
PROFILE OF WOMEN ATTENDED BY A POLE OF THE ACADEMIA DA SAÚDE PROGRAM IN SOBRAL, CEARÁ, BRAZIL**PERFIL DAS MULHERES ATENDIDAS POR UM POLO DO PROGRAMA ACADEMIA DA SAÚDE EM SOBRAL, CEARÁ, BRASIL****Joel de Almeida Siqueira Junior¹, Francisco Timbó de Paiva Neto^{1,2}, Antônio Cleilson Nobre Bandeira¹, Kalil Janvion Bezerra Silva¹ and Cassiano Ricardo Rech¹**¹Federal University of Santa Catarina. Florianópolis-SC, Brazil.²Hospital Israelita Albert Einstein. São Paulo-SP, Brazil.**RESUMO**

O objetivo deste estudo foi descrever as características das mulheres atendidas no polo do Programa Academia da Saúde em Sobral, Ceará. Realizou-se um estudo descritivo, de delineamento transversal com 102 participantes do programa. As informações foram obtidas por meio da aplicação de uma ficha de avaliação corporal integrada. Foram coletadas as variáveis de idade, cor da pele, estado civil, situação ocupacional, índice de massa corporal, uso de medicamentos, álcool e tabaco, morbidades e autopercepção corporal através de escala válida. Foi utilizada estatística descritiva (média, desvio padrão, frequência absoluta e relativa) para análise dos dados. Os resultados mostram que o perfil de usuários frequentadores são mulheres de meia idade (47,1%), brancas (56,9%), que vivem com o companheiro (66,7%), possuem alguma morbidade autorreferida (67,6%), desempregadas (37,2%) e com autopercepção corporal negativa (60,8%). As ações desenvolvidas no polo do PAS de Sobral têm assegurado maior participação de mulheres de meia idade, brancas, que vivem com companheiro, possuem alguma morbidade autorreferida, são em maior parte desempregadas e possuem autopercepção corporal negativa. Além disso, as ações têm contemplado uma participação irrisória de homens. Este estudo orienta que ações dos polos do PAS sejam acompanhadas e avaliadas para que gestores possam compreender como reverberam as atividades propostas em relação ao perfil dos usuários, oportunizando também a comparabilidade entre diferentes polos do programa, favorecendo a elaboração de estratégias que apresentem aderência dos usuários às atividades propostas.

Palavras-chave: Programas de saúde. Atenção primária à saúde. Atividade física. Promoção da saúde.**ABSTRACT**

The aim of this study was to describe the characteristics of women attended in the pole of the Academia da Saúde Program in Sobral, Ceará. A descriptive, cross-sectional study was carried out with 102 program participants. The information was obtained through the application of an integrated body assessment form. The following variables were collected: age, skin color, marital status, occupational status, body mass index, use of medicines, alcohol and tobacco use, morbidities and body self-perception through a valid scale. Descriptive statistics (mean, standard deviation, absolute and relative frequency) were used for data analysis. The results show that the profile of users who visit are middle-aged women (47.1%), white (56.9%), who live with their partners (66.7%), have some self-reported morbidity (67.6%), unemployed (37.2%) and with negative body self-perception (60.8%). The actions developed at the PAS of Sobral have ensured greater participation of middle-aged, white women, who live with a partner, have some self-reported morbidity, are mostly unemployed and have negative body self-perception. In addition, the actions have included a negligible participation of men. This study guides the actions of the PAS hubs to be monitored and evaluated so that managers can understand how the proposed activities reverberate in relation to the users' profile, also enabling the comparability between different hubs of the program, favoring the development of strategies that present user adherence proposed activities.

Keywords: Health programs. Primary health care. Physical activity. Health promotion.**Introduction**

In Brazil, the National Health Promotion Policy (NHPP) was an important milestone for the Unified Health System (SUS), to promote equity, improve conditions and ways of living, expand potential for individual and collective health and reduce vulnerabilities and health risks¹. In this context, social, economic, political, cultural and environmental determinants are able to subsidize comprehensive care for users in the scope of Primary Health Care (PHC), which is fundamental for the protection and control of the risks of Chronic Non-Communicable Diseases (NCDs) in the population².

Therefore, physical activity has incorporated the strategies of the NHPP, in order to offer physical activity and body practices such as walking, exercise prescription, recreational, sports and leisure practices, in the basic health system, aimed at the PHC scenario³. The realization of long-term sustainable actions, dialogues with the needs of the population assisted and the deepening of cultural and demographic characteristics enhance the regular practice of physical activity in the community context⁴.

