

**Physical education and health: the understanding of teachers
and school managers^{1 2 3}**

*Educação física e saúde: a compreensão de professores e gestores
escolares*

*Educación física y salud: la comprensión de los profesores y
administradores escolares*

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Abstract

The aim was to analyze the understanding of health and its relation with physical education from the perspective of teachers and managers of a public school of the state of São Paulo. It is a descriptive research, with a qualitative approach. Eleven teachers two coordinators were volunteers. Data were produced using semi-structured interviews and data analysis by non-aprioristic categories. Health was understood, mainly, based on the perspective of well-being and self-care, as well as the realization of body practices and body care as a link between physical education and health in the school context. Thus, physical education has a promising path to meet the critical pedagogies regarding the approach to health, especially in the confrontation with the active lifestyle.

Keywords: Education, Elementary School, Body Culture, Health Promotion

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Resumo

O objetivo do estudo consistiu em analisar a compreensão de saúde e sua relação com a educação física na ótica de professores e gestores de uma escola da rede pública do estado de São Paulo. É uma pesquisa descritiva de abordagem qualitativa, que contou com a participação de 11 professores e duas coordenadoras. A produção dos dados se deu por meio de entrevista semiestruturada e análise de dados por categorias não apriorísticas. A saúde foi compreendida, majoritariamente, na perspectiva do bem-estar e cuidado de si, bem como a realização de práticas corporais e os cuidados com o corpo se traduziu como elo entre a educação física e saúde na escola. Conclui-se que a educação física possui promissor caminho a trilhar ao encontro das pedagogias críticas quanto à abordagem da saúde, principalmente no confronto ao estilo de vida ativo.

Palavra-chave: Educação, Ensino Fundamental, Cultura Corporal, Promoção da Saúde

Resumen

El objetivo es analizar la comprensión de la salud y su relación con la educación física desde la perspectiva de los docentes y directivos de una escuela pública del Estado de São Paulo. Para ello se entrevistó a 11 docentes y dos directivos, y se analizó el contenido por categorías no apriorísticas. Como resultado, la salud se entendió principalmente desde la perspectiva del bienestar y cuidado de sí, así como la realización de prácticas corporales y cuidados con el cuerpo como vínculo entre la educación física y la salud en el contexto escolar. Se concluye que la educación tiene un camino prometedor a seguir en la dirección de las pedagogías críticas en el abordaje de la salud, especialmente en el enfrentamiento al estilo de vida activo.

Palabras clave: Educación, Enseñanza Primaria, Cultura corporal, Promoción de la salud

Introduction

Bracht (2013) and Rufino and Darido (2013) indicate that Physical Education (PE) has always approached health. Until the 1980s, PE has aimed to fitness and movement, using gymnastic methods and sport, acting on the health of students in an instrumental perspective (Paiva, Oliveira, Tenório, Melo, & Souza Júnior, 2017). In our study, we conceived it as a traditional PE model.

This perspective has made PE an instrument to achieve health or avoid diseases, based on a discourse of an “active body,” which was, and still is, widely disseminated. In this line, PE shows to be aligned with the understanding of health defined by the World Health Organization (WHO), which is conceived as complete physical, mental and social well-being. Thus, the biophysical situation of people is prioritized, which we conceive as a restricted conception of health.

Based on this perspective, Bracht (2013) analyzes that PE is considered an arm of the medical institution, acting by means of physical exercises. For Rigo, Pardo and Silveira (2007) this understanding eventually divided society and schools among healthy and sick individuals, more and less skilled, potentiating the exclusion of students. This perspective of PE suffered alterations and changes due to the expansion of knowledge of human and social sciences, especially those that address health, because its restricted conception proved to lack complementation, considering the factors that affected it (Paiva, Oliveira, Tenório, Melo, & Souza Júnior, 2017).

To this end, the adoption of an expanded concept of health, present in the Brazilian scenario due to the VIII National Health Conference (Brasil, 1986), brought new perspectives. Based on this concept, health began to be considered as a result of people’s living conditions, with food, housing, income, environment, work, transportation, employment, leisure, freedom, access and ownership of land and access to health services as determinants. In Palma, Estevão, and Bagrichevsky’s (2003) understanding, it is an individual’s experimentation in his relationship with society.

