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RBCM

Brazilian Journal of Science and Movement

Revista Brasileira de Ciência e Movimento

Open Access

A PERCEPÇÃO DE USUÁRIOS E PROFISSIONAIS DE UMA UNIDADE BÁSICA DE SAÚDE DO MUNICÍPIO DE SANTOS-SP SOBRE O PROGRAMA DE PRÁTICAS CORPORAIS

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Resumo: O objetivo do estudo consistiu em compreender a percepção de usuários e profissionais de uma Unidade Básica de Saúde do município de Santos-SP sobre o programa de práticas corporais. Para tanto, foi desenvolvida uma pesquisa qualitativa. Participaram do estudo 25 indivíduos de ambos os sexos, com idade entre 18 e 79 anos, dos quais: 13 participantes de um programa de práticas corporais numa Unidade Básica de Saúde do Município de Santos-SP, Brasil; um Profissional de Educação Física responsável por desenvolver as atividades no local; 10 membros da equipe multidisciplinar, e; a gestora da unidade. A coleta de dados se deu por meio de entrevista semiestruturada. A análise de dados foi desenvolvida por meio de categorias não-apriorísticas. Os resultados evidenciaram que, na perspectiva do Profissional de Educação Física, o programa de práticas corporais carece de adaptações estruturais na Unidade Básica de Saúde; na perspectiva da equipe multidisciplinar, o programa de práticas corporais necessita de maior divulgação e oferta, justamente por avaliarem de forma positiva o trabalho do Profissional de Educação Física, e; na perspectiva dos usuários, há valorização e apreço pelo trabalho do Profissional de Educação Física e pelas atividades desenvolvidas, além de vivenciarem experiências de maior sociabilidade. Nesse sentido, concluímos que o programa de práticas corporais possui limites, principalmente no que se refere à estrutura e oferta. Entretanto, é valorizado e apreciado pelos usuários e demais profissionais da Unidade Básica de Saúde.

Palavras-chave: promoção da saúde; educação física; atenção primária à saúde; atividade física.

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THE PERCEPTION OF USERS AND PROFESSIONALS OF A BASIC HEALTH UNIT IN THE CITY OF SANTOS–SP ON THE BODY PRACTICES PROGRAM

Abstract: The aim of this study was to comprehend the perception of users and professionals of a Basic Health Unit in the city of Santos-SP on the body practices program. For that, a qualitative research was designed. Twenty-five individuals of both sexes, aged between 18 and 79 years, participated in the study, of whom 13 participated in a program of body practices program held in a Basic Health Unit of Santos-SP, Brazil; one Physical Education Professional charged for developing the activities; 10 members of the multidisciplinary team; and the manager of the unit. Data were collected through semi-structured interview. The data analysis was performed by a non-a priori categories. The results showed that there is a need for structural adaptation of the Basic Health Unit in PE professional's perspective; in the multiprofessional team's perspective, besides structural improvements, the program needs more dissemination and greater offer, precisely for positively evaluating the work of the instructor, and; in the user's perspective, there is an appreciation for the instructor's work and the activities developed, and improvement of sociabilitiy as well. In this sense, we concluded that the body practices program have limits, mainly regarding structure and offers. However, the body practices program is valued and appreciated by the users and professional of the Basic Health Unith.

Key words: health promotion; physical education; primary health care; physical activity.

Introduction

The Ministry of Health in Brazil (MS), through the National Primary Health Care Policy, defines Primary Health Care as a set of individual and collective actions that incorporates the promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction and maintenance of health[1]. Thus, the foundations and guidelines of Primary Health Care should go towards the use of complex and varied care and management technologies that should assist in the administration of health demands and needs, the increase of users and communities' autonomy, the sheltering, promoting relations that produce bonding and co-responsibilization for their health needs[1].

In this sense, together with the implementation and development of the Brazilian Unified Health System (SUS), the MS has sought to implement over the years programs and projects that support maturation and reorganization of a collective proposal for Primary Health Care[1]. Within these programs, the National Health Promotion Policy (PNPS) brought specific thematic areas and actions to be worked on in Primary Health Care, such as the body practices/physical activities[2]. Bueno[3] states that this fact invites the Physical Education (PE) as a health/SUS professional.

