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Self-Care and Prevention of Noncommunicable Diseases: A Review of Individual Practices and Daily Barriers

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Abstract

Noncommunicable Diseases remain a leading cause of mortality worldwide and pose significant public health challenges, especially in low- and middle-income countries like Brazil. Self-care has emerged as a key strategy in preventing and managing NCDs, encompassing daily health-related behaviors such as balanced eating, physical activity, emotional well-being, and routine health monitoring. However, despite its recognized importance, the effective adoption of self-care practices is often limited by individual, social, economic, and structural barriers. This study aimed to analyze individual self-care practices aimed at preventing Noncommunicable Diseases and to identify the main barriers individuals face in integrating these practices into their daily lives. A narrative literature review was conducted using the PubMed, SciELO, and LILACS databases. Studies published in the last five years were included, and thematic analysis guided the synthesis of findings. The results were organized into three main categories: (1) Individual Self-Care Practices, (2) Daily Barriers to Self-Care, and (3) The Role of Health Promotion and Public Policies. Findings reveal that while self-care behaviors are widely promoted in health discourse, their adoption is strongly influenced by structural inequalities such as low health literacy, limited access to healthcare, socioeconomic vulnerability, and lack of intersectoral support. Health promotion strategies, especially those grounded in Primary Health Care and supported by public policy, play a crucial role in enabling self-care in diverse populations. The study concludes by emphasizing the need for integrated, community-based, and equity-focused interventions that respect cultural contexts and empower individuals to take an active role in their own health.

Keywords: Self-care; Noncommunicable diseases; Health promotion; Public health policy

Introduction

Noncommunicable Diseases (NCDs) represent one of the major public health challenges in Brazil and globally, accounting for approximately 74% of global deaths, according to data from the World Health Organization (WHO). Among the main conditions within this group are hypertension, type 2 diabetes mellitus, cardiovascular diseases, cancers, and chronic respiratory diseases, which mostly share modifiable risk factors related to lifestyle and individual health behaviors (Figueiredo, Ceccon, & Figueiredo, 2021; Castro, Rebelo, & Santana, 2024).

In this context, self-care emerges as a fundamental strategy for the primary prevention and management of NCDs. Understood as the set of daily practices adopted by individuals to maintain and promote their health, self-care involves conscious decisions regarding healthy eating, regular physical activity, elimination of harmful habits, monitoring of signs and symptoms, and active engagement with health services. It is, therefore, an essential component of health autonomy, with a direct impact on reducing morbidity and mortality and improving quality of life (Moura et al., 2024).

However, although widely recognized, the adoption of self-care practices does not occur uniformly across the population. Several structural, social, economic, and cultural barriers limit access to knowledge, resources, and the necessary conditions for individuals to fully exercise self-care. Factors such as work overload, low health literacy, misinformation, unequal access to services, and the absence of effective public policies hinder the incorporation of healthy habits, especially among the most vulnerable groups (Persilva et al., 2024).

Given this scenario, it becomes essential to understand how individual self-care practices are constructed, maintained, or hindered in daily life, as well as to analyze the role of public policies and health promotion actions in creating environments that support these practices. Despite the progress of institutional prevention strategies, significant gaps remain in understanding the interfaces between individual responsibility, social support, and the social determinants of health.

Therefore, the aim of this study is to analyze individual self-care practices aimed at preventing Noncommunicable Diseases (NCDs), identifying the main barriers faced by people in incorporating these practices into their daily lives. To this end, a narrative literature review was conducted, seeking to synthesize the available knowledge and contribute to the strengthening of more integrated, equitable, and effective strategies for promoting self-care within the Brazilian context.

Methodology

This study is a narrative literature review, a methodological approach that allows for the collection, analysis, and synthesis of available evidence on a specific phenomenon. This strategy enables the integration of studies with different designs and methodological approaches, promoting a broad and critical understanding of the topic under investigation.

The research question guiding this review was: What are the most commonly used individual self-care practices for the prevention of Noncommunicable Diseases (NCDs), and what barriers hinder their adoption in daily life?

