

School-attending adolescents' social representations about well-being

Representações sociais de bem-estar por adolescentes escolares

Representaciones sociales de los adolescentes escolarizados sobre el bienestar

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ABSTRACT

Objective: to analyze school-attending adolescents' Social Representation structure about well-being. **Method:** a qualitative study with the structural approach set forth in the Theory of Social Representations was conducted from June to November 2023 in a public school, with 108 adolescents aged between 12 and 18 incomplete years old. The following tasks were performed: free word association techniques, *Mise en Cause* test and prototypical analysis - EVOC® software. The research protocol was approved by the Research Ethics Committee. **Results:** the "health" cogneme represented the manifestation of the school-attending adolescents' social thought identity towards well-being, along with other elements from the central core, namely: "happiness", "family" and "well-being". The contents that structured the school-attending adolescents' social representations about well-being reiterate the polysemy and multidimensionality of the concept, encompassing physical, emotional, mental and social health. **Final considerations:** the social representations showed a broad and contextualized view of the concept, with potential to expand citizen awareness in favor of health.

Descriptors: Adolescent Health; Schools; Adolescent, Wellbeing; Social Representation.

RESUMO

Objetivo: analisar a estrutura da Representação Social de adolescentes escolares sobre o bem-estar. Método: estudo qualitativo com abordagem estrutural da Teoria das Representações Sociais, realizado em uma escola pública, de junho a novembro de 2023, com 108 estudantes adolescentes com 12 a 18 anos incompletos. Foram realizadas as técnicas de associação livre de palavras, teste *Mise en Cause* e análise prototípica - software EVOC®. Protocolo de pesquisa aprovado pelo Comitê de Ética. Resultados: o cognema saúde foi a manifestação da identidade do pensamento social dos adolescentes escolares frente ao bem-estar, juntamente aos outros elementos do núcleo central, a saber; "felicidade", "família" e "estar-bem". Os conteúdos que estruturam as representações sociais de adolescentes escolares sobre o bem-estar reiteram a polissemia e a multidimensionalidade do conceito, abrangendo a saúde física, emocional mental e social. Considerações finais: as representações sociais mostraram uma visão ampla e contextualizada do conceito, com potencial de ampliação da consciência cidadã em favor da saúde.

Descritores: Saúde do Adolescente; Instituições Acadêmicas; Bem-Estar do Adolescente; Representação Social.

RESUMEN

Objetivo: analizar la estructura de la Representación Social de los adolescentes escolarizados sobre el bienestar. **Método:** estudio cualitativo basado en el enfoque estructural de la Teoría de las Representaciones Sociales, realizado en una escuela pública, de junio a noviembre de 2023, con 108 estudiantes adolescentes de 12 a 18 años no cumplidos. Se emplearon las técnicas de asociación libre de palabras, prueba *Mise en Cause* y análisis prototípico - software EVOC®. El protocolo de investigación fue aprobado por el Comité de Ética. **Resultados:** el cognema salud fue la manifestación de la identidad del pensamiento social de los adolescentes escolarizados sobre el bienestar, junto con los demás elementos del núcleo central, a saber: "felicidad", "familia" y "estar bien". Los contenidos que estructuran las representaciones sociales de los adolescentes escolarizados sobre el bienestar ratifican la polisemia y multidimensionalidad del concepto, que abarca la salud física, emocional, mental y social. **Consideraciones finales:** las representaciones sociales mostraron una visión amplia y contextualizada del concepto, y tienen el potencial de ampliar la conciencia ciudadana en favor de la salud.

Descriptorios: Salud del Adolescente; Instituciones Académicas; Bienestar Adolescente; Representación Social.

INTRODUCTION

Adolescence is a unique period of time characterized by profound development at the biological, cognitive, emotional and social levels¹; the Children and Adolescents Statute (*Estatuto da Criança e do Adolescente*, ECA) determines that this period encompasses from 12 to 18 incomplete years old, chronologically speaking². In other words, adolescents will probably undergo their most important developmental milestones in the school setting. Adolescence is a transition phase, and it is important to know the intense changes taking place in it to assist the school for such changes to be experienced in a positive way³.

