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Social representations of health by university students

Representações sociais da saúde para estudantes universitários

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ABSTRACT
Social representations imply explaining reality, guiding action in the world and justifying behaviors. As for social representations of health, they may be associated with social practices. The aim of this study was to understand the social representations of health by university students in health courses at a university in Southern Santa Catarina. It is a qualitative study based on the Theory of Social Representations, carried out through a free word evocation test with 233 students enrolled in a higher education institution. Data analysis was carried out through similarity analysis and prototypical analysis, with the aid of *IraMuTeQ* software. The results highlight well-being as a central element, also understood by its physical, psychological and social aspects. The understanding linked to the absence of disease was also emphasized by some participants, while others started from the principle of health promotion and prevention. Body care also appears as one of the first elements when university students think about health. Health representations based on pathologies and the absence of disease, focused on the biological factor, were also highlighted.
Keywords: Health. Students. Social representations.

RESUMO
As representações sociais implicam a explicação da realidade, a orientação da ação no mundo e a justificação de comportamentos. No que se refere às representações sociais da saúde, elas podem estar associadas às práticas sociais. O objetivo deste estudo foi compreender as representações sociais de saúde para universitários de cursos da área da saúde de uma universidade do Sul Catarinense. Trata-se de um estudo qualitativo ancorado na Teoria das Representações Sociais e realizado por meio de um teste de evocação livre de palavras com 233 estudantes matriculados em uma instituição de ensino superior. A análise dos dados se deu mediante análise de similitude e análise prototípica, com o auxílio do software *IraMuTeQ*. Os resultados destacaram o bem-estar como elemento central, compreendido também por seus aspectos físicos, psicológicos e sociais. A compreensão vinculada à ausência de doenças também foi enfatizada por alguns participantes, ao passo que outros partem do princípio da promoção e prevenção de saúde. O cuidado com o corpo também surgiu como um dos primeiros elementos quando os universitários pensam em saúde. Destacam-se ainda representações de saúde baseadas em patologias e na ausência de doenças, voltadas ao fator biológico.
Palavras-chave: Estudantes. Representações sociais. Saúde.

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INTRODUCTION

There are several ways of understanding what health means, a concept that is necessarily among social, cultural, financial, political and religious factors[1]. Initially, the World Health Organization (WHO)[2] defines it as a state of complete physical, mental and social well-being, not only the absence of disease and illness. This was important for the historical scenario of its support, but it has been criticized due to its utopian character for a long time.

Nevertheless, the social determinants of health and other dimensions, such as psychosocial ones, have been considered, indicating a possible change in the Flexnerian fragmentation model, which is still prevalent[1,3]. Understanding how these definitions are presented is one of the goals of studies of social representations (SR), because a social representation is always symbolizing something, constituting a symbolic structuring of the object it represents[4].

Social representations have an essential role in the dynamics of relationships and social practices and have four functions[5]. The first one is the knowledge function, as it allows individuals to understand and explain reality, facilitating social communication. The second one is identity, because, through SR, groups constitute their social identities and support their specificities. The third one is orientation, in which the decoding of reality becomes a reference for acting in the world. Finally, the justification function is presented, as social representations guide behaviors and also allow them to be justified *a posteriori*.

Studies on social representations in and about health have an expressive number of productions that contemplate several themes and population groups[6-9]. While the perspective of investigating university students was adopted by research with other theoretical bases, for example, when trying to verify the understanding of health among 233 university students in the health field, the polysemy of understanding was identified, with emphasis on the perception of well-being and balance[1]. In another study, the authors sought to understand the definition of "family and community health" for university students in the health field, based on artistic creation with cut and collage. The results indicated the importance of the Family Health Strategy in the inclusion of health care for neglected populations[10].

Concerning social representations, the study of diseases stands out. In a survey aimed at examining its SR and associating them with the uses and meanings of integrative practices with 223 students of the Interdisciplinary Bachelor's Degree in Health, the authors indicate disease related to imbalance. In addition, the participants' integrative practices were connected with benefits of health and quality of life[11]. Other studies based on the theoretical perspective adopted in this study focused on specific diseases, such as the social representations of "mental illness"[12], those of people with vitiligo[13] and sexually transmitted infections[14].

In this context, the study of health and the option to contemplate the SR by university students who will be future health professionals stand out as an innovation of this work, which denotes its relevance. Therefore, we seek to understand the social representations of health by university students in courses connected with the health field of a university in Southern Santa Catarina.

