

**HEALTH HABITS, DIGITAL MEDIA, AND PUBLIC SCHOOL: RESULTS OF A STUDY WITH ADOLESCENTS IN ANANINDEUA, PA (BRAZIL)**

**HÁBITOS DE SAÚDE, MÍDIAS DIGITAIS E ESCOLA PÚBLICA: RESULTADOS DE UMA PESQUISA COM ADOLESCENTES EM ANANINDEUA-PA**

**HÁBITOS DE SALUD, MEDIOS DIGITALES Y ESCUELA PÚBLICA: RESULTADOS DE UNA INVESTIGACIÓN CON ADOLESCENTES EN ANANINDEUA-PA**



<https://doi.org/10.56238/sevened2026.008-144>

**Valéria de Nazaré de Paula Bessa<sup>1</sup>, Éder do Vale Palheta<sup>2</sup>, Biratan dos Santos Palmeira<sup>3</sup>, Moisés Simão Santa Rosa de Sousa<sup>4</sup>, Cileide Tavares Borges do Couto<sup>5</sup>, Márcia de Araujo da Costa<sup>6</sup>, Marco Antônio Barros dos Santos<sup>7</sup>, Dario Deivid Silva da Silva<sup>8</sup>**

**ABSTRACT**

This study analyzed the formation of health habits during adolescence, considering their relationship with social, economic, and institutional factors, with emphasis on the role of the school as a strategic space for promoting well-being. The research was conducted through questionnaires applied to students from a public school in the municipality of Ananindeua (PA), allowing the identification of perceptions, practices, and challenges related to nutrition, physical activity, and the use of digital media. The results showed that although adolescents recognize the importance of a healthy lifestyle, they face multiple structural, financial, emotional, and cultural barriers to transforming this knowledge into daily practice. The hypotheses demonstrated that educational strategies in the school environment increase students' awareness of health and self-care; however, such actions are still punctual and poorly integrated into the school curriculum. Practical and culturally contextualized programs favored greater student engagement, although they are limited by the lack of infrastructure and continuous public policies. In addition, excessive use of digital media was identified as a risk factor, but it can be re-signified as a pedagogical resource when critically mediated. It is concluded that the school plays a central role in building healthy habits; however, its effectiveness depends on permanent, intersectoral actions sensitive to youth realities, integrating education, health, and social participation.

**Keywords:** Health Habits. Adolescence. Public School. Health Promotion. Digital Media.

<sup>1</sup> Dr. in Education Sciences. Secretaria de Educação do Pará (SEDUC/PA).

E-mail: [valeria.apaula@escola.seduc.pa.gov.br](mailto:valeria.apaula@escola.seduc.pa.gov.br)

<sup>2</sup> Dr. in Education Science. Secretaria de Educação do Pará (SEDUC/PA). E-mail: [edervpalheta@gmail.com](mailto:edervpalheta@gmail.com)

<sup>3</sup> Dr. in Education Sciences. Instituto Federal do Pará (IFPA). E-mail: [biratanpalmeira1@gmail.com](mailto:biratanpalmeira1@gmail.com)

<sup>4</sup> Dr. in Sport Sciences. Universidade do Estado do Pará (UEPA). E-mail: [moisesuepa@gmail.com](mailto:moisesuepa@gmail.com)

<sup>5</sup> Dr. in Education Sciences. Secretaria de Educação do Pará (SEDUC/PA). E-mail: [cileideb@gmail.com](mailto:cileideb@gmail.com)

<sup>6</sup> Dr. in Education Sciences. Facultad Interamericana de Ciencias Sociales (FICS).

E-mail: [mdearaujodacosta@gmail.com](mailto:mdearaujodacosta@gmail.com)

<sup>7</sup> Dr. in Education Science. Universidade do Estado do Pará (UEPA). E-mail: [mabs.san@yahoo.com](mailto:mabs.san@yahoo.com)

<sup>8</sup> Dr. in Education Science. Facultad Interamericana de Ciencias Sociales (FICS – PY).

E-mail: [dario.silva@escola.seduc.pa.gov.br](mailto:dario.silva@escola.seduc.pa.gov.br)

## RESUMO

A pesquisa analisou a formação de hábitos de saúde na adolescência, considerando sua relação com fatores sociais, econômicos e institucionais, com ênfase no papel da escola como espaço estratégico para a promoção do bem-estar. O estudo foi desenvolvido a partir da aplicação de questionários a estudantes de uma escola pública do município de Ananindeua (PA), permitindo identificar percepções, práticas e desafios relacionados à alimentação, à atividade física e ao uso das mídias digitais. Os resultados evidenciaram que, embora os adolescentes reconheçam a importância de uma vida saudável, enfrentam múltiplas barreiras estruturais, financeiras, emocionais e culturais para transformar esse conhecimento em prática cotidiana. As hipóteses investigadas demonstraram que estratégias educativas no espaço escolar ampliam a conscientização dos estudantes sobre saúde e autocuidado, porém ainda ocorrem de forma pontual e pouco integrada ao currículo. Observou-se que programas práticos e culturalmente contextualizados favorecem maior engajamento juvenil, embora sejam limitados pela ausência de infraestrutura e de políticas públicas contínuas. Além disso, constatou-se que o uso excessivo das mídias digitais constitui fator de risco, mas pode ser ressignificado como recurso pedagógico quando mediado criticamente. Conclui-se que a escola exerce papel central na construção de hábitos saudáveis, contudo sua efetividade depende de ações intersetoriais, permanentes e sensíveis às realidades juvenis, integrando educação, saúde e participação social.