The literature search was conducted in the PubMed, SciELO, and LILACS databases, selected for their relevance in the fields of public health, disease prevention, and health promotion, as well as for their comprehensive coverage of scientific publications related to self-care and NCDs. Controlled descriptors and free terms were used in Portuguese, English, and Spanish, combined using the Boolean operators AND and OR.

The main search terms included: “self-care,” “noncommunicable diseases,” “disease prevention,” “barriers to self-care,” “health promotion,” and “behavioral health factors.”

Studies published within the last five years were included if they addressed self-care practices in the context of NCD prevention, with emphasis on both facilitating factors and the barriers individuals face in their daily routines.

Excluded from the review were duplicate studies, non-systematic reviews, editorials, letters to the editor, experience reports, and studies not directly related to self-care in the context of NCD prevention.

The analysis of the selected studies was conducted rigorously, considering thematic relevance, methodological quality, and contribution to understanding individual health behaviors and the difficulties encountered in adopting preventive practices.

The synthesis of data enabled the identification of recurring thematic categories, which served as the basis for organizing the results and supporting a critical discussion on the factors influencing self-care in the prevention of noncommunicable diseases.

Results and Discussion

Individual Self-Care Practices in the Prevention of Noncommunicable Diseases (NCDs)

Self-care consists of a set of actions undertaken by individuals with the aim of maintaining health, preventing disease, and promoting physical and mental well-being. In the context of Noncommunicable Diseases (NCDs)—such as type 2 diabetes, hypertension, obesity, dyslipidemias, and cardiovascular diseases—self-care is recognized as one of the fundamental pillars for long-term prevention and management (Lopes, 2023).

Among the most frequently cited self-care practices in the scientific literature, healthy and balanced eating stands out as a primary component. Several studies indicate that dietary patterns rich in fruits, vegetables, whole grains, and lean protein sources—combined with a reduction in the consumption of ultra-processed foods, added sugars, and saturated fats—are directly associated with a reduced risk of developing NCDs. Additionally, more mindful eating behaviors, such as meal portioning and conscious eating, are emphasized as effective self-care strategies (Figueiredo, Ceccon, & Figueiredo, 2021).

Regular physical activity is another central component. The World Health Organization (WHO) recommends at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity activity per week for adults. Incorporating physical activity into daily routines has shown significant effects on regulating blood pressure, improving insulin sensitivity, managing body weight, and enhancing cardiovascular and mental health. However, the literature highlights that adherence to physical activity depends not only on individual motivation but also on environmental and social factors (Leal et al., 2024).

Another relevant aspect involves the management of stress and mental health, components often neglected in discussions about NCD prevention. Chronic stress, associated with elevated cortisol levels and harmful health behaviors such as overeating and physical inactivity, is considered an indirect but significant risk factor. Practices such as meditation, mindful breathing, psychological therapy, and strengthening social support networks are identified as self-care strategies that contribute to emotional balance and, consequently, disease prevention (Fernandes, 2023).

The cessation of harmful habits, such as smoking and excessive alcohol consumption, is widely addressed in the reviewed studies. These behaviors are directly related to the onset and worsening of NCDs and are thus central targets of public health campaigns and health promotion policies. Smoking cessation strategies include clinical follow-up, nicotine replacement therapy, and psychological support—all of which rely on the individual's autonomy and engagement in their own health care (Castro, Rebelo, & Santana, 2024).

Another essential self-care practice is the monitoring of health indicators, such as blood pressure, glucose, and cholesterol levels—especially for individuals with a family history of NCDs. Self-care in this context involves not only regular testing but also understanding the results and making informed decisions based on them, which requires a certain level of health literacy (Marques, 2023).

Adherence to preventive exams and regular consultations with healthcare professionals is also considered indispensable. Routine medical follow-up enables early detection of risk factors and provides guidance for lifestyle changes, thereby supporting primary prevention of NCDs. However, studies indicate that the frequency of such healthcare utilization is associated with factors such as access to services, trust in health professionals, risk perception, and education level (Bitencourt, 2024; Malta et al., 2020).

