

Health care practices of adolescent men in a peripheral community: collective subject discourse

Práticas de cuidado de saúde de homens adolescentes em comunidade periférica: discurso do sujeito coletivo

Prácticas asistenciales de los hombres adolescentes en una comunidad periférica: discurso del sujeto colectivo

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How to cite: Pereira TB, Almeida RM, Sousa AR, Lima AAC, Maia AMCS, Oliveira MT, Silva JC, Borges CCL. Health care practices of adolescent men in a peripheral community: collective subject discourse. REvisa. 2020; 10(1): 61-72. Doi: <https://doi.org/10.36239/revisa.v10.n1.p61a72>

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Received: 10/10/2020

Accepted: 12/12/2020

RESUMO

Objetivo: apreender as práticas de cuidado de saúde exercitadas por homens adolescentes, que convivem em comunidades periféricas na zona urbana. **Método:** Estudo qualitativo realizado com homens adolescentes com idade entre 18 e 21 anos, que frequentavam uma escola pública no município de Feira de Santana, Bahia, Brasil. Realizou-se entrevista individual submetidas à análise metodológica pelo Discurso do Sujeito Coletivo e interpretadas pelo referencial de praxeologia do cuidado. **Resultados:** o cuidado de saúde masculino teve centralidade na compreensão do cuidado como dimensão da vida humana, das relações cotidianas, da preocupação com os bens materiais e da família, em que a saúde ocupa lugar de importância. As práticas de cuidado de saúde estiveram concentradas no corpo com o controle e manutenção da higiene, imagem corporal e aparência física, na alimentação balanceada, melhoria da condição imunológica, na hidratação e na prática de atividade física. Foram consideradas também a adoção de comportamentos de proteção dos fatores ambientais e voltados ao controle do consumo de álcool, e por fim, as relações de trabalho, a busca por atenção médica nos serviços de saúde, a realização de exames diagnósticos e a prevenção de doenças a partir da imunização. Os homens se valerem de recursos preventivos e aspiraram contribuições positivas no desempenho das práticas de cuidado centrado na saúde. **Conclusão:** O exercício das práticas de cuidado em saúde proporcionou a obtenção e manutenção da saúde, bem como influências positivas na qualidade de vida dos garotos, prevenindo possíveis complicações, evitando o adoecimento e promovendo um envelhecimento saudável.

Descritores: Saúde do Homem; Saúde do Adolescente; Cuidado em Saúde; Masculinidades.

ABSTRACT

Objective: to apprehend the health care practices exercised by male adolescents, who live in peripheral communities in the urban area. **Method:** Qualitative study conducted with adolescent men aged between 18 and 21 years, who attended a public school in the municipality of Feira de Santana, Bahia, Brazil. Individual interviews were carried out, submitted to methodological analysis by the Collective Subject Discourse and interpreted by the praxeology reference of care. **Results:** male health care was central to the understanding of care as a dimension of human life, daily relationships, concern for material goods and the family, in which health occupies an important place. Health care practices were concentrated on the body with the control and maintenance of hygiene, body image and physical appearance, balanced nutrition, improved immune status, hydration and physical activity. The adoption of behaviors to protect environmental factors and aimed at controlling alcohol consumption was also considered, and finally, labor relations, the search for medical attention in health services, the performance of diagnostic tests and the prevention of diseases from immunization. Men use preventive resources and aspire to positive contributions in the performance of health-centered care practices. **Conclusion:** The exercise of health care practices provided the achievement and maintenance of health, as well as positive influences on the boys' quality of life, preventing possible complications, preventing illness and promoting healthy aging.

Descriptors: Men's Health; Adolescent Health; Health Care; Masculinities.

RESUMEN

Objetivo: apreender las prácticas de atención a la salud que ejercen los adolescentes varones, que viven en comunidades periféricas del área urbana. **Método:** Estudio cualitativo realizado con hombres adolescentes de entre 18 y 21 años, que asistían a una escuela pública en el municipio de Feira de Santana, Bahía, Brasil. Se realizaron entrevistas individuales, sometidas a análisis metodológico por el Discurso del Sujeto Colectivo e interpretadas por la praxeología referente del cuidado. **Resultados:** la atención de la salud masculina fue fundamental para la comprensión del cuidado como una dimensión de la vida humana, las relaciones cotidianas, la preocupación por los bienes materiales y la familia, en la que la salud ocupa un lugar importante. Las prácticas de cuidado de la salud se concentraron en el cuerpo con el control y mantenimiento de la higiene, imagen corporal y apariencia física, nutrición balanceada, mejora del estado inmunológico, hidratación y actividad física. También se consideró la adopción de conductas de protección de factores ambientales y orientadas a controlar el consumo de alcohol, y finalmente, las relaciones laborales, la búsqueda de atención médica en los servicios de salud, la realización de pruebas diagnósticas y la prevención de enfermedades. de la inmunización. Los hombres utilizan recursos preventivos y aspiran a contribuciones positivas en el desempeño de prácticas de atención centradas en la salud. **Conclusión:** El ejercicio de las prácticas asistenciales brindó el logro y mantenimiento de la salud, así como influencias positivas en la calidad de vida de los niños, previniendo posibles complicaciones, previniendo enfermedades y promoviendo un envejecimiento saludable.