**Palavras-chave:** Hábitos de Saúde. Adolescência. Escola Pública. Promoção da Saúde. Mídias Digitais.

## RESUMEN

La investigación analizó la formación de hábitos de salud en la adolescencia, considerando su relación con factores sociales, económicos e institucionales, con énfasis en el papel de la escuela como espacio estratégico para la promoción del bienestar. El estudio se desarrolló mediante la aplicación de cuestionarios a estudiantes de una escuela pública del municipio de Ananindeua (PA), lo que permitió identificar percepciones, prácticas y desafíos relacionados con la alimentación, la actividad física y el uso de los medios digitales. Los resultados evidenciaron que, aunque los adolescentes reconocen la importancia de una vida saludable, enfrentan múltiples barreras estructurales, financieras, emocionales y culturales para transformar este conocimiento en práctica cotidiana. Las hipótesis demostraron que las estrategias educativas en el ámbito escolar amplían la concientización sobre la salud y el autocuidado; sin embargo, estas acciones todavía ocurren de forma puntual y poco integradas al currículo escolar. Se observó que los programas prácticos y culturalmente contextualizados favorecen un mayor compromiso juvenil, aunque se ven limitados por la falta de infraestructura y de políticas públicas continuas. Asimismo, se constató que el uso excesivo de los medios digitales constituye un factor de riesgo, pero puede ressignificarse como recurso pedagógico cuando es mediado críticamente. Se concluye que la escuela desempeña un papel central en la construcción de hábitos saludables, aunque su efectividad depende de acciones permanentes, intersectoriales y sensibles a las realidades juveniles, integrando educación, salud y participación social.

**Palabras clave:** Hábitos de Salud. Adolescencia. Escuela Pública. Promoción de la Salud. Medios Digitales.

## 1 INTRODUCTION

The contemporary conception of health overcomes the traditional biomedical view, historically restricted to the absence of diseases, and is now understood from a broader and integral perspective of the human being. In this sense, this article, which originated from a doctoral research, is based on an approach that understands health as a process built on social, cultural, emotional and environmental interactions, recognizing the inseparable relationship between body, mind and life context.

In the school context, health promotion is part of the institution's formative project as it constitutes an axis of human development. School Physical Education occupies a strategic place in this process by articulating scientific knowledge, bodily experiences and critical reflection on care for oneself, for others and for the environment. When guided by a broader conception of health, its pedagogical practice contributes to motor development, to students' autonomy and to the construction of choices associated with quality of life, expanding the educational meaning of bodily experiences (Silveira, 2024).

However, adolescents from public schools face challenges that make it difficult to adopt and perceive healthy habits, inserted in a multifactorial and complex context, in which sedentary lifestyle, unbalanced eating patterns, excessive use of digital devices and unfavorable socioeconomic conditions stand out. The combination of these factors intensifies situations of social vulnerability and requires contextualized educational actions, based on current scientific evidence and sensitive to local realities (Barbosa, 2021; Nascimento Santos, 2022).

Despite advances in scientific production, there are still limited studies that jointly address the diet, physical activity and quality of life of adolescents in the context of public schools.

In this scenario, it is necessary to investigate how habits related to food, physical activity and quality of life are configured among adolescents in public schools, as well as to understand the role of Physical Education in mediating these processes. This study is part of this perspective by analyzing empirical data obtained through a questionnaire applied to students, articulating them with the theoretical framework of the area and with pedagogical proposals aimed at health promotion in the school space.

Thus, this article aims to analyze the construction of healthy habits among adolescents in a public school, with emphasis on dietary aspects and quality of life, discussing the results in the light of the scientific literature and current educational policies. Thus, it seeks to contribute to the strengthening of integrated, critical educational practices committed to human development in its entirety.

## 2 THEORETICAL FRAMEWORK

### 2.1 ADOLESCENCE, HEALTH AND CONSTRUCTION OF LIFESTYLE HABITS

Adolescence is a stage of human development marked by intense biological, emotional and social transformations, configuring itself as a decisive period for the consolidation of habits that tend to accompany the individual throughout adult life. Recent studies highlight that this phase should be understood as a process of identity construction crossed by cultural, economic, and institutional factors that directly influence health-related choices (Silva; Nunes, 2021; Camilo, 2024). Thus, the behaviors associated with food, physical activity and the use of daily time are produced in social interactions and not only defined by individual decisions.