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As a social setting, schools currently present challenges beyond education quality. Coping with violence, preconceptions and social inequality are but examples of these issues because they can generate disinterest and isolation, thus affecting children's and adolescents' well-being, which the World Health Organization (WHO) understands as an overall state of balance and harmony between the different aspects of a person's life, conferring the sensation of being satisfied, happy and healthy in life as a whole¹.

In this scenario, it is noted that difficulties learning and feelings of inability thereof can also lead to social isolation and low self-esteem. In turn, the ability to learn and, consequently, the motivation to study, are essential protective factors, conferring punctual scientific interest to researching phenomena that involve adolescents⁴, in an attempt to understand and solve these demands to promote well-being.

Well-being is a multidimensional and latent concept that includes feeling good and functioning well³, encompassing the physical, mental, psychological and social dimensions and at the core of the concept of health proposed by the WHO¹. Schools are educational institutions and, as such, their main mission is to educate; however, they can also collaborate in adolescents' health and in promoting their well-being⁵, as they spend most of their time in that setting and the conception of community is strongly linked to school and friends for adolescents⁶.

As they spend part of their day at school, it is important for students to feel good and have a positive attitude in relation to the institution, representing a well-being indicator⁷. A research study conducted with school-attending adolescents in Austria showed that democratic school cultures are strongly correlated with well-being; in other words, greater participation with leading roles in activities promotes well-being⁷. A study developed with High School adolescents from Turkey obtained a similar result: it showed that school engagement and hope are factors that improve the students' well-being levels⁸.

Given the role of the school as the setting of an important public health policy in Brazil that articulates and integrates the health and education sectors through a specific program (*Saúde na Escola*)⁹ and the breadth of the concept of well-being and its relationship with health, it is important to know how school-attending adolescents conceive well-being and the elements that structure their conceptions. As the concept of well-being carries a strong psychosocial weight with it, investigating what adolescents know about it through their social representations emerges as a relevant strategy to access their knowledge and practices, intertwined in the school social setting. Given the above, the guiding question was as follows: Which contents comprise school-attending adolescents' Social Representation structure about well-being?

The objective was to analyze school-attending adolescents' Social Representation structure about well-being.

THEORETICAL FRAMEWORK

A Social Representation (SR) is a reflection of complex relationships, both real and imaginary, objective and symbolic of a subject with an object. In an SR, the social object is incorporated into a social construction of knowledge systems and not merely reproduced in each person's mind¹⁰. The complex relationships that are established by means of cultural and historical experiences develop knowledge modalities that shape and incorporate ideas, messages and development in social realities¹⁰. Social representations are interpretations of reality that guide behaviors, social relations and actions (practices).

The structural perspective of Social Representations grounds an organized and structured set of ideas and cognemes, that is, diverse information, beliefs, opinions and attitudes of a social group regarding a given object, and organizes it around two systems (central and peripheral) as an entity in which each part plays a specific and complementary role, mutually maintaining relationships that determine their direction and place in the representational system¹¹.

Analyzing well-being through school-attending adolescents Social Representations (SRs) will provide a special clipping from an individual/collective construction of a peripheral school surrounded by structural, social and economic hardships that involve these young individuals' social background and shape their perceptions, images, beliefs and attitudes about what well-being and feeling good are. SRs are grounded on the experiences, information and wisdom accrued in life; therefore, they are practical knowledge. They are constructed to enable subjects to act and deal with everyday objects¹².

In this sense, the adolescents' knowledge field about well-being derives from a cultural and social construct shared with the family, the community and the school teachers and peers, which directly interfere with these groups' actions in constructing and organizing their well-being, both at school and outside it.

METHOD

This is a descriptive study grounded on the structural approach set forth in the Theory of Social Representations and reported according to the *guideline Consolidated criteria for reporting qualitative research* (COREQ) recommendations¹³.

The research *locus* was a public school from the Southeast outskirts of the city of Fortaleza, Ceará (Brazil), located in a neighborhood with a low Human Development Index (HDI)¹⁴ and in a social vulnerability condition that exerts a direct influence on the population living in that area. The Elementary School institution was inaugurated in 1991 and has a Childhood Education Center (*Centro de Educação Infantil*, CEI) attended by 156 students, along with another two centers: one Elementary School I center with 303 students, and a second for Elementary School II with 780 students, all running in the morning and afternoon shifts.

