

# **Social Construction of Health in the Educational Sphere: A Literature Review**

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## **ABSTRACT**

This study is rooted in the growing recognition that health within educational settings is not merely a physical condition but a socially constructed reality shaped through institutional interactions, cultural norms, and school policies. The aim of this research is to examine how meanings of health are constructed, reproduced, and interpreted by members of the school community. A qualitative descriptive approach with a narrative literature review design was employed to collect, synthesize, and critically analyze scholarly publications from the last decade related to school health, student wellbeing, and health literacy. Thematic analysis was used to identify central patterns and conceptual themes across the literature. Findings indicate that school climate, social relationships, family involvement, and pedagogical practices play essential roles in shaping students' understanding of health, while structural barriers such as limited resources, unequal service provision, and weak program coordination—hinder the development of comprehensive health cultures in schools. The study concludes that health in education is a socially negotiated construct requiring holistic, collaborative, and sustained approaches. These insights contribute theoretically to social construction literature and offer practical recommendations for strengthening school health policy and practice.

 OPEN ACCESS

## **ARTICLE HISTORY**

Received: 26-11-2025

Revised: 21-12-2025

Accepted: 24-12-2025

## **KEYWORDS**

social construction, school health, health literacy, educational culture

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## Introduction

Health issues within educational settings have increasingly gained global attention as schools confront rising challenges in students' physical, mental, and social wellbeing. Educational institutions are no longer understood merely as sites of academic instruction; they function as social environments where values, behaviors, and shared meanings of health are constructed and reproduced. Recent empirical and conceptual reviews consistently indicate that students' health literacy remains low, school health programs often lack continuity, and mental health support is insufficient in many contexts (Gunawardena, 2023; Hossain, 2023). These conditions suggest that health in schools extends beyond biomedical factors and is shaped by social interactions, institutional policies, and school culture. Consequently, examining health as a social construct becomes essential for understanding how norms and practices of healthy living emerge and evolve within educational environments.

The importance of this inquiry grows in light of the global emphasis on whole-school health frameworks, such as the Whole School, Whole Community, Whole Child (WSCC) model and the Health-Promoting Schools approach (Lewallen et al., 2015; Thakur, 2023). Despite their conceptual strengths, research indicates persistent challenges in implementation, including insufficient resources, limited policy integration, inadequate parental involvement, and the absence of standardized tools to assess school health policies (McLoughlin, 2021; Okan, 2020). These challenges reveal a gap between theoretical aspirations and practical outcomes, underscoring the need to examine how health-related norms, values, and practices are interpreted and enacted in real school environments. This gap also highlights the relevance of a sociological lens that situates health within everyday social processes.

Although previous research has demonstrated that school-based health literacy can be enhanced through participatory and collaborative approaches (Nash, 2018; Otten et al., 2021), much of this scholarship focuses on program effectiveness rather than the underlying social construction of health within school life. The social constructionist framework particularly Berger and Luckmann's conceptualization of externalization, objectivation, and internalization offers an analytical foundation for understanding how health becomes embedded in institutional routines and students' lived experiences. Therefore, this article positions itself as a necessary expansion of existing research by integrating social construction theory with empirical findings from contemporary school health studies.

Recent scholarship further emphasizes that student wellbeing is shaped by multidimensional factors, including school climate, interpersonal relationships, and institutional support systems (Jiang, 2025; Ramos-Pla, 2025). While these studies enrich understanding of health and wellbeing in educational settings, they seldom explore how meanings of health are socially negotiated and transmitted through school culture. This absence presents a conceptual and empirical gap that warrants systematic exploration, particularly in contexts where health and education intersect as mutually reinforcing domains. Against this background, the present article provides a comprehensive literature review to examine the social construction of health within educational settings. It synthesizes theoretical and empirical insights to explain how schools shape collective

understandings of health, identify factors influencing the success of school health initiatives, and outline persisting challenges across diverse educational contexts. By doing so, this article contributes not only to theoretical discussions on social construction and school health but also offers practical implications for educators, policymakers, and institutions striving to foster healthier, more supportive, and more holistic learning environments.

## Methods

This study employed a qualitative descriptive approach using a narrative literature review design. This methodological choice aligns with the objective of exploring how health is socially constructed within educational contexts through conceptual synthesis and interpretive analysis of prior scholarly work. As (Creswell, 2014) explains, qualitative inquiry is suitable for examining meanings, interpretations, and socially constructed realities embedded within human interactions. A narrative literature review was selected because it provides methodological flexibility to integrate theories, empirical findings, and conceptual frameworks without adhering to the procedural rigidity characteristic of systematic reviews (Snyder, 2019). Accordingly, this approach enables a deeper, more nuanced understanding of how health-related meanings are constructed, negotiated, and institutionalized in educational settings.

