



Aspects to consider in health professionals' promotion of physical activity

Aspectos a serem considerados na promoção de atividade física por profissionais de saúde

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ABSTRACT

In Brazil, bodily practices and physical activity (BPPA) have come a long way, with the implementation of policies, actions and programs that have substantially contributed to public health. However, recent setbacks, in which political instability, scarcity and cuts in public spending predominate, show that more progress and consolidation in the National Health System (SUS) are still needed. Thus, the objective of this article is to demonstrate the aspects that must be considered for promoting BPPA in primary health care, discussing its complexity and multifactorial nature, aimed at health professionals, especially in physical education. In conclusion, essential aspects were highlighted, ranging from the struggle to defend and advance public policies that encourage the promotion and consolidation of the BPPA, to theories that help understand the dimensions of human behavior.

Keywords: Primary Health Care; Health promotion; Exercise.

RESUMO

No Brasil, as práticas corporais e atividade física (PCAF) obtiveram avanços com a implementação de políticas, ações e programas que contribuíram substancialmente com a saúde pública. Entretanto, recentes retrocessos, em que a instabilidade política, escassez e cortes de gastos públicos predominam, evidenciam o quando as PCAF ainda precisam avançar e serem consolidadas no Sistema Único de Saúde. Assim, o objetivo desse ensaio é demonstrar os aspectos que devem ser considerados para a promoção das PCAF na Atenção Primária à Saúde, trazendo reflexões quanto a sua complexidade e multifatorialidade. Essa reflexão é direcionada aos profissionais de saúde, sobretudo aos profissionais de Educação Física. Em conclusão, foram ressaltados aspectos essenciais, que vão desde a luta pela defesa e avanço de políticas públicas que incentivem o fomento e consolidação das PCAF até a apropriação de teorias que ajudem a compreender a dimensão do comportamento humano.

Palavras-chave: Atenção Primária à Saúde; Promoção da saúde; Exercício físico.

Introduction

Challenges and aspects that health professionals should consider when discussing the promotion of bodily practices and physical activity (BPPA) in primary care, are not simple or unavoidable. In this article, we seek to elucidate relevant points, which cannot always be analyzed in-depth in the present context. The aim is to present arguments that promote public policies in terms of physical activity, given the current situation in Brazil; recognize the complexity of physical activity beyond mere bodily movement; demonstrate the impact of multiple determinants on promoting physical activity, showing that most go beyond individual desires; and recognize that promoting BPPA should encompass several intra and intersectoral actions. The

above arguments are similar and widely promoted in the health field, especially in research. However, these studies are often far from the day-to-day reality, particularly because it is dynamic and influenced directly by the policies adopted and management decisions. For this reason, we sought to reconcile the article with the literature search and incorporate the findings into the experience and specificity of the authors, as physical education professionals in primary health care.

Physical activity promotion of public policies

First, there have been significant advances in BPPA in Brazil since the 2000s¹⁻³, resulting in the implementation of policies, actions and programs that have contri-

buted substantially to public health⁴. Moreover, there is a need for significant improvement to enable BPPA to be consolidated in the National Health System (SUS)³, given the current context, where political instability, scarcity and cuts in public expenditures predominate in this field².

With respect to this aspect, we found important setbacks in the health area, which we describe superficially, but that will provide the framework for the revision of the National Basic Care Policy and Constitutional Amendment 95⁵. The creation of the National Basic Care Policy in 2006⁶ was a historical turning point for the entire population, strengthening basic care and providing funding mechanisms for the promotion of BPPA^{4,7}. However, the latest revision of September 2017 resulted in immeasurable loss of social rights, reduced public investments, and mainly changes in the professional qualification requirements⁸. The creation of Constitutional Amendment 95⁵ froze public investments in health and education for 20 years^{2,9}.

