




PROMOTION OF COMPREHENSIVE CHILD HEALTH: A SCHOOL-BASED INTERVENTION BASED ON THE SCHOOL HEALTH PROGRAM

PROMOÇÃO DA SAÚDE INTEGRAL NA INFÂNCIA: INTERVENÇÃO ESCOLAR COM BASE NO PROGRAMA SAÚDE NA ESCOLA

PROMOCIÓN DE LA SALUD INTEGRAL EN LA INFANCIA: INTERVENCIÓN ESCOLAR BASADA EN EL PROGRAMA DE SALUD EN LA ESCUELA

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ABSTRACT

The school environment is a strategic space for health promotion actions, especially during childhood. This study presents the results of an intervention project carried out with students from the early years of elementary education at a public school in Votuporanga, São Paulo, based on the guidelines of the School Health Program (PSE). The project focused on the integral development of children, addressing physical, emotional, and social aspects. The activities carried out were playful and educational, covering topics such as healthy eating, hygiene, assertive behavior, emotional expression, and life project development. Anthropometric assessment revealed a considerable prevalence of overweight and obesity, requiring continuous attention to child nutrition. Students demonstrated a good understanding of hygiene and social behaviors,

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although regular practice still depends on family reinforcement. Regarding emotional aspects, most reported positive feelings, especially joy and love, but negative emotions such as sadness and anger were also observed. The diversity in the professional choices mentioned by the children reflected cultural, family, and social influences. The results reinforced the importance of intersectoral, continuous, and context-sensitive school-based interventions capable of promoting health and citizenship from the earliest years of life.

Keywords: Child Behavior. Health Education. BMI. Child Health. Emotional Health.

RESUMO

O ambiente escolar é um espaço estratégico para ações de promoção da saúde, especialmente durante a infância. Este estudo apresenta os resultados de um projeto de intervenção realizado com alunos do Ensino Fundamental I de uma escola pública em Votuporanga-SP, baseado nas diretrizes do Programa Saúde na Escola (PSE). O projeto teve como foco o desenvolvimento integral das crianças, abordando aspectos físicos, emocionais e sociais. As atividades realizadas eram lúdicas e educativas, envolvendo temas como alimentação saudável, higiene, comportamento assertivo, expressão das emoções e construção de projeto de vida. A avaliação antropométrica revelou uma prevalência considerável de sobrepeso e obesidade, exigindo atenção contínua à nutrição infantil. Observou-se boa compreensão dos alunos sobre higiene e comportamentos sociais, embora a prática regular ainda dependa de reforço familiar. Em relação ao emocional, a maioria relatou sentimentos positivos, com destaque para alegria e amor, mas também foram observadas emoções negativas, como tristeza e raiva. A diversidade nas escolhas profissionais apontadas pelas crianças refletiu influências culturais, familiares e sociais. Os resultados reforçaram a importância de intervenções escolares intersectoriais, contínuas e sensíveis às realidades locais, capazes de promover saúde e cidadania desde os primeiros anos de vida.

Palavras-chave: Comportamento Infantil. Educação em Saúde. IMC. Saúde da Criança. Saúde Emocional.

RESUMEN

El entorno escolar es un espacio estratégico para las acciones de promoción de la salud, especialmente durante la infancia. Este estudio presenta los resultados de un proyecto de intervención realizado con alumnos de la educación primaria en una escuela pública de Votuporanga, São Paulo, basado en las directrices del Programa de Salud en la Escuela (PSE). El proyecto se centró en el desarrollo integral de los niños, abordando aspectos físicos, emocionales y sociales. Las actividades realizadas fueron lúdicas y educativas, incluyendo temas como alimentación saludable, higiene, comportamiento asertivo, expresión de emociones y construcción de un proyecto de vida. La evaluación antropométrica reveló una prevalencia considerable de sobrepeso y obesidad, lo que exige una atención continua a la nutrición infantil. Se observó una buena comprensión por parte de los estudiantes sobre la higiene y los comportamientos sociales, aunque la práctica regular aún depende del refuerzo familiar. En cuanto al aspecto emocional, la mayoría reportó sentimientos positivos, especialmente alegría y amor, pero también se observaron emociones negativas como tristeza y enojo. La diversidad en las elecciones profesionales mencionadas por los niños reflejó influencias culturales, familiares y sociales. Los resultados reforzaron la importancia de intervenciones escolares



intersectoriales, continuas y sensibles a las realidades locales, capaces de promover la salud y la ciudadanía desde los primeros años de vida.

Palabras clave: Comportamiento Infantil. Educación en Salud. IMC. Salud Infantil. Salud Emocional.



1 INTRODUCTION

1.1 INTRODUCTION AND LITERATURE REVIEW

The contemporary school is recognized as a privileged setting for the social production of health, as it intertwines cognitive, affective and community experiences that shape, from an early age, the critical, political and sociocultural education of children and adolescents. In this environment of intense interpersonal relationships, the School Health Program (PSE) was instituted as an intersectoral public policy, articulating the education and health networks of the Unified Health System (SUS) to face vulnerabilities that compromise the well-being of children and adolescents and, simultaneously, qualify the teaching-learning process. By fostering dialogue between primary care and the school community, the PSE repositions the school as an agent of integral health promotion, moving from the welfare focus to pedagogical strategies that enhance student protagonism and consolidate values of citizenship and equity (Brasil, 2015; Brazil, 2022).

In line with the principles of decentralization, territoriality, integrality and social control, the PSE expanded, as of 2013, to daycare centers and preschools, reaffirming the government's commitment to early care for the biopsychosocial needs of children. This movement requires local managers to articulate educational actions to the political pedagogical project of the institutions, respecting regional diversity and teacher autonomy, while integrating the demands of primary health care. From this perspective, interdisciplinarity and intersectorality are not only normative principles, but methodological assumptions that guide interventions aimed at assessing health conditions, longitudinally monitoring growth, and strengthening care networks (Ferreira; Dias; Gomes, 2022).