Aiming at strengthening NHPP actions and expanding its scope of offer, the Academia da Saúde Program (ASP) was created in 2011 through Ordinance No. 719, in order to contribute to the promotion of the population's health, aiming at the implantation of centers with infrastructure, equipment and qualified human resources to guide physical activity and body and leisure practices⁵. It also aims to support actions to promote the health of the population through the use of a transversal and holistic basis. After its redefinition, the ASP becomes a strategic point in the Health Care Network (HCN), in order to strengthen SUS principles and guidelines such as universality, integrality and equity, establishing links and co-responsibility between the local community and services⁶.

Regarding the operationalization of the program, physical activity groups in PHC have been constituted as spaces to encourage an active lifestyle, healthy eating habits, in addition to collaborating for body self-perception and the users' health and disease process inhabitants in municipalities with wide coverage of PHC⁷. Although body self-perception is a determinant for the use of health services⁸ there are still few studies involving middle-aged women compared to the elderly⁹.

The social impact of ASP invariably goes through socioeconomic inequities, resulting in expressive participation by women, characterizing the profile of participants. Access to physical activity and free program promote the participation and adherence to ASP¹. Therefore, knowing the profile of the users of the Academia da Saúde Program is essential for us to have an idea of the scope of the actions proposed by the program, in addition to identifying what are the priorities for opening new groups that may not be being served by the pole.

Therefore, the objective of the study was to describe the characteristics of women attended in the pole of the Academia da Saúde Program in Sobral, Ceará.

Methods

Study design and location

This is a descriptive, cross-sectional study carried out in 2017, at a center of the Academia da Saúde Program, in Sobral, in the state of Ceará. The estimated population of inhabitants of the city is 214.875, being a reference for the provision of health services for the Northern Macro-region of Health¹⁰. Its Human Development Index (0.714) attributes the 2nd place of high development in the ranking of the state, however below the national average which is 0.761¹¹. The Primary Health Care Network (PHC) has 98% coverage through the Family Health Strategy and is considered a reference in health in Brazil¹². The municipality has a single ASP pole with an expanded modality, managed by a physical education professional with an employment contract by appointment. Activities such as bodily practices and physical activities, health education, promotion of healthy eating, prevention of violence and a culture of peace, artistic and cultural practices are developed in this ASP pole.

Population and Sample

The study population was composed of all users participating in ASP activities in 2017. The final sample of the study was composed of users who agreed to participate in the study by

giving in to the data collected in the evaluations during the year. Of the 196 users who frequent the pole in 2017, 102 (52.4%) agreed to participate in the study, 32 (16.3%) refused to participate for not being available for evaluation, 45 (22.9%) did not attend ASP activities anymore and 17 (8.7%) had not yet carried out an integrated body assessment, not showing the possibility of composing the study. To define the sampling of this research, active participation in activities in the ASP was used as an inclusion criterion, at least twice a week. Then, the study proposal was disseminated through a printed poster and later the verbal invitation to participate. The study participants were approached at the end of their activities in the space and invited to answer a questionnaire with the presence of the resident physical education professional.

Data collect

To evaluate the study variables, the users' medical records were analyzed through the integrated body assessment form, which makes up the chart of activities offered by the ASP center in the city. The variables of age (years), skin color, marital status, occupational status were collected. Age was categorized into age groups (young adult - 18 to 39 years old; middle age - 40 to 59 years old; elderly - 60 years old or more). For skin color, the IBGE criteria were used for self-report of skin color in white, black, brown, yellow and indigenous¹¹. For the analysis of skin color, it was grouped into white, black and brown. The civil situation was assessed using the question "what is your marital status?" and categorized in with partner; without a partner. To assess the current occupational situation, users were asked about their occupation at the moment, and the answers were categorized into retirees, unemployed, students, with formal employment, with informal employment. Formal employment was considered as those who had a working day in accordance with the Consolidations of Labor Laws and informal for those who do not have social protection and without labor rights¹¹.

Variables

The body mass index was calculated from the measures of body mass (kg) and height (m) measured in the integrated body assessment. Afterwards, the nutritional status was categorized as "normal" BMI between 18.5 to 24.9; overweight - BMI between 25 and 29.9; obesity - BMI ≥ 30 ¹³. The presence of morbidities was self-reported and classified as (none; one; two; three or more morbidities). Use of medication (yes; no), use of alcohol (yes; no), use of tobacco (yes; no)¹⁴. Regarding body self-perception (positive; negative) collected through guiding questions present in the collection instrument. Stunkard's body image satisfaction scale, validated in Brazil, was used as a reference¹⁵.

