



Health promotion of university students: the influence of social skills

Promoção da saúde de estudantes universitários: a influência das habilidades sociais

Maria Camila Azeredo de Jesus¹, Elisabete Agrela de Andrade²

¹ Master in Health Promotion at UNASP, São Paulo (SP), Brazil; ² PhD in Public Health from the University of São Paulo, Professor at the Department of Professional Master's Program in Health Promotion of the UNASP, São Paulo (SP), Brazil.

Corresponding author: Elisabete Agrela de Andrade – *E-mail:* elisabeteagrela@gmail.com

ABSTRACT

The present study aimed to analyze the influence of Social Skills on the quality of life of university students (n=923) of a Higher Education Institution in the city of São Paulo. An exploratory, descriptive, and quantitative study was carried out as method. For data collection, the sociodemographic questionnaires Inventário de Habilidades Sociais “Social Skills Inventory” (IHS-Del-Prette) and WHOQOL-BREF were applied. Statistical analyses were performed with GraphPadPrism. The results showed that there was a predominance of young (80.04%) women (63.2%) and a significant correlation was found between the scores of quality of life and social skills. It was concluded that the higher the social skills scores, the higher the quality of life of university students. This contributes to the potential of building healthy environments that foster the development of social skills, generating health-promoting universities.

Keywords: Health promotion. Quality of life; Social skills; Student health. University

RESUMO

O presente estudo objetivou analisar a influência das Habilidades Sociais na qualidade de vida do estudante universitário (n = 923) de uma instituição de ensino superior na capital paulista. Como método, realizou-se um estudo exploratório, de caráter descritivo e natureza quantitativa. Para coleta de dados, foram aplicados questionário sociodemográfico, Inventário de Habilidades Sociais (IHS-Del-Prette) e WHOQOL-Bref. Foram realizadas análises estatísticas com GraphPadPrism. Os resultados mostraram que houve predomínio de jovens (80,04%), mulheres (63,2%); e foi encontrada correlação significativa entre os escores de qualidade de vida e de habilidades sociais. Concluiu-se que, quanto maiores os índices de habilidades sociais, maior a qualidade de vida dos estudantes universitários. Isso remete ao potencial de construção de ambientes saudáveis que fomentem o desenvolvimento de habilidades sociais, geradoras de universidades promotoras de saúde.

Palavras-chave: Habilidades sociais. Promoção da saúde. Qualidade de vida. Saúde do estudante. Universidade.

Received in February 18, 2022

Accepted on May 23, 2022

INTRODUCTION

Nowadays, an increasingly careful look is needed at higher education. The growth of the university population reveals

a huge diversity of students in terms of socio-demographic and cultural profile, basic skills, expectations, age range, among other characteristics.¹In an environment composed of so many peculiarities, some

environmental and individual factors can influence young people's quality of life. The student is inserted into new life contexts; new academic demands, the often separation from family and friends, new social interactions, and responsibility and autonomy for their professional training, in addition to all the social and personal expectations inherent and that may permeate the different stages throughout the graduation process.^{2,3}

These aspects, intrinsic to the experience of the young university student, reveal the increase of psychological suffering and the exposure to health problems among these students.^{1,2,3}

However, the university is also an environment capable of strongly contributing to the development of resources necessary for the good professional and personal performance of its individuals.⁴ As of the 1990s, several World Health Organization (WHO) projects gained momentum towards the construction of "healthy environments", when the Health Promoting Universities emerged, higher education institutions that take social responsibility to include health in their curricula and create specific actions aimed at achieving health. In practice, these universities will establish institutional policies that promote health and quality of life (QoL) in the academic community.⁵

As health-promoting strategies, among the factors that influence academic and professional success, are the investments in students' learning and well-being in the educational environment. For

this, actions that take into account psychological conditions² are needed, as well as infrastructure, social relationships, curriculum, and policies and practices in which universities can provide health actions to influence the QoL of all individuals involved.^{6,7}

Quality of life is understood as a subjective notion, with multiple meanings, which refers to the well-being that individuals and the community find in the various spheres of life. Even though it is an individual construction, it is influenced by the set of values, beliefs, and customs of the society in which one is inserted.⁸

As an effective action to promote well-being and QoL, the development of Social Skills (SS) is an important strategy for promoting health and allowing better experiences and adaptation to the university.² SS is defined as the set of behaviors that are emitted when faced with the demands of interpersonal situations and that act on the environment, so that their consequences have a retroactive effect on the organism that produced them.³