This conception was incorporated by the National Curriculum Parameters (PCN) (Brasil, 1998; 2000) and, recently, by the National Common Curriculum Base (BNCC) (Brasil, 2017). A relevant issue in these and other documents is that health should be the object of work of all school agents. However, when normative proposals are analyzed based on collective health (Westphal, 2013), they show that they are still in a behavioral line, which, aligned with the natural sciences, excels in the adoption of healthy lifestyles.

Regarding PE, Devide (2002, p. 78) states that it has a role to play because “. . . if we want our intervention to be successful, we teachers must offer what will certainly improve the quality of our recipients’ lives.” For Gouvêa and Silva (2019), PE cannot be limited to encouraging the practice of physical activities; it should also critically and reflexively approach issues of access to leisure equipment and basic health care, dialoguing with the benefits of these habits.

Oliveira, Martins, and Bracht (2015a) emphasizes that, by using the discourse of physical activity as a means for an active or healthy life, besides contributing to the reinforcement of the conception that the systematization of body movement is a means for a given purpose, it serves as a market reinforcement of health, directly or indirectly. In the same line, there is a demand in contemporary society that directs the focus to create a consumer relationship. In this sense, Westphal (2013) draws attention to the issue of induction existing in society, because the media ends up stimulating free choice based on market logic, eventually imposing healthy lifestyles.

However, for Oliveira, Martins, and Bracht (2015a), the development of the expanded conception of health faces some problems within a school unit, such as the resistance of the teaching staff to adhere to new practices. According to the authors, when we launch a pedagogical look at health promotion, it becomes the responsibility and duty of all the actors of the school, especially teachers and the school community.

By directing a look at health actions, both Oliveira, Martins, and Bracht (2015a) and Lopes, Nogueira and Rocha (2018), verified the need for training actions and specific training of school agents to work with this theme. According to Bagnara and Fensterseifer (2019), PE teachers end up inserting themselves in teaching without knowing the intentions of the curricular component, thus showing the relevance of conducting studies on the theme, allowing the propagation and dissemination of an expanded view of health.

Our study aimed to analyze the understanding of health and its relation with PE from the perspective of teachers and managers of a public school of the State Education System of the state of São Paulo (REESP).

This manuscript is part of the results of the Masters' Thesis defended in 2020, which also aimed to understand the approach to health in PE classes. However, due to the limits imposed by an article, we adapted the text to a smaller scope.

Methods

This is a descriptive research, which, according to Thomas, Nelson, and Silverman (2012, p.293), is "... a study of status." It adopts the qualitative approach described by Minayo (1994), which tackles specific questions and is concerned about a level of reality that cannot be quantified.

This study was approved by the Research Ethics Committee of Universidade Federal de São Paulo (CAAE n. 97895018.0.0000.5505) and all subjects signed an informed consent form.

The research had the participation of 13 volunteers, observing the following inclusion criteria: being a full-time professional of the REESP for at least one year and working in the school unit surveyed for at least one year. The participant that provided insufficient data for data analysis would be excluded, which did not occur. To collect multiple perspectives on the research theme, at least one teacher from each area of knowledge was sought, as well as the PE teacher and school manager.

The choose of volunteers was mediated by the pedagogical coordinator during the collective pedagogical planning. The professionals were approached individually to not compromise the school activities. The school unit chosen is located in the municipality of Santos/SP, where middle school (6th to 9th year) was available. According to the last Basic Education Census, elementary and middle school in Brazil covers 62.6% of registered teachers

and the public System is the most comprehensive, approximately 77% of Brazilian schools (Brasil, 2020).

For data collection, the semi-structured interview was performed, which is one of the main ways for data collection for Triviños (2008), valuing the presence of the researcher and allowing the participant the freedom to expose their ideas, thus making the research richer in detail. The interview script was based on: a) understanding the definition of health; b) relation between PE and health; c) health contents relevant to PE and its thematization; d) systematization of health in the PE. To this manuscript, only “a” and “b” questions were analyzed.

Data were collected between March and May 2019, and the school unit was visited 10 times during this period. The interviews were conducted in a reserved and private place in the school: management rooms, pedagogical coordination and/or the teachers’ room, being present only the researcher and the teacher. With the consent of the teachers, the interviews were recorded and later transcribed to an electronic file for analysis.