All participants were volunteers and the study procedures were approved by the Research Ethics Committee of the State University Vale do Acaraú (opinion 1,893,360) and with the approval of the Scientific Committee of the Sobral Health Department.

Statistical analysis

For data analysis, initially, they were inserted in a spreadsheet in the Microsoft Excel 2016[®] program and later, imported into the statistical software IBM SPSS[®] version 23.0 to perform the analyzes. Descriptive statistics (mean, standard deviation, absolute and relative frequency) with 95% confidence interval ($p < 0.05$) were used for analysis and presentation of the study results.

Results

102 women participated in the study, between 18 and 81 years old, with an average age of 47.6 years (SD = 14.6 years). Table 1 shows the demographic and health characteristics of the sample. It was observed that most participants were between 40 and 59 years old (47.1%), white-skinned (56.9%), with a partner (66.7%), obese (39.2%), who reported having at least one morbidity (67.6%), who regularly use some medication (56.9%), who do not use alcohol (84.3%) and who do not smoke (94.1 %).

Table 1. Sociodemographic characteristics and health conditions of users of the Academia da Saúde Program. Sobral, Ceará, 2017

Variables	(n = 102)	
	n	% (IC95%)
Age group (years)		
18 a 39	28	27.4 (19.6-37.1)
40 a 59	48	47.1 (37.4-56.9)
60 or more	26	25.5 (17.8-35.0)
Skin color		
White	58	56.9 (48.6-63.7)
Brown	16	15.7 (10.1-21.2)
Black	28	27.4 (19.3-34.9)
Marital status		
With a partner	68	66.7 (51.2-71.8)
Without a partner	34	33.3 (20.0-39.2)
Nutritional status^a		
Eutrophic	24	21.6 (14.8-31.3)
Overweight	38	37.3 (28.8-48.0)
Obese	40	39.2 (30.7-50.0)
Morbidities^b		
None	33	32.4 (23.8-42.2)
One	31	30.4 (22.1-40.1)
Two	29	28.4 (20.4-38.1)
Three or more	9	8.8 (1.3-15.1)
Use of medicines^c		
No	44	43.1 (32.6-50.7)
Yes	58	56.9 (45.4-63.9)
Use of alcohol^d		
No	86	84.3 (72.1-91.1)
Yes	16	15.7 (8.8-24.2)
Use of Tobacco^e		
No	96	94.1 (90.6-97.8)
Yes	6	5.9 (3.3-8.9)

Notes: ^a Based on the World Health Organization cutoff points. ^b Individuals who self-reported having one, two, three or more morbidities or who have none. ^c Individuals who answered “yes” when asked about the constant use of any medication. ^d Individuals who answered “yes” when asked about regular alcohol consumption (more than three days / week). ^e Individuals who answered “yes” when asked about tobacco consumption

Source: authors

In relation to the profile of pole users, it was observed that among the most reported morbidities, hypertension (46.1%), diabetes (35.3%) and obesity (40.2%) stand out - Figure 1.