The way social and academic interactions take place at the university indicates greater or lesser chances of students' intellectual and personal growth. Therefore, the development of skills favors adaptation and enables the individual to deal effectively with the demands and challenges of everyday life, and can be considered an important tool for empowerment, aimed at promoting social well-being in order to ensure their healthy development.^{9,10,11}

The scientific production shows that the current university student's illness rates are increasing. Consequently, this research questioned: can the development of SS contribute to improve the QoL of university students? It is understood that studies like this one are important to identify possible ways to reduce this illness and subsidize actions that promote health in academic contexts. Thus, the present study aimed to analyze the influence of SS on the QoL of university students at a Higher Education Institution in São Paulo.

METHODOLOGY

Exploratory research of a descriptive character and quantitative nature. The research was conducted in an Institute of Higher Education in the capital city of São Paulo, southeastern region of the country, with undergraduate students during the first semester of 2018.

The population was composed of 923 undergraduate students, attending various semesters of 13 different courses: Administration, System Analysis, Computer Science, Biological Sciences, Accounting Sciences, Physical Education, Nursing, Computer Engineering, Physiotherapy, Mathematics, Nutrition, Pedagogy, Psychology. The following instruments were used: WHOQOL - Bref¹², sociodemographic questionnaire, and the Social Skills Inventory (IHS-Del Prette).¹³

Application of the data collection instrument occurred after authorization from the coordinators of each

undergraduate course with specification of dates and times for data collection in classrooms. After permission from the professor responsible for the specific class period, the research was explained and the ICF was distributed, with guaranteed anonymity and of voluntary completion. Inclusion criteria were being duly enrolled in the institution's undergraduate program in 2017; being over 18 years old; being present at the institution on the day the instruments were applied, and signing the ICF.

All data were tabulated and analyzed with the help of Microsoft Office Excel 2010 software. To verify the correlation between the IHS and WHOQOL data, Pearson's correlation test was used; and for comparing proportions, the chi-square test was used. The GraphPadPrism statistical program was used for these analyses, and the significance level was set at 5% ($p < 0.05$).

All ethical precepts were respected during the research, which was evaluated and approved by the local Ethics Committee under opinion No.: 2.141.663. We considered the recommendations of Ministry of Health's Resolution 466/12, which provides for research involving human beings and the guidelines contained in the Declaration of Helsinki (WORLD MEDICAL ASSOCIATION). It also complies with the National Health Council's (NHC) Resolution 510/2016 for the area of Humanities and Social Sciences 2016.

RESULTS

During the period when the research data collection was conducted, there were 1967 students enrolled; after applying the

inclusion criteria, 923. The following table presents the sociodemographic profile of the participants:

Table 1. Sociodemographic profile of the sample

Variable	Total (n)	Percentage (%)
Age		
18 – 25	742	80.4%
26 – 35	126	13.7%
36 – 45	39	4.2%
45 +	16	1.7%
Sex		
Female	583	63.2%
Male	340	36.8%
Overall Total	923	
Skin Color		
White	391	42.4%
Brown	386	41.8%
Black	115	12.5%
Yellow	24	2.6%
Indigenous	3	0.3%
Did not respond	4	0.4%
Marital status		
Single	780	84.5%
Married	119	12.9%
Divorced	11	1.2%
Stable/Civil Union	5	0.5%
Widowed	2	0.2%
Did not respond	6	0.7%
Income		
From 1 to 3 minimum wage salaries	429	46.5%
No income	407	44.1%
From 4 to 5 minimum wage salaries	33	3.6%
Above 5 minimum wage salaries	19	2.1%
Below 1 minimum wage salary	1	0.1%
TOTAL	923	

Source: Research data, 2018

As for the university students' SS, the general descriptive data of the sample's SS repertoire are presented in Table 2 with indications of the mean and standard

deviation of the overall score and the factorial scores in relation to the normative standards available.¹³

Table 2. Descriptive SS data of the total sample (mean and standard deviation)

