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Physical activity recommendations in South America: a decolonial analysis

Recomendaciones de actividad física en América del Sur: un análisis decolonial

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ABSTRACT

Objective: This article analyzed official physical activity (PA) recommendations in South American countries, particularly regarding the guidelines and concepts of PA, health, and population. Methods: The research is documentary and exploratory. The primary sources are 10 documents from the Ministries of Health of Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela concerning public policies on PA promotion and health promotion. The data analysis was based on a qualitative approach within social research, from a decolonial theoretical perspective. Results: The results showed that the analyzed guidelines reproduce the multicausal explanatory model of health-disease processes and that the recommendatory-prescriptive approach for a medicalized PA prevails. These are marks of epistemological-sanitary colonialism. The data indicate that the identified South American countries have been importing and translating, in their own way, conservative references from the global north, that do not necessarily dialogue with the continent's socio-sanitary needs. Conclusion: In this sense, one way to locate alternative counter-references to the hegemonic logic, based on local realities, is to follow the premises of the Latin American field of Collective Health and the Critical Epidemiology of Bodily Practices.

Keywords: Bodily practices; Public health; Latin America; Public policies; Physical Education.

RESUMÉN

Objetivo: Este artículo analizó recomendaciones oficiales de actividad física (AF) en países sudamericanos, especialmente las directrices y conceptos de AF, de salud y población. Métodos: La investigación fue del tipo documental y exploratoria. Las fuentes primarias son 10 documentos de los Ministerios de la Salud de Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, Paraguay, Perú, Uruguay y Venezuela, acerca de las políticas de promoción de la AF y promoción de la salud, de dominio público. El análisis de los datos se ha basado en el enfoque cualitativo dentro de la investigación social, desde una perspectiva teórica decolonial. Resultado: Los resultados evidenciaron que las guías analizadas reproducen el modelo explicativo multicausal de los procesos salud-enfermedad y prevalece el enfoque recomendatorio-prescriptivo para una AF medicalizada, marcas del colonialismo epistemológico-sanitario. Los datos muestran que esos países sudamericanos vienen importando, y traduciendo a su manera, referencias conservadoras del norte global que no necesariamente dialogan con las necesidades sociosanitarias del continente. Conclusión: En ese sentido, una forma de ubicar contrarreferencias alternativas a la lógica hegemónica y basada en las realidades locales, es caminar en la dirección de las premisas del campo latinoamericano de la Salud Colectiva y de la Epidemiología Crítica de las Prácticas Corporales.

Palabras clave: Prácticas corporales; Salud pública; América Latina; Políticas públicas; Educación Física.

Introduction

The agendas of the World Health Organization (WHO) and the Pan American Health Organization (PAHO) include the promotion of physical activity (PA), especially in the context of controlling noncommunicable diseases and conditions. Despite the recognized failure of the PA recommendations in the Americas region[1], "Let's be active: Everyone; everywhere; every day" is the current slogan, and it has been widely disseminated and incorporated into national and local policies around the world[2]. The actions constructed by the WHO in this direction include encouraging and supporting member countries to implement strategies to promote PA at the population level, for example, by advising on the formulation of national guidelines.

The publication of this type of document, in some way, represents the recognition and appreciation of the field of bodily practices/physical activities as important elements for human health and public health. However, it is important to recognize that there are different perspectives regarding the understanding of the relationship between PA and health, within the contentions between societal projects and social theories. A few academic publications are devoted to the study of these initiatives, with an emphasis on the analysis of documents from Europe[3] and another from America[4].

The current article analyzes official documents promoting PA from South American countries from a decolonial perspective. This perspective takes a critical look at the different faces of colonialism[5], towards the re-establishment of health thinking that takes regional health sovereignty as a reference[6] and intercultural science[7].

In the field of Health and Physical Education [6-8], some studies have denounced the absence of complexity, understood here as processes with contradictions, historicity, and totality, in hegemonic and Eurocentric thought, because they understand that this absence contributed to the epistemicide of knowledge and practices of colonized and dominated peoples[5]. In fact, the colonization process marked a pattern of organization of power with the mobilization of force, codes, and symbols, leading to the elimination and invisibility[5] of existing subjectivities in order to naturalize them in explanatory and opportunistic models. These models emphasized biological and phenotypic differences, reproducing inequities and inequalities in the governmental agendas of national and international organizations[8].

