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Becoming the Divas of SUS: the construction of a community of active women in a socially vulnerable context

Heidi Jancer Ferreira^{a,b*}, Alexandre Janotta Drigo^a and David Kirk^c

^a Post-graduate program in Movement Sciences, São Paulo State University, Rio Claro, Brazil; ^b Federal Institute of Education, Science and Technology of South of Minas Gerais (IFSULDEMINAS), Poços de Caldas, Brazil; ^c University of Strathclyde, Glasgow, United Kingdom and University of Queensland, Australia

**Corresponding author*

Heidi Jancer Ferreira
300 Dirce Pereira Rosa Avenue
Poços de Caldas, Minas Gerais, Brazil
37713-100
Email: heidi.ferreira@ifsuldeminas.edu.br
ORCID: <https://orcid.org/0000-0002-8450-0197>

Given the rapid growing number of the ageing population worldwide, it has been questioned how health and wellbeing in old age can be improved, especially for women in socially vulnerable contexts. Research have shown that social aspects are key determinants for older-age groups' engagement in an active life. It is crucial to understand older people's experiences with physical activity in order to develop interventions that contribute to health promotion beyond disease prevention. The study's purpose was to explore the experiences of middle-aged and older socially vulnerable women with physical activity within a public-funded programme under the *Sistema Único de Saúde – SUS* [Brazilian public healthcare system]. The study involved a Health and Physical Education professional and 16 women (43-66y) who regularly attended the programme. Data were generated through condensed fieldwork, employing semi-structured interviews and non-participant observation of sessions. Drawing on salutogenesis theory and a critical gender perspective, a qualitative analysis was conducted using the constant comparative method. From the women's experiences, a major finding was the construction of a community of active women, which served as a collective resource to support them in the process of health development. Relating to the emerging community, another three themes were developed. The first was dancing and challenging the gender order, referring to women's experiences of negotiating a collective identity and disrupting the invisibility of their bodies. The second was the HPE professional's dialogical pedagogies as emancipatory, revealing the ways in which the community was supported. The third was the empathetic relationships among the women as a way of coping, representing the women's positive experiences of social support, connectedness and resilience. The findings supported the conclusion that there are promising possibilities for research and practice in socially vulnerable contexts to widen the contributions to health promotion that are not limited to exercise prescription.

Keywords: health promotion; community-based programmes; exercise; gender; older people

Introduction

The growing number of the ageing population worldwide has been a public health concern (World Health Organization [WHO], 2017). In face of this phenomenon, a pressing question is how health and wellbeing in old age can be improved and sustained, especially for women who generally tend to live longer than men but experience poorer health (WHO, 2017).

It is well recognised that participation in physical activity can lead older people to experience physical health outcomes, improved wellbeing and quality of life, functional independence, cognitive benefits and reduced fall risk (Perkins et al., 2020; Rhodes et al., 2017; Taylor, 2014). Despite extended knowledge on health benefits, physical activity levels of particular groups such as socially vulnerable adult and older women remain low (Perkins et al., 2020; Rai et al., 2019; Rhodes et al., 2017). A recent review by Vidal-Almela (2020) suggested that traditional forms of physical activity (e.g. moderate-to-vigorous physical activity) appear to not be attractive for women. Studies have shown that middle-aged and older women's participation in physical activity is hindered by barriers such as low motivation and enjoyment due to not appealing and tailored programmes, lack of time, demands relating to household chores and care duties that women often experience, unaffordability and location of programmes, and limitations caused by physical illness (Killingback et al., 2017; McArthur et al., 2014; Vidal-Almela et al., 2020). These studies have suggested that holistic programmes may facilitate women's attendance by offering enjoyable and diversified activities, opportunities for social interaction, adapting the programme according to participants' social conditions, needs and interests and, adopting a caring and humanised approach.

As Piggin and Bairner (2016) noted, participants may find diverse meanings in being active that are not only related to physical health outcomes. For instance, social aspects are key determinants for women's and older adults' sustained participation in physical activity (Bennett et al., 2018; Killingback et al., 2017; Spiteri et al., 2019; Vidal-Almela et al., 2020). Accordingly, community-based physical activity programmes have been considered a promising strategy for health promotion among this target group, as they allow participants to exercise with peers and experience increased interaction (Bennett et al., 2018; Killingback et al., 2017). In addition to socialisation, Lawson (2005) emphasised that community-based physical activity programmes may enact a social work and facilitate empowerment and community development if intentionally designed for this purpose, especially in socially vulnerable contexts. The author added that this type of programme may contribute to build social networks, develop collective identities, create health-enhancing environments and develop human capital.

