

# Youth participation in the Scholl Health Program in Brazil: a reflection on the role of the Federal government

*A participação juvenil no Programa Saúde na Escola (PSE): uma reflexão sobre o papel da gestão federal*

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**ABSTRACT** This article reflects on youth participation in the PSE, through the conceptual and operational analysis of the idea of participation in its technical and normative frameworks. It also questions whether the PSE maintains, reduces, or improves youth participation, when comparing it to the Health and Prevention in Schools Project, a precursor of the program. The school, a place that contributes to the formation of the individual, according to guidelines established by law, must promote these spaces for participation, strengthening students in a perspective of recognition of the importance of involving this public in discussions of healthy lifestyles, considering that the PSE works from the perspective of Health Promotion. From the qualitative discussion, carried out through documental and bibliographic analysis, as well as the literature review, it was identified that youth participation was one of the pillars of the SPE, a project whose actions were incorporated into the PSE, but which lost strength by not being promoted within the scope of the Program's legal instruments. The qualification of dialogue among all members of the school community, including one of the Program's largest target audiences, the youth, strengthens the recognition of the territory as a central actor in the implementation of social policies.

**KEYWORDS** Community participation. ADOLEC. School health services.

**RESUMO** O presente artigo reflete sobre a participação juvenil no Programa Saúde na Escola (PSE), por meio da análise conceitual e operacional da ideia de participação em seus marcos técnicos e normativos, bem como indaga se o PSE mantém, diminui ou aprimora a participação juvenil, ao compará-lo ao Projeto Saúde e Prevenção nas Escolas (SPE), precursor do Programa. A escola, local que contribui para a formação do indivíduo, conforme diretrizes estabelecidas em lei, deve promover esses espaços de participação, fortalecendo os estudantes em uma perspectiva de reconhecimento da importância do envolvimento desse público nas discussões de modos de vida saudáveis, uma vez que o PSE atua na perspectiva da promoção da saúde. A partir da discussão qualitativa, realizada por meio das análises documental e bibliográfica, bem como a revisão de literatura, identificou-se que a participação juvenil era um dos pilares do SPE, projeto cujas ações foram incorporadas ao PSE, mas que perdeu força ao não ser fomentada no âmbito dos instrumentos legais do programa. A qualificação do diálogo entre todos os membros da comunidade escolar, incluindo-se um dos maiores públicos-alvo do programa, os adolescentes e os jovens, fortalece o reconhecimento do território como ator central na implementação das políticas sociais.

**PALAVRAS-CHAVE** Participação da comunidade. ADOLEC. Serviços de saúde escolar.

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## Introduction

The School Health Program (PSE), created by Decree No. 6,286/2007, is the first intersectoral federal policy to seek the articulation of health and education aimed at children and adolescents in the basic and public education network in Brazil. The Program supports the process of strengthening the relationship between education and health networks, following experiences such as the proposal for Health Promoting Schools by the Pan American Health Organization (PAHO) in 1995, the Health and Prevention in Schools Project (SPE), as of 2003, and the creation of the Education and Health Intersectoral Chamber (Portaria Interministerial n° 749, of May 13, 2005).

Over its 15 years of implementation, many adjustments were necessary to make it easier for both the school community and health and education professionals to understand the importance of the intersectoral approach proposed by the program. The recognition of the potential of the school and the territory where it belongs as spaces in which life happens and also in which the health-disease process takes place is a permanent challenge that dialogues with the different organizational cultures, the real conditions of implementation of the PSE in the territory and with the actors' perception of how they can relate health promotion and education in favor of improving health conditions, the quality of education and the integral development of children and adolescents.

Here, the extent to which the PSE incorporates youth participation in its design and implementation will be analyzed, as well as the conceptual and operational presence of the idea of adolescent and youth participation in the PSE being discussed, by verifying whether the PSE maintains, reduces or improves the youth participation. The comparison with the SPE is due to the fact that the project, precursor of the PSE, lost space on the government agenda with the creation and institutionalization of the program in 2007.

## PSE, a program to promote health in schools

The record of health education actions in the school space dates back to the mid-19th century in Brazil, proposing the idea of 'school health' in the hygienist perspective. Such an approach proposed interventions in school architecture and furniture, in the regulation and nutritional guidance of school meals, in the performance of anthropometric tests and in the possible detection of diseases or deficiencies in the school population<sup>1-3</sup>. These ideas developed and disseminated, reaching their apex in the 1950s, when the school played the role of a 'therapeutic agent', including the biological explanation of diseases, however disconnected from a school program<sup>2</sup>. In the 1970s, with the publication of the Education Guidelines and Bases Law (LDB), Law No. 5,692/71, health issues were compulsory included in school curricula, through 'health programs' that formalized the power of the State in the field of formation and control of individual behaviors and habits advocated by the hygienist approach already in force, reminiscent of 'school health'<sup>1</sup>. It is worth pointing out that all these health experiences at school obeyed sectoral logics at the political, technical and administrative levels, characterized by discontinuity, by isolation and without the articulation between professionals from health and education fields.

