

HEALTH PROMOTION AND PEDAGOGICAL PRACTICE IN PHYSICAL EDUCATION IN THE CONTEXT OF A PUBLIC GYM

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Abstract

The objective of the study was to understand the cultural dynamics related to health promotion in the context of the pedagogical practice of Physical Education professionals working in a public gym in a municipality of Baixada Santista, State of São Paulo – Brazil. In the method, an ethnography was proposed, which used participant observation over a semester, as well as conducting semi-structured interviews with two Physical Education professionals and five local residents and gym users, in addition to daily notes in the field notebook. Data analysis was done through triangulation and the use of non-aprioristic categories. Thus, the use of such strategies allowed us to immerse ourselves in the field of research and revealed the customs, practices, values and diversity of work inherent to the concepts, meanings and meanings attributed to that pedagogical practice. Finally, what can be stated is that in the daily rites of that cultural dynamic, the treatment given to the promotion of health is understood in a non-directive format about the steps that make up the pedagogical practice in Physical Education.

Keywords: Collective Health. Body Culture. Physical Education. Gyms.

PROMOÇÃO DA SAÚDE E PRÁTICA PEDAGÓGICA EM EDUCAÇÃO FÍSICA NO CONTEXTO DE UMA ACADEMIA PÚBLICA DE MUSCULAÇÃO

Resumo

O objetivo deste estudo foi compreender a dinâmica cultural relacionada à promoção da saúde no contexto da prática pedagógica dos profissionais de Educação Física e esporte de uma academia pública de um município da Baixada Santista, Estado de São Paulo – Brasil. No método, foi proposta uma etnografia, que se utilizou da observação participante ao longo de um semestre, além da realização de entrevistas semiestruturadas com dois profissionais de Educação Física e esporte e cinco praticantes (frequentadores/municípios), além de anotações diárias no caderno de campo. A análise dos dados se deu por meio da técnica da triangulação e uso de categorias não apriorísticas. Assim, a utilização de tais estratégias nos permitiu mergulhar no campo da pesquisa e revelou os

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costumes, práticas, valores e diversidade de trabalho inerentes às concepções, sentidos e significados atribuídos àquela prática pedagógica. Por fim, o que se pode afirmar é que nos ritos cotidianos dessa dinâmica cultural, o tratamento dado à promoção da saúde é compreendido de forma não diretiva sobre as etapas que compõem a prática pedagógica em Educação Física.

Palavras-chave: Promoção da Saúde; Cultura Corporal; Educação Física; Academias de Musculação.

1. Introduction

The discourse about the indispensability of physical activities as a strategy for health promotion in Physical Education is recurrent in the literature. Particularly in Brazil, such a relationship is legitimized at the heart of the official documents that guide public policies aimed at democratization and access to services and programs that promote health care, such as the National Health Promotion Policy (BRASIL, 2014); National Diagnosis of Sport, volumes I (BRASIL, 2015) and II (BRASIL, 2016a), and; by the National Sports Plan (BRASIL, 2016b).

It is worth noting that these publications ratify the health proposal and its promotion as a right of all and duty of the state, also based on its expanded dimension and in the model of social determinants in health, which, by the way, gained notoriety in the preparation of the final report of the VIII National Conference on Health (BRASIL, 1986, p. 4). In this report, health is understood as

[...] resulting from food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and ownership of land and access to health services. It is thus, first of all, the result of the forms of social organization of production, which can generate great inequalities in living standards. Right to health means the guarantee, by the State, of decent living conditions and universal and equal access to actions and services for the promotion, protection and recovery of Health.

In this scenario, what can be stated is that the expanded dimension and the model of social determinants in health proposed a resignification of the context now presented. This fact brought to light the need for a new look at the relationships between health and illness, especially with regard to its promotion. In this context, we highlight the relationship of health, social and cultural factors of individuals, through a complex network of factors that intersubjectively permeate them, meeting the studies of Buss and Pellegrini Filho (2007), Carvalho (2001), Minayo (2006), and Palma, Estevão and Bagrichevsky (2003).

