

IMAGINARY OF FAMILY HEALTH PROMOTION: FAMILY'S LOOK IN THE EVERYDAY LIFE OF PRIMARY CARE¹

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ABSTRACT

Qualitative, descriptive and exploratory study, conducted in Primary Health Care, in the city of Itajaí, Santa Catarina, south of Brazil, in order to investigate the imaginary of family health promotion in their daily lives. We interviewed 19 families who participate in a health promotion group in the study site in the period from August to November 2015, adopting group semi-structured interviews, with workshops strategy. Data were analyzed in the light of the Comprehensive and Quotidian Sociology theoretical framework by Michel Maffesoli. The results showed that the Promotion of Family Health is a set of actions and interactions that develop inside and outside the family environment, from its members' health issues, such as having health; seeing the family well; health as a fundamental right; performing actions for healthy relationships, such as the Itajaí Ativo (Active Itajaí) group activity within the Family Health Strategy. This set of actions and interactions occurs in the family everyday life from what they believe as factors that enable a healthier living, showing the everyday imaginary power of the Family Health Promotion.

Keywords: Activities of daily living. Family Nursing. Health Promotion. Primary Care. Family Health Strategy.

INTRODUCTION

What is Family Health Promotion? How do families perceive Health Promotion in their daily lives? These are some questions we have been thinking over and working within the scope of the Family Health Strategy (FHS), since there is scientific and empirical evidence that, in the Primary Care (PC), articulated with the FHS, the main actions of Health Promotion are developed, which is the process of empowering individuals, families and the community to develop autonomy and improve their quality of life and health⁽¹⁾.

Health Promotion has caused many changes in the organization of health services around the world, and much has contributed to the Brazilian health system. However, despite the advances of the

National Health Promotion Policy (PNPS - *Política Nacional de Promoção da Saúde*), launched by the federal manager of the SUS⁽²⁾, the actions of Health Promotion within the family in the FHS routine are still a challenge, such as the lack of social participation in the spaces of institutionalization, difficulty of articulation and dialogue in the planning of actions and strategies among services, change in the way of thinking and acting of care, still focused on a biomedical view, not including health promotion beyond behavior change.

Among the activities of Health Promotion developed by the FHS teams, little is known about the meanings and the imaginary of the family health promotion within the context surrounding it, and how these activities affect its routine. The collective nourishes the imaginary, being a set of rational and non-rational mental constructs, a reservoir of feelings,

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emotions, values, affection, symbols⁽³⁾. Thus, this work reinforces the importance of promoting family health considering its daily living if we want to promote healthy families, which means:

"the way of living of human beings, shown in their daily living, through their interactions, beliefs, values, meanings, culture, symbols, that delineate the process of living, in a movement to be healthy and ill, punctuating their vital cycle"^(4:3).

In order to work Health Promotion focusing on the family, the family needs to be recognized as a complex system that self-regulates internally and with the external environment through social support networks, when self-caring. The family, when relating, interacts, has a culture, a way of life, different ways of caring and being healthy, leading us to reinforce the need to know it to share alliances and co-responsibility in Health Promotion or in the capacity to cope the inherent losses of the living process⁽⁵⁾.

The family has its own nature, which we will seek to understand by focusing Health Promotion on the creation of other or new care ways. Nurses within the FHS coordinate the care and assistance of individuals and families within the community. Thus, they are responsible for promoting bonds and engaging them in the constructive participation of this process.

Therefore, the FHS nurse, when recognizing the assumptions of health promotion, must have, in his/her practice, the expanded conception of health, recognizing its determinants, while recognizing families as protagonists, allowing changes to transform relationships and promote health⁽⁶⁾.

Therefore, the objective of this study is to investigate the imagery of Family Health Promotion in its daily living.

METHODOLOGY

This is a field, descriptive and exploratory study, with qualitative nature, based on Michel Maffesoli's theoretical framework of Comprehensive and Quotidian Sociology, being a cut of the results from the master's dissertation⁽⁷⁾. The study site was an PHC unit in the municipality of Itajaí, Santa Catarina, in southern Brazil, and the participants of the study were people aged over 18 years old, members of a family, who are part of a group that carries out Health Promotion activities.

The Ethics Committee of the Federal University of Santa Catarina and Itajaí City Hall approved the research, under protocol nº 45932915.0.0000.0121. The study participants signed the Informed Consent Form (ICF), recommended by Resolution 466/MS National Health Council of 2012.

