



## The Health System in the Student Assistance of the UFV: The Perception of Undergraduate Students Benefited by the PNAES

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### ABSTRACT

A great change was observed in the Brazilian educational scenario after the expansion of Higher Education due to the introduction of the quota system and government programs such as Reuni and Prouni. In this way there was a change in the profile of Brazilian university students, greatly increasing the number of those with greater economic and social vulnerability. Thus, the Student Assistance becomes essential for the maintenance of these students in Higher Education and to support them so that they can complete their studies. In this research, we sought to know the perception of students with this profile in relation to health care received at a federal teaching institution (Federal University of Viçosa / UFV). Method: The data collection technique was the focal group performed with the representatives of the CME (Commission for Student Housing) of the UFV. Results: The objective was achieved because this study made it possible to perceive students' knowledge about student assistance in general and especially regarding health care, in addition to discovering their desires and complaints. Conclusion: It can be concluded that despite having a comprehensive Student Assistance, the UFV can not meet all the existing demands and that it needs to be more involved with the students so that they participate more in the decisions of actions as well as in the planning of the use of resources.

### KEYWORDS

Student assistance. Pnaes. University health

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## O Sistema de Saúde na Assistência Estudantil da UFV: A Percepção dos Estudantes de Graduação Beneficiados Pelo PNAES

### RESUMO

Grande mudança foi observada no cenário educacional brasileiro após a expansão do Ensino Superior devido à instauração do sistema de cotas e de programas do governo tais como Reuni e Prouni. Dessa maneira houve mudança no perfil dos universitários brasileiros, aumentando muito o número daqueles que apresentam maior vulnerabilidade econômica e social. Assim, a Assistência Estudantil torna-se essencial para manutenção destes estudantes no Ensino Superior e para servir de suporte para que estes consigam concluir os seus estudos. Nessa pesquisa, buscou-se conhecer a percepção dos estudantes com este perfil em relação à assistência à saúde recebida em uma instituição federal de ensino (Universidade Federal de Viçosa/ UFV). Método: A técnica de coleta de dados foi o grupo focal realizado com os representantes da CME (Comissão de Moradias Estudantis) da UFV. Resultados: O objetivo foi alcançado pois este estudo permitiu perceber o conhecimento dos estudantes sobre a assistência estudantil em geral e em especial em relação à assistência à saúde, além de descobrir seus anseios e queixas. Conclusão: pode-se concluir que apesar de possuir uma abrangente Assistência Estudantil, a UFV não consegue atender todas as demandas existentes e que necessita de maior envolvimento com os estudantes para que ocorra maior participação destes, tanto nas decisões de ações quanto no planejamento da utilização de recursos.

### PALAVRAS-CHAVE

Assistência estudantil. Pnaes. Saúde universitária

## El Sistema de Salud en la Asistencia Estudiante de la UFV: La Percepción de los Estudiantes de Graduación Beneficiados por el PNAES

### RESUMEN

Gran cambio fue observado en el escenario educativo brasileño después de la expansión de la Enseñanza Superior debido a la instauración del sistema de cuotas y de programas del gobierno tales como Reunión y Prouni. De esa manera hubo cambio en el perfil de los universitarios brasileños, aumentando mucho el número de aquellos que presentan mayor vulnerabilidad económica y social. Así, la Asistencia Estudiantil se vuelve esencial para el mantenimiento de estos estudiantes en la Enseñanza Superior y para servir de soporte para que éstos puedan concluir sus estudios. En esta investigación, se buscó conocer la percepción de los estudiantes con este perfil en relación a la asistencia a la salud recibida en una institución federal de enseñanza (Universidad Federal de Viçosa / UFV). Método: La técnica de recolección de datos fue el grupo focal realizado con los representantes de la CME (Comisión de Viviendas Estudiantiles) de la UFV. Resultados: El objetivo fue alcanzado pues este estudio permitió percibir el conocimiento de los estudiantes sobre la asistencia estudiantil en general y en especial en relación a la asistencia a la salud, además de descubrir sus anhelos y quejas. Conclusión: se puede concluir que a pesar de poseer una integral Asistencia Estudiantil, la UFV no logra atender todas las demandas existentes y que necesita de mayor implicación con los estudiantes para que ocurra mayor participación de éstos tanto en las decisiones de acciones y en la planificación de la utilización de recursos.

### PALABRAS CLAVE

Asistencia estudiantil. Pnaes. Salud universitaria

## Introduction

The University is a place of transformation of the reality of a society and has a strategic role for the economic and social development of the country. Therefore, it is necessary the population's access to Higher Education and effort to avoid its evasion. In addition, appropriate conditions should be offered to students so that they can leverage and absorb their acquired knowledge and develop their intellectual abilities.

The Brazilian Federal Constitution of 1988 contains a specific chapter, which deals with the Education of Culture and Sport, and its article 205, says that:

Article 205. Education, the right of all, and the duty of the State and the family, shall be promoted and encouraged with the collaboration of society, with a view to the full development of the person, his preparation for the exercise of citizenship and his qualification for work, 1988).

Therefore, education should be treated as a priority by both society and governments. However, reality shows us that this is still a distant dream, especially for the most vulnerable sectors of society (DUARTE, 2007).

With regard to Brazilian Higher Education, there has been a commitment by governments over the last ten years to increase both the offer of vacancies and access to them in different ways through affirmative policies of expansion, inclusion and mobility. Increasing access to higher education aims to reduce social and regional inequalities, scientific and technological development and social inclusion, job and income generation (BRAZIL, 2015). Important progress has been made in this regard due to recent federal government programs such as the University for All Program (Prouni)<sup>1</sup> and the Program to Support Federal University Restructuring and Expansion Plans (Reuni)<sup>2</sup>, as well as the Unified Selection System for admission. Higher Education (SISU) and quota programs.

Thus, students with greater social and economic vulnerability have been able to win a place at university. However, for the real democratization of higher education, it should be possible for those who enter it to remain with equal opportunities for students. Thus, the need for a support and support program was created with the purpose of expanding students' conditions of permanence in federal public higher education (MATOS, 2015).