Although normative advances are undeniable, there are still gaps that weaken the effectiveness of the program, especially with regard to the construction of body and environmental hygiene habits, the adoption of a balanced diet, the prevention of mental disorders in childhood, and the development of socio-emotional and life project skills. Evidence indicates that, even recognizing the relevance of hygiene for disease prevention, children and adults still lack full awareness of appropriate practices and their impact on the collective (Muniz et al., 2023).

Regarding nutritional assessment, studies show a direct correlation between the quality of school meals, cognitive performance, and the risk of overweight or malnutrition



(Camozzi et al., 2015), reinforcing the importance of food policies aligned with the National School Feeding Program (PNAE) (Brasil, 2013).

From a psychosocial perspective, the increasing prevalence of depression and anxiety at school age (SBP, 2019), associated with dysfunctional family contexts and experiences of violence, imposes the need for interventions that promote self-esteem, positive self-concept, and a culture of peace (Almeida; Nascimento Junior; Cardoso, 2023).

In this scope, the integrated approach to socio-emotional competencies gains relevance, contemplating passive, aggressive and assertive behaviors. While passivity limits the expression of rights and opinions, aggressiveness compromises plural coexistence; assertiveness, in turn, emerges as an essential strategy for democratic dialogue and conflict resolution (Balbi Neto; Borloti; Haydu, 2023).

The construction of the life project, recommended by the National Common Curriculum Base (BNCC), enhances self-knowledge, goal setting and moral autonomy, fundamental aspects for children and adolescents to perceive themselves as agents of transformation in their communities (Brasil, 2018).

A study with Primary Care professionals in the region of Florianópolis highlighted that the PSE allows to expand children's access to information and continuous monitoring, strengthening ties with the school community. However, challenges such as partial coverage, scarcity of human resources, and insufficient structure, amplified by the COVID 19 pandemic, still limit its effectiveness (Rumor et al., 2022; Scherer et al., 2023).

In summary, recent evidence reinforces the potential of the PSE as a strategy for health promotion, nutritional, mental, and socio-emotional support, especially when supported by effective municipal management, continuing education of professionals, and curricular integration. However, to realize this potential, it is a priority to overcome historical barriers such as uneven growth, deficit of resources and displacement of educational focus, aiming to consolidate a more resilient and equitable program.

By shedding light on the impacts and challenges of such strategies, the study intends to contribute to the improvement of the HSP, offering subsidies for managers, health professionals and educators to consolidate intersectoral practices that raise the quality of life, favor equity and strengthen the citizenship education of Brazilian children.



2 OBJECTIVES

2.1 GENERAL OBJECTIVE

Promote the integral development of children in Elementary School I through educational and evaluative actions aimed at physical, emotional and social health in the school environment, together with the principles of the School Health Program (PSE).

2.2 SPECIFIC OBJECTIVES

- Assess the nutritional status of children through anthropometric data, identifying possible situations of overweight, obesity or malnutrition;
- Encourage the choice of healthy eating habits, through educational activities that raise awareness of the choice of a better and less processed diet;
- Stimulate the development of assertive behaviors through dynamics that exemplify everyday situations;
- Promote body hygiene habits as self-care and disease prevention strategies;
- Investigate the emotional state of children, favoring the expression of feelings and the search for support,
- Provide reflections on the future and decision-making, promoting the incentive to create a life project and goals from childhood.

3 METHODOLOGY

This is an exploratory action research, with a qualitative and quantitative approach, carried out with Elementary School students, in order to promote educational practices in health, nutrition and socio-emotional development.

3.1 LOCATION

The project was developed in a public elementary school located in the interior of the state of São Paulo. The activities took place in different school spaces, such as classrooms, courtyard and cafeteria, in the afternoon.

3.2 SAMPLE

The sample was a convenience sample, composed of students whose guardians signed the Informed Consent Form. Students who met the criteria of age group and



school shift (afternoon) were included. Students from other shifts and/or who did not present the duly signed ICF were excluded from the study.

3.3 INCLUSION CRITERIA

- Be enrolled in the afternoon period of the participating school;
- Be between 6 and 13 years old;
- Have returned the ICF signed by the legal guardian.

3.4 EXCLUSION CRITERIA

- Be enrolled in any other shift other than afternoon or not be enrolled in the participating school;
- Be under 6 years old or over 13 years old;
- Not having returned the ICF signed by the legal guardian.

3.5 PARTICIPANTS

The study included 124 students of both genders, aged between 6 and 13 years, regularly enrolled in the following classes: 1st year C (19 students), 1st year D (19 students), 2nd year C (15 students), 3rd year C (25 students), 4th year C (22 students) and 5th year C (24 students).

3.6 DATA COLLECTION

Data collection was carried out quantitatively and qualitatively through playful dynamics, conversation circles, illustrative panels and application of instruments developed by medical students, in addition to resources already validated by the scientific literature. The data were recorded in specific forms, with subsequent descriptive analysis and referral, when necessary, to the Basic Health Unit.

3.7 TIMELINE

The activities were organized in thematic meetings, in a sequential manner, respecting the progression of the contents and the age group of the students.

Activity developed 1 – anthropometric data collection

- Objective: To survey the children's anthropometric data, such as weight and height, to assess their nutritional status based on the calculation of the Body Mass Index (BMI).
- Materials: Scale, tape measure, note sheets (Appendix 1).
- Methodology: The students were weighed and measured individually. The data were recorded and later analyzed, calculating the Body Mass Index (BMI) and classified in the BMI by age curves in the WHO z-Score for each sex (Appendix 1 and 2).

Activity 2 – Healthy eating

- Objective: To promote understanding about different types of food and encourage healthier choices.
- Materials: Food packaging, packaged foods and fresh foods wrapped in plastic film, sorting cards (in natura, minimally processed, processed, ultra-processed) (Appendix 2).
- Procedures: After explaining the food groups and the respective foods belonging to each of them, the students were divided into groups and invited to classify the foods presented. At the end, a simulation of assembling a healthy dish was carried out, reinforcing the importance of eating based on fresh foods.

