

TEACHERS' KNOWLEDGE ABOUT THE HEALTH AT SCHOOL PROGRAM IN A DISTRICT IN THE INTERIOR OF BAHIA



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ABSTRACT

The school environment is a privileged locus for health promotion, characterized as a space of intense social interaction and development of critical thinking. The implementation of the School Health Program (PSE), an intersectoral policy instituted in 2007, faces significant challenges in rural contexts, where the understanding of educational actors about its operational principles and guidelines can influence its effectiveness. Thus, the present study sought to analyze the knowledge of teachers from the municipal education network of the district of Pilar, municipality of Jaguarari-BA, about the program, identifying potentialities and weaknesses in its implementation. The study was characterized as exploratory-descriptive with a qualitative approach, carried out with 21 teachers from the three municipal schools in the district of Pilar. Data collection took place between February and May 2024, through semi-structured interviews. The data were submitted to Content Analysis according to Bardin, emerging four analytical categories: conceptual perception of the PSE, validity attributed to the program, understanding of intersectorality and self-perception of the teaching role in the promotion of school health. It was evident that most teachers had superficial knowledge about the guidelines and components of the PSE, associated with the absence of specific continuing education. Despite this, the professors recognize the relevance of the intersectoral articulation between health and education, as well as the need for systematic and structured implementation of the program. The main obstacles were identified: insufficient material resources, discontinuity of actions, fragility in technical support and limitations in the effective integration between the sectors involved. The findings point to the need to strengthen the formative dimension of teachers regarding the theoretical-methodological foundations of the PSE, as well as to improve the mechanisms of intersectoral articulation in a rural context.

Keywords: Education. Health. PSE. Intersectorality. Health Promotion.

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INTRODUCTION

The school space is a favorable environment for Health Promotion, as it is the locus of intense social relationships of daily coexistence between students, teachers and employees. It is also a privileged space for critical and political development, for the construction of values, beliefs and concepts (Brasil, 2009).

The concept of health proposed by the World Health Organization (WHO) transcends the mere absence of pathologies, defining it as "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1986). In this multidimensional perspective, education is configured as one of the fundamental social determinants for the achievement and maintenance of integral health. As a constitutive element of the health promotion process, the educational component plays a structuring role in social development, overcoming disciplinary boundaries and fostering intersectoral approaches. This educational process enables the instrumentalization of subjects, particularly at school age, for the critical and reflexive appropriation of an expanded concept of health, which contemplates the individual and collective dimensions in their epistemological complexity (Carvalho, 2015). The articulation between the fields of health and education is, therefore, a strategic axis for the construction of emancipatory practices that recognize health as a social production permeated by cultural, political and economic determinants.

Considering this perspective of the importance that health and education represent, through Presidential Decree No. 6,286, of December 5, 2007 (Brasil, 2007), the School Health Program (PSE) was created. This programme is about:

The main objective is the integration of health and education for the development of citizenship and the qualification of Brazilian public health and education policies aimed at children, adolescents, young people and adults in Brazilian public education, integrating the networks of the Education System and the Unified Health System (SUS) through the articulation of public schools, basic health units and Family Health units already existing (Brasil, 2011).

In this sense, the PSE constitutes a possibility to meet a need that has been discussed for a long time: the strengthening of integration between the education and health sectors, promoting the intersectoriality proclaimed by the SUS and the co-responsibility between these sectors, which are used to working in isolation (Santiago *et al.*, 2012). Silvestre *et al.* (2016) also reinforce that the PSE aims to contribute to the strengthening of actions, the

integral development and the participation of the school community in programs and projects articulated between education and health.

The Program is implemented based on five components: evaluation of the health conditions of children, adolescents and young people in public schools; health promotion and actions to prevent diseases and health problems; continuing education and training of education and health professionals and young people; monitoring and evaluation of student health; monitoring and evaluation of the program (Brasil, 2011).

The execution of these actions must continue to consider the school and social context, the local health diagnosis and the operational capacity of the school and Primary Care teams, and the actions carried out by the health team at the school must be aligned with the school curriculum and the comprehensive education policy (Brasil, 2017).

However, the effectiveness of the PSE depends on the active participation and full support of teachers. They should not only be responsible for performing tasks, but also incorporate actions that take into account their understanding of students, school dynamics, educational practice, and school routine (Procópio; Campos, 2021). Teachers' involvement in the PSE facilitates collaboration with health professionals, promoting a more comprehensive and effective approach to school health issues.

