

Lifestyle, the Brazilian Unified Health System and Obesity: Strategies for Health Promotion, Prevention and Comprehensive Care

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Abstract

Obesity has become one of the most important public health challenges worldwide due to its association with chronic diseases, reduced quality of life, increased healthcare demands, and social inequalities. Its development results from complex interactions between individual behaviors, biological characteristics, socioeconomic conditions, environmental factors, and broader social determinants of health. Therefore, addressing obesity requires approaches that move beyond individual responsibility and incorporate comprehensive strategies focused on health promotion, prevention, and integrated healthcare. Within the Brazilian Unified Health System (SUS), obesity management represents a major challenge requiring coordinated actions across different levels of care. Primary Health Care plays a central role in promoting healthy lifestyles, identifying nutritional risks, supporting behavior changes, and coordinating access to specialized services. However, persistent challenges related to professional training, healthcare organization, social inequalities, and the obesogenic environment limit the effectiveness of current strategies. This academic essay analyzes the relationship between lifestyle, SUS, and obesity management, discussing strategies for health promotion, prevention of chronic noncommunicable diseases, and comprehensive care. The manuscript explores the importance of healthy behaviors, intersectoral policies, Primary Health Care, and integrated approaches for addressing obesity as a complex health condition. The discussion emphasizes that effective obesity management requires actions combining individual support, environmental changes, public policies, and strengthening of healthcare networks.

Keywords: obesity; lifestyle; health promotion; Unified Health System; Primary Health Care; chronic diseases.

1. Introduction

Obesity has emerged as a major global health challenge, affecting populations across different socioeconomic contexts and contributing significantly to the burden of chronic noncommunicable diseases. Conditions such as cardiovascular diseases, diabetes mellitus, hypertension, and certain types of cancer are strongly associated with excessive body weight and metabolic alterations. The increasing prevalence of obesity reflects profound changes in lifestyles, food systems, urban environments, and social conditions that influence individual and collective health.

Lifestyle factors, including dietary patterns, physical activity levels, sleep habits, and consumption behaviors, play an important role in the prevention and management of obesity. However, contemporary approaches increasingly recognize that these factors are shaped by broader social and environmental contexts. Individual choices are influenced by access to healthy foods, opportunities for physical activity, income, education, cultural patterns, and living conditions. Therefore, effective obesity prevention requires strategies that address both individual behaviors and structural determinants.

In Brazil, the Unified Health System (SUS) has an important role in confronting obesity through health promotion policies, nutritional care, prevention strategies, and comprehensive management of individuals affected by excess weight. Primary Health Care represents a key setting for implementing interventions related to healthy lifestyles, early identification of nutritional risks, continuous monitoring, and coordination with other healthcare services. Nevertheless, obesity management remains challenging due to increasing prevalence, healthcare demands, and social inequalities.

Considering the relevance of lifestyle promotion and comprehensive obesity care within SUS, this essay seeks to answer the following research question: How can lifestyle promotion strategies and healthcare organization within the Brazilian Unified Health System contribute to preventing obesity and strengthening comprehensive care for individuals affected by excess weight and chronic noncommunicable diseases?

2. Methodology

This manuscript is structured as an academic essay based on critical reflection and theoretical analysis of scientific literature addressing obesity, lifestyle behaviors, health promotion, chronic noncommunicable diseases, Primary Health Care, and healthcare strategies within SUS. The objective is to discuss conceptual and practical aspects related to prevention and comprehensive management of obesity from a public health perspective.

The discussion is organized into three thematic sections. The first section analyzes lifestyle factors and health promotion strategies for preventing obesity and chronic diseases. The second section examines obesity care within SUS, emphasizing comprehensive approaches, Primary Health Care, and healthcare network organization. The third section discusses challenges and future perspectives for strengthening lifestyle promotion and obesity management strategies in Brazil.

