and human rights in connection with socio-environmental determinants, enhancing the conditions in the territories and the citizens.

Contemporary Health Promotion is in a process of slow construction in countries and regions with social differences and inequalities, health in the perspective of social construction marks its historical time and reflects the cultural, social and economic situation.

The orientation to health practices could be stimulated by the media, however, due to the panorama presented to the media, just as some health practices have not surpassed the model of biologicist, prescriptive and medicalizing care aimed at meeting market interests.

The chance to overcome old standards will only be possible in partnership with the media. Health and Communication can effectively collaborate to build a healthier and more just society in which citizens are protagonists of their health. The proposal for a Health and Communication alliance would favor more egalitarian encounters between the population, the service and the media.

Thinking about the press with collective projects that interact with the population would be a way of responding to health demands, in which the population would feel part of this dialogue, allowing the articulation of all the actors involved and of a production in Communication and Health that was indeed consolidated.

Author Contributions

Atala Lotti Garcia: Data collection, Data analysis and interpretation, Scientific writing, Final manuscript review; Tatiana Breder Emerich: Analysis and interpretation of data, Scientific Writing, Final revision of the manuscript; Luciane Bresciani Salaroli: Conception and design of the Study, Analysis and interpretation of data, Final revision of the manuscript; Edson Theodoro dos Santos Neto: Conception and design of the Study, Coordination of data collection, Analysis and interpretation of data, Scientific Writing, Final revision of the manuscript.

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Conflicts of Interest

No conflicts of interest.

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REFERENCES

- Lipp, Marilda E. Novaes, et al. "Estresse, qualidade de vida e estressores ocupacionais de policiais: Sintomas mais frequentes". *Revista Psicologia, Organizações e Trabalho*, vol. 17, no 1, 2017, p. 46–53. doi: 10.17652/rpot/2017.1.12490
- Faro, André. "Determinantes psicossociais da capacidade adaptativa: um modelo teórico para o estresse". *Psicologia em Revista*, vol. 20, n o 1, agosto de 2014, p. 201–07. doi: 10.5752/6121
- Santos, Maurici Tadeu Ferreira dos, e Mara H. de Andréa Gomes. "Estresse e Modos de Andar a Vida: uma contribuição de Canguilhem para a compreensão da Síndrome Geral de Adaptação". *Saúde e Sociedade*, vol. 21, n o 3, setembro de 2012, p. 788–96. doi: 10.1590/S0104-12902012000300022
- Cohen, Sheldon, et al. "Um modelo de estágio de estresse e doença". *Perspectives on Psychological Science*, vol. 11, no 4, julho de 2016, p. 456–63. doi: 10.1177/1745691616646305
- World Health Organization (WHO). Departamento de Comunicações [Internet]. Mental health and psychosocial considerations during the COVID-19 outbreak. 2020 [cited 2020 maio 5]. Available from: <https://www.who.int/publications-detail/WHO-2019-nCoV-MentalHealth-2020.1>
- World Health Organization (WHO). Conferência. Ottawa charter for health promotion; 21 nov 1986. Ottawa: World Health Organization/Health and Welfare Canada/Canadian Public Health Association; 1986.
- Scheufele, Dietram A., e David Tewksbury. "Enquadramento, definição de agenda e preparação: a evolução dos três modelos de efeitos de mídia: modelos de efeitos de mídia". *Journal of Communication*, vol. 57, n o 1, março de 2007, p. 9–20. doi: 10.1111/j.0021-9916.2007.00326.x
- Araújo, I.; Cardoso, J. M. Comunicação e saúde. Rio de Janeiro: Editora FIOCRUZ, 2007.
- Yamaguchi MU, Bernuci MP, Pavanelli GC. Produção científica sobre a Política Nacional de Promoção da Saúde. *Ciência & Saúde Coletiva*, v. 21, n. 6, p. 1727–1736, jun. 2016.
- Buss PM. Uma introdução ao conceito de promoção da saúde. In: Czeresnia D, Freitas CM. (Org.). *Promoção da saúde*. Rio de Janeiro: Fiocruz, 2003.
- Lalonde, M. A new perspective on the health of Canadians: A working document = Nouvelle perspective de la santé des canadiens. Ottawa: Government of Canada, 1974.
- MINISTÉRIO DA SAÚDE Secretaria de Políticas de Saúde Projeto Promoção da Saúde BRASÍLIA-DF 2002.
- Arenas Monreal L. La promoción de la salud y la educación para la salud en América Latina. *Salud Pública de México*. 1998 May; 40(3): 304–6.
- Verdi M, Caponi S. Reflexões sobre a promoção da saúde numa perspectiva bioética. *Texto & Contexto - Enfermagem* [Internet]. 2005 Mar [cited 2021 Jul 13]; 14(1): 82–8. Available from: <http://www.scielo.br/j/tce/a/tWPcMnd5KgmhHSxJqCWzPmH/?lang=pt>
- Mendes R, Fernandez JCA, Sacardo DP. Promoção da saúde e participação: abordagens e indagações. *Saúde em Debate* [Internet]. 2016 Mar [cited 2021 Jul 13]; 40(108): 190–203. Available from: <http://www.scielo.br/j/sdeb/a/bHgFCrnmnKyKxGBTJNsXLGB/abstract/?lang=pt>
- Magalhães R. Avaliação da Política Nacional de Promoção da Saúde: perspectivas e desafios. *Ciência & Saúde Coletiva* [Internet]. 2016 Jun 1 [cited 2021 Jul 13]; 21(6): 1767–76. Available from: <http://www.scielo.br/j/csc/a/CmThF6xCpKkNVc4ZwnZYTkJ/abstract/?lang=pt>
- Malta DC, Morais OL, Silva MMA da, Rocha D, Castro AM de, Reis AAC dos, et al. Política Nacional de Promoção da Saúde (PNPS): capítulos de uma caminhada ainda em construção. *Ciência & Saúde Coletiva* [Internet]. 2016 Jun 1 [cited 2021 Jul 13]; 21(6): 1683–94. Available from: <http://www.scielo.br/j/csc/a/pWG9W7grqFzzQGsrmDKzvrb/abstract/?lang=pt>
- Westphal MF. Promoção da saúde e prevenção de doenças. 2006; 635–67.
- Westphal MF. Promoção da saúde e a qualidade de vida. In: Fernandez JC, Mendes R, organizadores. *Promoção da saúde e gestão local*. São Paulo: Aderaldo & Rothschild; 2007 (Saúde em Debate). p.6-24.