In this respect, there is a challenge to implementing the new policy, in addition to budgetary constraints, which will possibly affect the promotion of BPPA and contribute to aggravating negative health outcomes, including an increase in chronic morbidities that have afflicted Brazilians for decades². There is also a trend towards higher government spending on prescription drugs, and medical and multiprofessional care.

Physical activity as a “complex object” to be developed in primary health

Although we recognize the importance of BPPA in preventing and treating different health outcomes and considering them crucial, our focus is not restricted to this perspective¹⁰, which is based on physiological, biomedical and hegemonic bias^{1,4,11,12}, nor do we limit them to a synonym of movement¹³, but rather recognize them for their multiplicities, amplitudes and dimensions^{3,10}. Furthermore, it is important to understand the dimension of BPPA, not only in terms of encouraging people to become active, but also contributing to a dignified life and providing opportunities and adequate conditions to the population¹¹.

To that end, we sought to establish a brief conceptualization of how these environments are constituted and socially privileged. Specifically, the promotion of BPPA occurs via basic health unit programs, present in most municipalities through collective and individual measures, which include orientating, implementing

and monitoring it in users. The activities developed in the programs include specific physical activities such as walking, playful, sport and leisure practices aimed at raising the level of BPPA and decreasing health-related vulnerabilities and risks¹⁴. In addition, activities are organized according to the specificities of each subject and individuality of each region⁸. Thus, programs enable SUS users to experience a range of different social, family, cultural and biological differences⁴.

In this respect, the complexity of promoting BPPA should go far beyond body movement since, it expresses the organization, values and symbols that encompass any human behavior¹⁰. This demonstrates the specificities of health-related behaviors and how much these behaviors are determined by other levels, which are not the responsibility of the individual³. However, it is also important to underscore that a large part of the population has no affective relationship with BPPA, and that it will not always be a priority, but this does not preclude their right to access. Thus, all health professionals should create opportunities and make choices available³. Based on this assumption, the aim of this article is to demonstrate the aspects that should be considered when promoting BPPA in primary health care (PHC), contributing with important reflections on the current situation in Brazil, recognizing that individuals are part of a broader context and that bodily functions and physical activity (BPPA) are not characterized by a single action, let alone derived from mere individual desires³, but are part of a set of coherent joint actions heading in the same direction¹.

However, for this to occur, it is essential to understand the relationship between BPPA and the guiding principle of the SUS^{3,4,11}. For example, in relation to the principle of universality¹⁵, BPPA should be accessible to the entire population, irrespective of sex, race, color or economic status¹¹. The focus should be on the entire community, which encompasses primary care, irrespective of characteristics or specificities. In relation to the principle of equity¹⁵, we understand the needs of individuals, and, as such, are seeking to increase opportunities, particularly for those who require them most. Using integrality as reference¹⁵, we recognize individuals as a whole, according to their reality, the context they live in, their preferences and enjoyment of activities. This point deserves attention, given that many individuals who need health services (basic care) are referred to BPPA programs, with a focus on clinical conditions. However, most of these individuals have

health priorities other than BPPA, such as food safety, employment, income and education.

Impact of multiple determinants on the promotion of physical activity

Based on this concept, we will raise a number of points on the multiple determinants that encompass BPPA, mainly that most are not personal, and demonstrating how much more must be done for BPPA to be available to everyone, particularly those whose rights are being neglected¹¹. As health professionals, we focus significantly on the subject, believing that healthy behaviors are part of individual and accessible choices³. Academic courses are often responsible for this individualized approach. On the other hand, we forget the social contexts that most Brazilians live in, where inequality unjustly affects most communities¹¹.

Here we provide an example of the context: we prescribe 30 minutes a day of BPPA for subjects visiting basic care units on the verge of suffering from chronic morbidity. However, we do not consider that the same individual has a 2-hour bicycle ride to work every day. Or we suggest that subjects get off the bus two stops before they usually do on the way home at night, but fail to consider that the neighborhood is dangerous and poorly lit. Nevertheless, we ask ourselves if we all have the same rights to BPPA. This is because in most cases, subjects bear the responsibility for their health condition, as if everyone is given the same choices⁷.

