

# Health Promotion, praxis of autonomy and prevention of violence

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**HEALTH PROMOTION IS UNDOUBTEDLY ONE OF THE MOST PROMISING** strategies for the production of health in today's societies, given its potential in addressing chronic-degenerative diseases<sup>1-3</sup>, violence and accidents<sup>4,5</sup>, and communicable diseases, especially the emerging, re-emerging and neglected diseases<sup>6</sup>. Finally, in addressing the whole spectrum of morbimortality whose causes are related to the sociocultural, economic, political, and environmental way of life of all people<sup>7-10</sup>. It enjoys worldwide prestige and attention, at least judging by the important initiatives taken towards its development and implementation, such as the Global Health Promotion Conferences: Ottawa, in 1986, which represents the basis for the Health Promotion; Adelaide, in 1988, and the emphasis on intersectorality; Sanderval, in 1991, with the theme of equity; Jakarta, in 1997, the need for expansion with new partners and production of knowledge; Bangkok, in 2005, the proposal to expand social determinants; Nairobi, in 2009, focused on the guidelines for practical action; and Helsinki, in 2013, with the proposal of Health in All Policies<sup>11</sup>. Also in the international arena, the World Health Promotion Conferences, organized triennially by the International Union for the Health Promotion and Education (Uipes) and which constitute important initiatives bringing together professionals, researchers and managers from around the world, to "learn, share, and build the future of Health Promotion and seek equity in health"<sup>12</sup>. Another example of the recognition given to it is its association with the New Millennium Goals, including combating poverty and inequality and the pursuit of prosperity, well-being, health and education<sup>11</sup>. In Brazil, Health Promotion is intertwined with the advent and development of the Unified Health System (SUS), whether because of the need to reverse the health care model, or because of the need for coherence with health milestones as an expanded model<sup>13,13</sup>, having recently gained reinforcement with the institution, in 2006, of the National Policy for Health Promotion and with its revision in 2014, expanding it<sup>14</sup>.

Defined as a health approach that incorporates the different social aspects in the explanation and production of health and disease<sup>15</sup>, Health Promotion has in its scope innumerable formulations, which are inserted in a wide range, comprised between two distinct currents: one that refers, predominantly, to the lifestyle, with a behavioral/individualistic approach; and another that is based on social determinations and falls within the so-called structural approaches. The first one goes back to the multicausal theory of the health /disease process, whose natural history involves risks related to the agent-host-environment triad, which are susceptible to primary prevention<sup>16</sup>. Structural models, on the other hand, conceive health as well as the behavior of individuals in relation to health as conditioned and/or socially

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determined phenomena<sup>17</sup> in the mode of the socioecological model proposed by Dalhgren and Whitehead, already quite widespread, in which the social determinants of health are organized in a multi-level mandala of social spaces<sup>18,19</sup>, or the Health in All Policies proposal, which is based on the integration among the different sectors, engendered in the decision-making process itself<sup>20</sup>.

Criticism is addressed to both models. In relation to the first, behaviorist/individualist, widely disseminated and hegemonic, the reduction that operates in the role and significance of the dimension of the health/disease process is highlighted<sup>7,21</sup>, which is restricted to the individual, permanently torn by the prescriptions of a long life<sup>21</sup>; therefore, surveillance and control of behavior; of medicalization and of commodification of health, that is, criticism that refers to the linkage of the model to practices of domination, exploitation, and production of profit, governed by the logic of the market, aestheticized by the primacy of supposed individual freedom<sup>15,21</sup>. For structural models, it is especially difficult to overcome the complexity that, on the one hand, greatly complicates the processes of effectiveness and ends up reducing the interventions to changes in lifestyle, which are characteristic of the first model<sup>19</sup> and which, on the other hand, impose the central need for linkage to the State and with it the exercise of power and domination over the lives of citizens<sup>22</sup>.

Faced with that criticism, what is required is the need to link Health Promotion to the exercise of praxis of autonomy of those involved, which is here thought from the Theory of Communicative Action by Habermas, as a condition 'in which social actors are transformed in authors'; and with their multiple voices, which sprout in the endless local spaces, mediate collective and solidarity actions and, at the same time, break the frontiers, gain resonance in the public sphere, engendering the discursive process of formation of opinion and collective will, the place of rational will, therefore, the only one that unifies autonomy and universality<sup>23,24</sup>. Posing the question like that, what is most important is not knowing which of the two models is adopted, but whether, for whatever they are and whatever actions are taken, they count on the participation of all those involved<sup>15</sup>.

As a consequence, in this special issue of *Saúde em Debate*, we have gathered articles related to the two models: on the one hand, mediation of conflicts in labor relations; on the other, the practice of physical activity, participation, intersectorality, care in living networks, but also factors associated with alcohol and tobacco use, still without giving up aspects related to the organization of care and management of health services, primary and specialized care, in which Health Promotion should and can be implemented. We also included theoretical essays and experience reports, which express the effort to think and effect Health Promotion, in a consequent and desirable way, in the molds of its most authentic postulations.

Health Promotion represents one of the priority strategies that the health sector has in its handling of violence, and Habermas' Theory of Communicative Action is once again brought to ground the rapprochement between both, especially the thesis of colonization of the world of life<sup>25</sup>, which is responsible for disturbances and deformations which, for us, constitute the violence that erodes the three pillars of support for the way of life in society, namely, work, environment and citizenship, exactly the ones which it is up to Health Promotion to transform<sup>15</sup>. So we have included numerous articles on violence in its multiple faces, violence against women, against adolescents, against the elderly; the issue of agrochemicals, violence in primary care, as well as ways of coping with it, participation, service organization, care delivery, and health professional training.

Reiterating the premises presented, Health Promotion, firmly anchored in the praxis of autonomy of those involved, is the core strategy of the Postgraduate Program in Health

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