The discussion of health beyond the absence of disease, in the hygienist and biologist logics, gained strength from the second half of the 20th century, when the understanding that the complete well-being of the population includes the individual and the community, the multisectoral involvement and local, regional and national actions<sup>4</sup>. In this sense, from the 1980s, the International Conferences on Health Promotion, the Sanitary Reform movement in Brazil, and the promulgation of the

Federal Constitution of 1988, which considers education and health as universal social rights, outline a new path for health actions at school, by proposing an intrinsic relationship between the development of the health theme in the classroom and a perspective of building citizenship, which denotes the understanding of health not only as a set of habits to be developed, but from the idea of the right to be continuously exercised and given new meaning<sup>1</sup>.

Health promotion emerges as a combination of the various health determinants, being more effectively incorporated after Law No. 8,080/90<sup>4</sup>. When describing, in the constitution of the Unified Health System (SUS), the principles that govern health, among them, the principle of integrality by promotion, protection and recovery, we moved towards the understanding of health promotion as one of the pillars of health in Brazil<sup>5</sup>.

Thus, as a result of the evolution of the SUS and the strengthening of the debate on health promotion in Brazil, in 2006, the National Health Promotion Policy (PNPS)<sup>6,7</sup> was approved, with its principles: autonomy, equity, territoriality, social participation, sustainability, integrality, intersectionality and empowerment.

The current PNPS defines as health promotion:

[...] a set of strategies and ways of producing health, at the individual and collective level, which is characterized by intersectoral articulation and cooperation and by the formation of the Health Care Network, seeking to articulate with other social protection networks, with broad participation and broad social control<sup>6(7)</sup>.

The concept of promotion must be related to the strengthening of individual and collective capacity to deal with the diversity of health conditions. Promotion goes beyond technical and regulatory issues and

highlights the importance of strengthening health, through building the capacity to choose and use knowledge<sup>8</sup>. In this sense, the health and education sectors are one of the main partners in the health promotion process. Furthermore, health units and schools are seen as spaces that contribute to the construction of personal values, beliefs, concepts and different ways of knowing the world.

In schools, issues related to health and related to education and not problematized or resolved by the school seem to have health services as the only alternative. These issues arise in classrooms with different representations: by teachers, students, family members, who express their concerns about better health conditions and quality of life<sup>9</sup>.

In addition, they raise the issue of the medicalization of life and the importance of shared promotional work.

Intersectionality and participation are pillars for a policy that considers the actors involved as protagonists in the individual transformation and the of environment in which they act. When considering symbolic, social and cultural capital, health promotion understands the involvement of people and their knowledge in the discussion of healthy lifestyles, so that other knowledge beyond educational diplomas can have a voice and legitimacy<sup>10-12</sup>.

This transformation in which the subject is the protagonist, that is, he wants to act and change his social environment more than being determined by it, takes place in a space that is not necessarily the geographical space. It is not possible to understand the territory ignoring the political and economic relations that are established in the capitalist model of production<sup>13</sup>. Such an understanding is important to think of the school as a strategic space to form conscientious and responsible citizens for their choices and behaviors, being a primordial device for health promotion actions.

## Youth and school participation: What are we talking about?

The definition of adolescence and youth is somewhat complex when one understands that there is no uniqueness. The central question for the sociology of youth is that of

[...] explore not only the possible or relative similarities between young people or social groups of young people (in terms of situations, expectations, aspirations, cultural consumption, for example), but also – and mainly – the social differences that exist between them<sup>14(57)</sup>.

As the speed of changes that occur in the spheres of production and reproduction of social life is characteristic of contemporary society, young people are key actors in these processes and interact with them, sometimes as protagonists and beneficiaries of changes and, at other times, suffering the losses of ‘modernization’ processes, producing new contradictions and social inequalities<sup>15</sup>.

In the context of social inequalities in Brazilian society, understanding how and why young Brazilians participate in societal construction and decision-making calls into question the way in which each one recognizes himself as a member of this very unequal set and how they see themselves involved in their destinies<sup>16</sup>.

The feeling of belonging to the collectivity depends on the recognition and action that moves each individual in the construction of social bonds. Belonging and accountability are intertwined and constitute primordial subjective aspects in the process of assuming oneself as a member of a society, whatever it may be<sup>17</sup>.