Considering the implications of epistemological colonialism, the general objective of the current study focused on investigating the relationships between PA and health in PA promotion documents prepared by the Ministries of Health of South American countries. The following specific objectives were implemented: Examine the health concepts conveyed in these documents; Analyze the definitions and recommendations of PA contained in these documents; Identify the target audiences of the documents and how they are understood in the relationship between PA and health.

The field of Collective Health, part of a broader movement in Latin America, understands health-disease processes as a social phenomenon of public interest. In line with advances in social thinking about health on the continent, we are interested in increasing the understanding and critique of official PA guidelines in South American countries.

Methods

From the perspective of qualitative research, we developed a documentary study[9]. This study explored the official websites of the National Health Ministries of various South American countries, including Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. As such, the study focused on investigating the existence of PA promotion policies as part of health promotion in each of the aforementioned countries.

The initial data collection was conducted from March to June 2023, using search terms such as "Physical Activity," "Physical Activity Guide," and "Health Promotion" in Spanish and Portuguese for Brazil. The search yielded 40 results, including technical standards, decrees, work plans, and technical documents (manuals, guides, booklets, guidelines, etc.). The materialities were systematized in a General Analysis Matrix with their corresponding metadata (country, title, year, type of document) as well as complementary information, such as the general objective and the target audience of the respective document.

Inclusion criteria were implemented to select the materials to be analyzed: possibility of free download on the respective websites; preferably documents related of the PA guide or manual type aimed at the general population. If no documents with these characteristics existed in the country, those that most closely addressed the central theme of the study were selected. A representative document from each country was included. The remaining files found were eliminated. In total, ten documents were analyzed (Chart 1).

Chart 1 – General information on the documents[11-20].

Country	Title	Year	Author	Document description
Argentina	Director's Manual for Physical Activity and Health of the Republic of Argentina - 2016	2016	Ministry of Public Health - Directorate of Health Promotion and Control of Noncommunicable Diseases	The objective is to provide specific recommendations based on scientific evidence to increase the level of physical activity and improve the health of the population. The purpose is to guide the work of primary care and health promotion teams
Bolivia	Local Guide to Education for Life in Health Promotion	2016	Ministry of Health - General Directorate of Health Promotion	The objective is to present behaviors for "living well," promote health protection habits in harmony with "everything that surrounds us" (Mother Earth), strengthen the healthy habits of the population, involve the population in working on "their healthy lifestyles", and encourage health professionals to carry out joint actions with authorities, social organizations, and the general population, seeking to transform the determinants of health
Brazil	Physical Activity Guide for the Brazilian Population	2021	Ministry of Health - Secretary of Primary Health Care - Health Promotion Department	The guide presents recommendations and general information on the concepts, precautions, and benefits of physical activity. The text contains information on the different types of physical activity, intensity levels, public and private spaces where they can be practiced, and some measures that can be taken to reduce safety risks during practice.
Chile	Technical orientation Physical Activity and Physical Exercise according to life course I	2021	Ministry of Health - Disease Prevention and Control Division - Department of Noncommunicable Diseases	The objective is to provide tools to appropriately address the recommendation of physical activity and exercise during consultations with a healthcare professional, and to prescribe exercises to those who need them. The goal is to facilitate access to information and improve collaboration between teams in the intersectoral health field
Colombia	Abecé - Physical Activity for Health	2015	Ministry of Health and Social Protection - Healthy Lifestyles, Conditions, and Modes Group - Noncommunicable Diseases Directorate	This document has the objective of educating the population about the importance of physical activity, highlighting how regular physical activity can reduce medical risks and improve mental and physical health.
Ecuador	Physical Activity Guide for Healthcare Personnel I	2011	Ministry of Public Health of Ecuador - National Nutrition Coordination	The objective is to contribute to the quality of life of the Ecuadorian population by promoting physical activity as a means of improving or maintaining health and preventing diseases. In this sense, it is primarily aimed at health personnel of the care units of the Ministry of Public Health, as well as professionals in the public and private sectors, providing recommendations and guidelines
Paraguay	Physical Activity Promotion Manual	2014	Ministry of Public Health and Social Welfare - General Directorate of Health Surveillance - Directorate of Noncommunicable Disease Surveillance	The document presents the relationships between physical inactivity, a sedentary lifestyle, and noncommunicable diseases, as well as concepts related to physical activity and its health benefits. It also contains recommendations, class models, and types of physical activity for different ages.
Peru	Activate Peru: Management for the promotion of physical activity for health	2015	Ministry of Health - General Directorate of Strategic Interventions in Public Health	This is a technical document that expands its scope of action and focuses on the intersectoral network, with the objective of establishing guidelines for the management and promotion of physical activity for Health, in the intervention scenarios of Health Promotion, whether in the public or private sector, and with actions at the different levels of public management (federal, regional, and local)
Uruguay	Physical Activity Guide for the Uruguayan population	2023	Ministry of Public Health and National Secretariat of Sport	This guide seeks to present the main concepts and definitions in order to make the text understandable, and at the same time, to justify why it is good to move, as well as to present recommendations, messages, precautions, and types of physical activity for each stage of life. The guide presents a series of suggestions for practicing safe physical activity
Venezuela	General Guidelines of the National Plan for Sport, Physical Activity and Physical Education 2013 – 2025	2012	Ministry of People's Power for Sport	The objective is to establish guidelines and strategies for the development of sports, physical activity, and physical education. It focuses on considering sport as a right of all Venezuelan citizens and ensuring that all people have equal opportunities to access sports and physical activity