Activity developed 3 – body hygiene

- Objective: To reinforce the importance of hygiene habits for health promotion.
- Materials: Illustrative panel with images of hygiene actions, visual resources (Appendix 3).
- Procedures: The students presented a panel containing figures of body hygiene practices (washing hands, brushing teeth, bathing and proper disposal of garbage) and discussed with the students about their importance in the prevention of diseases.

Activity Developed 4 – Social behaviors

- Objective: To assist children in the identification and differentiation of types of behavior and to collaborate with the choice of assertive attitudes.
- Materials: Sheet of paper with a traffic light design, illustrative images of behaviors (Appendix 4) and glue.
- Procedures: Each student received a sheet with the drawing of a traffic light containing three colors. Images representing aggressive, passive and assertive behaviors were distributed, which should be pasted in the colors corresponding to each behavior. It ended with a reflection on the importance of assertiveness and respectful dialogue in dealing with various situations.

Activity Developed 5 – Mental health and expression of emotions

- Objective: To stimulate the identification and expression of emotions, in addition to detecting possible signs of emotional distress.
- Materials: Papers for drawing and/or writing emotions with space for name and class and sealed box for depositing emotions (Appendix 5).
- Procedures: Each room received a box where students could anonymously insert words, drawings or symbols that represented how they felt. After collection, the reports were analyzed. A conversation was also promoted about the importance of sharing feelings and welcoming colleagues.

Activity Developed 6 – Life project and decision making

- Objective: To encourage planning for the future and stimulate reflection on dreams and personal goals.
- Materials: E.V.A. tree, colored postites, pen and/or pencil (Appendix 6).
- Procedures: A "Dream Tree" was elaborated, where each student drew or wrote, on a colored sheet, what they want to be or do in the future. The leaves were glued together as if they were the fruits of the tree. The activity ended with a conversation about the importance of cultivating dreams and setting goals and the tree fixed in the schoolyard

3.8 DATA ANALYSIS

The data obtained in the activities were recorded, organized in spreadsheets and analyzed through Figures and descriptive tables. The interpretations were based on pertinent scientific literature, allowing a critical analysis of the results obtained.

4 RESULTS

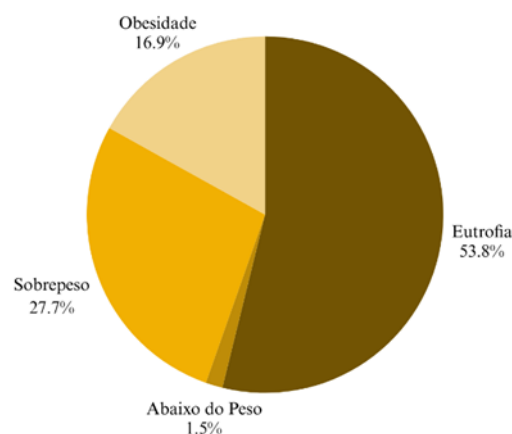
4.1 ANTHROPOMETRIC ASSESSMENT

Data from 124 children were analyzed, 65 females and 53 males. Acomparing the BMI calculation of these children with the WHO BMI for age z-Score curves (5 to 19 years) we had the following results.

Among the girls, 53.8% (n=35) were eutrophy, 1.5% (n=1) were underweight, 27.7% (n=18) were overweight, and 16.9% (n=11) were obese.

Figure 1

BMI classification, female 1st to 5th grades C – CEM Professora Clary Brandão Bertocin – Votuporanga – SP, October 2024

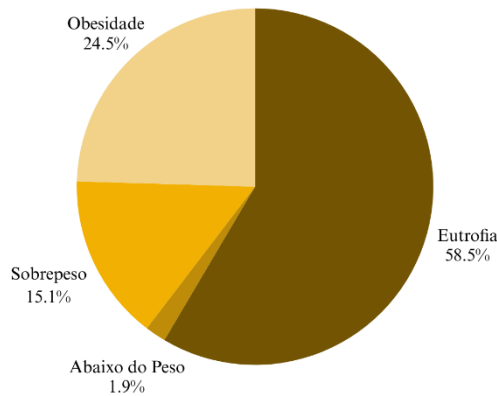


Source: Prepared by the authors (2024).

Among boys, 58.5% (n=31) were eutrophic, 1.9% (n=1) were underweight, 15.1% (n=8) were overweight and 24.5% (n=13) were obese.

Figure 2

BMI classification, males 1st to 5th grades C – CEM Professora Clary Brandão Bertocin – Votuporanga – SP, October 2024

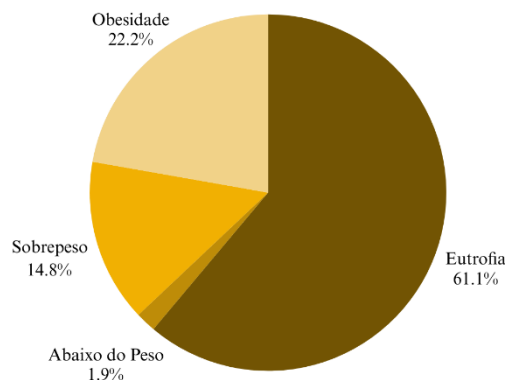


Source: Prepared by the authors (2024).

In general, 61.1% (n=66) of the children were eutrophic, 1.9% (n=2) were underweight, 14.8% (n=16) were overweight and 22.2% (n=24) were obese.

Figure 3

Classification of the participants' overall BMI – 1st to 5th grades C – CEM Professora Clary Brandão Bertocin – Votuporanga – SP, October 2024



Source: Prepared by the authors (2024).