Thus, participation and empowerment are directly linked to the exercise of citizenship and human rights, as well as the recognition of oneself in the social dimension. Recognition that drives the individual to act in social spaces.

From a subjective perspective, participation denotes the way in which each individual seeks to link itself to the collectivity and launch himself into spaces of speech and action in order to assert as its members<sup>17</sup>. From the perspective of cultural, social and symbolic capital, historical and cultural identities guide the construction of social bonds. The way a young person positions himself in the social macrocosm is related to his history and cultural capital, which is in the structuring of the subjective experience, in interaction with the norms and possible resources in force.

The spaces and stimuli for exercising and learning to participate, as well as the relationship that young people have with time, are variables that interfere with their effective involvement in social and political spheres. Despite the adverse conditions, the public school can still be considered as a space for carrying out collective activities for poor youth, enabling some level of youth participation based on their social condition<sup>18</sup>.

In this sense, it is worth considering the expression ‘youth protagonism’, which focuses on the active participation of young people, and which assumes the idea of centrality in health promotion programs for adolescents and young people<sup>19</sup>. Youth protagonism, linked to the notion of ‘empowerment’ of young people, has gained importance in the discourse of multilateral and international cooperation organizations, having been developed by educators who work with young people who live in popular spaces in Latin America<sup>20</sup>.

The word protagonism comes from the Greek *proto*, which means ‘the first’, and *agon*, which means struggle; therefore, the protagonist is the fighter, the main character. In novels or plays, the protagonist is the most important character and from which the plot of the story starts. For the Aurélio dictionary, a protagonist is one who plays or occupies the first place in an event<sup>21</sup>. However, the term ‘protagonism’ can be generic in view of

societies that are also generic and abstract, since this approach

[...] can lead to simplifications and idealizations of both the actions and the subjects who develop them. [...] the risk that their practices assume a more adaptive than problematizing character, depoliticizing the view on the determinations of poverty and its maintenance<sup>18(417)</sup>.

As it is an expression incorporated by international organizations in the early 2000s, and, in Brazil, a little before that period, by third sector institutions such as the Odebrecht Foundation, and because there is still no unanimity among authors and organizations<sup>22</sup>, we will adopt the term ‘youth participation’ to address the process in which adolescents and young people participate socially in public policies.

The scope and complexity of the challenges to be faced have shown a new path: the articulation of policies to value possible and necessary sectoral contributions, as well as the participation of civil society, so that this amalgamation of capacities, resources and responsibilities can be produce more effective transformations in the conditions that generate the vulnerability of young populations<sup>23</sup>. In the scope of public policies, strengthening youth participation in the management of projects and programs can guarantee some sustainability, which are often weakened, or even disappear, in government transitions<sup>16</sup>.

## Material and methods

A qualitative and exploratory study was carried out, whose analyzed phenomenon was the role of the federal manager in promoting youth participation in health promotion policies. The methodology used was documental and bibliographic analysis, as well as a literature review. The bibliographic and documental research was based on the gray literature and on the databases of the official government

pages: Virtual Health Library (VHL), Latin American and Caribbean Literature on Health Sciences (LILACS) and Google Scholar.

When analyzing ‘how’ the policy entered the agenda, being formulated, decided, implemented and evaluated, it is possible to focus on one or more stages of the policy cycle, bearing in mind that policies are dynamic results, with stages not always clearly distinct and permeated by conflicts, which makes it important to establish power relations, identify concepts and types of policy and establish their rationality<sup>24</sup>.

For this work, descriptive and analytical research was used, whose main objective is the improvement of ideas or the discovery of intuitions. Its planning is, therefore, quite flexible, so that it allows the consideration of the most varied aspects related to the fact studied.

The project and program chosen for this study took into account the health promotion policies in the period following the redemocratization of the country, as well as their importance in the dynamics of transforming the organizational culture of the State.

This project was presented to the Research Ethics Committee of Fundação Oswaldo Cruz (FIOCRUZ) under Opinion No. 3,454,552 and CAAE No. 16566719.3.0000.802, and was approved on July 15, 2019.

## Results and discussion

The document and bibliographic analysis was organized in *table 1* below, in which we can analyze the context of the development of the SPE and the PSE, as well as know the conceptual bases of these policies and compare the content of the documents referring to these initiatives according to the following dimensions: the degree of formalization and institutionalization, analysis of the main legal and regulatory frameworks; intersectionality; the availability of financial resources, as an indicator of the degree of relevance of the policy; and dissemination and coverage, verifying the public likely to benefit from the programs in question.