In addition, the teacher, according to Paulo Freire (2021), is able to coordinate the educational action, both in the learner as a participating subject agent, and in the school as a cultural curriculum and in the classroom as a space for dialogue. The school setting and the presence of the teacher in promoting and improving health, self-esteem, behavior and skills are of paramount importance for the lives of students (Kusma *et al.*, 2012).

The perception of teachers is a basic element for understanding the operationalization of this intersectoral policy, considering that these professionals play a strategic role as mediators and implementers of programmatic actions. The systematic mapping of teachers' perceptions makes it possible to identify intervening factors that enhance or hinder the execution of the program, providing theoretical-methodological subsidies for the improvement of intersectoral practices and for the consolidation of a contextualized approach that effectively responds to local socio-sanitary demands, recognizing the school as a privileged space for the promotion of collective health.

Thus, the general objective of this research was to analyze the knowledge of teachers from the municipal school system about the School Health Program (PSE) in the district of Pilar, municipality of Jaguarari, Bahia. Additionally, it was sought to elucidate the

obstacles perceived by the teachers in the operationalization of the program and to catalog their propositions for the improvement of the actions developed in the territory, seeking to present potential contributions to the optimization of the school environment as a locus of health promotion, as well as to the refinement of the processes of implementation of the PSE in that locality.

METHODOLOGY

STUDY DESIGN

The present study is a descriptive research with a qualitative approach, developed in the district of Pilar, municipality of Jaguarari, located in the region of the Bahian caatinga, northwest of the capital Salvador. The empirical field is a territory with sociodemographic particularities that configure the local educational scenario.

CONTEXT AND PARTICIPANTS

The district of Pilar is located in the municipality of Jaguarari, in the region of Vale do Curaçá, an area formerly known as the city of Caraíba. This district is located in the Curaçá Valley, in the Bahian caatinga region, northwest of Salvador (Jaguarari City Hall, 2023). Designed in the late 1970s and early 1980s, the housing nucleus was built to house employees of Mineração Caraíba S/A, service providers and their families. The original conception provided for the service of approximately 8 thousand inhabitants, with the possibility of expansion to up to 15 thousand people.

The municipal education network of Jaguarari has 39 school units, totaling 4,541 active enrollments and 273 teachers. In the district of Pilar, there are three municipal school institutions. The study universe comprised 77 professors linked to these units, adopting non-probabilistic convenience sampling.

The teachers participating in this research met the following eligibility criteria: to be in effective teaching practice in the municipal schools of the referred district, regardless of the nature of the employment relationship (effective or temporary), and to formally consent to their participation by signing the Informed Consent Form (ICF). The exclusion criteria were: teachers on functional leave during the data collection period, school managers, pedagogical coordinators and teachers who did not express consent to participate in the study.

The present research project was approved by the Research Ethics Committee of the Amaury de Medeiros Integrated University Health Center (CISAM/UPE), according to substantiated opinion No. 6.892.198 and CAAE No. 74828723.2.0000.5191. All methodological procedures were conducted in accordance with the guidelines and regulatory standards recommended by Resolution No. 466/2012 of the National Health Council (Brasil, 2012).

DATA COLLECTION PROCEDURES

Data collection took place between February and May 2024. The interviews were scheduled in advance, in accordance with the schedule of school activities provided by the management teams. Initially, the research project was presented to the participants, followed by semi-structured interviews.

The documentary corpus consisting of the recordings was stored on a digital platform with encryption and two-step authentication (*Google Drive*), ensuring the confidentiality and integrity of the data. The transcription of the interviews was carried out manually, preserving the subjects' discursive literalness for later analysis.

The interviews were conducted by the main researcher, using a semi-structured script adapted from Pacheco (2019). The instrument included questions related to the sociodemographic characterization of the participants (age, gender, employment relationship, academic background, and length of professional experience) and thematic nuclei related to the PSE (conceptual knowledge, implemented practices, operational challenges, and perceptions about the program).

DATA ANALYSIS

The empirical material was submitted to Content Analysis, as recommended by Bardin (2004) and Minayo (2007), operationalized in three consecutive phases: (1) pre-analysis, characterized by the systematic organization and floating reading of the material; (2) exploration of the content, with identification of analytical categories and discursive patterns; and (3) treatment and interpretation of the results, attributing meaning to the narrative fragments expressed in the interviews.

To preserve the anonymity of the participants, alphanumeric coding (P1 to P21) was adopted to identify the statements. After exhaustive reading of the material, four thematic categories emerged: knowledge about the PSE; validity of the Health at School Program;

importance of intersectoriality; and teachers in the promotion of school health: contributions and challenges.