4.2 UNDERSTANDING HEALTHY EATING

During the activity on food, it was observed that students in the first years (1st to 3rd year) had greater difficulty in distinguishing between natural, processed and ultra-processed foods. The 4th grade C showed greater understanding, while the 5th grade C had a lower performance, especially in the differentiation between food groups.

4.3 UNDERSTANDING BODY HYGIENE

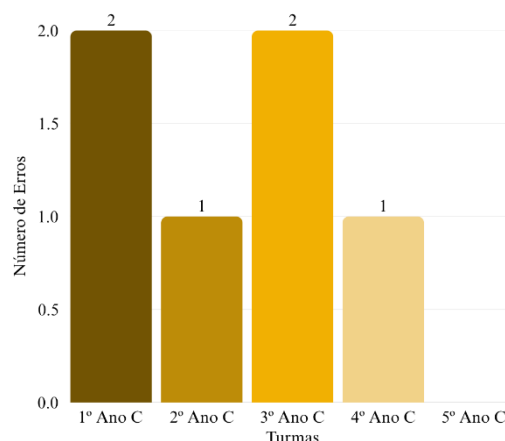
The students, in general, demonstrated good understanding of the importance of hygiene habits, recognizing their implications for disease prevention. Active participation during the dynamics indicated positive adherence to the content.

4.4 IDENTIFICATION OF SOCIAL BEHAVIORS

105 children participated in this activity 1st year C, 2nd year C, 3rd year C, 4th year C and 5th year C. The objective of the activity was to verify the understanding of the types of behaviors: assertive, aggressive and passive and to correlate them with the colors of the traffic light. The number of errors was distributed in a punctual manner among the classes, with 10.52% (n=2) of errors observed in the 1st year C, 6.67% (n=1) in the 2nd year, 8% (n=2) in the 3rd year C and 4.54% (n=1) in the 4th year. The 5th grade C class stood out for having achieved 100% (n= 24) of correct answers.

Figure 4

Number of errors in the classification of behaviors – 1st to 5th Grade C – CEM Professora Clary Brandão Bertoncin – Votuporanga – SP, October 2024

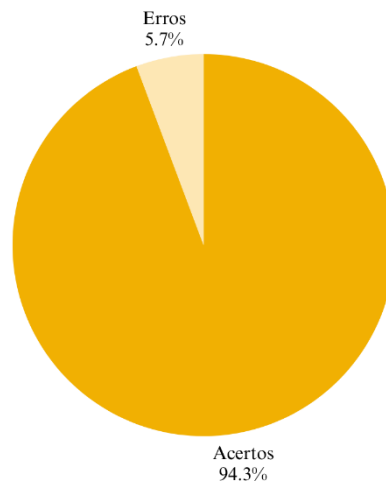


Source: Prepared by the authors (2024).

In general, the rate of correct answers in the correct classification of behaviors was 94.3%, while errors corresponded to only 5.7% of the answers. The high rate of correct answers demonstrates that students are aware of when actions are aggressive, passive or assertive. In the end, all classes showed good engagement in the discussion, reinforcing the importance of assertive behavior as the most appropriate way to deal with everyday situations.

Figure 5

Percentage distribution of correct answers and errors in the identification of behaviors – 1st to 5th grade C – CEM Professora Clary Brandão Bertoncin, Votuporanga – SP, October 2024



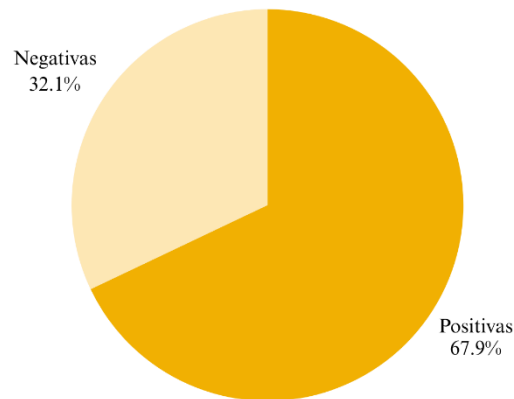
Source: Prepared by the authors (2024).

4.5 EXPRESSION OF EMOTIONS

131 emo records were collected placed in the "Mystery Box". Of these emotions, 67.9% (n=89) were classified as positive emotions, highlighting joy, love and happiness. Negative emotions totaled 32.1% (n=42), including sadness, fear, and anger.

Figure 6

*Percentage distribution of positive and negative emotions – 1st to 5th grade C – CEM
Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024*



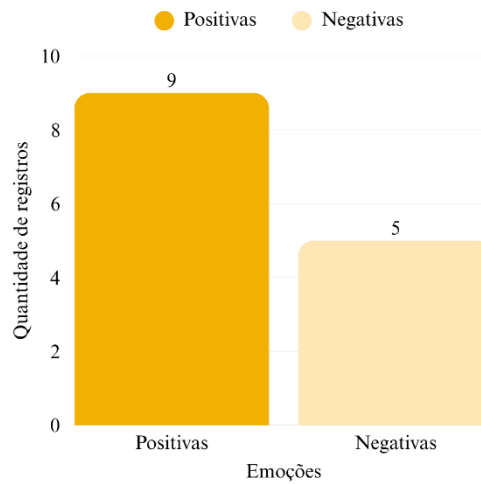
Source: Prepared by the authors (2024).

The classes from the 1st to the 5th grade varied in their reports, with joy being the most frequent emotion in almost all of them. However, sadness and anger are still present, even if less frequently. The 4th grade C was marked by reporting affection, love and many compliments, in addition to a low index of negative emotions as well as the 2nd grade C.

In the answers obtained by the records of the 1st Year C, with a sample of 14 records, a total of 64.3% (n=9) of positive emotions was found, with a predominance of love, and 35.7% (n=5) of negative emotions, with anger and sadness being more predominant.

