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The everyday health of the young individuals of a popular neighborhood of Belo Horizonte, Minas Gerais, Brazil^{*, **}

A SAÚDE NO COTIDIANO DE JOVENS RESIDENTES EM UM BAIRRO POPULAR DE BELO HORIZONTE, MG, BRASIL

LA SALUD EN EL COTIDIANO DE JÓVENES RESIDENTES EN UN BARRIO POPULAR DE BELO HORIZONTE, MG, BRASIL

Natália de Cássia Horta¹, Roseni Rosângela de Sena²

ABSTRACT

The object of this study was the everyday health of young individuals considering that their experiences are not contemplated in the health actions. The objective is to analyze the juvenile lifestyles learning the meanings and senses of health in their everyday life. This is a qualitative investigation, founded on dialectics, based on everyday life sociology. This study was developed in a popular neighborhood of Belo Horizonte, and was structured into an exploratory and interpretative phase, with nineteen young individuals as subjects. Through hermeneutics and dialectics analysis, the thesis was confirmed. The health actions present in the young individuals' everyday life consider the resources and constitutive aspects of the juvenile condition, which is still poorly contemplated in the health area propositions. In the everyday life of the young individuals, there is an expressiveness of the lifestyles and juvenile condition in which health reveals for their well being and for the basic conditions to lead life. The prevalent health conception is centered on behaviors and corporeity. In order to promote juvenile health it is necessary to consider the juvenile lifestyles and interact with them on an everyday basis. Health care actions occupy a (in) visible space in the youngsters' lives and interact with their priorities in their experience of the juvenile condition. This study revealed the importance of proposing health care actions in the micro areas and in the territory in which this condition is expressed.

DESCRIPTORS

Adolescent
Adolescent health
Health promotion
Health education
Public health nursing

RESUMO

Este estudo teve como objeto a saúde no cotidiano dos jovens considerando que esses não têm suas vivências cotidianas contempladas nas ações de saúde. O objetivo é analisar os modos de vida juvenis apreendendo os significados e sentidos da saúde em seu cotidiano. Trata-se de uma investigação qualitativa, fundamentada na dialética, com base na sociologia da vida cotidiana. Desenvolvida num bairro popular do município de Belo Horizonte, foi estruturada em fase exploratória e interpretativa, tendo como sujeitos dezenove jovens. Por meio da análise hermenêutica e dialética, a tese foi confirmada. As ações de cuidado presentes no cotidiano dos jovens levam em conta os recursos e os aspectos constitutivos da condição juvenil, ainda pouco contemplada nas proposições da área da saúde. No cotidiano dos jovens, tem-se a expressividade dos modos de vida e da condição juvenil na qual a saúde se revela pelo bem-estar e pelas condições básicas para o trilhar da vida. A concepção de saúde prevalente centra-se nos comportamentos e na corporeidade. Para a promoção da saúde juvenil é necessário partir dos modos de vida juvenis e interagir com eles no cotidiano. As ações de cuidado com a saúde têm um espaço de (in)visibilidade na vida dos jovens e interagem com suas prioridades na vivência da condição juvenil. Revelou-se a importância da proposição de ações cuidadoras nos microespaços e no território em que se expressa essa condição.

DESCRIPTORES

Adolescente
Promoção da saúde
Educação em saúde
Enfermagem em saúde pública

RESUMEN

Se objetivó evaluar la salud como objeto en el cotidiano de jóvenes no contemplados en acciones sanitarias, para analizar su modo de vida entendiendo significados y sentidos de la salud en su rutina. Investigación cualitativa, fundamentada en la dialéctica, con aporte sociológico; desarrollada en barrio popular de Belo Horizonte, estructurada en fase exploratoria e interpretativa, sobre diecinueve jóvenes. Tesis confirmada mediante hermenéutica y dialéctica. Las acciones de cuidado presentes y cotidianas de los jóvenes orbitan en derredor a su condición juvenil, poco contemplada en las propuestas del área sanitaria. La salud se expresa a través del bienestar y las condiciones básicas para el camino de la vida. La concepción prevalente de salud se centra en comportamientos y corporeidad. Para promoción sanitaria entre jóvenes debe observarse su modo de vida e interactuar en su cotidianeidad. Resulta importante proponer acciones de cuidado en espacios y territorios propios de la condición juvenil.