However, there is a conceptual dilemma involved the term "body practices/physical activities", since is a binominal. This fact ended up exposing tensions in the academic field of PE, mainly in the opposition human sciences versus natural sciences[4]. In accordance with Carvalho[5], we understand that the term "physical activity" is associated with any movement produced by the musculoskeletal system capable of generating a greater energy expenditure compared to rest. There is still a third term, physical exercise, which implies the repetition of a certain movement or set of movements, carried out in chained and sequenced ways, with the final or intermediate objective of increasing or maintaining something, for example, physical fitness and health[5]. On the other hand, the term "body practices", understood as a cultural manifestation that is evidenced mainly in the body dimension[6], is able to assume a new

perspective and a greater universe of possibilities of the human movement, able make a tension in the limit between the terms physical exercise and physical activity[7]. In this perspective, this study assumes "body practices" as dear term to the SUS, which, for Carvalho[5], is about a new understanding for health production guidelines connected to the interests and needs of users.

Back to possibilities of PE' insertion in a health field from PNPS is mandatory mention the Family Health Support Center (NASF). The aim of NASF is to consolidate and qualificate the health promotion actions towards enhancing services and interdisciplinary interventions, including PE professionals[8]. According to PNPS, the NASF seek to overcome the traditional fragmentary work approach in health from education, sport, culture, and leisure actions[8]. In this sense, NASF can be considered as the biggest governmental policy in Brazil that allowed insertion of PE at the SUS[3].

From this view, Bueno[3] states that the work of health services can be beyond of the chronic diseases. Thus, the PE professional (PEF), by seeking to understand health care process in the Primary Health Care allied to his practices within particularities of users, have no limited actions, and can move toward towards the health guidelines and programs[3].

Besides, the body practices programs will be moving away of hegemonic establishment of individualized/instrumental movements which consequently emphasize the physical conditions from a fragmented vision[9,10]. On the other hand, the body practices program are able to conduct people and communities to find an expanded health concept, can promote values and principles such as solidarity, fraternity, bonding, and co-responsibilization[11]. Thus, the health practices are strengthen apart from objectives such as improving the physical fitness or walking, but an interactive situation which people or groups that have a cultural history can experiment any practices, and convert it in particular thing[12].

Therefore, the presence of PE in the health services by Primary Health Care can promote contact with the sensations, with others, and the movement along with body of bones, muscles, affections, and expansion human experience[13]. Nevertheless, it does not means refuse all the physiological benefits from body practices, since it inherent to health and disease aspects as well. The critic is to design this practice as unique possible[3,14].

Thereby, the approach of PE with Primary Health Care and Public Health is presented as contact successful of sociocultural dimensions and determinants both on both singular and on collective[14]. Also, it seeks to awake of interest the PE researches to realize the possibilities that this field have to design consistent studies about this scenario[3,14].

Given this context, it is pertinent to deepen the knowledge about this thematic universe

considering its recent appreciation in health care production. Thus, the objective of this study was to comprehend the perception of users and professionals of a UBS in the city of Santos-SP on the body practices program. To this study, perception means the construction of meaning.

Methods

This is descriptive research of qualitative approach that deals with a level of reality that cannot or should not be quantified[16]. Therefore, it relates to a study of status[17], in this case, the status of body practices program from users and professionals perspectives.

Twenty-five participants of both sexes, aged between 18 and 79 years were included. They were recruited through face-to-face interviews held within the everyday routine of the UBS after permission of the Municipal Health Office (SMS) of the city. The inclusion criteria were:

1) To participate in the program of body practices offered by the UBS (users);

2) To be part of the staff of the UBS (professionals).

The exclusion criterion were:

1) To be absent in more than 50% of the proposed activities (users);

2) Not to answer one or more questions proposed in the interviews (users and professionals).

Regarding UBS, three aspects determined their choice: 1) have a body practices program; 2) offer internship to a PE course of public university; 3) being at the same territory of the university. The main intention was to access an UBS have opened to academy' actions.

In this context, researchers conducted semi-structured interviews. To Triviños[18], this form is one of the main ways of data collection valuing the presence of the researcher and allowing the participant the freedom to expose their ideas, thus making the research richer in detail. In the application and registration of the interviews, one question were asked of the interviewees, as follow: "What are your considerations about body practices program in the context of this UBS?"