Figure 7

Records of emotions in the 1st Year C – CEM Professora Clary Brandão Bertoncin – Votuporanga – SP, October 2024

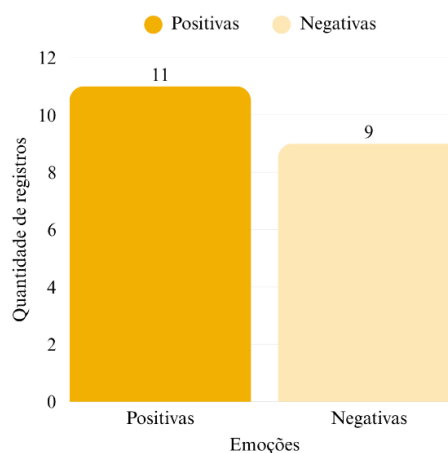


Source: Prepared by the authors (2024).

Regarding the 1st Year D record with a sample of 20 records, 55% (n=11) of positive emotions were obtained, with a predominance of joy, and 45% (n=9) of negative emotions, with sadness and anger being more predominant.

Figure 8

Records of emotions in the 1st Year D – CEM Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024

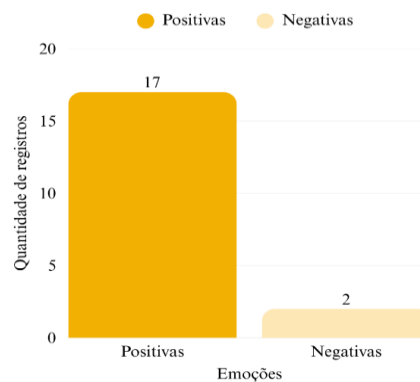


Source: Prepared by the authors (2024).

In relation to the records of the 2nd Year C, the sample composed of 19 emotions revealed a total of 89.5% (n=17) of positive emotions, with a predominance of joy, and 10.5% (n=2) of negative emotions, with sadness being the most predominant.

Figure 9

Records of emotions in the 2nd Year C – CEM Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024

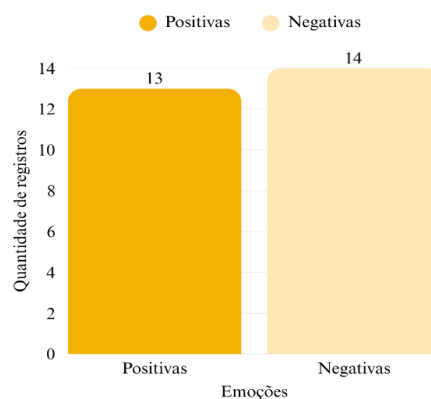


Source: Prepared by the authors (2024).

The survey carried out in the 3rd Year C pointed out 27 emotions, of which 48.1% (n=13) were classified as positive, mainly happiness, and 51.9% (n=14) were classified as negative, especially sadness and anger.

Figure 10

Records of emotions in the 3rd Year C – CEM Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024

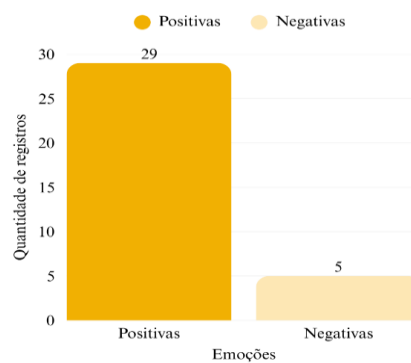


Source: Prepared by the authors (2024).

Among the 34 records collected in the 4th year C, 85.3% (n=29) referred to positive emotions, such as affection and love, while the remaining 14.3% (n=5) were negative, mainly evidenced anger.

Figure 11

Records of emotions of the 4th Year C – CEM Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024

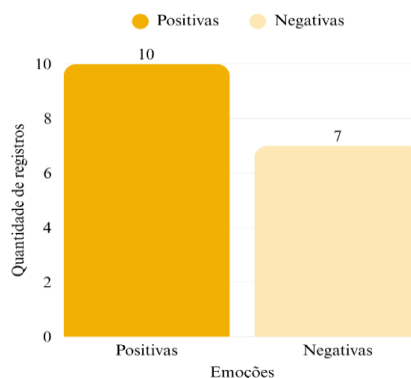


Source: Prepared by the authors (2024).

Regarding the 17 records obtained in the 5th Year C, 58.8% (n=10) of positive emotions were identified, mostly associated with joy, and 41.2% (n=7) negative, with a higher incidence of sadness.

Figure 12

Records of emotions in the 5th Grade C – CEM Teacher Clary Brandão Bertoncin – Votuporanga – SP, October 2024



Source: Prepared by the authors (2024).

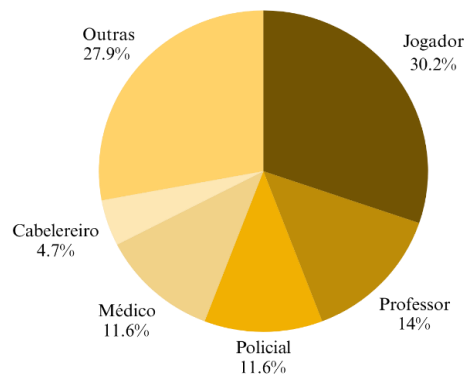
The activity generated great participation from the students, who showed a lot of enthusiasm and curiosity at the end, eager to discover the contents of the box. It is important to emphasize that, despite the confidential proposal, no emotions or reports were identified that indicated severe emotional distress and that required intervention or referral to the health unit for investigation, which suggests a good general emotional state among the participants at the time of the dynamic.

4.6 LIFE PROJECT AND DECISION MAKING

In the collection of data in the "Life Project" program was analyzed by the students' professional preference with a sample of 86 children. The most mentioned professions were: soccer player with 30.2% (n=26) of the mentions, teacher with 14% (n=12), police officer with 11.6% (n=10), doctor with 11.3% (n=10) and hairdresser with 4.7% (n=4). Various professions totaled 27.9% (n=24) of the mentions.

