

HEALTH PROMOTION IN THE EXPERIENCE OF YOUNG HEALTH PROMOTERS

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ABSTRACT. This article is based on a professional master's research that aimed to know and analyze the experience of young people and adolescents who participate in a health promotion project for young people and adolescents. The experience of health promotion, as well as the reality of youth and adolescence are addressed by project participants through the focus group technique. An analysis of narratives is carried out, indicating the ways through which participants face the inherent dilemmas of this particular stage of life, as well as the role that the group plays for them in this task. The results indicate that the group experience stimulates an increase of narrative capacity among participants – who perceive improved communication and relatedness – and acts also as a source of construction of an affective bond between participants, constituting an important social support factor, by also creating closer ties with the health unit and the professionals who work there. Also important is the critical role of the health professionals in sustaining alterity for these youngsters, ensuring the free circulation of words, and maintaining an open and frank dialogue with them.

Keywords: Health; young adults; health professionals.

A PROMOÇÃO À SAÚDE NA EXPERIÊNCIA DE JOVENS PROMOTORES DA SAÚDE

RESUMO. O presente artigo se baseia em uma pesquisa de mestrado profissional e tem por objetivo conhecer e analisar a experiência de jovens e adolescentes que participam de um projeto de promoção à saúde, voltado ao público jovem e adolescente. A experiência de promoção à saúde e de vivência da adolescência e da juventude pelos participantes do projeto é abordada pela técnica do grupo focal. Realiza-se análise das narrativas, indicando a maneira como os participantes enfrentam os impasses inerentes a esta etapa da vida e a função que o grupo ocupa para eles nesta empreitada. Os resultados apontam que a experiência no grupo atua como estímulo para o aumento da capacidade narrativa entre os participantes, que percebem melhora nas formas de comunicação e de relação, como fonte de construção de um laço afetivo entre os participantes, constituindo-se como importante fator de suporte social e como possibilidade de estreitamento de laço com a unidade de saúde e com os profissionais que nela atuam. Destaca-se ainda a importância de sustentação por parte dos profissionais de saúde da função da alteridade junto aos jovens e adolescentes, de modo a garantir a circulação da palavra e a manutenção de um diálogo aberto e franco com eles.

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Palavras-chave: Saúde; jovens; profissionais da saúde.

PROMOCIÓN DE LA SALUD EN LA EXPERIENCIA DE JÓVENES PROMOTORES DE LA SALUD

RESUMEN. El presente artículo se basa en una investigación de maestría profesional y tiene como objetivo conocer y analizar la experiencia de los jóvenes y adolescentes que participan en un proyecto de promoción a la salud, dirigido al público joven y adolescente. La experiencia de promoción a la salud y de la vivencia de la adolescencia y de la juventud por los participantes del proyecto son tratadas por intermedio de la técnica del grupo focal. Se realiza análisis de las narrativas, indicando la manera como los participantes enfrentan los impasses inherentes a esta etapa de la vida y la función que el grupo ocupa para ellos. Los resultados apuntan que la experiencia en el grupo actúa como estímulo para el aumento de la capacidad narrativa entre los participantes, que perciben una mejora en las formas de comunicación y de relación, como fuente de construcción de un lazo afectivo entre los participantes, constituyéndose como importante factor de soporte social y como posibilidad de estrechamiento de lazo con la unidad de salud y con los profesionales que actúan en ella. Se destaca la importancia de sostén por parte de los profesionales de salud de la función de la alteridad junto a los jóvenes y adolescentes, a fin de garantizar la circulación de la palabra y el mantenimiento de un diálogo abierto y franco con ellos.

Palabras clave: Salud; jóvenes; profesionales de la salud.

Introduction

Health promotion is an important way to build a place of protagonism and active participation of young people and adolescents in their life contexts. The production of shared strategies contributes to the establishment of a partnership that can promote a more horizontal and inventive relationship between health professionals and the young and adolescent public. Improving access to health services and living conditions implies respecting and embracing paths that are often unique, with plural and unique trajectories (Ferrari, Thomson, & Melchior, 2006). The young and adolescent population is quite heterogeneous in its universe, with diverse experiences, as well as varied life situations and contexts (Abramo, 2005). In addition, we observe, nowadays, a wider path that would lead to adult life, since many young people and adolescents are unable to reach a financial and emotional independence from the family of origin, in which the main determinants are the increasing difficulty in achieving a place in the labor market, lack of opportunities and uncertain future (Pais, 2002).

