



Caritas Diocesana  
de COIMBRA



# PHILIP

## **R1 – COUNTRY ANALYSIS NATIONAL REPORT PORTUGAL**

Partner organisation: Caritas Coimbra

Erasmus+ - KA220 – Cooperation partnerships in school education  
(Duration: 28.02.2022 – 27.02.20225)

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## 1. Introduction

The main goal of PHILIP – Protection of Health by Increasing the Health Literacy of Pupils is to contribute to increase the health literacy levels of pupils between the age of 11-15 and to empower teachers and educators through health literacy raising awareness/education activities and the creation of educational, interactive, and innovative materials in this area. It is a two-year project, and it has started in February 2022. The PHILIP project is funded by the Erasmus + Program, KA220-SCH – Cooperation partnerships in school education, by the European Commission, in a partnership between six European entities.

### Partners:

- Ústav pro zdravotní gramotnost, z.ú., Czech Republic
- TIBER UMBRIA COMETT EDUCATION PROGRAMME – TUCEP, Italy
- Cáritas Coimbra, Portugal
- MPIRMPAKOS D. & SIA O.E., Greece
- Academia Postal 3 Vigo S.L., Spain
- Inovacijų tinklas, Lithuania

## 2. PR1 – Country analysis

The main objective of the first Project Result is to carry out detailed specific research in each partner country including the following activities:

1. Quantitative research among pupils 11-15 years old aimed at identifying the situation of health literacy level among pupils in each partner country.
2. Qualitative research involving relevant stakeholders aimed at analysing the state of art concerning health literacy among children as well as the potential and restrictions to increasing it.
3. Country research report including the main results of both research at national level.

### 2.1. Survey among pupils

In the framework PR1 of the PHILIP project, TUCEP, as leader of the PR, elaborated a questionnaire in English (annex 1) to be applied to at least 30 pupils from each partner country. The goal of the questionnaire was to investigate the level of health literacy of pupils in terms of knowledge and understanding of health issues and identify the health-related skills and competencies needed to protect their own and others' health chances. After finished, the

questionnaire was sent to all partners to be translated in the respective native languages. Cáritas Coimbra translated the questionnaire into Portuguese (annex 2).

In order to recruit participants, contacts were established with schools of 2<sup>nd</sup> Cycle (6<sup>th</sup> grade), 3<sup>rd</sup> Cycle (Lower Secondary Education - 7<sup>th</sup> to 9<sup>th</sup> grades) and Secondary Education (named Upper Secondary Education) – 10<sup>th</sup> and 11<sup>th</sup> grades), in Coimbra District, with the support of the Education Sector of Cáritas Coimbra. The questionnaires were applied throughout September and October 2022.

All participants were informed that some data was going to be collected, such as gender, age, and level of education. All the data were collected confidentially, which means that at no time will the researchers of the project, who will carry out the analysis of the results, be able to relate the name of the participants or any personal data with the provided answers. They were also informed that the collected data is going to be stored in a secure digital space provided by the project partners and only the members will have access to the anonymous data of the questionnaire. To be able to reach to the target group effectively, the application of the questionnaire was carried out in an online format, through the Google Forms.

### 2.1.1. Questionnaires data

In Portugal, the questionnaire was applied to 32 pupils. The first three questions were intended to collect data on pupils' age, gender, and education level. Figure 1 shows that 19 participants indicated the female gender (59.4%), 13 participants indicated the male gender (40.6%) and no participant chose the "prefer not to answer" option.

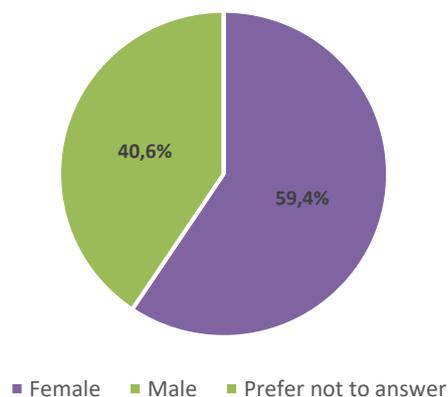


Figure 1 - Gender of the participants

The 32 children and adolescents who completed the questionnaire were aged between 11 and 15 years old. The figure 2 shows that 2 participants are 11 years old (6.3%), 3 participants are

12 years old (9.4%) and 5 are 13 years old (15.6%). The most represented age groups were 14 and 15 years old, with 43.8% and 25%, respectively.

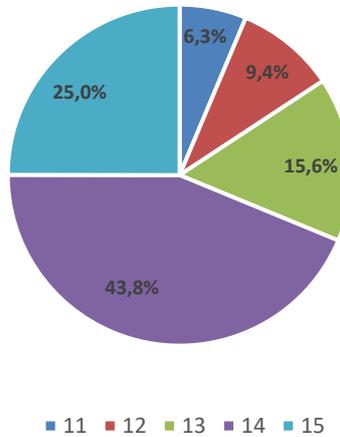


Figure 2 – Age of the participants

Figure 3 presents the distribution of participants by education level, according to the Portuguese Education System<sup>1</sup>, from 6<sup>th</sup> to 11<sup>th</sup> grade. The most representative group corresponds to 9<sup>th</sup> grade, with 16 participants (50%), followed by 6 pupils from 10<sup>th</sup> grade (19%), 3 pupils from 8<sup>th</sup> grade (10%) and 3 pupils from 11<sup>th</sup> grade (xx%). Regarding the 6<sup>th</sup>, 7<sup>th</sup> grades, 4 pupils were counted, 2 for each school year (12%).