Critical scholars have suggested that programming should move further than traditional approaches to physical activity and explore the complexity of factors that affect individuals' and groups' ways of being active (Kirk, 2020; McArthur et al., 2014; McCuaig & Quennerstedt, 2018; Quennerstedt, 2008). Understanding the experiences and meanings that participants may relate to physical activity can result in more meaningful programmes (Piggin & Bairner, 2016). In this context, additional research is required to examine more holistic approaches to physical activity involving particular groups, such as women. Given that, this study sought to explore the experiences of socially vulnerable middle-aged and older women with physical activity within a structured and public health-promoting programme funded by the *Sistema Único de Saúde* (SUS) [Brazilian public healthcare system]. A group of women had regular

meetings to exercise, dance and to have group conversations on topics related to the experiences of everyday life in this context. Throughout the meetings, the women grew to be attached to each other and they engaged in a process of constructing a collective identity, becoming the Divas of SUS. This characterisation was chosen by them, as they agreed it was empowering in itself and conveyed the beauty, power and playfulness they found within the group.

In order to broaden our analysis of the Divas' experiences with physical activity within the SUS programme, this study was underpinned by a theoretical integration of Antonovsky's salutogenesis theory of health promotion (1979) with an intersectional and critical gender perspective (Thorpe, 2014; Vertinsky, 2000).

A socially-critical theoretical approach to women's health promotion

In the area of health and physical education, Antonovsky's theory of salutogenesis has been suggested as a useful theoretical tool to explore the sociocultural dimensions of individuals' and communities' health development (McCuaig & Quennerstedt, 2018). Salutogenesis was conceived to explain how people manage the many stressors in their daily lives and stay healthy (Antonovsky, 1979). In brief, Antonovsky (1979) proposed that individuals' and groups' lives are affected by ubiquitous stressors (challenging situations), and in order to deal with them, they draw on what he called generalised resistance resources (or health resources; McCuaig & Quennerstedt, 2018; Quennerstedt, 2008). Health resources can be characteristics and/or factors of different types (e.g. cognitive, material, emotional, social, cultural, among others) that are available to people for coping with stressors (Antonovsky, 1979). The salutogenic approach explains that health resources provide consistent, balanced and relevant life experiences. In turn, these experiences strengthen one's sense of coherence (SOC),

which is a concept referring to one's capacities and dispositions to see life as comprehensible, manageable and meaningful (Antonovsky, 1979).

In articulation with salutogenesis, we drew on a critical gender perspective to better understand the social aspects of women's experiences with physical activity and health promotion. As Thorpe (2014) indicates, in contemporary times, there are multiple forms of power operating on women's bodies such as patriarchal gender norms, media, neoliberal forces and health discourses. As effects of these dominant forces, there is a 'social silence' surrounding women's experiences with physical activity (mainly in relation to the integration of social and biological dimensions) and therefore their bodies are often ignored, invisible and neglected, not just by others but also by themselves (Thorpe, 2014). The subjugation of women's bodies is notably an example of how the gender order operates in traditional societies, mostly through patriarchy and reiteration of norms like appropriate social roles (housewives and mothers) and legitimate spaces to be occupied by women. Considering that gender is socially constructed (Vertinsky, 2000), and its order is not stable and inviolable, by using a gender perspective we can reveal how women's experiences with physical activity were influenced by and also influenced and contested the gendered conditions of their lives.

Following Vertinsky (2000), we also used intersectional lenses to analyse the everyday life experiences of women with physical activity, particularly older women. We start from a recognition that, in order to become the Divas of SUS, these women have had to overcome barriers not only of 'double discrimination of ageism and sexism' (Vertinsky, 2000) but also of exclusionary situations deriving from disadvantaged social and health conditions, which altogether constrained their ageing and moving bodies (Thorpe, 2014). In this sense, intersectional categories can support our analysis of the ways in which the gender order reinforced patriarchal arguments such as women's

frailty, establishing what and how ageing women should behave and experience their bodies (Vertinsky, 2000).

Materials and methods

Setting

A multisite study was conducted within the context of socially vulnerable communities (Lugueti et al., 2017) in southeast and southern Brazil, where four public health-promoting programmes were occurring regularly as part of the health services provided by the SUS.

We selected the sites using purposive sampling as a means of gaining insights into additional ways of understanding and delivering physical activity. The main goal of purposive sampling was to carefully select programmes that were working within holistic approaches to health. Through exploratory searches, we identified four public-funded programmes that we considered to be working with a focus on social, emotional and cognitive aspects, in addition to the physical dimension of participants' lives.

The selected programmes were already functioning over three to eight years. They were public-funded through a co-sponsorship articulation of local, state and federal government levels, within the scope of the SUS. The SUS is a comprehensive and universal public healthcare system by which the state seeks to provide the population with services for their health development, prevention and cure. The system is organised into three levels: primary (low complexity services), secondary (special services of intermediate complexity) and third (hospital's services of high complexity). At the primary healthcare level, several services are delivered by multi-professional teams who work collaboratively to address community health issues. Among a range of 13 health professions involved in the multi-professional teams (e.g. physiotherapy,

psychology, social service, among others), physical education was included to develop community approaches to physical activity and health education.