In order to enable students to complete their undergraduate program with good curriculum performance and to reduce the percentage of dropout, enrollment lockout and dropout, the National Student Assistance Program (Pnaes) was then created through Decree 7230, also focusing on social equality, for example by giving socio-economically vulnerable

<sup>1</sup> University for All Program, created in 2004 by Law No. 10,891 for students in low-income families who provide full or partial scholarships and funding in private institutions of higher education.

<sup>2</sup> Support Program for Restructuring and Expansion Plans of Federal Universities instituted by Federal Decree no. 6,096 of 2007, with the purpose of creating conditions for the expansion of access and permanence in higher education, at the undergraduate level, for the best use of the physical structure. and existing human resources at universities.

students the same opportunities as non-students to participate in scientific events. In universities, the Dean of Student Affairs are the bodies responsible for implementing this program at the institutional level (SILVA et al., 2012). The State offers student assistance in some areas that are indispensable for their maintenance at the university, which are areas that should guide IFES student assistance actions, such as: student housing; food; transport; health care; digital inclusion; culture; sport; nursery; pedagogical support and access, participation and learning for students with disabilities, global developmental disorders and high skills and giftedness. (BRAZIL, 2010).

Considering that the Brazilian Constitution also guarantees that health is everyone's right and it is the State's duty to provide it, it is essential to implement this policy in the university environment. Universities can be important spaces for health promotion and must be articulated and integrated with the municipal network where it is inserted in order to guarantee university students, as citizens, the right to comprehensive health care.

The objective of this study was to know the perception of students with higher socioeconomic vulnerability in relation to student care of a Federal Educational Institution, the Federal University of Viçosa (UFV), in order to verify their perception about the health care received at the institution.

## Method

The research carried out initially consisted of a survey on the student assistance existing in the institution in order to broaden the understanding of how it works at UFV. A field survey was conducted with the beneficiaries to obtain data that were applied to the research. Following the field research will be detailed clarifying its type, the object of study and sampling, how the procedures and techniques of data collection were performed as well as the technique of analysis and interpretation of these.

### a) Type of research

The research can be classified as a case study in a qualitative approach, applied in nature using the literature review and the application of focus group interviews as a data collection technique.

This study is characterized as qualitative research because it sought to understand, describe and explain a phenomenon by analyzing individual or group experiences, investigating experiences and documents. According to Chamber (2013), qualitative research allows establishing factors of a given phenomenon. By obtaining the perception of the interviewees, it was possible to broaden the understanding of the reality lived by the participants and deepen the issue of health care for students with socioeconomic vulnerability.

## b) Object of study and sampling

The object of study is the UFV itself and the students benefited by the Pnaes, residents of the UFV Campus Viçosa housing. These last subjects were chosen because the criterion adopted is based on the parameters that these students previously had a selection and were covered with housing and food aid due to the existing socioeconomic vulnerability already detected by the institution itself. At UFV's Viçosa campus there are six lodgings, two male and four female, with a capacity of 1290 students.

For conducting the Focus Group, some authors such as Gondim (2003) recommend a group of four to ten participants, others six to ten, depending on the level of involvement with the subject of each participant. According to Gondim (2003), if the subject arouses interest in a particular group, people will have more to talk about, which may decrease the chances of everyone participating and with more than ten people, there is more chance to polarize, conflict and greater difficulty in controlling the process by the moderator. Oliveira and Freitas (2010) argue that the group should be small enough for everyone to have an opportunity to share their perceptions and large enough to provide diversity of perceptions.

At UFV, there is the Student Housing Commission (CME), which is composed of one representative from each Student Housing Unit (UME) and their respective alternates, who are elected by the residents themselves, representing a total of 12 students, residents of the lodgings.

These 12 housing representatives were the individuals invited to participate in the research. However, due to the resignation of some for the position of representative, the lack of compatibility of schedules or impossibility of attendance, six participated in the focus group interview, a number that some authors indicated for this type of interview. These students were the students of choice for the research because they are people who, in addition to being students benefited by Pnaes, are residents of the lodgings and are individuals with greater participation, engagement and greater involvement in student causes, which implies a good ability to study. contribute to the research objectives.

## c) Data collection procedures and techniques

The data collection performed was the application of the interview technique called the Focus Group as a qualitative methodological strategy. Before starting the focus group dynamics, a brief demographic data sheet was filled in by participants to chart their demographic profile. The Focus Group is based on an in-depth group interview. In this type of interview, the focus or object of analysis is the interaction within the group stimulated by comments or guiding questions provided by a moderator (OLIVEIRA; FREITAS, 2010), who in this case was one of the researchers. These questions were constructed from elements that surround the research problem in order to obtain the perception of the beneficiaries in relation to the health care existing in the institution, as well as seeking data on the students' view of their own health.

According to Trad (2009), the focus group is particularly appropriate when it aims to explain how people consider an experience, because during the discussion, it is possible to apprehend perceptions, opinions and feelings regarding a given theme in an interaction environment, which justified its use in this study.

The focus group was held on November 10, 2018 and had a total duration of one hour and 32 minutes. The venue for the focus group, at the students' own suggestion, was the Meeting Room for representatives of the Student Housing Commission, located in the basement of the Living Center on the UFV campus. The choice of this site was favorable because it is easily accessible and known to all involved in the research.

#### d) Data analysis and interpretation technique

After obtaining the data, these were transcribed and added to the notes and reflections of the moderator (researcher). In the transcripts the students were identified with fictitious names that will also be used in citations to ensure the confidentiality of their identities. All transcribed audio material of the interview was then analyzed separately by subject and together and contextualized with the theoretical framework. A content analysis was performed to compare the perception of the beneficiaries with the reality of the institution, to understand the degree of satisfaction and relevance of health care in the lives of academics.