METHODOLOGY

It is an exploratory descriptive study[15] with a mixed, qualitative and quantitative approach, based on the theoretical precepts of social representations[5,16]. Using mixed methods is important for the investigation of complex phenomena in the health field, as it allows the collection and analysis of complementary data[17].

The research participants were 233 students over 18 years old and regularly enrolled in undergraduate health degrees at a community university, located in the south of Santa Catarina, who answered all questions. Data collection took place between August and September 2017 through an electronic form sent

by the degree coordinators to the students' email. The message contained information regarding the purpose of the research, contacts to answer questions and a link to access the tool. There was also a copy of the Informed Consent Form with the option of accepting or not participating in the research, which needed to be completed before starting to answer the questions.

The students answered questions to characterize the sample and took a free word evocation test, which asks them to associate five words that come to mind given an inducing term - in this case, health.

For data analysis, similarity and prototypical analysis were performed, with the aid of the IraMuTeQ software. The evocation data were transferred to a spreadsheet, indicating the evocation frequencies, so that the co-occurrences (co) between the words (similarity analysis), the frequency and the evocation rank (prototypical analysis) could be investigated.

The similarity analysis seeks to obtain the central core of the representation, comprises the consensual elements that define the representation and organizes the others, generally being more abstract[5,18]. In contrast, the peripheral zones refer to particular points of the representations that enable individuals to adapt to everyday situations. They comprise individualizing elements, organized by central ones[18]. This analysis was materialized by a figure in which the edges indicate that when the individual thinks of a word, it is linked to another. The numbers above the edges indicate the amount of co-occurrence between words. The central word is the one with the highest frequency and co-occurrence.

Prototypical analysis, in turn, is a resource that enables the identification of elements sharing of social representation through intra-group consensus in a quantitative way when considering a cut-off. The words are classified, based on the cut-off, in high or low, being subsequently organized in four zones that will compose the results of this analysis[18].

In addition, all ethical principles were respected throughout the research, which was evaluated and approved by the local Ethics Committee under no. 2.201.297.

RESULTS

Regarding the study participants, women were predominant, aged 20 to 24 years and with an income between three and four minimum wages. The degrees in nutrition, psychology and medicine were the ones with the greatest adherence, especially by students in the first, second and eighth semesters.

The results are structured in the description of the similarity analysis (Figure 1) and prototypical analysis (Table 1).

Figure 1. Similarity analysis: Health as well-being

In the similarity analysis, the word "well--being" emerges as a central element connected with the words "balance" (c* = 26), "food" (c = 21), "happiness" (c = 20), "mind" (c = 13), "willingness"(c = 11), "quality of life" (c = 11), "harmony" (c = 8), "healthy" (c = 6), "care" (c = 6), "life" (c = 5), "absence of diseases" (c = 4), "autonomy" (c = 3), "fulfillment" (c = 2), "work" (c = 2), "knowledge" (c = 2), "peacefulness" (c = 2), "education" (c = 2) and "family" (c = 2).

Table 1. Evocations from the inductive term "health" - initial application (n = 802)

(Continua)

AOE < 2,32				AOE >2,32		
	Element	*F*	AOE	Element	*F*	AOE
	Well-being	114	1,7	Exercise	34	2,5
	Balance	54	2,1	Mind	29	2,4
$f \geq 13,13$	Food	53	2,1	Willingness	21	2,9
	Happiness	31	2,0	Peace	15	2,8
	Quality of life	22	2,0	Social	14	3,3
	Harmony	15	2,2	Prevention	14	2,7
	Body	14	1,9			
	Care	12	2,1	Absence of diseases	12	2,5
	Healthy	11	2,2	Joy	9	2,6
	Physical	11	1,7	Life	9	3,4
	Sport	5	2,0	Energy	8	3,0
$f < 13,13$	Leisure	5	2,2	Love	6	3,2
	Self-esteem	5	2,0	Psychological	6	2,8

* Cooccurrence.

(Conclusão)

Homeostasis	4	1,8	Peacefulness	5	2,4
Work	3	2,0	Knowledge	5	3,2
Vitality	3	2,3	Hygiene	5	3,0
Resilience	3	1,7	Family	5	3,2
			Fulfillment	4	2,5
			Education	4	2,8
			Strength	4	4,2
			Financial	3	3,7
			Soul	3	3,3
			Religious	3	5,0
			Emotional	3	3,3
			Friends	3	4,0
			Spiritual	3	3,7
			Will	3	4,7
			Nutrition	3	3,7
			Sanitation	3	2,7
			Autonomy	3	3,0

AOE $<$ 2,32: average order of evocation lower than 2,32; AOE $>$ 2,32: average order of evocation higher than 2,32; AOE: average order of evocation; *F*: frequency; $f \geq 13{,}13$: frequency of evocation of words equal to or greater than 13,13; $f < 13{,}13$: frequency of evocation of words lower than 13,13.