The following inclusion criterion was defined: students regularly enrolled in the school; in turn, the exclusion criterion corresponded to those with some medical certificate attesting to their impossibility to attend school. A total of 780 adolescents were invited to take part in the research, with 146 agreeing to participate with due authorization from their parents/guardians. After applying the data collection instruments, 38 subjects were discarded due to filling-in errors, with a final sample comprised by 108 participants aged between 12 and 18 incomplete years old and attending 6th-9th grade from Elementary School II. Sampling was for convenience according to the students'/groups' availability, both in the morning and afternoon shifts.

Data collection was in charge of one of the researchers (Physical Educator at the teaching institution) and took place from June to November 2023 by applying the Free Word Association Test (FWAT) and the Double Negation Centrality Test: *Mise en Cause*¹⁵. For FWAT, the students were gathered in a classroom with no people other than the research participants and explained the study content, objective and relevance and asked to write down the first four words that came to their minds when hearing the expression "well-being".

Subsequently, from those four words, they were requested to indicate the one they considered the most important and to provide a reason for their choice in writing.

The *corpus* containing the evocations was prepared in two stages. In the first one, the words included in the database were standardized excluding articles and prepositions, in addition to adapting verb tenses. The second stage consisted in semantic approximation, simplifying and grouping synonymous expressions. The *corpus* was subsequently processed in *Ensemble de Programmes Permettant L'Analyse des Évocations* (EVOC), version 2005, to then perform a prototypical analysis, calculating the Mean Orders and the Frequency of evocations to create a four-quadrant chart.

This chart shows the probable central core in the Upper Left Quadrant (ULQ), including the words with high mean frequency and low Mean Evocation Orders (MEOs). In the Lower Left Quadrant (LLQ), the contrast zone, we find the contrasting cognemes, which are the important terms for the subjects (low MEO), although with low mean evocation frequency. The terms in the Lower Right Quadrant (LRQ) are those that underpin the meaning found in the central core. The peripheral elements are placed in the Upper Right (URQ) and Lower Right (LRQ) quadrants, where the URQ represents the first periphery with the elements most frequently but later in time evoked and the LRQ is the second periphery, with the least important elements but sooner in time recalled by the subjects¹⁶.

In the SR structural perspective, high mean evocation frequencies and low mean evocation orders (quantitative dimension of the method) determine whether a given element belongs to the central core, although not confirming so. Consequently, it becomes necessary to perform a Double Negation Centrality Test (*Mise en Cause*) to verify if the central core element (indicated in the four-quadrant graph) provides any sense to the representation, thus considering the qualitative dimension of the method¹¹.

Mise en Cause starts from the assumption that the SR central and out-projecting elements are non-negotiable and their questioning (Double negation) should necessarily induce a change in the representation¹⁵⁻¹⁷; therefore, a minimum refutation percentage of 75% (Double negation) is adopted to confirm the centrality of a representational element¹⁸.

The first phase participants were invited for the centrality test and the instrument was applied with those that agreed to take part, representing approximately one-third of the sample: 40 adolescents. The test was applied using the constituting elements of the probable central core, evoked in FWAT¹⁷. The participants answered a separate question for each word: Can I think about well-being without thinking about health, happiness, family and feeling good?

The double negation test data were processed in Excel, calculating the simple frequency corresponding to the three answer options ("Yes, I can"; "No, can't"; "I don't know") for each core term evoked. The elements that obtained ≥75% of "No, I can't" answers (double negation) had their centrality confirmed.

The reasons to choose the most important evoked word comprised a *corpus* that supported the analysis of the adolescents' SR structure. The excerpts were identified with "Ado", followed by a sequential number to preserve the participants' anonymity.

The research was submitted to and authorized by a Research Ethics Committee, respecting the ethical principles inherent to research studies with human beings. The adolescents were explained the research nature, as well as its objectives, methods, foreseen benefits, potential risks and respect for their singularities. In addition to signing an assent form, all participants presented a consent document signed by their parents or legal guardians, authorizing them to take part in the research.

RESULTS AND DISCUSSION

The research included 410 evocations (94.9% of the sample), with a mean frequency of 10 (minimum above five and below nine). The cutoff point for the minimum evocation frequency was 2.5, excluding terms from the quadrants below that value. Based on these frequencies, EVOC calculated the Mean Evocation Order (MEO), which corresponded to 2.5. The four-quadrant graph is presented in Figure 1.