In 1997, physical education was acknowledged as a health profession in Brazil. Since then, higher education programmes have been changed substantially throughout the 2000s to respond to the contemporary social and public health needs (Ferraz et al., 2020; Tani et al., 2020). For instance, the most recent version of the Brazilian curricular guidelines for bachelor's degrees in physical education included that health is one of the main areas of study along with sports, culture and leisure (Brazil, 2018). Thus, the undergraduate programmes should provide students with learning on health knowledge and skills for working with health promotion, health policy, programming, and healthcare within SUS and other settings. In line with these recent professional training arrangements, a new occupational role and denomination emerged in Brazil – the Health and Physical Education (HPE)¹ professional.

Within the scope of SUS, the HPE professionals make referrals for participants to specialised services when specific health needs are identified. Also, the other way round, health professionals such as doctors refer participants to engage in a physical activity programme, or they can register directly without referral, as an entrance gate to the SUS. In comparison to similar schemes (e.g. exercise referral in the United

¹. The term Health and Physical Education (HPE) professionals is used to refer to health workers whose speciality is physical education (bachelor and/or teacher education degree), whether they are teachers or instructors who work specifically with health-related physical activity in public health settings, such as primary healthcare centres, community-based programmes and others. In Brazil, physical education (PE) refers to the broad field of knowledge and professional practice related to human movement, including formal education and other areas such as sports, leisure and health. As such, HPE professionals training in Brazilian universities has a particular organisation, with two different degrees - teacher education (for working in schools) and bachelor (for working in non-school settings, including public health) – which are combined under a general denomination of PE undergraduate courses (Tani et al., 2020). These courses are currently organised into two stages: a first phase of generic training that is common to all undergraduate students regardless of the type of degree; and a second phase that is specific for each of the two degrees (Brasil, 2018). Thus, Brazilian students apply for a PE undergraduate course and throughout the course they choose to pursue a bachelor or a teacher education degree.

Kingdom), distinctive characteristics of Brazilian SUS programmes are that participants are not charged to attend, the programmes last indefinitely and occur in public places adjacent to or even within health centres, which facilitates local community access and therefore the programmes' sustainability. One of the SUS' principles is health as a right for all, hence, the target population of the public programmes is the local community and there are no specific conditions for participation.

The SUS public programmes were noticeable as they did not focus only on physical health outcomes, but also on mental health, social and political aspects through a variety of activities, including but not restricted to exercise. However, each programme established a particular way of approaching its community's needs.

In this paper, our analysis will concentrate on the case of a SUS programme named *Academia da Saude* [Health Gym], located in a city of the southernmost state of Brazil. The public programme was implemented to contribute to health promotion through the construction of community centres whereby a range of activities relating to eight themes (physical activity, healthy ways of living, nutrition, integrative practices, arts and culturally-based activities, health education, management, and community engagement) would be delivered under the supervision of qualified professionals.

In particular, the SUS programme under study focused on women's empowerment and social interaction through exercise, dance, group conversations and social activities. Three years after the programme implementation, in 2017, a group called the Divas of SUS was created by middle-aged and older women participants with support from a HPE professional, a 43 years-old woman, who was already working with them. Until that time programme sessions were only focusing on exercising. As the HPE professional identified that the women also needed to talk with others, the idea of forming a group evolved from an intent to make time and create a safe place for the

women's voices (Thorpe, 2014). The Divas' group had a specific purpose to empower its members and they had meetings once a week for sharing experiences, exercising, giving dance performances, and supporting each other in relation to the challenges of being a woman, mother or grandmother in their everyday lives. The Divas of SUS were locally known due to dance performances they gave for public audiences during local events, which was helpful to disseminate the group's purpose through local media (newspaper, radio and social media).

Participants

Participants included Barbara, a HPE professional who held both Teacher Education and Bachelor degrees in Physical Education and six years of experience in the role; and 16 middle-aged and older women (43-66 years-old) who attended regularly the programme and identified themselves as the Divas of SUS. From the first author's knowledge of Brazilian context and information provided by the participants, they can be characterised as a socially vulnerable group in relation to the dimensions of gender, age, class and health disorders. A combination of factors influenced their everyday lives, including their roles as housewives, low income, poor literacy, criminality in the neighbourhood, limitations caused by medical conditions, no prior experience with physical activity, and limited access to resources such as information and technology.

Data generation

Data was generated using condensed fieldwork (Stenhouse, 1978). The main feature of condensed fieldwork is that the researcher visits the research site, spending a number of days immersed in the field.

In this study, fieldwork was conducted in September/2018 by the first author, through a three-days visit to the SUS programme. Since the first author had prior

professional experience of this type of programme and so was familiar with the context, the production of relevant data was feasible in this relatively short period of time.

