Coll. Antropol. **47** (2023) 1: 19–29
Original scientific paper
doi:10.5671/ca.47.1.3

Physical Activity as a Social Right Within the Leisure and Health Sectors in Brazil

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ABSTRACT

Physical activity is recognized as an important means for promoting health and quality of life. However, the discussion regarding this practice as a human right needs to be expanded. The objective of this study was to analyze the perceptions of professionals from two scientific institutions in Brazil regarding leisure-time physical activity as a social right. The research was descriptive, documentary, cross-sectional, and exploratory in nature, with non-probabilistic sampling. A semi-structured questionnaire was adopted in Google Forms format, and content analysis was used for data analysis. The sample consisted of 80 participants. The main results highlight the recognition of leisure time and health as social rights, as well as the existence of barriers such as social inequalities in the realization of these rights. However, there is evidence of progress in public policies in Brazil that aim to democratize leisure-time physical activity as a social right.

Key words: *quality of life, promotion of health, leisure constraints, human rights, public policies, social inequalities*

Introduction

Leisure time physical activity is undoubtedly recognized as an important means of human development, quality of life, social interactions, and promotion of health, as well as preventing non-communicable diseases and reducing the medical costs associated with these diseases[1]. However, its discussion as a human or social right is not explicitly recognized in international human rights treaties, being addressed indirectly[2]. Messing et al.[2] highlight some international treaties[3,4] that indirectly address this discussion, for example, the right to health, education, rest and leisure, and the principle of non-discrimination.

Leisure has been recognized as a social right by the United Nations since 1948, however, it is not a reality for many population groups in many countries[5]. Therefore, it is necessary to develop an agenda that discusses this fact politically and academically[6]. Non-governmental organizations such as the World Leisure Organization, created in 1952 and recognized by the United Nations, and researchers have investigated this issue[7], providing directions and possibilities for its realization. Similarly, like leisure, health as a social right[3] is not guaranteed to the entire population, considering the numerous social inequities identified worldwide[8].

In the intersection of leisure and health, physical activity is found, encompassing the dimension of sports and being recognized as an important cultural element and health promotion[4]. Taking this approach into consideration, researchers have investigated the role of the State and other social actors (non-governmental organizations, universities, private sector in fulfilling this right by establishing public policies and social programs that enable democratic access to physical activity for the entire population. Associated with this issue, social inequities are discussed as constraints to this practice[9]. This global scenario is characterized as a serious component of disrespect to human dignity and social exclusion[10].

Considering the relevance of this topic, it is necessary to conduct studies that establish dialogues to enhance understanding and identify alternatives to overcome identified barriers. In this sense, empirical research combined with documentary analysis presents itself as an alternative to address this issue. From this perspective, investigating how professionals from different fields of Health Sciences (Physical Education, Medicine, Psychology, Physiotherapy) perceive the relationship between leisure and physical activity, for example, presents itself as a possibility to be explored academically.

Received for publication February 25, 2023

It is worth noting that these professionals can work in academic settings, conducting research and/or teaching about the relationship between this interface, seeking answers regarding the health benefits and proposed public policies. On the other hand, professionals working in primary health care, public programs for sports, leisure, physical activity, and/or in the private sector (gyms, clubs, clinics, health centers, hospitals) play an important role as opinion leaders and decision-makers in promoting leisure and physical activity for health and quality of life. In this sense, it is relevant to investigate how these professionals perceive the interface of these contents, in order to propose a dialogue among them.

According to Maciel, Halley, and Uvinha[11], there is a lack of research in the Brazilian literature that establishes dialogues between professionals in the fields of leisure studies and health, discussing the potentialities and specificities of this interface. Furthermore, these authors state that professionals in the field of leisure studies generally adopt an approach focused on Social and Human Sciences, investigating leisure as distinct sociocultural phenomena using qualitative methods. On the other hand, professionals working in the field of physical activity and health mainly adopt an epidemiological perspective, using quantitative analyses.

Silva et al.[12] conducted a systematic review to identify the production of knowledge regarding the relationship between physical activity and leisure in Brazil. The study concluded that there is a predominance of viewing this relationship as a way to minimize or prevent diseases. Silva and Ferreira[13], in investigating the interface between leisure and health in the academic context at one of the main leisure events in Brazil, the National Meeting of Recreation and Leisure, identified that in 29 editions of the event, this relationship was not treated as a central theme in any of the editions.

In the Brazilian academic context, there are scientific societies that discuss topics related to sports, physical activity, and leisure. For example, the Brazilian Society of Biomechanics (comprised of professionals from any field of knowledge)[14]; Brazilian Society of Sports Medicine and Exercise (whose members must be medical doctors)[15]; Brazilian College of Sports Sciences (comprised of professionals in the fields of Physical Education and Sports Sciences)[16]; Brazilian Association of Research and Post-Graduation in Leisure Studies (ANPEL)[17], comprised of professionals from different fields of knowledge (such as Physical Education, Tourism, Administration, History, Psychology, Sociology) who investigate leisure and related topics; Brazilian Society of Physical Activity and Health (SBAFS)[18], comprised of professionals from various fields of expertise (such as Physical Education, Medicine, Physiotherapy, Psychology) with an interest in the field of physical activity and health. It can be observed that the last two institutions are the only ones with the specific object of study on leisure and/or physical activity and health.

