

The meanings of health in school, an analysis of the circulation of ideas

ABSTRACT

This study aimed to map the meanings attributed to health in official guiding documents on school health, focusing on the Base Nacional Comum Curricular (BNCC; National Common Curricular Base), Brazil's mandatory federal curriculum framework and Interministerial Ordinance No. 1,055/2017, which regulates the Programa Saúde na Escola (PSE; School Health Program). Based on this mapping, the study sought to identify shared themes that may mobilize the thought collectives of health and education in Health Education initiatives in schools. The research is grounded in French Discourse Analysis, considering the historically situated production of meaning, interdiscourse, and slippages of meaning. Previous studies have identified the Science curriculum component as a primary locus for PSE-related topics. Within theoretical models of school health, hygienism and health promotion are described as opposing poles. The findings indicate that vaccination and healthy eating constitute priority forms of scientific knowledge within school-based health education initiatives, both predominantly addressed within the Science component. These topics may be articulated with strategies aimed at promoting scientific literacy, particularly through problem-solving and decision-making processes. Different thought collectives, comprising education and health professionals, have the opportunity to integrate within the school context through strategies related to the identified themes. As an example of emerging meanings of health, self-care has been incorporated into the BNCC and may be associated with a health promotion perspective, grounded in the development of autonomy and youth agency.

KEYWORDS: discourse analysis; school health; vaccination; curriculum.

Os sentidos da saúde na escola, uma análise documental da circulação de ideias

RESUMO

O objetivo desta investigação foi mapear os sentidos sobre saúde apresentados nos documentos orientadores da saúde na escola, com foco na Base Nacional Comum Curricular (BNCC) e na Portaria 1.055/2017, que regulamenta o Programa Saúde na Escola (PSE). A partir do levantamento, o estudo buscou assuntos comuns que mobilizariam os coletivos de pensamento da saúde e da educação nas iniciativas de Educação em Saúde nas escolas. A investigação teve fundamento teórico-metodológico na Análise do Discurso de linha francesa, ao levar em consideração o processo histórico de construção de sentidos, o interdiscurso e os deslizamentos. Estudos anteriores sobre saúde na escola relacionaram o componente de Ciências como *locus* prioritário para assuntos do PSE. Modelos teóricos de saúde nas escolas descrevem, como extremos, o higienismo e a promoção da saúde. Como resultado, a vacinação e a alimentação saudável são conhecimentos científicos prioritários para as iniciativas de Educação em Saúde nas escolas, ambos tratados no componente das Ciências. Os dois assuntos podem ser articulados a estratégias que visem à alfabetização científica, com a resolução de problemas e a tomada de decisão. Os diferentes coletivos de pensamento, dos profissionais da educação e da saúde, têm a chance de se integrar na escola com estratégias relacionadas aos temas apontados. Como exemplo de construção de novos sentidos da saúde, o autocuidado foi incorporado à BNCC e pode ser associado ao sentido de promoção da saúde, a partir da construção de autonomia e do protagonismo juvenil.

PALAVRAS-CHAVE: análise do discurso; saúde na escola; vacinação; currículo.

Joana Viana de Barros

joana.barros@unirio.br

orcid.org/0000-0003-3603-2277

Universidade Federal do Estado do Rio de Janeiro (Unirio), Rio de Janeiro, Rio de Janeiro, Brasil

INTRODUCTION

PRESENTATION

The 1988 Brazilian Constitution establishes health and education as universal rights, defining health as a duty of the State and education as a duty of both the State and the family (Brazil, 1988). Over recent decades, the concepts of both health and education have been expanded, incorporating the principle of integrality. As such, beyond rights, health and education may also be understood as qualities, services, and goods, constituted by measurable capital in the form of indicators, as well as symbolic capital associated, in part, with the actions of health and education agents within institutions, including schools.

The principle of integrality in health is reflected in the World Health Organization's (WHO) 1948 definition of health as a state of "complete physical, mental, and social well-being." Likewise, the Brazilian Federal Constitution (1988) and the National Education Guidelines and Framework Law (1996) establish the "full development of the individual" as the primary goal of education. In both cases, the terms "complete" and "full" qualify the provision of comprehensive health and education. However, as Tesser and Luz (2008) argue, integrality simultaneously functions as a normative principle, an ethical imperative, and a political slogan.

The notion of intersectorality gained prominence through international milestones such as the Alma-Ata Declaration (1978) and the Ottawa Charter (1986), both of which emphasized the importance of collaboration among different sectors in promoting health, taking into account its social determinants, including education.

Considering the challenges involved in ensuring expanded rights to health and education, it is useful to examine the synergistic effects of intersectoral public policies, as advocated in the guiding documents of the School Health Program (PSE) (Brazil, 2023), among others. According to Scaldaferrri et al. (2024), intersectorality is a slow process that requires dialogue and the construction of trust. On the one hand, interactions develop over time; on the other, policy implementation is often influenced by electoral cycles. As a result, there is an ongoing risk that intersectoral policies become fragmented, merely juxtaposing distinct sectoral agendas.

