

## PERCEPTIONS OF ADOLESCENTS ON HEALTH AT SCHOOL IN THE LIGHT OF A MERLEAU-PONTIAN PHENOMENOLOGY

PERCEPÇÕES DE ADOLESCENTES SOBRE SAÚDE NA ESCOLA À LUZ DA FENOMENOLOGIA MERLEAUPONTIANA  
PERCEPCIONES DE ADOLESCENTES SOBRE SALUD EN LA ESCUELA A LA LUZ DE LA FENOMENOLOGÍA DE MERLEAU – PONTY

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### ABSTRACT

**Objective:** To understand the meaning of health experience in school from the perspective of adolescents. **Methods:** This is an exploratory and qualitative research based on the phenomenology of Maurice Merleau-Ponty, which allowed us to understand the essence of the phenomenon from the discourse of 57 adolescent students. Data collection was done through ballot boxes distributed in a public school of the federal network of the state of Rio de Janeiro, which featured the question: “What do you understand about health in school?” The students handed out the manuscript answers to the proposed question. **Results:** The units of meanings were revealed, namely The world lived as the school world in interaction with the other; The body as the bearer of needs; The adolescent as a subject that suggests from their perceptive field. **Conclusion:** The research revealed that the school health experience includes actions of common sense, hygienist practices and rigidity of the hegemonic care model. However, senses and meanings were attributed to the practice of health promotion through the implementation of health education – an integrative and multiplier strategy of concepts and knowledge that trigger healthy behaviors and habits.

**Keywords:** Adolescent; Perception; School Health Services.

### RESUMO

**Objetivo:** compreender o significado para o adolescente acerca da vivência da saúde na escola. **Métodos:** pesquisa exploratória, qualitativa apoiada na fenomenologia de Maurice Merleau-Ponty, que nos permitiu apreender a essência do fenômeno a partir do discurso de 57 alunos adolescentes. A coleta de dados foi realizada por meio de urnas dispostas em uma escola pública da rede federal do estado do Rio de Janeiro, que estampavam a questão: “o que você entende sobre a saúde na escola?” Os alunos depositaram os manuscritos em resposta ao questionamento proposto. **Resultados:** desvelaram-se as unidades de significados – mundo vivido como mundo da escola em interação com o outro; corpo como portador de necessidades; adolescente como sujeito que sugere a partir do seu campo perceptivo. **Conclusão:** a pesquisa desvelou que a vivência da saúde escolar compreende ações do senso comum, práticas higienistas e a rigidez do modelo hegemônico assistencialista. No entanto, sentidos e significados foram atribuídos à prática da promoção da saúde por meio da efetivação da educação em saúde – estratégia integradora e multiplicadora de conceitos e saberes deflagradores de comportamentos e hábitos saudáveis. **Palavras-chave:** Adolescente; Percepção; Serviços de Saúde Escolar.

### RESUMEN

**Objetivo:** comprender el significado de salud en la escuela para los adolescentes. **Métodos:** investigación exploratoria cualitativa basada en la fenomenología de Maurice Merleau-Ponty, que nos permitió captar la esencia del fenómeno a partir del discurso de 57 alumnos adolescentes. La recogida de datos fue realizada por medio de urnas colocadas en una escuela pública federal del estado de Rio de Janeiro, donde los alumnos depositaran sus respuestas a la pregunta: ¿Qué entiendes por salud en la escuela? **Resultados:** se identificaron las unidades de significado: mundo vivido como mundo de la escuela en interacción con el otro; cuerpo como portador de necesidades; adolescente como sujeto que sugiere a partir de su campo perceptivo. **Conclusión:** la investigación reveló que la vivencia de la salud escolar incluye acciones de sentido común, prácticas de higiene y la rigidez del modelo hegemónico de asistencia. Sin embargo, los sentidos y significados fueron atribuidos a la práctica de promoción de la salud por medio de la efectividad de la educación en salud – estrategia integradora y multiplicadora de conceptos y saberes que desencadenan comportamientos y costumbres sanos. **Palabras clave:** Adolescente; Percepción; Servicios de Salud Escolar.