According to the World Health Organization, adolescence comprises the age group between 10 and 19 years old and represents a strategic period for the implementation of health promotion actions, since the behaviors acquired at this stage tend to persist into adulthood (World Health Organization - WHO, 2022). However, such choices do not occur in isolation, but are mediated by family, school and territorial conditions. In this sense, adolescence is simultaneously configured as a window of opportunity and as a period of greater vulnerability to the adoption of harmful practices when there are no continuous public policies and systematic educational actions (PAHO, 2022; BRAZIL, 2023).

Contemporary literature shows that youth habits are built in social contexts marked by structural inequalities. The report Scenario of Childhood and Adolescence in Brazil points out that a significant portion of Brazilian adolescents live in a situation of social vulnerability, with limited access to adequate food, leisure spaces, and health services, especially in the North and Northeast regions (Abrinq Foundation, 2022). This reality reinforces that the formation of healthy habits cannot be understood only as an individual responsibility, but as an expression of the opportunities and restrictions imposed by the social environment.

From a sociocultural perspective, recent research indicates that adolescence is a period in which the processes of autonomy and personality construction are intensified, being profoundly influenced by school experiences and relationships with peers (Alves; Braga, 2023; Ferreira *et al.*, 2024). Thus, behaviors related to the body, food, and self-care should be understood as socially produced practices, permeated by symbolic values and cultural dynamics typical of contemporary youth.

The current conception of health goes beyond the biomedical view centered on the absence of diseases and begins to recognize the subject in his physical, emotional and social integrality. Minayo (2021) highlights that health-related phenomena need to be analyzed based on the complexity of ways of life and the material conditions of existence. In this sense,

recent studies indicate that factors such as sedentary lifestyle, consumption of ultra-processed foods, and intensive use of digital technologies, intensified in the post-pandemic period, tend to crystallize in adult life, increasing risks to quality of life (Castro *Et al.*, 2021; Guimarães, 2025).

In this context, the school assumes a strategic role in the mediation between scientific knowledge and youth practices. Camilo *et al.* (2024) highlight that educational actions aimed at health promotion are more effective when integrated into the school curriculum and articulated with the sociocultural realities of students. Similarly, Silveira (2024) points out that school Physical Education, when guided by an expanded conception of health, contributes to the formation of critical and autonomous attitudes in relation to self-care. Thus, adolescence should be understood as a period that requires integrated educational approaches, capable of promoting autonomy, criticality and integral human development.

## 2.2 DIET, PHYSICAL ACTIVITY AND YOUTH VULNERABILITY

The literature shows that the dietary patterns and levels of health care of adolescents are strongly conditioned by socioeconomic, territorial and cultural factors. Studies show that young people in contexts of social vulnerability face greater difficulties in maintaining regular self-care practices, due to financial limitations, the reduced supply of healthy food, and the environmental conditions that permeate their territories of life (Teixeira, 2024, Barbosa *et al.*, 2021).

**Figure 1**

*Overweight and obesity in Brazilian adolescents*



Source: Brazil, Ministry of Health (2020).

The Figure shows the seriousness of the situation by demonstrating that millions of students are overweight or obese. This information reinforces that the debate goes beyond individual perceptions and is configured as a public health problem that must be faced

seriously in the school context. In this sense, the school assumes a strategic role in promoting educational actions aimed at building healthy eating habits and the regular practice of physical activity, contributing to the prevention of health problems (SISVAN, 2024)

The nutritional transition observed in Brazil is characterized by the replacement of fresh foods with ultra-processed products, influenced by the advertising, practicality, and low cost of these products (PAHO, 2019). Bittar and Soares (2020) highlight that this process is intensified among young people, especially in peripheral territories.

In addition, contemporary processes of food consumption, associated with sociocultural transformations and dynamics of inequality, tend to favor the consolidation of inadequate eating habits, characterized by increased consumption of ultra-processed products and decreased nutritional diversity. Such a scenario compromises not only the physical health, but also the psychosocial development of adolescents, configuring diet as a field crossed by social determinants that directly influence the construction of lifestyles and quality of life at this stage of the life cycle.

In the field of physical activity, Silva *et al.* (2008) show that inactivity among Brazilian adolescents remains high, being influenced by the absence of safe public spaces, lack of time and the financial cost of sports practices.

Legnani *et al.* (2021) state that the promotion of physical activity depends on the creation of attractive, accessible, and continuous environments, overcoming specific actions. Graça *et al.* (2024) reinforce that bodily practices should be understood as cultural and social experiences, and not just as physical exercises.

In this context, the school is configured as a mediating space capable of integrating food, body movement and critical education, as defended by Pereira *et al.* (2017), when analyzing educational interventions aimed at reducing the consumption of ultra-processed foods.

### 2.3 DIGITAL MEDIA, SCREEN TIME AND SCHOOL PRACTICES

The intensive use of digital media has become one of the main markers of contemporary adolescence. Zancan and Tono (2018) state that digital technologies reconfigure social times and modes of youth socialization, directly impacting sleep, attention, and school performance.

