RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Health and Quality of Life in Contemporary Society: Health Promotion, Lifestyles, and the Role of the Brazilian Unified Health System

Ariadna Ribeiro Gonçalves Dias
Enfermeira
Universidade Federal de Uberlândia

Rozélia Marques Genoel
Mestre em Saúde Pública e Equidade em Saúde
FIOCRUZ

Kelly Lene Lopes Calderaro
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales

Monica Rodrigues da Silva
Doutorado em Atenção à Saúde
Universidade Federal de Uberlândia

Pedro Victor Rodrigues Linhares
Mestre em Administração
Centro Universitário Inta – UNINTA

Adagma Maria de Oliveira Rodrigues
Universidade Federal de Uberlândia

Wéber Hellem de Souza
Universidade Federal de Uberlândia

Ezivane Cardoso da Silva
Especialista em Saúde da Família
Universidade Federal de Uberlândia

Abstract

Health and quality of life in contemporary society are influenced by complex interactions between biological characteristics, individual behaviours, social

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

relationships, economic conditions, environmental factors, and public policies. Changes in work patterns, urbanization, technological development, food environments, sedentary behaviour, population ageing, and increasing mental health demands have transformed the determinants of health and created new challenges for public health systems. In Brazil, the Unified Health System plays a fundamental role in promoting health, preventing diseases, reducing inequalities, and ensuring access to comprehensive care. This academic essay discusses health and quality of life from a contemporary public health perspective, emphasizing health promotion, lifestyles, social determinants, mental health, physical activity, nutrition, sleep, digital technologies, environmental conditions, and the role of SUS. Health promotion is understood as a collective responsibility that extends beyond individual behavioural choices and requires supportive social, economic, and environmental conditions. The discussion highlights the importance of Primary Health Care, intersectoral action, community participation, equity, and health education. Strengthening health promotion within SUS is essential for improving population well-being and addressing the increasingly complex determinants of health in contemporary societies.

Keywords: Health promotion; Quality of life; Lifestyle; Unified Health System; Public health.

1. Introduction

Health and quality of life have become increasingly important themes in contemporary societies. Although advances in medicine and technology have expanded life expectancy and improved the treatment of many diseases, populations continue to experience substantial health challenges. Chronic diseases, mental health problems, obesity, social inequalities, environmental risks, and unhealthy lifestyles coexist with infectious diseases and emerging threats. Health can therefore no longer be understood exclusively as the absence of disease.

Quality of life is similarly broader than clinical health status. It encompasses physical and psychological well-being, social relationships, autonomy, security, living conditions, participation, and the ability to perform meaningful activities. These dimensions are influenced by the contexts in which people are born, grow, study, work, live, and age. Consequently, improving quality of life requires interventions that extend beyond healthcare facilities and address the social and environmental conditions that shape everyday experiences.

Contemporary lifestyles have undergone profound transformations. Urbanization, changes in employment, increased use of digital technologies,

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

motorized transportation, processed food availability, sedentary occupations, and irregular working schedules have altered patterns of physical activity, nutrition, sleep, and social interaction. These transformations may create opportunities for convenience and connectivity while simultaneously increasing exposure to behavioural and environmental risk factors.

Health promotion provides an important framework for addressing these challenges. Rather than focusing exclusively on preventing specific diseases, health promotion seeks to strengthen individuals' and communities' capacity to improve their health and influence the determinants that affect it. This perspective emphasizes empowerment, supportive environments, public policies, community participation, and the creation of conditions that facilitate healthier lives.

In Brazil, the Unified Health System occupies a central position in this process. SUS is responsible not only for providing healthcare but also for developing actions related to health promotion, disease prevention, surveillance, vaccination, health education, and equity. Through Primary Health Care and other components of the health system, SUS has the potential to influence individual behaviours and broader social determinants.

This academic essay discusses health and quality of life in contemporary society, focusing on health promotion, lifestyles, and the role of SUS. It examines the interaction between individual choices and structural determinants, addressing nutrition, physical activity, sedentary behaviour, sleep, mental health, social relationships, digital technologies, environmental conditions, health inequalities, and intersectoral action. The central argument is that improving quality of life requires moving beyond individual responsibility and strengthening collective strategies capable of creating healthier and more equitable living conditions.

2. Methods

This study was developed as an academic essay based on a narrative and critical examination of scientific and institutional literature addressing health promotion, quality of life, lifestyles, social determinants of health, chronic diseases, mental health, physical activity, nutrition, environmental health, and the Brazilian Unified Health System. International reports, public health frameworks, scientific publications, Brazilian legislation, and institutional documents were considered in the construction of the discussion.