DESCRIPTORES

Adolescente
Salud del adolescente
Promoción de la salud
Educación en salud
Enfermería en salud pública

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INTRODUCTION

Traditionally in Brazil, healthcare for the young has been focused on aspects of non-health, and has existed within a framework that considers adolescence synonymous with youth. This centrality has caused the young person to be seen through the lens of puberty, physical and psychological changes, and risk, still coupled to the formative and curative discourse of the health sector⁽¹⁻²⁾. As a result, medical practice has focused on biological issues such as pregnancy, sexually transmitted diseases, drug use, and the prevention of specific diseases that affect youth during the transition phase. It is noteworthy that there are few considerations about the context and range of daily experiences, the different groups formed at this time of life, and the different ways of being young as these considerations relate to health care. Commonly, the focus is on actions related to puberty, such as the physical and psychological changes that mark the onset of adolescence, which are the benchmarks which have underpinned health care for youth⁽³⁻⁵⁾.

Healthcare that addresses these biological aspects, as important as it is, is insufficient to build a practice that addresses the understanding of the totality of human experience during youth and its influence on health. There is thus a need to understand health as a construction that occurs in the everyday life of young people, in which the possibilities and limitations of living are materialized, and which is marked by the (in)expressiveness of public policies. And it is in this relationship between the concepts of health and youth that we find different perspectives of this political expression, ranging from a focus on healthy lifestyles and life cycles to that of youth as a social subject, and public policies as an expression of these rights⁽⁶⁻⁷⁾.

Considering that young people are plunged into a plurality of social worlds, they should be understood as plural actors, subject to heterogeneous—and sometimes contradictory—principles of socialization, inasmuch as they lives, simultaneously and successively, in different social contexts, which have different repercussions for their ways of being and living their youth as social subjects⁽⁸⁻⁹⁾. This reflection helps to define our research problem: the fact that young people, despite being considered as a priority population due to their vulnerability, do not find their daily experiences, their own potential and diversity, addressed in youth healthcare efforts. This fact causes these efforts to have limited effectiveness, because they are derived from a generic representation of youth reflected in the gap between existing health practices, which are focused on a biological approach and employ a chronological sense that divides youth by the phenomenon of puberty, and young people's everyday experience.

METHOD

For this study, we opted for a qualitative approach grounded in dialectics. As a theoretical and methodological contribution we employed the Sociology of everyday life, which considers the relationship between micro and macrostructures in society⁽¹⁰⁻¹¹⁾.

The research scenario was Jardim Felicidade, a poor district of the Northern Region of the city of Belo Horizonte, Minas Gerais. This district was formed in the 1980s through a movement of the Association of Rental Dwellers of Belo Horizonte. As often occurs in poor neighborhoods, it has a large youth population but offers few public spaces for youth interaction, including marginal commercial locations, such as lottery shops, banks, parks, clubs, and parks. The field survey was carried out between March 2008 and June 2010, comprising an exploratory phase of approach and immersion in the daily lives of young people, and an interpretive phase in which interviews were conducted with 19 individuals selected from some of the social spaces of everyday life of these youth, such as school,

church, educational workshops, and the soccer field. All stages of this project were conducted in accordance with Resolution 196/96, requiring the approval of the Ethics Committee of the Federal University of Minas Gerais (Opinion No. ETIC 608/07). To help the understanding and analysis of the relationship between young people's daily lives and their repercussions on health, we established interdependence between the

following dimensions: individual (health practices of each young person); private (daily experiences of youth); and structural (the form of organization of macrosocial actions directed at young people), drawing on the analysis of the actual situation. Based on the Sociology of everyday life, and choosing as a category of analysis the relationships between youth lifestyles, everyday life, and the impact on the health of young people, we carried out our analysis of empirical material in order to facilitate the exposure of empirical categories. In our interpretation of the data we sought to combine the understanding proposed by hermeneutics with a critical analysis of the historical and antagonistic relationships of the empirical social practice in its contradictory movement, as proposed by dialectics, in order to build a reflection based on practice through a comprehensive and critical process⁽¹²⁻¹³⁾.