Studies indicate the existence of a gap in the interface between these institutions regarding the maintenance of dialogues between them, in terms of specificities and theoretical intersections, as well as exchanges in participation in events promoted by each institution[19,20]. Considering the theme developed in this work, we chose to investigate these two institutions in particular due to their characteristics that allow for investigating the interface between leisure and physical activity.

The ANPEL foundation as a scientific society occurred in 2013, bringing together researchers, academics, and students from different areas of knowledge, who are dedicated to investigating leisure and related themes (e.g., recreation, sports, culture), from different theoretical and disciplinary perspectives. On the other hand, the creation of SBAFS occurred in 2007, bringing together students, professionals, and researchers from different areas with an interest in the field of physical activity and health. Both institutions are responsible for editing and publishing journals in their areas, the Brazilian Journal of Leisure Studies (ISSN: 2358-1239), and the Brazilian Journal of Physical Activity and Health (ISSN: 2317-1634), respectively. In addition, the institutions organize biennial national congresses, being the last editions the 5th Brazilian Congress of Leisure Studies, in 2022; and the 13th edition of the Brazilian Congress of Physical Activity and Health, in 2021. Furthermore, these institutions develop guidelines that guide their members and civil society on the themes studied, having an important representation in the academic production of thematic knowledge shared with society.

The question that guided this research was: How do professionals in leisure and health areas in Brazil understand leisure time physical activity as a social right? As a general objective, it was aimed to analyze the perceptions of professionals affiliated with ANPEL and SBAFS regarding leisure time physical activity as a social right.

Materials and Methods

Sample

Given the intentional choice of institutions, the investigated object, and the specificities of the participants, this research is characterized as descriptive, documentary, exploratory, and a case study[21]. Case studies involve a detailed investigation of one or more organizations or groups within an organization, with the aim of providing an analysis of the context and processes involved in the phenomenon under study. In this sense, the research seeks to establish an interface between the discourses of the analyzed participants and the documents that deal with the relationship between leisure, physical activity, and social rights, expanding the understanding of knowledge produced in the field.

At the time of the research, according to data provided by the participating institutions (ANPEL and SBAFS), the number of members was 226 and 188, respectively. Initially, consent was obtained from both institutions,

which subsequently sent an email to their respective associates, informing them and requesting participation in the research. As inclusion criteria for the participants, it was defined that they should: 1) to be a member of one of the institutions; 2) Be graduated in any area of knowledge of the health sciences or leisure; 3) have completed a post-graduate degree; 4) Be male or female; 5) Of any age; 6) Any nationality; 7) Agree to participate in the research as a volunteer.

Procedures

For the documentary analysis, a search was conducted on Google Scholar for Brazilian laws and international documents that addressed the present topic. The search was conducted using the terms in Portuguese and English: leisure and social rights; sports and social rights; physical activity and social rights. The laws and documents that addressed this interface were read in their entirety and used in this study.

Another procedure adopted was to consult the virtual library of the Ministry of Health of Brazil to access documents that addressed the interface between physical activity and health. Documents such as public policies, proposals for social programs, and guidance guides for the population on physical activity were considered. A narrative literature review was also conducted, encompassing articles, books, and book chapters that addressed the topic.

In March 2021, a pilot study was conducted, with the participation of 11 people who met the criteria outlined for testing the adequacy of the established procedures. For this purpose, a semi-structured questionnaire was adopted, consisting of two parts: 1) Sociodemographic data (age, gender, education, profession); 2) Open-ended questions: a) Understanding about the relationship between leisure and health; b) The relationship between leisure and health in the formation and/or continuing education of professionals working in these areas; c) Trend of studies addressing the theme of leisure and health. These questions were formulated based on the considerations presented by studies that investigated the relationship between leisure and physical activity[12,22].

After making the necessary amendments to the questionnaire regarding the semantics of the open-ended questions, in April 2021, an email was sent to the members of each institution, inviting them to participate in the research by answering the questionnaire in the Google Forms format, accessible through a link provided with the email. The participants had a period of up to 15 days to answer the instrument. The answers to the open-ended questions of the questionnaire were transferred verbatim to a Word® document for further analysis.

Data Analysis

The content analysis proposed by Bardin[23] was adopted. This technique aims to understand the discourse propagated, the reasons behind the participant's use of certain words or expressions, and the meaning attributed to the context. In this way, the analysis is guided by the research problem and the theoretical framework adopted. According to Bardin, this analyze includes three distinct steps: 1) Pre-analysis of the material: The aim is to organize and systematize the materials used for the research, formulate hypotheses, and develop indicators that will allow for the discussion of results. After these processes, the themes of analysis, referred to as the corpus of the research, start to emerge. 2) Exploration of the material: This phase aims to understand the meaning given by the researcher to the corpus under analysis. It involves counting repeated ideas, as well as those that are completely absent in the discourses. In this phase, the following are carried out: 1) units of record (which are words, phrases, or themes repeated throughout the analyzed texts); 2) units of context (seeking an association of the content with the analyzed context); 3) units of enumeration (quantifying the frequency of the units of record). 3) Treatment of results, inference, and interpretation: this phase involves the analysis of the created categories, according to the research objectives, guiding questions, and characteristics of the messages. In this phase, the researcher makes inferences for discussion, interpreting, reflecting, and critiquing the acquired information beyond the manifest content, considering the analyzed context.

