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# REDUCING RISKS, PROMOTING A HEALTHY LIFE: THE CONCEPT OF RISK IN HEALTH PROMOTION

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## ABSTRACT

The title of the 2002 World Health Organization report: “Reducing Risks, Promoting a Healthy Life” has stimulated the writing of this paper. We will seek to problematize the concepts of risk and health promotion and the possible relations between them, basing our studies on bibliographic review, categorized according to the desired problematizing. The referred title seems to suggest a connection, or in other words, the risks decrease promoting health, however, is this relation direct and simple? The present paper, in discussing conceptually risk and health promotion will seek to approach the answer to this and other questions intrinsically connected to this subject.

Key words: health promotion, concept of risk, health.

## INTRODUCTION

The aim of this paper is to analyze the relation between risks decrease and health promotion suggested by the title of the 2002 World Health Organization report (WHO): “Reducing Risks, Promoting a Healthy Life”. For that purpose, we will problematize the concepts

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of risk, health promotion and health, making use of the review of the available literature about these topics.

From an academic point of view, there are several studies focusing on health promotion (CARVALHO, 2004) and many other publications dealing with the “risk” theme (CASTIEL, 1999).

Besides that, the Pan American Health Organization (2002) establishes as one of the primary functions of the Public Health: “the monitoring, investigation, controlling of risks and damages in public health” and “health promotion”.

The realization of this study was stimulated by the title of the previously mentioned report: “Reducing Risks, Promoting a Healthy Life”, and also for preliminary readings about risk and health promotion (GASTALDO, 1997; BUSS, 2000; CASTIEL, 2003; CZERESNIA, 2003). The present study intends to discuss the following questions: does the reduction of risks result in a healthy life promotion? Are the concepts of risk and health promotion clear enough to the health professionals and to the population in general? Is it possible for us to know all the risks and avoid them (or minimize them)?

For that, this article is arranged as follows: in the second section we will carry out an approach to the concept of risk, in the third one we will discuss the idea of health promotion, in the fourth section we will analyze the title “Reducing Risks, Promoting a Healthy Life” and finally in the last section we will present final considerations.

## THE CONCEPT OF RISK

The available literature about this subject is vast, and we could even consider an “epidemic” of articles about risk (SKOLBEKKEN, 1995; POWERS et al., 2003). According to Castiel (1999) risk is a word with different meanings, and, as it will be discussed later, these meanings not always live in harmony.

The term risk, according to Freitas (2001), in the way it is currently used, appears with the constitution of the modern western societies. Since its origin until the present days, it carries in itself the presupposed possibility of previewing certain situations or events through knowledge – or, at least, possibility of knowledge – of a probability distribution parameters for future happenings, which can be computed through mathematical expectations.

We discuss health risks, economic risks, political risks and more, and their meanings are a function of the context in which they are inserted (MEACHAM, 2004).

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Recently, the concept of risk was taken by several subject areas in different areas. These subjects can be separated in four large groups: economic sciences, epidemiology, engineering and social sciences (GUILAM, 1996).

The systematization proposed by Porto (2000) promotes the understanding of other subject areas goals and actions, showing their own specific approach to the theme:

1) Risk Assessment (several engineering areas, toxicology, epidemiology and experts in specific risks, as biosecurity, radioprotection...): it is a methodology that aims to characterize the expected effects of a determined exposure to an agent on health, also providing estimations in terms of these effects occurrence probability to different exposure levels.

2) Perception and Risk communicating (psychology, anthropology, and sociology): The perception studies intend to analyze how different populations notice and react against determined risks. Such analysis would promote the formulation of risk communicating programs.

3) Risks Management (safety engineering and occupational health, medicine, toxicology, ergonomics, diverse engineering areas, administration sciences, economy...). Considering occupational risks, risks management involves the decisions and actions which occur on two mainly levels: (i) inside society and by governments, making use of the public politics, legal demandings, norms and standards, that assure the acceptance of a certain risk and the practices in the workplace; (ii) inside companies, making use of some management guidelines which can help to avoid (or to cause, in the case of the management failures) the risks in the workplace. The risks management takes in consideration, besides the social-economic factors, aspects like the technological viability and the appropriated human resource management considering the health and safety requirements, employing the best available technologies in favor of the workers and the environment.