At the heart of these reflections, the social determinants of health understood in the light of “[...] that the living and working conditions of individuals and population groups are related to their health situation” (BUSS; PELLEGRINI FILHO, 2007, p. 78), the hegemony of the biomedical model started

to be questioned and the applicability of methods and work strategies based on the organic-functional model, especially when considering factors such as race, creed, gender and/or social class of individuals in their varied interrelations as belonging to the health field, this factor, which, in our view, is better suited to the perspective of health promotion in a permanent dialogue with the human cultural dimension and its resignification, through the pedagogical approach.

In this sense, we corroborate with the view that no individual is devoid of their cultural relations, therefore, essential in dealing with proposals that are given through the promotion of health, and such premises can even be justified in the conceptual horizon of Geertz (2017), for which, culture is a web of meanings that the human being weaves daily.

In this sense, we note approximation with the health promotion, since, according to the National Health Promotion Policy (BRASIL, 2014, p. 15) they are based on “[...] a mechanism for strengthening and implementing a transversal, integrated and intersectoral policy that brings together the various areas of the health sector, the private and non-governmental sector and society”.

However, in the present study, it is necessary to recognize that the intersectorality presented in the documents is based on the elaboration of different public policies in a macroscopic environment. However, we understand that in the daily life of physical education professionals, especially those who are not linked to programs and services related to health, such reference may be based on their pedagogical practice. Therefore, the promotion of health and its applicability beyond the simple routine reproduction of protocols and training methods in a weight room should be one that considers the autonomy of practitioners from a critical perspective, distancing itself from the biomedical model and organic-functional logic as a hegemonic strategy.

For Carvalho (2001), the issues inherent to the placement of the individual on a secondary plan throughout the practice of physical activity are limiting factors of the performance at work in physical education and health. Understanding, therefore, the pedagogical practice in physical education in the light of health promotion, is first of all to consider the variability of forms of social organization and their respective cultural dynamics as susceptible to the resignification of projects, programs and processes of care and permanent education in health.

Thus, based on Eusse, Bracht, and Almeida (2016), and Bracht (2005), we understand the core of the discussion of physical education and its pedagogical practice based on two basic premises: the why (meaning) and the how (instrument). Therefore, the objective of this study is to understand the cultural dynamics related to health promotion in the context of the pedagogical practice of physical education professionals of a public gym in the city of Santos-SP, Brazil.

2. Method

This is an ethnography on the horizon of Geertz (2017), Fonseca (1999), Magnani (2009), and Nakamura (2011), for which, it occurs in the immersion of the researcher in the research universe, considering the different codes, meanings and appropriations that are present in the constituent social relations and subject to the most diverse interpretive (re)readings. For Oliveira and Daolio (2007), ethnographic research is a rich process that leads to understanding the cultural dynamics of social groups. Therefore, we understand that its choice as a method is welcome in the universe of qualitative research in health, as pointed out by Aredes et al. (2019), Silva and Ferreira (2019; 2020). The study is part of doctoral research, having been approved by the Ethics and Research Committee of Unifesp under opinion nº xxxx.

The field of research took place in the context of a traditional public sports equipment and its choice, due to the organization and offer of events and various sports modalities free for the population. Our insertion took place with the consent of the Municipal Sports Department of the municipality of Santos-SP, Brazil, and the recruitment of the subjects occurred in the initial moments of our approach. 7 subjects participated in the study: 2 physical education professionals and 5 users. In the inclusion criteria, professionals with a minimum experience of one year in that segment and with an academic education of at least two years were considered. For the participants, it was considered those who practiced the modality, for at least one year uninterruptedly. These criteria were elaborated based on the appropriation of the subjects to the studied phenomenon. All volunteers signed a Form of Free and Informed Consent.

In its development, participant observation was made over a semester, totaling 36 visits. The dynamics of observation took place in two ways, in the first: close to the actors, in walks through and around the space, as well as in our informal conversations. Now, in the second: in a distant way, at which time, we were following what was developing in the context of the research, together with the professionals in their workstation. The observations were recorded in a field diary, this being one of the main strategies used in ethnography and thus pointed out by Magnani (2009), and Nakamura (2011).