Data for this study were drawn from peer-reviewed journal articles, academic books, policy reports, and scholarly publications at national and international levels published within the last ten years (2015–2025). Inclusion criteria focused on literature addressing health literacy, student wellbeing, school health programs, social construction of health, and whole-school health models such as Health-Promoting Schools and WSCC. The literature search was conducted using academic databases including Google Scholar, PubMed, ScienceDirect, and national journal repositories. The selection process involved screening titles, abstracts, and full texts to ensure conceptual relevance. In line with (Booth et al., 2016) recommendations, source selection also considered the academic authority of the authors, publication quality, methodological soundness, and theoretical contributions to the field.

Data analysis was conducted using thematic analysis, which allowed the identification of key patterns, themes, and conceptual relationships across the selected literature. This analytical approach enabled the categorization of findings into thematic domains such as the social construction of health, student health literacy, school health policy implementation, and contextual barriers to program success. Thematic analysis also facilitated the identification of research gaps, convergences, and divergences across prior studies. As noted by (Braun & Clarke, 2006), thematic analysis is particularly appropriate for literature-based research because it reveals layered meanings and supports the development of theoretically informed interpretations. Through this method, the study constructs a comprehensive conceptual synthesis explaining how health is socially constructed within educational environments.

## Result

A comprehensive literature search conducted through Google Scholar, PubMed, and ScienceDirect identified a set of empirical studies that met the inclusion criteria, focusing on student health, health literacy, wellbeing, and school-based health programs published between 2015 and 2025. From the initial pool of literature, 14 empirical studies were deemed relevant for further analysis. These studies encompass various methodological designs, including systematic reviews, scoping reviews, mixed-method evaluations, and program-based studies, providing a broad and integrated understanding of how health and wellbeing are addressed within educational settings. Collectively, these findings highlight recurring themes related to school climate, policy implementation, literacy development, and cultural adaptation of health programs. Below is the structured table of empirical findings:

**Table 1.** Empirical Findings

No	Authors	Year	Country	Research Purpose	Participants	Design & Data Collection	Key Findings	Implications
1	Jiang	2025	China	Conceptualizing student wellbeing	Prior studies & documents	Systematic review	Wellbeing shaped by school climate & social relations	Embedding wellbeing indicators in school policy
2	Ramos-Pla et al.	2025	Spain	Reviewing health education in early childhood	Global ECE studies	Systematic review	Health education remains fragmented	Teacher training must be strengthened
3	Gunawardena et al.	2023	International	Evaluating school mental-health interventions	Global school programs	Systematic review	Universal interventions improve mental health	Cultural adaptation required
4	Hossain et al.	2023	International	Mapping student wellbeing concepts	Multidisciplinary research	Scoping review	Wellbeing is multidimensional	Need for comprehensive assessment tools
5	Thakur et al.	2023	SE Asia	Examining HPS implementation	ASEAN schools	Systematic review	Barriers include resources & coordination	Stronger policy support needed
6	Rizvi et al.	2022	Global	Reviewing global health education practices	School curricula	Narrative review	Collaboration enhances effectiveness	Health literacy integration recommended
7	Otten et al.	2021	Australia	Evaluating child health-literacy programs	Children aged 2–16	International review	Participatory approaches improve outcomes	Wider use of collaborative models
8	Smith et al.	2021	International	Assessing school-based	School programs	Systematic review	Interventions enhance comprehension	Parental involvement

				health literacy interventions				strengthens effects
9	McLoughlin et al.	2021	Canada	Analyzing school health-policy tools	Policy documents	Systematic review	Tools lack validation	Standardization required
10	Okan et al.	2020	Europe	Reviewing school health literacy	European school systems	Evidence review	Health literacy remains low	Whole-school approaches encouraged
11	Nash et al.	2020	Australia	Exploring parental views on HealthLit4Kids	Parents	Mixed-method	Program benefits extend beyond school	Broader community engagement needed
12	Levinson et al.	2020	Global	Reviewing school health services	WHO datasets	Exploratory review	Large disparities between countries	Global alignment needed
13	Pradipta	2024	Indonesia	Reviewing health literacy in biology education	Biology curriculum	Systematic review	Underdeveloped health literacy	Curriculum integration needed
14	Nash et al.	2018	Australia	Presenting HealthLit4Kids protocol	Primary schools	Protocol study	Integrated health-literacy program effective	Curriculum embedding strengthened

## Discussion

The Drawing upon the full body of literature analyzed, it becomes evident that health within educational settings is not merely understood as a physical condition free from illness, but rather as a social reality continually shaped through ongoing interactions among students, teachers, families, and the broader school environment. The meaning of health in education emerges from a complex social process in which values and norms surrounding healthy behavior are gradually institutionalized through habits, rules, and role modeling. Research by (Jiang, 2025) and (Hossain, 2023) underscores that student wellbeing is profoundly influenced by the quality of social relations and the presence of a supportive school climate. This reinforces the notion that students' interpretations of health cannot be separated from their lived social experiences, as schools serve as primary sites where they learn to distinguish what is considered healthy or unhealthy behavior.