20. Czeresnia D. Ciência, técnica e cultura: relações entre risco e práticas de saúde. *Cadernos de Saúde Pública* [Internet]. 2004 [cited 2021 Jul 13]; 20(2): 447–55. Available from: <http://www.scielo.br/j/csp/a/q3BT7rn3MbYdhrzVrCv6WYG/abstract/?lang=pt>
21. Análise sistemática versus interpretativa com dois pacotes CAQDAS: NVivo e MAXQDA [Internet]. [cited 2021 Jul 13]. Available from: https://www.researchgate.net/publication/48666983_Systematic_versus_interpretive_analysis_with_two_CAQDAS_packages_NVivo_and_MAXQDA
22. ANÁLISE DE CONTEÚDO: A VISÃO DE LAURENCE BARDIN | Santos | Revista Eletrônica de Educação [Internet]. [cited 2021 Jul 13]. Available from: <http://www.reveduc.ufscar.br/index.php/reveduc/article/view/291>
23. Sigerist HE (Henry E. A history of medicine. Vol. 1, Primitive and archaic medicine. 1951;564.
24. Clark DW. PREVENTIVE MEDICINE FOR THE DOCTOR IN HIS COMMUNITY: AN EPIDEMIOLOGIC APPROACH. *American Journal of Public Health and the Nations Health* [Internet]. 1958 [cited 2021 Jul 13]; 48(7): 947. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1551701/>
25. Buss PM. Promoção da saúde e qualidade de vida. *Ciência & Saúde Coletiva* [Internet]. 2000 [cited 2021 Jul 13]; 5(1): 163–77. Available from: <http://www.scielo.br/j/csc/a/HN778RhPf7JNSQGxWMjdmxB/?lang=pt>
26. Rac. Documentos e Debates: Análise de Conteúdo como Técnica de Análise de Dados Qualitativos no Campo da Administração: Potencial e Desafios Content Analysis as a Qualitative Data Analysis Technique in the Field of Administration: Potentials and Challenges. 2011 [cited 2021 Jul 13]; Available from: <http://www.anpad.org.br/rac>
27. Turato ER. Métodos qualitativos e quantitativos na área da saúde: definições, diferenças e seus objetos de pesquisa. *Rev Saúde Pública*. junho de 2005; 39 (3): 507-14.
28. Turato ER. Tratado da metodologia da pesquisa clínica-qualitativa. Petrópolis: Vozes; 2003.
29. Saúde do Adolescente: competências e habilidades. - Biblioteca Virtual do NESCON [Internet]. [citado 13 de julho de 2021]. Disponível em: https://www.nescon.medicina.ufmg.br/biblioteca/registro/Saude_do_Adolescente__competencias_e_habilidades_/320
30. Luiz MT. Cultura contemporânea e medicinas alternativas: novos paradigmas em saúde no fim do século XX. *Fise*. junho de 1997; 7 (1): 13-43.
31. Rosemberg B. O medicamento como mercadoria simbólica. *Cad Saúde Pública*. junho de 1992; 8: 207-9.
32. Lefèvre F. Jornal, saúde, doença, consumo, Viagra e Saia Justa. *Interface (Botucatu)*. fevereiro de 1999; 3 (4): 63-72.
33. A crise da saúde pública e a utopia da saúde coletiva - Biblioteca Virtual do NESCON [Internet]. [citado 13 de julho de 2021]. Disponível em: https://www.nescon.medicina.ufmg.br/biblioteca/registro/A_crise_da_saude_publica_e_a_utopia_da_saude_coletiva/31
34. Negri B, Saúde BM da. A política de saúde no Brasil nos anos 90: avanços e limites. 2003 [citado 13 de julho de 2021]; Disponível em: http://bvsm.s.saude.gov.br/bvs/publicacoes/a_politica_de_saude.pdf
35. Castanheira D, Faulhaber C, Gerschman S. O papel da mídia na construção da agenda governamental para o SUS no Rio de Janeiro. *Rev Eletron Comun Inf Inov Saúde* [Internet]. 25 de setembro de 2018 [citado 13 de julho de 2021]; 12 (3). Disponível em: <https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/1455>
36. Yamaguchi MU, Bernuci MP, Pavanelli GC. Produção científica sobre a Política Nacional de Promoção da Saúde. *Ciênc saúde coletiva*. junho de 2016; 21 (6): 1727–36.
37. Oliveira V de C. Os sentidos da saúde nas mídias jornalísticas impressas. *Revista Eletrônica de Comunicação, Informação e Inovação em Saúde* [Internet]. 2012 [citado 13 de julho de 2021]; 6 (0). Disponível em: <https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/622>
38. Cassel VDO do A, Paini D, Kirsten VR. O baixo convívio familiar no momento das refeições pode estar associado com o uso de drogas em adolescentes? *REFACS*. 2 de julho de 2021; 9:755.
39. Masih T, Dimmock JA, Epel ES, Guelfi KJ. Stress-induced eating and the relaxation response as a potential antidote: A review and hypothesis. *Appetite*. novembro de 2017; 118: 136–43.
40. Errisuriz VL, Pasch KE, Perry CL. Perceived stress and dietary choices: the moderating role of stress management. *Eat Behav* [Internet]. 2016 Aug [cited 2021 Jul 13]; 22: 211-16. Available from: <https://pubmed.ncbi.nlm.nih.gov/27310611/>