Data analysis was based on content analysis of the interviewees’ statements, considering the phases described in Campos (2004, p. 614): pre-exploration, which consists of apprehending the important aspects of the material through exhaustive reading; selection of units of analysis through clippings of sentences and/or transcription of paragraphs related to the objective of the study, and; categorization, which are “. . . large statements that cover a variable number of themes . . . that meet the objectives of the study . . .”. We used the non-aprioristic categorization, which is formed based on the contact of the researchers with the analyzed material.

Participants' profile

Chart 1 shows the profile of the teachers interviewed. With the exception of one teacher (Pedro), all others can be considered experienced in the REESP and the school unit.

Chart 1

Profile of the interviewees

<i>Areas of expertise</i>	<i>Nickname*</i>	<i>Age</i>	<i>TE (years)</i>	<i>TES (years)</i>	<i>Disciplines</i>
School management	Clara	58	23	5	Manager
	Sofia**	53	26	5	Manager
Language and its technologies	Nara	47	24	15	Portuguese language
	Daniela	60	23	8	Arts
	Carlos	48	25	5	PE
	Fabiana	53	14	14	PE
	Marta	47	26	12	English language
Mathematics and its technologies	Marcos	44	19	9	Mathematics
	Roberto	47	25	13	Mathematics
Nature sciences and their technologies	Larissa	58	26	5	Sciences
Human sciences and their technologies	Juliana	58	34	12	Geography
	Bruna	58	26	11	Geography
	Pedro	52	2	2	History

Source: study data.

* Measured to protect the anonymity of teachers. TE: teaching experience at REESP; TES: teaching experience in the school unit.

** Sofia has a background in PE.

Maldonado and Silva (2018), in analysis of REESP curricula regarding PE, affirm the existence of different perspectives: in 1978, the approach was centered on fitness and the development of motor skills; in 1991 the approach was psychomotor with links to a critical discussion influenced by the human sciences; in 1996 the psychomotor approach remains, but now with contributions from the developmental line; in 2008 it was focused on the critical approaches of PE, specifically the critic-overcoming and critic-emancipatory approaches. By observing Chart 1, we can understand that 12 of the 13 teachers experienced at least two phases of the PE curriculum at REESP. That is, data on the understanding of health and its

relation with PE are immersed in meanings derived from a transition of approaches, from instrumental to critical.

In addition, Umemura and Rosa (2020, p. 81) emphasize that “. . . teachers have been treated as executors and managers as supervisors of policies established by the central bodies of public administration.” These characteristics had already been related by Fernandes (2012), who found the realization of the dissemination of government proposals and elaboration of projects in a bibliographic survey of the activities performed by coordinating teachers, besides being responsible for the levels of performance in external evaluations.

Considering the aforementioned information and allied to the conception of school as a sociocultural space (Dayrell, 1996), in which there are several perspectives of education and life, and of a space of sociability, which, from the perspective of Gusmão (2003), is configured as a space of encounters and mismatches, searches and losses, discoveries and cover-ups, we believe that our findings are configured in the emergence of the diversity of perceptions on PE within the school.

Understanding of health

When we questioned the volunteers about their understanding of health, we obtained unanimous discourses regarding the importance of the theme. However, not all answered directly the question, using daily examples to comply with the imposed agenda.

“Health is essential; it is well-being in life, in everyday life . . . Anyway, in every sense” (Clara – manager).

“Health is being well fed. Health, when I speak of the physical part, is to be with a balanced health, the balanced physical side. So health is knowing the limit, knowing the rules, knowing the limits, this is health” (Sofia – manager).

“Health is a set of things. But for the young people, mainly, move them away a little from the cell phone, headset and bring them closer to sports, in which they are doing an exercise that can rid them of illness, including the mental part of it, the perception of health. Health encompasses sane mind and healthy body” (Nara – Portuguese language teacher).

“Since I have physicians in my house, health is very strict, starting from childhood with my children. My husband wouldn’t let it get pacifier out of the fridge, it had to be kept in the fridge. Health is the basis of control. Yesterday I just took a vaccine, as I told you, due to my husband, we see all the time that it is important to take the vaccine, but we wait and, as I said at the beginning, in my house has a great importance, since my two children and my husband are physicians. My health, I’m 60, I consider it good. I have no problems and I try to pass this to the students, based on the diet, and in physical exercises. I did ballet for 10 years, classical ballet, I had a dance academy and ballet, and this, art covers this area of dance, which is very important physical activity. I think it is a very important subject in school, which should never be cut” (Daniela – Art teacher).

