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THE NOTIONS OF YOUTH AND INTERGENERATIONAL RELATIONSHIPS IN HEALTH PROMOTION APPROACHES

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ABSTRACT. Health promotion has given rise to a controversial discussion on health practices. This article contributes by investigating the role of young people in these practices, the value of their experiences, and the problems they face. Based on a theoretical research, the scope of the notion of youth and its implications regarding health promotion were identified, as well as the forms that the adult – young relationship assumes for the development of these experiences. The plural nature of youth is recognized, both in terms of the uniqueness of the trajectories as well as the cultural diversity and vulnerability in which they are found. The hegemonic vision affirmed on discourses that restrict the autonomy of young people and remove power from their own care is analyzed.

Keywords: Health promotion; social participation; youth.

LAS NOCIONES DE JUVENTUD Y RELACIONES INTERGENERACIONALES EN LOS ENFOQUES DE PROMOCIÓN DE LA SALUD

RESUMEN. La promoción de la salud ha originado un debate fructífero y polémico en la reflexión sobre las prácticas sanitarias. Este trabajo contribuye con aportes a ese debate indagando el papel de los jóvenes en estas prácticas, el valor de sus experiencias, y los problemas que enfrentan. Con base en una investigación de carácter teórico, se identificó el alcance de la noción de juventud y sus implicancias en torno a la promoción de la salud, así como las formas que asume la relación adulto - joven para el desarrollo de esas experiencias. Se reconoce el carácter plural de las juventudes, tanto en lo que refiere a la singularidad de las trayectorias como a la diversidad cultural y la vulnerabilidad en que se encuentran. Se analiza la visión hegemónica afirmada sobre discursos que restringen la autonomía de las personas jóvenes y quitan potencia a los propios cuidados.

Palabras clave: Promoción de la salud; participación social; juventud.

AS NOÇÕES DE JUVENTUDE E RELAÇÕES INTERGERACIONAIS NAS ABORDAGENS DA PROMOÇÃO DA SAÚDE

RESUMO. A promoção da saúde deu origem a um debate frutífero e controverso em torno da reflexão sobre as práticas de saúde. Esse trabalho é uma contribuição para esse debate e apresenta perguntas sobre o papel dos jovens nessas práticas, o valor de suas experiências e os problemas que enfrentam. A partir de uma investigação teórica,

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identificou-se o escopo da noção de juventude e suas implicações na promoção da saúde, bem como as formas que a relação adulto-jovem assume para o desenvolvimento dessas experiências. Se reconhece o caráter plural da juventude, tanto em termos da singularidade das trajetórias quanto da diversidade cultural e a vulnerabilidade em que convivem. E analisada a visão hegemônica afirmada em discursos que restringem a autonomia dos jovens e minimizam a importância dos cuidados próprios.

Palavras-chave: Promoção da saúde; participação social; juventude.

Introduction

Health promotion has become a frequently cited and productive theme in different areas of knowledge production and reflection on health practices. This is due to the fact that in recent decades, policies have been developed that emphasize a broad and comprehensive view of health and promote health prevention and promotion practices that seek to strengthen community participation and work in setting priorities, decision-making, and implementing strategies to achieve better health (Bang, 2014; Verdi & Caponi, 2005).

The field of health promotion gained importance with the *Carta de Ottawa* (Organización Mundial de la Salud [OMS], 1986)) and subsequent International Conferences on Health Promotion (Adelaide, 1988; Sundsvall, 1991; Yakarta, 1997; México, 2000; Nairobi, 2009; Helsinki, 2013; Shanghái, 2016). The initiative changed the focus on the health-disease care/processes, the relationship that individuals and groups establish with spaces of everyday life, and promotes strategies to generate more favorable conditions so that children, young people, families, and community groups can care for and improve their health (Augsburger & Ruggeroni, 2015; Di Leo, Güelman, & Sustas, 2018).

A critical reading of the literature shows that since its origin and institutionalization, there has been a strong theoretical and methodological debate regarding the models of health prevention and promotion that, as a 'logic', guide the 'proposals for action' (Silva Paim, 2006; Verdi & Caponi, 2005). Although health is considered today as a collective and comprehensive process influenced by multiple factors (Wald, Camarotti, Capriati, & Kornblit, 2018), there are still approaches and practices that maintain a more restrictive vision and are organized around negative conceptions of health or specific problems that concern it. In these approaches, the transmission of information is privileged as a tool to modify behaviors, and individual choices and responsibility for one's own health are incentivized and emphasized, as opposed to considering the social contexts that delimit heterogeneous populations.