RESULTS AND DISCUSSION

After the execution of the methodological procedures for data collection, a final sample consisting of 21 participants was obtained. Of the universe of 77 eligible professors initially contacted, there was an adherence rate of approximately 27%. This relatively limited sample representativeness can be analyzed in the light of multiple intervening factors in the investigated context.

The limited participation of teachers may be associated with determinants such as: insufficient appropriation of scientific investigative processes by educators; subjective perception of irrelevance regarding the potential individual contribution to the study; and the intensification of work characteristic of contemporary school daily life, which often results in an overload of assignments. Such aspects corroborate the findings of Tardif and Lessard (2014), which point to the complexification of teaching work as a restrictive element to engagement in activities exogenous to immediate pedagogical demands.

The observed response rate, although a methodological limitation to be considered in the analysis of the results, is in line with similar rates reported in studies with teaching populations in rural contexts (Silva et al., 2019; Martins, 2021), suggesting a recurrent pattern of participation in qualitative research in this professional segment.

Most participants had a formal employment contract, 57% (n= 12). The age range of the teachers ranged from 23 to 50 years, encompassing both professionals who had recently joined the service and those with extensive experience in the area. Regarding the gender of the participants, 81% (n=17) of the sample was composed of female individuals, as indicated in Table 1.

Table 1 - Sociodemographic Profile of Teachers (n = 21), Jaguarari - BA, 2025

Variables	N	%
Sex		
Female	17	81
Male	4	19
Age group		
20 to 30 years	4	19
30 to 40 years	9	43
40 to 50 years old	8	38
Employment relationship		
Competitive examination	12	57
Contracted	9	43

Source: Prepared by the author herself.

This data is in accordance with the School Census of Basic Education (Brasil, 2023), which indicates that, in the initial years, 769,366 teachers are active, of which 87.7% are female and 12.3% male. In addition, the age groups with the highest concentration of teachers are those aged 40 to 49 and 30 to 39 years. In any case, it is indeed a predominantly female profession. However, this female participation is more intense in Early Childhood Education and the Early Years of Elementary School and lower in the Final Years of Elementary School and High School (Gatti; Barreto, 2009).

The significant presence of women in education, especially in the Early Years, can favor a more careful and sensitive approach to the health needs of students. Muysa (2021) highlights that:

Early Childhood Education teachers play a crucial role in shaping children's attitudes and values, shaping their perceptions and behaviors from the earliest years of life. This influence is particularly significant since the majority of educators at this stage are female, which can bring a unique sensitivity to children's emotional and social needs.

This sensitivity not only supports the emotional development of students but also contributes to the promotion of a healthy school environment where health and well-being are a priority.

4.1 KNOWLEDGE ABOUT THE HEALTH AT SCHOOL PROGRAM

When questioned about their conceptions about the PSE, a significant predominance of teachers was observed, 66.7% (n=14), who declared substantial ignorance about this intersectoral policy. The collected narratives were characterized by laconic and assertive responses, evidencing limited conceptual and operational appropriation of the program. The participants manifested fragmented and superficial representations about the foundations, objectives and structuring components of the PSE, as can be seen in the following discursive excerpts (Chart 1):

Chart 1 - Teachers' knowledge about the PSE

Answers	Participants
"I don't know"	P1, P2, P3, P10, P15, P18
"I don't have much information"	P9
"I don't know, because I don't have information"	P6, P8, P9
"Nothing"	P4, P13, P19

Source: Survey data.

This lack of knowledge may be a reflection of failures in the dissemination of information about the program or of limited intersectoral communication, preventing the PSE from reaching its full potential in schools. As the structuring of the program's actions goes through its actors, it is essential that they have the understanding, knowledge and skills necessary to develop them (Assis; Pepper; Schall, 2013, p. 135).

Bringel *et al.* (2016), in their study with 11 teachers from a school in the interior of Bahia, state that teachers' lack of knowledge about the PSE can become an obstacle, making it difficult to carry out activities that could be better developed if there was a partnership between health professionals and educators.

The results of this study corroborate the findings of Brasil *et al.* (2017), who point out that the lack of knowledge of professionals about the program, combined with the lack of action planning, evidences the disarticulation between the education and health sectors, although they also reveal potential for strengthening this intersectoral practice. This lack of coordination reflects a gap that could be filled by continuing education for teachers, promoting integration between areas and improving the implementation of the actions foreseen by the PSE.