The treatment of the primary data obtained through the answers obtained in the interviews was then performed using content analysis by author Laurence Bardin (2011). The analysis criteria defined by this author were followed through the following phases: pre-analysis, material exploration and treatment of results (inference and interpretation). In the pre-analysis phase the material was organized composing the research corpus. Initially, the initial contact with the documents (floating reading) was performed, observing the following rules: exhaustiveness, representativeness, homogeneity, relevance and exclusivity.

Finally, in the data interpretation phase, a return to the theoretical framework was performed in order to support the analysis giving meaning to the interpretation.

## Results

First, we present the demographic data that were collected moments before the focus group interview and were analyzed in order to obtain the profile of the six participants.

Three participants were male and three female and their ages ranged from 22 to 38 years. Among them, four are from Minas Gerais cities, the others are from Bahia and the other from Espírito Santo. They are students from six different courses: Degree in Physics, Social Sciences, Law, Animal Science, Geography and Veterinary Medicine. All participants declared to be single. The year of enrollment of these students in the UFV ranged from 2010 to 2017. Regarding health, only one of the six participants reported having a private health plan and when asked how many times they needed health care this year, half said they needed



more than one. four times, two answered two to three times and one answered that only once. After completing the demographic data described above, the students received guidance on the focus group interview that began shortly thereafter, following the script of questions according to the topics of interest, which called the interviewees to position themselves. and your feelings.

The following discussion topics were presented. These were separated for interpretation and analysis of the interviewees' statements as well as related to the literature found. We sought to analyze, from the narrative of the subjects, the students' perception about the themes concerning the research.

#### a) The influence of student assistance on student stay at the University

When asked about the influence of student assistance on the permanence in university education, unanimity can be perceived in the students' discourse. All interviewees demonstrated in their speeches that student care, for them, who have socioeconomic vulnerability, is fundamental for their stay in the university. Words such as fundamental, indispensable, relevant have appeared several times, portraying the feeling of dependence of these students in relation to student care as can be observed in the following statements that resemble the opinion of several authors such as Cavalcanti (2014) and Finatti et al. (2007).

JOEL: “[...] I couldn't afford the costs of my house, my food here, for me it makes all the difference [...]”.

ANA: “[...] I depend on student care for everything, so ... from eating to ... from time to time I need a medicine, I have to run there in the middle of the bag because I have nowhere to take it, my family can't help me here [...]”.

It was also observed that students report that student assistance, besides being of great relevance, proves to be an essential factor in relation to their permanence in the university. At this point, it was possible to feel that the students wanted to demonstrate the certainty that they would not be attending university if there was no student assistance:

JOEL: “[...] I even say that if it wasn't for student assistance, I wouldn't be here, right? At university today, so this is extremely relevant to me.”

ANA: “[...] If I had no student assistance I would not have [sic] at UFV, I would have already gone home and got a job and probably would not [sic] at any other university.”

PEDRO: “[...] without student assistance here at university I would have already skipped the course, so student assistance is crucial for me to be here today, even until it influences even my academic performance [...] No I see another way of studying here at the university without participating in student care, otherwise I would have already returned home, I would already be working in an extremely manual service, so I would not be here if it were not for student assistance, it is fundamental, it is indispensable. ”

LUIZ: “[...] I also think that without student assistance I wouldn't be able to keep myself, so ... my parents can't afford to send money [...]”

These two themes that portray student care as essential and its relationship to the permanence in students' academic life refer to the fact that student assistance is fulfilling its purposes according to what is described in Decree No. 7243 as objectives of the Pnaes actions (BRAZIL, 2010).

On the other hand, it is not possible to perceive in students the awareness that the dropout in Higher Education cannot be considered exclusively due to the lack of student assistance, since, as reported by Andrade and Teixeira (2017), this occurs due to several factors that These may be pedagogical and psychological, such as lack of identification with the course, disappointment with the labor market, the course or the institution, difficulties in reconciling study and work, poor school preparation, high course requirements, financial difficulties, lack didactics, low qualifications or teacher engagement, lack of family support, and difficulties with peers and teachers.

In addition, it should be noted that Student Assistance should not be solely responsible for student performance, although it is a relevant factor. Several factors condition and influence academic achievement, such as: adequate teaching and infrastructure conditions, adequate number of teachers, availability of laboratories, access to information, as well as the particularities regarding the school record of access to the basic education system of each student.

It can also be observed that UFV student assistance is seen by the interviewees as broad and consistent, and this condition becomes a factor of choice when choosing a university, both for the cost of living in the city and for student assistance. compared to other educational institutions. This discourse is in line with what the authors Del Giúdice (2013) and Sacramento (2015) report in their studies. In the following speeches, it is possible to notice this positioning of the students:

LUIZ: “[...] before coming to study here I studied at a private college in São Paulo with a scholarship, I couldn't keep it either because I had to work, study, big city is another rhythm and then I spent here and also spent at UNESP before going here, but there the student care does not have the relevance that there is here I ended up choosing to come here. I spent in the federal of Rio de Janeiro too but there the cost of living is very high ... I thought ... I will not be able to maintain ... so I ended up coming here for the cost of living and the issue of student assistance being student assistance wider, more consistent ...”

JÚLIA: “[...] for me UFV student assistance is not only one of the reasons why people stay here, it is also one of the reasons why people come to UFV because it's just like “Luiz” just said he went to other federal universities but universities that did not have the same assistance as UFV does. This is a fundamental factor ...”

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Article 4 The student assistance actions will be carried out by federal higher education institutions, including the Federal Institutes of Education, Science and Technology, considering their specificities, the strategic areas of teaching, research and extension and those that meet the needs identified by their student body (BRAZIL, 2010).

Analyzing the students discourse, it can be seen that they agree with the university autonomy, which can be confirmed in some lines:

JOANA: “[...] I believe that having this difference from university to university is important because the reality of different campuses is different. So, for example, there are campuses where there are even fewer houses, there are exchanges in the city, there are campuses where there are fewer people, so sometimes it pays more to invest in one thing while in UFV, for example, it pays more to invest in another.”