Table 1. Comparative scenario of the SPE and PSE initiatives

Dimensions /Initiative	SPE	PSE
Main legal frameworks	There are no legal frameworks	<ul style="list-style-type: none"> <li>- Decree No. 6,286/2007 - Establishes the School Health Program - PSE, and makes other provisions.</li> <li>- MS/GM financial transfer ordinances: No. 2,931/2008; No. 790/2010; No. 3014/2011; No. 524/2012; No. 2,608/2013; No. 3,210/2013; No. 1067/2015; No. 1,337/2015; No. 2,744/2016; No. 2,706/2017; No. 3,662/2018, No. 2,264/2019</li> <li>- Interministerial Ordinance No. 1,413/2013 - Redefines the rules and criteria for joining the School Health Program (PSE) by States, Federal District and Municipalities and provides for the respective financial incentive for funding actions.</li> <li>- Interministerial Ordinance No. 1,055/2017 - Redefines the rules and criteria for joining the School Health Program - PSE by states, Federal District and municipalities and provides for the respective financial incentive for funding actions.</li> </ul>
Actors Involved	MEC (DECOCEB/SEB), MS (DHIV/AIDS/SVS), UNICEF, UNFPA and UNESCO	MEC (SEB/Secadi) and MS (CGAN/DAB/SAS and currently Depros/Saps)
Specific financial resources	No	Yes. Fund-to-Fund Transfer through the Basic Care Floor (PAB) Variable for the cost of shares
Who participates?	All Brazilian municipalities that defined a Municipal Management Group (GGM) and prepared a municipal action plan	Since 2013, all Brazilian municipalities have been able to participate by means of a Term of Municipal Commitment, with biennial adhesion within a period determined by the Ministry of Health.

Source: Own elaboration.

### Degree of formalization and institutionalization, intersectionality and actors involved

Starting with the formalization and institutionalization aspect, it is observed that the creation of the SPE was not established by any legal framework. Its management, from its idealization in 2003, was divided at the federal level between health and education. At the Ministry of Health, those who followed the agenda were technicians from the Department of Surveillance, Prevention and Control of STIs, HIV/AIDS and Viral Hepatitis of the Health Surveillance Secretariat (SVS); at the Ministry of Education, the project was in the Directorate of Curriculum Conceptions and Guidelines for Basic Education (DECOCEB)

of the Basic Education Secretariat (SEB). The project was carried out in partnership with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

Unlike the SPE, the PSE was instituted by presidential decree in 2007, initiating a new stage in fostering health promotion in schools, since its proposal encompassed the most diverse actions, including the prevention of diseases and injuries.

What can be seen in the legal frameworks is that, when thinking about the management structure and actions of the PSE, the same management mechanisms of the SPE were proposed, with intersectoral articulation through the Intersectoral Working Groups, but

the strong axis of youth participation provided for in the SPE was not included.

Thus, structurally, the PSE incorporates the SPE's management guidelines with the strengthening of intersectoral relationships and with a scope of actions much larger than what it was. The presence of UN agencies in the PSE is not referenced in the legal frameworks.

In the Ministry of Health, the PSE was born in the then Secretariat of Health Care, where, initially, it was linked to the Office of the Department of Primary Care (DAB) and, later, since 2011, within the General Coordination of Food and Nutrition (CGAN), in which it stayed until 2019 for political reasons, since the agenda to promote healthy eating was one of the biggest positive agendas of the Ministry of Health until then, being also articulated with the Ministry of Education and the National Educational Development Fund (FNDE), in which the management identified a force for the convergence of actions. This power was consolidated in such a way that the focus of some PSE actions and campaigns was turned to the theme: the mobilization 'Health-at-School Week' (2012, 2013 and 2014) – a campaign that takes place annually with a defined theme by the Ministers and that, until 2015, transferred specific resources to the municipalities that carried it out; the micronutrient fortification action (NutriSUS); and the development of teaching and communication materials.

As of 2019, with the restructuring of the Ministry of Health and the creation of a Department of Health Promotion (DEPROS) in the Secretariat of Primary Health Care (SAPS), the PSE passed through the General Coordination for the Promotion of Physical Activity and Actions (CGPROFI), currently in the Depros Office. The program's capacity in this management space tends to strengthen its implementation, since the PSE is a health promotion strategy and this strategy is linked to social participation.

## Financial resources, dissemination and scope of the SPE and PSE

The SPE was conceived in an intersectoral and extra-governmental way, when the Ministries of Health and Education, in partnership with UNESCO, UNICEF and UNFPA, defined a proposal with a view to transform the contexts of vulnerability that expose adolescents and young people to infection by the HIV virus and AIDS, other sexually transmitted diseases and unplanned pregnancy<sup>25</sup>.