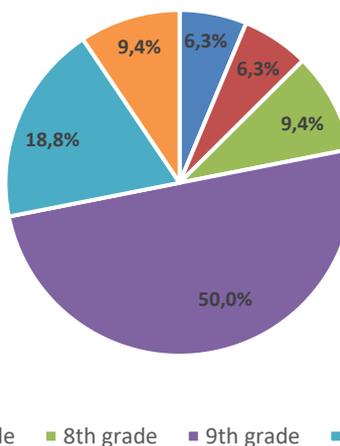


Figure 3 – Education level of the participants, according to the Portuguese Education System

<sup>1</sup> EURYDICE (2022). Portugal Overview: key features of the education system [online]. Available from: <https://eurydice.eacea.ec.europa.eu/national-education-systems/portugal/portugal> [accessed: 14<sup>th</sup> October 2022]

Table 1 presents the answers to question 4: “From the following options, choose the one that best describes your opinion”. It was a Likert scale question, with the following range of options: “Not at all”, “Not quite true”, “Somewhat true” and “Absolutely true”. In Portuguese,

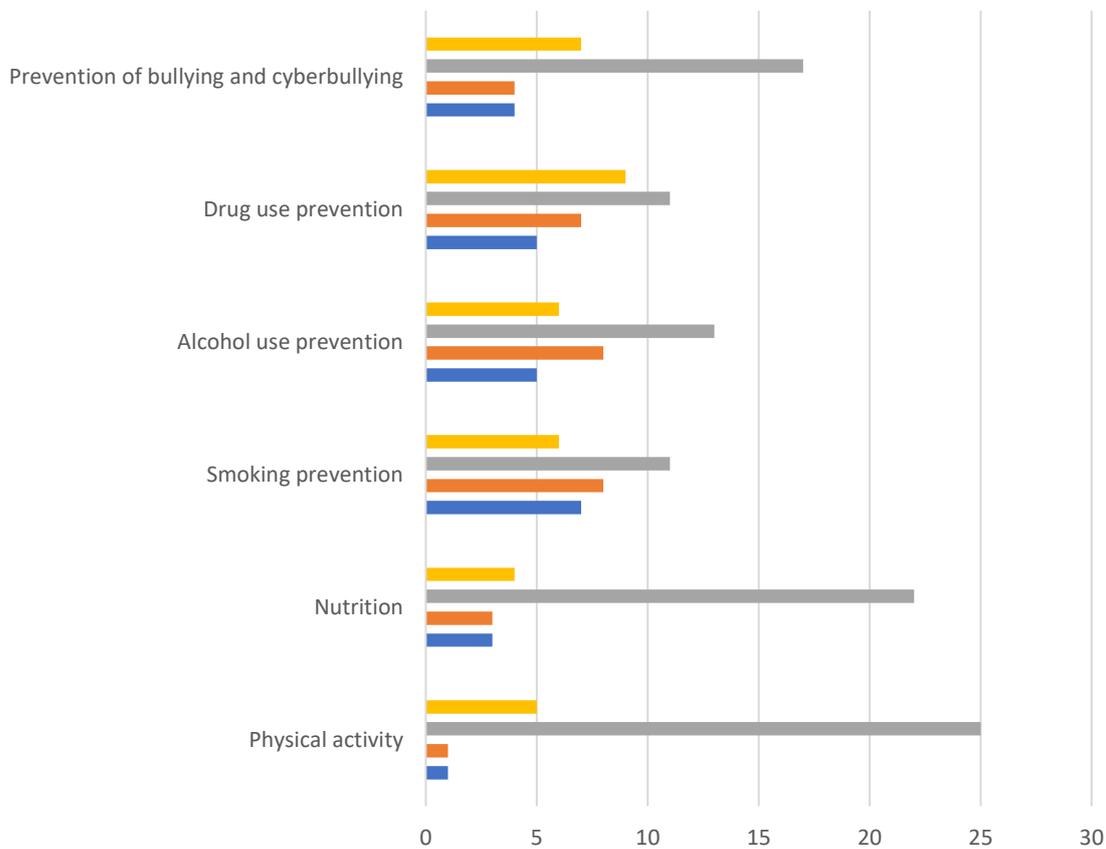
*Table 1 – Data corresponding to knowledge, access, and dissemination of health information*

