Actions of body practices and physical activity in the School Health Program by accession cycles (2014 to 2020)

Ações de práticas corporais e atividade física no Programa Saúde na Escola por ciclos de adesão (2014 a 2020)

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ABSTRACT The promotion of physical activities is one of the 13 actions of the School Health Program. This study aims to describe the actions of body practices and physical activity registered in three accession cycles (2014-2015, 2017-2018, and 2019-2020) by region and Federative Unit (FU). Using descriptive analysis, the number of actions, in each year, cycle, FU, and region were presented. In all regions, the number of municipalities and schools adhering increased in each cycle. When considering the total number of municipalities of each region, 100% of the Northeast region municipalities adhered to the program in the last two cycles. The Southeast region had the lowest proportion of municipalities that adhered to all the cycles. In most FUs, in each cycle, the majority of actions were conducted in the first year. Nationally, there was an increase in the number of actions in all the cycles, mainly in the Northeast and Southeast. From the first to the third cycle, this increase was higher in the Southeast and South. Minas Gerais, Bahia, Ceará, and Maranhão comprised almost half of the actions. The results showed different nuances in the implementation of the promotion of physical activity and can technically subsidize the managers and technicians linked to the program.

KEYWORDS Exercise. School health services. Intersectoral collaboration.

RESUMO *A promoção da atividade física integra uma das 13 ações do Programa Saúde da Escola (PSE). O objetivo deste estudo foi descrever as ações de práticas corporais e atividade física registradas em três ciclos de adesão (2014-2015, 2017-2018 e 2019-2020), por região e Unidade Federativa (UF). Por meio de análise descritiva, foram apresentados os números de ações realizadas em cada ano, ciclo, UF e região. Observou-se aumento de municípios e escolas nas adesões a cada ciclo em todas as regiões. Considerando o total de municípios compreendidos em cada região, 100% dos municípios do Nordeste aderiram ao PSE nos dois últimos ciclos. O Sudeste teve a menor proporção de municípios aderidos em todos os ciclos. Em cada ciclo, a maior parte das ações foi realizada no primeiro ano na maioria das UF. Nacionalmente, houve aumento do número de ações em todos os ciclos, com destaque para o Nordeste e o Sudeste. Do primeiro para o terceiro ciclo, esse aumento foi maior no Sudeste e no Sul. Minas Gerais, Bahia, Ceará e Maranhão totalizaram quase metade das ações. Os resultados evidenciaram diferentes nuances na implementação da promoção da atividade física e podem subsidiar tecnicamente gestores e técnicos vinculados ao PSE.*

PALAVRAS-CHAVE *Exercício físico. Serviços de saúde escolar. Colaboração intersetorial.*

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Introduction

The School Health Program (PSE) was implemented in Brazil, 15 years ago, by Presidential Decree No. 6,286, of September 5, 2007, as an action of intersectoral public policy, between the education and health sectors[1]. The PSE aims to contribute to the comprehensive education of students in the basic education public network through actions to prevent injuries and diseases, health promotion and care[1]. Among the actions foreseen in the program are: promotion of physical activity; environmental health; healthy eating and obesity prevention; promoting a culture of peace and human rights; prevention of violence and accidents; prevention of neglected diseases; verification of the vaccination status; sexual and reproductive health and prevention of Human Immunodeficiency Virus (HIV)/ Sexually Transmitted Infections (STIs); prevention of the use of alcohol, tobacco, and other drugs; oral health; hearing health; eye health; and prevention of COVID-19 (incorporated in July 2020)[2].

Specifically in relation to the promotion of physical activity, the scientific literature shows the benefits of the practice for the health of people of all ages. For the health of children and young people, the benefits of this behavior are related, among others, to human development, improved socialization, cardiovascular health and physical condition[3]. Also, for this group, the practice of physical activity contributes to the development of motor skills, to the improvement of mood, to the reduction of the feeling of stress, to the maintenance of healthy body weight and to a better school performance[3]. It is noteworthy that students of all levels of education participate in the PSE, from daycare to youth and adult education, with Elementary School students being the most prevalent in the program.