4) Social and Equity studies (social and political sciences, anthropology, social epidemiology, interdisciplinary studies...): Aims to understand the phenomenon of the inequality distribution of the risk in society.

According to Lieber and Romano (1997), the instrumentalization level of the risk concept imposed today, thanks to the technical practice and its probabilistic abstractions, reaches the supreme refine-

ment of excluding the own risk essence. Everything is presented as if we have found a common denominator, presupposing harmoniously shared interests, under the same bargain power. Thus, probabilities are compared to show, for example, that the risk of dying from organochlorines contamination is 10,000 times bigger when resulting from treated water than that of dying from PCB (polychlorinated biphenyls) contamination.

However, will the risk be something we can quantitatively measure with a “ruler” (MARRERO, 2001)? Doesn’t risk go beyond the idea of quantification (PASSCHIER; REIJ, 1997)? In the attempt of answering these questions, there are several research lines which examine the psychological and social repercussions of the speech and the risk perception (CASTIEL, 1999).

Adams (1999) proposes a problematizing approach to the question of risk when he states that every person has a thermostat which evaluates the risk. This risk thermostat model proposes that everyone has a propensity to take risks; this propensity varies from one individual to another; the propensity to risk is affected by the potential reward of taking the risk; the perceptions of risk are influenced by the previously experienced losses; an individual risk taking decision represents a balancing of interests between a possible danger and a possible reward, in which the person is also considering his own perceptions of risk. The risk thermostat is shown in figure 1.

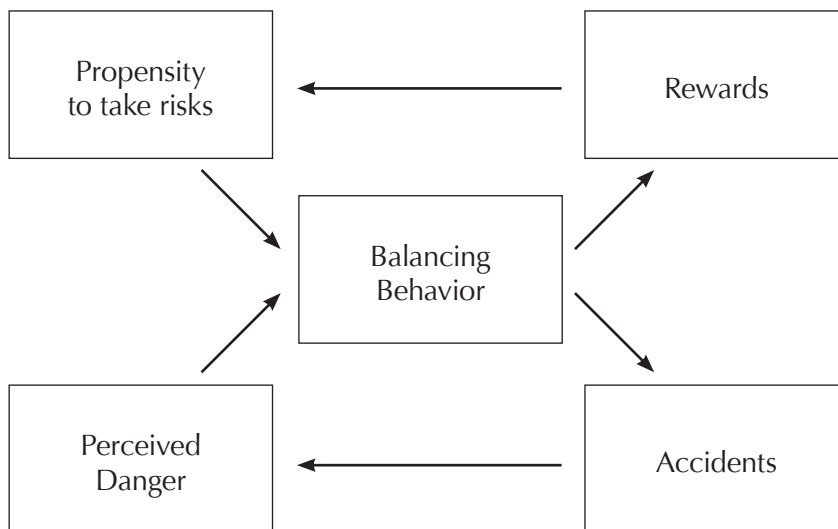


Figure 1 – Risk Thermostat (ADAMS, 1999)

An interesting classification of the risk types is also presented by Adams (2003):

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1) Directly perceptible risks: are managed using our common sense (a combination of instinct, intuition and experience).

2) Risks perceived with the help of science: scientists help us to see and manage what is not seen with the naked eye.

3) Risks virtually perceived: this is the most complex category. This group includes the risks, whose probabilities are not known, only the uncertainties.

This typology enables some considerations and adds some new questions to those previously mentioned (ADAMS; THOMPSON, 2002):

- Where the risks are directly perceived the probabilities are estimated instinctively and intuitively. For example, we do not consider formal probabilistic risk assessments before crossing the street.
- Science can inform speculations about probabilities with the help of mathematical evidence, or cause and effect relations, but rarely science can assist the values estimation- of the costs and benefits of taking risks, for example, how can we value a human life?
- Where science is contested or inconclusive, scientists argue with scientifically-framed hypotheses and people are free to argue, many times from prejudice and superstition, as it is seen nowadays in the transgenic case: Do the transgenic benefits counterbalance the risk they can produce?

We must also bring to discussion an important dimension of the risk concept: the ethic dimension, which means recognizing that the norms and guidelines proposed to manage the risks should be discussed morally and politically before being put into practice, for when we discuss such guidelines parameters we can exceed, the simple worrying with the norms efficiency, once there is the consideration of a moral nature of “imponderabilities” inherent to risk (REHMANN-SUTTER, 1998).