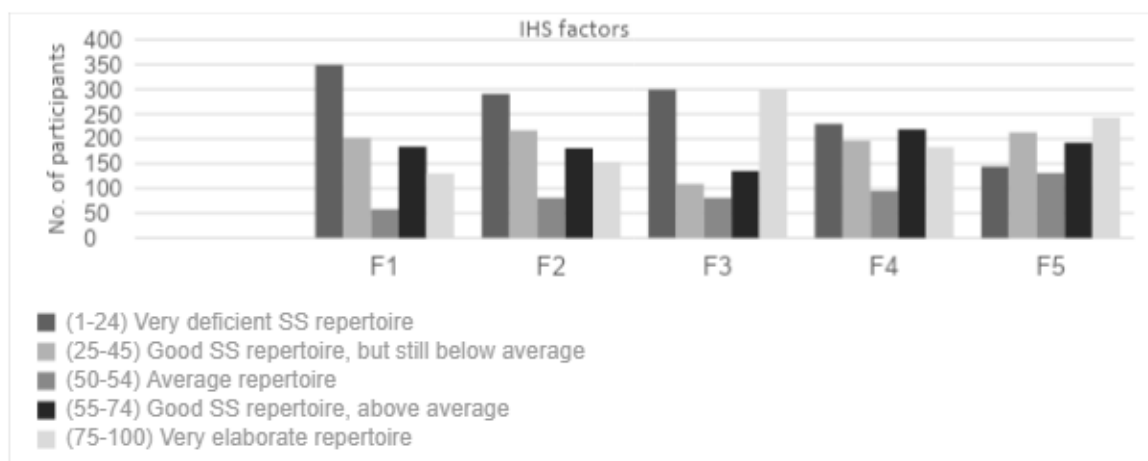
Variables	Mean	Standard Deviation
Overall Score	88.5	16.75
F1. Coping and Self-affirmation Towards risk	8.24	3.72
F2. Self-Affirmation in the Expression of Positive Feelings	8.61	1.73

F3. Conversation and Social Resourcefulness	7.06	13.34
F4. Self-Exposure to Strangers and New Situations	3.61	11.84
F5. Self-Control of Aggressiveness in Aversive Situations	1.31	6.03

Source: Research data, 2018

Considering the possible values of the scores (from 0 to 152), within the sample of 923 students, the minimum value obtained was 10 and the maximum value was 142. According to the percentile classification proposed by the instrument, the results indicate that 39.11% are classified with very poor SS repertoire; 17.77% with good repertoire, but below average; 6.50% with average repertoire; and another 36.62% were classified with above average SS repertoire in relation to the normative sample.¹³

Based on the results of the instrument's 5 factors, it is possible to notice that some factors relate more strongly than others to the total score, indicating the contribution of each factor to the overall score.¹⁴ The distribution of the scores of the 5 factors of the IHS is presented below (Graph 1): (F1) Coping and Self-affirmation Towards risk; (F2) Self-Affirmation in the Expression of Positive Feelings; (F3) Conversation and Social Resourcefulness, (F4) Self-Exposure to Strangers and New Situations, and (F5) Self-Control of Aggressiveness.



Graph 1. SS classification by factor
Source: Research data, 2018

For this sample of university students, the SS of F1, F2, and F4 carried a greater weight on the overall score, as these obtained more participants with below average SS repertoire ratings than F3 and F5, which scored more participants with

above average ratings. In other words, in comparison to the available normative sample, participants in this study perceived themselves as emitting a lower frequency of coping and self-affirmation towards risk (F1), self-affirmation in the expression of

positive feelings (F2), and self-exposure to strangers and new situations (F4); and a higher frequency in the conversation and social resourcefulness (F3) and self-control of aggressiveness (F5) skills.

Regarding QoL, the descriptive syntax of the WHOQOL was obtained by calculating the scores and descriptive

statistics of the WHOQOL-bref through Microsoft Excel, which presents the results on a scale of 4 to 20 points.¹⁵ The table below presents the results found for the scores of the domains assessed and for the global QoL perception in the 923 university students sample:

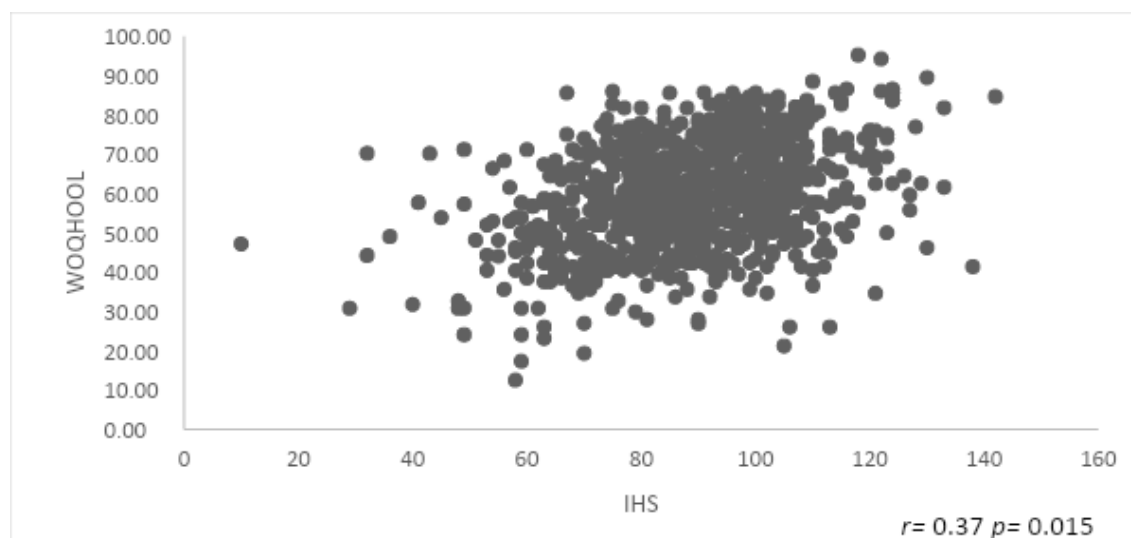
Table 3. WHOQOL descriptive summary

Domain	Mean	Standard Deviation	Coefficient of Variation	Minimum Value	Maximum Value
Physical	14.11	2.56	18.13	5.14	20.00
Psychological	13.57	2.82	20.79	5.33	20.00
Social Relations	14.21	3.19	22.53	4.00	20.00
Environmental	12.57	2.34	18.66	4.00	19.50
Global QoV	14.04	3.13	22.29	4.00	20.00
TOTAL	13.49	2.09	15.52	6.00	19.23

Source: Research data, 2018

The data analysis indicates that the environment domain was the one that obtained the lowest average (12.57), followed by the psychological domain (13.57), the global QoL domain (14.04), and the physical domain (14.11); the highest scored average was in the social relations domain (14.21).

Finally, when comparing the data obtained on the influence that SS plays on university student's QoL, the data show that a significant correlation (Person's correlation coefficient $r=0.37$ and $p=0.015$) was found between QoL scores and SS scores. That is, there is a trend in the analysis of the participants' answers, which indicates that the higher the SS index the higher the QoL index (Graph 2).



Graph 2. Correlation between QoL and SS indexes
Source: Research data, 2018

DISCUSSION

Data from the Ministry of Education¹⁶ on the characteristics of the university population identify increasingly heterogeneous profiles marked by changes in the context of contemporary education. The sociodemographic characteristics of the students in this study also noted the multiplicity of attributes present in this population. In line with other similar research conducted in the university population, most of the sample in this work consists of single women, with a predominance of participants aged 18 to 25 years.¹⁷

As for the SS, 36.62% were classified with above average SS repertoire; another part of the sample (39%) presented a rather deficient SS repertoire; 17.77% with a good repertoire, but still below average; 6.50% average repertoire compared to the normative sample, which reveals the need for intervention programs

in the development of SS according to Del Prette's IHS.

The result of this research coincides with another study that identified 62% of university students as having a very deficient score.¹⁸ Another study also analyzed the SS indices of university students and identified adaptation problems to university life.³

One fact that draws attention in this sample is the differentiation by SS factors. The results indicate a lower frequency of assertive skills (identified in factor 1: Coping and self-assertion with risk) that involve expressing dissatisfaction or calling for behavior change. This result was similar to what was found in a study showing that assertive skills are considered extremely important in the university context, because they are associated with desirable characteristics for successful adaptation experiences.¹⁹

A factor that represents higher student performance is linked to

conversation and social resourcefulness (F3). This factor has components for expressing affection for closeness and these social behaviors are related to cordiality among students and explain the aggressiveness self-control.²⁰

Another factor that was below average for the overall sample was the one regarding self-exposure to strangers and new situations (F4). This factor is closely linked to characteristics found in other studies that showed students' difficulties in facing different social contexts, especially those involving communicating, expressing oneself, resolving conflicts, and requesting behavior change.²¹

Traits of aggressive expression (F5) among university students were found in other studies, and it was verified that aggressiveness self-control occurred less frequently, suggesting greater difficulties.^{3,21} Different results were classified in this study, such as factor 5, aggressiveness self-control, which scored 47% among participants, an above average per the index.