The observation script covered the following aspects: the relations between the subjects; the relations between the subjects and the space(s); customs, behaviors, emotions, values; forms of social organization; the practice of sports modalities; the strategies and methodologies of action employed in the context of health promotion.

At the end of the fieldwork, semi-structured interviews were conducted, which upon consent were recorded and transcribed in an electronic file for analysis. The interview script was based on the so-called "conversation with purpose" based on studies Minayo (2006; 2014). This concept is reinforced in the ideas of Triviños (2009), stating that semi-structured interviews make for the starting point in the listening process between the researcher and his research object.

The script of interviews with professionals covered the concept of health promotion; the possibilities of action with the theme of health promotion in the area of physical education; the systematization of the theme, its contents, methods and evaluation, and; the appropriation of the theme by the participants. The interview script with the visitors covered the concept of health promotion; possibilities of acting with the theme in their day-to-day as a regular at the sports center; the appropriation of this content.

The data analysis took place by the method of triangulation based on Triviños (2009), using non-aprioristic categories that are based on Campos (2004) about their implicit relevance when they arise latently in this process and/or through attendance, when they arise systematically, allowing us to complement the reading of the data, since both are not mutually exclusive.

3. Results and discussion

The set of responses regarding the concept of health promotion allowed us to identify a single category: "health promotion as individual responsibility".

Here, it is designed in the idea of physical well-being and the good functionality of the human body in the process of appropriation of such precepts by individuals, possibly based on the practice of values intrinsic to the manifestations of physical performance sports in physical education as successful and which are massified by the media, as pointed by Kunz (2007; 2016). In it, to promote health, means to establish a set of actions and working methods that most of the time may be related to the standards of excellence experienced by individuals throughout sports, regardless of their context, so soon, anchored in the studies of Carvalho (2001), Bracht (2005; 2013), and Kunz (2007; 2016), having been justified in the following sections:

[...] are small habits that you add up from the moment you wake up to the moment you sleep [...] so, in these small habits is that we are encouraging this condition of health promotion". - Professional 1.

[...] health promotion for me [...] it would be you to create all the conditions for people to be able to insert themselves in some way, into a lifestyle where they can maintain their physiology, their health parameters within normality. - Professional 2.

This category of analysis brings in its essence, the effectiveness of the organic-functional paradigm revealed in the speeches and interpretations of professionals in a way linked to health prevention and habitual both in methodologies, strategies and evaluation of work in physical education, sport and health. However, regarding the concepts used in health and their promotion, such reading has been the target of criticism, as pointed out Buss (2017), Czeresnia (2017), and Westphal (2017). What is also noted is the clash about normality to the detriment of pathology, as described in studies Carvalho (2001), and Scliar (2007) when referring to the historicity of the concept of health.

It is necessary to put such understanding into perspective, above all, by recognizing it as a recurrent factor in the historical process of physical education itself, as well as in the development of public policies in the field of health, as well as in studies Almeida, Oliveira, and Bracht (2016), and Castellani Filho (2015) in their counterpoints about the strict operational influence with regard to knowing how to do tasks well, as well as the reasoning of the area in the field of the health sciences through the use of medical rationality, so dear to positivism in the formulation of methodologies and intervention strategies.

In this sense, the criticism that is being made, for now, rests on the possibilities of resignification of such interpretations through the tacit explanation of such values as not unique and more likely in the work in physical education, sport and health. With this, it is necessary to raise as an interpretive possibility, the professional training and intervention processes that the research subjects went through, reinforcing the biomedical model, the strict concept for health, as well as the dogmatization of the health-disease binomial in their professionalities, especially when related to a possible hegemony of human performance (CARVALHO, 2001; SILVA; FERREIRA, 2019; SILVA; FERREIRA, 2020; KUNZ, 2007; KUNZ, 2016).