“Health is everything; it is prevention, food, physical activity, something like this, health I see that is it, good habits” (Carlos – PE teacher).

“... you feel good, you do the things you like, it is you respect others. That is health. That is perfectly healthy. And maintain a healthy life and well-being” (Fabiana – PE teacher).

“I believe that in this universe health would be the well-being of the mind and body” (Marta – English language teacher).

“The well-being of the person, in general, not only the physical, but the emotional also, together ... The person has to be well physically, to be calm, without any disease” (Marcos – Math teacher).

“Health is your well-being, it is you taking care of your body; it is all about health. Health is the well-being of the person; it is taking care of yourself, because if you have good health, you are taking care of yourself” (Roberto – Math teacher).

“Health I think is related to happiness, to well-being, so as long as you feel good in your body. You do not have an ideal situation ever, especially teenagers, whose bodies are in formation, sometimes is overweight, sometimes the boy is very skinny, there was a boy, I don’t even remember his name, who talked about anabolic steroids, that he wanted to see if it worked. They seek, they have all media access and they seek a perfect thing. Health is the balance of each one” (Larissa – Sciences teacher).

“It is to develop something that will do well” (Juliana – Geography teacher).

“Health is not having what I have: high blood pressure, obesity. Not taking any medicine. I take medicines for hypertension, medicine for depression, medicines for cardiac arrhythmia; health does not need all of this” (Bruna – Geography teacher).

“We have to have both mental and physical” (Pedro – History teacher).

This set of responses allowed us to identify two categories of analysis:

1. Expanded concept of health (Clara, Fabiana, Juliana, Marcos Marta, Larissa, Roberto, and Sofia);
2. Restricted concept of health (Bruno, Carlos, Daniela, Larissa, Marcos, Nara, and Pedro);

The category “Expanded concept of health” with the largest number of volunteers, refers to health in the perspective given by Bracht (2013), which relates health with intellectual, creative, social capacities towards to well-being, and self-care. In this sense, the contributions of teachers not limiting it to the biological condition, since health becomes the result of the interaction of the individual with the social environment.

This understanding is also in the BNCC, when it states that the student should “take advantage of body practices autonomously to enhance involvement in leisure contexts, expand sociability networks and health promotion” (Brasil, 2017, p.223). However, it is necessary to take this interpretation from a behavioral perspective (lifestyle change) to a socio-environmental conception, which, for Westphal (2013), is consolidated in collective strategies of population empowerment, promotion of healthy spaces and development of skills, knowledge and attitudes.

Besides, we noticed a certain concern with the establishment of limits and paths by the individual towards health. In this sense, we can agree with Bracht (2019), who stated that care itself can have two variables: the first, when this practice is tensioned by oppression, in which the individual is convinced to exert it; the second variable can occur consciously, in a manifestation of the practice of freedom, in which the body becomes an ally for the development of a way of living.

In the category “Restricted concept of health,” the understanding of health is mainly biological allied with absence of diseases, and good habits. For Rigo, Pardo and Silveira (2007), this characteristic divides society into healthy and sick. This understanding guided a wide production of knowledge, besides having contributed to the development of actions that predominated for long years in the intervention proposals of school PE and that can still be found (Oliveira, Gomes, & Bracht, 2014).

In this perspective, the health is understood as a corporeal manifestation, suggesting a Cartesian view of the individual and reinforcing the actions in the body itself, corroborating a restricted conception. Silva, Silva, and Lüdorf (2015) verified that the body, as a subject in PE classes, has not been systematically discussed; only occasionally generating topics of discussion, such as health practices and habits.

Based on Silva, Silva, and Lüdorf (2015) perspective, body valorization is manifested in contemporaneity, mainly due to health and aesthetics, permeated by media exposure. In this sense, teacher Larissa's speech shows that this triad can lead to a risky behavior. According to Silva, Mendonça, Bastos and Leite (2017), media influence ends up reflecting on individual's habits and social relationships, which may either positively or negatively influence young people. Thus, it is possible to imbue significant traces of an expanded conception of health, acting on the behaviors of individuals; these individuals, in turn, may have actions that lead some health problems.