It is important to point out that most research pertaining SS uses the IHS-Del-Prette, mainly because this is a versatile instrument and can analyze SS in several populations, as well as proving to be accurate in identifying specific demands to university context.^{10,13}

Regarding QoL, an important point to highlight in the analysis of the participants' data is that, as there is no cutoff point suggesting better or worse QoL²², the results estimate the perception of QoL in a

positive direction, with higher scores indicating a better QoL assessment²², which makes data analysis more complex when compared to other samples already studied, especially among university students.

In the WHOQOL - BREF results of this study it can be considered that the overall perception of QoL is related to the questions that make up the self-assessment of global QoL. The mean perception of QoL obtained through the students' global QoL scores, on a scale of 4 to 20, was 14.04. The mean obtained in this research was lower than that found in the other studies, indicating that the students in this study have a differentiated perception of Global QoL. Authors who also verified the global QoL of university students through the WHOQOL - BREF obtained a mean of 15.00²³ and 14.13²⁴.

Among the domains, the one that obtained the highest mean was the social relations domain and the results correspond to those found in other studies with this same population.^{23,24} This domain refers to personal relationships, social support, and sexual activity.

Statistical data showed that the correlation between QoL and SS in university students is significant, and it is possible to say that the higher the SS scores, the higher the QoL. Other studies also point to the positive correlation between these variables in several populations: in a group of workers²⁵, in elementary school teachers²⁶, in customer service professionals¹¹. However, no studies were found that directly analyze the correlation

of the variable QoL with SS, although several studies agree on the great impact that a deficit in SS produces on students' health and QoL.^{27,4}

Considering the current scenario that increasingly points to the importance of studies that propose to contribute to the mental health of university students, this study is relevant by characterizing the scenario and indicating the need to propose strategies for health promotion of the subjects involved. As SS can be learned, it is suggested the proposition of interventions that aim to teach/train and increase the repertoire of SS, providing students with better relationships with the world around them and a greater positive perception of the factors present in their life contexts. Consequently, they can directly influence the QoL indexes, increasing them.

It is pondered, however, that despite the significant contribution of SS to QoL, there are other variables that contribute to the perception of well-being and QoL of a population. It is up to the researchers in the area to take into consideration the need to establish relationships among the other variables involved to expand the fundamental resources for SS.

Going back to the academic scenario, the University has the role of developing integrated actions for the care of their students, especially when deficits that compromise the healthy development of these subjects are evident.² It is understood that the university has a unique role in the

construction of better living conditions for its members.

CONCLUSION

In conclusion, this work falls back to the question that led it: can the development of SS collaborate in improving the QoL of university students? The central question was answered with the help of statistical tools that showed a significant correlation between the variables studied. The data showed that there is a positive correlation between SS and QoL.

The health of university students has been the subject of many studies around the world, making it relevant to encourage health-promoting interventions in the face of this problem. The potential for creating health-promoting strategies that foster the construction of healthy environments or university environments that promote the development of SS, generating health-promoting universities, stands out.

Some questions raised require additional research: What other factors, besides SS, are contributing to the QoL of university students? What results could be achieved in QoL after intervention programs for the development of SS? In this sense, it is considered as limitations of this work the understanding of one of the factors that can contribute to a better understanding of the theme, to which it is suggested, in new studies, the use of qualitative instruments that broaden the discussion.

This work is concluded, without any interest in exhausting the theme, rather the

opposite, to contribute to the opening of other studies, glimpsing a vast field of research on the influences of SS in the QoL of university students.