The entry in the field occurred with the participation in the group activities during two months. Subsequently, data were collected from August to November 2015 through semi-structured, group interviews, adopting the workshop strategy, divided into four moments: Reception Relaxation, Central Activity, Conjunction and Farewell Relaxation⁽⁸⁾.

In order to aid in the data interpretation, notes were made after each interview to construct the Field Diary, integrating the Interaction Notes (IN), Methodological Notes (MN), Theoretical Notes (TN) and Reflective Notes (RN). After data collection and recording, the interviews were recorded in digital mode and fully transcribed into Word format. The software Atlas.ti version 6.1 was used to organize the data, and the analysis and interpretation occurred in light of Michel Maffesoli's theoretical framework of Comprehensive and Quotidian Sociology. In this way, after the exhaustive reading of the data, the connection of the central classes and ideas was identified, grouping them, thus creating categories. In order to preserve the anonymity of the participants, they received a flower name as a codename.

RESULTS AND DISCUSSION

Among the 19 participants in the survey, 18 are women and one is a man, aged between 35 and 81 years. The average time of the research participants attending the health unit as users was 11 years, a period when the FHS already existed at the research site, with its first team created in 2000.

The analysis of this study based on the answers from the guiding questions: "What is the Family Health Promotion?", from which four categories emerged: **propitiating and seeking ways for a healthy coexistence; health desire for myself and my family; right to health; this is what we do here.** The question "How do you perceive Health Promotion in your family's daily life?" brought us four categories: **anxious family members; promotion of a healthy nourishment; family healthcare; better health for the new generations.**

THE IMAGINARY OF THE FAMILY HEALTH PROMOTION

Propitiating and seeking ways for a healthy coexistence

The Family Health Promotion contemplates mental or physical health, and involves a healthy coexistence:

For me, family health can be mental health as well. [...] Because health involves not only the physical one, it is mental, psychological. I guess, **propitiating**, or **seeking** ways so that the family, the family's coexistence is a **healthy coexistence**. (Azalea).

The concept of Family Health (FH) involves several different dimensions, whether biological, psychological, sociological, spiritual and cultural, among others. Health transcends the absence of disease and the family understands health as a physical and mental well-being, seeking, in their day-to-day, ways to have a healthy living.

For the Group of Assistance, Research and Education in the Family Health Area (GAPEFAM), Family Health is:

A unit that positively self-esteems, where the members coexist and perceive each other as family. It has a structure and organization to set goals and provide the means for growth, development, health and well-being of its members. The healthy family unites by bonds of affection externalized by love and caress. It is free to expose feelings and doubts, share beliefs, values and knowledge. (...) the healthy family consciously acts in the environment where it lives, interacting dynamically with other people and families at different levels of approach, transforming and being transformed (8:44).

The notion of Family Health in SUS guidelines bases on a structural logic of the system. Thus, it is worked out in the PHC and is part of the priority strategy to strengthen the service in the country, organized in teams that follow up a number of families, according to their area of coverage, and develop actions and services, with a structure based on the recognition of the needs of the population, seized from the establishment of links between service users and health professionals⁽⁹⁾.

The FHS aims to develop family-centered health care, which makes professionals closer to its reality, in contact with the community's living and health conditions, allowing them a broader understanding of the health-disease process and the need for interventions that go beyond curative practices. Thus,

FHS professionals need to be equipped with very diversified and complex technological resources to meet all the demands of their territory⁽⁹⁾.

The Family Health Promotion has also raised the aspects that involve relationships and social interactions within the family environment, such as harmony, seeking, offering and showing the family what is good to live well in its daily life.

Not that it is health-only healthy. It is a harmonious environment. Because it involves psychological health, it does not only involve physical one. It is an **environment in harmony**. [...] It is to seek the way, **to offer**, to show what is good, what is not, for you to live that moment that involves many things. It can be psychological, it can be mental. Sometimes, the person has nothing physically, but the person's head. [...] You have to see health as a whole (Azalea).

The PNPS of 2014 has, as a cross-sectional theme, which operates along with the principles and values of SUS, healthy environments and territories, which means prioritizing the life and work environments and territories of individuals and collectivities, identifying opportunities to include the health promotion in the developed actions and activities, in a participatory and dialogical way⁽¹⁰⁾. Therefore, thinking about the Family Health Promotion is also providing these spaces so that they have a better life and are healthy.