For instance, teacher Carlos points out the risk behaviors that surround students, suggesting another path by means of physical activities. This statement is elucidated by teacher Daniela in her life narrative, showing the habits she had and the adoption by her whole family. In this sense, we can correlate it with Devide (1996; 2002), regarding the propagation of habits, but we cannot rule out other variables that allow it, such as the socioeconomic variables.

In short, teachers' and coordinators' understanding of health varied from a broad to a more restricted perspective, showing that the theme is subject to several appropriations. In a broad perspective, the understanding of health considers social determinants and has scope beyond a disease itself. In the restricted perspective, in turn, health is limited to the physical dimension or to the fact that they are not sick or need medicines, as well as to the WHO concept of complete physical, psychological and social well-being.

On the relation between physical education and health

When we approached the relation between PE and health, we obtained the following answers:

“How can I answer you? I’m not prepared to answer, so it’s difficult, everything I say will be obvious, and about PE, we cannot think only of an undergraduate course, we have to think that PE is also part of the health area... Even in our planning, a teacher, who is not in the area, who teaches philosophy, made a statement that I found interesting, to have in school what there were many years ago, which is the fact that students, children take vaccines inside the school and not parents take the children to take the vaccines in the appropriate places, because often parents do not take them, why don’t health, health departments come in here and do this work? Just as the dental department of the city came here to do a job, did brushing, teaches children to brush, they brush with fluoride, many things. I think health would also be feasible” (Clara – Manager).

“... by PE I conquer health, what is PE? It’s playing, it’s mental and body health, through playful games, I can make this connection. Sometimes we play “queimada” or even soccer, or a wheel, a “cotia” wheel in my classes, and then the child is exercising, working the physical side and is still taking care of his own health, both mental and physical” (Sofia – Manager).

“I think it’s very important, because it’s a way of bringing young people closer to the sports, and this is very important and they like it” (Nara – Portuguese language teacher).

“It is all, not only in the area of how they should come dressed for the PE, to ensure their comfort, safety, avoiding injuries, but also the education of how to maintain hygiene, cleanliness, organization; not only with their body, but also in the environment in which they live, collaborating with garbage, disposing paper correctly, their behavior. All this encompasses health. I do not believe that it involves only the physical state, the study of the human body; it encompasses the education of the environment the student is inserted as a whole” (Daniela – Art teacher).

“... in my case, I approach movement, which is essential” (Carlos – PE teacher).

“... of what the student needs to move, through this perception of the student that is given by us teachers, of what it is to move, then the student will understand what in PE in health. PE is make them understand body movement and the benefit that it will give for their life. PE directs the student to know what the body is, because the body is there” (Fabiana – PE teacher).

“I think PE will make the students aware of their own potential, of their body, what it can or cannot ... encourage physical activity also within the school unit” (Marta – English language teacher).

“It begins to encourage students to exercise and not to have a sedentary life. And this nowadays ends up being very important, because a sedentary lifestyle eventually leads to many diseases” (Marcos – Math teacher).

“I think it’s totally connected, because PE ends up working with the movements, and a person needs movement to have good health. The body is not meant to stand still, it is meant to stay in motion and I think that the PE ends up directing them towards this goal” (Roberto – Math teacher).

“For the second year, I teach cytology, the chemical composition of living beings, so I try to work [with health], and I know that the PE teacher also enters a little in this area. I think that PE also has to do with mental health, because it is the opportunity to develop coexistence. We have a heterogeneous group, the state receives students from different realities. We have students that are supervised by the family, who are supported. We know that other students have a different reality, lack attention and guidance, so I think that PE is interesting due to these two aspects, I try to make this bond, with nutrition, development and body formation and coexistence” (Larissa – Sciences teacher).

“... it should be important, but PE is not fulfilling its role. That’s my vision. From the moment that some students mostly sit while group plays soccer, PE is not solving the health problem it should solve” (Juliana – Geography teacher).

“We know those clichés, that moving is good for health, we became sedentary throughout history. We used to fished, hunt, run to eat and then moving. Today, it is very easy to open the fridge and get the food and we, most of the population, became obese. So, exercising is important for health, indeed” (Bruna – Geography teacher).

“Total, completely, because PE will work the mind, will work the body, and a person with a healthy body and a healthy mind is a healthy citizen” (Pedro – History teacher).