Improving the health conditions of young people and adolescents is a national priority (Brasil, 2010). The family health strategy (FHS) reorganizes Brazilian primary care and, following the principles of the Unified Health System (SUS), redirects work processes, aiming, among other objectives, to promote the health of people and the community. Research carried out with health professionals in primary care highlights that the majority of young people seek services in situations of health problems, immunoprevention and/or pregnancy (Queiroz, Lucena, Brasil, & Gomes, 2011). Vieira, Gomes, Machado, Bezerra and Machado (2014) argue that the non-integral understanding of issues related to youth

contributes to the low participation and demand of young people for health services. Horta and Sena (2010) point out that the involvement of young people in their health process is fundamental, and it is therefore necessary to get closer to their habits and daily life.

Social vulnerability, misery and lack of opportunities often do not allow the journey of assuming adult life to be lived in the same way that it is experienced in the highest strata of society (Horta & Sena, 2010). The idea of a process of personal construction that leads to progressive economic and emotional independence from the family of origin is not something shared among all layers of society (Freitas, 2005). The experience of “[...] joviality, longevity and immediacy, but also intransigence, irresponsibility, emotional lability and unpredictability” (Oliveira, Camilo, & Assunção, 2003, p. 62), turn out to be little representative when referring to the youth and adolescence of those who are in a situation of greater socioeconomic vulnerability.

This study arises from the desire to contribute to the construction of health promotion practices that include the experience of young people and adolescents who live in disadvantaged socio-cultural contexts, in order to value the solutions built by them in facing their impasses. Social participation and protagonism imply the construction of actions that include different forms of existence, respecting different experiences and paths. The main author of this article works as a health professional in a basic health unit and carries out health promotion actions while supporting a group of young people and adolescents that develops health promotion activities for other young people and adolescents, the project Rede de Adolescentes e Jovens Promotores da Saúde (Network of Adolescent and Youth Promoters of Health – RAP da Saúde). The research starts from this common ground, the work carried out by the main researcher with the youth and adolescents participating in the group and aimed to learn about their experiences as young health promoters, through their narratives.

The RAP da Saúde appeared in 2007, with teams linked to primary health care units in the city (Castello Branco et al., 2015). In 2010, in partnership with the United Nations Children’s Fund (UNICEF), the training of local coordinators in the most vulnerable territories takes place, training around one hundred adolescents. In 2012, the RAP da Saúde includes people up to 24 years of age. The involvement of adolescents and young people in the planning of Public Health Policies enables the participation of this public in facing inequalities and in the multiplication of forms of self-care, favoring and guaranteeing spaces for expression of youth according to the Secretaria Municipal de Saúde do Rio de Janeiro [SMS/RJ] (2016). In 2015, 190 young people, from 14 to 24 years of age, became scholarship holders of SMS-RJ, in order to contribute to “[...] the development of the territories in which they are inserted, in the ten programmatic areas of the city” (SMS/RJ, 2016, p. 5).

The objective of this study is to know and analyze the experience of the participants of a RAP da Saúde group with regard to issues related to adolescence and youth, highlighting, through the analysis of their narratives, the resources they find in facing the inherent impasses to this stage of life and the role of the group in this task. It is important to stress that the choice to study a group in which the main researcher works as a health professional and supporter is justified by the bond and the previous trust established with the participants and by the desire to conduct a sensitive investigation to the experience of the young people, collecting the self-care strategies developed throughout the process. The research was approved by the Institution’s Ethics Committee with CAAE protocol number: 59222616.1.0000.5263.

Method

This study used a qualitative approach with focus group to know the experience of young people and adolescents who work as health promoters in a RAP da Saúde group, in relation to their experiences and the experience of participating in the group. The approach focuses on the participants' report about the activity of promoting health and living with other young people and adolescents, using thematic analysis to discuss the narratives produced during the meetings.