	Not at all true		Not quite true		Somewhat true		Absolutely true		Total	
	N. °	%	N. °	%	N. °	%	N. °	%	N. °	%
1. I'm confident to have good information about health	0	0	0	0	24	75	8	25	32	100
2. I can easily give examples of things that promote health	2	6,25	1	3,13	21	65,63	8	25		
3. I can follow the instructions given to me by healthcare personnel (e.g., doctor)	0	0	4	12,5	21	65,63	7	21,88		
4. When necessary, I find health-related information that is easy for me to understand	0	0	7	21,88	22	68,75	3	9,38		
5. I happen to look for health-related information on the Internet or on social media	1	3,13	7	21,88	21	65,63	3	9,38		
6. When I do not find satisfactory answers on health-related information, I ask my parents or friends.	0	0	5	15,63	19	59,38	8	25		
7. I am able to compare health-related information from different sources	0	0	6	18,75	21	65,63	5	15,63		
8. I can usually figure out if some health-related information is right or wrong	0	0	8	25	20	62,5	4	12,5		
9. I can judge how my behaviour affects my health	0	0	1	3,13	20	62,5	11	34,38		
10. I am able to explain the choices I make regarding my health	1	3,13	2	6,25	18	56,25	11	34,38		
11. When necessary, I am able to give ideas on how to improve health in the context I live in (e.g., family, friends, classmates)	0	0	2	6,25	22	68,75	8	25		
12. I can judge how my own actions affect the surrounding natural environment	0	0	1	3,13	21	65,63	10	31,26		

We can analyse that, in general, pupils responded positively to these questions, which is a good indication regarding knowledge, access and dissemination of health information. Regarding the first question, 75% of pupils indicated that they feel confident in the information they have about health and 25% were very confident, as well as regarding the ease of giving examples on health promotion, with only 9,38% not feeling quite confident in this question.

It is important to highlight that 8 students (25%) chose "Not quite true" regarding question 8 "I can usually figure out if some health-related information is right or wrong" and that 7 students (21.88) answered "Not quite true" regarding questions 4 and 5, "When necessary, I find health related information that is easy for me to understand" and "I happen to look for health related information on the Internet or on social media". This is relevant because, although most of them consider that the information is accessible, it is not always easy to understand or if it is reliable.

The question 5, "Does your school pay enough attention to the basics of a healthy lifestyle? Please, give us your opinion on the following items", was a Likert scale question, with the following range of options: "Do not know", "Too little", "Enough" and "Too much".



	Physical activity	Nutrition	Smoking prevention	Alcohol use prevention	Drug use prevention	Prevention of bullying and cyberbullying
Too much	5	4	6	6	9	7
Enough	25	22	11	13	11	17
Too little	1	3	8	8	7	4
Do not know	1	3	7	5	5	4

■ Too much ■ Enough ■ Too little ■ Do not know

Figure 4 – Themes addressed by schools, as perceived by pupils

In general, most of the pupils who answered the questionnaire consider that the training and raising awareness activities developed by schools, regarding bullying and cyberbullying prevention, drug use prevention, alcohol use prevention, smoking prevention, nutrition, and physical activity are enough. The activities most agreed upon as being worked on (“Enough” or “Too much”) are physical activity, nutrition and bullying and cyberbullying prevention.

Question 6, “Has the school held events for schoolchildren’s health promotion in the previous school year?”, was multiple choice question, with the following answers:

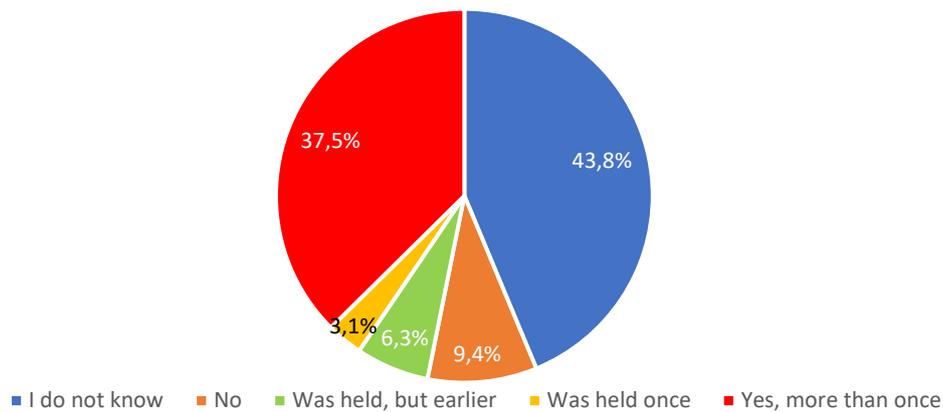


Figure 5 - Has the school held events for schoolchildren’s health promotion in the current school year?