The Software Iramuteq was used as support for the content analysis[24]. The answers of all the participants, differentiated by which institution they belong to, are gathered in a single file, for later analysis by the software. Iramuteq performs the analysis of the textual corpus by automatically dividing it into segments of texts (TS), which are composed of sentences of approximately 3 or 4 lines. But, in some situations with short answers in interviews, or questionnaires with open questions, the software can classify TS with fewer lines.

The software through algorithms performs a lexical analysis looking for associations that can generate word classes (formed by the words with the highest statistical representativeness, represented with the results of Pearson's chi-square test, and the p-value).

Ethical aspects

The study was approved by the Ethics and Research Committee of the University of São Paulo on March 8, 2021, under opinion number 4,578,906. Participants signed the term of informed consent electronically. All ethical procedures were followed. Along with the questionnaire, there was a term of informed consent that should be signed electronically.

Results

The sample was composed of 80 professionals, with SBAFS members numbered from 1 to 44, and ANPEL members from 45 to 80. Regarding the professional areas of the participants, the profile is as follows: 42 are univer-

sity professors; 16 are physical education teachers in elementary schools; 9 work with individualized physical training; 5 work as administrative public analysts in health, sports, and leisure-related areas; 2 are entrepreneurs; 2 are professionals in the Unified Health System, working in primary health care; 2 are postgraduate fellows; 1 works as an administrative analyst in a technical course; 1 is a physiotherapist. The remaining sociodemographic data are described in Table 1.

TABLE 1

SOCIODEMOGRAPHIC DATA OF PARTICIPANTS

Variables		General (*f*)
N		80
Average age (years)		42.9
Sex	Male	39
	Female	41
Undergraduate course	Physical Education	77
	Other fields	3
Graduate program	Specialization	69
	Master	69
	Ph.D.	51
	Postdoctoral	13
Professional field	Leisure	15
	Health	24
	Both (leisure and health)	41

Source: authors

The general corpus was made up of 80 texts separated into 617 TS, with a utilization of 86,3%, while the desirable level is above 70%. From the initial analyses, 14,170 occurrences (words, forms or vocables) emerged, of which 1,963 are distinct words, and 434 with a single occurrence.

Based on the algorithms used by Iramuteq the Descending Hierarchical Classification (DHC) defines the categories of words that are most representative and associated with each other, forming lexical classes. With these classes defined, the researcher names them in accordance with the characteristics identified in each class, considering the theoretical framework adopted. The classes generated by the DHC were defined as: Class 1 – Quality of Life, with 266 TS (43.1%), Class 2 – Social Rights, with 242 TS (39.2%), and Class 3 – Academic knowledge, with 109 TS (17.7%).

The most representative words in each class are the following: Class 1 (Course $\chi2=96.36$; $p<0.0001$; Research Project $\chi2=81.47$; $p<0.0001$; Research $\chi2=69.5$; $p<0.0001$; Class $\chi2=50.29$; $p<0.0001$; Undergraduate $\chi2=47.37$; $p<0.0001$). Class 2 (Public policy $\chi2=81.76$; $p<0.0001$; Leisure practices $\chi2=28.72$ $p<0.0001$; Physical activity $\chi2= 25.09$ $p<0.0001$; Public spaces $\chi2= 18.96$; $p=0.0004$; Active Leisure $\chi2=15.88$; $p<0.0001$). Class 3 – (Leisure $\chi2=41.28$; $p<0.0001$; Health $\chi2=33.67$; $p<0.0001$; Life $\chi2=20.38$; $p<0.0001$; Understand $\chi2= 19.89$; $p<0.0001$; Time $\chi2=19.5$; $p<0.0001$; Quality of life $\chi2=19.06$; $p<0,0001$; Well-being $\chi2=18.54$; $p<0.0001$). Below are examples of participants' responses. To identify which institution the respondent belongs to, participants from SBAFS were numbered from #1 to #44, and those from ANPEL from #45 to #80.

Categories of analysis

1) Social rights, leisure, and health

#24 I think the relationship between leisure and health, initially, is a social right and duty of the state. And that to be realized in people's lives, they will be influenced by various individual and collective factors, which are beyond the "wanting to do ..., free will ..." of people. And by another look, considering the expanded concept of health, when leisure is guaranteed as a right, it positively contributes to the health of people and collectivity.

#28 Multiple factors interfere in the access and relationship between leisure and health as a social right, aspects such as income, culture, and living conditions are some of them. Depending on the personal perception of leisure and health, this perception can occupy two distinct extremes, one as something optional, privilege, or superfluous (leisure); and the other, as something vital (health). To overcome the constraints and bring these extremes closer, leisure and health must be understood as social rights, and thus, the search for full enjoyment of these rights becomes essential for human life.