To be part of the SPE, the municipality should constitute a Municipal Management Group (GGM), with representatives from health, education and other departments and institutions that develop activities with the adolescent and young population, as well as youth organizations<sup>25</sup>.

The SPE did not transfer specific resources for its development. Municipalities were instructed to present the Action Plan to the local Commissions and Chambers in order to guarantee some funds from the Aids Actions and Goals Plan (PAM), so the Action Plans were not submitted for approval by the federal administration<sup>25</sup>.

When, at the end of 2007, the PSE was instituted by Interministerial Decree No. 6,286, of December 5, 2007, the United Nations agencies lost their role as official documents do not point to this participation.

Between 2007 and 2012, to join the PSE, municipalities had to send to the Ministry of Health an Expression of Interest in Adherence to the PSE (articulated by the municipal education and health secretaries), by letter and electronically, in a form available online. The elaboration of the PSE project was the responsibility of the Municipal Intersectoral Working Group (GTIM), and, for approval, it was necessary to present it to the Municipal Health Council and the Municipal Education Council, when applicable<sup>26</sup>. During this period, only municipalities with eligible criteria could participate in the program. These criteria were related to the coverage of Family Health

Teams, Education Development Index and participation in the Mais Educação Program. These criteria were changed between 2007 and 2012 to increase the participation of municipalities.

As of 2013, a list of essential actions was established, with mandatory agreement by the municipalities, based on the main government plans and projects in force<sup>27</sup>. Essential actions counted for achieving goals and receiving financial incentives. Optional actions, on the other hand, had to be agreed upon by the municipalities and had relevance in changing the state of local vulnerability, but were not counted towards receiving the financial incentive<sup>27</sup>. The year 2013 was the year of universalization of the PSE, that is, all municipalities became eligible to participate in the program and to receive resources for this purpose.

In 2017, the PSE was restructured by Interministerial Ordinance No. 1,055, of April 25, 2017<sup>28</sup>, to increase the adhesion of municipalities and the Federal District, with

the optimization of actions and the increase in the value of the financial incentive to be transferred each year of the biennial cycle.

### The presence of youth participation in the PSE compared to the SPE: analysis of legal frameworks and initiatives

In order to approach the comparison between the presence of participation as a guiding element of the PSE and the SPE, we analyzed the documents identified by the documentary research on the websites of the Ministries of Health and Education and the partner UN agencies, as well as in the internal folders of the PSE at the Ministry of Health.

The materials in *table 2*, shown below, were found. With regard to the nature of the documents, the categories were defined based on the content and for whom they were directed, considering the approach of youth participation, taking into account the elements that had something in common.

Table 2. Presence of the theme participation in the documents collected, according to the initiative, SPE and PSE, according to audience and content

Documents	Audience	Content	Does it address youth participation?
<b>Initiative SPE</b>			
Guidelines for the implementation of the Health and Prevention in Schools Project / Ministry of Health, Health Surveillance Secretariat. - Brasília: Ministry of Health, 2006. 24 p. - (Series A. Standards and Technical Manuals) 2006	State and Municipal Health and Education Managers	Document that guides the implementation of the SPE, discussing the topics addressed, the purpose of the SPE and guides state and municipal managers to carry out the project.	YES
Health and prevention in schools: guide for the training of health and education professionals / Ministry of Health, Health Surveillance Secretariat. - Brasília: Ministry of Health, 2006. 160 p. - (Series A. Standards and Technical Manuals) 2006	Health and Education Professionals	Document with a proposal for a course with 7 units on the themes of the SPE and integrated planning to be carried out in person, in the form of workshops.	YES
Adolescents and Youth Guide to Peer Education, fascicles divided into 8 themes (2010)	Young People	Document containing 8 fascicles with workshops and texts on SPE themes, genres, methodologies and youth participation. Each issue brings workshops and a chapter with indication of films and music, as well as questions and answers on each topic.	YES



Table 2. (cont.)