To preserve argumentative continuity and facilitate reading fluency, references are not included throughout the body of the manuscript. All theoretical perspectives and scientific discussions presented in this essay are supported by relevant academic literature and institutional documents, which are presented exclusively in the reference section according to the American Psychological Association (APA, 7th edition) formatting guidelines.

3. Development

3.1 Lifestyle, Health Promotion and the Prevention of Obesity and Chronic Diseases

Lifestyle represents one of the central dimensions influencing population health and plays an important role in the prevention of obesity and chronic noncommunicable diseases. Eating patterns, physical activity levels, sleep quality, alcohol consumption, tobacco use, and daily behaviors are associated with metabolic health and long-term disease risk. However, understanding lifestyle exclusively as an individual choice is insufficient, as behaviors are strongly shaped by social, economic, cultural, and environmental contexts.

Health promotion approaches have expanded the understanding of disease prevention by emphasizing the creation of conditions that enable individuals and communities to achieve better health. In this perspective, promoting healthy lifestyles requires not only providing information but also developing supportive environments, strengthening autonomy, and reducing barriers that limit healthier choices. Public health strategies must therefore combine education, social policies, community actions, and healthcare interventions.

The prevention of obesity requires recognition that excessive weight gain results from complex interactions between biological predisposition, food availability, physical environments, socioeconomic factors, and cultural influences. Modern societies have experienced significant changes in dietary patterns, with increased consumption of ultra-processed foods, greater availability of energy-dense products, and changes in traditional eating practices. These transformations have contributed to the expansion of obesity as a collective health challenge.

Food practices are influenced by multiple determinants beyond individual preferences. Income, food prices, marketing strategies, cultural traditions, and access to fresh foods affect the ability of individuals and families to maintain healthy diets. Therefore, obesity prevention strategies must address food systems and promote environments that facilitate healthier choices rather than placing responsibility exclusively on individuals.

Physical activity promotion is another essential component of obesity prevention. Regular movement contributes to maintaining healthy body weight, improving cardiovascular health, reducing metabolic risks, and enhancing mental well-being. However, opportunities for physical activity are influenced by urban planning, safety conditions, availability of public spaces, occupational characteristics, and social inequalities.

The promotion of active lifestyles requires approaches that consider the daily realities of different populations. Strategies encouraging physical activity should be adapted to age, socioeconomic conditions, cultural contexts, and individual capacities. Community-based programs, active transportation initiatives, and supportive environments can contribute to increasing participation in physical activities.

Primary Health Care has a strategic role in promoting healthy lifestyles because it maintains continuous relationships with individuals, families, and communities. Healthcare professionals can provide guidance, identify risk factors, support behavior changes, and connect individuals with community resources. However, effective lifestyle promotion requires approaches based on dialogue and empowerment rather than merely transmitting recommendations.

Health education represents an important tool for encouraging healthier behaviors, but its effectiveness depends on the quality of communication between healthcare professionals and users. Information alone does not guarantee behavioral change, particularly when individuals face structural barriers that limit their choices. Health education should therefore recognize social contexts and incorporate participatory approaches.

The prevention of obesity also requires attention to childhood and adolescence because habits established during early life influence future health trajectories. Encouraging healthy eating, physical activity, and positive relationships with food from childhood contributes to reducing obesity risk throughout the life course. Schools, families, communities, and healthcare services play complementary roles in supporting healthy development.

The relationship between lifestyle and mental health is another important aspect of obesity prevention. Emotional stress, anxiety, depression, social isolation, and experiences of stigma may influence eating behaviors and physical activity patterns. Comprehensive approaches must therefore consider psychological and social dimensions rather than focusing exclusively on weight reduction.

Obesity-related stigma represents a significant barrier to effective prevention and care. Negative stereotypes and discriminatory attitudes can affect healthcare experiences, reduce access to support, and contribute to psychological distress. Health promotion strategies should adopt respectful approaches that recognize obesity as a complex health condition rather than a personal failure.