In this sense, we can infer from the recurrent reading of conceptual definitions of health practice through strictly technical values that legitimize the contexts presented, such as those drawn in the estrangement between researchers and their research objects and reported in the ethnographies of Aredes *et al.* (2019), Silva and Ferreira (2019; 2020) when placing their initial impressions on the approach to their respective fields of research and perceiving in the subjects' territorial materiality, the search for the effectiveness of responses consistent with their concerns. Given such an impression, we realized in the answers that technicism as fundamental to the pedagogical practice of physical education in health emerged as a possible justification of those everyday rites:

The invitation to do some classes as a student in order to understand his work methodology finally arrived! Still according to the [Professional 1] himself, only in this way would I understand his teaching dynamics. Only in this way, I could understand how he teaches and how his students feel throughout his intervention.
- (Field notebook).

Although in a different context from those that precede us and support the referred cut, we allow ourselves to infer an interpretative transference about such peculiarities, because throughout our conversations, the approach with the subjects occurred in the effectiveness of the descriptive survey of their professional profiles, therefore, eligible for their understanding. In the field of practical interventions on health promotion, the instrumentalization of theoretical knowledge of organic-functional nature is recurrent in this dynamic and finds justification in what Daolio (2007; 2010a; 2010b) pointed out as the exacerbation of the biologization of the human body.

The second question, which dealt with the appropriation of this content in their actions, allowed us a single category of analysis: "health promotion in the community".

[...] as a physical education teacher, I realize this in the students, by their account, we can even realize this on a day-to-day basis. – Professional 1.

[...] many students arrive most of the time, [...] seeking aesthetics, health or performance [...] although it is not our goal here! Our focus here is on quality of life and health – Professional 2.

The listed understanding is based on the qualitative relativization of teaching knowledge and practices through the use of interpersonal relationships as a justification for action with health promotion in pedagogical practice in physical education in a process of collective construction. It is also necessary to read the interpretation by professionals about the objectives of the work in that room to be focused on quality of life and health in the community, a premise that must be increasingly aligned with the sociocultural context of individuals (CARVALHO, 2001; SILVA; FERREIRA, 2019; SILVA; FERREIRA, 2020).

In the meantime, the reports of the professionals suggest a point of tension between a strict conceptual definition at the expense of an expanded practice. Now, how to understand quality of life and health from a dissonant perspective of those practices? In some way, both in the reports and in the pedagogical practice developed there, one can affirm the existence of the concern in the sociocultural contextualization in the loom of the professionalities presented.

The third question was based on the daily relationships and processes of professionals about the planning and systematization and evaluation of content, since directly or not, they have revealed its importance. In this sense, we come to the category entitled "health promotion as intrinsic content", revealing itself in the decantation of theories and working methods as inherent to pedagogical practice in physical education and this impression gained strength in the following fragments:

For me this work is implicit, [...] in the smallest of the efforts that the students manage to make, they already report it to me this [...]there is no concern with method, and these more specific things, because the time I am already working here, it is already inserted in my practice - Professional 1.

In this work of health promotion? Ah! I think... Well, I already entered in a system that existed here and gradually you will try to change, adapt, according to your need. We sometimes end up playing the role of a supervisor to know if the student brought the medical certificate, if they [the citizens] arrive and enter their respective class schedules; for me this is to systematize, as soon as they arrive I explain the operation system, talk about the weight

room routines and about the benefits of practicing a sports modality like the same. We make an individualized training sheet [...] according to your goals – Professional 2.

The assertiveness in directing a pedagogical practice as intrinsic and organic to the premises of content, objectives, method and evaluation, anchored in Bracht (2005), reveals that the concern with effective planning, in the context of a proposal for health promotion, probably occurs in the background and in an inherent way to its possibilities. In this sense, the dynamics of the work routines of the professionals and the usual transience of gym attendees may be considered eligible in the interpretation of such practices, since the residents who attend the space have a characteristic of turnover in that daily life, possibly corroborating with a watertight view of the process and, which by the way, may contradict the initial treatment declared by the interviewees.