All the interviews were held between October 2016 and January 2017 in the context of UBS (19 visits), at times previously agreed upon. All participants were identified by your position in a UBS. It was necessary to preserve their identities.

The data of the interviews were analyzed based on non-a priori categories, seeking to extract and "tie" common and/or relevant fragments with the participants' discourses[19].

The study was approved by the Research Ethics Committee of the Universidade Federal de São Paulo (CAAE: 60029616.6.0000.5505) on 10/05/2016 and all participants signed an

Informed Consent Form.

This article reports the main part of the results of a Master's Thesis defended in 2018.

Results

When asked to address considerations about the body practices program, the interviewees have voiced the question by a diversity of aspects:

> *"There could be a covering for us in rainy days so we wouldn't need to stop exercising [...]"* (User 1, female, 63 years old, retired)
>
> *"The instructor is amazing [...] It helps me a lot the program".* (User 2, female, 58 years old, housewife)
>
> *"The day I can't come, I miss it, I miss it a lot".* (User 3, female, 63 years old, retired)
>
> *The day that I don't come I get sick."* (User 4, female, 62 years old, retired)
>
> *"He is an excellent person".* (User 5, female, 70 years old, housewife)
>
> *"The people are very nice, the instructor, the trainees, you make friends too".* (User 6, female, 66 years old, housewife)
>
> *"The instructor is also very nice".* (User 7, female, 59 years old, children caregiver)
>
> *"Very good for me. I believe for everyone too".* (User 8, female, 79 years old, retired)
>
> *"I really like everyone, all the young people who have been here, we get so much friendship that in the end we are the ones that end up sad when they leave [...] It's very good for me".* (User 9, female, 70 years old, housewife)
>
> *"I reckon very nice, very good. Sometimes, I feeling laziness. But when I take part, I realize that I paid off".* (User 10, female, 69 years old, retired)
>
> *"I really like to come and share".* (User 11, female, 68 years old, retired)
>
> *"The instructor is also very calm, he explains the exercises piece by piece".* (User 12, male, 44 years old, unemployed)
>
> *"It's doing good for me".* (User 13, male, 68 years old, retired)
>
> *"I think cool, in part because this neighborhood is underprivileged, so*

the people do not have many resources to engage a physical activity". (Community Health Agent 1, female, 36 years old)

"You see how people who had a very impaired movement changed" [referring to changes in the quality of movement, locomotion and independence of users participating in the body practices group]. (Community Health Agent 2, female, 41 years old)

"Because we see that they are united, that they already have got their crew and new people are always coming […] If there could be more programs in other polyclinic facilities*".* (Community Health Agent 3, female, 42 years old)

"Extra activities outside the unit, the users quite like it and they come to the unit also […] When there's no class they even get sad, I think that this is very cool, it creates a bond too". (Community Health Agent 4, female, 37 years old)

"I don't think that's enough because it's only 1 hour, 2 times a week". (Manager, female, 38 years old)

"You see, there is a good adhesion". (Nurse 1, female, 53 years old)

"There's encouragement when users have follow-up with an instructor, the exercises are more focused, users won't always do the same thing, they will vary […] When the user is part of a group, he has motivation of the people that he will know, he will have friends in the group, then this will make it easier, he will have more will to practice physical activity. I think it is important for this reason of socialization, he will have a commitment with someone to come here and will be better accompanied". (Nurse 2, male, 30 years old)

"I think that this is a good initiative of the instructor […] *I think there is a lot of adhesion […] I just think that there should be a better place, because sometimes it rains and they can't do it or sometimes it's too hot, they get uncomfortable".* (Nurse Technician 1, female, 33 years old)

"*They have several activities not only in here, but around the neighbouhood with the walks".* (Nurse Technician 2, female, 36 years old)