According to the 'Physical Activity Guidelines for the Brazilian Population', it is recommended that children up to 1 year of age do at least 30 minutes a day of physical activities that stimulate body movements; children from 1 to 5 years of age should do at least 3 hours a day of physical activities at different intensities; and youth ages 5 to 17 should engage in at least 60 minutes a day of moderate to vigorous-intensity physical activity, including at least 3 days a week of muscle and bone-strengthening activities. In addition, it is recommended that schools offer at least 3 physical education classes per week of at least 50 minutes each[3].

However, data from the National School Health Survey (PeNSE), published in 2019, revealed that 61.8% of Brazilian students, aged 13 to 17, were physically inactive[4]. In addition, 28% reported not having had school physical education classes in the week prior to the survey. As for screen time, 38% and 31.2% of students aged 13 to 15 and 16 and 17 years old, respectively, spent more than 2 hours a day watching television[4].

In view of this scenario, it is essential to promote actions and policies that promote physical activity in the school environment, especially those linked to Primary Health Care (PHC), the locus of action of the PSE in health, in order to encourage systems, societies and people to be more active[5]. It is also necessary to equip managers and education and health professionals, through guiding documents, such as the 'Physical Activity Guidelines for the Brazilian Population', the 'Recommendations for Managers and Health Professionals' and the 'Thematic Notebooks of the PSE', produced by the federal administration, having as one of its objectives the incentive to offer physical activity practices at school.

Considering the importance of the PSE as a strategy for health promotion and for encouraging the adoption and maintenance of healthy and active habits by students, it is essential that the municipalities with adhesion and the schools participating in the program understand the relevance of the axis of promoting physical activity. Thus, it

is important to identify the municipalities and schools that adhered to the PSE and, among these, those that registered actions of body practices and physical activity, as well as the quantity of these actions carried out. Knowing the scenario related to these records can help federal, state and municipal administrations in planning and offering actions on this theme in different Brazilian regions, states and municipalities, according to reality and local needs.

The objective of this study, therefore, was to describe the actions of body practices and physical activity recorded in three cycles of adherence to the PSE (Cycle I: 2014-2015; Cycle II: 2017-2018 and Cycle III: 2019-2020), by region and Federative Unit (UF).

Material and methods

This cross-sectional and descriptive study considers the biannual cycles of adherence to the PSE and the actions of body practices and physical activity recorded in the Health Information System for Primary Care (SISAB), the main information system of PHC and the information system used in the PSE, from 2014 to 2020.

Information regarding the adhesion of municipalities to the program was requested to the Department of Health Promotion, of the Secretariat of Primary Health Care (SAPS), of the Ministry of Health of Brazil, which, after institutional consent, made the database available in April 2022. The data provided include the number of municipalities that joined the PSE and schools participating in the program in the three cycles of adherence considered in the present study (2014-2015; 2017-2018; 2019-2020). It is noteworthy that, in 2016, the Ministry of Health of Brazil did not promote adherence to the PSE, so that year was not included in the analysis of this study. For analysis purposes, the sample was considered by Federative Unit (FU) (n = 27) and by region of the country (North, Northeast, Central-West, Southeast and South).

Then, in order to obtain the number of records of the actions of bodily practices and physical activity in the cycles of adherence to the PSE (Cycles I, II and III), we consulted the public reports made available at (SISAB), by region, available at the website https://sisab.saude.gov.br/.

The registration of actions carried out within the scope of the PSE refers to public schools of the basic education network participating in the program in municipalities with adhesion, through the agreement of a Term of Commitment. Based on this, municipal health and education managers are committed to meeting a set of coverage targets for students benefiting from the program[2]. The record of the actions performed is carried out in the e-SUS APS Collective Activity application, through the Collective Activity Record (FAC) tool. The actions carried out in the program are informed by health and education professionals, responsible for its development. In addition, the forms are computed with the number of the Teaching Institution (from the National Institute of Educational Studies and Research Anísio Teixeira – INEP, and therefore called INEP number) valid for the schools agreed upon, according to each cycle of adhesion to the program. Municipalities and the Federal District are responsible for reporting the recorded data.