Data analysis was based on a qualitative approach focused on social research. Three procedural steps were adopted[9,10]. The first focused on organizing the data based on the reading of each of the documents

found. The second focused on classifying the information based on three topics of interest; that is, seeking to identify health concepts; PA concepts and recommendations; and finally, the profile of the target population present in the corresponding documents.

These data were systematized for each country and then synthesized in the implementation of the analytical process. In its final stage, the analysis procedure was carried out with a textual presentation of the data and a discussion in conjunction with the academic literature. The conceptual theoretical basis adopted for the analysis of the materialities included the fields of Collective Health, Social Medicine, and Social Epidemiology, constituting a critical-reflective study in relation to the PA recommendations of South American countries.

Results

Conceptions of health

In general, the documents do not explicitly define the concept of health, but rather focus on the conceptualization of PA, physical exercise, sports, and a sedentary lifestyle, among others, associating health with healthy habits, such as regular PA practice (which emerges as a means to fight and prevent diseases).

These guides clearly use data, documents, and recommendations from international institutions, such as the Centers for Disease Control and Prevention (CDC), WHO, and PAHO. However, it is interesting to note that the documents do not discuss the Social Determinants of Health, the most recent perspective adopted by the WHO and articulated with the 2030 Agenda[21].

The concepts of health present in the identified documents address biological and physical aspects, primarily using biomedical vocabulary to explain health-related processes. Some documents emphasize individual strategies, while others, such as the one from Bolivia, mention the integration of community and participatory approaches, and the one from Venezuela highlights sport as a social right guaranteed by the State. Some guidelines, such as that from Brazil, encourage the use of public health services to practice physical activity, in conjunction with other treatments, while those from Peru and Colombia mention the possibilities of making public spaces healthier for people.

However, what continues to predominate in terms of health is the notion of the absence of disease, the multicausal, biomedical, and individualistic perspective, reflecting a lack of consideration of the Social Determinants of Health, of the WHO, and of the Social Determination of Health, as formulated in South America.

Physical activity: concepts and recommendations

All the documents understand PA as fundamental to promoting health at all stages of life and recognize its wide range of physical and mental benefits, generally restricted to a single dimension of the individual. In all countries, the importance of PA in disease prevention and overall health promotion is emphasized. Benefits cited include muscle and bone strengthening, improved heart health, physical fitness, and quality of life, and a reduced risk of chronic diseases. In this sense, a preventive, or preventivist, approach is adopted.

Regarding recommendations, the documents focus on the number of minutes of physical activity considered beneficial to health, generally organized according to life cycles (children, youth, adults, and older adults). In some cases, there are also guidelines for pregnant and postpartum women, people with disabilities, and schoolchildren in physical education classes. This covers aspects such as leisure time, travel, and work, and includes both moderate and vigorous-intensity activities.