41. Mattos MC, Nascimento PCBD, Almeida SS, Costa TMB. Influência de propagandas de alimentos nas escolhas alimentares de crianças e adolescentes. *Psicol Teor Prát* (Editora Makenzie) [Internet]. 2010 [cited 2021 Jul 13]; 12(3): 34-51. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&id=S1516-36872010000300004
42. Lee HH, Lung FW, Lee PR, Kao WT, Lee YL. The relationship between sex life satisfaction and job stress of married nurses. *BMC Res Notes* [Internet]. 2012 [cited 2021 Jul 13]; 5: 445. Available from: <https://bmresnotes.biomedcentral.com/articles/10.1186/1756-0500-5-445> DOI: 10.1186/1756-0500-5-445
43. Wijndaele K, Matton L, Duvigneaud N, Lefevre J, Bourdeaudhuij I, Duquet W et al. Association between leisure time physical activity and stress, social support and coping: a cluster-analytical approach. *Psychol Sport Exerc* [Internet]. 2007 [cited 2021 Jul 2]; 8(4): 425-40. Available from: <https://bmresnotes.biomedcentral.com/articles/10.1186/1756-0500-5-445>
44. McEwen BS, Karatsoreos IN. Sleep deprivation and circadian disruption: stress, allostasis, and allostatic load. *Sleep Med Clin* [Internet]. 2015 Mar [cited 2021 Jul 13]; 10(1):1-10. Available from: <https://pubmed.ncbi.nlm.nih.gov/26055668/> DOI: 10.1016/j.jsmc.2014.11.007
45. Porto MFS, Pivetta F. Por uma promoção da saúde emancipatória em territórios urbanos vulneráveis. In: Czeresnia D, Freitas CM. *Promoção da saúde: conceitos, reflexões, tendências*. Rio de Janeiro: Fiocruz; 2009.
46. Bydlowski, CR, Westphal MF, Pereira IMTB. Promoção da saúde: porque sim e porque ainda não! *Saúde Soc. Portal Capes* [Internet]. 2004 [cited 2021 Jul 13]; 13(1): 14-24. Available from: <https://www.scielo.br/j/sausoc/a/qpMcyj8mcr5N94b5Kmpbfc/abstract/?lang=pt>
47. De Leeuw E, Tang KC, Beaglehole R. Ottawa to Bangkok: health promotion's journey from principles to "glocal" implementation. *Health Promot Internation* [Internet]. 2006 Dec [cited 2021 Jul 13]; 21(Suppl 1): 1-4. Available from: https://academic.oup.com/heapro/article/21/suppl_1/1/770543
48. Walter U, Volkenand K. Municipal health promotion in Germany: duties, rights and potential. *Gesundheitswesen* [Internet]. 2017 Apr [cited 2021 Jul 13]; 79(4): 229-37. Available from: <https://pubmed.ncbi.nlm.nih.gov/27756090/>
49. Corburn J. Urban Place and Health Equity: Critical Issues and Practices. *Int J Environ Res Public Health* [Internet]. 2017 [cited 2021 Jul 13]; 14(2): 117. Available from: <https://www.mdpi.com/1660-4601/14/2/117/htm>
50. Lignowska I, Borowiec A, Slonska Z. The relationship between audience mentality and attitudes towards healthy lifestyle promotion in the mass media. *Glob Health Promot* [Internet]. 2016 Sep [cited 2021 Jul 13]; 23(3): 36-44. Available from: <https://pubmed.ncbi.nlm.nih.gov/25758169/>
51. Barros DD, Ghirardi MIG, Lopes RE. Terapia Ocupacional Social. *Rev Ter Ocup Univ São Paulo* [Internet]. 2002 Dec [cited 2021 Jul 2]; 13(2): 95-103. Available from: <https://www.revistas.usp.br/rto/article/view/13903/15721>
52. Pinto AGA, Jorge MSB, Marinho MNASB, Vidal Emery CF, Aquino PS, Vidal Eglídia CF. Experiences in the Family Health Strategy: demands and vulnerabilities in the territory. *Rev Bras Enferm* [Internet]. 2017 Oct [cited 2021 Jul 13]; 70(5): 920-7. Available from: <https://www.scielo.br/j/reben/a/DzsdQGHvZn86SWzhVdKmNLM/?lang=en>
53. Porto MF, Martinez-Alier J. Ecologia política, economia ecológica e saúde coletiva: interfaces para a sustentabilidade do desenvolvimento e para a promoção da saúde. *Cad Saúde Pública* [Internet]. 2007 Jan [cited 2021 Jul 13]; 23(Suppl 4): S503-S12. Available from: <https://www.scielo.br/j/csp/a/rybyXnQpc9RFYTPvKhq9gyH/abstract/?lang=pt>
54. Mendes EV. A promoção da saúde no limiar do século 21. *Sanare* [Internet]. 2002 Jan/Feb/Mar [cited 2021 Jul 13]; 3(1).