Within the polysemic field of Health Education, Mulinari (2018) highlights the overlap between the roles of education and health professionals, given their distinct professional backgrounds. From the perspective of education, Health Education is associated with Scientific and Technological Literacy, whereas in the field of health, it is linked to Health Promotion. Despite their proximity, these perspectives differ in terms of their objectives: while health focuses on behavioral change and problem resolution, education emphasizes autonomy and the development of critical thinking.

This study aims to map the meanings attributed to health in official documents guiding school health through documentary research and the interpretative framework of French Discourse Analysis (hereafter FDA). The analysis seeks to identify meaning-making processes related to health by recognizing the power relations that structure the historicity of documents published in 2017. From this mapping, the study aims to identify shared themes capable of mobilizing thought

collectives in both health and education, as well as the circulation of ideas and practices between them.

The epistemological work of Ludwik Fleck, originally published in 1935 and translated into English in 1979 as *The Genesis and Development of a Scientific Fact*, has been widely adopted in Brazil, particularly within science education research (Souza & Aires, 2025; Nobre-da-Silva et al., 2024). Brazilian scholars employ the concept of thought collectives to interpret knowledge production as mediated by three elements: subject, object, and the state of knowledge, highlighting that knowledge is socially constructed (Nobre-da-Silva et al., 2024). A thought collective is a community that shares a common style of thought, encompassing ideas, beliefs, knowledge, and practices related to a given object. Within this framework, the esoteric circle consists of specialists directly involved in knowledge production, while the exoteric circle includes lay individuals who are educated or informed about the esoteric circle.

Regarding intersectoral initiatives in schools, which involve frameworks and professionals from both the health and education fields, the present study seeks to contribute to inquiries within the field of Health Education. In any case, for Fleck, scientific knowledge is a social construct, which applies both to professionals within the esoteric circle, who produce science, and to those within exoteric circles, who disseminate it.

It can be inferred that esoteric circles train health and education professionals who will work in schools. In some cases, these professionals remain influenced by esoteric circles through continuing education or ongoing engagement with academic research. Furthermore, public managers in leadership positions and legislators are typically advised by specialists. In other words, there is an intense circulation of ideas and practices, which may occur within a single collective or across different collectives. This circulation is characterized by the dissemination of a style of thought, as well as by dialogue among individuals in addressing shared challenges. In this sense, health and education professionals engage with issues related to school health, whether through the curriculum or through PSE-related actions.

When applying Fleck's concept of the circulation of ideas and practices, it is useful to contextualize it within the present moment, in which individuals are influenced by multiple collectives that are often fragmented across social media, accompanied by a shift in authority from experts to influencers. The flow of information within digital environments must therefore be taken into account in research addressing health education in contemporary contexts.

The process of knowledge production is shaped by historicity, and different conceptions of health over time reflect a trajectory in which biomedicine has established authority in consolidating a particular understanding of the body, based on medical rationality, which encompasses both a practice and a cosmology. Medical rationality (Tesser & Luz, 2008) may be understood as a style of thought that produces ideas and practices in the field of health grounded in knowledge generated within biomedicine. In recent decades, with the expansion of the concept of health, this rationality has been complemented by other forms of knowledge, elevated to the status of integrative and complementary health practices, including traditional Chinese medicine (Brazil, 2006). Krenak, along

with more recent studies such as Santos and Pagan (2025), challenges the primacy of rationality by incorporating affective, sensory, and embodied dimensions, including within science education.

SCHOOL HEALTH

Santos and Adinolfi (2022) identified that actions prescribed within the School Health Program (PSE) are primarily associated with the Natural Sciences curriculum component. Another historical convergence between health and science in school settings can be observed in the inclusion of the subject Health Programs following the 1971 educational reform (Law No. 5,692). Barros (2017) notes that this content was later reintegrated into the Science curriculum after the enactment of the National Education Guidelines and Framework Law (1996).

Since 1995, with the implementation of the Health-Promoting Schools (HPS) initiative, school health has become an international agenda led by organizations such as the World Health Organization, UNESCO, and UNICEF. Although these frameworks were not fully adopted at the national level in Brazil, as occurred in other Latin American countries, they represented a significant turning point in the construction of collective decision-making spaces. The establishment of intersectoral committees, later incorporated into the PSE, was already present in the international Health-Promoting Schools proposal through the Intersectoral Commission on Education and Health in Schools (CIESE).

In Brazil, the articulation between health and education can be traced back to the early development of public schooling, particularly within urbanization projects linked to sanitation campaigns, such as those implemented during the administration of Mayor Pereira Passos in the early 20th century in Rio de Janeiro. In 1910, the first public health service connected to education was established: the School Sanitary Inspection Service of the city of Rio de Janeiro (Silva & Bodstein, 2016).