[...] Sometimes, it is a matter of **only improving this coexistence**, that health that we can prevent. Sometimes, lack of information is what makes us sick (Violet).

Thus, it is necessary to strengthen the potency of each person, group or community, from the development of favorable environments, carrying out actions of health education, using communication, developing political and community actions, enabling a healthier living and greater access to information for all⁽¹¹⁾.

For nursing, Health Promotion as a tool for family care involves a set of factors within the intra- and extra-family environment that need observation, such as its culture, values, beliefs, the community surrounding it, its workplace, support networks, among other factors that, worked out in group, can help families to find ways to be healthy.

Health desire for my family and me

The Family Health Promotion is the desire for health for the individual and his/her family. As an example, it is reported the care in the Health Unit, calling attention to bring SF only in a biomedical and curative context.

I want health for myself, I want health for my family as well. Getting attended at the health center [...] it is hard for us to have a sick child, and go to the health center and stay there, I do not know how many hours, waiting (Jasmin).

The desire for health also refers to the imagery of the Family Health Promotion, which translates into seeing the whole family well, without problems:

To see my whole family well is a promotion for me. [...] everyone is well, no one has problems (Bromeliad).

At this moment, the importance of knowing the family imaginary is reinforced when we promote the health care of the families, since a relational well-being for a family group may not be for the other. This brings us back to family relationships and interactions, to being together and feeling together, that is, the ethics of aesthetics⁽¹²⁾.

Right to health

The Family Health Promotion, in a social and political context, means "to have the Right to Health":

[...] offering care services for the people before getting sick. And, to have less expense with medicine, with doctor, and **have the right to a real health**. And not when we are dying we have to go to the health center. This is a way for the government to save some money. Only the government does not think that way (Violet).

The right to "have" is of the order of the instituted, established by society⁽¹²⁾. Thus, the imaginary rescues health as an order of "to have", reminding us that, on the other hand, the healthy is of the order of "to be"⁽⁸⁾. Thus, health also depends on the government's will.

The Federal Constitution of 1988 was a fundamental landmark, since it treated health as a fundamental human right, individual and social, suggesting strategies for the health recovery, protection and promotion, guaranteeing universal and equal access with integral treatment through public policies⁽¹³⁾.

Another speech complements the relationship between the right to health and the lack of investment in education:

Why? Because the government wants sick people, he wants dumb kids in high school. Because that is what

we are seeing, it is what is happening. For example, what I had in my time: sociology, philosophy, this no longer exists, because they do not want the youngster, the teenager to think anymore. So, this is all about promoting health. Because if the government itself did not expect us to get sick, they would not have children walking on the street as we see, there would not be as bad a thing as we have (Violet).

The right to health is also the right to education, since education is a fundamental prerequisite for Health Promotion. *"Health is built and lived by people within what they do in their daily living: where they learn, work, love one another"*⁽¹³⁾.

The Ottawa Charter further emphasizes that Health Promotion is not only ensured by the health sector, it demands a coordinated action among all involved parties: government, health sector and other social and economic sectors, voluntary and non-governmental organizations, local authorities, industry and the media, and people and families in all life spheres, should be involved in this process⁽¹⁾.

Thus, the Social Health Determinants (SHD) have been a strategy to work on Health Promotion, since they involve the social and economic conditions that influence health⁽¹¹⁾. They are expressed in the imagery of Family Health Promotion, showing that they are present in families' everyday lives when observing street children, poor education, idle youngsters, lack of leisure, and violence, pointing to the lack of responsibility and commitment of the public power.

This is what we are doing

The Family Health Promotion is not something to look for, but something that is already happening, it is the present, it is the "here and now", it is the daily activity performed:

[...] this is what we are doing. It is the exercise, it is bringing the family to do. And the gym and Itajaí Ativo helped me. [...] involving with my family, with the people's union, with the games. [...] for me, health is here, in the exercise of everyday life (Lavender).

The *Itajaí Ativo* group contributes to the creation of healthy environments and territories, as it is a group that, besides physical activity, promotes, in community spaces, the creation of bonds, contributing and strengthening collective activities, community actions, healthy public policies, popular participation and empowerment that are key elements for Health Promotion⁽¹³⁾.

This space that involves the insertion and sharing of human experiences can be understood as *localism*, that is, one that enables the production of the bond among people naturally, since they have common values⁽¹⁴⁾.