We privileged interaction and dialogue in the investigation, and for this reason we considered the participants as main actors, giving them an active and creative role in the knowledge production process (Ferreira, Alvim, Teixeira, & Veloso, 2007). The qualitative methodology was chosen because it allows the adoption of an intersubjective perspective, highlighting the researcher's position and its implication in the investigation (Minayo, 2012). In this type of investigation, the analysis lies on the meanings, interpretations and relationships established between the participants (Creswell, 2007).

In the focus group technique, the researcher has the function of stimulating the discussion and highlighting pertinent issues, and should intervene, make syntheses and relaunch the proposal whenever necessary (Faria Westphal, Bogus, & Mello Faria, 1996). Participants were encouraged to express their perceptions, opinions, beliefs, attitudes, values and social representations in relation to the theme of adolescence and youth. According to Minayo (1992), the focus group is a very relevant technique to approach health issues from a social perspective, as the technique is dedicated to the study of representations and relationships, contributing to investigations with professionals, and highlights the dynamics of work processes and also different segments of the population. Authors such as Ferreira et al. (2007), Faria Westphal (1996) and Marquez and Queiroz (2012) indicate the focus group technique in research that addresses issues of relevance to the field of health with adolescents and young people, such as those that deal with the perception of self-care and health education.

Results and discussion

The research was conducted in a programmatic area whose neighborhoods have, according to the Municipal Health Plan 2014-2017 (SMS/RJ, 2013), low human development indices, with the existence of approximately fifty-four slums in the surroundings. The area shows high rates of deaths from external causes, mainly homicide among the population aged between 15 and 39 years old. Death from tuberculosis and AIDS-related diseases also reaches higher rates than the city average.

Six adolescents and young people between 16 and 20 years old make up the universe of our research, all of whom are scholarship holders of the project and have at least eight months of experience in the RAP da Saúde group. We held two meetings lasting approximately one and a half hours, in a closed room of the unit in which the young people work, having been a place considered easy for them. All agreed to participate in the research and signed a free informed consent form, those under the age of 18, had the informed consent form signed by their parents or guardians and signed a consent form. In order to maintain secrecy, pseudonyms were used. The groups were audio-recorded, in a second time, transcribed and, later, presented to the group for validation and deepening of some points.

The narratives were classified based on the following thematic axes: the impasses and achievements in the group formation process, the place given to young people in health units and the participants' perspective on health professionals, the group as an opportunity to expand the symbolic and cultural universe of the participants, the confrontation of issues of gender and sexuality, the importance of the function of alterity in adolescence and youth.

Impasses and achievements in the group formation process: transforming disharmony into work

The formation of the group involves a process that, according to the participants' reports, does not always take place in harmony. During the two meetings aimed at holding the focus group, there were some discussions and even small exchanges of offense between the participants. When asked about it, they signaled how much the group's decision-making process generates tension and causes disagreements and difficulties in living together: "There are several times that we had a meeting to talk to the other what's happening" (Rafaela).

As Guimarães and Lima (2011) point out, participation is a central aspect in health promotion as a training exercise where young people have the opportunity to find their style, becoming the author of their existential journey. It is interesting, in this sense, to observe that tension often gains a positive value for them, indicating a feeling of enthusiasm, which materializes through the use of a very incisive way to demonstrate opinions. It was possible to observe that the most turbulent moments preceded elaborations on significant themes in relation to the universe of young people and adolescents, such as education, social and economic differences and, also, gender. This made us infer that the appropriation of these issues does not occur without a certain tension and that the personal struggle is a resource used to gain strength in relation to the topic discussed.

The participants recognize the potential of group work and reinforce the importance of the experience as an exercise of mutual tolerance between them: "It is a new experience, to interact with other people, we relax [...]. Another thing is also the patience I didn't have. You have to develop patience" (Roberta). As Ayres (2004) indicates, the construction of identity, of the way of being, is procedural and occurs in everyday interactions. Coexistence is an aspect that encourages participation and protagonism, tension can be thought of as a consequence of the appearance of differences and the exercise of reflexivity, causing subjective repositioning.