A substantive aspect of the approaches and actions aimed at reducing or solving health problems affecting individuals or collective is the incorporation of social participation (SP), although there are also disputes regarding the objectives that participation promotes, the sense and place assigned to those who participate, and the forms of organization through which it is expressed. SP takes different forms that range from empowering people to solve their problems and improve their health, strongly linked to the concept of lifestyle, to considering participatory only those actions that involve the community in all its moments: planning, developing strategies, and shared control of decisions (Menéndez, 2008).

According to this debate, this work focuses on a less explored point regarding health promotion models and the differences that underlie modes of intervention. We refer to the ways in which the notion of youth and youth participation in the development and

implementation of health promotion strategies are understood. Youth, as a social group that is considered the privileged target of many of the proposals being carried out, are of particular interest.

The critical analysis is based on the hypothesis that the supremacy of knowledge and practices in the field of health promotion predisposes to homogenize and decontextualize health issues and interventions, ignoring the unique and situated characteristics of youth. This starting point tends to deepen the symbolic barriers that hinder the possibility of transforming representations around youth and their health, recreating practices, and democratizing relationships between the agents involved (Di Leo, 2009; Spinelli, 2010).

Even though youth has historically been constructed and understood in our societies as a stage of life or a phase of human development, characterized by crises and conflicts related to age and bodily capabilities, the concept involves a complexity that cannot be captured by simplifications. To the extent that it refers to a constantly new and changing group, affected by its socio-historical character, youth cannot be defined as a finished entity. In fact, its belonging and identification within the wider population give youth a relational character with respect to other social groups from which it distinguishes itself. This implies a reflection on the ties between generations and the understanding of the representation of youth in opposition to adulthood. By pointing out a gap in reflection on how intergenerational relationships operate in the field of health, more specifically in the identification of problems and care practices, the category of adult centrism is introduced. It inscribes a relational instance of power that runs through discourses, priorities and knowledge about health, as well as prevention and promotion strategies.

The approaches and the development of health promotion activities could be reviewed regarding this category, with the aim of problematizing the way in which youth is conceived and the place that youth occupy in the planning and execution of strategies that involve them. This paper hopes to contribute new insights to the debate by exploring the role of young people in the construction of health promotion actions, the value placed on their experiences, the conceptions they form about themselves, and the problems and challenges they face. It also analyzes how conceptions about youth represent a multitude of forms, groups, and social spaces that cross this category or reproduce stereotypical, uniform, and adultocentric views.

Thus, based on a theoretical research, it was proposed to identify the scope and understanding of the notion of youth and its implications regarding health promotion, as well as the forms that the adult-youth relationship takes in the development of these experiences.

Methodology

Based on the overall objective that guided the study, a theoretical-conceptual investigation was carried out, arising from the need to review the ways or characteristics assumed by the notion of youth and its involvement through participation in health promotion practices. The reflection developed is part of a line of work in the university area that involves the development of research with empirical basis, and university extension practices focused on health promotion with young people.

Two analytical categories were identified and selected based on their relevance and implication in the subject: 'youth homogeneity and plurality' and 'intergenerational relations'. They express dimensions of social reality and summarize a series of historical changes that served as a theoretical guide for reflecting critically on the specific topic of our work.

To carry out the analysis, information from different sources was gathered. First, the material obtained from documenting a previous research work was reviewed, which aimed to describe and characterize the development of prevention and health promotion practices with young people in secondary schools in a medium-sized municipality. The study was focused on describing and characterizing the experiences carried out during 2015 and 2016, considering the institutional origin of the proposal, the duration time, the selection of topics and problems addressed. The participation of young student's in different moments, the methodologies used in the development, and the evaluation carried out after the development were also considered. Semi-structured interviews were conducted with school directors who were invited to describe their experiences.

Secondly, the registry of institutional practices in health promotion intervention with schooled and unschooled youth was incorporated as a documentary source. Fifteen practices were carried out during the years of 2018 and 2019 by the university's extension area.

The third step involved a non-systematic literature review, with selection of concepts and theoretical references on the topic and consultation of studies published in the last decade on health promotion with youth in the Scielo, Redalyc, and Dialnet databases.