After registering the information in the e-SUS APS system, an automatic validation is performed by the SISAB federal database. The validation processes take place upon the processing date of the data recorded and sent to SISAB, according to the competency closing schedule made available annually by SAPS. After validation in the system, the data are made available in the form of reports[6].

In this study, data from the records of actions of body practices and physical activity extracted from SISAB considered the selection by: geographic unit according to

region; inclusion of all competencies per year; INEP information (schools/day care centers), by line; in the column, the amount of collective activities; and application of the filter on health practices for the item body practices/physical activity.

The information was exported in a Microsoft Excel® spreadsheet. Data were analyzed using descriptive statistics (absolute and relative frequency). The evolution of the actions of body practices and physical activity (in percentage) between Cycle I and Cycle III of adherence to the program was also calculated, according to the regions ([Cycle III-Cycle I]/Cycle I).

Results

As shown in *table 1*, in the analyzed period (2014 to 2020), 4,787 municipalities joined and 79,167 schools participated in Cycle I (2014-2015), 5,040 municipalities and 85,700 schools in Cycle II (2017-2018), and 5,289 municipalities and 91,659 schools in Cycle III (2019-2020).

In addition, *table 1* shows the number of enrollments from schools and municipalities, stratified by the five regions of Brazil. It is noteworthy that the percentages presented refer to the total number of municipalities that make up each region.

Table 1. Number and proportion of municipalities and number of schools adhering to the School Health Program, in the three cycles analyzed, according to the Federative Unit and region of Brazil

		Cycle I (2014-2015)			Cycle II (2017-2018)			Cycle III (2019-2020)		
		Municipalities		Schools	Municipalities		Schools	Municipalities		Schools
Region	**Federative Unit**	**n**	**%**	**n**	**n**	**%**	**n**	**n**	**%**	**n**
Center-West	Federal District	1	100	162	1	100	258	1	100	298
	Goiás	241	98	2,250	246	100	2,512	246	100	2,634
	Mato Grosso do Sul	64	81	720	57	72	628	65	82	740
	Mato Grosso	133	94	1,399	136	96	1,273	139	99	1,533
	Subtotal	**439**	**94**	**4,531**	**440**	**94**	**4,671**	**451**	**97**	**5,205**
Northeast	Alagoas	102	100	2,143	102	100	2,172	102	100	2,140
	Bahia	399	96	10,171	417	100	11,213	417	100	11,564
	Ceará	184	100	4,613	184	100	4,569	184	100	4,667
	Maranhão	217	100	7,078	217	100	7,486	217	100	7,430
	Paraíba	222	100	3,967	221	99	3,861	222	100	3,677
	Pernambuco	181	98	4,204	185	100	4,872	185	100	4,712
	Piauí	217	97	3,896	222	99	3,600	224	100	3,582
	Rio Grande do Norte	167	100	2,527	167	100	2,325	167	100	2,413
	Sergipe	75	100	1,369	75	100	1,413	75	100	1,437
	Subtotal	**1,764**	**98**	**39,968**	**1,790**	**100**	**41,511**	**1,793**	**100**	**41,622**
North	Acre	20	91	381	21	95	422	21	95	430
	Amazonas	55	89	1,321	62	100	1,904	62	100	2,043
	Amapá	16	100	156	16	100	229	16	100	276
	Pará	141	98	3,555	139	97	4,719	144	100	4,987
	Rondônia	35	67	393	52	100	619	52	100	701
	Roraima	15	100	250	14	93	261	15	100	401
	Tocantins	133	96	996	138	99	1,097	139	100	1,136
	Subtotal	**415**	**92**	**7,052**	**442**	**98**	**9,251**	**449**	**100**	**9,974**

Table 1. (cont.)