THE IMAGINARY OF HEALTH PROMOTION IN THE FAMILY'S DAILY LIVING

Proceeding to the second moment of this study, when questioning the family members "How do you perceive the Health Promotion in the daily life of your family?", allowed observing elements that emerge from the family relations, which reflect their daily life from the context surrounding them: **Anxious Family Members; Promotion of a Healthy Nourishment; Family Health Care; Better Health for the New Generations.**

Anxious Family Members

Contemporaneity is characterized by several factors that reflect the way society has organized itself. We live in a society of haste, of speed, of lack of time, where everything "is for now!", which also happens to be one of the determinants of becoming ill. This way of being of society is reflected in contemporary families, distancing them from promoting better conditions for their health⁽⁴⁾.

The families that participate in the group *Itajaí Ativo*, which aims at working on Health Promotion and the better quality of life of the residents of Itajaí, also refer to this issue, when they report the anxiety and haste in the daily life of their family members:

My children are all a little nervous, kind of exhausted. But they also started to work very early [...] the anxiety is bad. My children are anxious, even the grandchildren. For them, it has to be now! (Daisy).

In postmodernity, life is, in a sense, nothing but successive eternal instants, and what prevails is a present lived with the other, called "presenteism"; it means living the here and now as best as possible⁽¹⁴⁾. However, the fast pace of life of families becomes a limitation for being healthy in their daily lives. Thus, the excess of activities instituted and the lack of time for leisure activities generate anxiety and stress⁽¹⁵⁾.

Promotion of a Healthy Nourishment

The family member portrays the difficulty of making and having the acceptance of healthy food in the family environment:

They do not control themselves. It is no use, if you make salad they do not want it (Lily).

Food. I do it one way, they go to the street and bring pizza home, they bring snacks. [...] In my house, it sucks! [...] Everything they should not. Teenager, you know (Lotus).

This issue is reinforced when the family member reports that, even when he is able to have a healthy diet, with the other family members, it is difficult to maintain it due to the life pace:

I came here three months ago, he was 106kg and he is 25 years old. [...] I came from there to make a controlled food for him; I got him to lose 4 kg with the nourishment. I am going next week and I know he is not going to do it anymore [...] he lives with his sister, but the sister does not have time [...] it is a lot. He cannot eat a healthy diet (Lily)

The lack of time is a characteristic of post modernity, where the fast life pace of families and the excess of demands in their daily lives become some routine practices for their practicality and convenience, such as the consumption of fast food, which, generally, has high calories and few nutrients⁽¹⁵⁾.

Family healthcare

The family healthcare appears in the speeches on Health Promotion in the daily life of the family, because promoting health in the family routine is also taking care of the other.

I have my mother. She does not walk [...] I do things for her (Tulip).

When one is sick, everybody focuses on the sick one, let us support, let us get together! [...] if you have a sick person, it is the same as an anthill child, everybody focuses on the sick one, to see his needs (Lavender).

The first health care begins in the family. Thus, if we want to promote healthy beings, we need to dialogue and include the family in nursing care.

Families point out that they are participating in family care, helping in routine activities, supporting and getting closer to each other when needed. Being together allows positive changes in family relationships, strengthening the bonds of those families with more fragile ties, maintaining good

family relationships, in previously united families, with strong ties⁽¹⁶⁾.

Better health for next generations

The Health Promotion in the daily life of the family emerges as something positive, which has come better in today's generation, such as physical development:

For those who are coming is a little better. [...] we have to value what is good that is coming! In my time, kindergarten had no physical education. It was a little room, playing, drawing, painting, we did not have the physical development. [...] then some things are coming better for them (Violet).

This context reinforces that the movement of Health Promotion in the different spaces has allowed improving the families' lives, such as the creation of social and economic policies in favor of better conditions and incentives in the school environment.

The presence of the nurse in the school environment has become a reality in Brazil with the creation of public policies by the Ministry of Education and Health. However, it is still a challenge, in the sense of recognition of the activities and skills developed by this professional. Such activities and skills can be stoned by developing effective actions, that is, promoting discussions, stimulating technical debates, especially presenting their perspective on the health-disease process, as well as strengthening relations between health and education professionals⁽¹⁷⁾.