As Silva, Schoen-Ferreira, Medeiros, Aznar-Farias and Pedromônico (2004) point out, friendship is a fundamental aspect of adolescence; peer groups are essential for social formation. Participant Roberta emphasizes this aspect by emphasizing the bonds of friendship developed in the group: "Now I have my second family here, the best people I have met here. We learned to find a way".

The place given to young people in health units and the participants' perspective on health professionals

The participants are unanimous in stating that before the existence of the RAP da Saúde group, other young people and adolescents had access to the health unit only in specific cases, such as influenza or vaccination. They report that the group's strategy is essential to offer more opportunities for access and participation in primary care: "RAP gives

you a different worldview, of adolescents. I don't know, deal with it, see how they position themselves within the health area, I don't know [...] I think it's a bit of that" (Rogerio).

As Marques and Queiroz (2012) indicate, mismatches usually mark the relationship between health professionals and young people and adolescents, who tend to feel unwelcome in their demands. The period of beginning of activities at the unit was accompanied by a certain distrust and devaluation on the part of the professionals, it was necessary to gradually undo this image: "Because at the beginning of everything here, what did they think? They are immature teenagers and over time they are seeing that it's not quite like that. [...] Adolescence does not have much credibility on the part of adults" (Renata).

Participants also indicate that the experience of the RAP da Saúde changed their perspective on health, on SUS, but also on the place of young people in society: "You do not know your rights [...]. What you can enjoy, how to search, [...] has broadened my view [...] of the world as well, as we don't just talk about health, but about politics" (Rogerio). As Silva, Padilha and Santos (2011) show, the promotion of self-care is essential in promoting the health of young people and seems to have been a determining factor for the participants in the alliance built with the professionals of the unit and for the success of actions with other young people and adolescents within the health unit: "RAP proposal is to bring this dynamic, it is to bring young people into the clinic [...]. Health is not just a disease, it is taking care of food, health is sport, it is talking to others" (Romulo). The participants emphasize that the experience in the group allows for a greater protagonism in their lives, replicating the knowledge acquired: "In the past, we did not know one percent of what we know today and today we take the information to the home and even to friends" (Rafaela). The protagonism, as indicated by Silva et al. (2018), allows young people to take the role of knowledge multipliers, a fundamental aspect in health promotion.

The participation of young people and adolescents in health promotion also allows them to have privileged access to information about the rights of young people and adolescents, about the functioning of the SUS and health units, in addition to obtaining clarifications about diseases and health problems. They also had the chance to visit health institutions such as hospitals, maternity centers, health clinics, family clinics and intersectoral devices such as schools, colleges, social assistance equipment and non-governmental organizations. In addition, they receive training from theater professionals, participate in workshops, learn group presentation dynamics and attend cultural programs such as concerts, theaters and sporting events (Castello Branco et al., 2015).

The group as an opportunity to expand the symbolic and cultural universe of participants

We realized that, in addition to a formal learning process, contact with varied cultural and symbolic universes allows participants to increase their linguistic repertoire, being able to focus on topics that concern them from new angles: "RAP helped me have more culture and knowledge to chat with my friends. Because before I just said no and now I started to talk" (Romulo).

One participant reports how he was emotionally touched by a piece of a play and another one as the presentation of the play performed in a basic health unit helped him to overcome the prejudice suffered and to gain greater self-esteem:

Romulo: – There is a lot of prejudice. I got goosebumps in the play that was performed here at the clinic about blacks. It gave emotion, I got goosebumps [...]

Rogério (quoting a piece of the play, emphasis added): - 'and today I don't want to get rid of my hair and I'm going to laugh at those who, to avoid an unpleasantness, call black people people of color and what color? Black, black, how beautiful it sounds [...]'. It's acceptance, I learned it in the theater.