Figure 13

Percentage distribution of profession choices – 1st to 5th Year C – CEM Professor Clary Brandão Bertoincin – Votuporanga – SP, October 2024

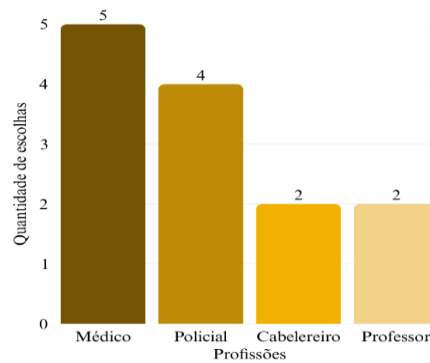


Source: Prepared by the authors (2024).

No 1st Year C, 15 professional intentions were registered. The most frequent choices were physician, with 33.33% (n=5) of the mentions, and police officer, with 26.67% (n=4). 20% (n=3) of intentions were also indicated for hairdresser and 20% (n=3) for teacher.

Figure 14

Choices of professions in the 1st Year C – CEM Professor Clary Brandão Bertoncin – Votuporanga – SP, October 2024

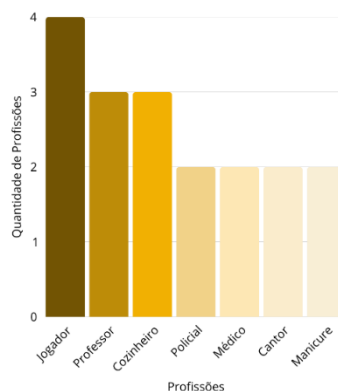


Source: Prepared by the authors (2024).

In the 1st Year D, 18 intentions of profession were registered. The most frequent choices were soccer player, with 22.22% (n=4) of the mentions, teacher, with 16.67% (n=3) and cook with 16.67% (n=3). 11.11% (n=2) of intentions were also indicated for police officers, 11.11% (n=2) for doctors, 11.11% (n=2) for singers and 11.11% (n=2) for manicurists.

Figure 15

Choices of professions in the 1st Year D – CEM Professor Clary Brandão Bertoncin – Votuporanga – SP, October 2024



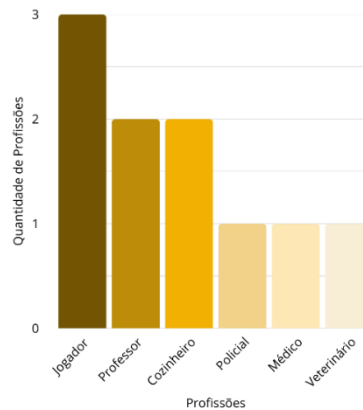
Source: Prepared by the authors (2024).

In the 2nd Year C, 10 intentions of profession were registered. The most frequent choice was soccer player, with 30% (n=3) of the mentions. Teacher and cook had 20%

(n=2) each. Police officers, physicians and veterinarians were mentioned in 10% (n=1) each.

Figure 16

Choices of professions in the 2nd Year C – CEM Professor Clary Brandão Bertoncin – Votuporanga – SP, October 2024

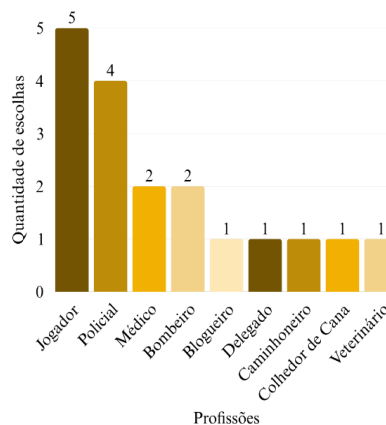


Source: Prepared by the authors (2024).

In the 3rd Year C, 20 intentions of profession were registered. The most frequent choices were soccer player, with 25% (n=5) of the mentions, and police officer, with 20% (n=4). Physician and firefighter had 10% (n=2) each. 5% (n=1) of intentions were also indicated for bloggers, police chiefs, truck drivers, sugarcane pickers and veterinarians.

Figure 17

Choices of professions in the 3rd Year C – CEM Professor Clary Brandão Bertoncin – Votuporanga – SP, October 2024

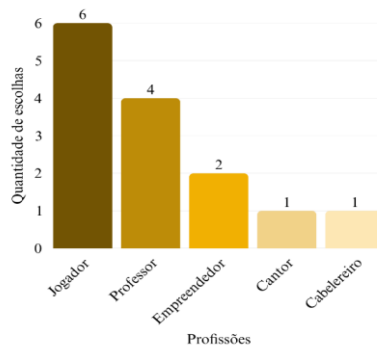


Source: Prepared by the authors (2024).

In the 4th Year C, 14 intentions of profession were registered. The most frequent choice was soccer player, with 42.86% (n=6) of the mentions, followed by teacher, with 28.57% (n=4). Entrepreneur appeared with 14.29% (n=2). Singer and hairdresser had 7.14% (n=1) each.

Figure 18

Choices of professions in the 4th Year C – CEM Professor Clary Brandão Bertoincin – Votuporanga – SP, October 2024

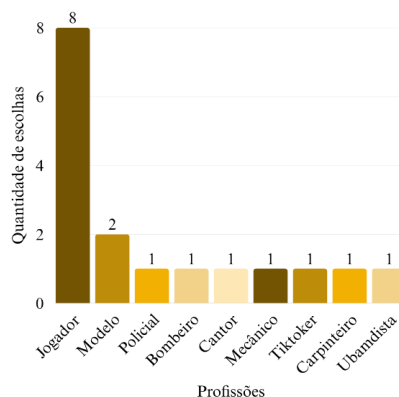


Source: Prepared by the authors (2024).

Finally, in the 5th Year C, 17 intentions of profession were registered. The most frequent choice was soccer player, with 47.06% (n=8) of the mentions. Model appeared with 11.76% (n=2). Policeman, singer, firefighter, mechanic, tiktoker, carpenter and religious-umbanda had 5.88% (n=1) each.