Based on the elements exposed, a conceptual approach was made to the models that serve as a reference for health interventions. On one side, a traditional approach is affirmed in the hegemonic health development, and on the other hand, a critical approach that draws on the contributions of the so-called collective health. In a second stage, the proposed central categories were described and analyzed. The categories of 'homogeneity-plurality' were used to identify the scope and understanding of the notion of youth. The category of 'adult-youth' was used to analyze the forms assumed by the relationships between both generations within health promotion models and practices.

The development of the study does not constitute an exhaustive theoretical review of the proposed concepts, but methodologically prioritized the approach to the notions from a critical perspective, revaluing the contribution of personal elaboration in the approach to the problematic that arises from the research and intervention process in the topic treated (Bang, 2014).

Tensions in the concepts and practices of health promotion

Making a conceptual approach to interventions or strategies in health promotion developed in recent decades allows us to identify certain predominant features or attributes that structure them, and that correspond to the concept of model, resource or "[...] methodological instrument [...]" that allows for their interpretation (Camarotti, Wald, Capriati, & Kornblit, 2018, p. 546).

The modern health promotion model gained importance in the 1970s, following the Lalonde Report (1974), and found its political framework in the *Declaración de Alma-Ata* (Organización Mundial de la Salud [OMS], 1978) and, a few years later, in the *Carta de Ottawa* (OMS, 1986), events that synthesized a change in ideas and conceptual perspectives regarding health and the most appropriate socio-sanitary interventions for its care. The International Conferences on Health Promotion held after the *Carta de Ottawa* (OMS, 1986) progressively established principles and areas of action for health promotion in the global context.

Health promotion is a political proposal that recognizes the complexity of life in society and the relationships that its dynamics have with health problems, highlighting the importance of intersectoral articulation to achieve a better distribution of resources and greater health equity.

However, despite the significant acceptance and dissemination of the original principles of health promotion and the multiplication of its experiences in various social spaces, its gradual development has adopted different approaches. Castiel (2004) distinguishes between more conservative approaches that focus on tasks aimed at transforming individual behaviors with the purpose of making people assume responsibility for their health. These approaches include activities centered on educational components, which aim to modify 'risky' lifestyles and behaviors that depend on people's will, such as protecting oneself during sexual relationships, substance consumption, among other aspects. In contrast, the most critical approaches consider that health is the product of a wide range of factors related to quality of life, job opportunities, education, and healthy environments, among other aspects. These latter strategies emphasize intersectoral work and are aimed at the general population. They seek to generate deeper social changes and include public policies and favorable social environments for the development of good health (Castiel & Álvarez Dardet; 2010).

In a movement that is far from homogeneous, and that contains diverse trends that contribute to the theoretical and practical development of health promotion, several points of conflict can be identified. These points of conflict are summarized in the debate over: conceptions regarding health, the object of its practices, the orientation or objectives of its actions, the agents involved in its development, and the participation that the community assumes in actions that involve their health (Penido & Romagnoli, 2018; Verdi & Caponi, 2005; Buss, 2006).

In any case, despite the disagreements within the approach to health promotion, health care and protection interventions, originally restricted to the field of action of health sector professionals, have also become the responsibility of agents from other social sectors and the general population.

In this context, children and youth have received special attention, not only because they constitute a large and growing social group, but also because their health is considered a key element for the social, economic, and political development of countries and regions (Maddaleno, Morello, & Infante-Espínola, 2003). Furthermore, given that, values and behaviors established in childhood and youth are more likely to persist over time, their participation in health promotion activities is encouraged, as it constitutes a present benefit and a future advantage for improving the health and quality of life of social groups (Augsburger & Ruggeroni, 2015).

A growing interest in youth generates that problems linked to young people are included in the health agenda. At the same time, various international organizations interested and concerned with youth issues reaffirm the need to guide research, generate knowledge, and develop public and health policies aimed at this social group (Andrade & Bogus, 2010; Vázquez, 2015).

However, many of the health policies and promotion proposals targeting these groups do not generate specific reflection on youth. The existence of 'young people' is assumed, for whom actions are created and designed, but the concept is homogenized, making invisible their wealth and the particularities of the people who are in the center and the margins of this category. Thus, a problem is compounded that presents two facets

simultaneously, the rich theoretical conceptual production about the category of 'youth' is avoided and the debate present there is suppressed. At the same time, interventions are promoted without a thorough understanding of the characteristics or attributes of those with whom one is working.