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## INTRODUCTION

Adolescence is the intermediate phase between childhood and adulthood, involving the age group between 10 and 19 years, marked by unique biopsychosocial transformations to each individual.<sup>1</sup> According to data from the National Survey by Household Sample, in 2015 this portion of the population accounted for 16.2% of the total population of Brazilians, with significant social, political and cultural representation for society.<sup>2</sup> Adolescents may experience risk situations in face of perceived vulnerabilities, with highlight to drug use and abuse and violence, which may ultimately end lives. In addition, there may also occur premature sexual activity, which tends to raise the prevalence of unplanned pregnancy and the spread of sexually transmitted infections. The scenario is increased by social circumstances, such as conflictive family relationships, death of parents and/or close family members, unemployment, conditions of extreme poverty and separation of parents. Added to this is the global socio-political and economic context marked by globalization, the empire of computerization and the “politics of having”, aspects that threaten family units and weaken human relations.<sup>3-5</sup>

In phenomenology, the body is the echo of perception by understanding that it is, at the same time, the origin of existence and the *locus* of the reproduction of experience and the relation of man to the world.<sup>6</sup> The body represents more than a biological condition; it is, therefore, a social construct, the core of the unique experiences to each being.

In puberty, the body experiences a body metamorphosis marked by losses, since the pubertal child mourns the infantile body, as now a sexualized body prevails and needs to elaborate the loss of the infantile identity. In addition to this organic unity, the body, for the adolescent, is the element of perception of self and the environment, seat of the feelings, sufferings and experiences peculiar to each being.<sup>4</sup>

The school is a multiplier of knowledge and skills and allows the establishment of relationship and socio-cultural relationships between its peers. It exerts a crucial role in the formation of individuals, contributing to their social, emotional and cultural development. It is an opportune space for health promotion practices aimed at reproducing the individual and common needs of the group.<sup>7</sup>

Although it is an intrinsic phase of human development, there is a lack of knowledge and/or distance regarding the management of adolescent health by health professionals regarding the dynamics of school health and a lack of definition regarding the role of health professionals inserted in the educational environment.<sup>8</sup> In this sense, this research arises from the concerns experienced by the researcher in her professional path in the health area in a school in the federal public network, where the service provided to adolescents varies according to the demand, the professional's predisposition and managers' deci-

sions. Faced with a diverse clientele of adolescents from rural and urban areas and with the purpose of elaborating a school health proposal in accordance with the desires of the young people, we sought to understand the meaning of health in the school for the adolescent. So, what is the meaning of the health experience in school for adolescent students? What do adolescent students think about health attributions at school? What do they expect from health at school?

This study communicates with the priority agenda of health research, in an attempt to respond to the research line on the evaluation of health services regarding the missed opportunities of guidance, information and prevention of risk factors in adolescence. It is in this reasoning that the suggested theme finds relevance.<sup>9</sup>

The objective was to understand the meaning of the health experience in school for adolescents. Thus, it is expected that the results of the present study, when unveiling the meaning of health in school, can direct health and education professionals in the elaboration of means to promote school health, sharing knowledge in line with the experiences of the teenager.

## METHOD

This is an exploratory research, with a qualitative approach, based on the phenomenology of Maurice Merleau-Ponty, for understanding man and the world from its “facticity” and judging the body as the only one capable of giving meaning to the lived world. From the lived body, all the experience and wisdom of the world can be revealed by the perception.<sup>6</sup> In this sense, the adherence of this theoretical reference to the research contemplates the assumption that school health is born from the relations with the other and is always based on intentionality.

The study scenario was a public school of the federal network of a city in the state of Rio de Janeiro (BR). It is an agricultural school that offers technical education integrated to the high school in the areas of agriculture, agroindustry, informatics, environment and chemistry, and the undergraduate course in Food Science and Technology. A physician (the researcher), a nursing assistant and a dentist work in its health unit.

The potential participants of the study were 571 adolescent students enrolled in high school courses in March and April 2015. The inclusion criterion considered for the selection of study participants was students who had had at least a contact with the school health unit. It is believed that this opportunity could have provoked different experiences in the meaning of the studied phenomenon. The exclusion criterion was the speeches whose content did not meet the proposed objective.

Before beginning the collection, the researcher had attended once a week one of the two Physical Education classes

of the high school period during the first month of the school year, with the intention of presenting herself as a worker of the campus, getting to know and becoming familiar with the possible subjects of the study, and, consecutively and in person, inviting each class to participate in the research. The initial contact between the researcher and the students was mediated by the Physical Education teacher, who is also an author of the study. The initial conversations and the follow-up of the students in these classes helped to develop interrelations between the possible research subjects and the responsible researcher.