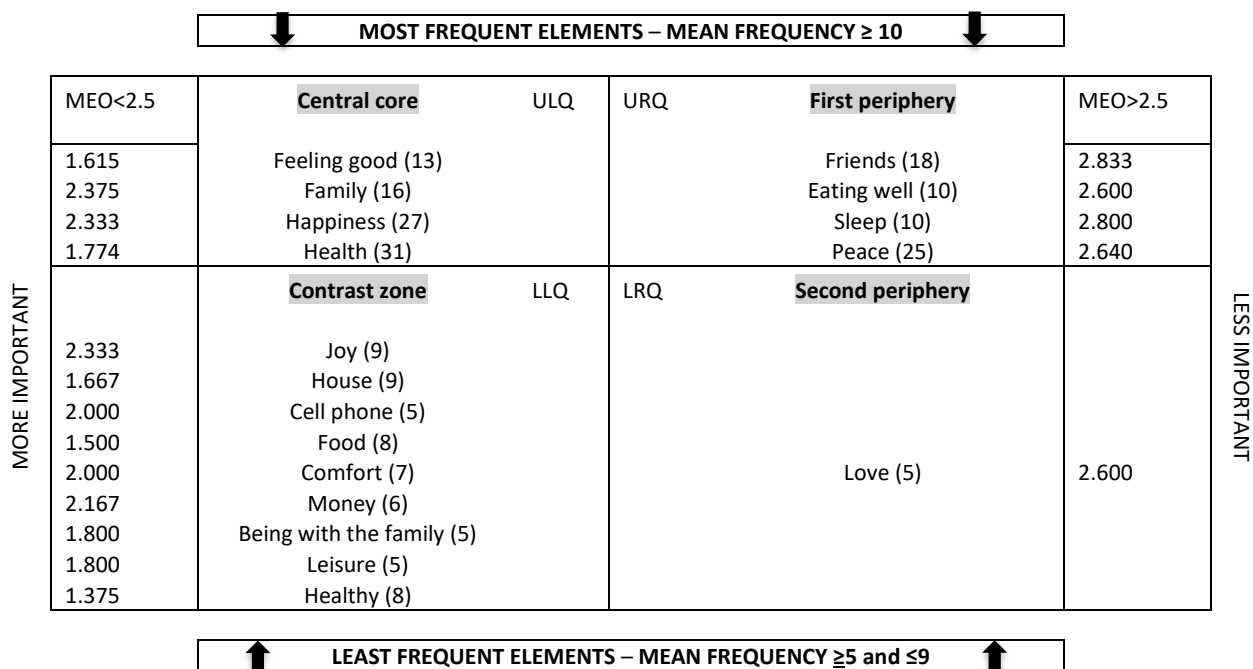


Figure 1: Four-quadrant chart referring to the "Well-being" stimulus. Fortaleza, CE, Brazil, 2024.

Figure 1 shows the SR structure by organizing the school-attending adolescents' diverse information, beliefs, opinions and attitudes regarding well-being around a probable central core and a peripheral system that work exactly as an entity, where each part plays a specific and complementary role¹¹.

Some of the terms evoked about "well-being" found in the probable central core (ULQ) are as follows: "Feeling good", "Family", "Happiness" and "Health", with the latter as the most evoked and relevant term for the group but with the third lowest MEO, meaning that well-being is represented in the "health" cogneme.

Table 1 presents the results for the evocations, according to the Double negation test.

Table 1: Double negation test to confirm the central core corresponding to the social representations about well-being. Fortaleza, CE, Brazil, 2024.

Can I think about well-being without thinking about...? n (%)	
Health	39 (97.5)
Happiness	34 (85.0)
Family	32 (80.0)
Feeling good	30 (75.0)

As for the Double negation test, the evocations had their centrality confirmed, as they reached the refutation percentage, confirming all their elements in the central core. The “health” element reached 97.5% and “well-being” ranked at the predefined limit: 75%.

In light of the Central Core Theory grounds¹¹, it can be asserted that the school-attending adolescents' collective memory refers to health when they socially represent well-being, as their evocations confer meaning, consistency and permanence to the term; therefore, “health” is a stable and change-resistant element.

It is noted that representations are social thinking manifestations that require collectively engendered and historically determined beliefs that are “non-negotiable”; in other words, unquestionable for constituting the grounds of a social group's way of life and value system, and which therefore ensure its identity¹¹.