Documents	Audience	Content	Does it address youth participation?
Set of Materials: Comics - Health and Prevention in Schools (HQ SPE): comprises 6 volumes of comics; HQ SPE: a guide for classroom use; and CD with the game HQ SPE Challenge (2010)	Young people and health and education professionals	The six magazines that make up the HQ SPE are comic books on the themes of the Project and aimed at teenagers and young people. The Guide provides orientation on the development of actions according to the themes addressed in each of the six stories, and the CD includes a game that aims to establish the contents covered.	YES
<b>Iniciativa PSE</b>			
Thematic Notebooks: Promotion of Oral Health, Ocular Health; Verification of Vaccination Status; Health and Environmental Education; Promotion of Healthy Eating and Promotion of Childhood Obesity; Body Practices, Physical Activity and Leisure; and Human Rights (2015)	Health and Education Professionals	Each notebook contains guidelines on how to carry out, in an intersectoral way, each of the PSE actions, contextualizing the themes and proposing some workshops.	NO
PSE Adhesion Manual for cycles 2017/2018 and 2019/2020	State and Municipal Health and Education Managers/	Manual with guidelines for management on adherence to the PSE, with screens containing step-by-step instructions on how to do so.	NO
Activity Suggestion Guide - Health-at-School Week 2012, 2013 and 2014	State and Municipal Health and Education Managers/ Health and Education Professionals	Guiding material with suggestions for activities on the themes of the Health-at-School Week from 2012 to 2015 to be developed not only during the Health-at-School Week, but throughout the school year. The themes were: 2012 - Healthy Eating; 2013 - Healthy Eating and Eye Health; 2014 - Body practices, physical activity and leisure in a perspective of a culture of peace and human rights.	YES
Notebook reports of experiences of the Health-at-School Week 2016 - Preliminary Version and Notebook reports of experiences of the Health-at-School Week 2017 - Preliminary Version	State and Municipal Health and Education Managers/ Health and Education Professionals	Informative material with reports of experiences on the subject that aims to share good practices Themes of the Health at School Week 2016 and 2017: Combating <i>Aedes aegypti</i> .	YES
General Guidelines on Actions for: Promotion of Healthy Eating and Promotion of Childhood Obesity; Body Practices, Physical Activity and Leisure; Oral Health; Diseases in Elimination; Combating the <i>Aedes Mosquito</i> ; Vaccination Status; Eye Health; and Hearing Health (all from 2018)	State and Municipal Health and Education Managers/ Health and Education Professionals	Documents that bring, in general terms, what the federal management understands to be each of the PSE actions. There are no workshops or methodological proposals.	NO
Training for SUS Technicians - PSE and Health Academy (2018)	State and Municipal Health and Education Managers	Document with a proposal for a face-to-face or virtual training course for the Health-at-School and Health Academy programs. Topics: management, planning and monitoring.	NO
PSE Manager's Notebook (2015)	State and Municipal Health and Education Managers	Management regulations.	YES

Table 2. (cont.)

Documents	Audience	Content	Does it address youth participation?
Joint Technical Note No. 564/2014 on the Living Youth Plan	State and Municipal Health and Education Managers	Guidelines for the PSE's 'Promotion of a Culture of Peace and Human Rights' Action in the Living Youth Program and a partnership newsletter between the Ministries of Health, Education, the National Youth Secretariat (SNJ) and the Secretariat for Policies for the Promotion of Racial Equality (Seppir) in the Living Youth Plan.	YES
Document with a summary of the Thematic Notebook on Social Participation, June 2012	Federal Managers	Guidance for technicians from the Ministries of Health and Education for writing a thematic booklet on social participation designed to compose the set of thematic booklets of PSE actions as a cross-cutting theme.	YES
Dissemination of the results of monitoring the actions of the Health at School Program for the first year of the 2019/2020 cycle;	State and Municipal Health and Education Managers/ Health and Education Professionals	Technical Note with data on actions carried out in 2019 as well as analysis of priority actions and the topics most worked on.	NO
Guiding Document for the 2019/20 PSE Cycle	State and Municipal Health and Education Managers/ Health and Education Professionals	Document with guidelines on actions, priorities and registration in the PSE monitoring system	NO
Assessment indicators and standards - PSE 2017/2018	State and Municipal Health and Education Managers/ Health and Education Professionals	Document prepared in accordance with Article 13 of Ordinance No. 1,055 (The monitoring and evaluation of the PSE will be carried out by an interministerial commission constituted in a joint act of the Ministers of Health and Education) to communicate the indicators and monitoring for the period	NO
Technical Note - Processing/Validation Report - valid forms	State and Municipal Health and Education Managers/ Health and Education Professionals	Document with guidelines on the validation process of data reported by health professionals at Sisab.	NO

Source: Own elaboration.

The survey found only one SPE document on official government pages (Ministry of Health and Ministry of Education). The others are only available on the pages of United Nations partners (UNESCO and UNFPA) and other similar institutions. The PSE materials were all found on the specific page for the program, which is hosted on the Ministry of Health website – <https://aps.saude.gov.br/ape/pse> and in the program's internal folders, to which the researcher had access.

With regard to the nature of the documents, the categories were defined based on the content and for whom they were directed, considering the approach of youth participation, taking into account the elements that had something in common.