For this reason, we emphasize the need to thematize and debate the notion of youth and its configuration in health promotion practices and models.

Proposals, criteria, and meanings around the notion of youth

Reflecting on the notion of youth implies considering the different characteristics that account for a process that stands out for being dynamic and multiple. Different authors agree that during the first decade of this century, studies and debates around youth have multiplied, bringing together perspectives from different academic fields, as well as those of international organizations and public policy makers. This characteristic gives the notion of youth its variable and, above all, socio-historical aspect, placing it at the center of political, academic, health, and cultural intersections (Vázquez, 2015; Bergadi & Crescenti, n.d.).

New orientations in health promotion approaches, which seek to differentiate themselves from the more traditional ones, assume the complex youth universe by considering its integrality. They highlight the importance of recognizing the heterogeneous characteristics that this social group assumes, the problems and practices that involve them, as well as the new ways of expressing their needs and demands. Integral approaches aim to construct a perspective on youth that considers not only what unites them but also what differentiates them, what they say about themselves, and how they are viewed by society.

Taking into account the situations that characterize the complex structure of youth, it will be appropriate to support, for the development of a critical approach in health promotion, the recognition of the existence of many and different 'youths' as a necessary component to construct more respectful perspectives of this plural universe.

In our societies, youth, as a category, simultaneously acquires several meanings, which is why its socio-historical contextualization allows for a better understanding of the discourses and meanings that have constructed it over time.

A first version defines youth as a stage of individual life situated between puberty and the adult world. Duarte Quapper (2000) states that this classic definition has at least two meanings: as a phase of human development and as a stage of preparation for entering adulthood. Both meanings are linked to each other since physiological maturity would be the biological and social condition for integration into the adult world. However, this idea presents difficulties, as it does not consider the diversity of situations that youth go through and their real possibilities for entering adulthood. In addition, by emphasizing the transitory nature of the youth stage, it loses importance in itself and becomes a preparatory stage where it will be evaluated based on what the adult world has configured as what youth should be.

Another version that our societies have used to refer to youth is the idea of youth as a 'social group' that can be identified by attitudes towards life, common interests, and expected responsibilities. To do this, parameters are used that take into account biological development and, above all, age, which would allow delimiting the young universe, but only manages to deterritorialize and dehistoricize young people.

On the other hand, theories that privilege the psychological dimension have emphasized attributes related to psychological processes as universal and prototypical

conditions of youth, identifying it as a 'transitional phase' or 'identity crisis' (Erikson 1985 apud Brignoni, 2013).

Duarte Quapper (2000) points out that it is common for the adult world to construct a view of the youth universe based on preconceived and universal images that do not always coincide with reality, and to attribute expected characteristics and behaviors to the youth according to normative criteria constructed by themselves. These distinctions attributed to youth reserve for the adult world the responsibility of forming 'future generations', an action aimed at enabling them to perform the roles required in adulthood, such as heads of family or workers, among others.

In an excellent work, anthropologist Mariana Chaves (2005) states that the representations and discursive formations around Latin American youth are crossed by a 'great NO'. Youth are denied existence as total subjects (in transition, incomplete) or their practices are negativized (problematic youth, gray youth, deviant youth, youth tribe, rebellious, or delinquent). The hegemony of a juridical discursive model and a repressive model generates conditions of invisibility and/or stigmatization of youth, preventing the recognition of their capabilities.

It seems inevitable to critically review the knowledge, values, and approaches with which the notion of youth is conceived and given meaning. Views focused on partial aspects, which naturalize and homogenize the young universe, fail to grasp the complex political and social framework to account for this category.

As a socio-historical production, the notion of youth summarize in each moment a new configuration of life stages and the blurring of the boundaries and age ranges that have traditionally been associated with it. It is distinguished as a "[...] cultural construction" (Feixa, 1998, p. 18) relative to time and space, which recognizes the singularity of experiences in relation to historical periods, the spaces inhabited, the expectations held about the young universe, and the ways in which youth is valued by the adult world. This refers to ways of understanding youth as many and different, as diverse and heterogeneous, in contrast to a current of thought that has equated the universal with the homogeneous and has disregarded the ways in which economic, cultural, and social contexts have shaped new and different youth trajectories throughout history.