Individual self-care practices represent a set of conscious and continuous attitudes that, when integrated into daily life, can significantly reduce the incidence and impact of Noncommunicable Diseases. However, the adoption of these practices depends on multiple factors, including not only individual disposition but also the social, economic, and cultural context in which the person is situated, factors that will be explored in the following categories (Persilva et al., 2024; Moura et al., 2024; Salustino et al., 2022).

Daily Barriers to the Adoption of Self-Care Practices

Despite widespread dissemination of the importance of self-care in the prevention of Noncommunicable Diseases (NCDs), numerous barriers hinder its integration into individuals' daily lives. These obstacles are not solely individual but are deeply rooted in social, economic, and cultural determinants, requiring an intersectional analysis to understand how different population groups are unequally affected (Pires, Ribeiro, & Cruz, 2024).

One of the most frequently cited barriers in the literature is lack of time, associated with work overload and fast-paced routines. Many people—particularly those in precarious working conditions or facing multiple responsibilities, such as women who balance paid work with domestic care—report difficulties in maintaining regular self-care practices, such as preparing healthy meals or engaging in physical activity. In this context, time becomes a scarce resource,

and self-care is often postponed in favor of more urgent demands (Ramos, 2023).

Low levels of education and health literacy also emerge as significant barriers. Individuals with limited schooling or difficulty interpreting health information tend to show lower adherence to preventive practices, increased vulnerability to misinformation, and reduced capacity to make informed decisions about their health. These conditions reinforce long-standing inequalities, especially among peripheral populations and regions with limited primary care coverage (Brilhante et al., 2024; Szwarcwald, Stopa, & Malta, 2022).

Economic barriers represent another critical limitation. Healthy eating is often perceived as more expensive or inaccessible, especially in areas of greater social vulnerability where there is a lack of open-air markets, affordable access to fresh foods, or public spaces suitable for leisure and exercise. Furthermore, the cost of medications, private medical appointments, and routine exams can be prohibitive for individuals without effective access to the Unified Health System (SUS) or who face long wait times and logistical challenges in public services (Abbate, 2024).

Lack of social and family support is another recurring theme in the reviewed literature. The absence of support networks can compromise motivation to maintain self-care routines and directly affect individuals' emotional well-being. Vulnerable groups, such as elderly people living alone, individuals with disabilities, or those with untreated mental health conditions, are particularly at risk (Malta et al., 2020).

Additionally, misinformation and cultural beliefs act as subjective barriers to adopting healthy behaviors. In some communities, traditional dietary habits or religious practices may conflict with biomedical recommendations. Moreover, myths and stigma surrounding chronic diseases and preventive care can hinder the active pursuit of qualified information and reduce trust in healthcare teams (Leal et al., 2024).

Limited access to health services and prevention programs remains a structural barrier, especially in remote regions or areas affected by the weakening of the healthcare system. The absence of regular health promotion activities, home visits, educational campaigns, or community initiatives prevents many individuals from receiving basic self-care guidance (Gomes, 2022).

Analyzing these barriers through an intersectional lens—considering how race, gender, social class, age, and geography intersect—reveals that these difficulties do not affect all individuals equally. For example, Black women living in urban peripheries face multiple obstacles, while White individuals with higher income and education levels are generally in better conditions to adopt self-care practices consistently (Freitas et al., 2024; Lopes, 2023).

In light of this scenario, the literature emphasizes the need for integrated interventions that are sensitive to social contexts. These should combine health education efforts, the strengthening of primary care, actions to combat social inequality, and the empowerment of individuals in managing their own care. Community-based programs, intersectoral actions, and person-centered health strategies have the potential to overcome many of these barriers and promote self-care in a more equitable manner (Fonseca, 2025).

The Role of Health Promotion and Public Policies in Encouraging Self-Care

The promotion of self-care does not rely solely on individual initiative; on the contrary, it is deeply influenced by social, political, and institutional contexts. From this perspective, health promotion and public policies play a central role in creating conditions that either facilitate or hinder the adoption of preventive and healthy behaviors. The literature reviewed in this study highlights that well-structured collective actions are essential to mobilize the population, reduce health inequalities, and strengthen individuals' autonomy in managing their own care (Figueiredo, Ceccon, & Figueiredo, 2021; Marques, 2023).

