Is It Possible to Decolonize the Field of Physical Activity and Health?

Alan G. Knuth,1 Giulia Salaberry Leite,2 Sueyla Ferreira da Silva dos Santos,3 and Inácio Crochemore-Silva2

1Federal University of Rio Grande (FURG), Rio Grande, Brazil; 2Federal University of Pelotas (UFPel), Pelotas, Brazil; 3São Paulo State University Júlio Mesquita Filho (UNESP), São Paulo, Brazil

Is it possible to decolonize the field of physical activity and health? Decoloniality presupposes a body-geopolitical location, such as in the Brazilian and Latin American context, where it is crucial to use social identity lenses related to race, gender, sexuality, and other social markers that affect the body. Understanding health and physical activity from a decolonial perspective would bring the oppressions that connect capitalism, patriarchy, and racism to the center of the discussion. For a “physical activity other,” we challenged the general recommendation of physical activity in the 4 domains. Physical activity should be understood as an end in itself, as a right, and as human development. Approaches that advocate physical activity at work, at home, and while commuting use other human activities to relate these domains to health without considering the inequalities and oppressions that constitute them in most parts of the world. Is it fair to apply “global recommendations” for physical activity to scenarios such as Brazil and Latin America, using models that are inappropriate to the context and history of these places, people, and cultures? Perhaps it is time to socially reorient and reposition physical activity from a decolonial perspective. We need Black, Indigenous, Latino, African, and other people from the Global South to move the research agenda, recommendations, and policies on physical activity from “any” health to a fair health.

**Keywords**: health disparities, intersectionality, Brazil

**Decoloniality: First Considerations**

Decoloniality can often assume typical dynamics from different places and people. Still, it also presents particularities that presuppose a body-geopolitical location, such as in the Brazilian and Latin American context, where it is crucial to use social identity lenses related to race, gender, sexuality, and other social markers that affect the body. The racial axis is particularly relevant in Brazil and Latin America since, according to Quijano and Ennis, it has a colonial origin and character with lasting and stable consequences (i.e., the model of power that is globally hegemonic today presupposes an element of coloniality).

In Brazil, a country with a history of >3 centuries of slavery and the last country in the West to end slavery (despite many quilombola marks of resistance), the Black Movement has been an epistemological and struggle marker with reparative contributions to society, although it remains a challenge to disseminate the legacy of people who have been historically marginalized. The contributions of Lélia Gonzales, Abdias do Nascimento, Sueli Carneiro, and Silvio Almeida, among many others, are indispensable to thinking and acting with a decoloniality perspective. The complex processes resulting from slavery, monopoly of land, and work that violated native peoples, and a contingent of millions of people kidnapped in Africa and brought to Brazil are expressed contemporaneously through racism and precarious lives in dependent capitalism.

Many areas, including health, are questioning themselves about their hegemonic knowledge and practices, dissatisfied with the world we live in, how we act, and therefore positioning perceptions beyond Eurocentrism. However, it should be noted this is still peripheral in scientific knowledge because it questions untouchable bases. Wispelwey et al. consider the bidirectional decoloniality in academic global health addressing settler colonialism and racial capitalism. The question of racism and epistemology is at stake. A crucial inquiry of racial capitalism states that decolonial global health demands a new economic and organizational system that refutes the exploitation of group-based differences. Hirsch considers that if global health institutions are seriously committed to working against the legacies of colonialism and fighting racism, they will need to give up some or all their power.

Finally, it is essential to highlight that the exercise of inquiry can also take place by turning the lens inward, given that colonization acts on many complex fronts, such as being, knowledge, and power. These inquiries have led us to the following question: Is it possible to decolonize the field of physical activity and health?

**Physical Activity, Health, and Decolonization**

This article brings insights into the notion of decoloniality applied to physical activity and health. Understanding health and physical activity from a decolonial perspective would bring to the center of the discussion the oppressions that connect capitalism, patriarchy, and racism, proposing a reflection on the available population-level physical activity data, as well as how the main global (and national) agencies and the status quo promote physical activity. The hegemonic field of physical activity and health may ignore that oppression systems impact physical activity, and we are here to demarcate it otherwise.
In this sense, addressing health inequalities is fundamental to the field and it is necessary to go beyond. In Brazil, studies indicate that leisure-time physical activity is unequal and unfavorable for some groups, such as women and people from low socioeconomic levels (both considering levels of formal education or wealth index). Despite this remarkable gap between groups, it turns out that there is a lack of confrontation against the intersection of systems of oppression such as capitalism, racism, and patriarchy. For a “physical activity other,” we should move from generalist analysis to tackle specific and complex issues, for example, promoting efforts to overcome racism and its scattered effects, of course with global measures, but also with action in the field of physical activity. Within inequalities, there are structural, complex, and historical intersectional oppressions.

The issue at hand, implied by the title, involves questioning the overall recommendation of physical activity in the 4 domains: leisure, transportation, household, and work.

Physical activity should be understood as an end in itself, as a right, and human development. Approaches that advocate physical activity carried out at work, at home, and when commuting use other human activities to relate these domains to health without observing the inequalities and oppressions that constitute them in most of the globe. This approach is an urgent analytical sensitivity to be incorporated, and it does not seem to come from the leaders who developed the area.

Strain et al analyzed 104 countries (2002–2019 period), demonstrating that the work and household domains were the highest contributor to overall physical activity in 80 countries, travel in 23, and leisure in just 1. In absolute and relative terms, low-income countries tended to show higher work/household (1233 min/wk, 57% of overall physical activity) and lower leisure moderate to vigorous physical activity levels (72 min/wk, 4% of overall physical activity). Suppose we analyze the results from a microlevel or macrolevel. In that case, we may have an embarrassing conclusion if we do not bypass the perspective of caloric expenditure and if we do not use a sociological perspective considering the conditions where such movement occurs. Therefore, what is the context of physical activity? Is it irrelevant to health?