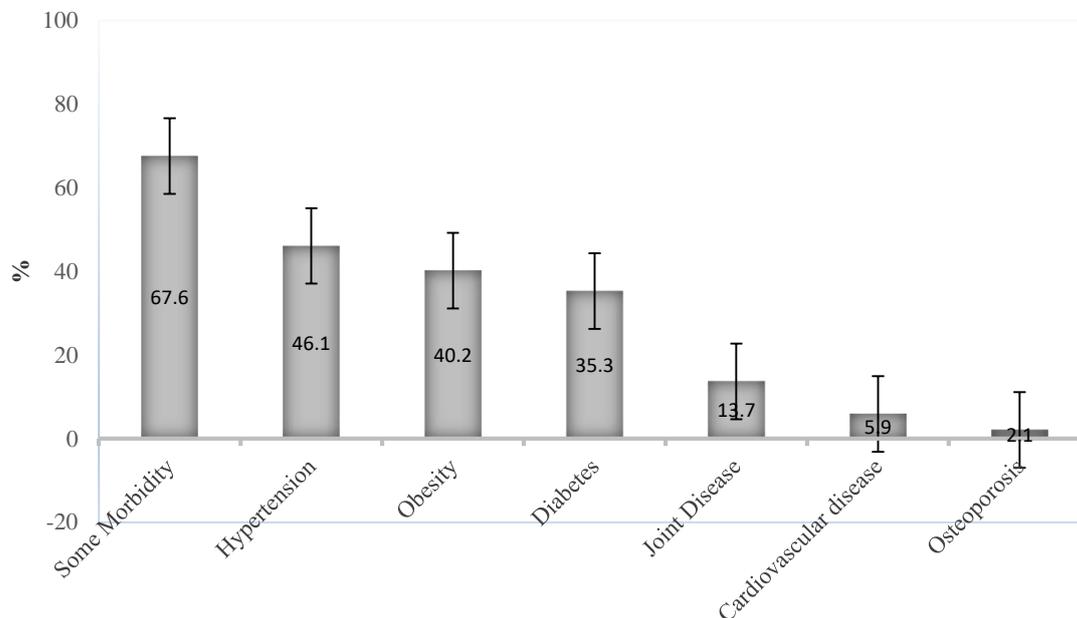


Figure 1. Self-reported morbidity profile of women users of the Academia da Saúde Program (n= 102). Sobral, Ceará, 2017

Source: Authors

In addition, it was observed that 60.8% of users reported a negative perception in relation to their body weight, 56.9% were dissatisfied with their body and 52.9% negatively perceived their health (Figure 2).

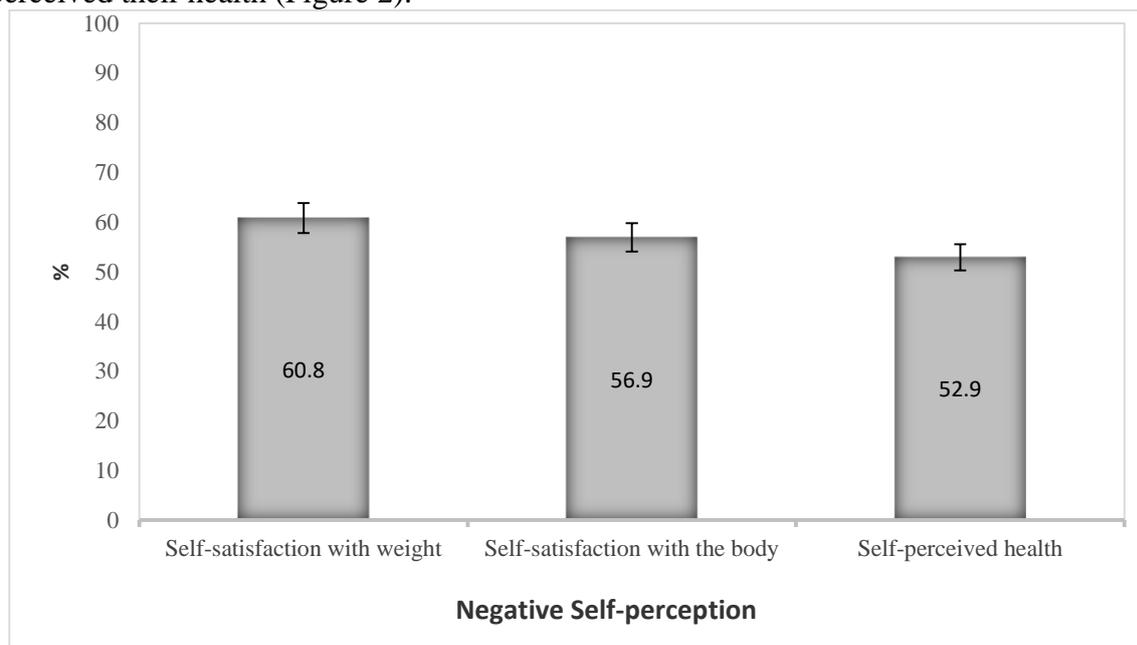


Figure 2. Body satisfaction of women users of the Academia da Saúde Program (n = 102). Sobral, Ceará, 2017

Finally, with regard to the occupation of study participants, most reported being unemployed (37.2%) or in informal employment (19.6%), while only 21.5% reported having formal employment (Figure 3).