Figure 19

Choices of professions in the 5th Year C – CEM Professor Clary Brandão Bertoincin – Votuporanga – SP, October 2024



Source: Prepared by the authors (2024).

The children enthusiastically participated in the dynamics, sharing their dreams for the future. The "Tree of Dreams", in the center of the schoolyard, became a collective space for expression and reflection, encouraging from an early age the construction of goals and life projects.

5 DISCUSSION

The results obtained throughout the actions developed reveal the importance of educational strategies in the school environment aimed at the integral health of the child, especially when combined with the PSE guidelines. The review demonstrates that health education, when inserted in the school context, favors adherence to healthy habits and improves quality of life indicators in children and, later, in adolescents. This when aligned with the PSE, which reinforces an intersectoral approach, works excellently as a strategy to correlate health, education and community in the promotion of children's well-being (VIEIRA; BELISÁRIO, 2018)

In view of a society based on compulsion, children's behavior when directed towards food expands to the consumerism of an environment created in lack. The abundance of low-cost industrialized and ultra-processed foods in the daily lives of these children, mostly from a low social condition, is directed in two ways: lack or excess (GOMES et al., 2024).

Children in a situation of socioeconomic vulnerability, they face a diet marked by a double reality: the difficulty of access to healthy foods and the ease of finding industrialized, cheap and caloric products, but poor in nutrients. This nutritional imbalance increases the risk of both overweight and anemia, as demonstrated by Queiroz et al. (2025), who observed a prevalence of overweight and anemia, associating these results with the early consumption of sugary drinks, packaged snacks and chocolate milk. Without adequate guidance in the family or school environment, these children also tend to have a sedentary lifestyle, which further aggravates the health impacts.

In a school context, educational actions, combined with playful-interpretative projects, contribute to raising awareness about food, hygiene and self-care and highlight how playful and artistic practices can legitimize health learning, linking children's imagination to conscious attitudes through children's literature and art.

The project's data revealed that, although children demonstrate a good understanding of the importance of hygiene and the consequences of its negligence, the



regular practice of these habits is not continuous. The gap between knowledge and practice is largely attributed to the lack of encouragement and continuous monitoring by those in charge. This finding underlines the preponderant influence of the family environment in the consolidation of essential behaviors. In the sociocultural context, the acquisition of hygiene habits is intrinsically linked to the Social Determinants of Health (SDH). Factors such as the family's socioeconomic level, access to basic sanitation, parental education, and cultural norms can directly impact the ability and priority given to maintaining personal hygiene (RAMOS-MORCILLO et al., 2019).

In communities where resources are scarce or where health awareness is limited, theory may not translate into practice, resulting in vulnerability to preventable diseases and, by extension, forms of social exclusion. The school, by identifying this disparity, plays a crucial role in complementing family support, but the effectiveness of its interventions is ultimately mediated by the conditions and values prevailing in the home (SANTOS et al., 2022).

The high rate of correct answers regarding the choice of appropriate behavior demonstrates a remarkable capacity for conceptual understanding on the part of the children involved in the study. This data suggests that the pedagogical methods used are effective in the transmission of formal knowledge. However, the confusion observed in some children between passive and assertive behaviors points to an area of development that goes beyond the cognitive: the socio-emotional. In an increasingly complex and interconnected sociocultural environment, the ability to express oneself assertively and navigate social interactions is fundamental (DURLAK et al., 2011)

The difficulty in distinguishing these behaviors may reflect gaps in citizenship education, in the modeling of social roles at home or school, or even in exposure to different power dynamics. Assertiveness, for example, is a skill that may be less valued or even repressed in certain cultural or family contexts, where obedience and passivity are more encouraged. Thus, theoretical understanding does not guarantee the practical application of socio-emotional skills, which are shaped by social interactions and expectations (MARIN et al., 2017).

The predominance of positive emotions (joy, love, happiness) in all grades, with a significant proportion of positive emotions, attests to the success of the PSE in promoting an emotionally healthy environment. This result reflects a growing awareness and appreciation of psychological well-being and emotional intelligence in the educational



sphere. Socioculturally, the emphasis on programs such as the PSE is indicative of a paradigm shift, where the school is not only seen as a place for the transmission of academic knowledge, but also as a space for the integral development of the individual. As highlighted by Elias et al. (1997), "school plays a crucial role in emotional socialization, preparing the individual to deal with the emotional demands of adult life".

In contemporary societies, where challenges such as stress, anxiety, and social pressure are increasing, the ability to manage emotions and cultivate a sense of happiness and belonging becomes a crucial life skill. The promotion of positive emotions at school can, therefore, act as a protective factor against the negative impacts of adverse social environments, fostering resilience and adaptability (COLAGROSSI; VASSIMON, 2017).

The children's professional choices, especially "soccer player", "teacher", "policeman" and "doctor", show a window into aspirations influenced by models, media and sociocultural values. The popularity of the "soccer player" in Brazil is a direct reflection of the national passion for the sport and the idealization of success, fame and social ascension that this career can represent (MARCHI; EVANGELISTA, 2023).

Similarly, the recurrence of professions such as "doctor," "teacher," and "police officer" can be attributed to their social visibility, recognition of their importance in the community, and even their stability and status. Children's professional aspirations are not merely individual fantasies; They are heavily influenced by the media, family experiences, classroom discussions, and perceived opportunities around them. As Souza and Mota (2023) state, "children build their desires for the future based on the experiences they have, the narratives they listen to, and the social figures that are presented to them as possible".

The diversity of other choices, although fewer in number, also indicates the influence of cultural niches and individual interests that manifest themselves within the spectrum of possibilities offered by society.