Descriptores: Salud de los hombres; Salud de los adolescentes; Cuidado de la salud; Masculinidades.

Introduction

Adolescence is understood as a stage in human life, characterized by profound changes. Such changes interfere in the development of the individual, stimulating transformations in the physiological, anatomical, psychological and social structures, leading adolescents to experience situations or behaviors that make them more prone to health risks.¹

Among the transformations characteristic of the adolescence period, the transformations resulting from body development, the constitution of the adolescent's identity, as well as changes in the forms of expression are evident. In this phase, many questions arise about life, about the choices and the way of living.²

The World Health Organization (WHO) conceptualizes adolescence as an essentially biological process marked by cognitive and personality development. Adolescents comprise an age range of 12 to 19 years, however an early phase is reported between 10 to 14 years.³

The Ministry of Health defines adolescence as a complex stage characterized by biopsychosocial development and intense physical growth. Such swift changes cause anxieties, fears, doubts, conflicts and a need for self-assertion that often motivates impulsive behavior, challenging the authority of the parents, as well as rebellion and arrogance.⁴

Transformations resulting from adolescence are inherent to the historical, political and economic context in which adolescents are immersed. Regarding the psychological aspect, studies maintain that there are several transformations, mainly those associated with mood instability.⁵

Seen as a sociocultural being, the adolescent requires a different look that understands him as a subject with needs related to the economic and social context in which he lives. This being in the process of adolescence is exposed to risk factors arising from the social context in which he is inserted. The idea of risk in adolescence takes on a unique dimension as it relates to exposure to situations of violence, drug use and anticipation of sexual experiences.⁶

In general, adults perceive adolescents as individuals who have no autonomy regarding their rights in the health field and establish ambiguous values in relation to adolescents, allowing them to be responsible for their actions. However, adults are not able to recognize the legitimacy of adolescents' rights, especially when related to health and care.⁷

Failure by society to recognize adolescents' rights can lead to little demand for health services by these young people. Such fact may be related to the little offer of shares aimed at this public.⁸ Thus, thinking about the health of adolescents involves a reframing of health practices in interface with education, aimed at this segment of the population, since public policies aimed at the health and

education sectors are inefficient, not reaching equal to the population mass.

Therefore, in view of the above, this investigation emerged from the need to highlight how adolescent men deal with their health, as well as the care practices developed. What are the health care practices of adolescent men who live in peripheral communities? This article aims to understand the health care practices exercised by male adolescents, who live in peripheral communities in the urban area.

Method

Qualitative study conducted with adolescent men, who attended a public school in the state network located in a peripheral area, considered urban, in the municipality of Feira de Santana, Bahia, Brazil.

The study included 18 adolescents, high school students, male, heterosexual, aged between 18 and 21 years old, mostly single, most without children, predominant black race / color, predominant Catholic religion.

For data collection, we used the application of a semi-structured script, containing open and closed questions about sociodemographic and health characteristics, and the conduct of individual interviews. For the operationalization of the collection, the collaborators were invited to participate in the study, as well as in the interview, which took place in a private room, made available by the school, when the Informed Consent Form (ICF) was presented and explained after acceptance, he it was signed in two copies and the interview started.

For a reliable record of the data collected, the interview was recorded on a single professional recorder. This recording made it possible to obtain the full material provided by the employee, which was later transcribed and organized for analysis.