Participants point out that the ability to argue and dialogue was an attribute achieved with the RAP da Saúde group that was essential in promoting a possible bond between them. Most speakers report having tried other ways of communicating, which helped to make themselves better heard: "Knowing how to speak at the right time" (Renata). Others, who considered to be shier, say they experienced the possibility of facing the shame of speaking in public: "Before, I only stayed on my cell phone [...] Then, on the day I arrived here, I think that a week later, we were going to present a sketch. I had to dance. And in the second (presentation) I started to relax more" (Rodrigo).

In relation to the capacity of the RAP da Saúde to affect other young people in the territory, the participants emphasize that "[...] it is not possible to arrive and say that they are going to give a lecture" (Rafaela), indicating the importance of establishing a dialogue with the target audience. According to the participants, topics such as prevention of sexually transmitted diseases cannot be addressed in a prescriptive way, such as 'don't have sex' or 'use a condom'. Participants report that young people have many doubts and advocate talking openly about issues involving sexuality, pregnancy, abortion, condoms, among others. As the study by Alves and Brandão (2009) shows, access to knowledge related to sexuality and open dialogue with parents, health professionals and educators is essential for responsible sexual practice. Participants also point out that more dynamic resources such as plays, videos, music and posters generally have a greater appeal and bring together more young people and teenagers, making them become interested in the actions developed by the group. Along the same lines, Silva, Matsukura, Ferigato and Cid (2019) emphasize the importance of dialogue and the use of new languages with the participation of young people and adolescents in its construction, such as videos and texts, in order to improve the adhesion of young people to Health Units.

Participants often adopted contradictory discursive positions, showing the coexistence of antagonistic opinions, which shows that the construction of knowledge about themselves and about others is often established through a mosaic that gathers speeches propagated by colleagues, parents, school, common sense and even the experience of participating in the RAP da Saúde. With this, we want to show that a discursive heterogeneity with a wealth of conceptions composes the perspective of adolescence and youth on their own experience, as well as on the reflections about the social context in which they are inserted. With this, we want to indicate that the senses are hybrid, not fixed, and elaborated from multiple cultural meanings.

Alberti (2009) shows that adolescence is an essential and complex moment and introduces the need to search for new references. This means an intense work of reviewing and questioning children's references, in addition to identifying a new body and its management. In this delicate moment, there is also the social demand that young people make and assume choices of gender, sex, profession, specific skills and aptitudes. This is not a simple task, as we can see in the report of RAP's participants.

One situation illustrates our point of view and refers to the participants' reflection about a young woman who attended the group. They brought to the debate the young woman's unplanned pregnancy, which occurred during the period when she participated in the group.

Rogério: - I think the group has changed something in their lives, made them think about safe sex, about healthy eating, self-care.

Rodrigo: (laughs) - And Raquel, who got pregnant.

Roberta and Romulo: - Yeah [...] (laughs))

Rogério: - But maybe having a child at 16 was her wish, because she had knowledge.

The subject of pregnancy emerged at the two meetings of the focus group and at different times. The participants seemed to hesitate in their assessment of the group's possible success in promoting health, based on the young woman's pregnancy experience. Simultaneously with the more preventive perspective and a more general view that takes teenage pregnancy as always harmful, as something that prevents "[...] making your dreams come true" (Renata), they highlight more subjective aspects that problematize the different experiences of becoming pregnant at this stage, as in an example given by Roberta about a friend who "[...] was very happy". In the same way that they affirm that the young woman knew the contraceptive methods and became pregnant by choice, they also problematize the relational complexity that involves, for example, the use of condoms with a partner, a task that implies negotiations that are not always easy to agree on the ways to reach pleasure.

According to Castro (2008), inventive and solidary participation allows young people and adolescents to appropriate tools to build solutions to the difficulties experienced in relationships, in the city, at school and in society. The debate about the young pregnant woman points to the coexistence of a more conservative view, in which pregnancy necessarily involves risky behavior, and the broader view that includes the young woman's personal, affective and cultural history.