However, it is important to highlight that some teachers demonstrated a more in-depth knowledge of the PSE's actions. As reported by P11, who mentioned specific initiatives:

"I know some of the program's actions, such as: vaccination status, environmental health, values project, culture of peace and human rights, physical activity" (P11).

In addition, Costa *et al.* (2013) identified that the emphasis on oral health and vaccination actions was, among the health promotion actions carried out at school, the one that was most remembered by a group of 32 teachers.

Others, such as P17 and P20, highlighted the intersection between health and education, with P17 bringing a broader and more strategic definition of the program:

"Program that aims to integrate education actions with health actions, promoting an intersectoral link that improves the quality of life of the school community and the community in general around the schools" (P17);
"A program that involves health and education" (P20).

These positive reports show that, where there is greater access to information and involvement with the PSE, teachers are able to see the benefits and impact of the actions in the school environment.

The synergism employed by the PSE, between the Family Health Strategy and Education, should occur based on articulated actions and in line with the pedagogical activities of the school, with the communicability between the actors of the two areas being fundamental, with the inclusion of health promotion activities anchored in the Pedagogical Political Project (PPP) of the schools to be implemented throughout the school year (Brasil, 2011). In addition, the implementation of a calendar of PSE activities in schools, which includes awareness and health promotion events, can be an effective strategy to increase the visibility of the program and encourage the participation of educators.

Participation in the school health program

When asked about their effective engagement in the programmatic actions of the PSE, it was found that participation was extremely low, with only one teacher 4.8% (n=1) reporting concrete involvement, while the other participants declared that they were not part of the initiatives developed within the scope of the program. The singular testimony of the professional who reported active participation evidences the diversity of interventions potentially covered by the scope of the PSE, covering dimensions such as immunization, mental health, and environmental surveillance:

"I do participate, promoting actions related to the vaccination calendar of students, promoting actions related to psychological support, actions related to environmental health" (P19).

This involvement is of paramount importance, as the PSE's actions aim to improve the health and well-being of students, contributing to a healthier and more conducive school environment for learning. P19's speech reveals the transformative potential of the program when educators are engaged in its activities, evidencing the relevance of the actions proposed by the PSE. Thus, the richness and complexity of the proposal stand out in the objective of enabling health actions in an integrated way with the culture, daily life and

reality of schools, seeking, first, to know the living conditions of children, adolescents and teachers so that, in sequence, quality of life can be promoted in this scenario (Machado et al., 2015, p. 310).

However, the low participation rate observed suggests a lack of incentive or opportunities for educators to engage in program activities. This data points to a structural challenge, which may be related to both the absence of incentive policies in schools and the lack of adequate articulation between the health and education sectors. The disarticulation between the education and health sectors compromises the implementation of the PSE actions (Brasil, 2011). In addition, the overload of teaching tasks may be another factor that discourages teachers' participation in the PSE, a phenomenon also observed in other studies, which indicate that teachers often do not feel qualified to act in the program's initiatives (Lopes et al., 2007).

It is imperative that schools foster a culture of engagement with PES, facilitating communication and collaboration between health and education professionals. Initiatives such as continuous training, greater dissemination of PSE actions and the inclusion of program activities in school routines can be important steps to increase teacher participation. According to Braz et al. (2017), the active participation of educators in health programs can lead to positive results for both students and the school community as a whole.

Training related to the PSE

All the teachers interviewed reported never having participated in specific training related to the program. The respondents' statements highlight this gap:

"No, because the municipality carries out only some actions according to the Ministry of Health's campaigns, the public policies where the school unit is inserted are not well developed" (P13);
"No, the school was never contemplated" (P12).

Teacher training is a key aspect for the success and effectiveness of the PSE. According to Pit (2016), training is essential, as it promotes approximation between the professionals who work in the HSP and enables discussions about strategies, contributing to the qualification of communication and understanding of the concepts and fundamentals of the HSP. In addition, Santos and Ribeiro (2018) highlight that continuous training is essential to enable educators to develop practical and theoretical skills, necessary to deal with health challenges in the school environment.

This lack of training not only prevents educators from feeling prepared to implement the PSE guidelines, but also limits the effectiveness of the actions that could be developed. In this context, it is noteworthy that training is of great importance, as it brings together all sectors involved in the PSE and fosters discussions about the Program's strategies, leveling all those involved (Ferreira et al., 2014). Thinking about the importance of the institutions and agents that are involved in them is necessary for the professionals who participate in the training, especially because they are part of the main sectors intertwined and related to the execution of the Health at School Program.