Antoniassi *et al.* (2024) demonstrate that excessive screen time is associated with a sedentary lifestyle, the consumption of ultra-processed foods, and a decrease in face-to-face interactions. The Pan American Health Organization recommends limiting leisure time in front of screens as a preventive strategy (PAHO, 2019).

Bittar and Soares (2020) identify a correlation between hyperconnectivity and sleep disorders, as well as an increase in inappropriate eating behaviors during the prolonged use of electronic devices.

The school, in this scenario, should not assume a moralizing or technophobic posture, but promote a critical education about the use of technologies, as proposed by Morin (2001). Freire (1996) defends a dialogical pedagogy, in which the subjects actively participate in the construction of meanings and transformative practices.

Camilo *et al.* (2024) reinforce that school health promotion programs need to integrate diet, physical activity, mental health, and conscious use of technologies, overcoming isolated and fragmented actions in the educational environment.

Thus, pedagogical workshops and school practices are privileged instruments for the collective construction of healthy habits, as long as they are based on active listening to students and permanent interdisciplinary proposals.

### 3 METHODOLOGY

The present study adopts a qualitative and descriptive approach, with the objective of understanding the perceptions and practices related to the construction of healthy habits among adolescents in the school context. The choice for this design is based on the need to interpret meanings, experiences and social representations associated with food, physical activity and quality of life, aspects that cannot be apprehended only through quantitative data (Minayo, 2001; Gil, 2008).

The research was developed in a state public high school located in the municipality of Ananindeua-PA, part of the Metropolitan Region of Belém. The choice of this empirical field is justified by its social characteristics marked by structural inequalities, limitations in access to leisure spaces and challenges related to the promotion of youth health. The institution participates in the Health at School Program, developing actions aimed at healthy eating, disease prevention and encouragement of physical activity, which favored the articulation between the object of study and the context investigated.

The research population was composed of students regularly enrolled in high school, and the sample consisted of 100 adolescents, aged between 14 and 18 years, selected by accessibility criteria and through voluntary participation. All participants signed the Informed Consent Form (ICF) and the Consent Form, in accordance with the ethical principles of research with human beings (Lakatos; Marconi, 2017).

As an instrument for data collection, a structured questionnaire was used, consisting of closed and open questions, elaborated based on the objectives of the study and the

dimensions related to diet, physical activity, the use of digital technologies and the perception of quality of life. The instrument was submitted to a pre-test with a small group of students from the same institution, allowing adjustments regarding the clarity and adequacy of the language to the adolescent public. The application took place in the classroom, during the school period, with an average response time between 20 and 30 minutes (Gil, 2008).

The data from the closed questions were organized in electronic spreadsheets and analyzed using simple descriptive statistics, with presentation of frequencies and percentages. The open answers were submitted to the content analysis technique, according to Bardin (apud Minayo, 2001), involving exhaustive reading, thematic categorization and interpretation of the meanings expressed by the participants. Subsequently, the triangulation between quantitative and qualitative data was carried out, seeking to increase the interpretative consistency of the results.

The research complied with the ethical principles established by Resolution No. 466/2012 of the National Health Council. The anonymity of the participants was guaranteed through identification by numerical codes, as well as the confidentiality of the information obtained. Participation occurred voluntarily, without any pedagogical prejudice to the students, and the school institution formally authorized the study (Minayo, 2001; Lakatos; Marconi, 2017).

## 4 RESULTS

The results of this research were organized into three analytical axes, in order to ensure clarity, thematic unity and articulation between empirical data and theoretical foundation. Initially, data related to the participants' profile and perception of well-being are presented. Then, eating practices and physical activity levels are analyzed. Finally, the impacts of digital media and adolescents' perceptions of school practices aimed at health promotion are discussed.

The analysis is not limited to the descriptive exposition of the data, but seeks to interpret them in the light of the scientific literature, understanding juvenile habits as phenomena crossed by social, cultural, educational and technological factors.

### 4.1 PROFILE OF PARTICIPANTS AND PERCEIVED HEALTH CONDITIONS

The first axis of analysis refers to the sociodemographic characteristics of adolescents and the subjective perception of well-being. Most participants are between 15 and 16 years of age, a period marked by intense biological, emotional and social transformations, which directly influence the construction of health-related habits. According to Eisenstein (2005),

adolescence should be understood as a stage of identity redefinition and consolidation of behaviors that tend to extend into adult life.

A relatively balanced distribution between genders was observed, with a predominance of females. Studies indicate that girls tend to be more concerned with body image and aesthetic standards, while boys are more frequently associated with sports practice, reflecting different social constructions about body and health (Carvalho *et al.*, 2020; Bittar; Soares, 2020). This configuration requires gender-sensitive analyses while avoiding simplifying generalizations.