Contrary to the postulate that there is a singular and total 'youth', Kantor (2008, p. 16) points out that "[...] each era had its own new adolescences and youth to rethink and deal with". According to the author, the youth, understood in its complexity has always been many and different. This is because they are individual life trajectories conditioned by the ways in which they are named, the places of origin, the material and objective conditions in which their daily lives unfold, among other determinants. Therefore, the different features that distinguish them cannot be encompassed in a compact and unique matrix

In this sense, in contrast of 'homogeneity', which affirms the nature of youth and establishes a normativity that sets the 'ought to be' and supports the way in which subjects are classified. The concept of 'plurality' allows us to recognize the unique trajectories and varied meanings that the notion of youth acquires, taking into account the context in which the actors define it.

Braslavsky uses a metaphor to dismantle what she calls the myth of homogeneous youth. The author uses colors, gold, gray, and white, to highlight how classifications are generated, while young people are being standardized. The discourse of the golden youth identifies all youth as privileged. Those who have free time, enjoy leisure, and more broadly, a 'social moratorium' that allows them to live without anxiety or responsibilities. The

discourse of the gray youth places young people as depositaries of all the evils, conceptually transforming youth into the group that suffers the most from the impact of crises, and is most affected by the inheritance of habits and practices of authoritarian society. Meanwhile, the discourse of the white youth sees them as the Messiah, the Redeemer, wonderful and pure characters, 'the future'. They are the ones who could do everything that previous generations, including their parents, did not do (Braslavsky apud Chaves, 2005).

Now, it is also necessary to recognize the heterogeneity and inherent diversity of the youth world within societies that are otherwise multiple and unequal. When asking what happens with young people in the world and in Latin America, Kliskberg (2011) highlights that the 'life circuits' of youth are configured differently depending on the 'social strata' to which they belong. We can add to the inequality of economic income, ethnic and gender-based inequalities. In Latin America, inequalities intersect, overlap, and sometimes reinforce each other. Realities are arranged differently for youth from high socio-economic strata and those from lower classes, and differences deepen for indigenous youth, black populations, and young women or diverse groups. Belonging to these groups results in an unequal distribution of resources and opportunities, impacting the individual trajectories of youth groups. If these inequities are not addressed by social policies that compensate or mitigate them, disadvantageous policies generate processes that limit the well-being, exclude and restrict the progress of countless young people, who are left without opportunities and means to act and decide in the face of the demands and challenges that society presents to them.

If the terms and categories we use constitute the theoretical framework that helps us better understand the problems we work with, the concept of vulnerability, described and developed by Ayres, Paiva and França (2018), can contribute in that direction. This author complexifies approaches to health promotion by arguing that it is not enough to distinguish between a traditional or conservative perspective that privileges individuality and behavior, and a critical perspective that focuses on populations or groups and social determinants. He proposes adding a third approach that, by analyzing successes and failures, seeks to overcome the limitations of the critical approach. He also finds that the weakest points are linked to the intersectoral implementation of technical proposals and the active, supportive, and autonomous participation of individuals and communities in defining goals and means for action in health. Ayres et al. (2018) refers to this new proposal as the vulnerability approach, incorporating a concept that allows for the characterization and delimitation of the set of individual and collective aspects related to the greater susceptibility of individuals and communities to illness or harm. Additionally, this approach acknowledges the inseparable lower availability of resources with which individuals and communities can protect themselves.

In this sense, vulnerability, as a conceptual tool, does not describe youth as a vulnerable group. Instead, it allows for the identification of social and contextual, ethnic, and gender determinants that delimit vulnerable conditions of youth groups. The proposal by the Brazilian author emphasizes governmental and public health policy responsibility as an essential aspect in promoting youth well-being and quality of life. It is far from re-labeling youth as a homogenized, high-risk group. At the same time, it is shown as a powerful scheme for prioritizing people or groups in current or potential situations of vulnerability, young people whose situation of legal, economic, health or educational fragility requires specific programs and policies (Di Leo et al., 2018; Ayres et al., 2018).

In summary, the recognition of heterogeneity, diversity, and plurality are necessary axes for the construction of a new perspective on youth that considers their particularities in each society and in each of its interstices. Far from pre-configured images, prejudices, and stereotypes about young people, and detached from rigid, naturalized, and static visions of youth.

Intergenerational relationships as both a conflict and a possibility for the construction of health practices

The category of youth is socially and culturally constructed, created and recreated in different times and cultures. Its historical nature challenges the idea that psychobiological maturity is a defining condition, granting essential characteristics to psychological and biological growth to define when a subject can be considered young (Bergadi & Crescenti, n.d.). However, age is not solely defined by biological parameters but takes on different values according to cultures.