We can see that 43,8% of pupils do not know if their school held any type of event in the previous academic year, with 37,5% of pupils stating that their school held more than one event over the year. In general, 46,9% of pupils refer that one or more events are held and only 9,4% respond that no events are held. In the case of pupils who responded that there was at least one event, they were asked in question 7 to indicate the theme or themes, in a multiple choice question, with the following answers:

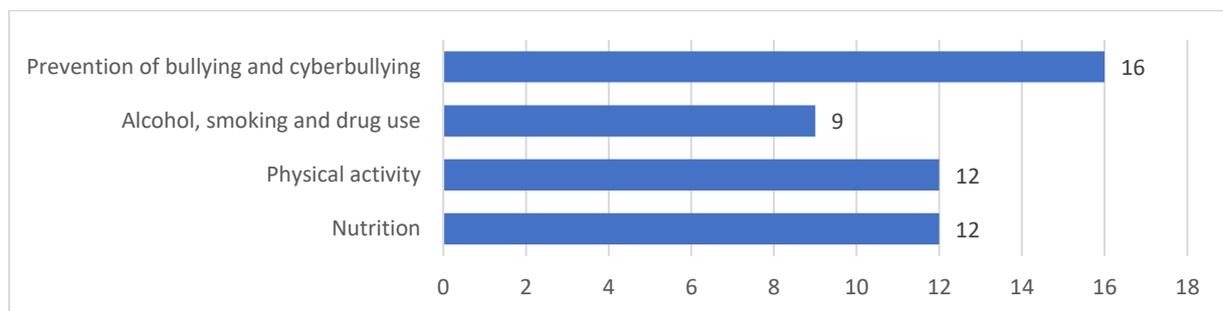


Figure 6 - If yes, which of the following topics did the school events focus on?

It can be observed that, in the pupils' perception, the most addressed themes are physical activity, nutrition and bullying and cyberbullying prevention.

## 12.1. Summary/conclusions

In general, the students responded positively to the questionnaire, which is a good indication regarding knowledge, access, and dissemination of health information. Even if they feel confident about the health information they access, also via the Internet, it is important to point out that some of them reveal that it is not always easy to understand the information or whether it is reliable, in the case of information research on the internet.

## 13. Interviews with relevant stakeholders

In the framework PR1 of the PHILIP project, TUCEP, as leader of the PR, elaborated a in-depth interview in English (annex 3) to be applied to at least 3 relevant stakeholders per each partner country. These stakeholders are professionals that address or encounter the effects of insufficient education of children in the field of health literacy such as paediatricians, educators, school psychologists, pedagogical psychological counselling centres, other representatives of the health sector. The goals of the in-depth interviews are the possibility to analyze the state of the art regarding health literacy among children, including the pupil's level of familiarity, challenges they face with health-related information, who is responsible for the delivery of health promotion and education, etc. Furthermore, it allows to gather the most relevant perspectives and views on the issue of student health literacy from professionals working with children at both health and educational levels to identify existing health-related initiatives in school curricula. After finished, the interview was sent to all partners to be translated in the respective native languages. Cáritas Coimbra translated the questionnaire into Portuguese (annex 4).

In order to recruit participants, contacts were established with relevant stakeholders, working in the fields of Education, Medicine and Psychology. To be able to reach to the target group effectively, the application of the questionnaire was carried out in an online format, through the Google Forms (<https://forms.gle/fc3d7RdQ7hgDwWPaA>, in Portuguese). The professionals were invited to participate throughout September and October 2022.

All participants were informed that some data was going to be collected, such as professional field and current occupation (participants were asked to specify their role and how long have been doing it). All the data were collected confidentially, which means that at no time will the researchers of the project, who will carry out the analysis of the results, be able to relate the name of the participants or any personal data with the provided answers. They were also informed that the collected data is going to be stored in a secure digital space provided by the project partners and only the members will have access to the anonymous data of the questionnaire.

### 13.1. In-depth interviews

**Question 1:** Professional Field

**Question 2:** Current occupation (specify your role and how long have been doing it)

**Question 3:** What is the **level of familiarity** with health-related information of children and adolescents you work/have worked with?

**Question 4:** Based on your experience, what is the **attitude** of children/adolescents towards the health-related information?

**Question 5:** What are the **challenges** children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges?

**Question 6:** Do you think the digitalization can affect the children health literacy?

**Question 7:** What is the **sector responsible** for delivery of children/adolescents health promotion and education? Please also specify which professionals should be involved.

**Question 8:** Are there **initiatives** for health education among pupils?

**Question 9:** If yes, please provide the following information **per initiative**: responsible organization, Activity description (objectives, results and activities carried out).

**Question 10:** If there you have any other relevant information concerning this topic not mentioned above, please use this space to explain it.

*Figure 7 – Questions of the in-depth interview for the stakeholders*

The interviews included 2 school psychologists, a family doctor (GP), a sociocultural animator and a teacher. One of the professionals did not give us the information about the years of professional experience, however, we can verify that, in general, the participants are professionals linked to the areas of Education, Medicine and Psychology, with some years of experience and a very important know how for what is intended to be evaluated.