REFERENCES

1. Biscouto AR, Ferla JB, Guarinello AC, Tonochi RDC, Massi GAD, Berberian AP. Práticas de letramento e promoção da saúde no ensino superior: efeitos de intervenção intersetorial. *Saud pesqui.* [on line]. 2020;13(2):285-93:e8334. doi: <https://doi.org/10.17765/2176-9206.2020v13n2p285-293>
2. Padovani RDC, Neufeld CB, Maltoni J, Barbosa LNF, Souza WFD, Cavalcanti HAF, *et al.* Vulnerabilidade e bem-estar psicológicos do estudante universitário. *Rev. bras.ter. cogn.* 2014; 10(1):02-10. doi: <https://dx.doi.org/10.5935/1808-5687.20140002>
3. Bolsoni-Silva AT, Loureiro SR, Rosa CF, Oliveira MC. Caracterização das habilidades sociais de universitários. *Contextos Clínicos.* 2010; 3(1):62-75. doi: <https://doi.org/10.4013/4563>
4. Lange I, Vio F. Guía para Universidades saludables y otras instituciones de Educación Superior. OPS, Universidad Católica de Chile, Universidad de Chile, OMS, OPS, Vida Chile. Santiago: Productora Gráfica Andros; 2006. Disponível em: <http://www7.uc.cl/ucsaludable/img/guiaUSal.pdf>
5. Arroyo HA. El Movimiento de Universidades Promotoras de La Salud. *Rev Brasileira de Promoção da Saúde.* 2018; 31(4):1-4. doi: <https://doi.org/10.5020/18061230.2018.8769>
6. Mello ALSF, Moysés ST, Moysés SJ. A universidade promotora de saúde e as mudanças na formação profissional. *Interface (Botucatu).* 2010; 14(34):683-92. Disponível em: <https://www.scielo.org/article/icse/2010.v14n34/683-692/>
7. Silva A, Sabóia VM, Souza SR, Santos GS, Silva CF, Silva SF. A Universidade Federal Fluminense na Rede Iberoamericana de Universidades Promotoras da Saúde: um relato de experiência. *Recien-Revista Científica de Enfermagem.* 2021; 11(36):234-40. doi: <https://doi.org/10.24276/rrecien2021.11.36.234-240>
8. Sousa VR, Santos DB dos, Oliveira AAP, Andrade EA de. Influências do uso do WhatsApp na qualidade de vida de professoras de ensino fundamental. *Revista EDaPECI* 2020; 20(1):78-92. doi: <https://doi.org/10.29276/redapeci.2020.20.111501.78-92>
9. Braz AC, Teixeira CM, Del Pette ZAP. Habilidades sociais no desenvolvimento do adulto: o saudável e o patológico nas relações interpessoais. In: Santos MA, Bartholomeu D, Montiel JM, Organizadores. *Relações interpessoais no ciclo vital.* São Paulo: Vetor; 2018. p. 237-54.
10. Guizzo-Pereira CS, Del Pette A, Del Pette Z, Leme VBR. Programa de habilidades sociais para adolescentes em preparação para o trabalho. *Psicol. Esc. Educ.* [on-line] 2018; 22(3). doi: <https://doi.org/10.1590/2175-35392018035449>
11. Soares, AB, Porto AM, Lima CA, Gomes C, Rodrigues DA, Zanoteli R *et al.* Vivências, Habilidades Sociais e Comportamentos Sociais de Universitários. *Psic. Teor. e Pesq.*