Data included fieldnotes of non-participant observation of four group physical activity sessions and a multi-professional team meeting, and transcripts of interviews with the Divas (two focus group sessions) and with the HPE professional (three individual sessions). Observation served to provide insights for interviews and check information volunteered by participants. Interviews were employed as an extension of observation to capture participants' reflections on their experiences. The interviews lasted approximately 45 minutes each and they were audio-recorded with participants' agreement and transcribed *verbatim*. The transcripts were sent to participants for validation checking in Portuguese and then translated into English for the article.

The research was carried out according to ethical procedures and approved by the Ethics Committee on Human Research - São Paulo State University registered by report n.1.548.237.

Data analysis

The constant comparative method (Charmaz, 2006) was employed to analyse data. Data analysis was performed manually by two of the authors. Comparisons were made across data in relation to data sources (interviews and fieldnotes), and to participants' roles (HPE professional and the Divas), in several moments throughout the coding process. The analysis involved three phases of coding: open, axial and selective (Kolb, 2012).

In the first phase of open coding, data were systematically broken down into pieces and compared to find similarities and differences. Then, similar data were grouped under labels, from which we formed initial codes. Through axial coding, we made a second round of comparisons between codes with data and put codes together in exploratory forms, relating their properties and dimensions. In selective coding, we built

an analytic frame grounded in data by a process of establishing relationships among the codes and developing them into themes. The women's experiences with physical activity within the SUS programme were represented through the construction of a community of active women and its related elements, namely: dancing and challenging the gender order, HPE professional's dialogical pedagogies as emancipatory, and empathetic relationships among the women as a way of coping.

Finally, in order to interpret the themes, we brought them into relation to an integrated theoretical framework building on salutogenesis theory of health promotion (Antonovsky, 1979) and an intersectional and critical gender perspective (Thorpe, 2014; Vertinsky, 2000).

Findings and discussion

A central theme developed in this study was the construction of a community of active women, relating to the development of multiple ways of women being active (i.e. physically, socially, culturally, emotionally and politically). Three subthemes related to the development of the community are discussed in the following sections.

The community supported middle-aged and older women's needs and interests, which led the SUS programme far beyond traditional physical activity. As we noted earlier, in addition to physical health outcomes, the SUS programme served as a means of establishing connections among the women. The development of social ties added relevance and meaningfulness to the women's engagement in physical activity. Within a socially vulnerable context, characterised by a lack of resources, nurturing a community of active women meant building a collective health resource as a social support to help participants in their everyday lives (Antonovsky, 1979).

'It's women who can do what they want': dancing and challenging the gender order

Barbara, the HPE professional, employed a strategy of including dancing in sessions (styles like Brazilian funk, street jazz and ballroom dance) and encouraging the group to perform at public events. Although most of the women hesitated in the beginning because of low self-esteem and dissatisfaction with body image, facing the challenge of dancing in front of an audience induced them to see themselves positively in relation to their bodies and discover their capacities of learning new activities later in life. Such self-recognition of their potential appeared to be rewarding for them. One of the Divas confirmed that the experience with dance was fulfilling, though unexpected in old age.

We gave a dance performance to 600-700 people. It was the first time we presented. At our age, we didn't think it was going to happen. I'm happy to know that at this age we're taking something for the younger people to see. I'm very proud. I'm proud to know that I can do it. (Diana, participant, 63y)

Even though this first dance performance at a public event was a rewarding experience for the group, it was one of the most challenging moments for them.

When they had their first presentation, it was totally unusual for them. It was something they had never imagined. And it was a totally challenging moment, very challenging. They felt very incapable. So, it was very challenging because at all the time I had to remind them how much they were capable, how much they owned their stories. There was a whole context that discouraged them. Often family issues, some people who said 'this is not for your age'. On the day of the presentation, the husband of one of them said 'What do you want there? Show off? I won't go there to see you shaking.' So, every time they had to put themselves in front of something were challenging moments. (Barbara, HPE professional)

On one hand, dancing enabled the women to challenge themselves, develop skills and invest energy in a collective endeavour. Thus, they had chances to experience success and take pride in their achievements, culminating in a greater sense of competence and self-esteem. On the other hand, performing dance in front of an audience created tensions in women's lives as it confronted the invisibility of their ageing and 'moving bodies' (Thorpe, 2014; Vertinsky, 2000). In a sense, becoming the Divas of SUS had a social and disruptive meaning while confronting gendered oppressive norms that were operating on women's lives through neglect and silence surrounding their bodies. The growing visibility of the Divas through dancing suggested the emergence of a 'ruptural femininity' that was provoking instabilities and pushing the gender boundaries that constrained the women to achieve their full potential (Thorpe et al., 2017).

Despite the initial struggles with these dancing experiences, over time, Diana felt successful in the performances and perceived herself as empowered, with a higher confidence and motivation to take part in activities she could have felt exposed.