Globally, from the 1980s onward, the AIDS epidemic played a crucial role in the development of school-based strategies aimed at preventing HIV infection. Since 2014, the HPV vaccine has been included in the immunization schedule of Brazil's Sistema Único de Saúde (SUS; Unified Health System), a tax-funded universal healthcare system established by the 1988 Constitution and made available in schools for girls aged nine and above and boys aged eleven and above. Studies have reported a lack of awareness among students regarding the relationship between HPV vaccination and cancer prevention (Silva et al., 2018; Gentil & Cordeiro, 2020). Additionally, Reis and Pereira (2020), in their analysis of textbooks, highlight insufficient coverage of syphilis, a disease that has seen increased incidence in recent decades. These findings underscore the urgency of improving the circulation of health-related information in schools. In this context, scientific literacy emerges as a key strategy, particularly when it incorporates the dominant role of media and digital technologies in contemporary information environments (Oliveira & Sousa, 2025).

According to a documentary analysis of school health policies across the 20th and 21st centuries, Silva and Bodstein (2016) identified four models of school health: (1) hygienist; (2) specialized biomedical; (3) use of school space for health services and equipment; and (4) health promotion. The latter emphasizes demo-

cratic participation, involving institutional sectors such as health and education, as well as civil society and community organizations.

BRAZILIAN NATIONAL COMMON CURRICULAR BASE (BNCC)

The idea of a national common curricular framework was established in the 1988 Federal Constitution and reinforced by the National Education Guidelines and Framework Law (LDB) of 1996. The law mandated the creation of a “common national core, to be complemented in each education system and school by a diversified component” (Art. 26).

This common core was initially guided by the Parâmetros Curriculares Nacionais (National Curricular Parameters; PCNs), published in 1997. However, these guidelines were advisory rather than mandatory, resulting in significant disparities in educational quality and content across regions and schools.

In 2017, the BNCC was formally established as a normative document. According to the framework, comprehensive education considers students in their entirety as subjects of rights and duties, encompassing cognitive, emotional, social, cultural, and physical dimensions, all of which must be addressed in the educational process.

From the methodological perspective of French Discourse Analysis (hereafter FDA), this study highlights Batista (2022), who examines the BNCC in terms of its various erasures: linguistic as well as those related to educational inequalities and teacher participation. These aspects will be further discussed in subsequent sections.

SCHOOL HEALTH PROGRAM (PSE)

The Programa Saúde na Escola (School Health Program; PSE) emerged within the broader context of reforms in primary health care policies, particularly with the expansion of the former Programa Saúde na Família (Family Health Program; PSF) (Brazil, 2006). The PSE adopts a strategy similar to that of the Estratégia Saúde na Família (Family Health Strategy; ESF), which is based on multiprofessional teams composed of at least a physician, a nurse, and a community health worker. Additional professionals may include psychologists, occupational therapists, physiotherapists, dentists, nutritionists, physical education professionals, and social workers.

The program was formally established by Decree No. 6,286, of December 5, 2007, and structured as an intersectoral policy in response to international demands for health promotion and disease prevention among children, adolescents, and young people of school age. In earlier years, international organizations partnered with the Brazilian government to promote the guidelines of Health-Promoting Schools through the Saúde e Prevenção na Escola (Health and Prevention in Schools Program; SPE). Initially, the SPE was designed to promote sexual and reproductive rights among young people.

During the 2000s, several national health policies were developed under the principle of integrality within the Unified Health System (SUS), including the Programa Nacional de Atenção Básica (National Primary Care Policy; PNAB), the Programa Nacional de Promoção da Saúde (National Health Promotion Policy; PNPS), and the Programa Nacional de Práticas Integrativas Complementares (National

Policy on Integrative and Complementary Practices; PNPIC). In 2014, the concept of health promotion was further expanded to strengthen its intersectoral dimension, incorporating themes such as a culture of peace, human rights, and sustainable development.

Scaldaferri et al. (2024) emphasize that, unlike disease prevention, health promotion is not focused on combating specific illnesses but rather on fostering habits and practices that support overall well-being and quality of life, particularly through health education and self-care. At the same time, the emergence of epidemics requires governmental responses that combine both preventive and interventionist approaches. Consequently, different conceptions of health coexist within policy documents, reflecting the interaction between environmental conditions and individual and collective needs.

According to Interministerial Ordinance No. 1,055/2017 (Brazil, 2017), which redefined the rules and criteria for adherence to the PSE by states, municipalities, and the Federal District, the program comprises seven objectives. The primary objective is to promote health and a culture of peace, reinforcing disease prevention while strengthening the relationship between public health and education systems.

METHODOLOGY

French Discourse Analysis (FDA) was used as an analytical framework for reading and interpreting the texts. From this perspective, meaning does not reside in words themselves, but in the relationships that the subject constructs in engaging with other subject(s) through discourse and text (Orlandi, 2012). It is therefore necessary to consider historicity in the production of meaning, not as chronological time, but as the network of power relations that are made explicit or remain implicit in the analyzed texts.

The study focused on two key documents: the BNCC for primary education and Interministerial Ordinance No. 1,055/2017 (Brazil, 2017), which defined the actions of the PSE for the 2017–2019 biennium. As both documents were published in the same year, the analysis aimed to capture the construction of meanings within a specific historical moment, prior to the COVID-19 pandemic and concurrent with the rise of far-right discourse in Brazil. This context, marked by opposition to so-called “gender ideology” and resistance to sexual education in schools, contrasts with public health proposals promoting sexual and reproductive health, particularly among adolescents.