		Cycle I (2014-2015)			Cycle II (2017-2018)			Cycle III (2019-2020)		
		Municipalities		Schools	Municipalities		Schools	Municipalities		Schools
Region	**Federative Unit**	**n**	**%**	**n**	**n**	**%**	**n**	**n**	**%**	**n**
Southeast	Espírito Santo	52	67	872	53	68	1,150	70	90	1,398
	Minas Gerais	692	81	7,659	804	94	8,369	842	99	9,200
	Rio de Janeiro	86	93	3,092	87	95	3,751	92	100	3,975
	São Paulo	454	70	6,393	439	68	6,502	488	76	7,745
	Subtotal	**1,284**	**77**	**18,016**	**1,383**	**83**	**19,772**	**1,492**	**89**	**22,318**
South	Paraná	360	90	4,191	342	86	3,891	373	93	4,470
	Rio Grande do Sul	263	53	2,698	352	71	3,436	437	88	4,481
	Santa Catarina	262	89	2,711	291	99	3,168	294	100	3,589
	Subtotal	**885**	**74**	**9,600**	**985**	**83**	**10,495**	**1,104**	**93**	**12,540**
Total		**4,787**	**86**	**79,167**	**5,040**	**90**	**85,700**	**5,289**	**95**	**91,659**

Source: Self elaborated.

As for the actions of body practices and physical activity, in the analyzed period, there were a total of 121,590 records in SISAB. Of these, more than two thirds were carried out in the Northeast and Southeast regions, and more than half were carried out only in the Northeast region. Also, considering the total number of actions in each year, it was observed, with the exception of Cycle II, that most of the actions were carried out in the first year of each cycle (*table 2*).

Table 2. Number of actions of body practices and physical activity recorded in the information systems in each year of the three cycles analyzed, according to the region of Brazil

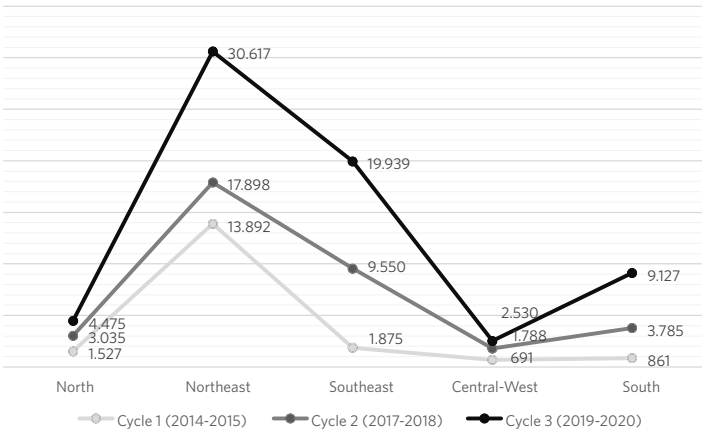
	Cycle I		Cycle II		Cycle III		
	2014	2015	2017	2018	2019	2020	Grand total by
Region	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**region n (%)**
North	678 (6.08)	849 (11.03)	926 (6.62)	2,109 (9.56)	4,027 (6.77)	448 (6.21)	9,037 (7.43)
Northeast	8,587 (77.03)	5,305 (68.91)	6,797 (48.56)	11,101 (50.32)	28,463 (47.86)	2,154 (29.85)	62,407 (51.33)
Southeast	959 (8.60)	916 (11.90)	3,915 (27.97)	5,635 (25.54)	16,823 (28.29)	3,116 (43.19)	31,364 (25.79)
Center-west	426 (3.82)	265 (3.44)	749 (5.35)	1,039 (4.71)	2,280 (3.83)	250 (3.47)	5,009 (4.12)
South	497 (4.46)	364 (4.73)	1,609 (11.50)	2,176 (9.86)	7,880 (13.25)	1,247 (17.28)	13,773 (11.33)
Total	**11,147**	**7,699**	**13,996**	**22,060**	**59,473**	**7,215**	**121,590**

Source: Self elaborated.

n: absolute frequency; %: relative frequency.

Although the Northeast and Southeast regions, respectively, have registered, in the three analyzed cycles, the highest number of actions of body practices and physical activity, compared to the other regions, the registration of these actions increased, in all cycles, in all regions of the Country (*graph 1*). In the Southeast and South regions, there was an increase of about 960% in the number of body practices and physical activity actions, from the first to the third cycle. In the Northeast, North and Central-West regions, this increase was approximately 120%, 193% and 266%, respectively, in the number of actions of this nature, in the same period.