Based on the statements, we identify two categories:

1. Body and bodily practices (Sofia, Nara, Daniela, Carlos, Fabiana, Marta, Marcos, Roberto, Juliana, Bruna, Larissa, and Pedro);
2. Socialization and coexistence (Daniela, and Larissa);
3. Health in general (Clara).

In the category “Body and bodily practices,” we found that this is the mediator of the relation of PE and health. The body suggested by the volunteers is a mediator of actions, in which knowledge about body functioning allows its mastery, besides enabling the achievement of health. Here we also noted a cause-and-effect relation.

For Ferreira, Oliveira, and Sampaio (2013), PE classes should involve the body itself not in a sense of training, but overcoming these barriers, meeting health promotion as socially determined. In this perspective, the body should not be seen as an instrument, but as an individual's existence itself. Here, the influence of a traditional PE is clear.

Also, this category suggests that health is achieved by means of a pedagogical practice focused on physical exercise, either by systematical or by playful sport activities (with games), as previously affirmed by Devide (1996). This discourse, justified by the development of biological variables and motor learning, ends up relating, sometimes implicitly, fitness to the achievement of a health index. This perspective guided, and still guides, much of the pedagogical practices of physical education teachers (Bracht, 2013; Oliveira, Martins, & Bracht, 2015a).

We notice, then, a cause-and-effect relation, in which health is understood as a subject exclusive to the physical education subject, whose role is developing an intervention that proposes “body moving” for all students, thus aiming at levels. However,

... the adherence to body practices is not restricted to PE classes. Thus, building these competencies in the school environment does not guarantee a long-term health education that leads to regular and adequate health actions (Oliveira, Gomes, & Bracht, 2014, p.74).

Given the current scenario, it is necessary to emphasize that both the PCN – cross-sectional health theme (Brasil, 2000) and the BNCC (Brasil, 2017), indicate that health is clearly understood as an object of knowledge that should be approached by the different curricular components and at all levels of basic education, respecting the maturation of the student with a proposal of progressive contents.

Moreover, the statements of the participants of this category show two understandings about the theme: one with the perspective of the body culture of movement, as stated by Oliveira, Martins, and Bracht (2015a), which corroborates the coordinator Sofia, covering games, sports and playfulness, and; another understanding in a restricted approach to sport, mentioned by Nara, who teaches Portuguese language. These and other factors allow us to understand the complexity of the relation between physical education and health in the school, which guides traditional pedagogical practices or a practice more open to critical pedagogies.

In a research with nine physical education teachers belonging to the municipal school unit with the largest number of students in the city of Fortaleza-CE (Brazil), Ferreira, Oliveira, and Sampaio (2013) found physical exercise as a relevant element to well-being, reinforcing the understanding of causality, in which teachers' speech shows an understanding of physical activity and health acquisition as synonyms.

In another study, which investigated the concept of health and healthy habits of students in Goiás (state of Brazil), Silva, Mendonça, Bastos, and Leite (2017, p.808) stated that

... practice of physical activities fulfills its proposed objective when performed in favorable environments, with adequate physical conditions, healthy coexistence and construction of proposals that provide a sense of physical and mental well-being, ensuring adequate conditions to the individual's development processes.

In Doña, Jiménez, and Gálvez (2014), who raised the official contents of Chile proposed for PE, there is an introductory narrative for the search for an PE focused on a critical practice, similar to the movements that occurred in Brazil after the 1980s, seeking to show and combat social inequalities; however, the researchers concluded that teaching could improve the quality of movements as one of the predominant contents for the curricular component. We see, then, a tension between the traditional and the critical perspective, possibly distancing the role of school physical education from a health approach.

In the category "Socialization and coexistence", PE was noticed as responsible for inputting a comprehensive conception of health in the students by using common situations of daily living as opportunities for intervention. Thus, it shows a PE not restricted to the individual, since it seeks to investigate the relation between the individual and the place of social insertion. However, Becalli and Gomes (2011) study alert to the existence of traces of a hygienist view in the discipline. In our study, we could note this view in teacher Daniela's speech, when she mentions hygiene, cleanliness and organization.