Thus “health” is the manifestation of the school-attending adolescents' social thought identity towards the well-being object, along with other elements from the central core, namely: “happiness”, “family” and “well-being”, as the central core elements do not contradict or oppose each other¹⁵, revealing a cohesive identity for the meaning of well-being in the school-attending adolescents' view.

The adolescents gave reasons for their evocations, signaling “health” as the most important element among the other words that represent well-being; they also made the following comments:

Health is the most important thing, because when we talk about well-being we're talking about people's health. (Ado 19)

Health, because it protects you against diseases and other types of problems and also as prevention, and it's very important for our life. (Ado 43)

Such excerpts show reasons that unveil well-being, comparing it to health and placing it in a category closer to it, which represents a first step for the representation process¹⁹. An SR structure has two sides: figurative and symbolic. In a representational activity, the figure corresponds to a given meaning and each meaning, to a figure. Thus, the role of training processes is to highlight a figure and assign it some sense, representing it in the groups' pre-existing belief and value system. However, they are first and foremost responsible for duplicating a sense into a figure, conferring it materiality¹⁹. When asserting that talking about one thing (well-being) means talking about another (health), it is understood that such concepts are interconnected and grounded both in the normative technical discourse (in line with what the WHO defines as health and well-being¹) and in common sense.

A representation is a dynamic process, present in an accurate social situation of the symbolic elements found in it. In the adolescents (based on the social and cultural reality), it is unveiled through necessary concepts recognized by each participant's subjective experiences. The well-being they represent gains materiality in actions, especially in having “health”, “family”, “happiness” and “feeling good”. This meaning corresponds to the normative, practical and imagery dimensions, which comprise the SR structure.

When shaping the representation of an object, subjects somehow constitute it and reconstruct it in their cognitive system, so as to adapt it to their value system, which in turn depends on their history and social and ideological contexts. Consequently, representations can be seen as a functional world view, which allows conferring meaning to their behavior and understand reality by means of their own reference system and, therefore, adapting and defining their place¹¹. In this case, the adolescents use their social representations to convey the central core, their wishes, which are not in harmony with the life context.

These ideas evidence the need for policies more focused on adolescents, going beyond physical health and paying attention to psychosocial aspects referring to their well-being, providing safety and good relationships with the community and the city during adolescence²⁰. In addition to these dimensions, a multidimensional approach to well-being in childhood and adolescence is proposed²¹.

In this sense, it becomes necessary to broaden the concept of well-being into a more comprehensive approach that involves the role of the school, which provides nutrition, social protection and mental health, among other services that improve the adolescents' lives²². A research study about health at school conducted with school-attending adolescents reports its close relationship with physical, mental and collective well-being and the importance of adolescents assuming a leading role regarding their own health²³, in line with the results from a survey developed in Austria⁷. In other words, the presence of the term “health” in the central core of the adolescents' social representations about well-being (evidenced in this research) reinforces the results obtained by previous research studies in this field.

The contrast zone (LLQ) indicates that the terms “joy”, “house”, “cell phone”, “food”, “comfort”, “money”, “being with the family”, “leisure” and “healthy” contribute to stability of the central core content and shed light on the multidimensionality of well-being, as they are mostly related to the adolescents' target well-being (“house”, “cell

phone", "food", "comfort", "money", "healthy", "leisure"), with "happiness" and "feeling good" associated with subjective well-being and "family", with relational well-being.

The contrast zone supports and confirms the central core elements and characterizes a change or transition in the circulating social representation shared by the group researched, by allowing certain adaptation of the group's thinking to everyday reality, the many contingencies external to the representation and the adolescents' internal singularities, in this case¹⁵.

The term "cell phone" can be mentioned as an example of this assertion, as it is frequently found in the adolescents' testimonies and can take on the role of representing the feeling of "happiness", as well as act as a discourse circulation and communication mechanism both in micro- and in macro-social contexts.

Even if at sometimes different instances, these correspondences between the elements evoked indicates certain cohesion across the thoughts, feelings, practices and information in social circulation within the group under study, as they strengthen the idea that the well-being phenomenon can mobilize and unite them in the theme hemisphere, revealing the imagery dimension (important to be identified), as images confer materiality to an object, thus naturalizing themselves and starting to be used as a reference network to understand the phenomenon¹⁰: well-being in the case of this research.