PEDRO: “[...] I also agree, universities have to have autonomy to manage the Pnaes resource ...”

JOEL: “[...] I also think that the main factor of the importance of this autonomy of this networked university is to manage Pnaes resources by the following factor that each university is a different world, right? The social realities are different in each university, so the university itself has to think of a way to invest in its own environment there if it is a ready model that someone superior imposes there is not going to be good, because each university is a reality different here at UFV for example has a lot of problems managing these resources, the university finds many problems...”

Already in the literature, authors such as Bleicher and Oliveira (2016) criticize the university autonomy to manage the Pnaes claiming that as there is no clear determination for financial investments in each proposed area of Pnaes, which results in ensuring equity between the areas, prioritizing some areas over others.

Among the students participating in the research, it was possible to notice dissatisfaction and even indignation regarding the way decisions are made at the University. The participating students clearly stated that, in their perception, there is a lack of dialogue, a lack of participation from the university community regarding the distribution and use of the Pnaes resource:

JOANA: “[...] I believe that this autonomy in the university has to be with dialogue with those who effectively use the services. If there is a quantity x and the university has autonomy to apply what it wants, who has this autonomy, who is up there, the dean for example, or is there a dialogue with the residents? because I find it interesting to have autonomy in this matter of the university-university difference that exists, but that the residents have to be directly involved in, participating in it.”

PEDRO: “[...] Through transparency, through dialogue, through information, this is fundamental for participation in the decision on what will be spent on this money, unfortunately this has not happened, there has not been so much dialogue mainly on

the issue of Pnaes money [...] The university does not call her academic community to participate there is no participation in the management of this money, so Pnaes money is spent by the administration they say they were spent in a way and we believe if it is imposed, it is not spent democratically for this money to be spent democratically would have to have this participation, it is spent authoritatively. ”

This claim of students is in accordance with the literature studied, as it was possible to realize that authors such as Nascimento and Arcoverde (2012) and Oliveira and Vargas (2012) advocate a greater participation of students in the elaboration and monitoring of actions involving the Pnaes. In addition, the CGU, after auditing 58 universities, recommended the participation of students in institute decisions on Pnaes actions (CGU, 2016).

Regarding the resources that Universities receive to manage the Pnaes, the decree states that institutions must adhere to the specific needs that each one has and that demand will be met within budget limits, indicating at this point the tendency to: Increasing the provision of resources and increasing the number of socioeconomically vulnerable students would lead to a decrease in assistance, making institutions more focused on those most in need, distancing student assistance from the universalization of law:

Article 8. PNAES expenses shall be charged to the budget appropriations annually earmarked for the Ministry of Education or the federal institutions of Higher Education, and the Executive Branch shall match the number of beneficiaries with the existing budget appropriations, subject to the limits stipulated in the legislation. current budgetary and financial (BRAZIL, 2010)

Thus, it is clear that this article allows those who need it most to be met, but not that all who need it are, which ends up excluding some who may be missing the opportunity to participate in higher education. If these resources diminish then the situation can get even worse.

Next, students show great dissatisfaction with the decrease in resources allocated to Pnaes, some report budget cuts and others report that it is insufficient to meet existing demand, a fact proven by authors such as (CISLAGHI; SILVA, 2012; DEL GIÚDICE et al., 2014; PAIXÃO et al., 2016, SILVA; COSTA, 2018), who state that although historically increasing until 2016, they are still insufficient to meet an ever-increasing demand.

PEDRO: “[...] most of this money is spent on restaurants today, so practically it goes all the way to the restaurant, to pay the outsourced company, so that there is practically nothing left of PNAES for other areas. What happens is that the university complements the PNAES resource with the OCC which is a cost and capital budget that is also insufficient to meet all areas, is insufficient to meet the demands of housing, both structural, sports issue, cultural issue. , health issue mainly [...] The next PNAES money, more money has come, now, after the cut, this is certainly hurting a lot, the money is coming less, the money that was coming before was already insufficient to meet all demands [...] In terms of inclusion in the university issue of access to the university has become worse because before it was much more poor people inside the university, today there is a lot of competition to plead PNAES, to applying for student assistance, to be a part, to live in housing has become very difficult, very difficult indeed. ”

JOEL: “[...] these resources are being cut, so I think these resources are focusing more on housing and food, because I don't say that these sports and leisure areas are not important, they are important yes, but in times of lean cows you have to squeeze ...”

LUIZ: “[...] that most of the money is being used in the UK on all three even on the three campuses, all the money from PNAES and the university complements, but we see that the issue of housing maintenance, housing structure it is getting lost [...] Also as it had resource cuts because it had the time of the fat cows so the pockets expanded even for housing in the city and the houses are getting more and more scrapped, this is visible.”

The Ministry of Education and the Growth Acceleration Program (PAC) were the areas most affected by the R \$ 21.2 billion cut in March 2016 and lost R \$ 4.27 billion. In January 2016, 9.5 thousand fewer scholarships were available compared to the previous year, which indicates a downward trend in the sector (BRAZIL, 2016).

It is possible to observe that the narrative of the subjects also reveals dissatisfaction with the program evaluation, transparency and the control with the use of resources destined to the Pnaes.

PEDRO: “[...] She also has to have instruments for evaluation and even for monitoring how this money is being done [...] How is this done? Through transparency, through dialogue, through information, we have to have this control of this money.”

JULIA: “[...] I believe that autonomy is important yes, but it is possible to give more room for corruption, because in UFV we see some things a little more organized, but there are universities out there that the thing is very so disorganized the fact that each one has their freedom from the margin for this to happen so that the inspection becomes more complex or more difficult or maybe nonexistent...”

LUIZ: “[...] but there is still a lack of transparency in relation to the PNAES resource the person charges, then charges the PNAES, OCC then but does not present a spreadsheet then writes an annual report there, invested it in student assistance, that's not clear ...”