In FDA, preconstructed elements correspond to what Courtine (2009) describes as the “always-already-there,” referring to the effect by which words, stabilized as concepts, appear to represent reality. The framework also recognizes the interpretative act of the reader, who identifies the motivations underlying meaning-making processes within texts. Interpretation is thus understood as the concrete manifestation of ideology, through which symbolic and political dimensions intersect, revealing that meaning is not fixed but constructed in discourse.

As a Science teacher, a member of the school staff, and, at another point, a coordinator of the School Health Program (PSE) within the Regional Department

of Education, I bring the concerns of someone who observes the school both as a space for the production of knowledge and social interaction and, at the same time, as a strategic setting for public health policies and data generation. Work in Health Education, in the role of a classroom teacher, is closely related to the interventions carried out by health teams; however, it is important to recognize that these are not equivalent activities, given the distinct organization of work across different professions.

At the same time, we understand one another when we talk about health, and it seems that no translation or explanation is necessary. In society, health functions as a preconstructed element and represents something that people seek as a positive value in their lives. Health becomes part of an interdiscourse when individuals exchange greetings invoking health (e.g., the Portuguese greeting *saúde*, comparable to English *bless you*), a gesture that precedes formal education and forms part of a broader social code of conduct. When a person learns about health in school, they already know that health is something to be desired.

However, health exists in society with different meanings, which are not necessarily conflicting. Polysemy enables slippages of meaning. Although the meaning of health has expanded from the “absence of disease” to “complete physical, mental, and social well-being,” incorporating the complexity of social reality, the meaning of absence of disease may persist and coexist with this broader understanding. In other words, complete well-being necessarily involves the absence of disease, even if the reverse is not true.

Furthermore, the hegemonic meaning of health has historically been shaped by medical rationality (Tesser & Luz, 2008), in which the material physical body and its symptoms overshadow other meanings that are now accompanied by the mental dimension. The emergence of the term “mental health,” in this sense, expands the previous meaning while also constituting a slippage of meaning by introducing additional elements, often not directly perceptible.

The matrix of different theoretical models of school health, developed by Silva and Bodstein (2016), serves as a theoretical framework for interpreting the relationships surrounding health in schools according to different political prerogatives. At opposite ends of this matrix, the hygienist model (1) is established in a top-down manner, focusing on the prevention of disease, infection, or health conditions as a means of changing behavior, whereas health promotion (4) is constructed from the community level, in a bottom-up approach based on territorial demands, and presupposes the production of knowledge through intersectoral networks.

Within this context, the analysis sought to identify the meanings attributed to health in schools, whether through the examination of PSE-related actions carried out by health professionals or through the analysis of pedagogical guidelines implemented by teachers. According to Interministerial Ordinance No. 1,055/2017 (Brazil, 2017), which redefined the rules and criteria for adherence to the PSE by states, municipalities, and the Federal District, the program comprises seven objectives. The primary objective is to promote health and a culture of peace, reinforcing disease prevention while strengthening the relationship between public health and education systems.

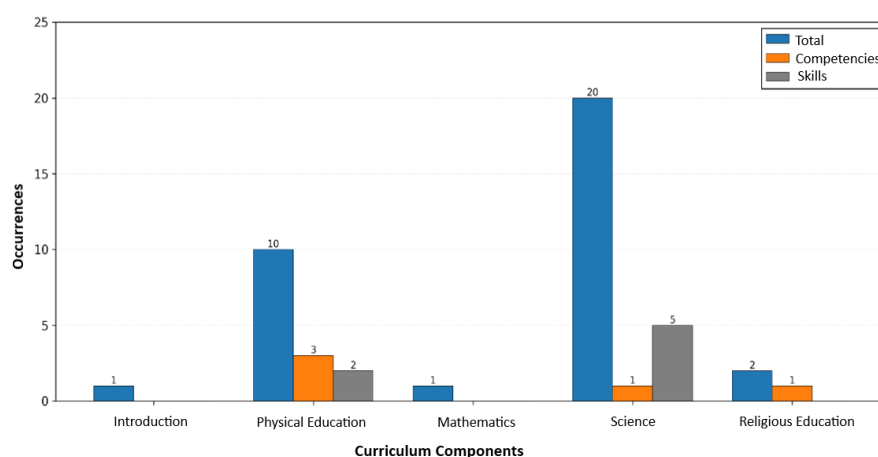
RESULTS AND DISCUSSION

Both documents analyzed were authored by federal government institutions. The Interministerial Ordinance was signed by the Ministers of Health and Education and, as a legal document, was not subject to public consultation or participation by civil society organizations. The BNCC, in turn, was published by the Ministry of Education and formally issued under the authority of the Minister of Education, the Executive Secretary, and the Secretary of Basic Education, following consultation with the União Nacional de Dirigentes Municipais de Educação (National Union of Municipal Education Leaders; UNDIME) and the Conselho Nacional de Secretários de Educação (National Council of State Education Secretaries; CONSED). The curriculum document also underwent several rounds of debate and was submitted to public consultation in 2015, with its final version for primary education published in 2017. It is important to note that public consultation does not necessarily eliminate significant omissions within the document.