While the documents share a similar understanding of the concept of PA, some subtle differences can be observed in how this concept is addressed and the focus adopted in some specific countries. Colombia, Chile, Ecuador, Paraguay, and Uruguay use the classic definition, which is that PA is any voluntary bodily movement that increases energy expenditure. The Argentine document reflects the same concept, but with the added behavioral aspect that PA is also a behavior that occurs in a specific cultural context, and is endowed with physiological, biomechanical, and psychological components. In the Brazilian guide, PA is defined as a behavior that involves voluntary body movements, with energy expenditure above the resting level, promoting social and environmental interactions, that is, a natural history phenomenon with social mediations. In the Peruvian document, PA is defined as a set of bodily movements performed for a specific purpose. Bolivia and Venezuela do not include a concept of PA, although the latter views it as a right of all citizens and a duty of the State. In general, all the identified concepts seem to approach the phenomenon from a multicausal and conservative perspective, to a greater or lesser extent.

The selected documents on the understanding of PA in South America generally agree with the postulates of the WHO, which has adopted PA as any bodily movement produced by skeletal muscles that results in energy expenditure, a formulation by North American authors in the 1980s[22]. Recently, concern has been expressed about the determinations of the phenomenon, based on a systemic approach (social determinants of health)[2], despite continuing citing of the classic definition[23]. However, not all guidelines include this update, demonstrating an alignment with international public health standards in an uneven and dependent movement between Pan-Americanism and global health.

Population profile

The guides/manuals mostly refer to the "population" as their primary audience, with the exception of the Argentine guide, which refers to the "community," and the Venezuelan guide, which refers to "citizens." This broad description (population, community, and citizens) homogenizes a generic population without history and without specific needs. It is worth highlighting, however, that "citizen" brings with it the idea of a person with rights, which, in turn, leads to a social dimension distinct from the merely behavioral representation mostly present in documents.

Some documents specify that the program is specifically intended for "professionals/technicians" or "health sector workers," while others specify that it is intended for "social organizations, political actors/managers." The guides would have a dual function and objective: on the one hand, to reach the general population, and on the other, to provide prescriptive information to the aforementioned actors, contributing to the reproduction of a discourse. The concern to inform citizens and the general population is expressed in accessible illustrations and language, which were emphasized in most of the documents.

However, the subject of recommendations and prescriptions seems to be a generic population, which privileges urban space, bureaucratically defined by the nation as an abstract place. The Bolivian guide mentions "Mother Earth" (sacred territory), although the same underlying logic exists as in the other guides. Some documents outline different health and PA needs by age group or by condition/disease (people with diabetes, for example). The Uruguayan and Brazilian guidelines also offer specific recommendations for people with physical disabilities and pregnant women.

The idea that access to PA contains social reproductions mediated by collective, environmental, cultural, economic, and political processes has generated tentative observations about its equitable potential and its responses to complex social health needs, such as in the Brazilian guide, which mentions assistance with social inclusion and the creation and strengthening of social bonds and solidarity, rescuing and keeping alive various aspects of local culture.

Discussion

Based on the analyses conducted, it is possible to observe that the classic definition of PA, present in most documents, focuses on natural parameters, highlighting energy expenditure as the main determinant. The studies from Argentina and Brazil demonstrate broadening of this understanding, primarily in two aspects; one of them is the notion of behavior, that is, PA is no longer defined as the movements of the human body itself, but rather as something that human beings do, as a way of acting, thus incorporating a psychological component into the concept, while the other refers to the consideration of a cultural context or environment with which human beings interact when practicing PA, adding a kind of social component, but that is essentially immutable and homogeneous.

Updates to the concept of PA seem to be closer to the "systemic approach"[2], proposed by the WHO, which focuses on cultural, environmental, and individual determinants of PA practice. However, multicausality remains the explanatory model, aligned with positivist postulates.

The main objective of the documents is to increase PA levels. In general, the information provided is that people should move for at least 150 minutes per week, including all movement, which can be done during household, work, commuting, and leisure activities. "Every movement counts."[11], "Paraguay keep moving"[17], and "Activate"[18] are current slogans.

The recommended amount and type of PA for each age group is broken down, and is associated with improvements in health indicators. The physical and psychological benefits and effects of PA on diseases and risk factors are frequently mentioned. Data on the prevalence of chronic noncommunicable diseases and mental health conditions in the respective countries are used as justification for the practice of PA. Disease processes are attributed to the lack of PA, alone or in conjunction with other lifestyle factors, so that living

conditions and social structure do not appear as determinants of health, ignoring social inequalities and the unjust and exclusionary reality of Latin American countries.