## HEALTH PROMOTION

The discussion about the health promotion concept has as a starting point the own concept of health (CZERESNIA; FREITAS,

2003). According to the World Health Organization, health is a state of complete physical, mental and social well being and, not a mere absence of disease or infirmity. This statement also reinforces the concept of health as a fundamental right of all citizens (HPA, 2004).

On the other hand the VIII National Health Conference in 1986, defines health as something resulting from the food, housing, education, income, the environment, occupation, transport, employment and leisure conditions besides the access and ownership of land and the access to health services. Thus, above all, it is the result of the forms of social organization of production, which can cause inequalities in the living standards. Therefore, according to this point of view, a united action from social and economic sectors as well as the health sector is necessary to the reaching of a high health standard, that is, intersectoral actions are essential to reach health (MOTTA, 2000).

In 1986 the I Health Promotion International Conference, held in Ottawa-Canada, considered as necessary conditions for health: peace, education, shelter, food, income, a stable eco-system, sustainable resources, social justice and equity (BUSS, 2003).

We can notice that the health definition is being expanded, even including several others dimensions of the human life. If by one hand, the difficulty in this definition is recognized since ancient Greece (COELHO; ALMEIDA FILHO, 2002), by the other people talk and write a lot about this subject in scientific circles, in the media and in daily life. We can simply look up for the word health in internet search engine sites (in this example, Google site) and we are going to find about four million and ten thousand pages about the subject, only in the Portuguese language.

There is a great diversity in the perceptions and experiences of the health/ sickness process in each context, each society, each culture. Health is an existential human concern. Each society has its own idea about health/sickness and body, which corresponds to the coherence or contradictions of its overall view of the world and its social organization (BORGES, 2002). As a result health is not something static, like a state, but, on the contrary, it is a dynamic process, in constant motion (MOTTA, 2000).

If it is difficult to define health, how can we define, then, health promotion? That is an ancient concept, which is being taken up again and discussed in the last decades, mainly since Lalonde Report, at the beginning of the 70's (MOURA et al., 2002) and the idea of promoting health precedes the explicit use of this term (SOUZA; GRUNDY, 2004).

The world health organization defines health promotion as the process of enabling people to increase control over, and to improve

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their health. Health promotion is a social and political movement, which not only includes actions directed to the strengthening of the individual's capabilities and abilities, but also actions directed to changes in the social, environmental and economic conditions to decrease their impact on the individual and public health. The individuals' participation is essential to sustain the health promotion actions (BUSS, 2003).

The modern concept of health promotion (and the subsequent practice) came up and evolved, more vigorously in the last twenty years, in the developed countries, particularly in Canada, United States and Western Europe countries. Four important international Conferences on Health Promotion, held in the last twelve years – in Ottawa (1986), Adelaide (1988), Sundsvall (1991) e Jakarta (1997) – have developed the conceptual and political bases of health promotion. In 1992, the Health promotion International Conference (1992) was held in Latin America, bringing formally the subject to the sub-regional context (BUSS, 2000).

The several available definitions of health promotion can be joined in two large groups. In the first one, health promotion is considered as a collection of activities drawn to the individual behavior changes, focusing on their lifestyles. In this case, health promotion activities or programs tend to join in educative contents, previously related to behavior risks subject to changes, which could be, at least in part, under the individual's control. Such conception holds individuals responsible for their own health and for the avoidance of the risky behaviors. Otherwise, the second group is based on the understanding that health is the product of a large spectrum of factors related to life quality, including an appropriate standard of feeding and nutrition, habitation and sanitation; good working conditions, continuing educational opportunities, clean environment, social support for families and individuals, responsible way of life; and a large variety of health care procedures (BUSS, 2000).

Another crucial point that must be mentioned is the necessity of differentiation between the concepts of promotion, prevention and education in health, which many times are considered as synonyms, what can confound even health professionals (SOUZA; GRUNDY, 2004). The main difference between prevention and promotion is in the health concept underlying these terms. The preventive approach considers with priority health as illness absence, while the concept of promotion perceives health as a positive and multidimensional concept, resulting then in an opposition "participative model" versus "interventional medical model" (FREITAS, 2003). Besides that, as Czeresnia (2003) observes, the appropriate understanding of the dif-

ference between promotion and prevention is just the consciousness that scientific knowledge uncertainty is not a simple technical limitation susceptible to successive difficulties overcomings.