JOEL: “[...] there is no one to supervise you don't know if the business is being done right [...] It's a big problem not only in universities but in the public power in general this is what breaks the state a poor resource management, companies don't do the right thing you hire, you outsource, the company doesn't do the right thing what happens, it sucks the resources, there is no supervision and the state breaks, that's what happens with Brazil.”

PEDRO: “[...] here there is no transparency, here is a body that centralizes money, which is the dean of the budget, so it is a body that students do not have access to, today we will arrive in the dean of community affairs that is responsible for distributing this money from PNAES you will ask about what was spent on PNAES, what was spent on PNAES last month or last year, they don't have this information [...] In the end you have a report, that means nothing, you hardly understand that report, so to begin with lack transparency, there is no transparency in the use of PNAES money, they say it has but this is not transparency, when you receive from year to year, transparency that's what was spent this month on PNAES money that's transparency, they'll come to you and say, so much money went in so much what was the money that was spent what was the means, so so if they had this information this is transparency so for me fundamental ... ”

As students defend transparency with public resources, supervision and evaluation in order to promote better use of the resource and social control, it can be said that these corroborate the perception of authors such as Sanches (2013) and De Souza. Madeira et al. (2015) who in the literature also preach the transparency and social control of Pnaes by the beneficiaries themselves. Therefore, students are very aware of the students' participation in the elaboration of actions and transparency with public money.

### c) Influence of health on academic development

When asked about the influence of health on academic development, all agreed and emphasized that there is great influence, showing agreement with authors such as Joia (2010) and Bleicher and Oliveira (2016) as it can be observed in the speeches selected below:

ANA: “[...] Influences 100%. Because health is everything, mental health, physical health ...”

PEDRO: “[...] I also think that the health issue is 100% important, right? [...] It impacts 100% here in the university community, including our income ...”

JOEL: “[...] both your physical health and your mental health have to be working properly for you to surrender in your activities ... then when something is wrong, then as is common in a system everything will have chain reaction, it's only getting worse ...”.

JOANA “[...] yes, it is extremely relevant, it directly impacts, when you are not well, it is very difficult for you to do anything well [...] In another moment, JOANA goes deeper and reports that the impact of lack of health during the course can even influence future professional life. [...] If you are not well, either psychologically or physically, it ends up having a very big impact, right? so going to a class, even a simple class well and going to a sick class you already feel the difference and it will disturb your performance, it will disturb the way you learn, it will disturb your grade, then depending on the situation, It even hinders your professional life later, because this is where we prepare for professional life and, if we are not learning well, what kind of professional will we be after? so the health issue is extremely important, it impacts directly. ”

Also corroborating with the literature, the students frequently reported mental illness as prevalent and of great influence on the lives of college students, which is often caused by stress due to pressure from teachers, colleagues, excessive academic activities, frequent withdrawal from social life. family and the known circle of relationships, changes in sleep pattern and anxiety (SIQUEIRA et al. 2017; NEVES; DALGALARRONDO, 2007; BLEICHER; OLIVEIRA, 2016). Bleicher and Oliveira (2016) also advocate the creation of a specific public policy for mental disorders of college students due to their high vulnerability to this type of disease.

The students demonstrate to know the service provided by the UFV of the psychosocial division and one of them reports to be an advance the creation of this service, but they denounce that it does not have capacity to attend all the existing demand:

PEDRO: “[...] there are semester endings and during the semester here at the university there is a disease in people, there is a mental stress due to that too ... what

JOANA said about the requirement beyond the requirement you also have the moral persecution, bullying of teachers, among students, all contribute to the person also mentally stress and ends up having mental illness and the university also has an organ that serves people with mental stress which is the psychosocial division that does not I can handle sometimes people get there ...”

JOEL: “[...] the psychologist of the health division, he told me that there he presented me some data from the report that he made there about the main causes of mental problems here at the university. big...”

ANA: “[...] there is also the issue of competitive pressure, other fights that occur are also very stimulated within the academic environment [...] It's a very tense environment, teachers get sick and make you sick [ ...] Then you get bad, that environment is all very toxic, then something happens you don't get normal [...] The university, it absorbs you, you live because of it, you live because of your academic performance ...”

LUIZ: “[...] the university really consumes this pressure from the Federal University of Viçosa, the teachers' pressure, from the competition of the course's competitiveness [...] The coexistence itself we also have coexistence problems because we live different realities, people who come from very different places and today there are teenagers who leave home for the first time and there are people who have not lived outside and had people who left home early, the younger students at university today...”

Luiz also complements by exemplifying a case of mental illness of a close colleague:

LUIZ: “[...] Where I lived there was a colleague who was a little stressed because he is tired and extremely ... very poor so he charges himself not wanting to depend on his parents so this test business, test, test two, three tests a week every day and that thing goes and then began to have anxiety crisis so I was not eating no more eating there you go to lunch then he started crying he put the food and started crying because I could not eat there I said so you go look for a psychologist a psychiatrist and go there there passed took medicine until it improved so in relation to some things in the matter of psychosocial health I think there was an advance and then began to have these demands many demands and maybe the number of professionals I must not have been aware of meeting all these demands so I think there was an advance in the issue of psychosocial health but I think maybe because of resources also not we were having the service expanded but there was progress ...”

In addition to mental health, oral health was also much remembered and cited by college students. Silva et al. (2018), who evaluated the oral health condition of university students with higher socioeconomic vulnerability associated worse oral health condition due to their situation of greater need. Oral health is cited by three of the six respondents and “Pedro” adds about the influence on academic achievement:

ANA: “[...] I can't chew on this side, and it's been a long time ...”

JOANA: “[...] with me it's also in dentistry now, I recently needed a procedure, I didn't have it, it's not all the procedures that dentistry does and then I got through some agreement that the scholarship service has ...”

PEDRO: “... I recently had dental problems, I had two teeth that needed a canal and I was experiencing direct pain, I was experiencing pain 24 hours [...] Because it was affecting my academic performance, that pain is very intense ...”