Therefore, some teaching knowledge in pedagogical practice seems to be confirmed in the training process of professionals in the search for an apparent systematization of the procedures of their intervention. We recognize, however, that this phenomenon is justified, above all, from the idea of teaching large and diverse groups, even though the classes and the physical structure of that space are relatively lean, in general, there seems to be concern on the part of professionals in what refers to the full and satisfactory functioning of the room. In concrete terms, we see the instrumentalization and operability between planning and execution in the plot of the strictly biological dimension of individuals. These impressions, which are confirmed on the basis of the following segment of the field notebook:

[...] in the early afternoon, the frequency of residents is lower. The few individuals present have apparent autonomy from their bodily practices. This reading is also confirmed by realizing that there are wheelchair students who practiced weight lifting from their respective training sheets, with few and occasional help from the other subjects. There is a record (training sheet) assembled and made available by professionals, which in our view, needs constant reassessment (also given only after the interest of practitioners). There, it is clear to us that the goal of a large part of the public is not aesthetics, not at least, at that time. Classes are heterogeneous according to gender; age and skill level. In the midst of such findings, the professional tells me that in that place: [...] the basics are to be done and well done! – (Field notebook).

Addressing the plurality of discourses regarding concepts and plans, as well as the practical application of the values inherent in health promotion, it is perceived in this context that the concern with it exists, but in a non-directive way in the daily lives of those subjects. This fact seems to us to serve as a more concrete question in those daily rites, especially when they do not clearly report how their assessment instruments are given. Indirectly, it can be inferred between the lines of the statements that it is intrinsic to their pedagogical practices, probably from an empirical perspective about the processes developed

there. Therefore, to evaluate the work in physical education, sport and health in that space, is to observe and intervene, if necessary. It should also be noted that, within the scope of actions of said municipal secretary, there is no need for such records and specifically in the case of physical evaluations, these are at the discretion of the users/residents, therefore, validating, or not, such procedures.

The fourth and last question carried out goes to meet their understandings about the appropriation of content by the frequenters of that space. In this sense, it was possible to identify the category "health promotion as practical knowledge" in the scope of the instrumental desires of the daily life of the gyms and the improvement of physical fitness as the main counterpoint to the process of health and illness, in addition to the fear of a premature death that hovers in the listed intersubjectivities, arising:

[...] I have several types of students [...] each of them with a life expectancy, with exercise and with respect to the teacher [...] some are here, only for recreational practice, for example. Some have a health concern, although a vague concern, out of simple medical advice. They come kind of without knowing what to do and with practice they get used to it, until they begin to miss that routine – Professional 1.

It's complicated! They appropriate, master this knowledge, I think not! Most of them do not! I think a lot of them come here because of medical advice. Like, the doctor says: you need to move if not, you're going to die, it may seem like an exaggeration, but I see it like this, that way, you know? A lot of the students here, I think they don't like what they do! – Professional 2.

The practice of physical activity as an alternative to states of health and illness is explicit in the positioning of professionals guided by the precepts of physical fitness. Although they reported their reproduction automatically by the users, the content selectivity inherent to the organic-functional dimension was recurrent at this point of the analysis. Also here, we highlight the crystallization of values pertinent to a physical education that bases the promotion of health through a strict bias, through health prevention and the reduction of mortality of individuals, as explained by Almeida, Oliveira, and Bracht (2016), and Castellani Filho (2015). Such triggers certainly appear as premises allied to the technical-scientific view of preventive medicine in primary health care, as demonstrated by the studies of Buss (2017), and Czeresnia (2017).

3.1 What do the users say?

In relation to the concept of health promotion, the discourses of the users, like the professionals, go to meet the prevention in health in the responsibility of the individuals. Thus, the concern presented was in the sense of the regular practice of physical activity combined with good nutrition and carrying out periodic medical examinations as subject to the state of health promotion to be achieved. Due to the proximity to the issues inherent to health

at the biological level and, in a certain way, as exclusive to behavioral issues, the category presented was named: "health promotion as inherent to the individuality of the subjects" based on the following sections:

[...] health promotion has a lot to do with health behaviors, [...] the best behavior for health promotion is prevention! - User 1.
health promotion in my opinion, are several things! [...] is to do physical activity every day, whatever it is. The second thing that is also fundamental, is to have a good diet with a view to promoting health - User 2.

[...] health promotion is all you need to take good care of your health. [...] making appointments and periodic examinations to monitor your own health, [...] do physical activity, jog, [...] overall, I think this is health promotion! - User 3.