> *"The instructor has a lot of creativity to be both adapting the place and the material to achieve his goal that is to do the exercises and to captivate the users. Because if there is no such exchange of captivation, the instructor doesn't have the students' return, both for exercises and presence. I think that the creativity and charisma of the instructor here contribute a lot so that he can continue this work. He is pleasing them, he is having results [...] We can see that it's always the same group, that every week they are here [...] I think there's not enough structure".* (Nurse Technician 3, female, 32 years old)
>
> *"I know Instructor [...] he's a very capable guy, so as I know that he's the one who takes care of this part of the physical activity, just like in the other unit, I really trust him [...] I think it would be very good if the program could be more disseminated beyond health units, if there could be a schedule of the local government that weren't restricted to Basic Health Units, that were more spread to the city itself".* (Physician, male, 38 years old)
>
> *"If we were at another moment, a moment with more structure so that this employee could stay for a longer period in the unit".* (PEF, male, 35 years old)

Participants' set of responses allowed us to identify six categories of analysis, namely:

1. The Physical Education Professional and his work: 10 interviewees (User 2, User 4, User 5, User 7, User 12, Community Health Agent 4, Nurse 2, Nurse Technician 2, Nurse Technician 3, Physician).

In this category, six professionals from the multiprofessional team considered his actions as positive and trusted the actions developed with the group of users. In addition, four users highlighted their appreciation for the instructor and his didactics in conducting activities. Besides, we could affirm that professionals of the health team maintain a good relationship with Physical Education Professional and believe that he is a qualified professional and that, regardless of the difficulties of infrastructure, schedule and displacement between units, he was able to maintain and perform a good job, captivating and maintaining the users' participation.

2. Sociability and adherence: 9 interviewees (User 6, User 9, User 11, Community Health Agent 3, Community Health Agent 4, Nurse 1, Nurse 2, Nurse Technician 1, Nurse Technician 3).

Here, the interviewees emphasized the social impacts that the group provided, both in the encounter with the other and with the professionals, as well as in the strengthening of the group.

3. Appreciation: 7 interviewees (User 2, User 3, User 4, User 9, User 8, User 10, User 13, Community Health Agent 1).

This category, the responses were consonant in the relevance of the program in their lives.

4. Need for improvement: 4 interviewees (User 1, Nurse Technician 1, Nurse Technician 3, PE).

The answers here illustrate concerns on the part of the multiprofessional team, of Physical Education Professional and of a user regarding the inadequacy of the unit structure to offer the activities.

5. Need for more offer: 3 interviewees (Manager, Physician, Community Health Agent 3).

Here, the interviewees illustrated concerns about an increase in program dissemination and an increase in the number of days of classes per week.

6. Functional organic benefits: 1 interviewee (Community Health Agent 2).

In this category, the interviewee mentioned the program as important for the improvement of some aspect of health.

In synthesis, we can affirm: in PEF' perspective there is a need for structural adaptation of the unit; in the multiprofessional team' perspective, besides structural improvements, the program needs more dissemination and greater offer, precisely for positively evaluating the work of the instructor; and in the user's perspective, there is an appreciation for the instructor's work and the activities developed.

Discussion

Regarding the PEF and his work, our findings are related to those of Saporetti, Miranda and Belisário[20], who found an appreciation regarding the presence and performance of the PEF in Primary Health Care in the speeches of physicians and multiprofessional team, considering it as an important factor for the users. In our case, this fact are aligned with Community Health Agent 4, Nurse 2, Nurse Technician 2 and 3, and the Physician discourses. Also, Becalli and Gomes[21] reinforce the issue of the professional relevance of PEF in contact with users, by showing how much the relationship built is crucial for the permanence of the program of body practices. Thus, they understand that the PEF, when seeking to favour the horizontality of the relationship with the subjects, in a position of laterality with the users, has the potential of

allowing diverse interactions to emerge in the relationship with the users, besides being an intermediary of activities, a potentiator of encounters[21].

Moreover, still based in Becalli and Gomes[21], we consider that the relation between multidisciplinary team professionals and PEF occurs for different reasons. Thus, we understand that these professionals produces their conclusion from the observations of PEF work and his responsibilities in the UBS. On the other hand, the users were with the PEF under him handle, it consequently can have enabled a confidence, respect, admiration and warmth relationship. Thus, the performance of PEF stand out for the bond designed with the users' group, may be observed in Users 2, 4, 5, 7, and 12 speeches.