The essay does not present original empirical data and does not constitute a systematic review. Its purpose is conceptual and argumentative, integrating different perspectives concerning the determinants of health and the role of public policies in promoting quality of life. The references used to support the discussion are

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

presented exclusively at the end of the text, without in-text citations, according to the requested format. The reference list follows APA 7th edition standards.

3. Development

Health is a multidimensional phenomenon that cannot be reduced to the biological functioning of the human body. Contemporary public health recognizes that health is influenced by social relationships, economic resources, environmental conditions, education, employment, housing, culture, and access to services. Consequently, quality of life depends on a broad set of conditions that interact throughout the life course.

The concept of quality of life incorporates subjective and objective dimensions. People may evaluate their lives according to satisfaction, autonomy, social participation, emotional well-being, physical functioning, and perceived security. Objective conditions such as income, housing, access to healthcare, education, and employment also influence these perceptions. Public policies must therefore consider both material conditions and people's experiences of well-being.

The social determinants of health provide an important framework for understanding these relationships. Income, education, employment, housing, social protection, gender, ethnicity, geographic location, and political and economic structures can influence exposure to risks and access to resources. Health inequalities are therefore not simply the result of different individual choices but frequently reflect unequal social opportunities.

Lifestyle is an important component of health but should not be interpreted in isolation. Eating patterns, physical activity, alcohol consumption, tobacco use, sleep, and sedentary behaviour can affect health outcomes. However, these behaviours are shaped by the environments in which people live. Individuals cannot always choose freely when healthy food, safe neighbourhoods, leisure time, and appropriate working conditions are unequally distributed.

Nutrition is one of the central determinants of health and quality of life. Contemporary food systems provide unprecedented access to a wide range of products, but many populations are increasingly exposed to highly processed and energy-dense foods. Excessive consumption of these products can contribute to obesity and chronic diseases, particularly when combined with low physical activity.

Food choices are influenced by price, availability, marketing, culture, family habits, convenience, and time. People with limited financial resources may find it more difficult to maintain diets based on fresh and minimally processed foods.

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Health promotion should therefore combine nutrition education with policies that improve food environments and access to healthy options.

The increasing prevalence of obesity illustrates the limitations of approaches focused exclusively on individual responsibility. Body weight is influenced by genetics, metabolism, diet, physical activity, sleep, medications, social conditions, and environmental factors. Effective strategies require changes at multiple levels, including individual support, community interventions, regulation, and public policy.

Physical activity is another fundamental determinant of quality of life. Regular movement contributes to cardiovascular health, metabolic functioning, muscular strength, mobility, mental well-being, and independence. Physical activity is relevant throughout the life course, from childhood and adolescence to older adulthood.

Contemporary societies, however, have created conditions that facilitate sedentary lifestyles. Many occupations involve prolonged sitting, transportation increasingly relies on motorized vehicles, and leisure activities frequently involve screens. Reducing sedentary time therefore requires changes not only in personal routines but also in urban planning, transportation, schools, workplaces, and recreational environments.

Active cities can contribute significantly to health promotion. Safe sidewalks, cycling infrastructure, parks, public sports facilities, accessible public transportation, and attractive public spaces can encourage movement. Urban planning is therefore a health policy issue because the physical environment influences daily opportunities for physical activity and social interaction.

Sleep is another important but frequently underestimated component of quality of life. Adequate sleep contributes to cognitive functioning, emotional regulation, metabolic health, immune function, and daily performance. Contemporary lifestyles may interfere with sleep through irregular working hours, long commuting times, academic demands, excessive screen use, and social schedules.

Work conditions also influence health and quality of life. Long working hours, job insecurity, low autonomy, excessive workloads, inadequate remuneration, occupational hazards, and limited work-life balance can negatively affect physical and mental health. Health promotion strategies should therefore include occupational conditions rather than focusing exclusively on behaviours outside the workplace.

Mental health has become increasingly prominent in discussions of quality of life. Anxiety, depression, stress, burnout, loneliness, and other psychological problems can affect relationships, productivity, physical health, and participation in society. Mental health should consequently be integrated into broader health promotion strategies rather than addressed only after severe illness develops.

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Social relationships are also essential. Social support can provide emotional resources, practical assistance, belonging, and protection during periods of adversity. Conversely, loneliness and social isolation may be associated with poorer mental and physical health. Community-based interventions that strengthen social participation can therefore contribute to quality of life.

Digital technologies have transformed how people work, communicate, study, obtain information, and access healthcare. These technologies can facilitate health education, telehealth, social connection, and access to information. At the same time, excessive screen use, misinformation, digital exclusion, cyberbullying, and constant connectivity may generate new health challenges.

Health information available through digital platforms can empower individuals but may also create confusion. Misinformation regarding nutrition, vaccines, medications, physical activity, and health treatments can influence behaviour and undermine public health initiatives. Strengthening health literacy is therefore increasingly important in contemporary societies.