Still in the recruitment phase, the students were informed about the purpose of the study and the importance of their participation, formally agreeing by signing the Informed Consent Form, in the case of students over 18. In the case of underage students, they received the *Termo de Consentimento Livre Esclarecido*, and their respective legal guardians signed the Informed Consent Form.

When adolescents of legal age formalized their consent, the collection occurred immediately. The underage students interested in participating in the study received the consent terms and the phones of their legal guardians were collected. The researcher contacted the legal guardian by telephone, clarifying the purpose of the research and the value of the participation of the teenager, according to information provided in the documents sent to them. Once the minor student's participation was authorized, they returned with a signed copy of the printed form. With the documented authorization, we proceeded to the collection.

The testimonies were captured by means of three boxes distributed in the places of greater flow of students: the schoolyard, the library and the reception of the health area. Each one displayed the following question: "What do you understand about health at school?" Next to the box, there were a pen and a case with papers. The question aims to know the experience of the individual from the dynamics of understanding of the described experience, revealed by the written language, preserving adolescents' anonymity.

The boxes stayed in the school in March and April 2015. At the end of this period, the instruments were opened and the manuscripts were read by the researcher. Upon noticing that the question had been answered and the objective of the study was reached, the collection was ended by the theoretical saturation obtained in 67 manuscripts.<sup>10</sup> Of these, 10 were discarded according to the exclusion criterion. All the 57 remaining speeches were included in the study.

The analysis of the data occurred according to the model of Maurice Merleau-Ponty's phenomenology, which consists of three main stages: a) the description of the phenomenon; b) reduction; c) the phenomenological understanding. The description is the revelation of the lived phenomenon

through the language transcribed verbatim for appreciation, signifying and understanding. Firstly, we made the transcription, reading and re-reading of the manuscripts one by one, for the understanding of the experience and, later, we made the reduction. For the philosopher, the reduction is the re-union of an original contact with the world by describing the "proper things", in the search for a primary meaning, essential meaning of the lived experience.<sup>11</sup>

Concurrently with the phenomenological understanding, there was the interpretation, from which the core of the described and reduced phenomenon is captured. The researcher understands the essence of the phenomenon by intentional consciousness as a union of units of meanings, which stands in the face of the variations manifested in the data.<sup>11</sup>

According to ethical principles, the project was submitted to the *Comitê de Ética e Pesquisa* of the *Faculdade de Medicina* of the *Universidade Federal Fluminense*, and was approved under Opinion 895.040, on December 2014. The manuscripts were identified by the letter "B", for being the initial letter of the word box, followed by the number that corresponded to its source box, according to the distribution: B1 (health unit), B2 (library) and B3 (schoolyard).

## RESULTS

A total of 67 adolescents participated in the study. Of the 67 manuscripts, 10 did not contemplate the objective of the research. The distribution of the 57 statements occurred according to the box in which they were captured, as follows: 14 in B1, 21 in B2 and 22 in B3, characterizing adherence of 9.98% of the students to the study.

The understanding of adolescents' health experience in school, according to the analysis of the written statements, includes the social context and the relationship with their peers in the school health action, revealed in the categories: "The world lived as the school world in interaction with the other" and "The body as the bearer of needs". It also includes the intentionality of the subject to do school health, expressed in the category: "The adolescent as the subject that suggests from their perceptive field".

### THE WORLD LIVED AS THE SCHOOL WORLD IN INTERACTION WITH THE OTHER

In describing how they perceive and feel school health, students revealed the interrelation with themselves and with others. The most cited meaning of school health was the idea of collective well-being.

*Living well with everyone around you (B3).*

*Having good fellowship with everyone, treating everyone well, equally. Be healthy with everyone (B3).*

*Health in school is when everyone does their part with pleasure, that is, they make it keep going (B2).*

*It is the students' way of exercising and interacting with their peers: it is almost a social link (B2).*

*Health at school makes it possible for all students to achieve a satisfactory development, without any problems or obstacles related to their physical and mental health (B2).*

*I understand that it involves the collective aspect (B3).*

## THE BODY AS THE BEARER OF NEEDS

The experience of school health is marked by uncomfortable and conflicting feelings, characterizing a disharmony between health and education. Inadequate conditions were evidenced to guarantee the educational process, for violating individual and collective well-being. Among them, there are the lack of professionals that contemplate all the shifts, the lack of medications and the unhealthiness of the environments of collective use, compromising the assistance of this clientele:

*I understand it as something that needs priority, attention and care; however, these requirements are not well met in our institution (B1).*

*I understand that there is a need for better attendance, regarding schedules (B3).*

*I understand that the care needs more attention, since there have already been several incidents and there was no one to provide care (B2).*

*There should be medical care for the night shift (B2).*

*There should be a doctor present every day (B3).*

*There should be a doctor every day! Well, I do not know the day I will get sick or suffer an accident (B2).*

*Specifically on this campus, it is a shame [health at school]. People have to choose the right day to get sick because there is no doctor every day and there is no medicines at all (B2).*

*There should be a doctor available at all times and medications for students (B3).*

*It is bad when we seek a medicine for pain and we cannot even have it because the doctor is not present (B2).*

*Health at school is something complicated, because if you go to the doctor's office and you are sick, they will not give you medicine (B2).*

*There should be a doctor available for students! And medicines, too (B3).*

*There should be a doctor available, medicines and decent care (B3).*

*There should be nurses available for students who are ill (B3).*

*There should a doctor to assist us when needed (B3).*

*I think there should be doctor present at school throughout school hours. (B3).*

*There should a professional (B2).*

*But any complaint of pain (e.g., headache, colic and muscle pain), there is no medicine. Students have to be willing to wait for an ambulance for a simple headache because the school has no medicines (B2).*

*A ventilated and airy place, clean and organized, that attracts those who live in the place. E.g.: the library is hot/suffocating and unhealthy' (B2).*

*The school has some dusty places, such as the gymnasium, the library and the kitchen porch. It is harmful to students who have breathing problems (B2).*

*This airless library is an unhealthy environment (B2).*

Despite the disarticulation of the two areas (health and education) perceived by the participants, there is a glimpse of the practice focused on the school community, for the implementation of health promotion proposals:

*Having good eating habits (B3).*

*It means to maintain a good hygiene and to have good eating habits (B1).*

*Health at school is something that needs to be managed and cared for in a responsible manner and that is ideal for all students (B1).*

*Helping students who are get sick during class (B3).*

*It is the observation of the health of students in the institution, having a good efficiency in these areas with accurate equipment (B2).*

*It is great because the food here is within the standards (B2).*

*Healthy students, good eating habits, good hygiene (B3).*

*Air conditioning in library (B2).*

*As something necessary [health at school], especially in a school where you study full-time and also helping people who do not have a good financial condition (B1).*

*I believe it is important to have a doctor and a nurse so that they can help us and, especially, that there are medicines available so that we can get better when we get sick (B3).*

*Always having ready assistance available to care for students' health (B1).*

*Caring for students (B3).*

*A support. When we are feeling something wrong, we can seek and the professionals will help us (B3).*

*It is an aid to students who are get sick during the school year. (B3).*

*It is extremely necessary that there is such assistance in school, as we spend most of our day here and often we cannot get this assistance from other areas (B1).*

*It is good because if you get sick, we will have a professional able to meet us (B1).*

*[...] in emergency cases involving students or teachers or even a malaise: medicating and assisting (B1).*

*It is important to follow up the students because something unforeseen may occur (B1).*

*[...] if something unforeseen occurs, you will have the necessary support (B1).*

*[...] it is very important because if something happens with the student, he or she has somewhere to turn (B1).*

*It can help in case of an emergency (B3).*

*It is when students need health care and perhaps when students need to do routine medical tests (B1).*

*I think it is important [...] because when we get sick we do not have to go to the hospital (B1).*

## THE ADOLESCENT AS A SUBJECT THAT SUGGESTS FROM THEIR PERCEPTIVE FIELD

The testimonies revealed the possibility of rethinking school health in a more participative way, involving health and education professionals, which are premises for the diffusion of health knowledge in the educational environment, because the speech of the other awakens in us articulation of thoughts and a change of behavior, relevant attitudes in the decision-making in face of the risks and vulnerabilities common to this age group.