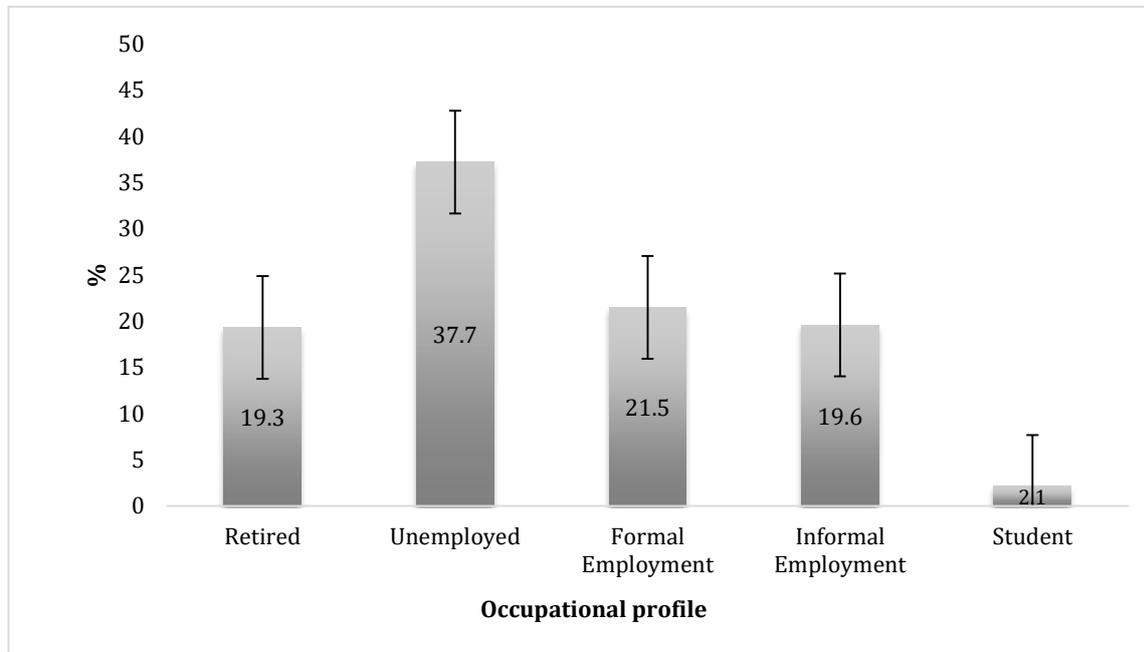


Figure 3. Occupational profile of women users of the Academia da Saúde Program (n = 102). Sobral, Ceará, 2017

Source: Authors

Discussion

The results of the study show that the profile of users who frequent the pole of the Academia da Saúde Program in Sobral is made up of middle-aged, white women, who live with a partner, have some self-reported morbidity, are mostly unemployed and have negative body self-perception. These observations are important to identify the scope of ASP actions in the municipality, as this is the only pole in the region. It is generally observed that black / brown women, men and those in formal employment are not part of the scope of the analyzed ASP actions.

There was a predominance of women in the actions of the investigated pole. A study that investigated gender issues as an influence on the practice of physical activity showed that the proportion of men who work outside the home is higher than women and this affects the non-performance because these activities are offered during business hours¹⁶. The participation of men at all levels of health care is lower compared to women, in addition to the lack of time, it is evident the lack of knowledge of the services offered, which are less encouraged to seek health care services including physical activity programs¹⁷. Thus, it is understood that PHC managers and professionals should be trained to better understand the National Policy for Comprehensive Care for Men's Health¹⁸ and through the reorganization of work processes they can encourage actions to encourage the participation of men in physical activity programs or the creation of specific spaces for this public¹⁷.

In this study, the black and brown population has a lower quantity compared to white. We emphasize that studies carried out in Brazil show the relationship between physical activity and the adult population of black and brown ethnicity, showing the lower prevalence of food consumption and regular physical activity in work activities.¹⁹ In a study that aimed to analyze the sociodemographic factors associated with the domains of physical activity for this population segment, discrimination and lack of security in the occupation of public spaces are still barriers to access physical leisure activities²⁰. Thus, it is important to emphasize that racial inequality presents itself as a social determinant, and a reason for raising awareness among health managers in implementing policies to promote physical activities that encompass all ethnic and racial groups.