Graph 1. Number of actions of body practices and physical activity, recorded in the three cycles analyzed, according to the region of Brazil



Source: Self elaborated.

Table 3 shows the number of actions of body practices and physical activity recorded in each year of each analyzed cycle, stratified by FU. Considering the total number of registered actions throughout the period, it was found that most of them were carried out in Minas Gerais (19.15%) – which is also the state with the largest number of actions in the Southeast region –, Ceará (12.13%), Bahia (10.86%) and Maranhão (10.58) – which are also the states with the highest number of actions in the Northeast region. In the Central-West, North and South regions, Goiás (2.70%), Pará (2.45%) and Rio Grande do Sul (7.42%) were the states with the highest number of actions carried out.

Table 3. Number of actions of body practices and physical activity recorded in the information systems in each year of the three analyzed cycles, according to the Federative Units

	Cycle I		Cycle II		Cycle III		
	2014	2015	2017	2018	2019	2020	Grand total by
Federative Units	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**State n (%)**
Acre	3 (0.03)	30 (0.39)	58 (0.41)	83 (0.38)	151 (0.25)	0 (0.00)	325 (0.27)
Alagoas	715 (6.41)	441 (5.73)	391 (2.79)	1,169 (5.30)	2,714 (4.56)	269 (3.73)	5,699 (4.69)
Amapá	21 (0.19)	6 (0.08)	333 (2.38)	82 (0.37)	100 (0.17)	2 (0.03)	544 (0.45)
Amazonas	139 (1.25)	163 (2.12)	136 (0.97)	978 (4.43)	1,428 (2.40)	68 (0.94)	2,912 (2.39)
Bahia	2,470 (22.16)	997 (12.95)	1,526 (10.90)	2,597 (11.77)	5,450 (9.16)	168 (2.33)	13,208 (10.86)
Ceará	699 (6.27)	953 (12.38	2,224 (15.89)	2,562 (11.61)	7,591 (12.76)	720 (9.98)	14,749 (12.13)
Federal District	0 (0.00)	0 (0.00)	8 (0.06)	14 (0.06)	17 (0.03)	1 (0.01)	40 (0.03)
Espírito Santo	8 (0.07)	6 (0.08)	42 (0.30)	57 (0.26)	386 (0.65)	124 (1.72)	623 (0.51)
Goiás	206 (1.85)	219 (2.84)	468 (3.34)	683 (3.10)	1,540 (2.59)	163 (2.26)	3,279 (2.70)
Maranhão	1,747 (15.67)	1,422 (18.47)	1,243 (8.88)	2,396 (10.86)	5,610 (9.43)	451 (6.25)	12,869 (10.58)
Mato Grosso	169 (1.25)	45 (0.58)	250 (1.79)	257 (1.17)	477 (0.80)	81 (1.12)	1,279 (1.05)
Mato Grosso do Sul	51 (0.46)	1 (0.01)	23 (0.16)	85 (0.39)	246 (0.41)	5 (0.07)	411 (0.34)

Table 3. (cont.)