Public policies are essential for creating environments that support healthier lifestyles. Regulations related to food marketing, nutritional labeling, school meals, urban planning, and access to healthy foods influence population behaviors and health outcomes. Individual interventions are important but insufficient without broader structural actions.

The integration of lifestyle promotion into healthcare systems requires multidisciplinary collaboration. Nutritionists, physicians, nurses, physical educators, psychologists, community health workers, and other professionals contribute different perspectives and interventions. Collaborative approaches increase the capacity of healthcare services to address obesity comprehensively.

Monitoring population trends is essential for guiding obesity prevention strategies. Surveillance systems provide information about nutritional status, behavioral patterns, and health inequalities, allowing policymakers and healthcare managers to identify priorities and evaluate interventions. Evidence-based planning strengthens the effectiveness of public health actions.

Therefore, promoting healthy lifestyles requires a comprehensive understanding of obesity as a multifactorial phenomenon. Effective prevention depends on combining individual support, community

engagement, supportive environments, and public policies. Within SUS, health promotion strategies represent an important pathway for reducing obesity and preventing chronic diseases while strengthening a broader vision of collective health.

3.2 Obesity Care, Comprehensive Approaches and the Role of the Unified Health System

Obesity care within the Brazilian Unified Health System (SUS) requires approaches that recognize excess body weight as a complex chronic health condition rather than a simple consequence of individual behaviors. Effective management involves understanding biological mechanisms, psychological aspects, social determinants, environmental influences, and healthcare organization. This perspective challenges traditional models focused exclusively on weight reduction and reinforces the importance of comprehensive and continuous care.

The organization of obesity care represents a significant challenge for healthcare systems because individuals affected by obesity often require long-term support involving multiple interventions. Nutritional counseling, physical activity promotion, behavioral strategies, clinical monitoring, medication when appropriate, and specialized interventions may be necessary according to individual needs. Therefore, healthcare systems must develop coordinated approaches capable of addressing different levels of complexity.

Primary Health Care plays a central role in obesity management within SUS because it represents the main point of contact between individuals and healthcare services. Primary care teams are responsible for identifying nutritional risks, monitoring health conditions associated with obesity, promoting healthy behaviors, and coordinating access to specialized care when necessary. This longitudinal relationship creates opportunities for continuous support and personalized interventions.

Comprehensive obesity care requires moving beyond isolated consultations toward structured care pathways. Individuals with obesity frequently experience multiple health conditions requiring coordination between different professionals and services. Healthcare networks must therefore ensure communication between Primary Health Care, specialized outpatient services, hospitals, rehabilitation programs, and other resources involved in obesity management.

Nutritional care represents one of the main components of obesity management. However, effective nutritional interventions should not be limited to restrictive diets or short-term weight-loss goals. Sustainable approaches require understanding eating patterns, cultural preferences, socioeconomic conditions, food access, and individual experiences with food. Nutrition counseling should focus on improving health behaviors and quality of life.

Physical activity promotion is another essential element of comprehensive obesity care. Healthcare professionals should support individuals in incorporating movement into daily routines according to their abilities, preferences, and health conditions. Encouraging gradual and realistic changes increases adherence and reduces the perception that physical activity is an inaccessible or punitive intervention.

Behavioral and psychological support are increasingly recognized as important components of obesity management. Eating behaviors, emotional regulation, body image, and previous experiences with stigma influence treatment outcomes. Psychological interventions can assist individuals in developing healthier relationships with food, improving self-care, and managing emotional factors associated with weight gain.

The role of healthcare professionals in obesity care requires a shift from judgmental approaches toward supportive and person-centered practices. Weight stigma within healthcare environments may discourage individuals from seeking assistance and negatively affect therapeutic relationships. Professionals must adopt respectful communication strategies that recognize the complexity of obesity and promote trust between users and healthcare teams.

The management of obesity-related chronic diseases represents another important dimension of SUS care. Many individuals with obesity also experience diabetes, hypertension, cardiovascular diseases, sleep disorders, and musculoskeletal conditions. Integrated approaches should address these associated conditions while considering obesity as part of a broader health context.