Of the four materials found referring to the SPE, one is aimed at management, one aimed only at health and education professionals and two aimed at supporting adolescents and young people in the development of training

actions to strengthen youth participation in the project's themes:

1. The Guidelines for Implementation<sup>25</sup> of the Project and the Training Guide for Health and Education Professionals, even though they do not focus on youth participation, present the issue not in general terms, but as a necessary offer for the management and execution of the project, being included in the responsibilities of the GGM and the State Management Group, as well as appearing as one of the purposes of the project, being contextualized in the presentation and also in the introduction of the Implementation Guidelines.

2. The Guide 'Health and prevention in schools: guide for the training of health and education professionals'<sup>29</sup> is a course made up of 7 modules comprising the themes of gender, sexuality, prevention of (Sexually Transmitted Diseases) STDs and AIDS and integrated planning. All workshops are aimed exclusively at health and education professionals. Guidance on the involvement of young people in activities appears, in general, in the presentation and in the introduction, as well as in the comments on suggestions for forwarding the workshops, but the text does not elaborate on when and how this participation can happen. It is a material adapted from a proposal for the training of health and education professionals authored by the nurse Dr. Marina Marcos Valadão, professor and researcher who works in the field of health and popular health education, and who collaborated with consultancy for its creation.

3. The series of issues of the SPE, entitled 'Adolescents and Young People for Education among Peers'<sup>30</sup>, is a material divided into eight notebooks that are based on fostering youth participation by offering methodologies on the topics of alcohol and other drugs, gender, STD prevention, HIV and AIDS, race

and ethnicities and sexualities and reproductive health, with specific sections on 'Adolescence, Youth and Participation' and 'Peer Education Methodology'. The focus of these materials are adolescents and young people and their role in the actions that are addressed by the SPE.

4. The 'Comic Book – Health and Prevention in Schools (HQ SPE)' Material Set, the HQ 'SPE: A Guide to Classroom Use', and the CD with the 'HQ SPE Challenge' game can be divided as follows: HQ<sup>31</sup> is aimed at teenagers and young people, with accessible language that dialogues with the way teenagers and young people communicate with their peers; and the Guide for use in the classroom<sup>32(12)</sup>, which proposes to offer:

[...] instruments to support educators who already develop, or want to develop, actions in the areas of health promotion and prevention of HIV and other STDs [...] Its methodology, of a constructivist line, prioritizes the classroom and all other spaces where it is also possible for educators, school employees, students' families and the surrounding community.

Regarding the approach to youth participation, the following documents were found with some approach to the topic:

1. Health-at-School Week Guide. Campaign held annually since 2012 with the objective of increasing recognition of the actions planned and carried out under the program, in addition to strengthening the integration and articulation between the health and education sectors at the local level. Each year, a theme is chosen by the Ministries of Health and Education. The materials prepared for the 2012 and 2013 mobilizations<sup>33,34</sup> have a chapter on youth participation and protagonism and its importance, with four proposals for workshops to be carried out by health and education professionals, but do not talk about adolescent involvement and of young

people in activities. They also have a chapter on sexuality and preventing the use of alcohol and other drugs. The chapters present the theme and contextualize it with actions in schools, and both are part of optional activities. The 2014 material contains the same chapter only on youth participation, without including the topics of sexuality and prevention of alcohol and drug use. It is worth noting that some workshops presented in these devices mentioned the SPE materials as support material.

2. Notebook: experience reports of the Health-at-School week of 2016 and 2017<sup>28,35</sup> Preliminary Version. In this material – prepared to support the Health-at-School Week of 2016 and 2017 – youth participation appears as a topic in the item ‘Student Participation in the Experience of Schools’. Youth protagonism was also one of the aspects considered in the selection of successful experiences in combating the *Aedes aegypti* mosquito, theme of the Health-at-School Week in both years. According to experience reports, this strategy was named in different ways: ‘child agent’, ‘young environmental educators’, ‘school environmental health agents’ etc<sup>35</sup>.

3. Manager’s Notebook, a publication from 2015<sup>27</sup> that aims to communicate the program’s guidelines to the manager. The topic ‘youth participation’ appears on page 28, in the chapter on Component III, Training: ‘b) Training of young protagonists for the PSE/SPE – Through the methodology of peer education, the aim is to value young people as a protagonist in the defense of the rights to health’, and there is no discussion, throughout the entire document, about how this should happen *in loco*.