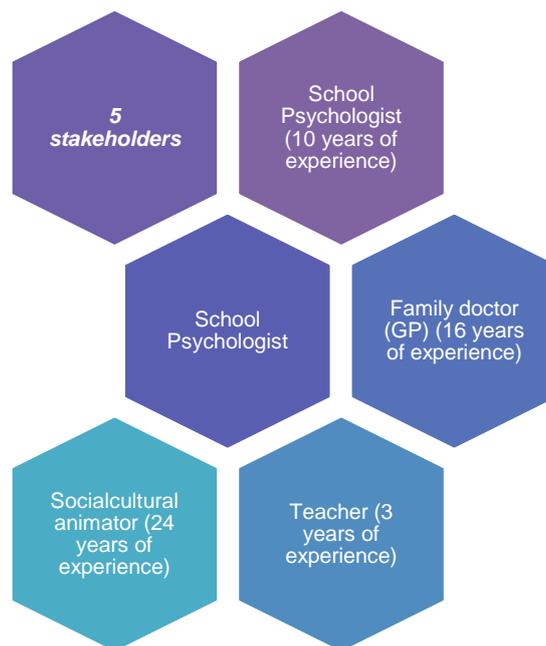


Figure 8 – N.º of stakeholders and professional fields

Regarding question 3 “What is the level of familiarity with health-related information of children and adolescents you work/have worked with?”, these are the collected responses:

**Answer 1:** *We know that nowadays one of the main sources of information for young people is the internet, which can have aspects more and less positive. On the one hand, there is easier and faster access to information, however, there are still some difficulties in digital literacy skills, for example, in assessing and comparing information, identifying reliable sources and what use they make of that information. In general, I think young people want to know more about health, but they still don't understand all the information they are given or search for. Another important aspect is the issue of physical and mental health, the latter still associated with a lot of stigma, so it is essential to invest more in demystifying beliefs and stereotypes and in empowering young people in this area.*

**Answer 2:** *The theoretical knowledge and access to information in a school context is quite comprehensive, having had the opportunity to participate in awareness-raising actions promoted by partners, namely the Health Centre.*

**Answer 3 and 4:** *Medium level*

**Answer 5:** *On a scale of 0-10, my answer is 6.*

Question 4, "Based on your experience, what is the attitude of children/adolescents towards health-related information", had the following responses:

**Answer 1:** *Young people seek to know about their health and relevant aspects of well-being. However, it is important to stimulate a critical sense of the information they access.*

**Answer 2:** *Depending on the topics addressed, there is an interest in exploring the topics.*

**Answer 3:** *They have a positive attitude.*

**Answer 4:** *They can't interpret very well.*

**Answer 5:** *Almost everyone thinks they already know everything and tends to devalue health education.*

Regarding question 5 "What are the challenges children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges?", these are the collected responses:

**Answer 1:** *Nowadays the information available through digital media enters young people's lives very early, so it is very important to understand what content or what kind of health information can be appealing and useful. It is essential that young people know how to identify reliable sources, credible and useful information and, finally, how to use this knowledge. Another issue that may be relevant is language, which should be clear and simple, accessible to young people of different ages and educational levels. It is important to highlight the fundamental role that schools play in this area of health literacy, both through one-off initiatives and with programmes and the inclusion of topics in this area in subjects. The covid pandemic has required a great capacity to adapt on the part of all sectors of society. It is an example that has highlighted the importance of health literacy, both in terms of reliable information and adherence to recommendations. I think that young people were particularly attentive, because this pandemic situation completely transformed people's lives and had a great impact on these age groups, with changes in routines, interactions, and isolation.*

**Answer 2:** *The pandemic had an impact in that it made it impossible for children and young people to travel to health centres and support centres. Access to information, and even to school, was also severely limited and a lot was lost in terms of learning. In my opinion, the most difficult thing for any young person/adult or person is to filter the amount of existing information and to know how reliable it is.*

**Answer 3:** *Selecting scientific and credible information. Yes, the pandemic had a great impact.*

**Answer 4:** *It did, in the sense of being more isolated*

**Answer 5:** *quality of information*

Question 6, “Do you think the digitalization can affect the children health literacy?”, had the following responses:

**Answer 1:** *Of course, we live in a digital age and young people have easy and fast access to a wide range of information in health, such as applications, games, programs that facilitate adherence and motivation to learn more. It is essential to understand if, despite the great ease of access to information, if it is understood and well applied in everyday life.*

**Answer 2:** *Yes.*

**Answer 3:** *Yes, it has a great impact.*

**Answer 4:** *Yes, very much.*

**Answer 5:** *Yes.*

Question 7, “What is the sector responsible for delivery of children/adolescent’s health promotion and education? Please also specify which professionals should be involved.”, had the following responses:

**Answer 1:** *School, health centres and hospitals, universities (family doctors, paediatricians, psychiatrists, nurses, psychologists, nutritionists, social workers, dentists, etc.).*

**Answer 2:** *School within the scope of citizenship and psychology services, health centres and their partners.*

**Answer 3:** *Health units. Ministry of health.*

**Answer 4:** *Nurses, assistants, psychologists, doctors, nutritionists, people that practice sports.*

**Answer 5:** *Ministry of Education and Ministry of Health and training/educational institutions.*

Regarding question 8 “Are there initiatives for health education among pupils?”, these are the collected responses:

**Answer 1:** *Program to support the Health Promotion and Education in Schools, Directorate General of Education (DGE)*

**Answer 2:** Yes.

**Answer 3:** *Program to support the Health Promotion and Education in Schools, Directorate General of Education (DGE)*

**Answer 4:** No.

**Answer 5:** Yes.

## 13.2. Summary/conclusions

In the interviews, two programmes that are running in Portuguese schools were presented, which are described very briefly below:

### **Health Education and Health Promotion Support Program (HEHPSP), Directorate General of Education of the Ministry of Education**

[[https://www.dge.mec.pt/sites/default/files/Esaude/papes\\_doc.pdf](https://www.dge.mec.pt/sites/default/files/Esaude/papes_doc.pdf), in Portuguese]

1. **Responsible organisation:** Directorate General of Education (DGE), Portugal
2. **Activity description (objectives, results and activities carried out):** This program aims to promote health literacy, attitudes and values that support healthy behaviours, value behaviours that lead to healthy lifestyles, universalize access to health education in schools, qualify the provision of health education in schools, consolidate support for projects in schools. Works in different areas: Mental health and violence prevention; Food education and physical activity; Prevention of addictive behaviours and addictions; Affects and sexuality.
3. **Age of pupils/grades:** Pre-School to High School
4. **Time allocated:** It exists since 2014
5. **Involved experts leading the initiative:** Family doctor, nurses, psychologists and teachers

Other relevant link: LUSQUINHOS, L. & CARVALHO, G: (2017). *Health promotion and education in Portuguese schools: Links between the health and the education sectors* [Online]. Available from:

[https://repositorium.sdum.uminho.pt/bitstream/1822/48557/1/ConexaoCi\\_Health%2BEdSectors.pdf](https://repositorium.sdum.uminho.pt/bitstream/1822/48557/1/ConexaoCi_Health%2BEdSectors.pdf)

[Accessed 11<sup>th</sup> October 2022]

### **Schools for Health in Europe (SHE) at Group of Schools in Condeixa-a-Nova<sup>2</sup>**

The vision of SHE is that the health promoting school approach becomes an acknowledged and accepted concept in all EU Member States, with increased implementation activities on regional and local level within schools. Fernando Namora Secondary School, part of the Group of School in Condeixa-a-Nova, promotes different actions related to health and promotion of healthy lifestyles, with the collaboration of Leisure Activity Centre, from Cáritas Coimbra, the Condeixa Health Centre (integrated in the National Health Services) and The Portuguese Cancer League, among others. The activities run out throughout the school year and are aimed at all school students aged between 13 and 20.

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<sup>2</sup> In Portugal, the school network is organized in school clusters which are made up of schools that offer all education levels from pre-school education to secondary education.

## 14. Annexes

### **ANNEX 1**

Questionnaire for Survey addressed to Pupils (in English)

# PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

## Questionnaire for Survey addressed to Pupils

The main goal of the PHILIP project is to contribute to increasing the health literacy levels of pupils aged between 11 to 15 through the development of learning modules targeted to the needs of the children and adolescents which are aimed at helping teachers tackle the content of health literacy properly at school.

Based on the World Health Organization glossary, the Health Literacy comprises “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”.

The objective of this questionnaire is to investigate the level of health literacy of pupils in terms of knowledge and understanding of health issues and identify the health-related skills and competencies needed to protect their own and others’ health chances.

The survey respondents’ identity will remain strictly CONFIDENTIAL. All data collected for this research project will be stored in a secure digital space provided by the project partners. Only members of the research team at the [local partner] and the partner organizations will have access to the anonymous questionnaire data.

Elements of this survey were adapted from the research “Health Literacy for School-Aged Children” conducted by Olli Paakkari and Leena Paakkari, Faculty of Sport and Health Sciences, University of Jyväskylä, Finland.

1. What would you say is your sex/gender:

- Boy
- Girl
- I prefer not to answer

2. What is your age:

- 11
- 12
- 13
- 14
- 15

3. Which class are you attending?

.....

4. From the following options, choose the one that best describes your opinion:

	Not at all true	Not quite true	Somewhat true	Absolutely true
1. I’m confident to have good information about health				

2. I can easily give examples of things that promote health				
3. I can follow the instructions given to me by healthcare personnel (e.g., doctor)				
4. When necessary, I find health-related information that is easy for me to understand				
5. I happen to look for health-related information on the Internet or on social media				
6. When I do not find satisfactory answers on health-related information, I ask my parents or friends.				
7. I am able to compare health-related information from different sources				
8. I can usually figure out if some health-related information is right or wrong				
9. I can judge how my behavior affects my health				
10. I am able to explain the choices I make regarding my health				
11. When necessary, I am able to give ideas on how to improve health in the context I live in (e.g., family, friends, classmates)				
12. I can judge how my own actions affect the surrounding natural environment				

5. Does your school pay enough attention to the basics of a healthy lifestyle? Please, give us your opinion on the following items:

	Do not know	Too little	Enough	Too much
1. Physical activity				
2. Nutrition				
3. Smoking prevention				
4. Alcohol use prevention				
5. Drug use prevention				
6. Prevention of bullying and cyberbullying				

6. Has the school held events for schoolchildren's health promotion in the current school year?

- I do not know
- No
- Was held, but earlier
- Was held once
- Yes, more than once

If yes, which of the following topics did the school events focus on?