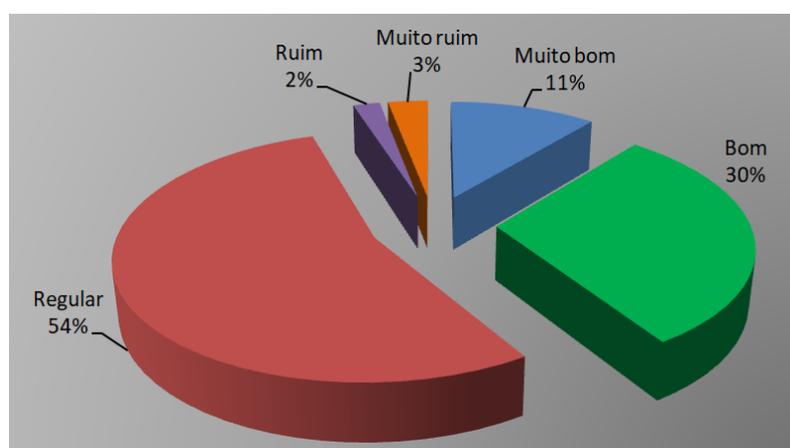
Regarding education, the sample is composed mostly of high school students, which ensures homogeneity to the investigated group and reinforces the role of the school as a privileged space for health promotion. The centrality of the school institution in the routine of these adolescents points to the relevance of articulated public educational and health policies (Camilo *et al.*, 2024; Brazil, 2023).

With regard to insertion in the workplace, the majority declared that they do not have a paid activity, although a significant portion reconciles study and work. The literature points out that early insertion in the labor market tends to compromise the time allocated to leisure, adequate nutrition and the practice of physical activity (Barcelos *et al.*, 2010; Jesus *et al.*, 2011).

The daily workday revealed that a large part of them spend between five and six hours in school or work activities, configuring the school as the organizing nucleus of the youth's daily life. A smaller portion has time overload, with working hours longer than seven hours, a condition associated with reduced sleep, increased consumption of ultra-processed foods and less adherence to physical activity (Fontes *et al.*, 2023).

## Figure 2

*How do you assess your well-being today?*



Source: Prepared by the Author (2025)

Figure 2. 'How do you assess your well-being today?' shows that most adolescents rate their current condition as regular (54%), followed by 30% who consider it good and only 11% who describe it as very good. On the other hand, about 5% evaluated their own well-being as bad or very bad.

The perception of well-being showed a predominance of the answer "regular", followed by "good" and "very good", with a small portion indicating "bad" or "very bad". This result suggests a fragile balance between school demands, social pressures and living conditions. Adolescent well-being should be understood as a multidimensional phenomenon, involving physical, emotional, social and school aspects (Eisenstein, 2005; Barcelos *et al.*, 2010).

Although some of the students report good health perception, the presence of negative evaluations points to situations of vulnerability that require institutional attention. The school thus emerges as a strategic space for preventive and comprehensive care actions (Camilo *et al.*, 2024).

#### 4.2 EATING PRACTICES AND LEVEL OF PHYSICAL ACTIVITY

Diet and physical activity are central pillars in the promotion of health in adolescence. The data reveal a reality marked by contrasts between protective practices and risk behaviors. Part of the adolescents claim to have regular meals and consume fresh foods, while another portion has irregular habits and high contact with ultra-processed foods, confirming the nutritional transition described in the literature (PAHO, 2019; Bittar; Soares, 2020).

As for breakfast, most reported having this meal regularly, but a significant contingent stated that they consumed it only occasionally or not at all. The absence of this meal is associated with poorer diet quality and lower school performance (Couto *et al.*, 2014).

The consumption of fruits and vegetables was below the official recommendations, while the consumption of ultra-processed foods remains frequent. Such a scenario evidences the influence of the food market and the media on youth choices (Pereira *et al.*, 2017; PAHO, 2019).

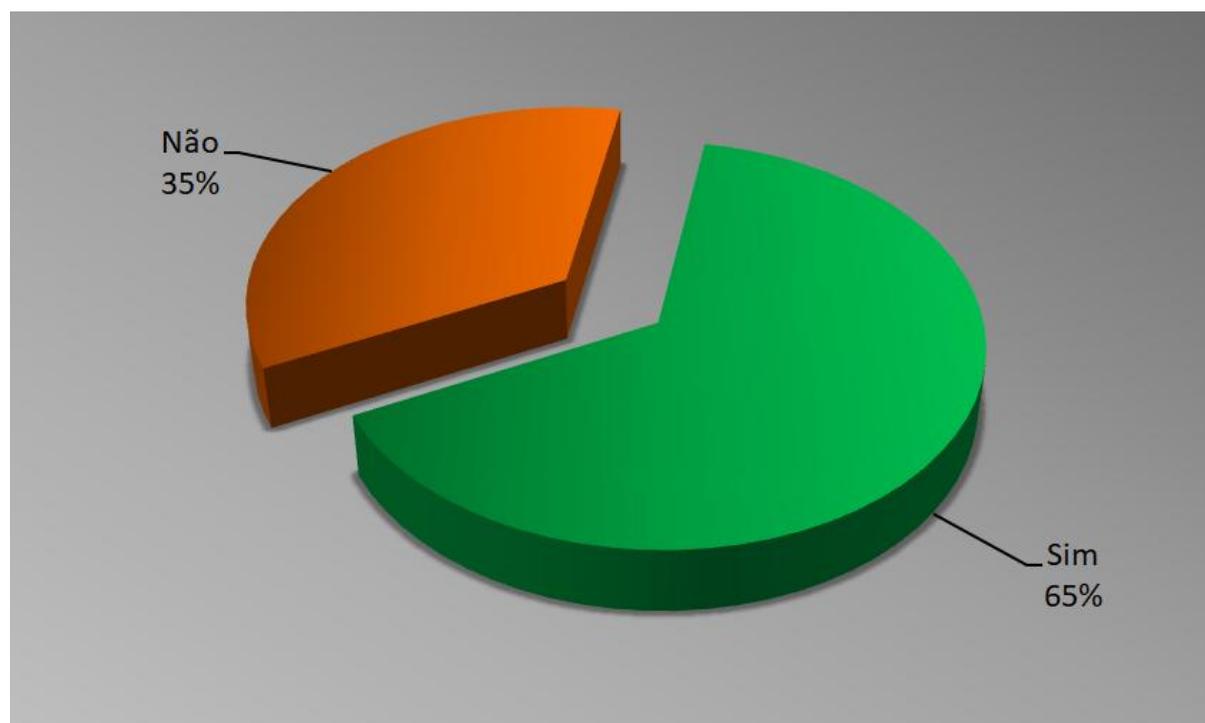
Open-ended responses revealed ambiguous perceptions: many adolescents rate their diet as "good" or "regular" but express a desire to make it healthier. This contradiction confirms that self-assessment does not always correspond to technical criteria (Tavares *et al.*, 2014).