For example: the terms "food", "house" and "money" reinforce the issue of health in the central core. These expressions strengthen the actions targeted at physical health and confer meaning to them; they also indicate the adolescents' ideas about well-being (according to their life context), as can be understood in their answers:

Well-being is eating well and having health. (Ado20)

People use money to buy food, a house and live well with their family, that's well-being for me. (Ado 36)

Such understanding signals how the adolescents materialize the notion of family, thus turning into an element of their reality, which would be an implicit process in shaping SRs.

The "family" cogneme reveals the importance of living with significant others under the same roof. Responsible family interactions constitute a protective factor for adolescents' social health²⁴. As a socializing, regulating and disciplinary institution, the family falls into the adolescents' SR core as an important place for them, as it is from it that shelter emerges, represented in "being with the family". Not "being with the family" puts adolescents in a situation of lacking support and a comfort, joy and leisure place, as indicated in the contrast zone. The economic conditions enabled by money allows well-being and assuming the spotlight in social groups, as indicated by "house" or "cell phone".

Well-being is that happiness you feel from the joyful moments shared with friends, living with your family members. (Ado 20)

This excerpt shows that the term "family" is associated with their own families, including the people they have more contact with and with whom they share feelings of affection.

SRs have a structure because they are comprised by a set of cognemes that are organized and have a differentiated status. More specifically, the elements that constitute a representation are hierarchized and weighted and maintain mutual relationships that determine their meaning and place in the representational system¹¹. Therefore, a social representation can be conceived as a set of related ideas thought about an object by a given group.

In relation to the elements from the peripheries of a social representation, it is considered that they are more associated with the adolescents' individual characteristics and immediate context. This peripheral system allows for an adaptation, certain differentiation based on life events, an integration of everyday experiences.

In the URQ (first periphery), we find the terms "friends", "eating well", "sleep" and "peace". The "peace" and "friends" elements were the most cited, with frequency values of 25 and 18, respectively. Such terms carry meanings in relation to well-being and characterize the associative power of the central core on this periphery because they show that, although not in the central core zone for having an evocation order above the cutoff point, they should be analyzed in future research studies, as they suggest aspects linked to well-being.

"Friends" is in the first periphery and presents a significant number of evocations; the students' testimonies in relation to their interactions with friends are bountiful in support and pleasant experiences, which can lead them to a mutual well-being condition.

Getting together with friends articulates some search for identity and independence, as family life alone seems not to suffice. Having a friend allows for more confidence and reliability in the face of decision-making processes, in addition to contributing to internalizing values such as trust, loyalty, reciprocity and responsibility. This closeness favors

exploring the social world and developing emotional and moral reasoning competences, in addition to conquering the autonomy and singularity through which each adolescence acquires a sense of cooperation, strengthening the feeling of self-efficacy and their well-being²⁵.

The term “eating well” is associated with “food” in the contrast zone, which in turn underpins the term “health” in the central core. This finding reinforces the scientific evidence stating that nutrition is one of the main health and well-being promotion elements represented by the adolescents. Consequently, it becomes important to monitor the quality of the food products eaten during this phase due to the high prevalence of inadequate nutrient intake in this population group, which emerges as particularly worrying, as nutritional requirements are higher during adolescence due to the growth spurt and bodily transformations inherent to puberty. Thus, it is opportune to protect and promote adolescents' health by analyzing their eating patterns, as this allows globally assessing their nutrition and contributes to deepening what is known about their reality in terms of food consumption²⁶. The youth present the following arguments to justify “eating well” as an important answer:

Eating well, because you won't get ill if you're healthier. (Ado 46)

Eating well, because it does good to us. (Ado 39)

From another perspective, the relationship between “eating well” and “health” evidenced by the adolescents involves social and symbolic issues, where health is oftentimes associated with some type of ideal body. Another factor to be taken into consideration is controlling advertisements that stimulate the consumption of unhealthy food products such as sweetened beverages, fast food and meals with excess animal fat. It is also important to better disseminate the benefits of good eating habits among adolescents. This can considerably contribute to greater adherence to healthy eating, considering that adolescence represents an opportunity to prevent nutrition-related chronic diseases in adulthood²⁶.