Health literacy involves the ability to access, understand, evaluate, and use health information. Individuals with greater health literacy may be better prepared to navigate healthcare systems and make informed decisions. However, responsibility for health literacy should not fall exclusively on individuals. Health institutions should communicate information clearly and create environments that facilitate understanding.

Environmental conditions are another fundamental determinant of quality of life. Air pollution, extreme temperatures, inadequate sanitation, unsafe housing, environmental contamination, noise, and lack of green spaces can affect physical and mental health. Climate change is intensifying several of these risks and creating new challenges for health systems.

Climate-related health threats demonstrate the interdependence between environmental policy and health promotion. Heatwaves can increase morbidity and mortality, while floods, droughts, fires, and other extreme events can disrupt healthcare services and affect housing, food security, and livelihoods. Public health systems must therefore incorporate climate adaptation and environmental surveillance into their planning.

Health promotion should consequently be understood as a collective process. Individuals play an important role in their own health, but governments, communities, schools, workplaces, healthcare institutions, and private organizations also influence the conditions in which choices are made. A population cannot be expected to maintain healthy behaviours in environments that systematically discourage them.

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

The SUS has a particularly important role in this context. As a universal public health system, it has the capacity to reach diverse populations and implement actions across the life course. Its responsibilities extend from preventive measures and health promotion to diagnosis, treatment, rehabilitation, surveillance, and palliative care.

Primary Health Care is especially relevant to health promotion. Because it is organized territorially and maintains ongoing relationships with individuals and communities, it can identify local needs and develop interventions adapted to specific contexts. Health education, vaccination, chronic disease prevention, nutrition counselling, physical activity promotion, mental health support, and community actions can be incorporated into routine care.

Health surveillance complements these activities by identifying population-level risks. Epidemiological, environmental, occupational, and sanitary surveillance can provide information needed to guide interventions. Integrating surveillance data with Primary Health Care can strengthen the ability of health teams to anticipate problems rather than simply respond to established diseases.

Intersectoral action is essential because many determinants of quality of life lie outside the healthcare sector. Education influences health literacy and future socioeconomic opportunities. Housing policies influence exposure to environmental risks. Transportation affects access to services and opportunities for physical activity. Social protection can reduce vulnerability and improve access to basic resources.

Schools and universities are important settings for health promotion because they reach large populations during formative periods. Educational institutions can support healthy eating, physical activity, mental well-being, sexual and reproductive health, substance-use prevention, and health literacy. Such interventions may influence behaviours that persist throughout adulthood.

Workplaces also provide opportunities for health promotion. Employers and public institutions can implement policies supporting physical activity, healthy food access, mental health, occupational safety, and work-life balance. Workplace health promotion should be designed carefully to avoid transferring responsibility for structural problems onto workers.

Community participation strengthens health promotion by incorporating local knowledge and priorities. Residents often understand barriers and resources within their territories better than external institutions. Participatory approaches can increase the relevance and legitimacy of interventions while strengthening collective empowerment.

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Equity must remain central to these strategies. Health promotion interventions that are equally available to everyone may still produce unequal outcomes if some groups face greater barriers to participation. Policies should therefore identify vulnerable populations and adapt resources and approaches to their specific needs.

Life-course approaches are particularly valuable. Health behaviours and exposures accumulate over time, and experiences in childhood can influence health decades later. Promoting healthy development during early life, supporting healthy adolescence, protecting adults from occupational and social risks, and maintaining autonomy in older age are interconnected objectives.

Ageing populations require particular attention to quality of life. Longer life expectancy is an important achievement, but additional years should ideally be accompanied by functional capacity, autonomy, social participation, and well-being. Healthy ageing therefore requires integrated approaches involving physical activity, nutrition, chronic disease management, mental health, social participation, and supportive environments.

Health promotion also requires evaluation. Programs should not be considered successful simply because activities were implemented. Their effects on access, behaviour, health outcomes, quality of life, equity, and user experience should be monitored. Data can help managers identify successful approaches and modify interventions that are ineffective.

The use of indicators is particularly important for SUS. Population health information can guide planning, resource allocation, territorial prioritization, and evaluation. However, quantitative indicators should be complemented by qualitative information and community perspectives to provide a more complete understanding of health and quality of life.

The concept of quality of life should ultimately remain connected to human dignity. A healthy society is not simply one with low mortality or high life expectancy. It is one in which people have opportunities to live safely, participate socially, develop their capacities, access essential services, and make meaningful choices.

This perspective requires public health to move beyond a narrow biomedical model. Healthcare services remain essential, but they cannot alone create healthy populations. Housing, education, income, food systems, transportation, employment, environmental protection, social security, and community development are all components of a comprehensive health agenda.