Healthcare networks must ensure access to specialized interventions for individuals requiring higher levels of care. Some cases may involve pharmacological treatment, multidisciplinary programs, or bariatric surgery evaluation according to clinical criteria. These interventions require coordination between different healthcare levels to guarantee appropriate follow-up before and after specialized procedures.

Health surveillance contributes to improving obesity care by providing information about population trends, risk factors, and healthcare needs. Monitoring nutritional status and associated diseases allows managers to plan interventions, allocate resources, and evaluate the effectiveness of public policies. Surveillance data are essential for understanding obesity not only as a clinical issue but also as a population health challenge.

The implementation of obesity care strategies within SUS faces several organizational barriers. Limited availability of multidisciplinary teams, insufficient professional training, restricted access to specialized services, and difficulties in establishing referral pathways may compromise continuity of care. Addressing these challenges requires investment in healthcare organization and workforce development.

Intersectoral collaboration is fundamental for comprehensive obesity management because healthcare interventions alone cannot address all factors influencing excess weight. Partnerships with education, social assistance, agriculture, urban planning, and community organizations can contribute to creating healthier environments and reducing inequalities associated with obesity.

Digital health resources offer new opportunities for improving obesity care. Telehealth, electronic monitoring systems, digital education platforms, and remote support strategies may increase access to interventions and strengthen follow-up. However, these tools should complement face-to-face care and be implemented with attention to digital inclusion.

Research and innovation are important for improving obesity management strategies within SUS. Evaluating different models of care, identifying effective interventions, and understanding population-specific challenges contribute to the development of more appropriate approaches. Collaboration between researchers, healthcare professionals, managers, and communities strengthens evidence-based practices.

Therefore, obesity care within SUS requires integrated approaches capable of combining prevention, treatment, health promotion, and social support. Addressing obesity effectively depends on strengthening Primary Health Care, improving healthcare networks, reducing stigma, and developing strategies adapted to individual and collective realities. Comprehensive care represents a pathway for ensuring that individuals affected by obesity receive respectful, continuous, and equitable healthcare.

3.3 Challenges and Perspectives for Lifestyle Promotion and Obesity Management in Brazil

The increasing prevalence of obesity in Brazil represents a complex challenge for public health policies and healthcare organization. Although important advances have been achieved through health promotion initiatives, nutritional surveillance, and expansion of Primary Health Care, obesity continues to affect a growing proportion of the population. This scenario requires continuous adaptation of strategies capable of addressing the multiple factors involved in the development and management of excess body weight.

One of the main challenges for obesity prevention is the persistence of environments that favor unhealthy behaviors. The expansion of ultra-processed food consumption, aggressive marketing strategies, reduced opportunities for physical activity, and changes in daily routines contribute to the development of obesogenic contexts. Addressing these factors requires coordinated actions that involve healthcare systems, governments, communities, and other sectors of society.

Public policies aimed at improving food environments are essential for preventing obesity at the population level. Measures that facilitate access to healthy foods, encourage sustainable dietary practices,

improve nutritional information, and regulate factors influencing food choices can contribute to healthier population behaviors. These strategies complement individual healthcare interventions and increase the effectiveness of obesity prevention efforts.

Social inequalities represent one of the greatest challenges in addressing obesity in Brazil. Individuals and communities with fewer socioeconomic resources often experience greater exposure to unhealthy environments, limited access to quality food, fewer opportunities for physical activity, and barriers to healthcare. Therefore, obesity prevention and management strategies must incorporate equity as a central principle.

Strengthening Primary Health Care remains one of the most important perspectives for improving obesity management within SUS. Primary care services have the potential to identify risk factors early, provide continuous support, coordinate healthcare pathways, and develop community-based interventions. Expanding the capacity of primary care teams is essential for ensuring that obesity care reaches different population groups.