[...] is the practice of physical activities, [...] goes through the habits of the day-to-day, for example, I never drank alcohol, never smoked, never used drugs, so I think it is a healthy environment is conducive to health promotion - User 4.

[...] health promotion is all that part that involves us in before any disease arises, right? It is the ability to do physical activities, have a good diet and good general habits, without addictions, health promotion comes in this sense there! - User 5.

Certainly, the promotion of health permeates the subjectivity of individuals and constitutes an important example for its appropriation. However, here, such meanings were given in a prominent way, appearing as the only possibility in the view of the users and reinforcing the concepts initially defended by professionals, including a reductionist understanding for the perspective of individualization of processes and consequent culpability, as pointed out by Costa, Garcia, and Nahas (2012), Devide (1996; 2002). However, in the above cuts, it should be emphasized that the concern of health promotion as prevention, has been reinforced from issues peculiar to physical impairment due to illness and as an example, we can cite the cuts of the speeches of the users 1 and 4:

The citizen [user 1] is a regular in the bodybuilding classes and has never been late for any of them. Even with his apparent difficulty in getting around the places, he does not quit his exercises. At the end of each session, he asks for the help of the professionals to perform his upper limb stretching, limitation which, was caused by an ischemic stroke - (Field notebook).

In the case of [User 4] the concern for the practice of bodybuilding occurs in the context of his physical limitation due to complications arising from type I diabetes, and in the midst of them, the subject

ended up developing an associated case of depression, according to him, due to unemployment and continuous treatment needs that were costly for him and his family that helped him – (Field notebook).

However, we understand that this vision lacks proposals aligned with its resignification in the pedagogical practice of professionals as a power in educational structures and practices and this reading occurs, once again, through the reinforcement of issues inherent in prevention to the detriment of promotion. In the convergence of strategies that base the autonomy of the subjects, as a rule, the healing character of that practice is largely reinforced, which, in a certain way can corroborate with the epidemiological look and with issues inherent to the individual culpability of the subjects (DEVIDE, 1996; DEVIDE, 2002; HAESER; BÜCHELE; BRZOSOWSKI, 2012).

Regarding the possibilities of acting with the theme in the daily lives of the users, the set of answers allowed us to infer in two categories of analysis, the first of which is entitled “health promotion inherent to the interpersonal”, understood in the alignment of the expanded dimension of health. Phenomenologically, it meets the places and other environments of the bodybuilding practice as conducive to socialization and sharing in health among large groups, justifying itself in the following sections:

What helps a lot is you to have an interaction with your fellow bodybuilders and with the teachers that helps you [sic] a lot – User 1.

Here the sport provides this, to make new friends, to promote your health in general. To live in a healthy environment, with good, but few friendships! – User 4.

[...] on the part of the professionals, for their knowledge, for all that they demonstrate in the weight room with the students, yes, that's why I see these possibilities. [...] they always guide us in this direction and give us various feedback! On their part to us, it does happen, yes! – User 5.

At this time, the concern with health in a collective and dialogical plan gained prominence in the understanding of encounter as part of its social experiments already presented in the studies of Carvalho (2001; 2018), Carvalho e Ceccim (2017), and Palma, Estevão, and Bagrichevsky (2003).

It is also noted that for the first time the word “sport” emerged in the discourse of the interviewees as a possibility of appropriation, dialoguing with the studies of Kunz (2016) to respect any and all sports manifestation as worthy of this content, including, here being able to take place in the link of the networks of significance of that cultural dynamic.

The second category of analysis is the one that occurred in the strict context of the guidelines and other rites and practices in health promotion, in

which physical activities assume the healing character in prevention strategies, here entitled “health promotion inherent to practice”, arising on the basis of the following cuts:

[...] there is research that says that when you do physical activities, your blood pressure is controlled, so that's super, mega important since nowadays, there are many people who are dependent on these medications! – User 2.

For me, there is, and I think a lot depends on each one! There is no point in not coming to the activities and then complaining! - User 3.