The BNCC is hierarchically structured, presenting broader principles at the beginning and progressively more specific elements, culminating in the classification of skills. The document begins with the ten general competencies, and, for each curriculum component, there is a list of specific competencies preceded by an introductory text. Competency is defined as the ability to mobilize knowledge, skills, attitudes, and values to address complex demands of everyday life, citizenship, and the world of work (Brazil, 2018). Each skill, in turn, corresponds to the actions or procedures students are expected to perform, with each competency typically encompassing multiple skills.

Figure 1

Occurrences of the descriptor “Health” in the BNCC for Primary Education



Source: Author's own work (2025).

The ten general competencies of the BNCC “give pedagogical expression to the rights to learning and development” (Brazil, 2018). Among them, the eighth general competency establishes a connection between physical and emotional health and self-care, as illustrated in the excerpt below.

“To know oneself, appreciate oneself, and care for one’s physical and emotional health, understanding oneself within human diversity and recognizing one’s own emotions and those of others, with self-awareness and the capacity to manage them” (BNCC, 2018, p. 12).

Among the passages in which health is addressed in the introductory section of the Natural Sciences curriculum component, this excerpt stands out for providing an overview of what is expected of students by the end of primary education, as well as for linking the concepts of student agency and self-care.

“It is expected that, by the end of primary education, students will be able to understand the organization and functioning of their bodies, as well as interpret the physical and emotional changes associated with adolescence and recognize the impact these may have on their self-esteem and their sense of bodily security. It is also essential that they are able to exercise student agency in adopting positions that reflect self-care in relation to their own bodies and respect for the bodies of others, within a perspective of comprehensive care encompassing physical, mental, sexual, and reproductive health.” (BNCC, 2018, p. 327).

The relationship between health and the Natural Sciences curriculum component is the most recurrent, confirming findings by Santos and Adinolfi (2022). Physical Education also plays a significant role in meaning-making related to health, followed by Religious Education and Mathematics.

The category of “skills” provides the most granular level of the curriculum document and directly guides pedagogical practice in schools. The code preceding the textual transcription of each skill indicates its position within the structure of the document. The decision to transcribe these skills and examine the networks of meaning they construct in relation to health is justified by its close alignment with the document’s propositions and with the verbs employed, which offer insight into how cognitive processes are structured, in accordance with Bloom’s taxonomy (Ferraz & Belhot, 2010).

Table 1

(EF01CI03) Discuss the reasons why personal hygiene habits (such as washing hands before eating, brushing teeth, and cleaning the eyes, nose, and ears, among others) are necessary for maintaining health.
(EF67EF09) Collaboratively develop procedures and norms of interaction that enable everyone’s participation in physical exercise, with the aim of promoting health.
(EF89EF08) Discuss the historical transformations of standards of performance, health, and beauty, considering how they are presented across different media (scientific, media, etc.).
(EF89EF11) Identify the differences and similarities between body awareness exercises and physical conditioning exercises, and discuss how the practice of each can contribute to improving quality of life, health, well-being, and self-care.
(EF05MA24) Interpret statistical data presented in texts, tables, and graphs (bar or line graphs), related to other areas of knowledge or to different contexts, such as health and traffic, and produce texts with the aim of synthesizing conclusions.
(EF03CI03) Discuss habits necessary for maintaining auditory and visual health, considering environmental conditions in terms of sound and light.
(EF05CI08) Organize a balanced menu based on the characteristics of food groups (nutrients and calories) and individual needs (activities performed, age, sex, etc.) in order to maintain the health of the body.
(EF07CI09) Interpret the health conditions of the community, city, or state based

on the analysis and comparison of health indicators (such as infant mortality rates, access to basic sanitation, and the incidence of waterborne and airborne diseases, among others), as well as the outcomes of public health policies.

(EF07CI10) Argue for the importance of vaccination for public health, based on information about how vaccines act in the body and the historical role of vaccination in maintaining individual and collective health and in the eradication of diseases.

(EF08ER04) Discuss how philosophies of life, traditions, and religious institutions may influence different domains of the public sphere (politics, health, education, economy).

Source: BNCC (Ministry of Education, 2018).

Among the transcribed skills, two refer to hygiene practices, a term historically associated with health education that continues to appear as a curricular guideline, particularly in the early years of primary education.

Vaccination is addressed in skill EF07CI10 within the 7th-grade Science component. By employing the verb argue, one of the key orientations of scientific literacy toward problem-solving and decision-making, this skill aligns with the principles of scientific literacy, understood as “a process that aims at the appropriation of scientific knowledge so that, based on it, students’ civic formation may be developed, enabling them to read, interpret, and act upon the world of which they are part” (Ricchiero & Moraes, 2023).

Although the publication of the BNCC predates the COVID-19 pandemic, the topic of vaccination was already considered multifaceted, as there were arguments opposing vaccination, which justified the need for critical judgment and analysis of positions derived from both science and common sense, shaped by the circulation of information across different media.