	Cycle I		Cycle II		Cycle III		
	2014	2015	2017	2018	2019	2020	Grand total by
Federative Units	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	State n (%)
Minas Gerais	621 (5.57)	751 (9.75)	2,783 (19.88)	4,305 (19.51)	12,296 (20.67)	2,533 (35.11)	23,869 (19.15)
Pará	307 (2.75)	122 (1.58)	278 (1.99)	635 (2.88)	1,387 (2.33)	249 (3.45)	2,978 (2.45)
Paraíba	855 (7.67)	449 (5.83)	244 (1.74)	453 (2.05)	1,007 (1.69)	42 (0.58)	3,050 (2.51)
Paraná	206 (1.85)	171 (2.22)	468 (3.34)	483 (2.19)	1,014 (1.70)	371 (5.18)	2,716 (2.23)
Pernambuco	873 (7.83)	562 (7.30)	436 (3.12)	891 (4.04)	2,386 (4.01)	207 (2.87)	5,355 (4.40)
Piauí	365 (3.27)	239 (3.10)	205 (1.46)	444 (2.01)	1,179 (1.98)	146 (2.02)	2,578 (2.12)
Rio de Janeiro	147 (1.32)	30 (0.39)	407 (2.91)	378 (1.71)	631 (1.06)	105 (1.46)	1,698 (1.40)
Rio Grande do Norte	785 (7.04)	194 (2.25)	396 (2.83)	444 (2.01)	1,944 (3.27)	41 (0.57)	3,804 (3.13)
Rio Grande do Sul	162 (1.45)	99 (1.29)	941 (6.72)	1,267 (5.74)	5,820 (9.79)	737 (10.21)	9,026 (7.42)
Rondônia	0 (0.00)	2 (0.03)	14 (0.10)	167 (0.76)	298 (0.50)	61 (0.85)	542 (0.45)
Roraima	0 (0.00)	1 (0.01)	4 (0.03)	25 (0.11)	75 (0.13)	0 (0.00)	105 (0.09)
Santa Catarina	129 (1.16)	94 (1.22)	200 (1.43)	426 (1.93)	1,046 (1.76)	136 (1.88)	2,031 (1.67)
Sergipe	78 (0.78)	48 (0.62)	132 (0.94)	145 (0.66)	582 (0.92)	110 (1.52)	1,095 (0.90)
São Paulo	183 (1.64)	219 (1.68)	683 (4.88)	895 (4.06)	3,510 (5.90)	354 (4.91)	5,754 (4.73)
Tocantins	208 (1.87)	525 (6.82)	103 (0.74)	139 (0.63)	588 (0.99)	68 (0.94)	1,631 (1.34)
Total by year	**11,147**	**7,699**	**13,996**	**22,060**	**59,473**	**7,215**	**Grand Total:**
Total by cycle		**18,846**		**36,056**		**66,688**	**121,590**

Source: Self elaborated.

n: absolute frequency; %: relative frequency.

Discussion

There are many benefits of physical activity for all life cycles, especially in the phases of human growth and development, which coincide with the school period. In this sense, the description and analysis of physical activity actions offered in this context, through programs such as the PSE, are fundamental to consolidate what has already been carried out, as part of comprehensive health care, and to support the justification of the importance of continuity and improvement of public policies.

In this study, the results need to be interpreted taking into account the number of municipalities that adhere to the program and the number of participating schools per FU; and, consequently, in each region. Considering the entire period, about two thirds of the registered actions come from the Northeast and Southeast regions. In this sense, it is quite likely that these regions have stood out in relation to the greater number of actions carried out, due to the greater number of adhered municipalities and participating schools. However, there was an increase in the recorded number of actions of body practices and physical activity, in each cycle, in all regions. It is also noteworthy that there are other actions foreseen by the program that can, in parallel, be offered in school spaces and developed to the detriment of body practices and physical activity, but even so, a maintenance in the development of these activities was observed.

Regarding the greater number of actions of body practices and physical activity recorded, in general, in the first year of each cycle, it is understood that this result is related to the annual criterion of financial transfer[7].

In all the cycles studied, the amount of the resource transferred to the municipalities, in the first year of the cycle, is calculated based on the number of students agreed by the municipalities, according to the Term of Commitment signed by the Health and Education Departments. The amount of the resource transferred in the second year is established based on the achievement of the goals agreed for the cycle, which is identified based on the actions recorded only in the first year of the biennium. It should be noted that the difference in the number of records of actions of body practices and physical activity between the first and second years of the year of Cycle III (2019-2020) is more discrepant in relation to previous cycles. The sharp reduction in the number of registrations in the second year of the cycle in question can be attributed to the COVID-19 pandemic, which implied the restriction of face-to-face activities and, consequently, the offer of these actions in school environments.

Considering that the PSE reached around 95% of the Brazilian municipalities in the last cycle analyzed, the program can be considered a means to strengthen the articulations between school and health; especially with regard to the implementation of physical activity practices, whether from the provision of shared actions in physical education classes, whether in school curricula, in students' free time or even after school hours[1]. With this, the program's actions aim to contribute to the integral development of Brazilian students, as well as to the insertion of this group in public policy networks[1].