Brêtas and Silva (2005) show the importance of including the perspective of young people and adolescents in health practices. The authors emphasize that subjective aspects should be taken as guidelines for actions that address sexuality, beyond informational actions and including its positive aspect, as an important process for the development of relationships. They also point out that often the actions of educators and health professionals on this topic are centered on sexual anatomy, modes of contraception and disease prevention. According to the authors, the professional occupies a vertical position, which can reaffirm sexuality as a taboo, decreasing the interest, dialogue and active participation of young people. This verticalized way of directing actions can also indicate the difficulties of the professionals themselves in dealing with the subject and in producing a more open dialogue. Thus, the authors suggest that health promotion should "[...] transform knowledge into a personal case [...]" (p. 332), helping young people to take responsibility for their affective-sexual history.

The participants undertook a lively debate on topics related to socioeconomic differences, social inequalities, contrasting teaching between public and private schools and on the individual dimension for achieving a better financial position. Some statements supported individual responsibility for achieving changes in unequal social structures, "[...] because from the moment that the person wants, the person can do it" (Renata), or even adopted positions contrary to the social quota policy even when the person in question takes advantages of the reservation of vacancies: "I think all kinds of quota are wrong [...]. I use it, I am using it because it exists. I will not be a hypocrite, if there is one, I will use it, but I think it is wrong because it ends up diminishing people" (Rogério).

The participants do not seem to take much account of the influence of the cultural and economic context in achieving a successful position, which would result in obtaining personal, professional and financial recognition. The point of view adopted by the participants seems to reflect what Souza (2009) pointed out when affirms that the

individualism present in capitalist society favors the view that personal, professional and economic success refers to the responsibility of each one. In other words, often those who suffer from social inequality see themselves as being solely responsible for not reaching another purchasing standard. In addition, this perspective also refers to the considerations of Siqueira and Queiroz (2010) when they point out that the individualist ideology sells the image that it is up to each one to produce their self-engendering, in disconnection with the social and collective responsibilities. As abovementioned, the statements established are not presented in a closed or univocal manner, nor do they follow the construction of a linear opinion. As indicated by Schoen-Ferreira, Aznar-Farias and Silveiras (2003), the construction of identity is multidimensional and procedural, not ending in adolescence. There is a multiplicity of perspectives on reality that coexists in each participant and that concerns the very complexity of the elaboration of subjects for each one.

Coping with gender and sexual issues

Participants point out the difficulty of finding a definition regarding the gender category, highlight the complexity of the theme and are prudent: “[...] you have to know how to talk about it” (Renata). The arguments are constructed from questions about what gender identity is and whether or not it is possible to find a statement about it.

I couldn't fly a kite with my cousins. I couldn't play marbles. I couldn't play boy stuff. Girl has to play girl stuff, and boy, boy stuff. If you played a boy stuff, you would become a dyke (Renata).

According to Louro (2007), gender refers to the social construction of sex, it is a constitutive dimension of social relations. In other words, gender discussions involve knowledge about how in each culture differences between genders are perceived, it becomes a way of signifying power relations, composing identities, roles, beliefs and values. The author emphasizes language, giving it special attention, in the sense of conveying the way, but also the way in which it is known. The debate between the participants shows awareness of gender inequality, which is still very present in our society (Brasil, 2017). The participants of RAP da Saúde point out that their neighbors often do not know their rights and live in a “[...] macho culture” (Renata). Rafaela describes:

I live in a slum and I know that women don't seem to know feminism. Because they live at the mercy of men, they just stay at home [...] they just stay inside the house, because of men [...] if they leave, they will [...], but if they knew feminism, maybe they could say: 'I don't depend on him so much to live'. Like there, there's an example: a girl wanting to work and her husband said: - 'no, you have to be supported by me' (emphasis added).

Participants are in favor of women's struggle for equal rights and legitimize the achievement of a more relevant social place, denouncing the wage gap between men and women when they occupy the same job position. They agree that the reason, the fight for equal rights, is legitimate, but they consider that the feminist movement often, instead of achieving more equality, “[...] build walls” (Rogerio). The gender discussion, as indicated by César (2009), involves complex social and cultural relationships, habits and practices that involve the body and sexuality. As we can see, the participants raise some hypotheses, express their opinion, but emphasize the difficulty in finding parameters or a universal understanding about these issues.