Thus, perspectives on youth are established in relation to other groups that become non-young. It is therefore a relational category that opposes youth to adulthood, youth to old age. But it is also defined 'in relation' to other relationships, whether economic, ethnic, gender, habitat, etc. Youth, being many and different, occupy different relational positions in social organization, and their historical character allows these positions to be changing and their content always dynamic (Giberti, 2001). The young-adult binomial receives particular attention due to epochal circumstances that show rapid and profound productive, technological, and cultural changes, allowing us to reflect on the forms of relationship between both generations, the power or autonomy they have with each other, the valuations they are deposited with, and the discourses and denominations that are granted to each social group. Eva Giberti (2001) suggests that currently, generational relationships range from asymmetrical links that suppose verticality bound to generational dynamics and based on the assertion that young people must obey older generations, to contractual relationships governed by reciprocity and equivalence between both.

Historically, the adult world has constructed and imposed certain characteristics onto young people, whether positive and optimistic or negative and stigmatizing. However, all of these are 'monochromatic' versions of a dynamic and changing reality (Duarte Quapper, 2000; Chaves, 2005; Braslavsky, 1986 apud Chaves, 2005). The ways in which young people are imagined, valued, and described in their discourses and practices affect the narratives that have them as protagonists, generating tension and conflict with society in general and with the adult world. The construction of this 'cultural matrix' that supports and reflects a partial and unified vision regarding youth has been called 'adult centrism'. It establishes a hegemonic view based on discourses that restrict the power and autonomy of youth, designating them as lacking, dangerous, inferior, and even invisible. Discrimination and devaluation particularly affect indigenous youth, women, racial minorities, and diverse groups considered subaltern (Duarte Quapper, 2000; Morales & Magistris, 2019).

In this scenario, it is essential to assume a critical perspective regarding this cultural matrix, and as proposed by various authors, this implies revealing a current of thought and social action that discriminates, stigmatizes, and rejects the properly youthful ways of taking care of oneself, one's health, and living life. It is necessary to stress and problematize adultocentric, white, and cis-heteronormative narratives, and the rationalities that sustain

them, so that a surpassing and humanizing view of intra- and intergenerational relationships can be constructed (Duarte Quapper, 2000; Di Leo et al., 2018; Ayres et al., 2018). According to Morales and Magistris (2019), adult centrism refers to the centrality of adults in society as a whole, imposed through relationships of dominance that define the links and conflicts between generations. Adultocentrism reserves for itself the values of maturity, responsibility, identity, and independence, and positions itself as a reference for the world of youth, to which it supposes social attributes and expectations. Therefore, being an adult does not refer to a chronological age but to a position in relation to young people, shaped by the way the bond is sustained, the meaning it acquires, and the contents that come into play (Kantor, 2008). The category of adulthood is linked to that of youth, with one shaping and nourishing the other, giving it a place within the generational hierarchy.

On the other hand, prevention and health promotion strategies are not immune to this adult-centric perspective. On many occasions, they are invested or influenced by a “[...] preventive mandate” (Kantor 2008, p. 84) that is deployed in many different ways. Representations, mandates, and prejudices about young people are crossed by a guiding and corrective pretension that is imposed from the adult generation, and defines the purposes, problems, objectives, and contents of health interventions.

However, adding greater complexity to the problem, currently the authority invested in the adult figure and the way in which it has been exercised has entered into crisis and is the subject of strong questioning for being considered incompatible with democratic and participatory principles (Kantor, 2008; Brignoni, 2013; Morales & Magistris, 2019; Duarte Quapper, 2000; Giberti, 2001). The model that gave the adult world the ability and credibility to impose its certainties has been weakened (Kantor, 2008). The asymmetry of intergenerational relationships and the monopoly of authority have entered into crisis due to political and economic processes that transform social structures. Thus, new configurations in relationships, forms of legality, and normativity circulate in both public and private spaces, in education and in families.

In this context, problematizing intergenerational conflict would not involve strengthening or restoring the position of authority to adults through the maintenance of authoritarian or moralizing discourses about the youth universe, but rather redefining perspectives based on parameters that democratize relationships and recognize youth.