Professional training is another important priority for improving obesity care. Healthcare workers need competencies related to nutrition, behavioral approaches, motivational communication, physical activity counseling, and management of chronic conditions. Training should also address weight stigma and promote respectful approaches that recognize the complexity of obesity.

The integration of multidisciplinary teams represents an important pathway for strengthening obesity management. Because obesity involves biological, psychological, social, and environmental dimensions, interventions require collaboration among different professionals. Effective teamwork improves the comprehensiveness of care and allows interventions to be adapted to individual needs.

The use of digital technologies offers opportunities to expand access to lifestyle interventions and obesity care. Telehealth services, mobile applications, digital monitoring tools, and online educational resources may support behavioral changes and improve follow-up. However, technological solutions should be developed according to principles of accessibility and inclusion to prevent widening existing health disparities.

Health surveillance systems also have an essential role in guiding obesity-related policies. Reliable information regarding nutritional status, lifestyle patterns, and associated diseases enables managers to identify priorities and evaluate interventions. Strengthening surveillance contributes to more effective planning and allows healthcare systems to respond to changing population needs.

The relationship between obesity and chronic noncommunicable diseases highlights the importance of integrated prevention strategies. Diabetes, cardiovascular diseases, hypertension, and other conditions

require coordinated approaches that address common risk factors. Lifestyle promotion within SUS can therefore contribute not only to obesity prevention but also to reducing the broader burden of chronic diseases.

Childhood obesity deserves particular attention because early-life weight patterns influence health throughout the life course. Prevention strategies involving families, schools, communities, and healthcare services are essential for promoting healthy development. Early interventions have the potential to reduce future disease burden and improve long-term population health.

Community participation represents an important perspective for developing effective obesity strategies. Local communities can contribute knowledge about barriers, cultural practices, and feasible solutions. Participatory approaches increase the relevance and sustainability of interventions by ensuring that health promotion actions are connected to real-life contexts.

The fight against obesity also requires addressing stigma and promoting a more comprehensive understanding of health. Strategies focused exclusively on body weight may generate blame and discourage individuals from seeking care. Public health approaches should emphasize health behaviors, well-being, prevention, and access to support rather than reinforcing discriminatory perspectives.

Innovation in healthcare organization may contribute to improving obesity management within SUS. New models integrating prevention, clinical care, digital resources, and community actions can increase healthcare responsiveness. However, innovation must remain aligned with principles of universality, equity, and comprehensive care.

The future of obesity management in Brazil depends on strengthening collaboration between different sectors and levels of governance. Healthcare services alone cannot solve a challenge influenced by food systems, social conditions, urban environments, and cultural factors. Intersectoral policies are necessary to create conditions that support healthier lifestyles across the population.

Therefore, confronting obesity requires a long-term commitment to health promotion, prevention, and comprehensive care. SUS provides an essential framework for implementing integrated strategies capable of addressing obesity as a public health priority. By combining individual support, community interventions, healthcare organization, and supportive public policies, Brazil can strengthen its response to obesity and improve population health outcomes.

4. Conclusion

Obesity represents a complex public health challenge that requires comprehensive strategies integrating lifestyle promotion, disease prevention, and coordinated healthcare actions. Within the Brazilian

Unified Health System (SUS), addressing obesity requires moving beyond approaches centered exclusively on individual behaviors and recognizing the influence of social, environmental, economic, and cultural determinants. Strengthening Primary Health Care, expanding multidisciplinary practices, and improving healthcare networks are essential steps for ensuring continuous and equitable support for individuals and communities.

The promotion of healthy lifestyles and the development of comprehensive obesity care strategies are fundamental for reducing the burden of chronic noncommunicable diseases and improving population well-being. Effective responses depend on combining health education, supportive environments, intersectoral policies, professional qualification, and innovative models of care. By reinforcing its commitment to health promotion, prevention, and comprehensive assistance, SUS can continue to play a central role in confronting obesity and promoting healthier and more equitable living conditions for the Brazilian population.

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