This is empowerment. It's women who can do what they want. Our group is powerful because of that. Empowerment is to do things I didn't do before, like going out, being in public, dancing, having fun [...] Now I feel empowered, now I'm not ashamed. (Diana, participant, 63y)

Notably, Diana's meanings of the group were related to feeling empowered, that is, to not feel constrained to pursue her aspirations. In this context, the Divas' empowerment can be understood as a process of developing awareness of the forms of power operating and oppressing their experiences with physical activity, and therefore evolving a disposition to liberation by questioning these constraints through embodiment, identity and subjectivity (Thorpe et al., 2017; Freire, 2018).

Diana's use of the word 'empowerment' connects consciously her speech with her reality, which illustrates the socially critical education developed within the SUS programme. In this regard, Freire (1985) posits that reading and writing as well as spoken words are acts of knowing the world, which involves a previous critical perception and reflection on the concrete experience. Thus, learning to name and express lived experiences was a way for the Divas to comprehend their world. In a similar context, yet different age, Oliver (1999) reinforced the importance of underserved adolescent girls to learn to identify and name the oppressive forces acting on their lives as a means to enable them to engage in a process of liberation (Freire, 2018). Oliver wrote:

Until girls can name what oppresses them and prevents them becoming healthy women they remain powerless. If girls can learn to identify the forms of their oppression and name preferred possibilities, they can begin to disrupt the forces of their own oppression. (Oliver, 1999, p.243)

Speaking and sharing with others was a collective experience of 'conscientization' (Freire, 2018), which may facilitate women's learning to name and understand such forces. Throughout this process, they can position their particular experiences within a broader context and recognise that what they lived in isolation was not an inevitable situation.

As part of this process of the women gaining understanding of how and why their lived experiences were connected, the women grew stronger and stronger as a community and they constructed collectively the new identity as the Divas of SUS.

They created a name for the group: Divas of SUS. It began one day when they were joking, 'oh, we're beautiful and hot.' And on that day arose something like

'we're Divas!'. Then they kept joking, 'we're the Divas of SUS, let's make a calendar, we'll be on magazines.' That thing of a willingness to empower themselves. (Barbara, HPE professional)

The women realised they were Divas in their everyday lives, that is, how they were special and powerful, considering all the issues they had to handle, including gender norms, social vulnerability, ageing and health conditions. Being Divas meant to feel capable and keen to face every challenge that arose and to recognise beauty, power and joy in themselves. Interviews with the women suggested that becoming the Divas of SUS added meaningfulness to their lives, which implied an increased motivation to cope with life challenges (Antonovsky, 1979).

How my life changed after I became diva because since then I feel I'm beautiful and perfect. Before we didn't have that notion. We had no idea. I think it means to feel good about ourselves. (Grace, participant, 54y)

Diva is being willing to face everything that lies ahead. (Diana, participant, 63y)

Diva means being a woman, mother, partner, worker and every day being able to be here with capacity, courage and joy. (Teresa, participant, 54y)

Another relevant aspect raised by the women about being Divas was related to a perception of equality among them and a critical awareness of dominant discourses, such as beauty patterns and the high social value placed on women's physical appearance.

Also, in the Divas group there's something very special about empowerment.

Because people have a pattern of beauty that, unfortunately, they think everyone has to be fit and here each one is in her own way (...) we all treat each other in

the same way and we're all equally powerful. Here we don't look at measures, size, colour. It's the person, the person's power, the person's self-esteem that makes us Divas in a general context. (Catherine, participant, 48y)

Supporting previous research (Dionigi et al., 2013; Ericson et al., 2018; Griffin & Phoenix, 2016; Stride et al., 2019), our findings indicated that the Divas engaged in a process of identity negotiation that connected them to a community and encouraged them to construct 'a sense of valued self' (Gonyea & Melekis, 2017). Valuing the self added meaningfulness to their lives (Antonovsky, 1979). Similar to Ericson's et al. study (2018), the identity as the Divas of SUS served as a health resource which helped the women to shift focus from deficit beliefs about themselves to seeing their lives in a positive light, as the salutogenic perspective posits (Antonovsky, 1979).

Overall, the findings showed that the SUS public programme enabled the women to have experiences of learning and performing dance, constructing a collective identity, becoming visible in their social context, interacting and establishing relationships with others, which altogether added comprehensibility, manageability and meaningfulness to their lives (Antonovsky, 1979). These experiences supported the women to address major concerns on body image and low self-esteem, as well as to collectively challenge gender forces operating in their lives and develop their health and wellbeing.

As we noted, the creation of the Divas of SUS was not without its challenges for these women. Particularly early in the process of forming this group, they faced scepticism from others and crises of confidence among themselves. They met and overcame these challenges through their collective efforts to name the sources of their oppression, and also their sources of joy, in particular, to dance.

It is important to highlight that the SUS programme in its public design supported the creation of an inclusive and sustainable environment that allowed the socially vulnerable women to feel empowered and equal to others. This social environment was a key element to involve the women and assist them to gain access to further health resources (e.g. relationships, self-worth) that they could activate for coping and nurturing health and wellbeing. Importantly, besides the public format of the SUS programme, another key element that supported the women in their process of becoming the Divas of SUS was the HPE professional's dialogical pedagogies, which are discussed in the next section.