Baroni (2022) highlights that educators do not have access to continuous training and that there is little clarity regarding their responsibilities in the program. To change this situation, it is essential to break with the traditional management model, providing training that expands the necessary concepts and converts into practices that promote democratic interaction between different sectors, encouraging the active participation of the community. These initiatives must be based on the analysis of the local context, integrated with the pedagogical projects of the schools and effectively guarantee health care, prevention and promotion.

According to Interministerial Ordinance No. 1,055/2017, training actions for health and education professionals for the implementation, execution and evaluation of PSE actions must be promoted by the three spheres of government, as explained in articles 8 and 9:

Art. 8 For the execution of the PSE, it is incumbent upon the Ministry of Health (MS) and the Ministry of Education (MEC), jointly:

III - subsidizing the formulation of proposals for the training of health and basic education professionals for the implementation of the actions of the PSE;

Art. 9 The training of health and education managers and technicians is the responsibility of the three spheres of government, and must be carried out continuously and permanently (Brasil, 2017).

The lack of training on the program was also identified by Silva-Sobrinho et al. (2017, p. 103), who state that "teachers recognize the relevance of health promotion, but mention the absence of training". The same importance is observed in the discourse of principals of schools adhering to the PSE in the municipality of São Benedito/CE, who claim to have a limited understanding of the program, recognizing only clinical activities as an integral part of the PSE (Veras; Ferreira; Lourinho, 2020).

According to Medeiros et al. (2019), the training of the Health at School Program should be seen as contexts of complex relationships, where it is essential to recognize the interactivity and interdependence between participants. In this environment, professional articulation and the integration of different perspectives are essential, providing opportunities for the exchange of experiences, cooperation and the development of skills.

VALIDITY OF THE HEALTH AT SCHOOL PROGRAM

The arguments presented highlight the importance of the PSE for the health and quality of life of students, showing that teachers recognize significant benefits associated with its implementation, such as:

"Yes. Because it is of paramount importance for the quality of life of the population" (P2);
"Yes, because health is of fundamental importance for good school performance" (P9).

In addition, many teachers emphasize that anything that promotes the well-being of the student and their family results in an improvement in learning, as mentioned by P11:

"Yes, everything that promotes the well-being of the student and family improves learning" (P11).

This positive perception is corroborated by P12, who highlights that the PSE encompasses efficient public policies, including clinical and psychosocial assessments:

"Yes, because it encompasses efficient public policies that provide for the performance of clinical, psychosocial, nutritional, oral health assessment, etc." (P12).

The HSP is an important space for discussions, conceptualization, learning and development of strategies aimed at health promotion, viewing the school as a scenario that enables the production of citizenship, empowerment and change in the determinants of the way of living. This aspect is fundamental, as it allows teachers and students to become active agents in their health and well-being (Lopes; Walnut; Rocha, 2018, p. 773). This view is corroborated by those who know or suppose to know the PSE, since most consider the program valid, emphasizing its importance for the health and quality of life of students.

However, some respondents pointed out that the effectiveness of the PSE could be increased if the actions were implemented more regularly, suggesting a monthly periodicity:

"It would be valid if it were put into practice" (P8);
"It would be great if it happened regularly or at least once a month" (P10).

This indicates that, in addition to recognizing the importance of the program, the teachers see the need for a more constant and structured application of the PSE actions. As highlighted by one of the participants, the PSE is of great relevance, as expressed in P19:

"The program is very valid not only for promoting intersectoral actions of partnership between education and health, but for making individuals aware of the importance of having a good quality of life".

This view was reinforced by P21, who stated:

"I think it's super important, because it should integrate health and education" (P21).

Another relevant point that emerged from the answers was the importance of the integration between health and education promoted by the PSE. The professors highlighted that the program not only facilitates intersectoral actions, but also makes individuals aware of the importance of a good quality of life.

The positive perception of the integration between health and education reinforces the view that programs such as the PSE are fundamental for the holistic development of students, promoting both health and learning (Silva; Bodstein, 2016, p. 1780).

4.3 IMPORTANCE OF INTERSECTORIALITY

Chart 2 presents the teachers' perception of the importance of intersectorality within the scope of the PSE. In this context, the perception of teachers reflects this importance, since the vast majority see the collaboration between health, education and other sectors as essential for the integral development of students. They argue that this synergy not only benefits the school, but also promotes collective well-being, reinforcing the transformative role of intersectorality in community life:

Chart 2 - Teachers' perception of the importance of intersectorality in the PSE.

