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Promoting and recovering health: Meanings created in community groups in the context of the Family Health Program

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Borges C, Japur M. *Promover e recuperar saúde: sentidos produzidos em grupos comunitários no contexto do Programa de Saúde da Família.*

[Promoting and recovering health: Meanings created in community groups in the context of the Family Health Program]. *Interface- Comunic, Saúde, Educ (Botucato, Brazil) 2005 Sept./Dec.; 9(18):507-519.*

Objectives: To describe the meanings of health/illness created by community groups in a Family Health Program context.

Methodology: Social Constructionism. A single interview was conducted with each of five community groups in a lower-middle class neighborhood in the state of São Paulo. Each group consisted of neighbors in a single street, and the five groups lived in five different streets. The participants were women with an average age of 50. Three topics were introduced: what does it mean to be healthy? What does it mean to be ill? And what does it mean to take care of one's health? The interviews were audio-recorded, transcribed and analyzed, together with the field notes.

Results: The authors found two different forms of discourse; one from participants in good health and the other from sick persons who needed specific care. The authors developed two themes: health promotion, and recovering health. The former contains participants' discourse regarding what it means to have a high quality of life and what is needed to maintain good health. To the participants, having problems is reflected in health. They describe health as the sum of diverse physical, mental, emotional and social factors. They refer to good living habits as promoters of good health. They say that health generates employment and illness causes unemployment in ways that affect their everyday life. In relation to the second theme, the authors found discourse that referred to access, complaints and dissatisfaction with the health system. The participants said that they found treatment non-compliance a potential protection from what they considered wrong diagnoses by health professionals. This shows the other side of the widely held concept of an ignorant, resistant population served by the public health system.

Conclusions: It is essential to understand health care system users' viewpoints in order for new potentials to emerge in interactive construction of health practices based on negotiation and dialogue between all actors involved. This requires a practice which is more sensitive to interactions, to listening, and to ongoing negotiation between the health team and the community.