As Lacadée (2011) indicates, there is no standard answer to the subjective questions related to sex and the body, which is why the awakening of sexual desire can lead to impasses and bring anguish in adolescence. The use of the word can be constituted as a

resource in the face of the lack of constituted knowledge, language is required as a work of invention and construction of previously unpublished forms of bond with the other. Whether by defining what it is to be a man or woman, and their socially accepted presentations or not, or by identifying with more conventional or unconventional ways of loving and reaching pleasure, or by gender rights and political discussions, participants demonstrate how much this theme affects them and arouses countless questions.

The importance of the function of otherness in adolescence and youth

The contact and work as a supporter of the RAP allowed the main researcher to live with the young people and teenagers and go along in their achievements. During the research, the participants addressed some questions to the researcher, showing the importance of her role: taking an active role in sustaining the function of otherness in those situations that seemed to be emotionally difficult for them, as guarantor in matters in which they did not feel very safe, as a presence that guarantees a certain stability for the group, or as a privileged interlocutor in reflections that addressed complex themes, such as the current political context, as in Renata's speech addressed to the supporter: "Society is very resigned, understand?". Marques and Queiroz (2012) indicate that workers need to be closer to adolescents in primary care, listening to their knowledge and questions. Costa, Queiroz and Zeitoune (2012) emphasize embracing and establishing a bond and trust as determining factors for the effectiveness of clinical interventions. The supporter was also requested to mediate conflicts or when one of the participants asks about the best way to approach someone who is in a specific emotional state: "If someone is different, someone is sad [...] isn't it normal for us to ask what happened?" (Rodrigo).

Romulo also says that contact with the supporter was important in the process of choosing his undergraduate course: "For me, what was remarkable, [...] it was a conversation that we had right here in this room, [...] that changed my life, my future. In the end, I'm studying law school. [...] It was a conversation I had with the psychologist".

The participants showed interest and involvement in the investigative process, and show, as indicated by Dell'aglio and Santos (2008), the importance of conducting research that problematizes power relations and consider the researcher's involvement in the research process. The participants' comments regarding the ethical aspects of the research that had been clarified before the start of the focus group reveal a concern with the preservation of the material that, as it seemed to us, expresses a willingness to be heard, to transmit their experience and, at the at the same time, a desire to preserve it:

Roberta: - In my opinion: you don't need to destroy the recordings [...]

Rogério: - I think so too.

Roberta: - Because we can listen later.

Rodrigo: - Let's see the best way there, for you not to destroy the recording, so we can listen later, laugh later [...]

Romulo: - This part of destroying the material, it looks like it's a corrosive thing, you know? Like film [...]

The recorder played an important role in the dynamics of the focus group. In addition to reminding the group that the conversation would later be analyzed, it seems to have been valued by the participants as a guarantee that they would be heard. The explicit desire to keep the recordings seems to indicate a desire to preserve the group's memory and make

the experience public. The care with the quality of the recording aiming at a good transcription of the material was explained: “[...] she will write everything in the paper, so don't hit the table” (Renata), the desire to transmit the reactions of the group during the conversations “[...] you will include these laughter, when you go to write, right?” (Rodrigo), the care aiming at the good accomplishment of the task at a time when there is a bigger buzz: “[...] you are deconcentrating” (Renata), or even to ask for a certain naturalness of the participants in the report “[...] not very formal, folks!” (Roberto).

Rodrigo even gives the recorder the status of a character, often beginning his participation with his inclusion in the scene. With good humor, he gives him a place of confidant: “[...] you see it, recorder? How is life here at RAP [...]. My bad [...]”. “Are you listening to this, recorder?” Romulo shows special recognition for the researcher's academic interest: “The research was very cool. We are flattered that you did this research with us. [...] I found a lot of consideration on your part” (Romulo).

As we said, the participants emphasize that the experience in RAP makes it possible to experience health in a broader aspect, as suggested by the study by Garbin, Garbin, Suzely & Gonçalves (2009), by showing that the perception of health among young people includes aesthetic, bodily and self-esteem factors. Participants point to health as a more profound change that is also reflected in the way of eating, doing sports and, mainly, talking. The focus group also enters this dimension: “[...] our conversation here is a way of health” (Rogerio).