Answers	Participants
"Yes, the more partnership in the school unit to help our children is of paramount importance"	P11
"Yes, to guide, to make families aware of the importance of the program"	P2
"Yes, because unity is strength and the community would have a lot to gain"	P6

Source: Survey data.

Teachers' perception of the PSE is strongly influenced by the way intersectoriality is applied. According to Sousa, Esperidião and Medina (2017), this intersectoral approach must be truly shared, with decisions made horizontally, in order to ensure that collaboration between the health and education sectors occurs in a balanced manner. In this way, the protagonism of health is avoided from dominating the actions, allowing education to also play an active and essential role in the development and implementation of the program.

According to Santos, Silva and Checchio (2021), in the study on the perception of Family Health Strategy professionals and schools in relation to the intersectoriality of the PSE in the city of Petrolina-PE, it is evident that intersectoral articulation is still a challenge to be overcome by PSE actors. However, these professionals recognize the importance of intersectoriality for the program and the difficulties in its implementation.

"Yes, because without the full health of the student, learning is impaired. In addition, it is also important for the health and appreciation of the school community, as it is the basis of education" (P8).

"Yes, I even think that inside the school there should be a health professional on a permanent basis" (P7).

These statements show that teachers recognize intersectoriality as a crucial element to ensure the integral health of students, which, consequently, contributes to better school performance. The participants also highlight the importance of the presence of health professionals in schools and the appreciation of the school community as a whole. According to Dias et al. (2016, p. 1790), the effective implementation of the PSE requires integration and interprofessional cooperation, reaffirming the relevance of these teachers' perceptions for the strengthening of the program.

In addition, in addition to interdisciplinarity between health and education teams, there must also be integration with the family and the school community, in the sense of empowerment and accountability of all in relation to the transformation of their living and health conditions (Barros; Luz, 2015). This integrated approach is key to ensuring that everyone involved feels responsible and empowered to contribute to the well-being of students.

This articulation is important for the construction of continuous and permanent activities for students. In addition, interdisciplinarity will be built based on the organization of

the two teams, with the fulfillment of their work demands and planning that promotes the encounter between school and health (Christmann; Pavão, 2015).

Intersectoriality cannot be seen as an isolated responsibility of a sector or professional, it is necessary to form a support network and listen to professionals and sectors, so that the work developed goes beyond the care model and helps to solve the problems experienced by the population. It is noted that intersectoral partnerships with this objective are punctual, occasional and do not present a systematized planning. (Silva; Rodrigues, 2010, p. 765).

In addition to the challenges already mentioned, Faria and Carvalho (2003), in their research with health units and schools, state that ten of the twelve health centers combined health education themes with schools, based on the needs of the students. In fact, most health services had an action program prepared at the beginning of the school year; However, only three of them had discussed this program with the management of the schools before it was implemented. This highlights the gap that still persists in the articulation between health and education, highlighting the importance of a more effective and systematic dialogue between the two sectors.

While teachers recognize the benefits of intersectionality, many mention that these programs are often not implemented in schools, but rather in the community. This suggests a gap in the practical application of public policies:

"It would help a lot, but there are no such programs at school, but in the community" (P4);

"Yes. It would help a lot if there was, but there is no one at school, but there is one in the community, which is the ERO Brasil quality of life program" (P5).

The integration between health and education is seen as fundamental to address important topics, such as health promotion and disease prevention. The importance of a multidisciplinary team to address sensitive issues such as sexually transmitted diseases is also mentioned. The PSE is presented as an incentive for intersectoral practices related to Health Promotion in the school environment, as it constitutes a possibility to meet a need that has been discussed for a long time: the strengthening of integration between the education and health sectors, promoting the intersectoriality presented by the Unified Health System and the co-responsibility between these sectors, which are used to working in isolation (Santiago et al., 2012).

The professors reinforce the relevance of this integration:

Yes. Health and education must go hand in hand for quality of life. Mainly addressing important topics such as health promotion and prevention, especially in relation to sexually transmitted diseases, the students themselves argue that the family does not address the issue of sex or prevention methods because of religion. That is why it is important to have a PSE with a multidisciplinary team (P11).

It is noteworthy that in the PSE it is necessary to articulate health and education, the partnership between public sectors, the participation of users and family members, ways of operating valuing different knowledge, specialized or secular, resulting in innovative and articulated work processes that promote significant changes in reality.