4. Joint Technical Note No. 564, of April 29, 2014, addressed to the National Youth Secretariat (SNJ), the Secretariat for the Promotion of Racial Equality Policies (Seppir) and the Secretariat for Affirmative Action

Policies (SPAA) on the Living Youth Plan. This internal note suggests the incorporation, among other themes, of the discussion of black youth protagonism/empowerment in the planning of PSE actions, however, when mentioning how it would happen, it only suggests that the themes could be worked on in various ways, such as conversation circles, storytelling, dramatizations, study of texts, debate from films, documentaries, among others.

5. Summary of the Thematic Notebook on Social Participation, document dated June 22, 2012, which first topic proposal was about Youth Protagonism and Health at School, and the following topics dealt with Social Participation, Spaces and forms of participation and control by young citizens in the SUS, Social determination and inequities in health and Popular Health Education: other ways of dialoguing and promoting social participation and citizenship. This internal material did not make any progress in his writing; and by rescuing the proposal for the elaboration of thematic materials within the scope of the PSE, with a notebook being prepared for each of the actions of the program, the theme of social participation would not be included as a theme of specific material, but would be transversal to the other materials.

This series of thematic notebooks was created for some PSE actions, however, in the search for the issue of social participation or even youth participation, the material refers to that of the SPE.

What is observed is that the theme of social participation – and specifically of youth participation – appears in general lines and as a mention in the PSE materials. In the SPE materials, this issue is widely discussed and encouraged, including offering methodologies.

This reference to the SPE that is used in the PSE documents demonstrates the strong component of youth participation in the old project and is still a way of validating this discussion within the scope of the current program.

## Final considerations

Participation can be characterized and understood in numerous ways. Participating can be a more or less active action. According to Bordenave<sup>36</sup>, it is possible to classify the quality of participation according to the level of importance of the decisions that are shared between the different actors, who are both in the management and in the population that benefits or is harmed by the decisions.

Thus, five levels of importance of decisions are established, which, in the analysis carried out, were understood to be within the scope of management. The formulation of doctrine or policy is the most fundamental level, the definition of objectives and strategies enters the second level and the elaboration of programs and projects is the intermediate level. Subsequently, the allocation of resources (Level 4), the execution of actions (Level 5) and, at the last level, the evaluation of results<sup>36</sup>.

We can consider that, in terms of management, the SPE complied with all the decision levels foreseen by Bordenave if we consider that the research carried out by UNESCO, a partner in the project, was an evaluative stage that positively guided the SPE's practices. This would also be complemented by the study carried out by FIOCRUZ<sup>37</sup> on the methodology of peer education with a sample in the five regions of the country. This FIOCRUZ survey was carried out within the scope of the PSE, also reflecting the results of the SPE's action, since the material on which adolescents and young people were trained for validation was the Adolescents' Guide to Peer Education.

Social participation in the health agenda can be perceived, over time, as a polysemic and flexible idea. It can mean people's adherence to the guidelines and prescriptions of specialists, in the conduct of choices and ways of living, the way of taking care of oneself and the other, obedience to the 'call' for collective actions in favor of a greater good, as in the task forces to clean environmentally degraded areas, controlling vector breeding sites; or

even in adherence to vaccination campaigns, cultivating this social or collective conscience, which Durkheim pointed out, at the beginning of the last century, as the league of the social fabric<sup>38</sup>. However, we are talking here about participation in the promotional perspective, which involves the construction of a reflective critical subject, who participates in the elaboration of solutions to problems that he himself can list as important for himself and his community. From the perspective of health promotion, it is necessary to go beyond obedient and instrumental participation, in order to build more horizontal, diverse and dialogic relationships, in which participation is creative, as it shares the co-creation of new perspectives of care and a shared future in the space among young people, health and education professionals.

The limits and outlines of youth participation in the current health promotion policy at school, brought about by the analysis presented here, suggest that participation should be understood as a presupposition to be included in the joint planning between health and education, since – crossing the understanding of health promotion as a process of training the community to act in improving their quality of life and health, including greater participation in the control of this process<sup>39</sup> – should converge in the perspective of recognizing these young students as actors who recognize their needs and can change their environment.

To this end, it is not just a matter of cultivating critical reflexivity in young people, but of investing in the construction of more horizontal power relations and of qualifying the dialogue between all members of the school community (teachers, managers, workers, students and family members), and between these and their various partners, in order to effectively recognize the territory as a central actor in the implementation of social policies in the country.

The possibility of the school, when addressing important health issues for the school

community, to become a great sounding board for technical and scientific knowledge, in partnership with science and technology institutions and with those of higher education, is feasible. Health, as a generating theme to problematize the territory, has great potential to re-signify the teaching of physical, biological, social and human sciences, crossing disciplinary limits and contributing to the

quality of education and its multiple action on life and health conditions.

## Collaborators

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