#37 [...] is the lack of guarantee of social rights; the democratization of physical activity would be a great option for advocacy among the various levels of health management.

#58 [...] factors linked to financial aspects, gender, social class, political and social capital, among others. Overcoming these constraints is linked to greater wealth distribution, the guarantee, and access to social rights and citizenship.

#61 Scarce public policies and misapplied resources directly impact the relationship between the development of possible policies that affirm the social right to leisure. Minimalist and archaic proposals demotivate and do not generate significant changes in habits for most of the working population, especially from the periphery, which theoretically, more needs policies that promote the relationship between leisure and health. Certain proposals do not think about working mothers who do not have free time to dedicate to leisure.

2) Public policies and leisure time physical activity

#5 Public sports and leisure policies are still limited for the general population.

#8 There is a lack of public policies and government incentives for active leisure.

#12 The constraints to promoting leisure and health as social rights are diverse: social, environmental, and cultural. These factors compromise the practice of leisure activities and are constraints that require effective public policies.

#14 Lack of access to public and private establishments, as well as opportunities for low-income populations. A way to overcome these constraints would be the construction and maintenance of appropriate spaces for the general population to enjoy, as well as the development of public policies to encourage sports practices, physical activities, and cultural activities, among others.

#22 There is an absence of public policies in the periphery and interior cities of the state. This absence causes various social problems in Brazil.

#25 Restricted access to leisure areas for physical activity, especially in poorer neighborhoods, as well as the expansion and maintenance of public squares, bike paths, and improvements in public safety.

#29 [...] the promotion of health, especially through the promotion of physical activity, permeates the relationship between health promotion and leisure in the community and population context. The maintenance, implementation, and promotion of community environments with good structures, aesthetics, appropriate locations, and community programs can favor community participation in activities for community leisure.

#37 [...] it is the lack of guarantee of social rights; the democratization of physical activity would be a great advocacy option among the various levels of health management.

#58 There should be a national effort involving public teaching and research institutions, to develop leisure public policies that would focus on the health of the population.

Discussion

In this section, we aim to engage in a dialogue between Brazilian and international literature, the analysis categories established from the discourse of the participants, documentary analysis, and the theoretical framework adopted. Throughout the section, excerpts from Brazilian national laws and documents, as well as international treaties and guidelines that mention the interface between physical activity, leisure, and health, are highlighted. Finally, we draw on the identification of participants mentioned in the previous section, who present discourses related to the discussion conducted.

Social rights, leisure, and health

In Brazil, this gap in legislation is also identified regarding physical activity as a social right[2]. The Brazilian Federal Constitution[25] recognizes leisure, sports, and health as social rights, similarly, indirectly addressing leisure time physical activity as a social right. Social rights are understood as fundamental rights that aim to promote basic conditions to ensure human dignity, regardless of sexual orientation, gender, ethnicity, religion, economic class, among others[3]. In turn, the Brazilian National Human Development Report[26] highlights that physical and sports activities understood as leisure time physical activity, should be recognized as a right of the people, based on a free and conscious decision, not limited by lack of time, resources, or opportunities.

This document argues that the government adopts public policies consistent with the importance of these practices for human development and emphasizes that the private sector and civil society organizations promote initiatives in the same direction. By public policies, one can understand the measures created by governments to guarantee rights, assistance, or services to the population, ensuring that everyone has access to the rights enacted by laws[27]. These policies also aim to reduce social inequalities existing in a country, being used as a tool for social inclusion.

Regarding leisure time physical activity in an international level, two important documents produced by the World Health Organization point out some guidelines for nations to develop public policies in this area: the "Guidelines for Physical Activity and Sedentary Behavior", and the "Global Action Plan on Physical Activity 2018–2030".[28] Recognizing the importance of this subject, the Brazilian Ministry of Health[29] has developed the document "Public Policies on Physical Activity: Analysis of Governmental Documents on a Global Scale", which through a scoping review (final sample composed of 96 documents from 71 countries) about the policies, plans, and programs for promoting physical activity on a global scale, in low, middle and high-income countries. The document concludes that there is a diversity of structures and contents that make up the analyzed documents, reflecting the autonomy and heterogeneity that each country considers important for the development of these actions, which aim to stimulate and promote the practice of physical activity and health-related care.

In the Brazilian scenario, since the 1970s, different public policies and programs directed at leisure time physical activity have been identified, encouraging, for example, gymnastics practice and sports for all[30]. Over the years, legislations have been created to promote leisure time physical activity, mainly with a focus on health, at the expense of its association as a human right. "The Organic Health Law, No. 8.080 of 1990", updated in 2013[31], recognizes leisure and physical activity as social determinants of health.

The "National Policy on Health Promotion", created in 2006, and updated in 2018[32], has as one of its priority actions the promotion of physical activity as an intervention strategy in primary health care, linked to the Unified Health System. In this sense, in 2011, the Ministry of Health created the "Program Academy of Health" (PAH), which acts as a strategy for health promotion and care production, being implemented in poles that have a specific infrastructure, equipment, and qualified Physical Education professionals who guide the physical exercise classes.