Children spend a large part of their childhood inside schools, for this reason we can emphasize the importance of school as a setting for health promotion. In addition, of course, to the intrinsic relationship between health and education. Thus, improvements in health are able to provide benefits for education (Langford et al., 2017).

In the PSE Manager's Notebook (2022), it is reported that, as an example of good practices in the field of intersectoriality, there are municipalities in which the GTI-M has partnered with municipal centers, such as the Municipal Violence Network Nucleus, to carry out PSE actions related to the culture of peace and prevention of the use of alcohol and other drugs. These actions use methodologies of debate cycles and conversation circles with students in schools.

TEACHERS IN SCHOOL HEALTH PROMOTION: CONTRIBUTIONS AND CHALLENGES

Contributions

The responses indicate that student health is a significant concern for education workers. Several teachers recognize that the health of students is directly linked to their academic performance and the general well-being of the school community.

Teachers believe that healthy students are more willing to learn and perform school activities. Students who are well in terms of health tend to have better performance and ease of learning. Student health is seen as essential for the integral development of the subject, directly affecting student attendance and learning:

Chart 3 - Teachers' perception of the relationship between student health and academic performance

Answers	Participants
"Yes, because healthy students, students with more willingness to learn and perform their activities"	P6
"Yes, health and quality of life help student learning"	P12
"Yes, because it contributes to the development of the subject"	P8
"Yes, because a healthy child has good learning"	P9

Source: Survey data.

The pandemic has brought new concerns about the mental and physical health of students, with emphasis on the impact on orphaned children and difficulties in socializing and literacy. The Ministry of Education's Implementation Guide for Return Activities (2020b) highlights that, with the influence of Covid-19, the PSE becomes a fundamental piece in the reopening of schools, proposing the integration of education professionals with those of PHC to meet the demands generated by the pandemic and its effects on families, education professionals, and their families.

"Yes, especially after the pandemic, some children were orphaned. They are suffering the psychosocial consequences of the lack of interaction among their colleagues" (P11).

After the pandemic, the need for psychosocial support for children who have suffered losses or face socialization difficulties has become more evident.

"Yes. With healthy public policies, community participation is a strategy to enable students to take control of their own health and well-being" (P11).

Teachers highlight several ways in which they can contribute to better student health, although they recognize the need for support from other sectors. Many teachers mention participating in projects and giving lectures on health topics, such as healthy eating and personal hygiene.

In this context, it is important to emphasize that participation in interdisciplinary projects, continuing education and meetings of different natures, which aim to bring together different professionals, encourages approximation and an interdisciplinary relationship between them (Velloso et al., 2016). The teachers express this contribution when they state:

"Yes. We have always done our part with internal projects related to health in general" (P2);

"Yes, participating in lectures and putting into practice everything they learned" (P6).

Teachers recognize their role in raising students' awareness of the importance of healthy habits and preventing physical and emotional illnesses. According to Boccaletto (2007), the educator plays a fundamental role in connecting students to topics that meet their needs, promoting access to information and contributing to the construction of healthy behaviors and attitudes. The educators themselves emphasize this responsibility when they state:

"Absolutely, because we are agents of knowledge propagators and this includes teaching about how to prevent and deal with both physical and emotional diseases" (P10);

"Yes. When the student has knowledge, he acts consciously and avoids acquiring health problems" (P15).

The importance of the figure of the teacher in health education actions in the school environment is a key point, as only the transmission of information about the functioning of the body and the description of the characteristics of diseases, as well as healthy habits, are not effective in the development of attitudes that affect the quality of life of the subjects. It is necessary to broaden this debate and consider all the aspects involved in the formation of habits and attitudes that happen on a daily basis, inside and outside the school (Lousan, 2014).

Menezes (2021) argues that, when the PSE guidelines are properly applied in the school environment, they can open up important opportunities to enrich teachers' pedagogical practices. This results in the construction and assimilation of new knowledge, which has the potential to generate various transformations, both at the individual and collective levels, affecting personal life and the social context.

Thus, the application of these guidelines not only enriches pedagogical practices, but also requires schools to create a collaborative environment where health issues are discussed in an integral way, involving the active participation of the student.

The school contemplated by the PSE must operate in such a way that the activities to be developed meet the expectations of teachers and, especially, students. The themes to be worked on by the PSE should be debated in the classroom by teachers, advised by health professionals or directly by health professionals, with prior planning and support from teachers, when necessary. This preparation of students in the daily life of the school should

imply youth participation, from scheduling, organization to carrying out activities (Brasil, 2022).