The issue of housing and food, as noted in the literature, is emphasized by Fonaprace (2004) as essential to ensure student permanence, in addition to influencing better performance and integral education. On this topic, the research participants showed great dissatisfaction with problems in housing and in the university restaurant and declare these as factors that affect their quality of life and consequently also health, which can be noted below in the statements:

PEDRO: “[...] we do not live with quality especially in the case of women who live in scrapped housing, like those who lived in the old, Joana knows how it is like the girls who lived in the female who has there a bathroom where they wash kitchen utensils inside the bathroom that is inhumane so it impacts people's health ...”

JÚLIA: “[...] we see, there is an unhealthy complex environment mentioned by Luiz about the question of you cleaning your dishes in the same place that cleans your face so a little complex thing that impact you know is negative, disturbs, and also being in academic life is a situation that already leaves us vulnerable you know? [...] Living in this environment brings you bad opportunities, ultimately culminating in the opportunity to be unhealthy [...] The issue of food as I see it after outsourcing the menu has improved but the UK environment has made a drastic worsening all over world knows it i sometimes get there my appetite goes away so stressed from things that happen and i even comment you come to feed there your cortisone goes up because you get angry there you don't feed properly your food absorption won't go be the same because the environment is unhealthy, you don't have a proper environment to sit on, it's a queue, it's badly sanitized, badly sanitized tray ... ”

According to Fonaprace, the IFES Undergraduate Program is governed by some principles, one of which is the guarantee of democratization and the quality of services provided to the student community. One of the guidelines guides IFES to define a system for evaluating student assistance programs and projects through the adoption of quantitative and qualitative indicators. Students agree and long for a quality service as they can directly impact their health and consequently their academic performance.

According to Fonaprace guidelines, 2011, the evaluation of institutional programs and projects for students should be carried out by the institution, with the participation of students and other Pro-Rectories, supporting Fonaprace's work in the permanent evaluation of the National Student Assistance Plan.

#### d) Health care

According to the literature that traced the profile of undergraduate students from federal universities in Brazil, (FONAPRACE, 2016) the public health network is used by the vast majority of students in classes C, D and E. In addition, the survey This study also revealed an increase in the demand for public health services among these students with greater socioeconomic vulnerability. Among students in classes A and B, they mostly use private health systems, such as health plans or private network.

Also, according to data from Fonaprace (2016), 60.09% of the students stated that rarely (only in cases of extreme need) seek medical service, which was possible to notice such situation with the research participants.



In the interview with the students, it was highlighted that they also use the public health system, and preferably the UFV Health Division. Some also pointed out that when they are unable to get some kind of treatment they need due to the lack of coverage of all procedures by the Health Division, they either stop treatment or delay as much as possible. Situation that goes against the principle of integrality of the SUS, which aims at prevention in order to prevent the aggravation of diseases (BRAZIL, 1988).

ANA: “[...] Either I go to the health division or I won't go. Simple ... it's like, can you treat it in the health division? If it has no way or if I don't have time I go without treatment, like ... will leave [...] And I'm waiting until the day I cannot take it anymore and say that really has no way, and whatever anything that appears in my body, I don't know, and to say that it doesn't have in the health division, will stay for that very reason ...”

JOANA: “[...] I always look for the health division first, for the sake of proximity, for the sake of being directly related to the university [...] Me too, if you don't have it in the health division, it turns out that I I will also leave it for later [...] Health Division is not having it and then I would have to have so much time to go downtown to look for money to pay for the procedures and the pain is not unbearable, there is nothing like that for now and we keep leaving, leaving. It has happened a lot, and I imagine it happens to other people on other issues as well. So, the health division is the first place ever and in general I only look for other means when it's really impossible to keep on letting go ...”

PEDRO: “[...] So I also think the same, for me it is always the health division, always good to look for the health division first.

LUIZ: “[...] I've always used a lot of service in the health division ...”

JULIA: “[...] Whenever I needed it, I went to the health division so much for practicality, I see no difficulty waking up early and going there to make an appointment for the next day, so much so that she is here for us, she is an exclusive space for who is a member of the university and also for the question that the hospitals is for the “Viçosense” community. And so, every time I needed to take exams, the exams that the division itself did not cover the student assistant division covered for being a housing resident and beyond that I also see that even though some people complain that they have to wake up from at dawn, have to wake up early we always get ...”

According to Elói (2018), who conducted a survey of Pnaes beneficiary students at UFV, 63.46% of beneficiaries resort to the health division when they need medical or psychological care, 26.92% use public hospitals in the municipality. from Viçosa. Another way to solve the problem was indicated in 4.17%, such as waiting until the health problem resolves over time and going to the city of origin to solve the problem near the family.

Students say they prefer to turn to the Health Division because of poor conditions in public hospitals in the city, which reinforces the importance of health care for these students at the university. Some demonstrate science about the city's fluctuating university population influencing the city's public services, including health care:

ANA: “[...] Because even the issue of hospital care here in Viçosa I find very delicate [...] You can't trust the city and this further reinforces the issue of, UFV has yet to invest more the health issue, because the health that is precarious for those who already live in the city ...”

PEDRO: “[...] Because the service in the city is very bad there, you can't take care of it [...] You go to the hospital there at the risk of waiting, as happened with the colleague here. You wait there for the most part, you wait there for 1, 2, 3h waiting ...”

LUIZ: “[...] are from Viçosa the resources that come, have been thinking about the population of Viçosa, we are floating population, we are not counting this population of Viçosa, unfortunately this is it and the transfers from the Federal Government and State must go to population that there is a big fight with Census and IBGE with the city. The city already has a count of this floating population of 15 to 20 thousand inhabitants of Viçosa universities, floating that stay here for a while and I do not know if this census now 2020 that will come from IBGE how they will insert it right, can is that this population comes in as Viçosense population right, then this resource came to Viçosa [...] This floating population that overcharges the SUS service here in Viçosa ...”