Regarding physical activity, most stated that they practiced some type of exercise, but with irregular frequency. A significant portion remains in a sedentary condition. The recommendation is at least 60 minutes of moderate to vigorous activity daily (PAHO, 2019).

The practice environments revealed greater use of streets, squares and residences, while the school appears with less centrality (Barcelos *et al.*, 2010; Graça *et al.*, 2024). The barriers reported — lack of time, lack of motivation, costs and absence of adequate spaces — indicate that the problem is not a lack of interest, but a lack of structural conditions to transform desire into continuous practice (Legnani *et al.*, 2021).

### Figure 3

*Do you practice physical activity regularly?*



Source: Prepared by the Author (2025)

Sporadic practice, as in the group that is limited to once a week, may be insufficient to bring effective health benefits, functioning more as a one-off effort than as a consolidated habit (Legnani *et al.*, 2021).

#### 4.3 IMPACT OF DIGITAL MEDIA AND PERCEPTIONS ON SCHOOL PRACTICES

The intensive use of digital media is one of the main markers of contemporary adolescence. The data indicate a high time of exposure to screens, often replacing physical, cultural and social activities (Zancan; Tono, 2018; Antoniassi *et al.*, 2024).

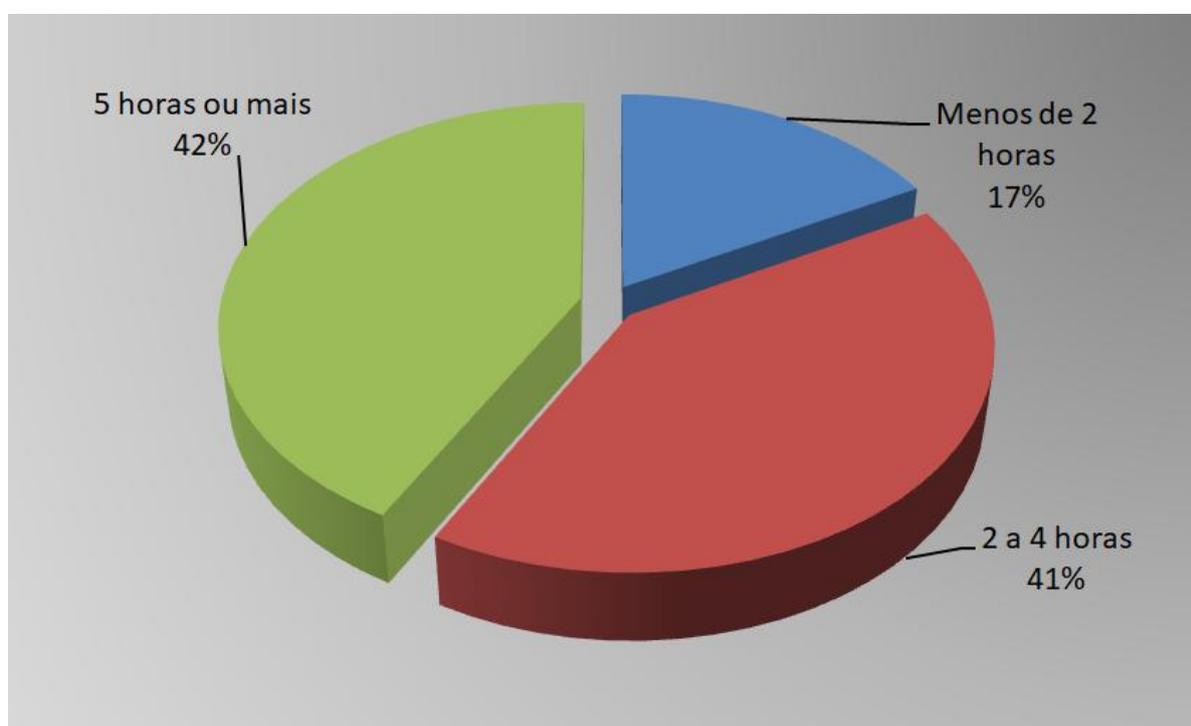
Most participants recognize that screen time interferes, totally or partially, with sleep and concentration, which confirms studies on the correlation between screens, inadequate diet and sedentary lifestyle (Bittar; Soares, 2020). However, a portion does not perceive direct impacts, indicating a possible naturalization of hyperconnectivity.