SUS can function as an important coordinating force within this broader agenda. Its universal structure provides a platform for integrating healthcare with surveillance, health promotion, prevention, and community action. Strengthening this role requires adequate financing, qualified professionals, effective management,

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

territorial planning, reliable information systems, and sustained commitment to equity.

The contemporary health agenda is therefore increasingly complex. Population ageing, digital transformation, climate change, chronic diseases, mental health problems, social inequalities, and changing lifestyles require health systems capable of adapting continuously. Health promotion provides a framework for addressing these challenges because it focuses on both individual capabilities and the environments that shape health.

Ultimately, improving quality of life requires creating conditions in which healthy living becomes feasible rather than merely desirable. Public policies should reduce structural barriers, strengthen community resources, protect vulnerable populations, and ensure universal access to essential services. Within this process, SUS has a central role in transforming the principles of universality, comprehensiveness, and equity into concrete actions that support healthier lives.

4. Conclusion

Health and quality of life in contemporary society are determined by a complex interaction between individual behaviours and broader social, economic, environmental, and political conditions. Nutrition, physical activity, sleep, mental health, social relationships, digital technology, working conditions, and environmental exposures all contribute to health outcomes, but none of these dimensions can be understood independently of the contexts in which people live. Health promotion must therefore move beyond approaches that place excessive responsibility on individuals and recognize the importance of supportive environments and equitable opportunities.

The SUS has a fundamental role in this process because its universal structure allows health promotion, prevention, surveillance, Primary Health Care, and comprehensive care to reach diverse populations. Strengthening this role requires intersectoral action, community participation, adequate financing, qualified professionals, territorial planning, and policies capable of addressing social inequalities. Promoting health and quality of life should ultimately be understood as a collective responsibility, in which healthcare systems, governments, communities, and individuals contribute to creating conditions that make healthy and dignified lives possible.

References

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Brasil. (1988). *Constituição da República Federativa do Brasil de 1988*. Presidência da República.

Brasil. (1990a). *Lei nº 8.080, de 19 de setembro de 1990: Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes*. Presidência da República.

Brasil. (1990b). *Lei nº 8.142, de 28 de dezembro de 1990: Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS)*. Presidência da República.

Brasil. Ministério da Saúde. (2014). *Política Nacional de Promoção da Saúde: PNPS: Revisão da Portaria MS/GM nº 687, de 30 de março de 2006*. Ministério da Saúde.

Brasil. Ministério da Saúde. (2018). *Política Nacional de Promoção da Saúde (PNPS): Anexo I da Portaria de Consolidação nº 2, de 28 de setembro de 2017*. Ministério da Saúde.

Castro, M. C., Massuda, A., Almeida, G., Menezes-Filho, N. A., Andrade, M. V., de Souza Noronha, K. V. M., Rocha, R., Macinko, J., Hone, T., Tasca, R., Giovanella, L., Malik, A. M., Werneck, H., Fakhruddin, A., Atun, R., & Rocha, R. (2019). Brazil's unified health system: The first 30 years and prospects for the future. *The Lancet, 394*(10195), 345–356. https://doi.org/10.1016/S0140-6736(19)31243-7

Czeresnia, D., & Freitas, C. M. (Eds.). (2009). *Promoção da saúde: Conceitos, reflexões, tendências* (2nd ed.). Editora Fiocruz.

Dahlgren, G., & Whitehead, M. (2021). *The Dahlgren-Whitehead model of health determinants: 30 years on*. Institute for Futures Studies.

Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2012). WHO European review of social determinants of health and the health divide. *The Lancet, 380*(9846), 1011–1029. https://doi.org/10.1016/S0140-6736(12)61228-8

Organisation for Economic Co-operation and Development. (2024). *Health at a glance 2023: OECD indicators*. OECD Publishing. https://doi.org/10.1787/7a7afb35-en

Paim, J. (2018). Sistema Único de Saúde (SUS) aos 30 anos. *Ciência & Saúde Coletiva, 23*(6), 1723–1728. https://doi.org/10.1590/1413-81232018236.09172018

CC BY

RSV
ISSN 2674-8584

Received: 13/08/2026 - **Accepted:** 08/09/2026
Vol: 08.09
DOI: 10.66104/0j0ak695
Pages: 1-10

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly, 83*(3), 457–502. https://doi.org/10.1111/j.1468-0009.2005.00409.x

World Health Organization. (1986). *Ottawa charter for health promotion*. World Health Organization.

World Health Organization. (2018). *Health promotion: What is it?* World Health Organization.

World Health Organization. (2021). *Health promotion glossary of terms 2021*. World Health Organization.

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.

World Health Organization. (2023). *World health statistics 2023: Monitoring health for the SDGs, sustainable development goals*. World Health Organization.

World Health Organization. (2024). *Noncommunicable diseases*. World Health Organization.

CC BY