RESULTS

In this paper we present the results of the moment of interpretation, structured on the two empirical categories chosen. In the first empirical category, we present a discussion of youth lifestyles in order to provide a view of the daily lives and routines of young subjects. Observation of

... a need to
understand health as
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occurs in the everyday
life of young people ...

everyday life reveals health actions through reflection, interviews, and diaries of participants. The health narrative in young people's everyday lives was organized to discuss the concept of health for the young research participants. Their discourses demonstrated that the prevalent concept of health is focused on behavior. The findings of the study explained that young people's perceptions of the significance and meaning of health focused on the consumption of goods and services, such as medical consultations, exams, medications, and visits to health providers:

Health means not needing any medication to walk (JA);
Because I have good health. I've never been that ill, having to be in bed, these things. I've never needed to go to hospital. But that is how I see, through the inside, right?
Inside here it must be ugly (JAD).

According to young people, the body is the focus of healthcare practices. The body and bodily care are the basis for examining how young people perceive health in their everyday life. Whether through makeup, different clothing and hair styles, or whether by means of bodily adornments, the desired images of their relation with the world operates through this imagery, imprinted with symbolic meaning:

When I don't have makeup on, everyone knows that today is not a good day for me. Now, when they see me wearing makeup, they say that I had a good day. Even my mother says that (JL).

The study results also point to a perspective that sees health as the potential for contemplating the subjectivity, the symbolism, the uniqueness, and the multidimensionality of life:

Health to me is the person without worry ... Oh, try and, you know, live life ... Seek to have the things, you know, good food. Oh, not to care about anything, just do, if it goes wrong, ok, it it was not possible, it wasn't... Worry about nothing; to face. Face all (JS).

Living life, *facing everything and not worrying about anything* describes another perspective on health, the *vitalist*, for whom health extends beyond nutrition and physical activity, highlighting well-being and bringing out the positive feelings pertaining to health as well as negative ones, which should be eliminated.

The narrative of the data is created by relating the daily life of young people with their social spaces, while discussing the healthcare actions that traverse these spaces and where healthcare is revealed. According to the participants, such actions are built in the social spaces that are part of their daily life, and are transversal. Results demonstrated the fragilities and potentialities of the actions conducted in the field of health care. The youth studied pointed out the possibilities of overcoming the challenges through participation, identity, and belonging to the neighborhood through local development and interactions with youths in their heterogeneity.

DISCUSSION

Young people's daily lives and the expressiveness of their lifestyles

This category articulates the uniqueness and individuality of each young person in his/her daily life, depicting the individual's lifestyle in the neighborhood and the different practices that make up their daily routine, the networks built, and the challenges and dilemmas of their lives. The density and heterogeneity of experiences, and the strategies for dealing with the practices that make up the daily lives of young people, together explain the need to start from an analysis of lifestyles and routines in order to construct frameworks for health. The analysis of youth lifestyles emerged from the perspective that class status is crucial in their experience, but without ignoring their concern with social relations and the symbolic dimension. *Daily life* was taken to express the various ways of living, and revealed the actual conditions arising from the economic and social structure, a mechanism for explaining social microprocesses⁽¹¹⁾. In the everyday life of young people, one perceives the value of elements that favor the formation of *being*, such as family, friendships, school, community projects, and church. Just as important are those that allow *having*, understood as access to consumer goods, leisure, and the adoption of differentiated lifestyles, enabled through work and its different modalities, school, and local social projects. This routine is then composed of different socializing experiences that occur in diverse social settings, and which express the means of being young in a poor neighborhood, considering that socialization experiences acquire different meanings for young people in a context of vulnerability. Thus, the relationship between the daily life of youth and their socialization experience was revealed intimately, since it is through this relationship that the individual acquires the essential skills for everyday life.

Health in young people's everyday lives

Health emerged as a guarantee of vital conditions, key for young people to achieve their goals and desires. They articulated different practices that had a daily impact on health, such as those providing the necessary vitality to maintain their livelihoods, as well as the minimum conditions for carrying out daily activities which allow them to experience the condition of youth. These practices arise from historicity and the everyday life of each individual, bearing marks of their family scope, social relationships, school, groups, and the various contexts in which they are inserted. It is clear, moreover, that the experience of affection, and the networks in which they participate and the ties built within these spaces, are capable of influencing and being a reference for their own care.