Other programs also collaborate to offer body practices and physical activity actions in the care of children and adolescents – such as the Academia da Saúde Program (PAS), which is also a federal public initiative of the Ministry of Health of Brazil. In the period from 2015 to 2017, from 35% to 38.8% and from 72.9% to 76.5% of the PAS centers, which responded to the monitoring of the years in question, recorded actions of body practices and physical activity for children and adolescents respectively[8]. This demonstrates the leading role of these programs in the Unified Health System (SUS), as they strengthen the actions of the Health Care Network. However, specifically in relation to the PSE, it is understood that it has great potential to reach children and adolescents, since it is developed in the school environment, in which part of this age group spends a considerable amount of time in the week.

In this sense, encouraging physical activity at school is essential to contribute to the physically active behaviors of adolescents[3,9,10]. There are several factors that influence adolescent behaviors such as intrapersonal (eg age, sex, body image, etc.); interpersonal (such as support from friends, family and teachers); and environmental (such as accessibility to structures for physical activity, safety of neighborhoods, etc.), which can impact participation in physical activities[11]. Therefore, bringing together intersectoral actions in the health and education sector in the development of actions to promote physical activity, which are easily accessible to students, can contribute to greater adoption of healthy behaviors.

The strengths of the study portray the description of physical activity actions, sometimes considered a priority action of the PSE, both in the program routine and in the Health at School Week – established in 2012 as a period for the mobilization of a priority theme of the year in question[2], with an increase in the participation of municipalities in the analyzed period. The data show that the action of physical activity has been widely developed in the territories and, with exponential growth, which tends to increasingly strengthen the intersectoral strategies between health and education. The description of these actions by region and FU can contribute, in the national scenario, to expand the offer of physical activity through the program, in all cycles of adhesions. In this way, it is expected that the actions will be offered on a continuous basis, for greater reach and participation of students

in all territories and, consequently, for the promotion of health and better quality of life.

Among the limitations of the present study are some factors of an administrative nature. For example, if a school changes its INEP number from the first to the second year of the cycle, it is not possible to update the new number in the PSE database; thus, actions performed in this school may not be computed. Therefore, in this study, the data were analyzed by UF and by region, and not by school unit, although the presentation of the results also incorporated nuances of quantity of participating schools. Another aspect to consider is that, although the Ministry of Health of Brazil encourages the registration of actions to be carried out monthly[12], the retrospective sending of data to SISAB (up to 12 months later) is allowed, if sent within the processing deadline of the four-month period. Thus, data from the 2021-2022 cycle were not included in the analyzes of the present study due to the non-completion of the last four months. In addition, the reduced number of records of actions in some municipalities may be linked to the use of their own health information systems, which can generate conflicts in the transmission of registered and validated data to the national database.

Conclusions

The results showed an increase in the number of adhesions from municipalities and schools participating in the three cycles (2014-2015; 2017-2018; 2019-2020), in all regions of Brazil. The increase in the number of records of actions of body practices and physical activity, in each cycle, was also verified in all regions. From the first to the third cycle, this increase was more expressive in the Southeast and South, compared to the other regions. In addition, the states of Minas Gerais, Bahia, Ceará and Maranhão together accounted for almost half the number of all actions carried out in the three cycles. In general, when comparing the records in each adhesion cycle, most of the actions were carried out in the first year. The information presented in this study can encourage greater implementation, maintenance and increase in the offer of body practices and physical activity by the program in future cycles of adhesions. In addition, future studies can investigate the types of physical activities carried out in the theme of health practices. This information could contribute to qualifying the offer of actions of body practices and physical activity, according to the needs and opportunities of the territory.