- Nutrition
- Physical activity
- Alcohol, smoking and drug use
- Prevention of bullying and cyberbullying
- Other.....

## **ANNEX 2**

### Questionnaire for Survey addressed to Pupils (in Portuguese)

# PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

(em português, “Proteger a saúde dos mais jovens através da literacia em saúde”)

## Questionário para crianças e jovens entre os 11 e os 15 anos

O principal objetivo do projeto PHILIP é contribuir para aumentar os níveis de literacia em saúde de jovens, entre os 11 e os 15 anos, através da criação e desenvolvimento de módulos de formação e educação. Estes têm como objetivo ajudar os professores e educadores a abordar adequadamente a literacia em saúde nas escolas e outras organizações com intervenção na área da educação.

Com base no glossário da Organização Mundial da Saúde, a Literacia em Saúde engloba "competências cognitivas e sociais e a capacidade da pessoa para aceder, compreender e utilizar informação por forma a promover e a manter uma boa saúde".

Queremos pedir a tua colaboração para o preenchimento de um questionário sobre literacia em saúde de crianças e jovens, no que diz respeito ao conhecimento e compreensão de informações na área da saúde e à identificação das aptidões e competências necessárias para proteger a saúde pessoal e dos outros.

Serão recolhidos alguns dados, como o género, idade e nível de escolaridade. Todos os dados serão recolhidos de forma confidencial, o que significa que, em nenhum momento, os investigadores do projeto, que vão realizar a análise dos resultados, conseguirão relacionar o teu nome ou qualquer dado pessoal com as tuas respostas. Os dados recolhidos serão armazenados num espaço digital seguro, fornecido pelos parceiros do projeto e apenas os membros da equipa da Cáritas Diocesana de Coimbra e as organizações parceiras terão acesso aos dados anónimos do questionário.

Este questionário foi adaptado do estudo "Health Literacy for School-Aged Children" (em português, Literacia em Saúde para Crianças em Idade Escolar), realizado por Olli Paakkari e Leena Paakkari, da Faculdade de Ciências do Desporto e da Saúde, da Universidade de Jyväskylä, na Finlândia.

### 1. Género:

- Masculino
- Feminino
- Prefiro não responder

### 2. Idade:

- 11
- 12
- 13
- 14
- 15

3. Ano de escolaridade que frequentas ou que vais frequentar:

\_\_\_\_\_

4. Entre as opções seguintes, escolhe a que melhor descreve a tua opinião:

	Discordo totalmente	Discordo	Concordo	Concordo totalmente
1. Sei que tenho acesso a informação credível na área da saúde				
2. Posso dar facilmente exemplos de medidas que promovem a saúde				
3. Consigo perceber e seguir as instruções/orientações que me são dadas pelos profissionais de saúde (p. ex., médico/a)				
4. Sempre que é necessário, encontro informação na área da saúde que consigo perceber facilmente				
5. Procuo informações na área da saúde na internet ou nas redes sociais				
6. Quando não encontro informações detalhadas sobre um tema na área da saúde, procuro mais informações junto da minha família ou dos meus amigos				
7. Sou capaz de comparar informações na área da saúde obtidas em diferentes fontes/locais				
8. Habitualmente, consigo perceber quando a informação na área da saúde está correta ou incorreta				
9. Consigo compreender e avaliar de que forma o meu comportamento/atitude podem afetar a minha saúde				
10. Sou capaz de explicar as escolhas que faço em relação à minha saúde				
11. Sempre que é necessário, partilho ideias sobre as diferentes formas para melhorar a saúde no contexto em que vivo (p. ex., família, amigos, colegas de turma)				
12. Consigo compreender e avaliar de que forma as minhas ações podem influenciar o meio que me rodeia				

5. A tua escola promove os princípios básicos de um estilo de vida saudável? Por favor, dá-nos a tua opinião sobre os seguintes pontos:

	Não sei	Muito pouco	Suficiente	Demasiado
1. Atividade física				
2. Nutrição				
3. Prevenção do tabagismo				
4. Prevenção do uso do álcool				
5. Prevenção do consumo de drogas				
6. Prevenção do bullying e do cyberbullying				

6. A tua escola realizou um ou mais eventos para a promoção da saúde das crianças e jovens no ano letivo anterior?

- Não sei
- Não
- Sim, realizou um evento início do ano letivo
- Sim, realizou somente um evento durante o ano letivo
- Sim, realizou mais do que um evento

7. Em caso afirmativo, quais foram os temas abordados neste(s) evento(s)?

- Nutrição
- Atividade física
- Prevenção do consumo de álcool, drogas e tabagismo
- Prevenção de bullying e cyberbullying
- Outros: \_\_\_\_\_

## **ANNEX 3**

### In-depth interview (in English)

## PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

### In-depth interview template

The main goal of the PHILIP project is to contribute to increasing the health literacy levels of pupils aged between 11 to 15 through the development of learning modules targeted to the needs of the children and adolescents which are aimed at helping teachers tackle the content of health literacy properly at school.