'It's about empowerment': the HPE professional's dialogical pedagogies as emancipatory

The HPE professional's work focused on increasing social interaction and connections among participants. In Barbara's perspective, the purpose was to:

Promote possibilities for people to observe their lives and pursue health (...) I think the main thing is connection. Having a connection with people and making the group have a connection between them as well. Because from the moment you work this relationship with people, you won't only treat their physical part. You'll create with them a whole relationship of emotion, of life, and sometimes of provocation. (Barbara, HPE professional)

Barbara indicated that working with the women involved building connections among them and posing challenges to their lives. The relationships created within the group stimulated the women to gain awareness of their struggles like low self-esteem and limited time for self-care, and engage in small transformations in their lives, which, though small, were of great significance to them.

The women's everyday lives were affected by the intersection of social vulnerability, traditional and oppressive gendered roles, ageing processes and health disorders (Vertinsky, 2000). Even though most of them joined the SUS programme after a medical referral to exercise due to overweight, Barbara identified over time that the women were actually, in addition to weight-reducing exercise, in need of talking and unburdening themselves of their cares and worries, since they did not have opportunities for such conversations elsewhere.

They start because 'oh I want to lose weight'. But then it wasn't even what they were looking for (...) They were looking for a friend, for someone to talk to and speak of their anguish, someone to be able to refer them to another sector, another service. (Barbara, HPE professional)

As a response to this situation, Barbara encouraged the women to create a group conversation to address their needs of talking about their lives, right after exercise routine on Fridays. Barbara noticed that the women did not attend exercise sessions on Fridays because it was the weekday that they used to clean their homes thoroughly, as often occurs in several Brazilian regions.

I said to them: We always come here and we never have a day of conversation, without commitment. Let's do it every Friday which is the day you usually do the cleaning at home. You're going to leave the cleaning, which will stay there waiting for you to be done. Friday was kind of a dead day, when almost no one came. (Barbara, HPE professional)

Social expectations related to gendered roles were acting over women's bodies and hindering them to have increased experiences within the programme. From this problematic situation, Barbara engaged in a critical pedagogical process with the

women, initially, challenging them to develop consciousness and identify the gender barriers that were limiting their time for self-care (Freire, 2018).

This Friday meeting was actually an achievement. It's always challenging, isn't it? We always have to be challenging. At first it was difficult, they said 'but I will have to leave it to do it later'. So, I said: I don't believe girls that you are going to give priority to home and not to you. First, before you love anyone, you have to love yourself. This is going to be the moment that we'll sit down and make it for us, even if it's just a little bit. And I started with a little, ten minutes. After, this meeting time became fixed. It was consolidating, they wanted to participate more and more. And they started to bring others and to see that it was important and how good it was for them. (Barbara, HPE professional)

Barbara's idea of creating the Friday's group conversations was a remarkable gendered challenge for the Divas. As an effect of the hegemonic gender order (Thorpe, 2014), most of the women were initially resistant to participate due to their feelings of guilty in prioritising themselves and postponing the housework. Then, Barbara insisted on the women having group conversations as a way to stimulate them to make time for self-care instead of placing a high priority on caring for others. Barbara helped them to understand that they could have control over their time and make decisions about when to do the household chores without neglecting themselves.

As part of the critical pedagogical process, the women realised the importance of assuming ownership of their personal time for their health and wellbeing.

[I became] able to say no at certain times, because there were things that I accepted in family, everything was for me and I couldn't refuse. I failed taking care of myself to do the housework (...) And now I do what I can. But I don't

stop coming to the health gym and group meetings (...) we need to have some time for us, some time to exercise and stay well. (Kelly, participant, 58y)

Therefore, Kelly was supported by Barbara's dialogical pedagogies to define her own choices and not just to uncritically abide by sociocultural expectations (Freire, 1985). Barbara played a role of a critical educator during group conversations and other activities in the community, which was crucial to nurture the women's autonomy and ensure the construction of an inclusive and democratic environment. The main pedagogical strategies she used were showing attentiveness, posing challenges, listening to the group and responding to them.

It's always that thing of listening what the other has to say. They say, 'the teacher has affection for us'. In fact, you kind of embrace, welcome them. You show attentiveness, you listen to them. Sometimes you see someone, she arrives, you see that she's kind of weird, then you already talk. Because sometimes the conversation itself already makes the person open up, tell something that is going on or that she's feeling. And this also helps. It strengthens our relationships with each other. (Barbara, HPE professional)

Barbara's practices were intentionally organised to prioritise affective learning among the women in areas such as motivation, self-esteem, body image and connectedness, which can be viewed as a form of 'pedagogy of affect' (Kirk, 2020). In addition, Barbara showed an important virtue of critical educators, that is, an ability to love the women she was working with in a manner that encouraged them to 'be more' (Freire, 1985, 2018; Knijnik & Luguetti, 2020).