JOEL: “[...] I went to the hospital and the girl there made my record. I waited for about 3 hours in line to get to the doctor and the doctor said that I had to go to the health division. Because I couldn't be there because it wasn't an emergency, because the girl didn't talk to me in attendance, I was gone ...”

Students perceive health as an essential asset and a major influence on student achievement. There is a high dependence on students vulnerable to the Health Division within the UFV. This proves to be of great importance in the life of these university students, because the services offered by the municipality cannot meet the demand of the city residents and the floating population that is mainly formed by university students. Students with socioeconomic vulnerability of UFV who participated in this research reported resorting to DSA when they need and perform only treatments that are available. If they need treatment that for some reason is not offered by them, they declare that they simply do not for lack of financial conditions, which increases the risk of the problem being more serious and influencing their academic performance.

#### e) Prevention x Health Treatment

Participants were asked about the importance of investing more in prevention or health care and about their opinion on this subject. It was possible to realize unanimously about the great importance that is prevention. Students have shown knowledge and awareness that it is always better to prevent disease than treat it, both for the financial cost and the cost of well-being and health itself.

ANA: “[...] Prevention, that's what many people said, to prevent because the problem will get much smaller ...”

JOEL: “[...] prevention is much better ...”

JOANA: “[...] The cost of prevention is much lower, when I say cost is not only financial I say cost of everything, the cost of everything, much better you practice a physical exercise and it's fine with you same and not having to go through a procedure that involves both the financial cost and the damage to your body in some way, because when you are healing, you are interfering with something that is happening and often the healing does not come alone. side effect on that. So, it is much better for you to prevent yourself and have a good life before you don't have to take medicine, have to stick to it, suffer less. Prevention is much lower cost.”

LUIZ: “[...] But prevention is important, yes, there is a study that proves, you spend much less on prevention than on the disease itself [...] Prevention is essential, of course.”

This type of opinion is already common sense in the literature, especially in health. It is included in the Constitution, in the principle of comprehensiveness of SUS (BRAZIL, 1988) and in articles in the literature (OLIVEIRA et al. 2010; BLEICHER AND OLIVERIA 2016; JOIA 2010; FONAPRACE, 2011). Prevention-based primary care and the creation of the Family Health Strategy are priorities in the SUS with the aim of preventing and worsening diseases, which reduces the demand for complex and costly treatments, as well as improving the population's health.

At this moment, the speech of the subjects also denounces that, for them, actions, activities and incentive for disease prevention by the public health system are lacking and that even professionals in the area are often not trained to deal with prevention. In addition, they cite the issue of the culture of the population itself that is not yet focused on prevention. The “curative tradition” in the students' view is still very strong in the country, a position denounced by Bleicher and Oliveira (2016).

PEDRO: “[...] I think that investment is fundamental in both, not only in prevention but also in dressing, but I think that prevention has to work more. I see that this is missing, not only here, but all over Brazil as well. If prevention works very little, we have the culture of looking for a doctor, hospital, the word hospital and medical post already refers to that idea of when you are already sick you go there and seek [...] So I think that we have the culture too, unfortunately I often only look when things are very critical, I think we need to discuss more with the population the issues of preventive measures. You save on everything.”

LUIZ: “[...] It's prevention is an important thing even though it's not our culture of Brazilians speaking generally, if we take a survey, we certainly don't have this culture and I talk about the person, the patient itself as well as public policies to encourage this prevention [...] but prevention is important yes, there is a study that proves, you spend much less on prevention than on the disease itself.”

JULIA: “[...] Worse, it is a cultural issue, we have no habit of preventing, both for the sake of eating better, being in an environment that you feel comfortable and pleasant, being with people that makes you Well, all that question. It turns out that we are leaving it right, worry only about what is today, the test tomorrow, the most punctual things. So much so that in this matter that you are sick and you need to treat yourself, there is already data in the literature that proves that this is injury. Social damage, economic damage because when you take a certificate you stop working, producing, going to an event and socializing. So, this is bad, in addition to not preventing you from being bad, it can lead to illness, it can also be bad because of these issues, prevention is absolutely essential.”

ANA: “[...] It's something that I find so cultural, but so cultural that there were rare situations when I went to the doctor wanting to anticipate some disease for some new risk that I was taking and he found it valid [...] I think prevention strategies should be before treatment strategies.”

The Unified Health System (SUS) was created by the Federal Constitution of 1988 based on its principles and guidelines of universality, comprehensiveness and equity, with a proposal of humanization of care, aiming to redirect a curative culture, centered on the

disease, to a type of care based on prevention and health education. Thus, social inequalities as well as poverty eradication need to be considered as determining factors in the health / disease process and popular health education needs to be addressed as a strategic policy, with a view to integrating active community participation through dialogue and dialogue. shared construction of knowledge, so as to provide an integration of popular and scientific culture. Bleicher and Oliveira (2016) believe that in order to achieve this goal, health professionals need to be prepared to better plan preventive and or interceptive actions and strategies, always aiming at motivating the adoption of habits and a healthy lifestyle. among college students.

f) Perception of the integration between the public health network (hospital, health posts) and UFV health care

According to SUS, the municipalities are primarily responsible for the public health of their population. When the municipality does not have all health services, there is a search for support from other cities in its region for the integral health care. All students can access the health services maintained by these municipalities, given that the SUS guarantees full, universal and equal access to the Brazilian population. In this case, the SUS gateway should preferably be primary care (health posts, health centers, family health units, emergency units, among others). From this first service, SUS users are referred, as needed, to other health services of greater complexity (hospitals and specialized clinics) (BRASIL, 1988).

Students were asked if they are aware of any integration between the DSA and the municipal health network. Some reported knowing of a type of dialogue between these bodies regarding referrals and displacements, especially from DSA to city hospitals in emergencies, but this relationship is not very clear to students as can be seen mainly in the speech of “PETER”.