For the purposes of analytical treatment of the material, the method of organization and presentation of the data was adopted, which strictly followed the Discourse of the Collective Subject. This method constitutes a new approach in the qualitative field of research, and makes it possible to rescue collective discourses, as research procedures. They can be carried out as individual interviews that rescue thinking and through behavior, emerge a collective discourse, presented by the presence of the social factor in a single discourse.⁹

Methodologically, the Collective Subject Discourse allowed to retrieve and present the social representations obtained in empirical research. In this context, individual opinions expressed that were similar were expressed, being grouped into general semantic categories, often performed when dealing with open questions or questions. It is important to highlight that the DSC methodological differential is printed when in each category the contents of opinions

of a similar sense, present in different testimonies, are associated. This allows the construction of such contents in a synthesis statement, written in the first person singular, in order to deal with a group speaking in the person of an individual.⁹

To elaborate the DSC it was necessary to build two methodological figures: Key Expressions and Central Ideas. The first ones will constitute literal transcriptions of the discourse that will reveal the essence of the statements, then the Central Ideas that describe, through linguistic expression, in a more reliable way, the meaning of each homogeneous set of Key Expressions.¹⁰ The interpretations were anchored in the theoretical and conceptual framework of praxeology of care from the perspective of Anne Marie Mol.¹¹

In compliance with ethical issues in research involving human beings, this study contemplated the precepts of Bioethics, as well as the proposed determinations of Resolution 466 of 2012 of the National Health Council, being forwarded to the Research Ethics Committee of Faculdade Nobre, and approved under the opinion number: 1,673,863.

Results

From the analysis of the interviews of adolescent men, about the care practices understood and exercised by them, it was possible to build collective discourses about this relationship within a peripheral community in the urban region of the city. The speeches constructed are arranged in two thematic categories.

Central Idea 1: Health care and the intersections with adolescence and masculinities

The discourse of adolescent men, living in a peripheral community in a city in the Northeast of Brazil, extracted from the interviews, reveals the male understanding of care, health and the development and expression of care / health care practices, which will be presented to follow:

Central Idea 1A: Understanding care

The understanding of care was apprehended in the collective discourse of men, which showed a conceptualization focused on the dimension of human life and its daily nuances, with emphasis on the maintenance of life, concern with material goods and with the family. It is apprehended from birth based on maternal references and perpetuates itself throughout life, based on paternal references, and finally, it includes care with the personal life and mental health trajectory:

[...] care is everything in life, it is motivating, it is worrying about health and everything I do daily with my body in general, for example, food, oral health, physical exercises, hygiene, as well as personal life and mind. Care is something I have learned

since my birth and I take it with me for life. With my mother I learned the initial care and with my father the care for adult life. It is doing good to others and the family. Taking care of anything goes, having zeal, regularity, planning, is taking care of me and others too. It is to prevent and not be present in wrong situations. (DSC of men).

Central Idea 1B: Understanding health

The adolescents' discourse explained the understanding of adolescent men about health based on relationships directed to well-being, the adoption of healthy behaviors, the maintenance of activities of daily living, the search for professional health care services, medicalization, the absence of physical symptoms and aesthetics. The male discourse also revealed that there is an evaluation of importance for health and the association with the world of work and with care so that health is achieved or the opposite:

[...] health is the person living well, having a good diet, healthy living, maintaining hygiene, not smoking, not using drugs or drinking. It means having a good hour of sleep, working, because if you are not healthy you don't work, after all I never saw anyone sick working. It is also everything I do with my body to be taking care of my health, like taking medicine, always going to the doctor and not feeling anything strange. It is very clean, smelling and tidy. Without health, I am nothing, I am nobody, so health must come first, since everything depends on her presence and allows me to be well mentally and physically. (DSC of men).

Central Idea 2: Health care practices in practice

The health care practices exercised by male adolescents are structured in three central ideas, which collectively represent male experiences in the context in which they are located in the peripheral territory of which they are part.

Central Idea 2A: Healthcare practices performed

Health care practices were concentrated on the body, with the purpose of controlling and maintaining hygiene, body image and physical appearance, with a balanced diet aimed at improving the immune condition, hydration and physical activity. In another dimension, men sought to adopt behaviors that protect environmental factors and aimed at controlling alcohol consumption. They took care of work relations and carried out the search for medical attention in health services, carrying out diagnostic tests and preventing diseases from immunization:

[...] I take care of my body, like brushing and hygiene of the mouth and teeth, hair, beard and nails. I maintain good hygiene, I take a shower that is ideal to keep clean so that you are healthy. I am well dressed, I take care of my clothes and leave them ready the day before to avoid delaying my appointments. My diet is always balanced and very strong to improve immunity and at the right time and I drink a lot of water. I take care of my physical health. I do sports, run and play football. I avoid taking rain and serene and I don't drink too much. I take care of my work, I go to the health unit, I go to the doctor, I do tests when requested, I prevent illnesses and I get vaccinations. (DSC of men).