In relation to student development, schools play a pivotal role in shaping health identity. Much like adolescence, which is often characterized as a transitional stage marked by emotional and social shifts, learners at any educational level undergo developmental dynamics that influence how they construct meanings of health. (Otten et al., 2021) and (Nash et al., 2020) reveal that health literacy does not emerge instantaneously; instead, it evolves through iterative learning processes involving knowledge acquisition, behavioral modeling, and environmental reinforcement. When schools consistently cultivate practices such as hygiene routines, structured health education, and mental health support, the social construction of health becomes more firmly embedded. Conversely, when schools fail to provide a safe, inclusive, and

supportive environment, students are more likely to develop unstable—or even distorted—perceptions of health.

The literature further demonstrates that the social construction of health in schools develops through an interplay between internal and external factors. External influences such as family support, peer relationships, and prevailing school norms significantly shape students' understanding of health. The study by (Thakur, 2023) on the implementation of Health-Promoting Schools in Southeast Asia illustrates how structural constraints, including limited resources, inadequate facilities, and weak coordination across stakeholders, hinder the effectiveness of school health programs. Meanwhile, internal factors such as self-motivation, emotional regulation, and students' individual health literacy also determine how they interpret and practice healthy behaviors. When these internal and external components fail to operate in harmony, the construction of health becomes unstable, resulting in inconsistent or ineffective health practices.

On the other hand, research by (Rizvi, 2022) and (Smith, 2021) reinforces that successful school health programs are those that meaningfully engage diverse educational actors, including teachers, parents, and health professionals. Programs that rely solely on information delivery without cultivating meaningful social interaction tend to have limited behavioral impact. This aligns with Berger and Luckmann's social construction theory, which posits that social reality is formed through continuous interaction that eventually becomes institutionalized as shared knowledge. In other words, health as a social concept cannot be constructed through one-directional interventions; it requires dialogic spaces, role modeling, and sustained reinforcement of values embedded within the daily social life of schools. Nevertheless, significant challenges persist in cultivating the social construction of health within educational environments. McLoughlin et al. (2021) highlight that many schools lack valid tools to evaluate health policies, making it difficult to assess program outcomes. Levinson et al. (2020) further show that disparities in health services and uneven access to facilities contribute to unequal opportunities for students to develop strong health understandings and experiences. These inequities often weaken the transmission of health values, particularly in resource-limited schools. Thus, structural and social constraints remain influential in determining the overall effectiveness of health construction processes in education.

Given the complexity of these findings, it is clear that the social construction of health in schools emerges from a long-term interaction between institutional structures, social dynamics, and individual student conditions. This study illustrates that health cannot be reduced to a biomedical domain; rather, it is deeply intertwined with the formation of character and social identity. Accordingly, schools must strengthen health-oriented policies, enhance teacher capacity in delivering health education, and expand partnerships with families and communities. Although this study is limited by the absence of in-depth empirical analysis specific to the Indonesian context, the findings provide essential theoretical grounding for future research exploring how the social construction of health manifests in everyday school practices in Indonesia. Ultimately, this discussion not only enriches theoretical understanding but also offers practical direction for developing more comprehensive and sustainable educational health policies.

## Conclusion

This study concludes that the social construction of health within educational settings emerges from the interplay of social, structural, and individual factors that collectively shape how students interpret, value, and enact healthy behaviors. The literature synthesis demonstrates that school climate, interpersonal relationships, health literacy, policy support, and pedagogical practices substantially contribute to the institutionalization of health-related meanings, thereby addressing the research objective of understanding how health is socially embedded in educational environments. Theoretically, this study enriches the discourse on health as a dynamic social construct rather than a purely biomedical condition, while practically it emphasizes the need for schools to adopt whole-school approaches, strengthen teacher-parent collaboration, and promote students' health literacy. Given the study's reliance on cross-national literature, future research should employ context-specific empirical inquiries—particularly within Indonesian schools—to capture the nuanced processes through which health is socially constructed in everyday educational practices.

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