Grasping young people's concept of health, means of healthcare, and understanding of what being *healthy* means allowed us to draw out the needs for interac-

tion and dialogue between their everyday life and the knowledge from different fields present therein. Drawing relationships between the social conditions, the neighborhood aesthetic, the health situation—as well as the spaces and interstices containing the varied knowledge arising from different life experiences of young people—allowed us to enter the space occupied by healthcare actions in the lives of each research participant. The study results indicated that young people attach different signifiers and meanings to health, moving from the most traditional—such as absence of disease—to those, such as quality of life, which are determined by the modes of living and the choices made. The signifiers and polysemy that young people attach to health in their daily lives were pervaded by a positive and social perspective, translated as quality of life, and by concepts that refer to social medicalization, to the biomedical paradigm, and the normalizing discourse of health.

Most young people conceptualize health by reinforcing the biomedical paradigm, with normative discourses on how to promote it, explaining rules and behaviors that contribute to the maintenance of the social medicalization of the body and life. In this sense, young people reinforce, in their discourses, the submission of living to the expertise of health science, in a process that medicates everything from the ordinary circumstances of life to social ills, like a universal paradigm, and which has a normalizing effect: utopian health, focusing on the biomedical field⁽¹⁴⁾. It is observed that, for some young people, medication is able to allow one to *go through life* in a healthy way. Using arguments from the curative paradigm, they attribute the *status* of health to the non-use of medication and non-need for hospital treatment. Both *medication to go through life* and not going to the hospital as assurance of health reinforce the idea that it is through this consumption that the parameters of good health are established. The meaning of medicalization expressed by young people can be referred to as a social theory, in which the imposition of a biomedical rationality is consolidated and which reveals a particular conception of humanity and of the world⁽¹⁵⁾.

In this behavioral approach, the meaning of health is presented as focusing on the body and its expressiveness, insofar as the health actions that young people consider carrying out in everyday life are largely linked to the care of the body in its different connotations: symbolic, biological, cultural, and relational. Caring for the body is synonymous with health. Therefore, physical activity, food, and the absence of disease frame their biological dimension. As for the symbolic dimension, the image that they construct of a healthy body is materialized by using different props and resources *to beautify* themselves, which from the aesthetic perspective allows young people to build certain circles of friendship and conviviality, the relational dimension. These characteristics or ways of being young conform to and express a certain culture of that stage of life.

The body, for youth, presents itself as a detached instance of collective life, an imperfect, individualized object, a draft to be corrected⁽¹⁶⁾. It may not be possible to change the conditions of life, but young people can change and manipulate their bodies in many ways, without which the body may become disappointing and not presentable in the social environment. And by changing their body, they intend to change their identity in such a way as to create a more favorable social visibility, albeit temporarily. Autonomy in the manner of caring for and living life, as well as in health care, is regulated insofar as it is determined by the standards of aesthetics and beauty of a post-modern society that makes young people seek to meet the standards of healthy body and balanced diet promoted by the media. Coupled with this we have the logic promoted by the food and aesthetics industry—which create a concern with body image, offering light and diet food intake as an alternative—reinforcing the media's exaggerated valuation of the body⁽¹⁷⁻¹⁸⁾. This logic is responsible for young people building a representation of how one can achieve health through consumption, as well as the creation and dissemination of a culture of consensus on what it means to be a healthy young person. It is noteworthy that the media, in broadcasting the images that reinforce post-modern society's central message—that beauty and thinness are synonymous with better health—leads young people to an ongoing search for the ideal body as a criterion for ascension to better social and affective relationships, and for credibility among peers. Consumption of this body by the imaginary and by the desire also permeates youths from the poorest social classes. In the testimonies of the young participants, it was possible to perceive the idea of pathological eating and of the body, in a movement of cause and effect, in which the excess of food generates the excesses in the body, an effect completely denied by the young.