From the health policy perspective, Interministerial Ordinance No. 1,055/2017 (Brazil, 2017) outlines twelve specific PSE actions. As can be observed, health-related actions within the PSE vary in their strategies: some are associated with screening activities, others may be directly related to the BNCC and potentially involve teachers, and others entail collective mobilization around broader themes.

Table 2

Actions to combat the <i>Aedes aegypti</i> mosquito
Promotion of bodily practices, physical activity, and leisure in schools
Prevention of the use of alcohol, tobacco, crack cocaine, and other drugs
Promotion of a culture of peace, citizenship, and human rights
Prevention of violence and accidents
Identification of students with possible signs of health conditions related to excretion
Promotion and assessment of oral health and topical fluoride application
Verification of vaccination status
Food and nutrition security, promotion of healthy eating, and prevention of obesity
Promotion of auditory health and identification of students with possible signs of

impairment

Sexual and reproductive rights and prevention of STIs/AIDS

Promotion of eye health and identification of students with possible signs of impairment

Source: Interministerial Ordinance No. 1.055/2017 (Brazil, 2017).

Across both the actions and the skills, one can observe the coexistence of attributions of individual and collective health, as well as the presence of hygienism, specialized biomedical, and health promotion models. The model that conceives the school as a site for health services and equipment (Silva & Bodstein, 2016) can be identified in the absence of a pedagogical strategy that situates vaccination within its broader context, as previously discussed in relation to HPV. As a result, when vaccination actions occur detached from scientific literacy, resistance to vaccination among the population may be reinforced.

Medical rationality is evident when a direct relationship between health and disease is established, as in the cases of *Aedes aegypti*, the vector of dengue, and AIDS, an immunodeficiency syndrome caused by HIV. In 2022, this relationship between diseases and their agents was further updated with the inclusion of COVID-19 prevention.

Conversely, other rationalities or epistemologies are present within health promotion guidelines, which are not oriented toward combating specific diseases or conditions, but rather toward maintaining comprehensive health. Examples include the promotion of a culture of peace and human rights, as well as skill EF07CI09, which addresses the interpretation of public health policy indicators. This may be understood as a form of democratic education aimed at engaging with concepts of citizenship and rights.

FINAL CONSIDERATIONS

As this study focuses on the year 2017, certain contemporary dimensions of health are not reflected in the analyzed documents. The most evident gap concerns actions related to COVID-19 vaccination and the promotion of mental health, which were incorporated in subsequent technical guidelines. Indeed, the years separating the publication of these documents from the present have been marked by significant transformations in behavior, particularly regarding the use of digital media, including for health-related information, which can easily give rise to misinformation (Oliveira & Sousa, 2025).

The intersection of vaccination across the fields of education and health reflects a historical construction that dates back to the hygienist period of vaccination campaigns against smallpox and other epidemics in the early twentieth century, as well as the resistance they generated among the population.

In 2021, the importance of vaccination was reinforced in the context of COVID-19, which required a rapid response from Brazil's Unified Health System (SUS), including the availability of vaccination services in schools. It is evident that school-based vaccination initiatives contribute to health indicators due to the broad coverage of the population attending schools. However, during the COVID-19 pandemic, a portion of the population rejected vaccination based on various arguments, including skepticism toward the neutrality of science and its

perceived links to the pharmaceutical industry, distrust of governments, concerns about potential side effects, and the belief that vaccines constituted experimental measures driven by hidden agendas involving governments and corporations. Data from the Pesquisa Domiciliar Contínua (Continuous National Household Sample Survey) conducted by the Brazilian Institute of Geography and Statistics (IBGE) indicated vaccine hesitancy in 2023, with children and adolescents representing the group with the highest rate of unvaccinated individuals. In this context, scientific literacy, particularly as promoted by Science teachers, should be articulated alongside PSE actions in schools, extending such strategies of scientific literacy to families as well.

Beyond the intersection between vaccination in the BNCC and the PSE, healthy eating constitutes another key topic addressed in the Natural Sciences curriculum in the 5th grade. In the 1950s, a dominant discourse linked learning difficulties to malnutrition, which led to the development of several school feeding initiatives, such as the Campanha da Merenda Escolar (School Meals Campaign) in the 1950s and the Programa Nacional de Alimentação Escolar (National School Feeding Program; PNAE) in the 1970s. The Federal Constitution recognizes school meals as a duty of the State, guaranteeing the right to food for all primary education students.

In summary, vaccination and healthy eating emerge as priority forms of scientific knowledge for both education and health, supported by programs that regulate these actions. Within the educational context, and particularly for Science teachers, these themes can be articulated through strategies aimed at promoting scientific literacy, especially through problem-solving and decision-making processes.

In this sense, as the actions of professionals are oriented toward addressing shared challenges, there is potential for a synergistic effect arising from the collaboration of different professionals within schools. However, achieving alignment in approaches to these themes would require structured training opportunities bringing together thought collectives from the fields of health and education, supported by education and health management systems.