Central Idea 2B: Resources used to exercise health care

The adolescents highlighted that they use several resources to exercise health care, emphasizing that prevention must be present in all health actions:

[...] I take care of myself, but first I go to the doctors. I go to health units, whether at the clinic, polyclinics or hospitals. I take prescription drugs and do not buy at the pharmacy without guidance. I ask questions with Community Health Agents, when I feel bad, and I have to leave the trouble of wanting to take care of myself at home. My mom encourages me and I seek guidance at home with my parents and at school as well. I try to go to the gym and do some physical activity, even if it is a stretch, because if I stand still, hypertension and diabetes appear. I try to have a good education, peace and avoid stress. I also try to avoid exceeding speed and pay more attention to activities at home. (DSC of men).

Central Idea 2C: Contributions of perceived health care practices

The speech of adolescent men demonstrated the presence of contributions from health care practices, with emphasis on the promotion and maintenance of health and quality of life:

[...] health care is very important. There has to be care, even if it is minimal. Take care of your neighbor and especially yourself. Take care of my children, my family, my friends and my animals. This is important to me, because when I take care of others, I am taking care of my health. And when I take care of myself, I avoid getting sick, and admitted to the hospital. When a person is unhealthy, they abandon everything, they do not even have the strength to feed themselves, and by taking care of yourself you can avoid being bedridden, having a disease and dying, and you can have a long life. It is important to take care to live better, be zealous, because with health you go beyond life and live longer, and when I get older I will continue to be healthy and living well. (DSC of men).

Discussion

The findings of this study are able to highlight the understanding of adolescent men about care and health and reveal the practices of health care exercised, as well as the individual resources used to exercise self-care and the perceived contributions to the exercised care care.

The limitations of this study are concentrated on the sample size and the use of a data analysis technique, the conduct of the interview in the school environment, under the risk of the participants having their senses evaluated and consequently forging the speeches in an attempt to avoid the censorship.

The light of the speeches showed that the adolescents participating in the study understand care as an expanded concept, covering the social and mental scope, not being restricted to physical health.

The adolescents' report reveals a positive attitude towards self-care, as they stressed the need for healthy lifestyle habits, regarding food, physical activity and social relationships. Among the healthy habits mentioned, young people highlighted the importance of having a healthy diet, practicing physical exercises and taking care of personal hygiene.

According to what has been reported, the concept of care involves a set of measures to be taken daily and individually in search of physical, emotional, cultural and socioeconomic well-being, in order to maintain one's own health, prevent and deal with diseases. The understanding about care can be defined as something conceived in the mind, both empirically and abstractly. Thus, in a certain way in this discourse we obtained the collective concept of self-care.¹²

In the adolescents' discourse, the concern with self-care and the other is evidenced. This fact shows that the coexistence between people is characteristic of the human condition to live in society. In the development of human relationships, individuals are willing to take care of the other, in a perspective of seeking well-being, expressing a way of relating to the world. The young people's speeches showed the care offered to their family and friends, showing the increasing participation of men in care actions.¹³

The collective discourse of adolescents draws attention not only to the introduction of healthy lifestyle habits, but also emphasizes the need for preventive attitudes, such as going to the doctor and doing periodic examinations, pointing out the doctor as a health professional to be sought.

Some studies show that men are more prone to health-damaging behaviors, such as alcohol, tobacco and other drugs, violence, dangerous driving and unsafe sex.¹⁴⁻¹⁶ In this context, it is possible to identify that the young participants in the study signaled in their speeches the concern with the conducts to be taken to guarantee protection, when they talk about care in life and the need not to get involved in wrong situations. Adolescents also highlighted body care, establishing corporeality as a determining factor for the promotion of self-care.

Care can be understood here as "a way of doing things in everyday life, which is characterized by attention, responsibility, zeal and care for people and things in different places and times".¹⁷ In this perspective, care in the conception of these adolescent men takes on a broad concept, which is associated with internal care, such as body care, hygiene, self-image, food, which concerns basic human needs, but also with the external environment, expressed by care for work, neighbor and family, as well as protection. Thus, care is seen as an intrinsic act to life, as a search for maintenance of life.

When reporting on the understanding of health, the participants reported several situations about care, while revealing their attitudes related to care, which make them responsible for their own health. Health was assimilated by young people based on the assumption of physical and mental well-being. This concept of health as well-being was expressed by the perspective of "living well" in a state of satisfaction, which is linked to the subject's intimate experience, with his beliefs and values.¹⁸

In the young people's speeches, health was described as the result of care, which occurs through the adoption of healthy habits and other preventive attitudes. Still regarding prevention, the participants highlighted healthy behaviors such as "not smoking", "not using drugs" and "not even drinking", signaling that these preventive attitudes give visibility to care as a means of obtaining health. In this sense, it is understood that the responsibility for health care occurs throughout life, as they mentioned that "without health we are nothing, we are nobody, so it must be first, since everything depends on health".