Challenges in school health promotion

The results of the research reveal that, although teachers recognize the importance of health promotion in the school environment, they still face several challenges to make it effective. Many point to work overload, the absence of specific training and the lack of support from health professionals and other sectors as significant obstacles:

"Not alone, we need help from other sectors" (P21);
"Yes, but with help to be possible" (P5).

In addition, some participants highlighted the need for continuous training to act more safely and effectively in health actions:

"If trained, they can help" (P12).

Still others highlight the importance of public policies and community participation to strengthen health work at school:

"Yes, with healthy public policies, community participation is a strategy to empower students to take control of their own health and well-being" (P11).

These reports reflect a reality still marked by structural and operational gaps in the implementation of the School Health Program (PSE). Thomas et al. (2024) point out that the PSE represents a great opportunity to ensure full protection for children and adolescents, especially with regard to updating the vaccination status and other health promotion actions. However, the perception that only health professionals should work in this area contributes to a fragmented and disjointed view of the program, weakening the intersectoral and interdisciplinary character that should guide it.

Guimarães, Soares and Mazureck (2018) point out that the lack of materials, the overload of teaching work and the absence of specific training are recurrent challenges in the promotion of school health. This scenario reveals a limitation in the effective articulation between the health and education sectors. Silva et al. (2014) and Farias et al. (2016) highlight that building solid and effective partnerships between the two sectors is still a persistent challenge, compromising the reach and quality of intersectoral actions. Similarly,

Sousa, Esperidião and Medina (2017) observe that, in practice, the activities of the PSE are mostly conducted by health professionals, while education professionals have peripheral participation, which can significantly reduce the transformative potential of the program.

The absence of this articulation negatively affects the process of integration between health and education, generating vulnerabilities in the development of school health actions (Jacóe et al., 2014). To overcome such challenges, it is necessary to strengthen collaborative work among teachers, creating networks for the exchange of knowledge and experiences. According to Sousa (2014), the articulation between different sectors and the mobilization of different knowledge are fundamental to expand the possibilities of action in the field of school health.

In this sense, the training of teachers both at the undergraduate level and through continuous training is essential for them to act as agents of health promotion. Gomes (2012) emphasizes that continuing education favors the approximation between health and education, allowing the development of interdisciplinary projects and transformative practices. Zancha et al. (2013) reinforce this perspective by pointing out that teaching the theme of health is a challenge, as it requires not only the transmission of content, but also a reflective pedagogical approach, which promotes changes in students' habits and attitudes.

Vieira-da-Silva (2014) highlights that the implementation of public policies with an intersectoral character can be compromised by different factors, such as local political and organizational conditions. This is confirmed in studies such as that of Paganella (2020), carried out in the city of São Paulo, where it was observed that school professionals were unaware of the PSE, lack of specific training, lack of didactic material, and lack of knowledge of the National Health Promotion Policy (PNPS), in force since 2006.

Finally, Cavalcanti, Paiva Neto, and Rech (2021) reinforce that the main obstacles to the consolidation of the PSE are the weaknesses in the intersectoral articulation and the insufficient training of the professionals involved. Thus, it is urgent to invest in integrated actions, qualified training and in the strengthening of cooperation networks between health and education to ensure the success of public policy in Brazilian schools.

CONCLUSION

The general objective of this research was to evaluate the knowledge of teachers from the municipal education network about the PSE in the district of Pilar, in Jaguarari-Bahia. For this, the sociodemographic profile of the participants, the level of knowledge

about the program, the involvement in the actions of the PSE and the factors that influence this participation were considered.

The results showed that teachers have limited knowledge about the PSE, which is strongly associated with the absence of specific training and the fragility of the articulation between the health and education sectors. The low participation in the program's actions is evidenced by the report of direct involvement by only one teacher, which indicates a mismatch between the intersectoral proposal of the PSE and its execution in the schools investigated.

Despite these gaps, teachers recognize the importance of the program for promoting the health and well-being of the school community. This positive perception, even in the face of difficulties, reveals a fertile ground for investments in continuing education and integrated strategies that strengthen the role of the educator in the implementation of PSE actions.

Although the study has limitations, such as the restricted number of participants and the absence of a detailed analysis of the operationalization of the program in the school units, the data obtained offer relevant subsidies for the formulation of public policies that integrate health and education more effectively. It is recommended that future research explore the impact of teacher training and intersectoral management on the consolidation of the PSE as a structuring policy for health promotion in the school environment.

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