Another important action taken by the Ministry of Health was the publication in 2021 of the "Physical Activity Guide for the Brazilian Population"[33]. This Guide discusses the practice of physical activity in different contexts, groups, and life cycles, and presents recommendations on the quantity, intensity, and examples of different physical activities (aerobic, strength, and flexibility), as well as guidelines on an active lifestyle. The document is divided into eight chapters where specific information and recommendations are presented for children up to 5 years old, children and youth from 5 to 17 years old, adults and the elderly, pregnant and postpartum women, people with disabilities, and for school physical education.

Several participants in this research (#24, #28, #37, #58, #61) have stated that leisure and health are social rights guaranteed by the "Brazilian Federal Constitution"[25] but are still not accessible to everyone. As stated, leisure and health in the international legal field, are also recognized as fundamental human rights. According to Silva[34], fundamental rights are defined as a set of rights and guarantees of the human being, whose main purpose is to respect the dignity, with state protection and the guarantee of minimum conditions for life and human development. This type of right aims to ensure respect for life, freedom, equality, and dignity, for the full development of the potential of the human being.

As examples of international documents that address this issue, it could be mentioned: 1) The "Universal Declaration of Human Rights", published by the United Nations in 1948[3], where Article 24 states that everyone has the right to rest and leisure, especially, to a reasonable limitation of working hours and periodic paid holidays; Article 25 states that everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.

In the Brazilian context, Article 6 of the Federal Constitution[25] states that social rights are education, health, food, work, housing, transportation, leisure, security, social security, protection of motherhood and childhood, and assistance to the needy. Therefore, legally, some guidelines guide governments concerning their duties in the effective realization of fundamental rights and provide all the population with access to a dignified life. However, in the case of emerging countries like Brazil, social inequalities are still striking, creating a social abyss for the realization of these rights.

The "Brazilian Federal Constitution"[25] establishes articles that mention the state's responsibility to promote physical activity indirectly through leisure and sports, or as a means for health. For example, Article 6 recognizes leisure as a social right; Article 217 provides that "[…] the state must promote formal and non-formal sports […]"; in the same article, in § 3, "[…] the public power is responsible for encouraging leisure as a form of social promotion". In turn, Article 227 mentions "[…] that it is the duty of the family, society, and the state to ensure children and adolescents, with absolute priority, the right to life, health, food, education, and leisure [...]".

In addition to the Brazilian Constitution, other federal legislation refers to leisure and health, for example, "Law 8.069/1990"[35] (Statute of the Child and Adolescent); "Law 9.615/1998"[36] (Sports Law); "Law 10.741/2003"(36) (Statute of the Elderly); "Law 8080/1990"[37], regarding the conditions for the promotion, protection, and recovery of health, the organization, and operation of corresponding services.

When analyzing the constitutional right to leisure and health, there is a valorization of these aspects, with the legal support that legitimizes and legalizes its claim. However, this does not guarantee the fulfillment of these rights in terms of effective democratization for all social segments, and, in certain cases, serving, even, meeting the specific interests of certain groups, either economic or social[38].

According to partial data from the 2022 Brazilian Demographic Census, conducted by the Brazilian Institute of Geography and Statistics[39], Brazil has a population of approximately 207 million, distributed in 5.570 municipalities across 26 states and the Federal District, with a territory of 8.515.767 km^2. In terms of economic aspects, the country has 63 million people (29.6%) living in poverty, that is, with less than U$ 92.00 per month[39,40]. Other aspects such as basic sanitation, unemployment, low education, and racial inequality, directly interfere in access to all social rights, and specifically, as addressed in this study, leisure, and health. In comparative terms, the European continent has a territory of 10.530.751 km², with an estimated population of 446.8 million, and in 2021, 95.4 million people in the European Union were at risk of poverty or social exclusion, this equaled 21.7% of this population[41].

In this regard, a population-based study conducted by Uvinha et al.[42] investigated the profile of leisure in Brazil. The authors evaluated the variables, education, income, and social class, and concluded that these variables directly interfere with the amount and diversity of activities performed. People with lower education, and income, and belonging to the poorer social classes, have less free time and opportunities to get involved with leisure activities that promote human development.

Using the same data set of this research, Silva et al.[43] analyzed the perception of Brazilians about the constraints to leisure activities, considering the variables gender and income. The study concluded that having lower income, gender issues, being a woman, and taking care of domestic and family tasks, act as constraints to access leisure activities. These data reflect the socioeconomic, demographic, and regional complexity and the great challenge to be faced by Brazil to alleviate social inequalities and enable the fulfillment of social rights to leisure and health in an equal and democratic manner for everyone.

Social inequalities are highlighted by the following participants of this research: #28 "Multiple factors interfere in access and the relationship between leisure and health as a social right, aspects such as income, culture, and living conditions are some of them. Depending on the personal perception of leisure and health, this perception can occupy two distinct extremes, one as something optional, privilege, or superfluous (leisure); and the other, as something vital (health) [...]"; #58 "[...] factors linked to financial aspects, gender, social class, political and social capital, among others. Overcoming these constraints is linked to greater wealth distribution, the guarantee, and access to social and citizenship rights".