Within this framework, the inclusion of the 7th-grade Science skill EF07CI09 “to interpret the health conditions of the community, city, or state based on the analysis and comparison of health indicators (...)” is particularly noteworthy. This skill engages with public administration sectors and with education for citizenship and human rights, while also grounding the public services provided to the population by the professionals involved.

In the BNCC, the perspective of self-care, present both in the general competency and in the text describing what is expected of students upon completing primary education, represents an approximation between schooling and the notion of health promotion. In this context, self-care is indicated through respect for oneself and for others.

According to the report by the World Health Organization (2022), self-care is understood as an extension of the health system and includes digital literacy. Digital literacy, in turn, may be interpreted in both quantitative and qualitative terms, whether in relation to the extent of media consumption or to the nature of what is consumed through digital media.

The concept of self-care predates and operates independently of medical rationality, as it appears as a common practice within other rationalities, such as traditional Chinese and Ayurvedic medicine, among others. Within the cosmologies of these systems, individuals are integrated with nature and assume, to some extent, responsibility for processes of health and illness.

The incorporation of the notion of self-care into the BNCC, when aligned with the perspective of health promotion, reinforces individual responsibility and, to some degree, the notion of autonomy. At the same time, the health system, which adopts comprehensive health as a guiding principle, cannot provide all the means necessary to guarantee complete well-being or full human development, as established in legal frameworks. In this sense, education for self-care enables health to be produced and maintained through a set of forms of knowledge, which should include the repertoire of practices shared within the community in which the school is embedded. However, the social determinants of health shape living conditions that, in turn, influence people's health. Given the profound inequalities that characterize these conditions within the Brazilian population, access to health must be more equitably distributed, and education constitutes one of the means through which such access may be improved.

Finally, it is important to emphasize that multiple rationalities underlie different ways of living and coexisting, which may be related to the knowledge addressed in schools. Moreover, there are forms of knowledge, affect, and embodiment that do not necessarily align with specific rationalities.

The polysemic meanings of health present in the texts may give rise to different strategies of care. Within the scope of the PSE, the promotion of a culture of peace, citizenship, and human rights signals an expansion of the concept of health toward a collective dimension.

Self-care is also a longstanding practice within families, and the ways in which communities use available resources to care for themselves and others constitute forms of knowledge that should be incorporated into intersectoral programs such as the PSE, as well as into school education, including within strategies related to scientific literacy, which may take into account the influence of digital media and the population's use of technology.

The boundaries between health and education do exist, but they may be partially overcome through the promotion of dialogical encounters among professionals. Such encounters constitute a central condition for the effective inter-collective circulation of knowledge. Paradoxically, the present documentary analysis reveals a structural silencing of the actors who carry out these practices within the school context, namely, teachers.

Overcoming this invisibility therefore requires the agency of these professionals, as well as that of health practitioners, recognizing their role in the construction of socially situated knowledge, both within esoteric and exoteric circles. In conclusion, a truly emancipatory approach to Health Education presupposes the integration of pedagogical and public health praxis, recognizing the school environment and its multiple experiences not merely as a locus for the implementation of public policies, but as a space for the production of knowledge grounded in dialogue with the families it serves.

ACKNOWLEDGEMENTS

The author would like to thank the 2nd Regional Department of Education of the City of Rio de Janeiro for the opportunity to participate in the School Health Program (PSE). The author also extends their gratitude to the professionals who contributed to the academic and technical evaluation of this article, Damião Carlos Moraes dos Santos and Rita Montenegro.

NOTES

The English translation of this article was carried out by Danielle Lisboa Tolentino da Costa, who holds a degree in Communications from FACHA and Translation [English] from UNESA. Contact: danismithbooks@gmail.com

REFERENCES

- Barros, J. V. de. (2017). *Memória do discurso escolar sobre sexo: um estudo do livro didático* [Tese de doutorado, Universidade Federal do Estado do Rio de Janeiro]. Repositório Institucional da UNIRIO. <http://www.repositoriobc.unirio.br:8080/xmlui/bitstream/handle/unirio/11508/definitiva.pdf?sequence=1&isAllowed=y>
- Batista, J. N. (2022). *O apagamento das desigualdades educacionais no discurso da BNCC (Base Nacional Comum Curricular)* [Dissertação de mestrado, Universidade Federal de Alagoas]. Repositório Institucional da UFAL. <http://www.repositorio.ufal.br/jspui/handle/123456789/9021>
- Brasil. (1988). *Constituição da República Federativa do Brasil*. Diário Oficial da União. https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
- Brasil. (1996). *Lei nº 9.394, de 20 de dezembro de 1996. Estabelece as diretrizes e bases da educação nacional*. Diário Oficial da União.
- Brasil. Ministério da Educação & Ministério da Saúde. (2017). *Portaria Interministerial nº 1.055, de 25 de abril de 2017. Redefine as regras e os critérios de adesão ao Programa Saúde na Escola*. Diário Oficial da União.
- Brasil. Ministério da Saúde. (2006). *Política nacional de práticas integrativas e complementares no SUS*. Ministério da Saúde.
- Courtine, J. (2009). *Análise do discurso político: o discurso comunista endereçado aos cristãos*. EdUFSCar.
- Freire, P. (2018). *Pedagogia do oprimido*. Paz e Terra.
- Gentil, D.F., & Cordeiro, M.J.J.A. (2020). Programa Saúde na Escola: a vacinação contra o HPV na percepção de gestores escolares. *Interfaces da Educação*, 11(31), 550–581.