- [online]. 2018; 34:e34311. doi:
<https://doi.org/10.1590/0102.3772e34311>.
12. Branco PR, Andrade EA. Efetividade do treinamento em habilidades sociais na qualidade de vida de trabalhadores: uma estratégia de promoção da saúde. *Rev. Elet. Acervo Saúd.* 2020; 12(10):e4038-e4038. doi:
<https://doi.org/10.25248/reas.e4038.2020>
 13. World Health Organization. Division of Mental Health. WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment: field trial version, December. World Health Organization. 1996. Disponível em:
<https://apps.who.int/iris/handle/10665/63529>.
 14. Del Prette Z, Del Prette A. Inventário de Habilidades Sociais: Manual de aplicação, apuração e interpretação. 4. ed. São Paulo: Casa do Psicólogo; 2009.
 15. Machado FC, Santos LB, Moreira JM. Habilidades sociais de estudantes de Enfermagem e Psicologia. *Cienc. Psicol.* 2020; 14(1):e2131. doi:
<http://dx.doi.org/10.22235/cp.v14i1.2131>.
 16. Teixeira CNG, Rodrigues MIQ, Silva PGB, Barros MM, Alves CMC, Almeida MEL. Qualidade de vida de estudantes de pós-graduação em Odontologia: uma análise por meio dos domínios do WHOQOL-bref. *Revista da ABENO.* 2021; 21(1):1110. doi:
<https://doi.org/10.30979/rev.abeno.v21i1.1110>
 17. Cardoso AA, Oliveira HF, Santos BN. Habilidades Sociais e Sua Relação com a Qualidade de Vida no Trabalho [trabalho de conclusão de curso] Anápolis: Universidade Evangélica de Goiás – UniEvangélica Anápolis; 2021. 19 p. Disponível em:
<http://repositorio.aee.edu.br/bitstream/aee/18408/1/HABILIDADES%20SOCIAIS%20E%20SUA%20RELA%20COM%20A%20QUALIDADE%20DE%20VIDA.pdf>
 18. Esteves MM. Habilidades sociais e qualidade de vida de professores do ensino fundamental [Dissertação de mestrado]. São Carlos: Universidade Federal de São Carlos; 2018. 67 p. Disponível em:
<https://repositorio.ufscar.br/handle/ufscar/9807>
 19. Machado LV, Vitali MM, Castro A, Tomasi CD, Soratto J. Representações sociais da saúde para estudantes universitários. *Saúde e Pesquisa.* 2021 Feb 26;14(1):e8722. doi:
<https://doi.org/10.17765/2176-9206.2021v14n1.e8722>
 20. Bauth MF, Rios AC, Lima DC, Rezende KI. Avaliação das habilidades sociais de universitários ingressantes e concluintes. *Contextos Clínic.* 2019; 12 (1):104-23. doi:
<http://dx.doi.org/10.4013/ctc.2019.12105>
 21. Lima CA, Soares AB, Souza MS. Treinamento de habilidades sociais para universitários em situações consideradas difíceis no contexto acadêmico. *Psicol. clin.* 2019; 31(1):95-121. doi:
<http://dx.doi.org/10.33208/PC1980-5438v0031n01A05>.
 22. Soares AB, Buscaio RCZ, Fernandes AM, Medeiros HCP, Monteiro MC. O impacto dos comportamentos sociais acadêmicos nas habilidades sociais de estudantes. *Interinst. Psicol.* 2017; 10(1):69-80. Disponível em:
<http://pepsic.bvsalud.org/scielo.php?sc>

- [ript=sci_arttext&pid=S1983-82202017000100008&lng=pt](http://dx.doi.org/10.3895/S2175-08582010000100004)
23. Nazar TCG, Silva GB, Zanatto AJP, Taratari M, Morais BP. Habilidades sociais em estudantes universitários da área da saúde. *EDUCERE - Rev. da Edu.* 2020; 20(1):211-228. doi: <https://doi.org/10.25110/educere.v20i1.2020.6550>
24. Silva PAB, Soares SM, Santos JFG, Silva LB. Ponto de corte para o WHOQOL-bref como preditor de qualidade de vida de idosos. *Saúde Pública.* 2014; 48(3):390-7. doi: <https://doi.org/10.1590/S0034-8910.2014048004912>.
25. Silva EC, Heleno MG. Qualidade de vida e bem-estar subjetivo de estudantes universitários. *Psicologia e Saúde.* 2012; 4(1):69-76. doi: <https://doi.org/10.20435/pssa.v4i1.126>
26. Pedroso B, Pilatti LA, Reis DR. Cálculo dos escores e estatística descritiva do WHOQOL-bref através do Microsoft Excel. *Rev. Bras. de Qual. de Vida.* 2010; Curitiba. 02(01). doi: <http://dx.doi.org/10.3895/S2175-08582010000100004>
27. Ministério da Educação (BR). Censo da Educação Superior 2019: Notas Estatísticas. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira; 2019. Disponível em: https://download.inep.gov.br/educacao_superior/censo_superior/documentos/2020/Notas_Estatisticas_Censo_da_Educacao_Superior_2019.pdf
28. Moraes FMS, Leite AMF. Universidades Promotoras de Saúde: reflexões e desafios. Artigo produzido a partir da disciplina Desenvolvimento e Saúde do Programa de Pós-graduação em Desenvolvimento, Sociedade e Cooperação Internacional. Universidade de Brasília. Brasília, 2014. Disponível em: <https://docplayer.com.br/9913871-Universidades-promotoras-de-saude-reflexoes-e-desafios.html>
- 29.