“Sleep” appears as one of the terms cited by the school-attending adolescents, showing they share the social thought that sleep is related to well-being. A study on the factors associated with Health-Related Quality of Life (HR-QoL) reveals that adolescents who are very satisfied with their sleep are approximately 13 times more likely to having good HR-QoL than those who state being dissatisfied in that sense²⁷. The students add the following about the importance of sleep:

Sleeping is good for the mind to rest. (Ado 41)

Sleep, because it does good to me and disconnects me from the world. (Ado 86)

The “sleep” element from the URQ representing well-being gains sense in the “resting the mind” and “disconnecting from the world” explanations and in the “does good to me” feeling of satisfaction. The collective construction of these representations unveils the strong connection between sleep and psychosocial well-being, where short sleep duration (defined as less than seven hours a day) can lead to various health problems²⁸.

The second periphery (LRQ) is comprised by low-frequency and less important elements for the subjects; the “love” cogneme falls into this quadrant in this research. This feeling can give rise to many meanings of a polysemic nature, linked to sexual aspects, the family, friends and life in general, in adults' social representations²⁹. It is during adolescence that sexuality and sex flourish driven by curiosity, desire and need for affection or independence. Thus, understanding sexuality, sex and love can especially contribute to perceiving the different interaction modalities between families and friends, as well as their own life stories and actions that will contribute to constructing the adolescent “self”³⁰. In this sense, it is noticed that the “love” element does not have an inherently functional nature but that it potentially expresses a broad sense of affection/care in relation to adolescents' well-being. Therefore, this element plays the role of showing the affective dimension of the school-attending adolescents' social representations, complementing the dimension of the reified nature information and the normative-prescriptive dimension related to health present in elements such as “eating well”, “sleep” and “leisure”, among others.

Study limitations

The limitations are methodological, considering that the research was conducted in a single teaching institution from a specific region of the country. It should also be added that no clippings were made in the sample that would allow analyses by variables that might result in differences in the social representations, such as sex/gender and others of a psychosocial nature that exert an influence on the well-being notions.

This research offers potential contributions to advancing scientific knowledge in the Health and Nursing areas, as knowing school-attending adolescents' social representations about well-being allows discovering how they are developing their knowledge about this social phenomenon that integrates the concept of health proposed by the WHO.

In light of the theory applied in this research, knowledge and practices are interrelated; therefore, being aware of what adolescents know can contribute to understanding their self-care practices and also their precautions in relation to other people, what they prefer and what arises from their needs and, with that as a starting point, propose health and well-being promotion actions in schools.

FINAL CONSIDERATIONS

The contents that comprise the structure of school-attending social representations about well-being evidenced in this research reinforce the polysemic and multidimensional nature of the concept, in addition to its latent sense, with repercussions in issues involving physical, emotional, mental and social health. Such issues are clearly expressed both in the representations' central ("health", "happiness", "family" and "feeling good") and peripheral systems, translated in the first periphery ideas as having friends, eating well, sleep and peace and in the contrast zone, where we find ideas that refer to goods and consumption objectively conveyed by means of the words evoked.

Such results indicate that, school-attending adolescents' understanding about well-being falls into a sociopolitical and economic field, which shows a broad and contextualized view of the concept for this social group. The clear relationship they establish between well-being, feeling good and health indicates that, as educational institutions, schools have many possibilities of working with adolescents on practical issues that may mobilize them towards expanding their awareness regarding citizenship rights, with a leading role in favor of their own health and social group.

It is also important to note that the social representations unveiled in this study are of a flexible nature congruent with the educational process experienced by the adolescents, a fact that can change the position of the terms evoked in the central core, first periphery and contrast zone, thus evidencing the need for future research studies.

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Author's contributions

Conceptualization, C.A.A.O. and M.C.F.; methodology, C.A.A.O. and M.C.F.; software, J.M.N.; validation, J.M.N. and C.A.A.O.; formal analysis, C.A.A.O. and M.C.F.; investigation, C.A.A.O.; data curation, C.A.A.O.; manuscript writing, C.A.A.O, M.C.F. and A.M.F.; review and editing, M.C.F., M.A.F. and A.M.F.; visualization, M.C.F., M.A.F. and D.P.R.; supervision, M.C.F.; project administration, M.C.F. All authors read and agreed with the published version of the manuscript.

Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*School-attending adolescents' social representations about well-being*".