- Ministério da Educação. (2018). *Base Nacional Comum Curricular (BNCC)*. http://basenacionalcomum.mec.gov.br/images/historico/BNCC_EnsinoMedio_embaixa_site_110518.pdf
- Muenchen, C., & Delizoicov, D. (2012). A construção de um processo didático-pedagógico dialógico: aspectos epistemológicos. *Ensaio: Pesquisa em Educação em Ciências*, 14(3), 199-215.
- Mulinari, G. (2018). *O papel dos professores e profissionais da saúde no Programa Saúde na Escola: uma análise dos documentos de referência a partir da Educação em Saúde*. [Dissertação de mestrado, Universidade Federal de Santa Catarina]. <https://repositorio.ufsc.br/handle/123456789/193611>
- Nobre-da-Silva, N.A., Queirós, W. P., & Delizoicov, D. (2024). O uso do referencial fleckiano no contexto brasileiro: uma análise da categoria circulação de ideais. *Actio: Docência em Ciências*, 9(3), 1-21.
- Oliveira, F. R. C., & Sousa, C. M. (2025). Alfabetização científica em tempos de desinformação: uma revisão sistemática da literatura. *Investigação em Ensino de Ciências*, 30(2), 106-133.
- Orlandi, E. (2012). *Discurso e texto: formulação e circulação dos sentidos* (4ª ed.). Pontes Editora.
- Reis, R. M., & Pereira, C. A.S. (2020). Abordagem da sífilis nos livros de biologia aprovados pelo programa nacional do livro didático (PNLD -2018). *Actio: Docência em Ciências*, 5(3), 1-23.
- Ricchiero, N.S.C. & Moraes, T. S.V. (2023). Perfil dos estudos sobre intervenções pedagógicas no processo de alfabetização científica nos anos iniciais do ensino fundamental. *Actio: Docência em Ciências*, 8(1), 1-20.
- Santos, E. M. & Adinolfi, V. T. S. (2022). O Programa Saúde na Escola e suas relações com a Base Nacional Comum Curricular. *Reflexão e Ação*, 30(1), 217-234. <https://doi.org/10.17058/rea.v30i1.15968>
- Santos, I. M. & Pagan, A. A. (2025). Corporeidade e afetividade na educação científica: perspectivas socioambientais para o ensino de biologia. *Actio: Docência em Ciências*, 10 (2), 1-22.
- Scaldaferri, M. M., Pimentel, G. S. R., & Carmo, E. M. (2024). Os caminhos da promoção de saúde e do programa saúde na escola: o contexto de influência. *Práxis Educacional*. <https://doi.org/10.22481/praxisedu.v20i51.13491>
- Silva, C. dos S., & Bodstein, R. C. de A. (2016). Referencial teórico sobre práticas intersetoriais em Promoção da Saúde na Escola. *Ciência & Saúde Coletiva*, 21(6), 1777-1788. <https://doi.org/10.1590/1413-81232015216.08522016>
- Silva, P. M. C., Silva, I. M. B., Interaminense, I. N. C. S., Linhares, F. M. P., Serrano, S. Q., & Pontes, C. M. (2018). Conhecimento e atitudes sobre o papilomavírus humano e a vacinação. *Escola Anna Nery*, 22(2), 1-7.

Souza, I. L. N. & Aires, J. A. (2019). Potencialidade da obra de Fleck para a área de educação em Ciências. *Actio: Docência em Ciências*. [Anais da III Semana de Licenciaturas, Curitiba, outubro de 2019]

Tesser, C. D. & Luz, M. T. (2008). Racionalidades médicas e integralidade. *Ciência & Saúde Coletiva*, 13(1), 195-206.

World Health Organization. (2022). *WHO guideline on self-care interventions for health and well-being*.
<https://iris.who.int/bitstream/handle/10665/357828/9789240052192-eng.pdf?sequence=1>

Received: Nov. 29, 2025
Approved: Apr. 6th, 2026
DOI: <https://doi.org/10.3895/actio.v11n2.20933>

How to cite:
Barros, J. V. de (2026). The meanings of health in school: a documentary analysis of the circulation of ideas. *ACTIO*, 11(2) 1-17. <https://doi.org/10.3895/actio.v11n2.20933>

Copyright: This article is licensed under the terms of the Creative Commons Attribution 4.0 International Licence.



Recebido: 29 nov. 2025
Aprovado: 06 abr. 2026
DOI: <https://doi.org/10.3895/actio.v11n2.20933>

Como citar:
Barros, J. V. de (2026). Os sentidos da saúde na escola, uma análise documental da circulação de ideias. *ACTIO*, 11(2), 1-17. <https://doi.org/10.3895/actio.v11n2.20933>

Direito autoral: Este artigo está licenciado sob os termos da Licença Creative Commons-Atribuição 4.0 Internacional.