The findings of the study explain that, rather than knowing the meaning of health for young people, which is largely focused on the singular dimension of objective reality, there exists a need to recognize how the practices of healthcare are revealed in everyday actions, establishing the links forged between the practice and expression of young people's lives. Rather than conceptualizing health and being healthy from the perspective of young people, the present study seeks to learn where the actions of healthcare themselves gain materiality and meaning in their daily lives, in order to capture their routine and what they consider to be caring practices, based on the different spaces and interactions in the experience of the youthful condition. In addition, we seek to further clarify the assertion that young people build health-promoting actions in their daily lives in order to unravel the steps and mismatches between the demands, needs, and provision of health actions for this group, considering the impact of healthcare in the daily lives of the research participants.

As expressed by one of the young participants in her diary, *the attendance of health* on a daily basis makes ex-

plícit the way the different meanings attributed to having health and being healthy are made material in their daily lives. As a strategy to *fit it* into their lifestyle and perceive health care actions in their daily practices, some young people pointed out, in interviews and diaries, this interface.

Most young people do not view alternative health care as within the sphere of health services. The comparison between their perceptions of the health service, and the results of research into the perception of health professionals about their relationship with youth, highlights the paradoxes and contradictions of this encounter through the different foci⁽¹⁻²⁾. Shifting the focus of the health service—from diseases and the normalization of the body to the ways of youth in their daily lives—through an analysis of young people as subjects of their lives revealed how much progress is needed to interact with them from a perspective that considers their experience⁽¹⁹⁾.

The immediate needs of young people and the structuring conditions of youth do not include health as a priority, being related to the other structural axes of their daily lives. The data allows us to infer that promoting the health of young people involves developing strategies for their empowerment, from a dialogical perspective that considers their context of life, existing possibilities and limits, and their desire, without which it is impossible to function.

If we start from this perspective as a priority in the lives of young people, we will link another condition, different from that experienced by young people, especially those from the poorer classes. Thus, the incorporation of references to youth in the analysis of healthcare actions proposed in this study will be able to promote an expansion of the social and cultural scopes, also determinant of the health-disease process. The lack of this understanding today presents itself as a gap in knowledge production in the field of health⁽²⁰⁻²¹⁾.

CONCLUSION

The study met the proposed objective. It allowed us to identify that it is in the local dimension, where a young person's life manifests itself, that belonging is structured, which bears a relation to the conditions and quality of life and consequently to health. The survey results confirmed the initial thesis concerning the actions of healthcare in the daily routine of young people, taking into account the

resources present in everyday life and the experience of the juvenile condition. Healthcare actions, in this sense, proved to be body-centered care: biological, symbolic, and cultural, from a perspective that through aesthetics, nutrition, and physical activity, one has health. The youthful body, corporality, and health are closely related to the findings of this research. Thus, the results of the research show that young people construct healthcare actions in their daily lives, but that these are the result of other practices that are at the core of their routine. These actions, in this sense, were considered to be an indirect result of the options of living life, of sociability, and of relationships that express the condition of youth, health being the provider of this vitality.

The participants deemed the social spaces in which they pass every day as important for these practices, because they have an impact on their health. They carry out actions to promote health without realizing the effects. They seek well-being in their projects, leisure activities, church, through relationships with colleagues, and at work; however, they do not identify such situations as direct markers in their health condition.

We conclude that for the promotion of health in young people, it is necessary to use their lifestyles as a basis, interacting with them in their daily lives and deconstructing the traditional view that the actions of healthcare must be realized in specific spaces. It is necessary to build strategies for immersion in the daily lives of young people if the goal is to empower health-promoting actions by offering the safe information that they demand in their responses. The survey results also allowed us to verify that the actions of healthcare have, in the lives of young people, a space of (in)visibility that interacts with their priorities, with actions that are central and markers of the juvenile condition. The research may contribute to the daily practices of healthcare and as an aid for the formulation of health policies for youth.

This finding is fundamental to the political field and for promoting the young people's health. It is beyond the negative vulnerabilities that health policies can be formulated, taking into account local specificities and youth experience in an intersectorial strategy which is thus able to relate well with young people. For this transformation, it is imperative to deconstruct the perspective of health as an *umbrella* in reference to the juvenile condition, in an attempt to regulate the lives of young people and build a health perspective as transversal, not minimizing its significance and its signifiers and meanings in the lives of young people.

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