Also, Barbara pushed the women to be active, not just physically active but also socially and politically, that is, to realise their potential and participate in society

according to their interests and needs. Barbara commented on the beliefs that shaped her approach to working with the Divas.

It's about empowerment, about feeling more alive, more of a woman, more active in our daily lives. It's very important to be active in our lives. Not only to be a housewife-woman, mother-woman, but to be a woman who fights for her rights. Many times, we sat here and talked about feeling bad for sometimes being looked at in a different way, for hearing derogatory comments people made about them driving. In addition to them strengthening themselves, I strengthen myself a lot with this group as well. (Barbara, HPE professional)

The group assumed a critical and disruptive character in face of the gendered oppressive relations that were reiterated throughout their lives and made them feel of lesser importance and ignored in their social context. In this respect, Barbara played a crucial role while encouraging the women to not assume uncritically gendered roles (Vertinsky, 2000), but also to 'be more' than the ordinary and go beyond, that is, to construct new forms of femininities (Thorpe et al., 2017) towards a transformation into Divas, as women protagonists who pursued their own political aspirations (Freire, 2018).

Another aspect raised by Barbara was that working with the Divas was not a one-way process. As a woman and a critical educator, interacting and listening to the group was a learning experience for Barbara as well. From a critical pedagogy perspective, teaching and learning are inseparable and educators are constantly learning through action and reflection (Freire, 1985; Knijnik & Luguetti, 2020).

In fieldwork, we observed that interactions occurred in a way that the women found opportunities to express their own voices. As a facilitator, Barbara did not define topics for conversation, instead, she guided the meetings according to the participants' demands.

It's that kind of thing to meet with no commitment. It's not a lecture, a formal speech. It's a free and spontaneous demand. There's no plan or agenda.

Sometimes some issues arise and many of the women make suggestions [...]

What I find potent in this group is that they don't think 'what the teacher says is the truth, what someone says, or what the speaker came and said'. It's their knowledge that they exchange and talk about. It's not just a matter of knowledge of a specialised and trained person, but knowledge that comes from them and their lives. It's very spontaneous. I think this is the success of the thing. (Barbara, HPE professional)

By listening to the women and building on their lived experiences, Barbara enacted a critical educational work with them, which nurtured their transformation into the Divas of SUS (Freire, 2018). In her dialogical pedagogy, Barbara was able to identify the Divas' needs and to make a meaningful contribution to their lives. The pedagogical process conducted with the Divas, who were women socially positioned out of power structures due to gender, age, poor health and low-income status, supported them to develop consciousness of the sociocultural forces that were influencing their realities and therefore improving the comprehensibility of their lives (Antonovsky, 1979; Freire, 2018).

'It's an escape valve that we have': empathetic relationships among the women as a way of coping

As the group conversations progressed, the women shared lived experiences and daily concerns of being a woman, wife, mother and grandmother. Among the experiences they shared with each other, it stood out that their everyday lives were characterized by the occurrence of stressors in the form of gendered sociocultural expectations, such as household and caring responsibilities, family and matrimonial daily life, tough

situations they faced like unsuccessful pregnancies, low self-esteem, dissatisfaction with body image, ageing and anguish at feeling older, isolation, limitations caused by illness, and mental health disorders among family members (e.g. attempted suicide, depression).

Alice and Diana provided examples of situations in which they experienced shame and coped with it within the group:

It was hard for me to accept my age and I was depressed due to the death of my husband (...) My friends here help a lot in this part of accepting my age, my way of being. Because I was even afraid to look at myself in the mirror (...) Mainly the teacher who always says that we have to accept ourselves as we are and that there's no point in trying to be like others or like other people want us to be. In this part, the group helped me a lot and it continues helping me. (Alice, participant, 52y)

I was ashamed to do these things [like dancing] because I was too fat. Now I feel empowered, now I'm not ashamed. (Diana, participant, 63y)

Previous studies also demonstrated that women often experience shame in relation to physical appearance and body image, culminating with the attribution of 'unwanted identities' that reinforce feelings of devaluation and inferiority and act as a gendered form of oppression (Brown, 2006; Hofmeier et al., 2017; Rogers & Ebbeck, 2016; Stride et al., 2019). In exercise settings, these kinds of 'unwanted identities' like 'fat', 'unfit', 'out of shape' among others can be accentuated, mainly when instruction style is less empathetic and more intimidating (Roggers & Ebbeck, 2016).

In salutogenic terms, physical activity can function as a stressor and/or a health resource (Antonovsky, 1979). Depending on the pedagogies, physical activity may

reinforce the 'unwanted identities' and therefore shame. On the other hand, it may support women to deconstruct such labels, questioning the dominant discourses being embodied (Thorpe et al., 2017) and through a constant process of challenging them to critically engage in transformation, which is never effortless, as occurred with the Divas in this study.