ANA: “[...] I was referred by UFV and attended as a UFV student at CISMIV. She got the psychiatrist there who is a professor of medicine too. I do not know exactly how it was, I know it was something marked by the phone, for the UFV student the papers, the documents all come with the stamp and the envelope of the University of Viçosa and did not need the SUS card so I believe that really has to do ...”

JOANA: “[...] Between the Health and Health Division in the city, the dialogue that I see at least that I've used is about referral even, when here I don't have the specialty, I've already been referred to an ophthalmologist for example [...] I do not understand as a partnership, it is more a dialogue because there is no specialty here, then I go to the Division already knowing that I will not be served in the division but I need the referral. ”

JOEL: “... What I see about this partnership with the health division with SUS is just in emergency, students who get sick here and they take them to the hospitals ...”

PEDRO: “[...] So I think that still, this issue of this partnership, I see more as something more natural this partnership of the university division between these public health institutions, but it is not quite clear to me as it happens this partnership and how it is made. What I do know is from experiences of people reporting for example to Lorena even in the matter of referral ...”

According to Bleicher and Oliveira (2016), as there is already a public health network, it should communicate with the student health services of federal institutions. Thus, institutions would act to create healthy environments and prevent diseases associated specifically with the reality of the federal student; while the local health network would be activated when treatment is needed. It is possible to realize that the authors' thinking is in accordance with what the SUS recommends. In the UFV Institution this also happens, the most complex treatments that are not offered by DSA are sent to the municipal public network.

The DSA acts as an outpatient clinic, providing primary care by assisting with curative and preventive actions for employees and students in an elective manner, promoting disease prevention and health promotion in the UFV community. DSA coordinates student programs and projects, including the University Immunization and the Comprehensive Student Housing Health Program (PISME). There are also actions aimed at servers, students and their dependents, such as the following campaigns: vaccination in general; pre-exposure vaccination (prevention of human rabies); STD / AIDS prevention, with rapid testing; HPV prevention; smoke-fighting; Golden August, encouraging breastfeeding; September Yellow, to combat suicide; October Rose, for cervical cancer and breast cancer prevention; November Blue, prostate cancer prevention; in addition to blood donation campaigns. The project called University Immunization has the participation of the Dean of Education and the support of the course coordinators. At the 2017 freshman reception, 1,666 vaccination cards were awarded. In July 2017, the Health Division Vaccine Room resumed its activities in partnership with the Municipal Health Secretariat, with 953 vaccinations being performed.

## Final Considerations

We know that Brazil is a country of great inequality with its people. One of the ways to try to improve this issue is access to quality and free higher education. Despite all the efforts of previous governments, there is still much to be done in this regard, as the number of students entering public universities is very small compared to the number of students enrolled in public high schools. Higher education is not yet a reality of all people, on the contrary, remains a privilege of the few, because many are still excluded.

The challenge of government education programs is great. In addition to the need to increase the number of vacancies and the creation of new universities, there is the question of the quality of education with the goal of training people capable of taking a critical and creative attitude towards reality.

Students with socioeconomic vulnerability in universities have the opportunity to rise socially and economically. Student assistance programs have proven to be necessary tools for the access, permanence and academic achievement of these students in higher education. Through assistance, it is possible to enable equal opportunities among all students and contribute to the improvement of academic performance, through measures that seek to

combat situations of repetition and dropout, promoting the democratization of education and the reduction of social and cultural inequalities. Brazil. For students with socioeconomic vulnerability, student care is considered a deciding factor between being or not attending university, which makes it essential.

In the present work, it was possible to reach the proposed objectives of perceiving, through the beneficiaries' perspective, situations of student assistance in general and with deeper health. Initially, a specific theoretical approach related to higher education and student assistance was performed. After presenting the methodology used in the research, the research was described, with discussion of the collected data.

As presented in this research, Student Assistance is an instrument for enabling the social right of education in a context of great social inequality. As long as this situation persists, this instrument is necessary, a fact demonstrated in the reports of the students participating in the research, who declared student assistance as an essential and essential factor for attending higher education. UFV stands out nationally for the assistance offered to its students by addressing almost all areas of student needs, a decisive factor of choice for UFV. Even so, students complain of:

- lack of maintenance of student housing,
- need for improvements in the UK,
- failure to meet all existing demand,
- lack of dialogue between managers and beneficiaries,
- lack of transparency and control of resources allocated to PNAES,
- Better integration between the public (municipal) health network and the institution.

With regard to health, there is a greater need for mental health care, which according to the students and according to the literature seems to be the most crucial area. UFV's Health Division and Psychosocial Division are important within the university because of their crucial role in the health of the university community and deserve continued investment because the demand for this service is significant and as users have reported in this research, often fail to supply all existing demand.

As an employee working directly with the health of UFV students, the researchers believe that the University should take responsibility for the health of its members in order to ensure a healthy environment and positively influence lifestyles. Student assistance has the potential to introduce health promotion in universities and there should be greater awareness, willingness, interest and commitment of managers to make use of this policy to promote health actions focused on prevention due to its great relevance in academia.

This research brought contributions about the Student Assistance Policy to the educational institutions and especially to the UFV, as it allowed the institution to obtain the perception of these students in vulnerability, favoring the possibility of elaborating internal policies to attend them more effectively, to improve their future actions in the field in question and to recognize the importance of reformulating and implementing educational and



assistance public policies that support the correction of deep socioeconomic distortions related to the origin of students who have gained access to higher education.

Bearing in mind that Pnaes is a focused public policy aimed at ensuring the maintenance and completion of the IFES course by undergraduates who are in a situation of socioeconomic fragility, attention should be paid to the importance of expanding effective and resolute services. , as the student spends much of his time in IFES, as well as strengthening the learning and intersectoral work scenarios.

For future studies, the perception of UFV managers on the Student Assistance Policy is proposed to compare the results with the present study and more studies related to health care due to its crucial role for any activity.

Finally, we need to democratize the public university and build a more democratic society. And only through access to education will it be possible to minimize social ills and actually democratize socially produced wealth and culture.

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