Once again, we emphasize the crucial role of promoting BPPA in individual and collective health issues as well as the importance of health professionals in this process, but we underscore that this should not be considered the only essential factor in human health¹. This should be explored not only in promoting BPPA, or by health professionals, but in different areas and sectors, given that only one care model cannot change the fragmentation of spaces and reclaim social functions. Moreover, we emphasize the role of the state in enacting public policies that contribute beyond BPPA, but with basic human rights⁷.

Inter and intrasectoral measures to promote physical activity

The last aspect to discuss is intra and intersectorality. Promoting BPPA should include multiple joint intra and intersectoral initiatives³, since this is not the sole responsibility of the health sector, or a single profession^{1,3}. In this respect, health professionals should have

ample knowledge on joint initiatives that promote public health. We will present an example of our own experience as basic care professionals: an individual seeks treatment at a basic health unit (BHU) with mental health and self-esteem issues (depression, suicidal thoughts/suicide attempt and overweight). Without a comprehensive investigation, the team will refer the patient to a psychologist, physical education professional and nutritionist. The consultation reveals the following: the subject has a low schooling level, has been unemployed for more than two months, does not have the basic food staples at home (rice and beans), and has two children, one involved in drug trafficking who has not attended school for over two months. Incredibly, cases like this are common in basic health care.

The SUS does not only treat these types of cases. However, the following question arises: can these three professionals heal this individual? How can mental health, bodily practices, physical activity and healthy food be prioritized when they are not priorities? How will the health sector solve employment, income, violence and education-related problems?

Thus, we cannot restrict ourselves to that which is unique and exclusive to each profession. In other words, it is not up to psychologists alone to improve a subject's mental health, physical education professionals to recommend bodily practices and physical activities or nutritionists to prescribe a healthy diet. For this reason, what is needed is the joint action of different professionals and health care sectors, seeking comprehensive, contextualized measures^{1,2,12}. In addition, it is important to recognize the current inequalities faced by Brazilians¹¹, in terms of access to health services, physical activity, healthy food and a living income. Given this situation, isolated initiatives may not overcome the complexity of producing positive health impacts¹². As such, the health sector is not responsible for creating jobs, income, and education, but for the state to guarantee public policies¹¹ that lead to economic, social and environmental development, ensuring a decline in the inequalities that afflict society.

Final considerations

The present article proposes critical analysis and reflection on the complexity and multifactoriality that permeate the promotion of BPPA in basic health care. This reflection is aimed at health professionals, especially in physical education, who promote BPPA for all society. Thus, we consider the following aspects to

be essential: I) struggle for the defense and advance of public policies that support basic care and promote BPPA; II) be aware of and understand the dimension of BPPA; III) explore the richness of BPPA to beyond the biomedical approach (health and disease), not ignoring the benefits of some health incomes, but rather broadening the perspective beyond this aspect; IV) demonstrate some of the multiple determinants involving BPPA, and how they neglect or underestimate our choices. We also underscore that most of these determinants are not personal and that adopting behaviors depends less on the individual's desires than we imagine; V) working with behaviors involves real choices, and, as such, we should reflect on the perspective of others, considering all aspects of it (economic, cultural and social); VI) most subjects have other health priorities (income, employment, education), but everyone has the right to them; VII) the health problems of the population extrapolate the health sector, requiring joint intersectoral actions; VIII) public policies are needed to create opportunities for people to make healthier choices; and IX) it is essential to devise theories that help us understand human behavior, to enable us, as professionals, to contribute to a dignified life with opportunities available according to the living conditions of the Brazilian population.

Conflict of interest

The authors declare no conflict of interest.

Authors' contributions

Gonçalves L, Silva AF and Zanlorenci S participated in the study conception and writing of the text; Silva DAS participated in critical analysis, served as an advisor for the study and took part in all the stages of writing the manuscript. All the authors approved the final version.

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