Concerning health, social inequities also interfere in access to quality services for the entire population, although Brazil has the largest public health policy in the world. This policy ensures the principles of universalization, equity, comprehensiveness, decentralization, and popular participation, should ensure access to health actions and services for everyone, regardless of sex, race, occupation, or other social or personal characteristics[44].

However, according to Oliveira et al.[45], due to the different social, cultural, and regional realities found in a country as large as Brazil, some constraints are striking in overcoming these difficulties and providing adequate health care to the entire population. These authors highlight the cost of transportation and the time spent on the journey to health units and specialized centers (it is not uncommon for people to have to travel hundreds of kilometers and spend hours of travel, either by roads or waterways to be attended to); the unavailability of some health services and doctors in various regions of the country; timely sharing of responsibilities and information; a long waiting list for medical care and/or surgical procedures; waiting time incompatible with emergency care, among others.

These constraints become even more severe about access for people with disabilities. Through a scoping review (n = 96), Clemente et al.[46] analyzed the scientific evidence regarding constraints to access for people with disabilities to health services, highlighting the main constraints indicated by users: poor communication between professionals and patients/caregivers; financial limitations; attitudinal/behavioral issues; inadequate service offering; organizational and transportation constraints. In turn, the main constraints presented by health service providers were: lack of training/qualification of professionals; failure of the health system; physical constraints; lack of resources/technology.

In the face of social inequities identified in the Brazilian context, one possibility for overcoming them lies in the effective implementation of leisure education. According to the World Leisure Organization[47], leisure education is a process of teaching and learning that aims to develop skills, competencies, and values related to free time and leisure activities, being seen as one of the main pillars for the sustainable development of societies. This intervention is understood as a strategy to promote socialization, identity formation, and improvement of health, quality of life, and resilience of the population. As a possibility for the development of this strategy, the pedagogical proposal of Brazilian educator Paulo Freire[48] is suggested.

Freire[48] proposes a discussion of education in dialogue with human rights aiming at a human formation that promotes the exercise of citizenship in a critical and meaningful way. According to this author, in social realities like Brazil, where there is still no social justice, equal citizenship, and inherent disrespect for human rights, education would be the means through which it would act in the fight against oppression and discrimination. For Freire[48], education would act as a process of social transformation. Therefore, changes in the educational and social processes are essential to meet the sociocultural demands of each reality.

Freire's conception of the role of education in human rights focuses on empowering individuals to develop their skills, potentialities, and critical consciousness, making them conscious social subjects aware of their rights and social engagement. In this way, according to Freire, the predominant reproductive nature of educational systems imposed by the oppressive/dominant class would be overcome. Freire sees the social subject as an active protagonist who seeks their own emancipation and change in their social condition, rather than as a passive subject oppressed by the oppressor/dominant class seeking to maintain the *status quo*.

Considering these aspects, the discourse of the professional participants in this study aligns with the reality identified by the presented studies, for example,

> #61 Scarce public policies and poorly applied resources have a direct impact on the relationship between the development of possible policies that assert the social right to leisure. Minimalistic and archaic proposals demotivate and do not generate significant changes in habits for the majority of the working population, especially those in the periphery, who theoretically need policies that promote the relationship between leisure and health.

In this sense, it is understood that the professional participants in this study, as opinion leaders, play an important social role in their work environments, whether in the academic environment or various places of work (schools, sports clubs, gymnastics academies, in primary health care, among others), fostering knowledge, partici-

pating in the development of public policies, and intervening with the population to promote actions that aim to make leisure and health a social right. One of the possibilities to promote the interface between leisure and health is through the development of leisure time physical activity[19], for example, by discussing pedagogically an education for leisure based on Freire's proposal, questioning the dominant conception of health promotion.

This narrow conception aims to promote the process of capacitating individuals, families, and communities to increase control over health determinants and act towards improving their quality of life and health. On the other hand, a critical view of health promotion goes beyond simply encouraging a healthy lifestyle and individual responsibility for one's health, but reflects on the need for society and the State to provide dignified living conditions for their population in order to effectively promote health.

Public policies and leisure time physical activity

The development and/or implementation of public policies that ensure access to leisure time physical activity for the population was highlighted by several participants in this research (#5, #8, #12, #14, #22, #25, #29, #37, #58). Lima and D'Acenzi[27] understand public policies as a process in which public action programs are formulated and implemented, coordinated around explicit objectives aimed at social transformation. According to these authors, given the current social complexity, the development and execution of these policies require dialogue and collaboration among different social actors (government, national and international non-governmental organizations, population, and private sector) to create guidelines that address public problems. It should be noted that these policies should be aligned and updated with social changes, not only at the local level, but also at the regional and international level, considering the values, principles, and worldviews of a population.

In practical terms, policies are operationalized at different levels or structures that guide the actions to be developed. Lima and D'Acenzi[27] mention three levels that comprise public policies. At a more general, macro level, there is the public policy plan, which includes the structure of the intervention, its objectives, and the means to achieve them. The second level consists of the development of action programs, which are specific ways of achieving each defined objective. Lastly, at the final level, there are projects, which constitute the smallest unit of action, forming programs, which are the operational part of the process of the developed actions, developing interrelated and coordinated activities aimed at achieving specific objectives within a defined period.