Based on the above, it is possible to identify three main aspects that define the relationship between PA and health in a hegemonic manner in the documents: the individual responsibility of people for practicing PA and for their own health; the focus on building active lifestyles as a response to diseases and risk factors; and the idea of linear causality between PA and health.

On the other hand, contrary to the discourse that lifestyle habits are individual choices, evidence shows that the practice of PA presents marked differences according to income, gender, race, ethnicity, education, and generation[24-28]. The WHO indicates that women, older adults, the poorest people, people with chronic diseases, people with disabilities, vulnerable people, and people from indigenous or rural communities have less access to PA[2]. Despite this, several social groups remain invisible in scientific studies, such as Roma people, homeless populations, traveling circus groups, immigrant populations, indigenous and native peoples, etc., generally reduced to "vulnerable people." Practicing PA during leisure time, therefore, is a privilege for people who occupy more favored social positions, and not a choice that everyone can make, everywhere, every day[29].

The only social marker of difference present in the documents analyzed is generational, evident in the promotion of PA by life cycle. The population to which the recommendations are directed appears to be homogeneous and independent of social context, that is, without social markers, without society. The central concern is the volume and intensity of PA according to age group.

The concepts of PA conveyed in the documents not only refer to leisure time as the preferred area of practice, but also to domestic activities, work, and travel. This is a widely held but perverse logic, as it masks social inequalities. Women with triple shifts who need to perform household chores, overworked office workers taking an active break, and bicycle delivery drivers in precarious conditions and without labor rights are examples of where the practice of PA is likely to prevail. These are cases where the ideal number of minutes of weekly practice may be reached, but they are not beneficial for good living. Studies have shown that PA outside of leisure time is not always related to health[30-36].

Claims that any movement matters and produces health ignore the concrete social reality in which populations live. Health is related to a set of social rights, such as decent access to food, housing, basic sanitation, transportation, work, land, income distribution, health services, education, leisure, etc. The practice of PA is understood to constitute the health-illness-care process. However, it has its own expressions in the South and is intertwined with needs and conditions that are not limited to the fight against noncommunicable diseases.

In the face of dramatic, unjust, and exclusionary social situations, focusing exclusively on PA to prevent disease is simplistic. A more complex analysis considers lifestyle as representing the unique dimension of health, but articulates it with particular dimensions related to lifestyle, mediated by class, gender, ethnicity, and generation, in the contexts of work, domestic life and consumption, community and political organization, culture, and leisure. In addition, it positions the singular and particular dimensions of health in relation to a general and structural dimension, which concerns the organization of society in the spheres of production, consumption, the State, the relationship with nature, and public policies of the health sector and other sectors[7].

From this perspective, health is not just a juxtaposition of biology, behavior, and environment. The health benefits of PA are widely documented, but they must be contextualized within social life and incorporated into a complex analytical framework. In this sense, the pursuit of health promotion through PA is not limited to caloric expenditure, but rather to understanding and acting on the social determination of health.

The guides/manuals analyzed herein, to a certain extent, adopt the international recommendations of the WHO, and the recommendatory-prescriptive approach prevails, as identified in other studies of this nature[3-4]. It should be noted that the WHO itself presents the concept of social determinants of health, and reproduces the biological and individualizing matrix, as corresponds to functionalist thinking. Therefore, the data from the current research show that South American countries are importing, and translating in their own way, conservative references from the global north that do not necessarily reflect the continent's socio-health needs. The publication dates of the documents vary between 2011 and 2023, and it can be observed that, regardless of the political position of the governments of each country, this same logic is maintained.

This process can be understood as an expression of epistemological-health colonialism, in which the development of fields of knowledge and practices in Latin American countries is marked by centuries of European domination and the political and economic influence of the United States. The power of this hegemony marginalizes critical thinking formulated in Latin America, including regional cultural manifestations, for example Buen Vivir, Vivir Sabroso, and the connection with Pachamama, producing a closer relationship with modern thought, characterized by biological and positivist idealism[8,37,38].