The perception of young people about themselves is fundamental for the development of strategies for the field of public health, as they involve individual and social well-being. When addressing the mental health promotion of adolescents and young people, it is necessary to address these aspects, since self-esteem, for example, indicates a direct dialogue with personal, family and social experiences and having a derogatory view of oneself can indicate suffering and mental illness (Assis et al., 2003).

Participants report the desire to remain in the RAP da saúde group, develop relationships, qualify and continue to learn: “I think we could have more dialogue with teenagers. Like bullying, grades at school, dialogue with parents, sexuality business, drugs, alcohol, harassment, various things” (Roberta). The research carried out by Ferreira, Alvim, Teixeira and Veloso (2007) shows the importance of knowing the adolescents' point of view on health and how these conceptions engender specific care practices that are linked to peculiar styles and ways of living life in this age group. Health is thought by the authors in its dimension of knowing-living associated with a certain degree of autonomy in managing one's own life, which is expressed by “[...] how much can be done ‘living the good things in life’” (p. 221, author's emphasis).

We believe that the choice of the focus group allowed the emergence of themes that otherwise could not be considered. We sought, throughout the field work, to create a space in which the researched group could become an agent of the research, inviting them to answer about the questions elaborated, making us facilitators of the construction of a place of greater freedom of expression.

Final considerations

The contact with the participants allowed know the experience of promoting health through the perspective of the young person and adolescent who performs this function. The narratives provided us with the chance to know a little more about the youth's experience

and the access to the participants' personal and relational universe, based on their attitudes, behaviors and worldviews. As we approached issues that matter to this audience, we were also able to show difficulties and advances achieved during the process.

In our understanding, the personal engagement of the main researcher allowed for a closer approximation, facilitated the understanding and enabled the production of knowledge and the critical reflection on reality. On the other hand, the fact that the study was carried out by a researcher who is also a supporter of the group may have prevented statements that revealed conflicts and problems related to the embracement at the Unit, bringing limitations to the study. It would be interesting, in future research, to explore the view of young people and adolescents who are not part of the group, and health professionals who do not exercise the role of supporters in relation to their view of the young people and adolescents who attend the Unit and about young health promoters themselves.

In our research, it was possible to see how the previous place as a supporter of RAP brought relational, addressing, trust, and coexistence aspects that might not have been present if we had chosen another group as the object of investigation. With this, the statements and constructions of this study about how the participants experience being a young health promoter were marked by the presence of the researcher/supporter, possibly with effects on the way they constructed their statements. Perhaps the participation of the supporter as a researcher has made the environment more reliable, in the sense that young people speak more openly about their opinions, at the same time that these opinions are also addressed to someone who shows themselves capable of offering mediation, response or indication in the resolution of eventual conflicts.

We tried to emphasize the peculiarity of the relationships established by those who participated in the RAP da Saúde group. We realized that the experience in the collective does not follow a unique way or goes in harmony. In this way, our previous experience of working as a supporter of the RAP group at the Health unit had already warned us about how turbulent the process could be! Increasing forms of communication and the ability to dialogue with others are important effects of the experience of the RAP da Saúde. This teaches that, in order to win the participation of young people in institutions, we have to create spaces that foster unique forms of positioning in the collective. We believe it is important to provide a variety of possibilities so that each one can conquer a certain role when talking about their experiences to the other and touching on themes that matter to young and adolescent audiences, transforming personal experience into knowledge production. For this, it is necessary to create spaces in which professionals, while offering information on health, rights, art and culture workshops, are also able to dialogue with the experience shared by young people and adolescents.

The experience in the RAP da Saúde indicates the importance of the network formed among young people and adolescents, providing support and help in facing impasses and challenges inherent to this stage of life. The RAP da Saúde proves to be a powerful inclusion project, by deconstructing views on the part of health professionals and increasing the reliability of the reports of young people and adolescents. Promoting and encouraging the formation of groups of young people and adolescents can contribute to expand the capacity for dialogue and social support. Health professionals find here a precious task when mediating, supporting and encouraging the collective confrontation of issues experienced by young people and adolescents, strengthening health in a broader way.

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