*That helps young people not to become misinformed adults (B2).*

*They should adopt the AIDS week (B3).*

*Working on disease prevention at lectures, symposia and campaigns (B2).*

*There should be a campaign for AIDS prevention (B3)*

*So that there is health at school, there should be lectures (B2).*

*They should adopt the AIDS week (B3).*

*Healthy eating and habits, availability of medicines, medical follow-up and lectures on the theme (B2).*

*Health at school serves to keep a tracking, to know what you have or to help preventing something. Whether you know it or not, health can help clarifying doubts of something that you do not have the courage to ask anyone (B1).*



## DISCUSSION

The understanding of the meaning that the adolescent attributes to the health experience in school refers to the presupposition of the phenomenology of Merleau-Ponty, in which the understanding of the phenomenon (health experience in school) goes beyond the subjective experience of being, being built by the involvement of the adolescent being in their school world-of-life, place of the lived experience. This perspective dialogues with Moreira in affirming that "being in the world does not only learn with their intelligence, but with their body and their viscera, their sensibility and their imagination".<sup>12:140</sup> The relation of the human being with the world is understood by speech, by the corporal expression of each individual, by the particularities and experiences.

In the present research, the description of the phenomenon revealed that adolescents share a disharmony between health and education. For these subjects, living health in school is associated with notions of common sense and hygienist practices. Similar to the welfare model, the meanings attributed, without clarification of their strategic and political ends, have dominated the actions of school health in the countries of Latin America in the last two decades of the twentieth century.<sup>8,13</sup>

Recently, studies have been carried out in Latin America aimed at promoting school health about nutrition, physical activity, cardiovascular diseases, oral health, parasitic, transmissible and respiratory diseases, ophthalmological assistance, prevention and treatment of use of alcohol and drugs, and sexual and reproductive health. However, these activities are not accompanied by practical developments and political referrals of the issues raised, simplifying the school only as a scene of action focused on the disease. In most cases, the data do not return to the participants or to the studied field.<sup>8</sup>

More attention and guidance regarding the argument for health promotion in school were given with the elaboration of the Latin American Network of Health-Promoting Schools during the School Health Convention in Chile, in 1995. This alternative model of health care at school, recommended by the Pan American Health Organization, has been the guiding thread for the structuring of public school health policies in the countries of Latin America and the Caribbean. This initiative brings together three pillars: health education in its entirety; training and maintenance of a harmonious and healthy environment; and promotion of health services, healthy nutrition and well-being.<sup>14</sup>

These health promotion actions find in the school the appropriate scenario for its practice, since it is the *locus* where knowledge and skills are produced, overthrown and perpetuated through the transfer of concepts, judgments and values, besides being a favorable environment for the unfolding of health education practices, that is, an opportunity for reflection and discussion among adolescents, in order to broaden their field of knowledge.<sup>7,15</sup>

The literature reports that school health as a public policy in Latin America involves municipal and national initiatives. There are intervention and reflection actions associated with the implementation of health promotion strategies in schools and other topics, such as food, weight control, oral health, ophthalmological care, dengue prevention and control, prevention of use of alcohol, smoking and other drugs, and sexual and reproductive health.<sup>8</sup> In Portugal, the National Health Plan and the General Direction of Innovation and Curricular Development have guided the health education actions in school projects.<sup>16</sup> In Brazil, the recently reformulated School Health Program is part of the current school health strategy, at the municipal and state level, with the purpose of conferring quality of life to this public.<sup>17</sup> In spite of the existing programs and projects, the implementation of the projects does not occur through the annulment of the standards previously in force, that is, the implementation of resources for the practice of school health compete with the actions elaborated and supported in the hygienist model.<sup>8</sup>

In this transition, the first great challenge to be faced, peculiar to the paradigm shift and to the changes associated with the necessary idealizations and inherent in the human condition, is the resistance to change.<sup>8</sup> Such condition is implied in the testimonies, causing suffering and concern among the subjects regarding the maintenance of their health status. Nevertheless, the subjects see health in the school as a way of health promotion, with the valuation of a model of education for life and the development of skills for their self-care.