The understanding of health promotion as belonging exclusively to the practical universe, in the view of the frequenters occurs amid the discourse of its indispensability in today's society, as pointed out in the introduction of this text. Once again the preventive character presented itself. Health and its promotion, in this context are observed from the necessity of the practice of the modality, disregarding the subject that the practice (CARVALHO, 2001; CARVALHO; CECCIM, 2017).

In the last question, regarding the appropriation of the theme by the frequenters, the set of answers allows us to infer in two more categories of analysis, the first one entitled “health promotion in practical appropriation”, which emerged in the following sections:

So, physical activity is a duty and you have to face it that way! [...] you have to have a goal and that goal is the promotion of your health, you know? [...] So, even if something happens to you, you go and soon resume to your goal, your practice, you understand? In your goal, you have to come here with a certain determination! – User 2.

I seek all possibilities [...] to improve my health, of course, as long as I also seek! There is no point in us coming here and settling in, thinking that things will happen on their own! – User 3.

[...] I can eat better, have the habit of practicing physical activity, at least a little a day, take a walk, leave the car aside, ride a bike, change some habits gradually. [...] That you asked me if it happens in the habit, in the doing! – User 5.

The direction of the speeches of the users once again meets the practice of modalities through the fundamentality of strategies in health promotion in physical education. In his speech, the preventive character is rooted in epidemiological issues, being noted for values inherent in the culpability and individual responsibility of the subjects. There is, in this sense, an exacerbated need for movement as the ultimate goal of those individuals.

The second category was the one that occurred in the collectivity of the subjects, largely based on the socialization and capacity for dialogue between peers and here entitled "health promotion in collective appropriation", which brings in its core, the antagonistic understanding to the previous questioning and preserving, as a tool of appropriation of the content about health promotion, the most possible interpersonalities, justifying itself through the following cuts:

[...] in the room there are people with different ages and experiences and each one will give you a little of each thing and this is very good for each other. This is learning, a life lesson! [...] it is a form of appropriation of what happens in the bodybuilding room! – User 1.

[...] depending on the approach of the students, the training colleagues and even the teacher, this that you're talking about, [...] In my view, yes! – User 4.

The context about the practice of this modality in a place that has health and its promotion as objectives, as defended in the interview of professional 2, here, it gained notoriety. It should also be emphasized that in this environment, questions about the pedagogical practice in physical education, sports by the point of view of health promotion, in addition to the characteristics presented and based on non-directivity, are largely crossed by issues that also occurred in an indirect format, and this statement is based on the following cut from the field notebook:

Even by the various posters for the dissemination of services and awareness of practitioners (users/citizens) that are present in the environment, about the importance of health and the harms of the use of anabolic steroids as main examples, the non-directivity of that context gains strength, that is, the information exists, in a public and notorious way, without, however, receiving mediation by the professionals who are there" - (Field notebook).

Certainly, there are several manifestations that refer me to the precepts of health promotion, as well as to those impressions about the most diverse forms of organization of the collectivities of those subjects. Thus, the set of categories leads us to the understanding that issues related to strength, the cult of the body by the aesthetic view as supposed premises for that place, were left aside, thus escaping from stereotypes of bodybuilding gyms in the marketing perspective and alienating the pedagogical practice in physical education. However, it should be emphasized that such notes take place, in that environment and in a format that sometimes bordered on reading about the practical application of the content, objectives, methodology and evaluation of pedagogical practice in physical education, sport, health, and your promotion in a strict format.

In this sense, it is possible to understand that, in this environment, the treatment for health promotion exists. However in a non-directive format from the forms of collective organization of those subjects.



4. Conclusion

The daily practices and rites of the cultural dynamics of a public gym in the city of Santos-SP are partially aligned with the promotion of health in the wake of Westphal (2017), by understanding the links with the autonomy and emancipation of the subjects. However, they are echoed in the country's official documents, mainly in the National Health Promotion Policy, by distancing itself from the marketing practices of bodybuilding offered in large scale in urban centers.

In this sense, the non-directive pedagogical practice of professionals, although being a critical point, also converges in prominence, given the various arrangements that the place and the diversity of the public entail. In summary, it is possible to state that the investigated daily life, although it responds to certain traditionalisms of physical education, also allows a humanized look at physical activity in the context of health, which is promising.

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