Among the most frequently mentioned mechanisms are health promotion programs implemented within the scope of Primary Health Care (PHC), particularly through the Family Health Strategy (FHS) and the Extended Family Health and Primary Care Centers (NASF). These programs enable the work of multidisciplinary teams within the territory, promoting educational activities, support groups, physical activity sessions, home visits, and ongoing follow-up for users with risk factors for NCDs. The role of community health agents is often highlighted as a key link between health services and families, allowing for the early identification of barriers and the co-construction of feasible self-care strategies (Moura et al., 2024).

Additionally, educational campaigns and community mobilizations have proven to be effective in raising collective awareness around self-care and disease prevention. National campaigns such as "Blue November" and "Pink October", along with local initiatives by municipal health departments, increase access to information, encourage participation in preventive screenings, and promote public dialogue on healthy living. However, studies emphasize the importance of integrating these campaigns into a continuous, culturally sensitive educational process, rather than treating them as isolated events (Fernandes, 2023; Persilva et al., 2024).

Another important aspect involves public policies that ensure access to healthy food and physical activity, such as the National School Feeding Program (PNAE), the Brazilian Dietary Guidelines, and the "Health Academies" program. When effectively implemented, these policies expand individuals' choices and reduce the impact of social inequalities on the ability to practice self-care. Nonetheless, their effectiveness is often limited by budget cuts, administrative discontinuity, and a lack of intersectoral coordination (Castro et al., 2024).

Health education in schools and communities also stands out as a structural strategy for promoting long-term self-care. Addressing topics such as nutrition, hygiene, sexuality, mental health, and disease prevention in educational settings fosters critical and emancipatory learning from an early age. In communities, participatory methods such as workshops, conversation circles, and collaborative activities help to build knowledge exchange and strengthen individual autonomy (Castro, Rebelo, & Santana, 2024; Pires, Ribeiro, & Cruz, 2024; Ramos, 2023).

In the context of individualized care, the promotion of patient autonomy within Brazil's Unified Health System (SUS) is emphasized, in accordance with the principles of the National Health Promotion Policy (PNPS) and person-centered care. Recognizing users' knowledge of their bodies and habits, and encouraging their active participation in therapeutic decisions, are crucial for integrating self-care into daily life—not merely as a

medical recommendation but as a meaningful practice (Brilhante et al., 2024; Salustino et al., 2022).

However, the literature notes that the effectiveness of these actions depends on intersectoral coordination across health, education, social assistance, the environment, and urban planning. Promoting self-care requires integrated public policies that consider the multiple dimensions of individuals' lives, recognizing that healthy behaviors are socially constructed, not merely chosen. Furthermore, continuous training of healthcare teams is essential to ensure culturally competent, empathetic, and responsive action in diverse territories (Bitencourt, 2024).

In summary, health promotion actions and public policies are indispensable tools for creating environments that support self-care, reduce disparities, and promote collective health. However, their success is closely tied to continuity, quality of implementation, and the active listening of community needs (Abbade, 2024; Szwarcwald, Stopa, & Malta, 2022).

Conclusion

Although these practices are widely promoted in health discourse, their effective incorporation into daily life is often hindered by individual, social, economic, and structural barriers. Among the main obstacles identified are lack of time, low health literacy, financial difficulties, lack of social support, misinformation, and limited access to healthcare services. These barriers are intensified by historical inequalities, requiring an intersectional analysis that takes into account factors such as social class, gender, race, and geographic location.

In this context, the fundamental role of health promotion actions and public policies in creating environments and conditions that enable self-care becomes evident. Strategies such as the work carried out by Primary Health Care (PHC), educational campaigns, healthy eating policies, and health education programs help expand access to information, strengthen individual autonomy, and reduce health inequities. However, their effectiveness depends on intersectoral integration, continuity of actions, and a strong commitment to equity.

It can be concluded that promoting self-care in the prevention of NCDs requires more than holding individuals solely responsible for their choices; it demands recognition of the material, social, and symbolic conditions that shape such choices. Therefore, it is recommended to strengthen integrated public policies, develop localized educational actions, and implement strategies that value individuals' protagonism in their own care, contributing to the construction of a more equitable, preventive, and person-centered health system.

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