When asked what they would do if they spent less time online, the adolescents indicated a desire to practice sports, socialize with friends, study and develop cultural activities, evidencing critical awareness about the imbalance between desire and practice (Morin, 2001).

The fragility of continuous actions confirms that specific initiatives are not enough to promote structural changes in youth habits (Silva; Garcia, 2020). The youth protagonism present in the answers dialogues with Freire's perspective of critical and participatory education (Freire, 1996).

#### Figure 4

*On average, how many hours a day do you spend on your cell phone, computer or video game (outside of school hours)?*



Source: Prepared by the Author (2025)

Even more concerning is the reported impact of this heavy use on fundamental dimensions such as sleep and concentration. Figure 4. Do you feel that screen time interferes with your sleep or concentration? shows that 27% clearly recognize this interference, 46% say that it occurs sometimes and another 27% say they do not feel influence. The centrality of the answer "sometimes" indicates that the perception of negative effects is not stable, but fluctuates according to the intensity of the use or the context in which it occurs.

## 5 FINAL CONSIDERATIONS

The research showed that the formation of health habits in adolescence is related to social, economic and institutional factors, and the school is a strategic space for the promotion of well-being. Data collected from students at a public school in Ananindeua (PA) revealed that, although adolescents recognize the importance of a healthy life, they face several barriers to transforming this knowledge into daily practice. The analysis allowed us to verify the degree of confirmation of the hypotheses guiding the investigation.

The first hypothesis, which proposed that educational strategies in the school space increase adolescents' awareness of health and well-being, was confirmed. The results showed that pedagogical mediation favors the development of a critical perception about food, the body and self-care. However, such strategies still occur in a punctual manner, lacking continuity and greater integration into the school curriculum, which limits the consolidation of lasting changes.

The second hypothesis, according to which practical, interactive and culturally appropriate programs enhance adherence to healthy habits, was partially confirmed. Greater engagement was observed when the activities involve concrete practices, such as sports and collective dynamics, especially when they dialogue with the sociocultural context of the adolescents. However, the absence of adequate infrastructure and the fragility of public policies for sports and leisure compromise the permanence of this engagement, restricting the scope of educational actions.

The third hypothesis, which postulated the critical use of digital media as a tool for health promotion, was confirmed with reservations. The study indicated that excessive screen time is a risk factor for sedentary lifestyle, inadequate diet and irregular sleep. At the same time, adolescents have shown to recognize such impacts. When pedagogically mediated, technologies can be re-signified as educational resources aimed at self-care, depending on pedagogical intentionality and teacher training.

The integrated analysis of the hypotheses indicates that the school environment plays a central role in the construction of health habits, but its effectiveness depends on structural and political conditions that go beyond the classroom. Adherence to healthy behaviors is not only consolidated by access to information, but by the creation of institutional spaces that articulate knowledge, experience and belonging.

Finally, the investigative path shows that no intervention will be fully effective if it disregards the material and symbolic conditions that structure adolescence in contexts of vulnerability. The hypotheses analyzed reveal the potential of educational actions, but also their limits in the absence of continuous and integrated public policies. Thus, the study points

to the need for practices that are more sensitive to young people, which recognize adolescents as subjects of knowledge and active participants in the construction of a culture of self-care and collective well-being.