Collaborators

Manta SW (0000-0002-1059-2471)* and Claumann GS (0000-0002-3859-9106)* contributed equally to the elaboration of the manuscript. Santos FVA (0000-0003-1409-8662)* contributed to the drafting of the proposal, drafting the text, drafting and critically reviewing the intellectual content and final approval of the version to be published. Petrece DR (0000-0002-6006-4861)* contributed to the interpretation of data, elaboration and critical review of the intellectual content and final approval of the version to be published. Tusset D (0000-0002-2710-2184)* contributed to the elaboration of the text, analysis and discussion of the results and approval of the final version to be published. Guimarães JAC (0000-0003-4125-7227)* contributed to the elaboration and critical review of the intellectual content and final approval of the version to be published. Silva JRM (0000-0002-0357-9631)* contributed to the drafting of the proposal, drafting and critical review of the intellectual content and final approval of the version to be published. ■

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References

1. Brasil. Presidência da República. Decreto nº 6.286, de 05 de setembro de 2007. Institui o Programa Saúde na Escola - PSE, e dá outras providências. Diário Oficial da União.5 Set 2007. [acesso em 2022 maio 10]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2007/decreto/d6286.htm.

2. Brasil. Ministério da Saúde. Caderno do gestor do Programa Saúde na Escola. Brasília, DF: MS; 2022.

3. Brasil. Ministério da Saúde. Guia de Atividade Física para a População Brasileira. Brasília, DF: MS; 2021.

4. Instituto Brasileiro de Geografia e Pesquisa. Pesquisa nacional de saúde do escolar: 2019. Coordenação de População e Indicadores Sociais. Rio de Janeiro: IBGE; 2021.

5. Organização Mundial da Saúde. Plano de Ação Global para a Atividade Física 2018-2030. Mais pessoas ativas para um mundo mais saudável. Genebra: OMS; 2018. [acesso em 2022 maio 10]. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/272721/WHO-NMH-PND-18.5-por.pdf.

6. Brasil. Ministério da Saúde. Portaria nº 4, de 28 de janeiro de 2021. Institui os prazos para o envio da produção da Atenção Primária à Saúde para o Sistema de Informação em Saúde para a Atenção Básica (Sisab) a partir de 1º de janeiro de 2021. Diário Oficial da União.28 Jan 2021. [acesso em 2022 maio 10]. Disponível em: https://www.in.gov.br/en/web/dou/-/portaria-n-4-de-28-de-janeiro-de-2021-301404483.

7. Brasil. Ministério da Saúde. Manual de Adesão ao Programa Saúde na Escola. Brasília, DF: MS; 2019. [acesso em 2022 maio 10]. Disponível em: http://189.28.128.100/dab/docs/portaldab/documentos/pse/manual_adesao_2019_20.pdf.

8. Wolker SM, Sandreschi PF, Tomicki C, et al. Monitoramento do programa academia da saúde de 2015 a 2017. Rev Andal Med Deporte. 2020 [acesso em 2022 maio 10]; 13(1):16-20. Disponível em: https://www.researchgate.net/publication/337166120_Monitoramento_do_programa_academia_da_saude_de_2015_a_2017.

9. Filho VCB, Pereira WMG, Farias BO, et al. Scoping Review on Interventions for Physical Activity and Physical Literacy Components in Brazilian School-Aged Children and Adolescents. Int. J. Environ. Res. Public Health. 2021 [acesso em 2022 maio 10]; 18(16):8349. Disponível em: https://pubmed.ncbi.nlm.nih.gov/34444097/.

10. Bandeira AS, Ravagnani FCP, Filho VCB. Mapping recommended strategies to promote active and healthy lifestyles through physical education classes: a scoping review. Int J Behav Nutr Phys Act. 2022 [acesso em 2022 maio 10]; 19(36):1-20. Disponível em: https://ijbnpa.biomedcentral.com/track/pdf/10.1186/s12966-022-01278-0.pdf.

11. Hu D, Zhou S, McHattan ZJC, et al. Factors That Influence Participation in Physical Activity in School-Aged Children and Adolescents: A Systematic Review from the Social Ecological Model Perspective. Int. J. Environ. Res. Public Health. 2021 [acesso em 2022 maio 10]; 18:3147. Disponível em: https://www.mdpi.com/1660-4601/18/6/3147.

12. Brasil. Ministério da Saúde. Portaria nº 135, de 21 de janeiro de 2020. Institui os prazos para o envio da produção da Atenção Primária à Saúde para o Sistema de Informação em Saúde para a Atenção Básica (Sisab) referente às competências de janeiro a dezembro de 2020. Diário Oficial da União.21 Jan 2020.

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