Resumo

Introdução: O conceito atual de Promoção da Saúde inclui uma abordagem interdisciplinar de vários setores da sociedade. No entanto, muitos temas relacionados à promoção da saúde ainda se restringem à prevenção e a uma abordagem biológica da doença, como ocorre no caso do estresse.

Objetivo: Analisar os conceitos de promoção da saúde associados ao estresse expostos pela mídia impressa.

Método: Neste estudo foi realizada a análise qualitativa da mídia de 727 notícias de jornais impressos, datados de 2015 a 2017. Os conceitos de Promoção da Saúde relacionados ao estresse, encontrados na mídia nas abordagens sobre estresse foram: 1- Primórdios da promoção da saúde: ausência de doença e nascimento do termo (passado); 2- Promoção da saúde como prevenção primária (presente); 3- Promoção ampliada da saúde (o que se espera no futuro).

Resultados: Este estudo contribui para estimular o protagonismo da sociedade na promoção da saúde e trouxe a novidade da abordagem na mídia impressa do estresse. O estudo mostra que os conceitos mais recentes de promoção da saúde atrelados ao estresse são pouco discutidos na mídia impressa. Também sugere, com sua originalidade, uma reflexão atual sobre o estresse e a evolução dos significados de Promoção da Saúde.

Conclusão: Observou-se que a mídia ainda aborda o tema estresse de forma restrita, biologicista, medicalizada, prescritiva e voltada para interesses comerciais, reforçando a necessidade de políticas públicas voltadas para a comunicação da Promoção da Saúde.

Palavras-chave: meios de comunicação, estresse, história, promoção de saúde.

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