The prototypical analysis comes from the results obtained in the free evocation test of the first five words that came to the participants' minds when asked to think about "health"; 802 evocations of 211 different words were identified. The average frequency (F) of evocations was 13.13, and the average order of evocation (AOE), 2.32. It was possible to verify that the words readily evoked and more frequently are associated with subjective aspects related to well-being and objective aspects related to body care.

DISCUSSION

SIMILARITY ANALYSIS: WELL-BEING AS THE CENTRAL CORE OF HEALTH REPRESENTATIONS

In this study, health emerges as a synonym for well-being and seems to be related to the individual's ability to maintain balance/harmony, take care of food, keep active, practice self-care, with quality of life, avoid diseases, live with the family, pursue knowledge/education and have peacefulness/happiness. These results point to a dichotomy of understanding about health: on the one hand, there is the perception from the concepts of health promotion by some students; on the other hand, some still associate understanding within the biomedical framework. Considering the health care policies aimed at the expanded concept of health, when students reveal an understanding within the biomedical framework, there is a mismatch between what is advocated as the organization of health services and professionals who work and will work within the same system.

Health promotion is defined by the Ministry of Health[19] as health production strategies and is based on multidisciplinary work, socially articulated and aimed at individuals and groups, as well as com-

prehensive care, without any type of discrimination. Health prevention, on the other hand, is characterized by the set of actions that aim to prevent the emergence of diseases by reducing exposure to risk factors[20].

Autonomy for health decision-making, as well as the development of adequate self-care, permeates health promotion strategies, as they are capable of providing individuals with the necessary tools[21]. In addition, debating about the theme may imply the transformation about health and possibly contribute to social transformation with a view to equity, as advocated by the Unified Health System (SUS) [22].

The word "balance" is linked to the words "homeostasis" (c = 3), "strength" (c = 2) and "resilience" (c = 2). On the one hand, it is associated with internal factors, and individuals are responsible for their own balance, therefore, health. To think that they are responsible for their own health is questionable if other variables are not taken into account, such as the environment in which they live and economic power. In addition, as a result of this thought, the individuals would also be responsible for the costs that the State would have due to their lack of care for their own health. This blame is instigated by the media, in which the discourse reinforces stereotypes that thin people are healthy, and obese or overweight people, said to be sloppy, lazy or sick[23-24]. It is evident, therefore, that blaming the individual will not lead to a gain, but reinforces stereotypes and excludes people.

In a study involving patients who suffered a stroke and undergo treatment at the National Network of Integrated Continuous Care and the professionals working there identified in some speeches[25] the issue of blaming the patient for low progress. As the professionals blame the individual for the lack of health, without recognizing their role in this failure, they reinforce a biomedical model centered on the professional knowledge that imposes on the individual, instead of talking to them, and keeps them away from health services.

The word "food" emerges linked to the words "exercise" (c = 27), "sport" (c = 5), "love" (c = 3), "hygiene" (c = 3), "psychological" (c = 3), "prevention" (c = 3) and "self-esteem" (c = 2). In this sense, it is associated with the maintenance of the body, psychological aspects and affectivity.

There is now a socially established standard of beauty that requires a 'perfect' body; however, in order to achieve this goal, many individuals follow several diets. Although they can provide short-term results, studies show a certain relationship between eating and psychological disorders with the practice of these diets, as they can cause significant negative psychological consequences, such as changes in self-esteem, affection, cognition and eating behavior. In many cases, the weight that was initially lost ends up returning after a certain period, which can cause frustration, discouragement and non-identification with the body[26]. Therefore, the need to monitor health professionals regarding procedures that influence body and mind is highlighted.

The word "happiness" is linked to the word "peace" (c = 6) and is associated with peacefulness and absence of conflicts; it is related to family relationships, spirituality and also health[27]. The proximity of the family is shown as a contributing factor for satisfaction with life, regardless of the participants' marital status, highlighting the role of healthy relationships for well-being.