The results obtained, therefore, are in line with national and international evidence and with the PSE guidelines, which emphasize the importance of comprehensive and playful educational practices for the promotion of health in an integral way, developing the children and adolescents physically, socio-emotionally. In this way, the integration between knowledge, emotional skills and school practices reinforces the role of the school



as a transforming agent in the prevention of health problems and in the promotion of students' well-being

6 CONCLUSION

The School Health Program (PSE) has been fundamental in the integral development of children in Elementary School, addressing physical, emotional and social aspects. In the assessment of nutritional status, the BMI highlighted adequate weight, however, it identified situations of overweight, obesity and malnutrition, highlighting the importance of continuous monitoring and educational actions. The educational activities on healthy eating habits promoted awareness about the importance of a balanced diet, although there is still a trend towards the consumption of processed foods. The dynamics developed helped to exemplify everyday situations and promoted the development of assertive behaviors.

In terms of body hygiene habits, the children showed understanding of the importance of hygiene, but regular practice is still a challenge. In the context of emotional state, the prevalence of positive feelings was observed, but there were also cases of sadness, suggesting the need for a multiprofessional approach. The children expressed their career choices, reflecting the influence of culture, family and educational reality. The PSE has been effective in promoting a school environment that supports the integral development of children. To enhance the benefits achieved, it is essential that educational programs further encourage healthy habits and promote weight monitoring and regular hygiene practice.

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APPENDIX

Figure 20

Annotation Form for Anthropometric Assessment

Antropometria		
Nome:		
Idade:	Série:	Sexo:
Peso:	Altura:	
IMC:	Resultado:	

Source: Prepared by the authors (2024).

Figure 21

Food Classification Cards



Source: Prepared by the authors (2024).

Figure 22

Illustrative Panel of Hygiene Actions



Source: Prepared by the authors (2024).

Figure 23

Behavioural Traffic Light Activity



Source: Prepared by the authors (2024).

Figure 24

Box of Emotions and Register of Feelings



Source: Prepared by the authors (2024).

Figure 25

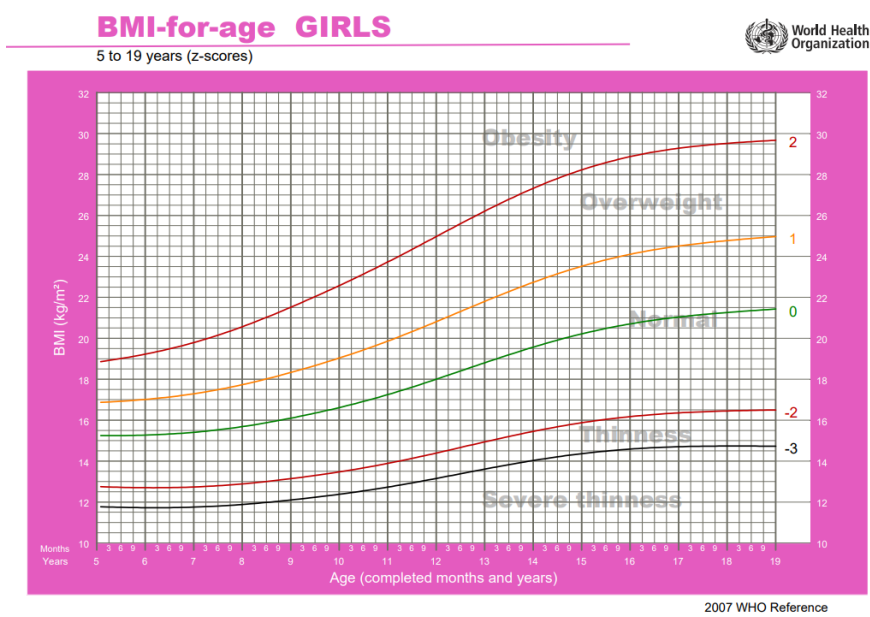
"Tree of Dreams" – Life Project



Source: Prepared by the authors (2024).

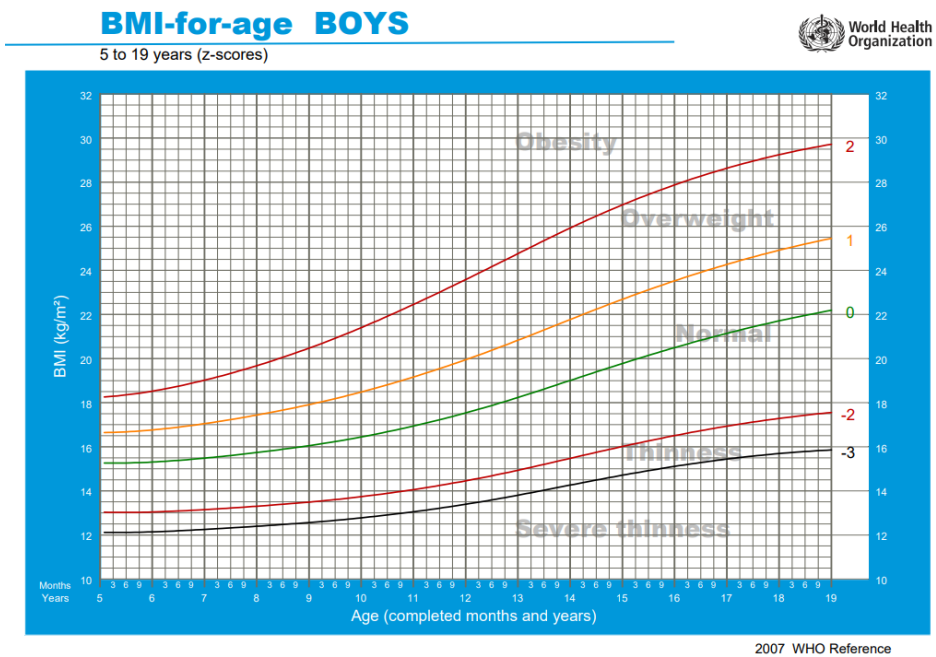
Figure 26

BMI Curve by Age (girls from 5 to 19 years old)



Source: World Health Organization (2025).

Figure 27
BMI Curve by Age (boys from 5 to 19 years old)



Source: World Health Organization (2025).