It was observed that most women who attended the ASP self-reported some morbidity, with emphasis on hypertension, diabetes and obesity. This result corroborates with other studies that show that, in general, adults who seek physical activity programs are in their largest proportion those who have some morbidity, especially in search of the benefits of this practice in the prevention and / or treatment of this condition²¹. According to data from VIGITEL, the frequency of medical diagnosis for hypertension and diabetes is higher in middle-aged and elderly women, with less education, when compared to men¹⁴. The fact that the first assistance to users affected by these morbidities is mostly performed in Health Centers, reaffirming PHC as the ordering of care, can guarantee users the effectiveness of referring these people with morbidities to the activities carried out in the poles of the ASP, which can achieve results such as reducing the aggravation of their chronic conditions and complications to improve quality of life²².

Another result of the study was that among the participants, 76.1% have no formal employment relationship. Income is preponderant in face of health inequities when linked to quality of life and demonstrates relevance for living conditions in cities²³. A study that compared the occupational situation between women and men showed that there is a greater tendency towards unemployment, lower quality occupations and informal employment by women. This study also states that women take on domestic work shifts making access to leisure difficult²⁴. Through the barrier of access to physical activity programs, changes in activity schedules and greater encouragement for social support in the neighborhood may show greater participation by this public in ASP activities²⁵.

The study also shows that most users have negative self-perception with their bodies. In a study that compared the body image of adult, middle-aged and elderly women practicing and not practicing water aerobics, it was seen that the groups showed a significant difference in the current and desired body image and that the systematic practice of physical activity can decrease the negative self-satisfaction of body image²⁶. These results reinforce the importance of involvement in physical activity programs to improve quality of life, change in body perception, self-esteem and social life²⁷.

The ASP presents a heterogeneity in its participating public and one of the challenges of the program is the systematization and operationalization of proposals considering the different aspects of its regulars²⁸. Thus, activities could be designed for different life cycles regardless of their health conditions through the provision of permanent education for professionals⁷. By offering a systematic routine of physical activities, combined with spaces for health education, the ASP could become promising by promoting the co-responsibility of the user in his health-disease process and the reduction of problems related to the chronic health conditions installed. Regarding the execution of activities, maintenance and autonomy, municipal managers present barriers that compromise the continuity of actions. For its operationalization, material conditions, installations and equipment are necessary for the execution of the program's actions²⁹. Overcoming these barriers, it is possible to minimize

the difficulties of integration with other services, reinforcing comprehensiveness and increasing the offer of activities³⁰.

The analysis of the study results needs to consider some limitations. The absence of a measure of the participants' income is a limitation, as it is an important indicator for studies involving health programs due to the investigated causality between health and income variables. Furthermore, the absence of a multivariate analysis is also a limitation of the study due to the impossibility of analyzing aspects such as a multivariate data. The use of self-reported measures to identify morbidities may not reflect prevalences when diagnostic methods are employed. However, this method is widely used in epidemiological surveys. The data analyzed are from only one pole and do not represent the implementation of actions in other locations in the country, however, the ASP investigated is in a PHC with 98% coverage, where it presents the importance of highlighting aspects of a physical activity program in a favorable PHC coverage context. Another point of emphasis refers to the importance of analyzing the scope of ASP actions so that they can be resized in view of local needs and the population's epidemiological profile.

Conclusion

It is suggested that the pole's actions be constantly evaluated so that managers can investigate the scope of the actions in relation to the users' profile and, thus, strengthen the implementation of the National Health Promotion Policy through the operationalization of the ASP.