The word "mind" appears linked to the words "body" (c = 12), "physical" (c = 8), "social" (c = 5), "soul" (c = 3), "spiritual" (c = 2) and "emotional" (c = 2). Therefore, although it is related to a physical part of the body, there is still an association with something non-physical, therefore more subjective, spiritual and connected to the social aspect.

For a long time, the relationship between spirituality and health was not accepted. Spirituality is understood as "the search for meaning and sense of life, in dimensions that transcend the tangible, that elevate the heart and the human feeling to experience something greater than existence" [28:89]. Although the discussion is still in the beginning, it is already noticeable that spirituality and religion can contribute to well-being. On the one hand, belief can be useful in difficult times when individuals need new hopes; on the other hand, due to religion, they may be opposed to some clinical procedure that goes against their be-

liefs - in this case, religion would be a negative factor for personal well-being[28]. Thus, beliefs can interfere with individuals' quality of life.

There is still no separation between mind and body. Despite reflections on comprehensiveness, it is common for health degrees to focus on pathologies. There is a lack in health sciences in studying men based on their potential, which really articulates organic functionality with psychic dynamics[29].

The word "willingness" appears linked to the word "energy" (c = 4) and is related to the availability to perform actions, to keep active. Practicing physical activities in adulthood helps in performance at work and extends to health preservation[30]. On the other hand, considering that keeping an active lifestyle is something that depends only on the individuals, consequently blames them for not doing so. Not practicing physical activities can be associated with a limiting condition implied by other factors, not necessarily a choice. It is necessary to analyze the socioeconomic reality and see if it allows individuals to have this autonomy over their behaviors[31]. Each individual has their own reality, thus establishing what they can accomplish.

The word "harmony" is linked to "sanitation" (c = 1), with the association between maintaining well-being also through the treatment of water and sewage. The lack of quality in sanitation services generates several losses both in relation to nature and the population[32]. In the latter, the problem is linked to quality of life, which can be compromised by diseases or even death[32], justifying its relevance as a health condition.

Social health conditions are understood as social, financial, psychological, ethnic and racial and cultural aspects[33]. Thus, health representation seems to encompass social and cultural dimensions, in addition to psychological and physiological factors; this implies the need to consider multiple factors for health promotion interventions, going beyond the biomedical framework to enter the other, the biopsychosocial one.

The word "family" is linked to the word "friends" (c = 2), so there is an association with emotional ties, health related to social well-being. The bond enables co-responsibility for the individuals' quality of life: as affective bonds of trust, respect and appreciation of the knowledge of the other are established, access to care relationships is provided[34]. In this way, social relationships are important for health. In this regard, strengthening bonds can be a significant way of health promotion, which enables the renewal of family, friendship, spiritual, social, and leisure bonds, which can also work as a psychosocial rehabilitation strategy[35].

The word "social" appears linked to the words "religious" (c = 3) and "financial" (c = 2), which means that the social aspects of health appear to be influenced by financial status and religious norms. Religion is understood as "a system of beliefs, characterized by rituals and values to be adopted by a community"[28:88] and also represents something that provides comfort and generates well-being and hopes to face situations[36]. In this sense, it is seen as a positive element that aims at the well-being of its followers.

The financial aspect, on the other hand, can be related to several factors, such as public investment in the Unified Health System[37]. However, the context to which it is associated in the similarity analysis shows to be mainly connected with individual economic factors that enable access to mechanisms considered to generate health (medicines, psychotherapy, gym and leisure, among others).

The word "peace" emerges linked to the words "joy" (c = 4) and "will" (c = 2) and is associated with the individuals' desires, that is, their choice. However, considering the multiple factors that affect health, including the individuals' beliefs, it is possible to ask: would health be a choice, a will?

There are some motivating aspects that lead people to adopt behaviors considered healthier, such as self-fulfillment, physiological and safety needs. Searching for beneficial foods to the body is motivated by issues: aesthetics, when individuals wants to keep their appearance within social standards; health, linked to disease prevention and improvement of existing conditions; energy, related to being able to keep active and perform daily activities; functioning

of the body, contributing to natural processes and well-being; and, finally, pleasure, which has to do with a pleasant sensory experience[38]. Therefore, the choice is made through a previously defined object.

The word "exercise" appears linked to the words "leisure" (c = 4) and "nutrition" (c = 3) and is associated with personal satisfaction and a lifestyle that is concerned with the body. In a survey carried out with young university students it was reported that the aesthetic relationship is associated with health to justify actions whose goal is to model the body, when in fact the goal is to try to reach the standard established as 'beautiful'[39]. Therefore, the aesthetic aspect may represent a possible silent zone of social representation, resulting from normative pressures, which suggests a politically and socially correct discourse, without distancing oneself from the group to which the individual belongs[40].