Adolescents also reported health as access to traditional means of care, such as going to the health center. In this sense, the availability of health services can be seen as a guarantee of the rights of adolescents, constituting a duty for the State to enable universal access within the rules of the Unified Health System.¹⁹

Adolescence constitutes a crucial period in health care, since all the learning related to the ways of being and acting, as well as the behaviors adopted, for the maintenance of life, develops in this phase, providing the promotion of a style healthy lifestyle incorporated throughout the lives of these future adults.

With regard to the body, it is noted that the understanding of young people is directed to the aesthetic aspects, demonstrating the importance of care with appearance. It is perceived that the desire to look good is no longer seen as a sign of vanity, but as a need.²⁰

Young people also showed in their speeches, the work factor as a means to obtain health. Thus, health enables the guarantee of staying active, meeting some basic needs. Work appears in adolescents' speeches as essential for men, relating them as a healthy being. For men, work is considered a masculine characteristic related to maintaining the status of provider, dominator and head of the family, characteristics that configure the way of being a man. For men, the condition of being sick means interrupting their professional life. Work confers a dignifying moral virtue, in addition to providing social recognition for them.²¹⁻²³

The practices of these adolescents raised significant questions regarding health care. Among the young people, among the cares, body hygiene, the adoption of healthy eating habits and physical activity as strategies for health care. These behaviors lead to a reflection on the responsibility of these subjects for their own health.²⁴

During the speeches, it was possible to learn that young people relate health care practices to medical assistance, in the prevention or cure of diseases. According to the statements of the adolescents, it is essential to seek out health professionals and services, regardless of the level of care and / or complexity. In their reports, there is a concern about not using drugs indiscriminately, that is, they try to take drugs prescribed by the doctor and do not buy at the pharmacy without guidance. This reflection made by adolescents shows the need to break with self-medicalization practices.²⁵

The statements of adolescent men reveal that the family's participation in this process is essential in the exercise of health care, as the family acts as a promoter of guidance. In this way, the family constitutes a health system, and as such, a dynamic unit that has a care process that is unique and unique, where it supervises and acts with the health status of its members, makes decisions, monitors and evaluates the health and disease of its components.²⁶

Another issue, which calls our attention, is related to the subjects' speeches when talking about the school space as a means of disseminating and promoting health education. On this issue, it appears that the school plays an expanded role in the perception of

these adolescents, constituting itself as a privileged space for promoting health actions; therefore, the school environment must be perceived not only as a space of knowledge, but also as one of the places to talk about education and health.²⁷

We can see, in the speech of the adolescents, that another option of resources to take care of health is the search for therapeutic spaces, such as the gym and the gym. Adolescents indicate that physical activities as a means of reducing health problems.

In this sense, the speeches of the participants indicate the relevance of exercising care practices that contribute to the prolongation of life, to healthy aging, to the guarantee of well-being, maintenance of daily activities, reduction of complications, disability, injuries and death, expanding to the dimension of care beyond life. Thus, care is seen as an attribute to be performed in the collective to achieve satisfaction and personal well-being and as a possibility to avoid illness and associated complications.

Conclusion

In this study, the understanding of care and health revealed itself in a very significant way in the lives and daily lives of adolescents. Through the apprehension of the young people's speeches it was possible to understand how they think and experience health care in their lives.

The practices exercised by adolescent men for health care were permeated by actions intrinsic to human behavior, in the context of everyday life, permeated by relationships directed towards self-image, maintenance of vital energy, associated with body strength, and guarantee of the proper functioning of the physical health and restrictions and distances from factors that may compromise balance, in addition to being strongly associated with the investigation of health status, through the search for services and health professionals.

For the execution of care practices, resources were used by adolescent men, as a way of leading them to exercise health care. At that time, attitudes were carried out that were associated with the investigation of diseases, the adoption of preventive behaviors, the development of good life habits, the search for health professionals and services, family support, and other health promotion spaces, such as health clubs. weight training and gymnastics

We evidenced that the exercise of health care practices provided the acquisition and maintenance of health and promoted contributory influences on the quality of life of these boys, avoiding health complications, such as illness and enabling increased well-being and healthy aging. and with good prospects, with positive reflexes for themselves, for others, family and even animals.

In this context, the role attributed to school as a possibility to promote the improvement of adolescent care is emphasized. The school is a space for the construction of knowledge and, when linked to health, it can assist in the promotion, prevention and consolidation of healthy habits.

Acknowledgment

The authors did not receive funding for this study.

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