We must emphasize that health promotion chooses a collection of political strategies which covers from conservative to critical points of view, the so called radical or libertarian views. From a more conservative view, health promotion could be considered as a mean of directing individuals to assume their own responsibility for their health and, in doing so, decrease the financial weight in health assistance. On the other hand, health promotion would serve as a strategy to change the relations between citizens and the State, through the emphasis in public politics and intersectorial actions, or even, it could turn into a libertarian perspective which seeks deeper social changes – as the popular education proposals are (CASTIEL, 2004).

## REDUCING RISKS, PROMOTING A HEALTHY LIFE?

In spite of recognizing the existence of several possible definitions to the word risk, the World Health Organization, in its 2002 report – The World Health Report 2002 – defines it as “a probability of an adverse health outcome or a factor that increases this probability” (WHO, 2002).

However, if by one hand the search for health is a genuine goal for the public health, by the other risks, uncertainties and even illness are part of life. This demands that we can distinguish which risks can and should be avoided and which ones are inherent to the human life. Only when there is clarity about this distinction can tactics that respect the “social relation discretion” demands be built (CAPONI, 2003), according to Caponi (2003, p. 72), “strategies able to accept that individuals’ health is fundamentally their own concern”.

The risk concept is a structuring one, also, from the contemporary health promotion point of view supporting, among others, strategies as the Healthy Public Politics and multiple actions that have as an objective contribute to the choice of healthy life habits. The growing attention to the body shape, to the exercises and diets represents the most obvious demonstration of this thought (focus on life style), added by a “new consciousness” about risks resulting from human activity- pollution, global warming, biodiversity, etc. (CARVALHO, 2004).

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Following the path of objectivity, rationality and neutrality, scientific medicine (based on epidemiological studies) researches risks complexities to health with the main purpose of avoiding illness and promoting longevity. The medical scientific knowledge can assist in the planning of health services supplies as well as in cost-benefit ratio calculations related to the use of technology and high cost medication. Recently, scientific risks management first came up, and its priority was to evaluate the potential dangers of the individual interactions with the environment, through probability calculations and the establishment of risks standards, which, in the end, result in priorities setting for risks prevention, besides defining also goals to the health promotion strategies. In this context, risk is frequently understood in statistical terms and with the epidemiology help, it is seen as an objective construct (OLIVEIRA, 2001).

Identifying and reducing risks has become the main goal of the public health, being risks management essential to the health promotion speech. According to the definition presented in the Ottawa letter, health promotion is the community capacitation process that develops integrated participation and control actions to the promotion of health and life quality of its members. This capacitation process, which emphasizes the individual's and social groups' autonomy in health management and in the communal struggle for social rights, is informed by the scientific knowledge of health risks (CZERESNIA, 2004).

However, the massive and extensive information accumulation – and in a minor scale – knowledge accumulation, as well as the risks and insecurity presence in public interest matters and also in decision taking matters, are modern society clear features. Although it seems to be two adversary ideas – more information and more insecurity – they can coexist for one simple reason: though the new information, specially the one that comes from science results, is able to solve old concerns, at the same time, it raises new others in a much higher rate (HANSSON, 2002).

In this way, does knowing the risks mean a real benefit? Or knowing all the risks to which we are exposed, to be aware of the risks, can result in more insecurity and responsabilization? For instance, does the fact of being aware of the risks of smoking can produce more insecurity than if we ignore this fact? If an individual that knowing the risks the act of smoking brings, keeps on doing so, can he be “blamed” if he develops. We must reflect carefully before stating that health promotion is fantastic and fascinating as Saan (2001) declares, for at the same time it can be considered in its ideological aspects as a enterprise of a holistic nature which, connected to the dynamic of

social transformation, demands articulated strategies to the needs the population feel, notice and desire (MELLO, 2000), it can also be a biopower tool as Petersen (1997) states, that means, the education and health promotion greatest focus are the risks related to the so called lifestyles. Individuals identified as high risk to a particular disease are encouraged to change some aspects in their lifestyles, to monitor their behavior and to engage in self-control. This project is drawn to the maximization of an individuals' own health and minimize his "weight" to society (GUILAM, 2003).