Considering the sociability, our findings are related to those of Becalli and Gomes[21], who showed that the participants of a program of body practices also looked for an environment where they could produce and be the author of their lives, co-author of their experiences, as protagonist of their existence, their health. Thus, we understand that the relationships built are crucial because the meeting is determinant in the relation of users' adhesion and in the sensation of shelter, as can be perceived in Users 6, 9, and 11 discourses.

Guarda et al.[22] point out that the PEF employed by public contest with labor rights can contribute for continuity of the activities, and the bond with the users. This argument can be one of the explanations that benefit the bond and adherence of users in our study. However, the didactic of PEF seems to be more significant to this relationship.

Regarding "Appreciation" category, Antunes and Schneider[10] showed that people feel more motivated when take part of body practices more dynamic. In this sense, it develops integration between people, exchange of life experiences (family, health, disease, interests, needs, and so on), opening opportunities to comprehend their particularities, thus providing pleasure in their experiences[10].

However, the inadequacy of the conditions ("Need for improvement" category) for the development of the program of body practices (physical space, storage of materials, and so on) ended up making it difficult to satisfactorily develop and perform health promotion actions, demonstrating that these activities are still secondary in Primary Health Care actions of the city[20,23].

Although the National Primary Health Care Policy has predicted materials and equipment to this care level, these structure shortcomings are constant, it affects the planning, actions, and the work' continuity. In addition, the lack of inadequacy and structure in the body practices program affect the actions, the quality of services, as well as negative impact on

professionals motivation and answerable[22].

In relation to "Need for more offer" category from our data, we understand that this scenario depends on structural and policies changes. In part because the current number of PEFs in the city of Santos-SP (3) are not able to develop all the work and spread the body practices programs as well. This is a limiting factor. Moreover, Saporetti, Miranda e Belisário[20] detected that the workload of PEF and his practice in various regions can lead to a gap of the work. For that, the authors suggests that PEF could develop his actions in a unique at NASF. Other significant aspect included the lonely from the absence of a colleague to exchange experiences[20].

In addition, Becalli e Gomes[21] illustrated that there is not tools and strategies to promote the services capable of achieving the users. They end up attending by friends and family members' nomination[21]. Souza e Loch[23] observed that the number of attendances in the body practices groups is low when it compared with number of people in the community. For authors, this may be linked to the fact that the PEFs it cannot always carry out home visits where could invite potential users for the body practices groups, besides attending of events which the aim to were promote it. Thus, this information is restricted of users that attending the body practices programs[23].

However, it should be pointed out that the city of Santos-SP has the peculiarity of having many activities related to health promotion and disease prevention supported by the Municipal Sports Office (SME) of the city, with more 80 PEFs at several venues across the city, and a greater number of actions carried out during the year. Therefore, the need for articulation and integration among public administrators is pertinent, avoiding the development of a type of competition, or worse, isolation of the actions of the respective offices.This is a potential scenario for future investigations, where one possible question could be "How the health care is conceived by body practices programs from SME?".

Considering the functional organic benefits, in a Community Health Agent's speech, it is emphasized their traditional consonance with body practices. Thus, the main motive and meaning for participating in activities of this nature is the search, almost exclusively, for health gains in physiological and physical fitness aspects. From Becalli and Gomes' perspective we comprehend that this confusion is connected with relation between the body practices program and the health, aside from active life discourse[21]. No rarely, it impregnated of meanings running physical fitness, and the physiological benefits. To Bagrichevsky et al.[14] the life in society has imposed meanings and values of body practices from the authoritative, medicalized, and guilt-

mongering perspectives, besides as a controller the caloric expenditure to avoid health risk.

Conclusion

Body practices program is valued and appreciated by the users and professional of the UBS. This perception is enhanced by PE professional' work and the sociability provided. Therefore, a body practices program not only related within functional organic benefits, but towards to other determinants, such as PEF' didactics drive to strength of welcoming, connection, and users' adherence; the potential of sociability to promote encounters, friendship relations, and provide a singular health care production. However, limits are also mentioned, mainly regarding about structure and offers.

Thus, we understand that there is still a horizon to be pursued by the body practices program in the city of Santos-SP and that important interlocutors (PEF, Multiprofessional Team, Manager, and Users) are aware of this, specially in the direction of integrality and (de)marginalization of this form of care production.

Regarding of scientific production, this is a relevant scenario for researches that focus on PE and Health under SUS perspective.

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