Also, throughout this process of becoming, the Divas found support within the community to unburden themselves of their problems and to have positive experiences that fully involved them.

Not long ago I went through another problem in my family, my brother was depressed. And if it wasn't for this group here... it's an escape valve that we have. We forget. It's a reason that makes me come. Time flies, you know?

(Emily, participant, 57y)

By sharing concerns and being listened to by others without judgement, the Divas of SUS grew in confidence and trust on the community, culminating with caring and empathetic relationships. In fieldwork, we observed that the SUS programme's environment was affective and inclusive, which appeared to favour a feeling of empathy and intimacy among the participants. Grace talked about how she found empathy and support among her peers.

This round conversation here that we do on Fridays, we talk about our problems.

These days, I told of something that happened to me and I cried. Some of them cried with me. So, we leave here a new person every time. (Grace, participant,

54y)

Whilst they talked, they supported each other, and they gained consciousness about complex problems their friends were experiencing. Thus, while offering support, they also benefited from increased perception and a reappraisal of situations they were

facing, which helped them to develop a sense of comprehensibility of their lives (Antonovsky, 1979).

It's good for our health, for our souls too because here we know people with many problems, and we see that our problem is nothing. (Alice, participant, 52y)

Participation in the SUS programme also contributed to the women's capacity of manageability and meaningfulness in relation to life events (Antonovsky, 1979). In this regard, Kelly, a breast cancer survivor, perceived that she developed a 'strength to live' over time.

I feel powerful to be here and to have the strength I have today and I didn't have before. A strength to live, to move forward because when we have many health problems, surgeries, we get very sad and think it's the end of life. And no, then we're here. Now I know that every day is a gift for me. (Kelly, participant, 58y)

These data suggested that the SUS programme supported the Divas to develop an increased confidence that life situations are comprehensible, manageable and worthy of investment, which implies a strong SOC (Antonovsky, 1979). Group conversations encouraged the women to share their lived experiences, which led them to increase awareness, empathy, mutual support and connectedness within the community.

Opportunities for speaking and listening to each other in a climate of non-judgment enabled them to handle challenging situations and identify the SUS programme as a resource where they would find support, enhancing their capacity to improve the manageability of their lives (Antonovsky, 1979). Connecting with others who were sensitive to their experiences was a powerful means of coping with their life struggles (Brown, 2006).

Conclusion

The purpose of this study was to explore the experiences of middle-aged and older socially vulnerable women with physical activity within a SUS public programme, Brazil. The study underlined the intersection of women's gender, age, social vulnerability and health status and how sociocultural expectations that were socially enforced over these identities affected their health and wellbeing (Thorpe, 2014; Vertinsky, 2000).

One of the most noteworthy findings in this study was that the SUS public programme served as a means of connecting the women with each other and assisting them to engage in an empowering process of becoming the Divas of SUS. In light of salutogenesis (Antonovsky, 1979), the creation of a community of active women functioned in itself as a collective health resource that provided them with consistent experiences of mutual support through empathetic relationships, self-worth, lifelong critical learning, resilience, positive body image and self-care, which they could draw upon to manage challenging life situations as well as to confront gendered oppressive conditions.

Another key finding was that the HPE professional's pedagogies played a crucial role in empowering and supporting the women in their struggles to challenge gendered forms of oppression in their lives. As such, these pedagogies were found to be consistent with Freire's (2018) ideas of dialogical education, as well as with a critical approach to gender (Thorpe, 2014; Vertinsky, 2000) and a salutogenic orientation to health (Antonovsky, 1979).

In this sense, our findings suggest that an integration of critical pedagogies with a salutogenic focus on health and wellbeing might be a promising alternative for assisting women to experience ageing and physical activity positively. In the field of practice, this requires that practitioners gain a comprehensive understanding of the

social processes that ageing and bodily experiences entail for socially vulnerable adult and older women beyond the biological dimension (Thorpe, 2014; Vertinsky, 2000), and the diverse meanings they can find in physical activity. In line with Antonovsky's (1979) theory, the goals for working with women on health promotion should be to support them to identify and develop health resources at individual and collective levels, nurturing their capacities of comprehensibility, manageability and meaningfulness and the overarching SOC of their lives. Thus, it is important to get to know participants and consider their social conditions, gendered and lived experiences as a woman, emotions, interests and needs in becoming physically active.

Overall, the experiences discussed in this study support the conclusion that there are promising possibilities for HPE professionals and programmes in socially vulnerable contexts to widen their contributions to women's health promotion that are not limited to exercise prescription. Our study showed that the women's transformation into the Divas of SUS was a socially-critical pedagogical process that enabled them to experience playfulness, but nevertheless embracing an empowering collective identity. Other possibilities might include facilitating connectedness, empathy, lifelong learning and critical thinking among women and encouraging them to challenge their social conditions and to develop a sense of community, which altogether might support them to become resilient, politically conscious about the multiple forms of power that oppress them and thus empowered and healthier.

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