References

1. Malta DC, Mielke GI, Costa, NCP. Pesquisas de Avaliação do Programa Academia da Saúde. Florianópolis-SC: Sociedade Brasileira de Atividade Física e Saúde; 2020.
2. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Programa Academia da Saúde: caderno técnico de apoio a implantação e implementação/ Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brasília: Ministério da Saúde, 2018[cited 19 Nov 2021]. 220 p. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/programa_academia_saude_implantacao_implimentacao.pdf
3. Brasil, Ministério da Saúde. Política Nacional de Promoção da Saúde: PNPS. Ministério da Saúde [Internet]; 2014[cited 19 Nov 2021];32. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt2446_11_11_2014.html
4. Ferreira RW, Caputo EL, Häfele CA, Jerônimo SJ, Florindo AA, Knuth AG, et al. Access to public physical activity programs in Brazil: National Health Survey, 2013. *Cad Saúde Pública* 2019;35(2). Doi: <https://doi.org/10.1590/0102311x00008618>
5. Brasil, Ministério da Saúde. Portaria Nº 2.681, de 7 de Novembro de 2013. Redefine o Programa Academia da Saúde no âmbito do Sistema Único de Saúde (SUS). Ministério da Saúde Brasília; 2013[cited 19 Nov 2021] p. 5. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2013/prt2681_07_11_2013.html
6. Sá GBAR, Dornelles GC, Cruz KG, Amorim RCA, Andrade SSCA, Oliveira TP, et al. The Academia da Saúde Program as a strategy to promote health and healthy lifestyle: National implementation scenario. *Cienc Saúde Coletiva* 2016;21(6):1849–60. Doi: <https://doi.org/10.1590/1413-81232015216.09562016>
7. Change S, Coelho CS, Inez M, Verdi M. Physical activity policies and programs: a critique in the light of health promotion. *Saúde Transform Soc* 2015[cited 2021 Nov 19];6(3):96–108. Available from: <http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/3556>
8. Almeida-Brasil CC, Silveira MR, Silva KR, Lima MG, Faria CDCM, Cardoso CL, et al. Quality of live and associated characteristics: Application to WHOQOL-BREF in the context of Primary Health Care. *Cienc Saúde Coletiva* 2017;22(5):1705–16. Doi: <https://doi.org/10.1590/1413-81232017225.20362015>
9. Lindemann IL, Reis NR, Mintem GC, Mendoza-Sassi RA. Self-perceived health among adult and elderly users of primary health care. *Cienc Saude Coletiva* 2019;24(1):45–52. Doi: <https://doi.org/10.1590/1413-81232018241.34932016>
10. Brasil; Ministério da Saúde. Relatório Anual de Gestão (RAG) 2016. Brasília; 2016[cited 19 Nov 2021]. Available from: http://conselho.saude.gov.br/images/comissoes/cofin/rag/RAG_2016_Final_MS.pdf