Morales and Magistris (2019) propose the notion of ‘co-protagonism’ to reconfigure intergenerational relationships, while Giberti (2001) suggests a new ‘intergenerational contract’ as a model that allows for overcoming the notion of a ‘pact’ that disregards young people as autonomous subjects. To achieve this, it is essential to strengthen their protagonism, to recognize them as social actors, as subjects of action, and not merely as recipients or executors of external proposals.

However, this youth protagonism is not possible without an adult world that makes it possible, that is willing to give up spaces, to ‘deprive’ themselves of filling what they consider a knowledge gap with their own knowledge (Brignoni, 2013). The simple presence of adults is not what operates as a condition of possibility, but rather the forms that this presence takes on and the meanings it acquires. In this sense, the notion of co-protagonism marks a relationship of interdependence that makes both parties free from the stigmas and social expectations traditionally associated. It proposes a relationship that promotes democratic dialogue, where adult presence is a condition for valuable processes, for the transmission of a history between generations, for the reconstruction of one's own identity, for the resignification of close environments, as well as the conquest of new spaces. Débora Kantor

(2008) suggests that young people need spaces of confrontation and rupture to construct their identity, along with an adult position that serves as support and offers accompaniment while enduring confrontation.

The ways in which intergenerational relationships are shaped trace differential aspects in health promotion approaches. Commitment to an integral perspective involves the development of activities that distance themselves from traditional forms of participation as simple collaboration to become true forms of organization that contemplate the redistribution of power in decision-making and the establishment of priorities in the health-disease-care/attention process (Bang, 2014). Promoting participatory practices with young people requires being consistent in promoting their protagonism, autonomy, and responsibility throughout the process of building, developing, and evaluating health activities. Adult responsibility is expressed in the commitment and involvement of facilitating and accompanying young people in the appropriation of knowledge and resources that allow them to transform their problems and their living conditions. This involves designing critical paths that incorporate the relational and dialogical dimension as a character that humanizes health practices.

Conclusions and debate

Reflection on the health promotion model, its antecedents and characteristics, and the discussions within it have allowed us to delimit the core of our work. It focused on the inquiry and analysis of the ways in which the notion of youth and the protagonism or participation that health promotion approaches and practices contemplate for young people take shape, identifying there one of the aspects where the difficulty of critically transforming perspectives on health becomes visible. The reflection on the homogeneity or plurality of youth, along with the analysis of the youth-adulthood relationship, aimed to deepen our understanding of how young people are or are not considered in health promotion approaches and interventions.

We consider that the persistence of some homogenizing and negative criteria regarding the youth category is inextricably linked to a restrictive and biomedical view of the health-disease/care process. This results in health promotion strategies that reproduce stereotypes, mandates, and prejudices about young people, generating normative and standardized interventions with values and models foreign to these social groups. Mostly, these strategies are insensitive to recognizing the determinants that set the unequal life trajectories and health care of young people.

In this sense, we agree that for the construction of more comprehensive health care practices, it is essential to recognize the plural nature of youth, expressed through social, economic, cultural, ethnic, and gender diversity, which confers differential vulnerability conditions and traces very different group and individual experiences.

The participation and involvement of young people are revealed as key aspects for reconfiguring intergenerational relationships, from asymmetrical and authoritarian relationships to relationships that propose the exercise of the integral protagonism of adults and young people in an organized and democratic way.

In this scenario, the construction of new practices in health promotion with young people requires theoretical and pragmatic elaborations that overcome views that homogenize and decontextualize their problems. Identifying their priority issues, concerns, and the risks they are exposed to because of their daily experiences are conditions for the

construction of transformative projects that invite them to participate reflectively and dialogically in the development of interventions, building new meanings regarding the care of their own health and that of their peers. As Di Leo et al. (2018) point out, it is essential to recognize the care practices that youth display in their daily practices, which expand the restricted view of individual responsibility, committing social responsibility for the well-being of others.

Young people can assume leading roles in the planning and development of interventions, not only as recipients or as executors of activities, in order to transform the social circumstances that limit them and move towards desired horizons of well-being, projected and created from their own experiences. In this way, youth assume themselves as subjects of care based on intersubjective dialogue, taking a relative distance from the mandates of the already established adult world and writing new meanings about themselves.

This work reflects on one of the aspects of the vast field that comprises the concepts and practices in the field of health promotion with youth. Specifically, it aims to provide a conceptual and critical contribution to the analysis of the processes and possibilities of care that these social groups deploy in their daily lives.

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