The field of Collective Health, a Latin American initiative, warns about the limits of this understanding and can present other paths by addressing the ways in which society identifies its health needs and problems, seeks explanations, and organizes itself to address them. From a triple dimension: as a current of thought, as a social movement, and as a theoretical practice[39], it seeks to understand the health-disease phenomenon from another explanatory model, based on the Social Determination of Health. By articulating its assumptions to the topic of PA, it is possible to locate alternative counter-references to the hegemonic logic, in the direction of a Critical Epidemiology of Bodily Practices[39], a conceptual expansion that repositions scientific categories based on dialogue with the human and social sciences.

Poverty and social inequalities[40], directly related to the health of Latin American populations, tend to be seen as inferiority or delay in the development of the countries of the South compared to those of the North, instead of being understood as a product of the exploitation of nature and human beings and of power relations configured throughout history, necessary even, for the advancement of capitalism. At the same time, the response to these conditions, as defined by hegemonic epidemiology, does not support an equitable strengthening of the population's health. In this sense, it is urgent to recover Latin American critical thinking on health, with a focus on historical and social reality as an object to be described, understood, and transformed.

Conflict of interest

The authors declare that they have no conflicts of interest.

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Authors' contributions

Antunes PC, Corral-Vázquez MR, Parreira FR, Cortés-Garcia C, and Pagola ML: Conceptualization; Methodology; Data analysis; Research; Supervision; Project administration; Data presentation design; Writing of the original manuscript; Approval of the final version of the manuscript. Pasquim HM, Soto-Lagos R, Castillo T, Abib LT, and Canon-Buitrago EA: Conceptualization; Methodology; Data analysis; Research; Data presentation design; Writing of the original manuscript; Approval of the final version of the manuscript.

Statement on the use of artificial intelligence tools in the article writing process

No artificial intelligence tools were used in the development of the manuscript.

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The contents underlying the research text are contained in the manuscript.

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Reviewers' assessment

The reviews of this article were originally conducted in Portuguese. This version has been translated using ChatGPT and subsequently reviewed by the Chief Editors.

Reviewer A

Anonymous

- Dear authors and editor, I would like to thank you for the invitation to review the article "Recomendaciones de Actividad Física en América del Sur: un análisis decolonial." After a careful review, I provide my comments on the study below.
- There are two major flaws in the writing of the article. The first is the lack of a clearly stated objective, and the second is the absence of a Conclusion section.
- The document includes research questions (page 4), but the objective or objectives are not clearly stated. Without a clear specification of the objective(s), the direction of the study remains undefined. A well-defined objective provides the reader with a reference point for what will be presented in the article. There must be coherence between the objective and the chosen method to achieve it, the description of results in an objective and clear manner, as well as a discussion that aligns with the described results and the study's conclusion.
- However, based on the three research questions described in the article's Introduction (1. What is the concept of health conveyed by the official documents of the Ministries of Health of each South American country? 2. How is physical activity defined in these documents, and what recommendations are directed at the population? 3. What relationships exist between physical activity and health needs?), in the document analysis conducted, the three themes of interest are not entirely aligned with the research questions (1. Identifying concepts and recommendations on physical activity; 2. Positions and social health needs; and 3. The target population profile present in the documents), which affects the reported results.
- It is necessary to better describe the inclusion and exclusion criteria for selecting the documents for analysis (page 4).
- Regarding the third research question formulated in the Introduction section (page 4, lines 9-10), what do the authors mean by "health needs"? This information could be further developed in the Methodology and/or Discussion sections.
- In the last paragraph of the Methodology section (page 5), references should be included to support the theoretical framework adopted for the analyses conducted (Collective Health, Social Medicine, and Social Epidemiology) to strengthen the Results and Discussion sections.
- In the Results section, I suggest modifying the order of the subtitles to respect the sequence in which the research questions were formulated or according to a future objective to be defined (1st – concepts of health conveyed in the analyzed documents; 2nd – definitions and recommendations for physical activity; and 3rd – relationships between physical activity and health needs) and describing them precisely so that in the Discussion section, suggestions, critiques, and reflections on these findings can be made.
- In the article's Discussion section, the concepts of "Collective Health" and "Critical Epidemiology of Body Practices," which are mentioned in the abstract, should be properly explained and linked to the results obtained. The text requires better articulation in this regard.
- Finally, the article needs to include a concise Conclusion section that aligns with the study's objective, ensuring coherence throughout the text.

Recommendation

- Resubmit for review.

Reviewer B

Did not authorize the publication of the review.