Based on the World Health Organization glossary, the Health Literacy comprises “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”.

The objectives of this activity are:

- to analyse the state of the art regarding health literacy among children including the pupils level of familiarity, challenges they face with health-related information, who is responsible for the delivery of health promotion and education, etc..
- to gather the most relevant perspectives and views on the issue of student health literacy from professionals working with children at both health and educational levels
- to identify existing health-related initiatives in school curricula.

The interview respondents' data will remain strictly CONFIDENTIAL and will be stored in a secure digital space provided by the project partners.

Name and surname	
Professional field	
Current occupation (specify your role and how long have been doing it)	
What is the <b>level of familiarity</b> with health-related information of children and adolescents you work/have worked with?	
Based on your experience, what is the <b>attitude</b> of children/adolescents towards the health-related information?	
What are the <b>challenges</b> children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges?	

Do you think the digitalization can affect on the children health literacy?	
What is the <b>sector responsible</b> for delivery of children/adolescents health promotion and education? Please also specify which professionals should be involved.	
Are there <b>initiatives</b> for health education among pupils?	
If yes, please provide the following information <b>per initiative</b> : <i>(add rows if you have more than one initiative to report)</i>	
Responsible organisation	
Activity description (objectives, results and activities carried out)	
Age of pupils/grades	
Time allocated	
Involved experts leading the initiative	

If there you have any other relevant information concerning this topic not mentioned above, please use this space to explain it:

## **ANNEX 4**

### In-depth interview (in Portuguese)

# PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

(em português, “Proteger a saúde dos mais jovens através da literacia em saúde”)

## Modelo de Entrevista detalhada

O principal objetivo do projeto PHILIP é contribuir para aumentar os níveis de literacia em saúde de jovens, entre os 11 e os 15 anos, através da criação e desenvolvimento de módulos de formação e educação. Estes têm como objetivo ajudar os professores e educadores a abordar adequadamente a literacia em saúde nas escolas e outras organizações com intervenção na área da educação.

Com base no glossário da Organização Mundial da Saúde, a Literacia em Saúde engloba "competências cognitivas e sociais e a capacidade da pessoa para aceder, compreender e utilizar informação por forma a promover e a manter uma boa saúde".

Esta entrevista tem como objetivo:

- analisar o estado da arte em relação à literacia em saúde das crianças e jovens, incluindo o nível de conhecimento/informação na área da saúde, os desafios que enfrentam com a informação recebida, e identificar os principais responsáveis pela promoção e educação para a saúde, etc.
- recolher informação sobre o nível da literacia em saúde de crianças e jovens, através das perspetivas e opiniões significativas dos profissionais que trabalham na área da saúde e da educação;
- identificar as iniciativas existentes de promoção de saúde nos programas escolares ou outros.

Serão recolhidos alguns dados, como a área profissional, ocupação atual e função. Todos os dados serão recolhidos de forma confidencial, o que significa que, em nenhum momento, os investigadores do projeto, que vão realizar a análise dos resultados, conseguirão relacionar o teu nome ou qualquer dado pessoal com as tuas respostas. Os dados recolhidos serão armazenados num espaço digital seguro, fornecido pelos parceiros do projeto e apenas os membros da equipa da Cáritas Diocesana de Coimbra e as organizações parceiras terão acesso aos dados anónimos do questionário.

Área Profissional	
Ocupação atual (p.f. especifique a sua especialidade e há quanto tempo trabalha nesta área)	
Na sua opinião, qual é o <b>nível de familiarização/ conhecimento</b> na área da saúde das crianças e adolescentes com quem trabalha/trabalhou?	
Com base na sua experiência, qual é a <b>atitude</b> das crianças e jovens em relação às informações que recebem sobre a saúde?	

Quais são os <b>desafios</b> que as crianças e os jovens enfrentam quando procuram informação sobre a saúde? Considera que a pandemia teve impacto neste ponto?	
Considera que a digitalização pode ter impacto na literacia em saúde das crianças e jovens?	
Na sua opinião, qual é o sector ou entidade responsável pela promoção e educação para a saúde para crianças e jovens? P.f., especifique que profissionais considera que devem ser envolvidos.	
Tem conhecimento de <b>iniciativas</b> de educação para a saúde das crianças e jovens?	
<b>Em caso afirmativo, por favor forneça as seguintes informações por iniciativa:</b> <i>(acrescentar linhas se tiver mais do que uma iniciativa a comunicar)</i>	
Organização responsável	
Descrição da atividade (objetivos, resultados e atividades realizadas)	
Idade/escolaridade	
Tempo de duração	
Profissionais envolvidos na iniciativa	

Se pretender acrescentar mais informações relevantes, que não tenha mencionado acima, por favor utilize o espaço seguinte para o fazer:

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