PROTOTYPICAL ANALYSIS: HEALTH PROMOTION AND PREVENTION

The upper left quadrant of Table 1 is the most frequent and instantly evoked elements by the participants and it covers the most possible conceptions of conceiving the central core of the representation[41]. In this quadrant, "well-being", "balance", "food", "happiness", "quality of life", "harmony" and "body" stand out, which are the probable central elements of the representation.

Such words have a connotation of health promotion encompassing strategies linked to the health of the body. Similarly, subjective aspects linked to emotion emphasize the relevance of promoting emotional health to adolescents, since in this stage of life, permeated by body changes, anxiety and depression have been the most frequent reasons for emotional suffering[42]. Thus, promoting health refers to the care of the body and the mind, since both are important for the individual's well-being.

The elements of the upper right and lower left quadrant do not constitute the central nucleus, but are in a close position, integrating the peripheral system. They are the most accessible part of the representation, which allows changes in attitudes without profoundly changing it[16]. The upper right quadrant includes "exercise", "mind", "willingness", "peace", "social" and "prevention". Therefore, the most accessible part to the intervention of the participants' beliefs refers to a prevention nucleus in which exercising would bring willingness, and the mental state could provide peace. In addition, in this quadrant, social support for the establishment of health appears to be relevant. Prevention is about anticipating future undesirable events - in terms of health, it is about being prudent to avoid diseases[43]. Thus, the word "prevention" is perceived as a necessary element for an individual to remain in good health.

Among the elements of the lower left quadrant, "care", "healthy", "physical", "sport", "leisure", "self-esteem", "homeostasis", "work", "vitality" and "resilience" stand out. There, aspects that may favor or disadvantage health are presented, such as "work", "self-esteem" and "care".

The organization and management of work can be decisive in the health-disease process, the so-called management by stress; that is, stress being used as a stimulant of production, they contribute to the illness of workers while making such illness invisible[44]. In this sense, it is understood that one must be the manager of their own health balance, care and homeostasis, without considering the factors that actually imply illness. Still, the way they happen may affect the individuals' self-image and, consequently, their resilience and health.

Resilience is a phenomenon gradually constructed from the individuals' experiences in their social and cultural context[45]. That is, experiences and challenges make you develop the ability to overcome adverse situations.

In the lower left quadrant, elements such as "sport" and "leisure" are also present. Practicing sports and leisure activities enable socialization processes and, at the same time, informally educate individuals[46]. Therefore, the importance of these aspects is understood to bring people together, aiming at the social character of health.

The lower right quadrant is composed of the periphery distant from the nucleus; there, emotional health is provided, characterized by the words

"psychological", "emotional", "joy", "love", "peacefulness" and "satisfaction". There is a representation of health marked by well-being and mental health, however, studies investigating this perspective are scarce in literature. When searching for mental health, studies on diseases stand out, focusing on transforming problems that were once considered part of human experience, such as pathologies, and, as such, subject to drug treatments[47].

Medicalization is understood as a means of controlling emotions and avoiding negative feelings, but the question is: does health consist of endless happiness? Wouldn't acknowledging feelings, even if negative, be healthy? Discomfort is one of the characteristics of adaptation of the human being, and once they are fulfilled, they look for new needs[48]. Thus, the search for fulfillment is perpetuated through an imbalance, with the emotional aspect based on not feeling, that is, there is no complete well-being. It is identified that, although the participating students start to look at health from another perspective, many current studies do not encompass this understanding.

Still in the lower right quadrant, social health is identified by the words "family" and "friends". In addition, health appears from a spiritual perspective with the words "soul", "religious" and "spiritual". Social network and spirituality have already been highlighted previously. In the same quadrant, words such as "strength", "energy", "will" and "autonomy" appear, individual aspects concerning health. However, "autonomy" appears as a reference to the importance of maintaining functional capacity as an element of health. Regarding this, "its expansion is protective to health as well as, conversely, the restriction of autonomy is an elementary risk factor in the causal chain of the main groups of diseases and pathologies"[49: 2120]. Thus, sometimes autonomy can be seen as a means of quantifying a person's quality of life.