## REFERENCES

- Alimentando Políticas. (2025). Relatório institucional sobre políticas alimentares. Rede de Políticas Públicas.
- Alves, R. M., & Braga, C. P. (2023). Adolescência, identidade e apoio psicossocial no ambiente escolar. *Ciência & Saúde Coletiva*, 28(4), 1045–1056.
- Antoniassi, D., et al. (2024). Estudos sobre tempo de tela, dieta e atividade física em adolescentes. *Revista de Saúde Pública*, 58(1), 1–12.
- Barbosa, L. N. V., et al. (2021). Vulnerabilidade social, hábitos de saúde e adolescência no contexto escolar. *Revista Saúde & Educação*, 26(3), 112–128.
- Barcelos, R., Vasconcellos, M., & Cohen, S. (2010). Adolescentes, trabalho e vulnerabilidade social. *Cadernos de Saúde Pública*, 26(5), 900–915.
- Barcelos, R., et al. (2010). Vulnerabilidade juvenil e condições sociais. *Revista Brasileira de Adolescência*, 4(2).
- Bittar, M., & Soares, A. (2020). Adolescência, mídia e imagem corporal. *Revista de Psicologia e Saúde*, 12(3).
- Brasil. Conselho Nacional de Saúde. (2012). Resolução nº 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos.
- Brasil. Ministério da Educação. (2018). Base Nacional Comum Curricular.
- Brasil. Ministério da Saúde. (2014). Guia alimentar para a população brasileira (2ª ed.).
- Brasil. Ministério da Saúde. (2014). Política Nacional de Promoção da Saúde.
- Brasil. Ministério da Saúde. (2023). Programa Saúde na Escola: orientações para a gestão e execução.
- Camilo, A., et al. (2024). Escola e promoção da saúde. *Educação e Realidade*, 49.
- Carvalho, P., et al. (2020). Imagem corporal e adolescência. *Psicologia em Estudo*, 25.
- Castro, I. R. R., et al. (2021). Mudanças nos comportamentos alimentares e de atividade física de adolescentes no período pós-pandemia. *Cadernos de Saúde Pública*, 37(8), Article e00123421.
- Cole, M., & Cole, S. (2003). Desenvolvimento da criança e do adolescente (4ª ed.). Artmed.
- Couto, S., et al. (2014). Café da manhã e hábitos alimentares em adolescentes. *Revista de Nutrição*, 27(4).
- Eisenstein, E. (2005). Adolescência: definições, conceitos e critérios. *Revista Adolescência & Saúde*, 2(2), 6–7.
- Ferreira, I. B., et al. (2024). Educação em saúde, vulnerabilidade social e juventudes: interfaces no contexto escolar. *Revista Educação & Saúde*, 12(2), 89–104.

- Fontes, A., et al. (2023). Comportamentos sedentários e risco cardiometabólico em jovens. *Arquivos Brasileiros de Cardiologia*.
- Freire, P. (1996). *Pedagogia da autonomia: saberes necessários à prática educativa*. Paz e Terra.
- Fundação Abrinq. (2022). *Cenário da infância e da adolescência no Brasil*.
- Gil, A. C. (2008). *Como elaborar projetos de pesquisa* (4ª ed.). Atlas.
- Graça, A., et al. (2024). Práticas corporais, inclusão e justiça social. *Revista Brasileira de Ciências do Esporte*, 46.
- Guimarães, R. M. (2025). Juventudes, estilos de vida e promoção da saúde no contexto escolar. *Revista Brasileira de Estudos da Juventude*, 5(1), 23–39.
- Instituto Brasileiro de Geografia e Estatística. (2020). *Pesquisa Nacional de Saúde do Escolar (PeNSE)*.
- Jesus, R. M., et al. (2011). Trabalho precoce e vulnerabilidade na adolescência. *Ciência & Saúde Coletiva*, 16(10).
- Lakatos, E. M., & Marconi, M. de A. (2017). *Metodologia do trabalho científico* (8ª ed.). Atlas.
- Legnani, E., et al. (2021). Atividade física e escola. *Revista Brasileira de Atividade Física & Saúde*, 26.
- Minayo, M. C. S. (2001). *O desafio do conhecimento: pesquisa qualitativa em saúde* (7ª ed.). Hucitec.
- Morin, E. (2001). *Os sete saberes necessários à educação do futuro*. Cortez; UNESCO.
- Nascimento Santos, A. C. (2022). Educação em saúde e promoção de hábitos saudáveis na escola pública. *Revista Multidisciplinar de Educação*, 14(1), 77–93.
- Organização Mundial da Saúde. (2022). *Diretrizes da OMS para a saúde e bem-estar dos adolescentes*.
- Organização Pan-Americana da Saúde. (2019). *Alimentação, atividade física e saúde na adolescência*.
- Pereira, I., et al. (2017). Intervenções escolares e alimentação saudável. *Revista Paulista de Pediatria*, 35(2).
- Silva, J. P., & Nunes, A. J. S. (2021). Adolescência e construção de hábitos: uma revisão integrativa. *Revista Brasileira de Saúde Escolar*, 10(2).
- Silva, L., & Garcia, M. (2020). Educação em saúde no contexto escolar. *Revista Brasileira de Educação*, 25.
- Silva, R., et al. (2008). Atividade física, IMC e adolescentes. *Revista Brasileira de Medicina do Esporte*, 14(6).
- Silveira, J. W. P. (2024). Atividade física relacionada à saúde como tema estruturante do componente curricular Educação Física. *Revista Brasileira de Educação Física Escolar*, 5(2), 45–60.
- Sistema de Vigilância Alimentar e Nutricional. (2024). *Relatórios sobre o estado nutricional de adolescentes*. Ministério da Saúde.



Tavares, L., et al. (2014). Consumo de alimentos ultraprocessados em adolescentes. *Revista de Saúde Pública*, 48(5).

Zancan, L., & Tono, A. (2018). Uso de mídias digitais na adolescência. *Interface - Comunicação, Saúde, Educação*, 22.