It's important to add that biopower has as its aim security, a government strategy which implies the improvement and use of information. It is important, in this view, to understand the risks and their correlates, being evolved, thus specialized institutions in these quantitative series analysis. It is obviously in this way on which rely the modern strategies on risks management (SPINK, 2001).

Besides that, it must be also considered the ethical issue of health promotion, that is, the recognizing of the need for the articulation of a coherent moral structure on which health promotion practice is based. If this is not put into practice, health promotion might mirror a wider problem in modern society, where advances in science and technology constantly serve to highlight the many things that can be done and must be done, but are not done, or in other words, our current technical capacity can overtake and outgrow our moral imagination (SINDALL, 2002).

It must be emphasized that the undeniable contribution of the concept of risk to the sanitary actions effectiveness, including also health promotion, must not exclude a careful analysis of this notion, with the purpose of explaining ambiguities and ripen strategies which have as a focus individual and collective life defense (CARVALHO, 2004).

However, more important than the discussions about objectivity and subjectivity of risks (THOMPSON, 1990) and about the different and conflicting concepts of risk (THOMPSON; DEAN, 1996) and their implications, is the challenge of surpassing and going beyond the existing opposition between subjects areas of a quantitative and qualitative approach. In spite of the remarkable advances in the conceptual discussion on risk, there is still a serious problem to be faced, that is, the high fragmentation level of the several subject areas which study the theme, making it difficult to obtain a broaden view of the meaning of risk (CARDONA, 2001) and preventing the full development of public health measures.

Interdisciplinarity is essential to fully comprehend risk, such as the knowledge conjugation, for no subject alone can attend to

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the broadness of the concept. In this view, the quantitative aspect does not deny the qualitative one, and neither does the measurable aspect to the non measurable one (MINAYO-GOMEZ; THEDIM-COSTA, 1997).

However, interdisciplinarity also involves some cares, for we should pay attention to the incorporation – without rigor – of the other subject concepts, the common notions polysemy, which hides deep differences that distinguish them, besides the danger of substitution of fragmental analysis for simplifying synthesis (MINAYO-GOMEZ; THEDIM-COSTA, 1997).

A holistic conception of risk, solid and coherent, based on complexity theoretical planning, which take into consideration social, political, economic variables, among others, could facilitate and orient decision making. This kind of integral and interdisciplinary approach, could take into consideration, in a more consistent way, the non-linear relations of the context parameters and the social system dynamics and complexities. Besides equally contributing to the better management effectiveness, the identification and prioritization of feasible and efficient measures to the risk decrease by authorities and communities; fundamental actors to get a preventive attitude in face of the dangers (CARDONA, 2001).

It is also necessary to emphasize that to reach clarity of concepts like health, risk and normality, is important for us to restrict the desire of interfering in individual's life, for, an opening to risk, beyond their control, is also a basic condition to achieve and promote health (CAPONI, 2003).

## FINAL CONSIDERATIONS

The present work had as its objective to problematize the concepts of risk, health promotion and health, in order to show the several authors' opinions about the subjects which, as it was said before, are extremely complex and brought about a vast scientific and non-specialized literature. It was also intended to show that a simplifying connection like "Reducing risks, promoting a healthy life" is dangerous, for it joins together such complex concepts, which can not be reduced to a unique approach – risk shown as danger to be avoided and the minimization of these risks meaning health promotion.

In conclusion to the present study, we consider relevant to bring these provoking consideration from Castiel (1999) about the subject:

There is no how to deny the energy present in risk and its speeches. The repercussion is evident in several details in our daily life, to an extent that they merge into our concerns of living constantly between expositions and grievances. In the face of this reach, it is necessary to have in mind the multiple dimension of the risk “relativity”: it is a construct produced at a particular time, specified as late modernity; the category is linked to a certain vision of the world and of what is the human experience, in a way that it affects the corresponding theoretical, conceptual and methodological approaches considered in its production, focusing on its probabilistic nature and respective consequences; people deal and perceive their risks (and the other’s risks) in different ways- they involve aspects which go beyond the scientific considerations and simultaneously mix biological, psychological, and socio-cultural dimensions. At last, if we can be sure of one thing about risk, it is that the truths about risks are relative...

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