In other hands, in Larissa's speech, it is possible to seeing a relation between PE and health based on the development of coexistence, since it is a heterogeneous group. Besides being a welcoming perspective of diversity, the teacher refers to the contribution of PE as a socializing curricular component, a limit pointed out by Bracht, Caparróz, Della Fonte, Frade, Paiva and Pires (2003). Regarding students' social realities, also present in the discourse of teacher Larissa, students' exposure to a risky behavior is notorious. Likewise, Zappe and

Dell’Aglio (2016) identified that the negative perception of relation at school and in the family, in addition to poor performance, demotivation and dissatisfaction with the school, contribute to changes in behavior, as stressful events that may compromise students’ mental health. Thus, the teacher emphasizes the heterogeneity of profiles of students that attend the school unit, highlighting the group with greater exposure and possibility of adhering to a risky behavior.

Zappe and Dell’Aglio (2016) point to the experimental phase, covering inappropriate eating habits and sports practices, antisocial behavior, use of substances such as alcohol, cigarettes and drugs, risky sexual behavior, suicidal behavior and violence, emphasizing that this scenario may be related to lack of parental support. In this sense, schools should be attentive to these situations and be welcoming.

Thus, actions such as the School Health Program (PSE) (Brasil, 2007), in addition to allowing pedagogical actions directed to health, according to Oliveira, Martins, and Bracht (2015b), enable network actions, ensuring a greater scope of identification and treatment of risk behaviors. In this sense, Carneiro and Coutinho (2015) point to a significant identification and referral of students by the school for treatment in a mental health unit, thus demonstrating a concern about students’ mental health. This is a promising intersectorial action.

Finally, in the “Health in general” category, health itself is seen as content of the school and not only of PE classes. Although we may consider it an expanded understanding, the examples of coordinator Clara (vaccination and brushing) show preventive actions, which are welcome in an intersectorial perspective, being, however, limited to a crosscutting theme of curriculum components, especially of PE.

Thus, we can identify isolated actions, without continuity between health and education areas, showing the importance of PSE (Brasil, 2007). Oliveira, Martins and Bracht (2015b) draw attention to the opportunities for the expansion of health knowledge and to the challenges of this type of proposal, which requires collaboration among agents, thus enabling greater synergy and articulation.

Besides that, it is relevant to emphasize that none of volunteers mentioned the structural society factors (social inequalities, racism, sexism, and so on) as significant to health in its relation to PE. However, this is a historical limit of legitimacy of PE at the school.

In short, we agree with Bracht (2013) on a pedagogical work directed to listening and creation of bonds that allow the exposure of students to an ideal of happiness, being able to elucidate a path based on bodily practices, so health can be an effect of the choices and actions. This characteristic corroborates Carmo Junior (2011, p. 365), because “. . . the body and the world form a single structure; however, we can only make this communion visible if we articulate the senses and, to do so, we have to see the universe from other angles and forms”. Thus, we understand that the student is in the school for being subjected to pedagogical actions, and, in these mediations, there should be a significant learning, in the case of our study, towards health.

Conclusion

Teachers and managers of a school unit of the State School System understood health by the perspective of well-being and self-care, having links with an expanded conception, overcoming aspects centered on the natural sciences. However, this understanding seems to be still limited to the individual plan of the students. The study also demonstrated that the discourse about body practices as a link between physical education and health at school is still hegemonic.

Despite overcoming a strict paradigm of physical fitness, PE is still understood as a curricular component of basic education. Concerning health, PE requires efforts to meet critical pedagogies. In this sense, we believe that the critical absorption of the BNCC by the area, according to the numerous studies that has focused on the theme, will eventually envision a PE aligned with the cultural formation of human beings. Thus, health can be debated at the collective level based on its determinants and that the body culture, in its manifestations around games, gymnastics, sport, dance, fights, as a basis of a pedagogical practice in PE committed to social transformation. In short, a practice that combats the pressures of the contemporary world, which in the field of PE lives of the precept “Physical activity is health.”

However, for such purpose, health cannot be thought isolated neither by the physical education subject nor by the school. It is a complex work that needs articulation with all

actors of the community: mothers/fathers/guardians, neighborhood leaders, local health units, social assistance, among others.

In this perspective, it is appropriate and coherent to approach one of Paulo Freire's lessons: educators need to remain patiently impatient (Ceccim, 2007). In our study, it remains in the perspective of prompt opposition regarding the active lifestyle towards self-care. It may contain a powerful relation between PE and health.

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