Internationally, some guidelines guide the development of public policies related to sports practice and leisure time physical activity as a means for social and human development. The United Nations recognizes "Sport for Development and Peace"[49], highlighting the positive role that sport and physical activity play in communities and people's lives worldwide. The UNESCO[4] through the "International Charter of Physical Education, Physical Activity and Sport", in its 12 articles, recognizes and encourages signatory nations to make efforts for the development of these activities. In turn, the United Nations through the 2030 Agenda for Sustainable Development[50] proposes 17 goals for global sustainable development. The third goal of this proposal, "Health and Well-being" aim to ensure access to quality health and promote well-being for all, at all ages; therefore, it is related to the promotion of leisure time physical activity.

The World Health Organization in 2020, updates its "Physical Activity and Sedentary Behavior Guidelines"[1], providing public health recommendations based on evidence for children, adolescents, adults, and elderly. This guide addresses the amount of physical activity (frequency, intensity, and duration) needed to offer significant health benefits and mitigate health risks. Other important information presented are the guidelines directed to subpopulations, such as pregnant and postpartum women, and people living with chronic conditions or disabilities.

Previously, in 2018, the World Health Organization released the "Global Action Plan on Physical Activity 2018–2030"[28] to reduce sedentary behavior and promote population health. This document guides how countries can reduce physical inactivity in adults and adolescents by 15% by 2030, and recommends a set of 20 policy areas, which when combined, aim to create more active societies by improving environments and opportunities for people of all ages and abilities to engage in more walking, cycling, sports, active recreation, dance, and games.

Considering the Brazilian reality, in 2006, the Brazilian Ministry of Health launched the "National Policy for Health Promotion"[32], to be developed in conjunction with the actions of the Unified Health System, as a strategy to face the social determinants of health, with the aim of promoting quality of life and reducing vulnerability and health risks. From this proposal, subsequently, different programs for the promotion of leisure time physical activity were created, highlighting, in this study, the PAH, which began in 2011; being considered the largest health promotion program ever implemented in Brazil and probably in the world[51].

One of the main characteristics of PAH is its national territorial coverage, being a point of attention in the Health Networks of the Unified Health System and presents itself as health equipment built with a physical structure, called a pole, that must present adequate infrastructure, equipment, and qualified staff for guidance on healthy lifestyles that enable actions of education, food, and nutritional security. Among the activities developed by PAH, physical activity stands out; control of smoking and alcoholism; practice of the culture of peace and other artistic and cultural practices such as theater, music, painting, and handicraft.

The main objectives of PAH are[52]: To strengthen health promotion as a strategy for health production; develop

health care in the lines of care, to promote comprehensive care; promote practices of health education; promote intersectoral actions with other points of attention of the Health Care Network and other social equipment in the territory; promote convergence of projects or programs in the areas of health, education, culture, social assistance, sports, and leisure.

Additionally, the program as main guidelines aims to[52]: Configure itself as a point of attention of the Health Care Network, complement and enhance the actions of individual and collective care in Basic Care; refer to itself as a health promotion program, prevention and attention of non-communicable diseases; establish itself as a space for production, re-signification, and experience of knowledge favorable to the collective construction of healthy lifestyles.

The PAH aims to serve people over 18 years of age who join the program through the following possibilities[53]: 1) Spontaneous: The individual identifies with the activities and decides to participate; 2) Motivated by the recommendation of a health professional: The health professional knows the Program and recommends the user to participate; 3) Referred by a Primary Care professional: The services and actions developed by the program are recognized as part of the comprehensive care for users. In this case, they also make up the clinical approach of the professionals who refer users to the Program; 4) Directed by professionals from other social facilities or health services: As a result of dissemination and intra and inter-sectoral coordination, other professionals from other social facilities or different levels of health care can coordinate with the center to carry out actions aimed at specific groups (schools, teenage offenders, women in vulnerable situations, users of Psychosocial Care Centers, which can occur through individual or group referrals.

The PAH classes consist of regular physical exercise (three times a week, for 60 minutes), and are guided by Physical Education professionals. Despite the classes being collective (with a maximum of 40 people, depending on the facilities of each center and the characteristics of each class), the professionals create lesson plans with adaptations according to some common characteristics presented by the users. These adaptations consider the type, intensity, volume, or alteration of a particular exercise in the training program, due to some difficulty in its execution, but the replacement of the exercise should contemplate the same muscle group[54].

The classes are divided into two moments[55]: 1) Aerobic activity: Consists of a low intensity walk and/or run in the areas near the center, with a duration of 30 minutes. Each user sets their own pace based on their subjective perception of effort, and the physical evaluation conducted by the Physical Education professional who leads the activities; 2) Collective class: With a duration of 30 minutes, divided into two modalities: 2.1) Resistance exercises (strength and muscular endurance, using free weights, and the body itself) that aim to improve physical fitness related to health; 2.2) Motivational: of aerobic nature (performing choreographed and/or playful activities).