In an attempt to understand the experience of school health, the discourses reveal ambiguity, which does not mean imperfection, but the possibility of a perception that does not end with that perceived or the action of perceiving. According to the existentialist phenomenology Merleau-Ponty, the body is the carrier of needs and ambiguities, without distinction between the parts, that is, both are complementar.<sup>18</sup>

A path to implement school health promotion actions moves towards a participatory action program, establishing links with the educational community in order to produce means for comprehensive education in line with the socio-cultural scenario, making the school the protagonist of student's well-being.<sup>7,8</sup>

The dominant hegemonic health model focused on the technique and medicalization of practice creates a gap between the professional and the client. Opposing this dynamic, doing health at school implies a new look at the roles and responsibilities assumed. In agreement with the findings of the current study, it is recommended an improvement in school health by the health professionals in the intersectoral activities, thus refining ties with the teachers in a participative way for the accomplishment of this practice.<sup>8</sup>

The cooperation of the teachers deserves to be highlighted, because they are multipliers and transformers of opinions in

the school environment. This is not a reversal of functions. The health professional, especially the doctor and the nurse, in their assignments, can monitor, promote and guide the training of teachers in the field of health concepts, in accordance with international conventions and public policies, qualifying them for the elaboration of initiatives that integrate knowledge.<sup>8</sup>

It adds value to the active involvement of adolescents as a subject who feels, lives and suffers from perceived vulnerabilities, often determinants of the quality of life of the being inserted into the school world-of-life. In line with the above, school health promotion includes popular health education activities, in order to train members who are multipliers of knowledge and protagonists of their health. This is a challenging initiative to address the problems encountered, a link between health knowledge and practice, taking into account the population demand.<sup>9</sup>

According to Rocha, school health is an interdisciplinary and intersectoral proposal of wide relevance that aims to develop individual and collective skills in an active and proactive way to build its life and health project, with a view to achieving a healthy quality of life. This way of doing health implies awareness, participation, responsibility, cooperation and values, that is, an improvement of the physical, mental and social competences of the human being.<sup>16:111</sup>

The promotion of school health requires an increased mobilization that goes beyond the uniqueness of the attributions of the health sector. In order to implement this plan, collaborative and co-responsible actions emerge from various public sectors, non-governmental entities, private enterprise and society, in order to promote interventions according to the social context.<sup>16</sup> The attention must be directed so that the effectiveness of this practice is not annihilated by the bureaucracy, with damages the individual and collective well-being.

In the face of the above, health at school can impress by the complexity of attributes, however, it comprises the subtlety of attentive listening, as well as seeing and observing the adolescent in their school world-of-life. The health professional acts as a guide for the care process, through the creation of partnerships, with an emphasis on the commitment of the teaching staff, sharing knowledge and aligning the participation of the adolescents so that they can be protagonists of their life plan and health project.<sup>13</sup>

The limitation of the present research is related to the qualitative approach adopted in *locus*, which does not allow the generalization of the results.

The findings of this study revealed the pertinence and the need to reorganize school health based on student listening, re-signifying their protagonism in the care of their health status based on a comprehensive and holistic practice directed to the demands of the being a teenager. Above all, it should evidence the partnership with the teachers, mediated by health profes-

sionals, as a foundation of care, thus minimizing the existing distance and bringing them closer to the health service.

In this perspective, the school is an opportune territory for the production of adolescent health care due to the greater proximity to the socio-cultural scenario of the student. This research proposes strategies not only for the adolescent as a developing subject and/or for the professionals as attentive beings to their demands, but also for the science as a whole, since it reveals subjective questions that need to be deepened in new investigations, given the peculiar yearnings and desires of each adolescent, who is more than a maturing body, it is a developing being, full of inquiries and in search of their self-assertion, whose care surpasses their physical body.

## CONCLUSIONS

The theoretical-methodological application of the phenomenology of Merleau-Ponty allowed us to understand the health experience in the school by the adolescent, before the valuation of the subject and their experience in the school world-of-life.

The present research demonstrated that the health experience at school includes actions of common sense, hygienist practices and the rigidity of the hegemonic care model. However, meanings were attributed to the practice of promoting health at school based on the effectiveness of health education - an integrative and multiplying strategy of concepts and knowledge that triggered healthy behaviors and habits.

The present research adds values to the practice of teaching and research for those who intend to dedicate to the subject, with a view to undergraduate students, in the beginning of their training, to the graduate student, who is specializing themselves, to teachers and health professionals and education that are enthusiastic and dedicated to work in the field of school health.

It is crucial to reflect and provide a school health with the active participation of medicine and nursing, along with teaching and other professional categories in order to gather care for the adolescent public, having the school as a place of construction and exchange of experiences in the field of health, prevention, education and teaching-learning process, developing the protagonism of adolescents in their health process.

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