FINAL CONSIDERATIONS

The study allowed understanding that the imaginary of the Family Health Promotion is a set of actions and interactions that develop within the intra and extra family environment, based on the health issues of its members, such as: having health; seeing family members well; considering health as a fundamental right; acting for healthy relationships. This set of actions and interactions occurs in family everyday life from what families believe as factors that enable a healthier coexistence, such as: being less anxious, promoting healthy nourishment, family healthcare and the perception of the health process within the school environment of the new generations, thus showing the power of the imaginary in the daily life of the Family Health Promotion.

This study presented the view of only one family member who performs activity in a Health Promotion group in the context of Primary Care. Therefore, other studies on the imaginary thematic of the Family Health Promotion should be developed with other members of the families.

The Family Health Promotion is inserted in the different social spaces, (re)affirming the importance of working the five fields of action of the Ottawa Charter, from the articulation with the FHS teams, such as the **creation of favorable environments, development of personal abilities, strengthening community action, reorienting health services and creating healthy public policies** to promote families that are able to make better choices about their health.

Finally, Health Promotion is a relevant dimension of Family Nursing Care. The nurse of the FHS needs to assume its role in Health Promotion in its work process, provoking a daily participation of other protagonists, families and communities, in the construction of this imaginary of an affective and, therefore, effective Family Health Promotion.

IMAGINÁRIO DA PROMOÇÃO DA SAÚDE DA FAMÍLIA: OLHAR DO FAMILIAR NO QUOTIDIANO DA ATENÇÃO PRIMÁRIA

RESUMO

Estudo qualitativo, descritivo e exploratório, realizado na Atenção Primária à Saúde no município de Itajaí, Santa Catarina, sul do Brasil, com objetivo de investigar o imaginário da Promoção da Saúde da família no seu cotidiano. Foram entrevistadas 19 famílias, que participam de um grupo de Promoção da Saúde no local do estudo no período de agosto a novembro de 2015, adotando-se entrevistas semiestruturadas grupais, com estratégia de oficinas. Os dados foram analisados à luz do referencial teórico da Sociologia Compreensiva e do Quotidiano de Michel Maffesoli. Os resultados apontaram que a Promoção da Saúde da Família é um conjunto de ações e interações que se desenvolvem dentro do ambiente intra e extra familiar, a partir das questões de saúde de seus membros como: ter saúde; ver os familiares bem; a saúde enquanto direito fundamental; exercer ações para que as relações sejam saudáveis, como, por exemplo, a atividade do grupo Itajaí Ativo no espaço da Estratégia de Saúde da Família. Este conjunto de ações e interações dá-se no cotidiano familiar a partir do que eles acreditam como fatores que possibilitam uma convivência mais saudável, mostrando a potência do imaginário do cotidiano da Promoção da Saúde da Família.

Palavras-chave: Atividades cotidianas. Enfermagem Familiar. Promoção da Saúde. Atenção Primária. Estratégia Saúde da Família.

IMAGINARIO DE PROMOCIÓN DE LA SALUD DE LA FAMILIA: LA VISIÓN DEL FAMILIAR EN EL COTIDIANO DE LA ATENCIÓN PRIMARIA

RESUMEN

Estudio cualitativo, descriptivo y exploratorio realizado en la Atención Primaria de Salud en la ciudad de Itajaí, Santa Catarina, sur de Brasil, con el fin de investigar el imaginario de la Promoción de la Salud de la familia en su cotidiano. Entrevistamos a 19 familias que participan en un grupo de Promoción de la Salud en el lugar del estudio en el periodo de agosto a noviembre de 2015, adoptándose entrevistas semiestructuradas grupales, con estrategias de talleres. Los datos fueron analizados basados en el marco teórico de la Sociología Comprensiva y del Cotidiano de Michel Maffesoli. Los resultados mostraron que la Promoción de la Salud de la Familia es un conjunto de acciones e interacciones que se desarrollan en el ambiente intra y extrafamiliar, a partir de las cuestiones de salud de sus miembros, tales como: tener salud; ver a la familia bien; la salud como un derecho fundamental; emprender acciones para que las relaciones sean saludables, por ejemplo, la actividad grupal del Itajaí Activo dentro de la Estrategia de Salud de la Familia. Este conjunto de acciones e interacciones se produce en la vida cotidiana familiar a partir de lo que ellos creen como factores que permiten una convivencia más saludable, mostrando el poder imaginario del cotidiano de la Promoción de la Salud de la Familia.

Palabras clave: Actividades cotidianas. Enfermería Familiar. Promoción de la Salud. Atención Primaria. Estrategia Salud de la Familia.

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