11. Brasil. Censo Demográfico 2010 [cited 19 Nov 2021]. Características da População e dos Domicílios. Inst Bras Geogr e Estatística. 2010;48. Available from: https://biblioteca.ibge.gov.br/visualizacao/periodicos/93/cd_2010_caracteristicas_populacao_domicilios.pdf
12. Ribeiro A, Cavalcante P, Suelen A, Albuquerque N, Alverne IM, Vasconcelos O, et al. Vivências e Estágios na Realidade do Sistema Único de Saúde (VER-SUS) como agente promotor de mudanças na formação de graduação e nas práticas profissionais. *Saúde Transform Soc* 2016;7(1):109–19.
13. World Health Organization (WHO). Obesity: preventing and managing the global epidemic. Geneva: WHO; 2000. Disponível em: <https://apps.who.int/iris/handle/10665/63854>
14. Brasil; Ministério da Saúde. Vigitel Brasil 2018: Vigilância de fatores de risco e proteção para doenças crônicas por inquerito telefônico [Internet]. G. Estatística e Informação em Saúde. Brasília; 2018[cited 19 Nov 2021]. 131 p. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/vigitel_brasil_2011_fatores_risco_doencas_cronicas.pdf
15. Ferreira AA, Menezes MFG, Tavares EL, Nunes NC, Souza FP, Albuquerque NAF, et al. Nutritional status and self-perception of body image of elderly woman from an Open University of the Elderly. *Rev Bras Geriatr Gerontol* 2014;17(2):289–301. Doi: <https://doi.org/10.1590/S1809-98232014000200007>
16. Loch MR, Teixeira DDEC, Rodrigues CG. And the man? And those who live far away? And the younger? ...? Profile of users of Londrina Health programs. *Rev Bras Ciênc Esporte* 2013;35(4):947–61. Doi: <https://doi.org/10.1590/S0101-32892013000400010>
17. Paiva Neto FT, Sandreschi PF, Dias MSA, Loch MR. Difficulties of male self-care: speeches by men participating in a health education group. *Salud Colect* 2020;16. Doi: <https://doi.org/10.18294/sc.2020.2250>
18. Brasil; Ministério da Saúde. Política Nacional de Atenção Integral à Saúde do Homem : princípios e diretrizes. Ministério da Saúde Brasília; 2009[cited 19 Nov 2021], p. 94. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_homem.pdf
19. Malta DC, Moura L, Bernal RTI. Differentials in risk factors for chronic non-communicable diseases from the race/color standpoint. *Cienc Saude Coletiva* 2015;20(3):713–26. Doi: <https://doi.org/10.1590/1413-81232015203.16182014>
20. Pitanga FIG, Lessa I, Barbosa PJB, Barbosa SJO, Costa MC, Lopes AS. Sociodemographic factors associated with different domains of physical activity in black adults. *Rev bras epidemiol* 2012;15(2):363–75. Doi: <https://doi.org/10.1590/s1415-790x2012000200014>
21. Gonçalves MP, Alchieri JC. Motivation to practicing physical activities: a study with non-athlete practitioners. *Psico-USF* 2010;15(1):125–34. Doi: <https://doi.org/10.1590/S1413-82712010000100013>
22. Tamaki EM, Tanaka OY, Felisberto E, Alves CKA, Junior MD, Bezerra LCA. Methodology for building a panel of indicators for monitoring and evaluating SUS management. *Cien Saude Colet*. 2012;17(4):839–49. Doi: <https://doi.org/10.1590/s1413-81232012000400007>
23. Costa JO. Health profile, nutritional status and level of knowledge in nutrition of users of the Academia da Cidade - Aracaju, Se. *Rev Bras Ativ Fis e Saúde* 2012;17(2):93–9. Doi: <https://doi.org/10.12820/rbafs.v.17n2p93-99>
24. Souza BC, Roazzi A. Income inequality between men and womem: a broader view including choices, satisfaction and perception of ability. *Rev Educamazonia* 2020[cited 19 Nov 2021]; 24(1):287–313. Available from: <https://periodicos.ufam.edu.br/index.php/educamazonia/article/view/7679>
25. Fernandes AP, Andrade ACDS, Costa DADS, Dias MADs, Malta DC, Caiaffa WT. Health academies program and the promotion of physical activity in the city: The experience of Belo Horizonte, MG, Brazil. *Cienc Saude Coletiva* 2017;22(12):3903–14. Doi: <https://doi.org/10.1590/1413-812320172212.25282017>
26. Souto SVD, Novaes JS, Monteiro MD, Neto GR, Carvalho MIM, Coelho E. Body image in adult vs. middle-aged and elderly women practitioners and non-practitioners of hydro gymnastics. *Motricidade* 2016;12(1):53–9. Doi: <https://doi.org/10.6063/motricidade.5000>
27. Monteiro GN, Silva SR, Mazzardo T, Araújo ND, Aburachid LMC. Level of (in) body satisfaction in women practicing circuit training. *Pensar Prá* 2018;21(1):41–52. Doi: <https://doi.org/10.5216/rpp.v21i1.42612>
28. Silva KN, Serafim AS, Rodrigues LDS, Oliveira JL, Rodrigues G, Cavalcante EGR, et al. Self-reported morbidities by users of physical activity community spaces. *Av Enferm* 2020;38(2):182–90. Doi: <https://doi.org/10.15446/av.enferm.v38n2.82514>
29. Paiva Neto FT, Mazo GZ, Sandreschi PF, Petreça DR, Rech CR. Barriers to implementation of Academia da Saúde program in Santa Catarina. *J Phys Educ*. 2019;30(1):1–10. Doi: <https://doi.org/10.4025/jphyseduc.v30i1.3046>
30. Mota PHS, Viana ALD, Bousquat A. Federative relations in the Academia da Saúde study of two São Paulo municipalities. *Saúde Debate*. 2016;40(108):64–73. Doi: <https://doi.org/10.1590/0103-1104-20161080005>

Acknowledgements: To the support from the Coordination for the Improvement of Higher Education Personnel - Brazil (CAPES) by means of granted masters, doctoral scholarships.

ORCID number:

Joel de Almeida Siqueira Junior: <https://orcid.org/0000-0002-2368-0446>

Francisco Timbó de Paiva Neto: <https://orcid.org/0000-0002-5477-3645>

Antônio Cleilson Nobre Bandeira: <https://orcid.org/0000-0002-0314-1146>

Kalil Janvion Bezerra Silva: <https://orcid.org/0000-0003-0592-8097>

Cassiano Ricardo Rech: <https://orcid.org/0000-0002-9647-3448>

Received on Oct,13, 2020.

Reviewed on Jun, 18, 2021.

Accepted on Sep, 12, 2021.

Correspondence address: Joel de Almeida Siqueira Junior. Campus Universitário Reitor João David Ferreira Lima. Prédio Administrativo, Centro de Desportos, sala 200 - 2º andar, Trindade, Florianópolis, Santa Catarina, CEP: 88040-900. E-mail: joelalmeida.ef@gmail.com