Considering the PAH as a national program, it is understood that the perceptions of the participants in this research are relevant, for example, #5 "Public policies for sports and leisure are still limited for the general population"; #8 "There is a lack of public policies and government incentives for an active leisure"; #22 "There is an absence of public policies in the periphery and cities of the state. This absence causes several social problems existing in Brazil"; #25 "Restricted access to leisure areas for physical activity, especially in poorer neighborhoods, as well as the need for the expansion and maintenance of public squares, bike paths, and improvements in public safety". These findings support the perspective defended by Messing et al.[4], that given the relevance of leisure time physical activity as a derivation of human rights, effective measures should be taken to ensure the enjoyment of this right.

According to Silva et al.[56], the PAH is present in approximately 48% of Brazilian municipalities; by May 2017, 2,678 municipalities were covered with at least one center, with 77% in small towns with less than 30,000 inhabitants. In 2020, 2,164 centers were in operation throughout Brazil[57]. According to data from the Brazilian Ministry of Health[58], in 2021, approximately 152,000 care activities were recorded in the Basic Health Care Information System, specifically at PAH centers, covering a total of 1,739,775 participants. In terms of distribution of participation by state, the locations with the highest records were Minas Gerais, Pernambuco, and Rio Grande do Sul, because they are the states with the largest number of centers accredited to receive federal funding. Another important information provided in this same Ministry of Health report is that most participants in these activities were women, the elderly, and people with non-communicable diseases.

As mentioned, given the territoriality, heterogeneity, and social inequalities that exist in Brazil, as well as considering that the PAH has only been implemented for 11 years in 2022, even with the great challenge to be overcome and the financial limitations for the program's funding, there is progress in its development and in the process of democratizing access to physical activity for the population.

When considering the objectives of this work, conducting analyses regarding the documents from the Ministry of Health related to physical activity, and the perceptions of professionals affiliated with two scientific institutions in Brazil regarding leisure-time physical activity as a social right, alignment can be identified between the discourse of the participants and the analyzed documents regarding the recognition of leisure and health as social rights. However, they emphasized the existence of constraints such as social inequalities for the realization of these rights (existence of various socioeconomic, regional, and cultural realities); the need for the development and/or implementation of public policies that enable the democ-

ratization of access to health, leisure, and leisure time physical activity for the entire population.

Although Brazilian legislation guarantees leisure and health as social rights, and different national policies contemplate actions that encourage promoting the interface between these areas, similarly to international documents, there is no explicit recognition of leisure time physical activity as a human right. In this sense, it is understood that this topic should receive greater attention from government officials, legislators, academics, and the population as a whole, to legally consolidate the practice of leisure time physical activity directly in documents and laws (although it does not guarantee its full implementation), as a human right, considering its cultural, educational, economic, social and public health relevance.

As an example of a successful and expanding federal public policy throughout the national territory, the PAH was presented, which aims to: promote leisure time physical activity; the production of care and healthy lifestyles; the promotion of healthy eating; artistic and cultural practices; and health education, guided by qualified professionals.

The awareness of the theme by the participants of this study demonstrates the importance that these social actors have as opinion leaders and in their professional practices as agents of knowledge production and dissemination, and social transformation, extending beyond their local realities.

This study contributes to the expansion of knowledge involving the interface between leisure and health as social rights in the Brazilian context. However, it presents as limitations the characteristic of presenting an intentional sample (mostly composed of Physical Education professionals, n = 77), composed of professionals belonging only to two specific institutions. For a better understanding and deepening of the investigated theme, it is suggested to conduct new research with professionals beyond these institutions, increasing the size and professional diversity of the participant sample.

Acknowledgments

To the University of the State of Minas Gerais, for granting a productivity scholarship to the first author; to the National Council for Scientific and Technological Development (CNPq/Brazil) for granting a productivity scholarship to the second author. To the Brazilian Association of Research and Graduate Studies in Leisure Studies and to the Brazilian Society of Physical Activity and Health, and their affiliates who participated in the research.

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TJELESNA AKTIVNOST KAO SOCIJALNO PRAVO U OKVIRU SLOBODNOG VREMENA I ZDRAVLJA U BRAZILU

S A Ž E T A K

Tjelesna aktivnost prepoznata je kao važno sredstvo za promociju zdravlja i kvalitete života. Međutim, potrebno je proširiti raspravu o navedenoj praksi kao ljudskom pravu. Cilj ovog istraživanja bio je analizirati percepciju stručnjaka iz dviju znanstvenih ustanova u Brazilu na temu tjelesne aktivnosti u slobodno vrijeme kao socijalnog prava. Provedeno je deskriptivno, dokumentarno, transverzalno istraživanje eksplorativnog tipa, uz korištenje neprobabilističke metode uzorkovanja. Korišten je polustrukturirani upitnik u alatu Google Forms, a za obradu podataka je primijenjena analiza sadržaja. Uzorak se sastojao od 80 ispitanika. Glavni rezultati ističu prepoznavanje slobodnog vremena i zdravlja kao socijalnih prava, ali i prisutnost prepreka, kao što su društvene nejednakosti, u ostvarivanju tih prava. Međutim, prisutni su dokazi o poboljšanjima javnih politika u Brazilu kojima se nastoji demokratizirati tjelesnu aktivnost u slobodno vrijeme kao socijalno pravo.