The words "financial", "sanitation" and "nutrition" refer to socioeconomic aspects. In other words, if the individual does not have access to the basics for survival, such as treatment of sewage and drinking water, nor financial conditions to maintain a balanced diet and guarantee the minimum aspects of subsistence, they may have diseases. Thus, socioeconomic conditions emerge as a health determinant. The social and economic determinants are the most significant for inequalities, since it is not the physiological factors that will change the health of those people who are not privileged by financial status[50].

Hygiene also emerges as a significant aspect for health. Despite the relevance of self-care, it is crucial to highlight the association made by social thinking between poverty and dirt. In the study on the social representations of the population of João Pessoa about dirt, the word appears linked to the sense of poverty, relating it to a class stigma[51], contributing to support the idea that people from less favored economic classes are regarded as dirty and inferior. In this context, when defining norms and standards of healthy attitudes that prevent diseases, individuals are exclusively responsible for their illness[52]. In this case, individuals with less purchasing power would have less access to health or would devote less to it.

The words "education" and "knowledge" refer to information as a means of changing representations, which lead to new social practices for health promotion; they may refer to the context of formal or informal education. The internet has been presented as a way for elderly people to access information, which is beneficial for the care of their own health and the reduction of social isolation[53]; in addition, it encourages the preservation of cognitive aspects and social inclusion with current generations. Thus, the digital environment can contribute to changes in practices that affect health - such as self-care, information about medicines and strengthening social bonds - however, it should not be the only means of health information, considering the harmful content that can be found, including the risk of self-medication.

The words "life" and "absence of diseases" refer to the continuity of life and health in conditions where there are no pathologies. Regarding the absence of diseases, despite the recognition that health promotion actions are important, professional individualistic and healing practices predominate[54].

However, to what extent is it healthy to keep life when it can cost the individual's well-being? On

the other hand, is it possible that there are those who do not have any pathologies? Constitutionally, everyone has ensured protection of life in a dignified and ample character, which presupposes the guarantee of rights, not only the basic survival ones, but also those related to psychological and social well-being[55].

In this context, orthothanasia is inserted as a dignified and respectful way to the terminally ill patient's life[55]; it is up to the individual to decide whether to continue with palliative care or not, so that health (as the right to life) is ensured, even in the face of the death process. If illness and death are undesirable, those who approach them also become undesirable.

It is questioned why mental health is distant from the central nucleus and the first peripheral system when thinking about health. Furthermore, it is possible to consider that the fact that the psychology students have answered the questionnaire may be related to the emergence of mental health, even though it was little mentioned. One of the limitations of this study is not having proposed a comparison between groups from other professional fields, which would assist in understanding these issues for the young population in general, and not only for future health professionals. Therefore, as suggestions for further studies, greater characterization of participants and a comparison between courses in different areas are indicated. Also, a sample including more universities, from different regions, which may result in more diverse representations would be recommended.

The fact that the research was carried out with different health courses implies the multiplicity of words. There are elements associated with the body and movement, others with the biological aspect, and also those that mainly address social, psychological and/or spiritual issues. However, this does not restrict certain results to specific courses, but can be a better investigated inference in later studies.

FINAL CONSIDERATIONS

This study aimed to understand the social representations of health by students of courses connected with the health field of a university in Southern Santa Catarina. Based on the current literature, there is absence of studies on SR of health by undergraduates, with data found in other theoretical perspectives. With regard to the Theory of Social Representations, the focus of studies on specific diseases is identified.

The words evoked by these research participants are linked to the biological aspect and the body. In a few moments, those addressing a global definition of health were mentioned.

The core of students' social representations involves dimensions linked especially to health promotion, pointing out a relationship between body and mind. The peripheral elements are associated with aspects of health prevention, which are related to attitudes. It was also possible to verify that the social representation on health seems to be connected with prevention, that is, health practices aimed at removing diseases and that can arise both in the personal scope and in the professional role.

Even though it is not the focus of the analysis, it can be considered that the plurality of words associated with health indicates that the health courses teaching of the studied institution has a broad perspective, cooperating for training that includes a more comprehensive view of health.

This study had a large sample of participants, which was a strength, despite having included a single institution of higher education. Another possible limitation is that only the free word evocation test was used, even though the multiple methods of analysis were a strong point.

However, from the results it is possible to identify points to be explored in the classroom, in order to contemplate a teaching in health that considers human integrality. As a recommendation for future research, conducting multicentric research and/or covering other methodologies will allow the health phenomenon to be considered in order to complement the data evidenced in this work.

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