Occupational physical activity may be detrimental to health in contrast with leisure physical activity, according to the physical activity paradox. Our critical lens goes beyond this paradox, which is still positioned from a biological perspective. Access to decent and stable work is fundamental to citizenship. For example, in Brazil, there has been an increase in complaints about work similar to slavery. In one of the complaints, in the State of Rio Grande do Sul, 207 people were hired by a company that offered labor to wineries. These workers were kept in degrading conditions, receiving electric shocks, pepper spray, and beatings. Did they spend most part of the day being active? According to official recommendations, the answer is yes. However, as far as we are concerned, this type of physical activity is unacceptable. The COVID-19 pandemic also intensified the precariousness driven by the uberization process. One example is the “bike boys” (delivery workers) and others with jobs involving extreme physical demands. Dealing with physical activity in this context is considered violence and needs to be left behind. Once again, the racial issue signals an essential marker; for example, 97% of paid domestic work in Brazil is carried out by women, and of these, 64% self-declared Black. Working is a human activity; practicing physical activity is another. Both are ends in themselves and must be reoriented toward social justice. The contribution of intersectionality can be valuable in addressing health inequities, as the issues of race, gender, and class are interwoven, an encounter between decoloniality and intersectionality.

Salvo et al state that health-related professions embrace the “no harm” principle, so we need to consider this principle. The authors presented the necessity-versus choice-based physical activity models, recognizing that a substantial amount of the physical activity occurring routinely in low- and middle-income countries is the result of economic necessity and is not due to actual, free choices. Again, not free choices! But why are we still spreading the notion of simplicity in this respect?

In addition to work and household activities, the transportation domain is also surrounded by controversy if we assume a decolonial sense for physical activity. Salvo et al recognize that in the transportation domain in some settings of Barranquilla (Colombia), Freetown (Sierra Leone), Faridabad (India), and Recife (Brazil), active transport is driven by necessity. In this scenario, promotion efforts must emphasize improving the safety, esthetics, efficiency, and dignity conditions. Urge to say that in Brazil, worthy physical activity in transportation is practically a mirage now. It is not surprising that it also carries racialized attributes to the detriment of the country’s poorest population.

Key country leaders, such as the United States, Canada, the United Kingdom, Australia, and Scandinavian countries, considered the status quo of physical activity and developed the choice-based model. Thus, the methods, measures, and questions used to build research, programs, and politics are situated in this perspective. The World Health Organization Global Physical Activity Plan recommends physical activity in 4 domains without the social, racial, or gender analytical sensitivity previously mentioned. What are the human references for the constitution, for example, of the Global Physical Activity Plan or the World Health Organization physical activity recommendations? Do they reflect the different existences in the world? We seek to dialogue with physical activity as a human right with the possibility to enrich people’s lives, admitting meaning and dignity appropriate to leisure practices. A decolonial approach is urgent. It is not a rhetorical issue. There is a long way to go toward enabling access to leisure-time physical activity, which needs to be approached. We decline physical activity associated with degrading living and health conditions, which is commonplace in many circumstances of household, work, and transportation activities.

Is it fair to disseminate “global recommendations” of physical activity to scenarios such as Brazil and Latin America, using inappropriate models to the context and history of these places, people, and cultures? Perhaps it is time for physical activity to be socially oriented and repositioned from decolonial perspectives. Palma et al suggested thinking about a decolonial epistemology (or epidemiology) from Brazil in relation to Eurocentrism (or Northcentrism) to study the relationship between physical activity and health, exploring ways of life rather than risk factors, looking at the social and political dimensions of variables and not just categorizations.

In Brazil, Collective Health sustains the conception of universal health from the Brazilian Unified Health System. The term “Collective” comes from popular social movements and fights for rights. The obstacles against corporatism in health care are enormous. Physical activity was institutionalized and has received a lot of attention, with an open field for research and propositions considering Black, Indigenous, and regionally different practices.

Knuth and Antunes pointed out physical activity as a privilege when considering the severe inequality conditions in Brazil, refuting the hegemonic notion that physical activity practice is
simply a health-related choice at the individual level (ie, to accumulate minutes in 4 domains of physical activity to be healthy). The authors claim the necessity of creating decent living conditions and facing the impositions in such contexts.

And probably the main approach still needs to be thought out considering the “physical activity other.” The area needs to listen to and learn from the Black movement in Brazil, the Indigenous movement in Latin America, and many other collectives and symbols of resistance that continue to value diverse ways of life and contribute to a democratic and inclusive society. This is an epistemological conversion for many areas, where we include physical activity.

It is possible to play another game. It is not just about “considering” the social and the cultural; this should be obvious. It is time for a reorientation, emancipatory movements toward social justice, refuting a new academicism, which could make the Black locus of enunciation invisible. This game has not yet been played. We are aware of the historically designed profile of global health institutes to maintain overall structures of power, as suggested by Hirsh from Frantz Fanon’s inspiration. Hirsh questions whether we will achieve structural changes while seeking progress in Latin America, and many other collectives and learn from the Black movement in Brazil, the Indigenous and Middle-Income Countries.

We need to decolonize the field of physical activity and health. We need Black, Indigenous, Latino, African, and other people from the Global South to move the research agenda, recommendations, and policies on physical activity from “any” health to fair health. A task of decolonial thinking is unveiling epistemic silences and affirming the epistemic rights of racially devalued people. Can we perform such a movement?

This analysis, partial, limited to some researchers from Brazil, is not exhaustive; in fact, we are just starting.

References