

# MEANING OF CONCEPTIONS AND SELF-CARE PRACTICES IN YOUTH HEALTH: A CULTURAL APPROACH

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## Abstract


**Objective:** To identify the meanings that young students attribute to conceptions and practices of self-care in health from a cultural approach. **Methodology:** The methodology addressed was qualitative from an ethnographic orientation, based on 23 in-depth interviews to young students from three basic high school education institutions in Manizales. The analysis highlights the selection of trends and the initial descriptive codes, which gave place to subcategories and categories that, nurtured the construction of meanings that participants attribute to conceptions and practices face up to self-care in health. **Results:** The meanings conceived as a symbolic construction that participants attribute to self-care in health were described from their heterogeneity, because the conceptions and practices arise from the cultural. Self-care of health is perceived as a family matter, from a perspective of co-responsibility and parental support. The emergence of the category of work as a practice stresses the subjective world of youth, generating contradictions, motivations, expectations and new subjective meanings. However, the nature of these works in precarious circumstances shows the difficulties in their material, social, cultural and symbolic conditions of life. **Conclusions:** The participants construct the meanings of self-care in health from the mobilization of knowledge and practices from the ideal of family matter, seen as parental support. The emergent category of work is a producer of new meanings, those that reveal precarious material, social and symbolic conditions associated with the youthful experiential connection.

## Key words

Self-care, health, youth, nursing theory, culture (source: *MeSH, NLM*).

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## SIGNIFICADO DE LAS CONCEPCIONES Y PRÁCTICAS DE AUTOCUIDADO EN SALUD DE JÓVENES: UN ENFOQUE CULTURAL

### Resumen

**Objetivo:** Identificar los significados que los jóvenes estudiantes le atribuyen a las concepciones y prácticas de autocuidado en salud desde un enfoque cultural. **Metodología:** La metodología abordada fue cualitativa, desde una orientación etnográfica, a partir de la realización de 23 entrevistas en profundidad a jóvenes estudiantes de tres instituciones educativas de básica secundaria de Manizales. El análisis resalta la selección de las tendencias y los códigos descriptivos iniciales, que dieron lugar a subcategorías y categorías que nutrieron la construcción de los significados que los participantes le atribuyen a las concepciones y prácticas frente al autocuidado en salud. **Resultados:** Los significados concebidos como construcción simbólica que los participantes le atribuyen al autocuidado en salud se describieron desde su heterogeneidad, en razón a que las concepciones y prácticas surgen desde lo cultural. El autocuidado de la salud se percibe como un asunto de familia, desde una perspectiva de corresponsabilidad y soporte parental. La emergencia de la categoría trabajo como práctica tensiona el mundo subjetivo juvenil, generador de contradicciones, motivaciones, expectativas y de nuevos significados subjetivos, sin embargo, la naturaleza de estos trabajos en circunstancias de precariedad, muestra las dificultades en sus condiciones materiales, sociales y simbólicas de vida. **Conclusiones:** Los participantes construyen los significados de autocuidado en salud desde la movilización de conocimientos y prácticas a partir del ideal de asunto de familia, vista ésta como apoyo parental. La categoría emergente trabajo es productora de nuevos significados, los que develan condiciones materiales, sociales y simbólicas precarias asociadas a la trama vivencial juvenil.

### Palabras clave

Autocuidado, salud, jóvenes, teoría de enfermería, cultura, (*fuentes: DeCS, BIREME*).

## SIGNIFICADO DAS CONCEPÇÕES E PRÁTICAS DE AUTOCUIDADO EM SAÚDE DE JÓVENS: UM ENFOQUE CULTURAL

### Resumo

**Objetivo:** Identificar os significados que os jovens estudantes lhe atribuem às concepções e práticas de autocuidado em saúde desde um enfoque cultural. **Metodologia:** A metodologia abordada foi qualitativa, desde uma orientação etnográfica, a partir da realização de 23 entrevistas em profundidade a jovens estudantes de três instituições educativas de básica secundaria de Manizales. O análise destaca a seleção das tendências e os códigos descriptivos iniciais, que deram lugar a subcategorias e categorias que nutriram a construção dos significados que os participantes lhe atribuem às concepções e práticas frente ao autocuidado em saúde. **Resultados:** Os significados concebidos como construção simbólica que os participantes lhe atribuem ao autocuidado em saúde se descreveram desde sua heterogeneidade, em razão a que as concepções e práticas surgem desde o cultural. O autocuidado da saúde se percebe como um assunto de família, desde uma perspectiva de co-responsabilidade e suporte parental. A emergência da categoria trabalho como prática tenciona o mundo subjetivo juvenil, gerador de contradições, motivações, expectativas e de novos significados subjetivos, porém, a natureza destes trabalhos em circunstancias de precariedade, amostra as dificuldades em suas condições materiais, sociais e simbólicas de vida. **Conclusões:** os participantes constroem os significados de autocuidado em saúde desde a mobilização de conhecimentos e práticas a partir do ideal de assunto de família, vista este como apoio parental. A categoria emergente trabalho é produtora de novos significados, os que debelam condições materiais, sociais e simbólicas precárias associadas à trama vivencial juvenil.

### Palavras chave

Autocuidado, saúde, jovens, teoria de enfermagem, cultura (*fontes: DeCS, BIREME*).

## INTRODUCTION

Currently, there is a consensus regarding the life habits of young people. It has been found, that skills, knowledge and abilities are required to generate an adequate self-care, but face with the behaviors some controversies arise, since there is evidence of markers or indicators of health such as glycemia, cholesterol, BMI and blood pressure that have been noticeably altered in people at early age, and that directly and proportionally influence their daily actions of self-care, mainly the BMI is outside normal ranges, this is associated with the technological realities that have restricted the physical activity, among many others (1, 2). In the field of adolescent and youth health, lifestyles appear linked to social problems of great relevance, such as early pregnancies, abortions, HIV / AIDS infection and transmission of sexually transmitted infections (STIs), due to diversity of sexual practices; the incapacity in its diverse modalities, injuries or deaths, because of traffic accidents; disorders due to drug use and abuse and eating disorders, caused by sedentary lifestyle and diet. In the long term, young people also present an increase in the prevalence of chronic noncommunicable diseases that have unhealthy lifestyles as associated factors (3).

Meanwhile, the self-care deficit theory, Dorothea Orem, expresses and defines concretely the metaparadigm, in order to give an initial meaning to her theory and therefore generate its applicability in the field of health. In this way, this theory defines a person as a rational and thinking human being who can use his capacities to promote benefits in his environment, which through the investigation of his own experience and thus generate awareness for the consequent self-care is achieved (4). In this sense, self-care practices are learned and internalized through interaction with social and cultural environment. According to Orem, self-care is not innate, it is assimilated until it becomes a behavior throughout life, through interpersonal relationships and communication in family, school and friends,

becoming a permanent and daily activity. Thus, Orem defines self-care as “*a behavior that the person performs or should perform for itself, [...] consists in the practice of activities that mature people, or who are maturing, initiate and carry out in certain periods of time*” (5).

However, the cultural and social conception decisively influences the internalization of self-care practices and in an important way, this is observed according to the modifications generated in youth, since it is a stage characterized by rapid changes in physical, cognitive and sexual development, at the same time, it influences in the processes of construction of self-esteem, autonomy and formation of the self-image with a view to its preparation for adulthood. This is why, in the practices of self-care and lifestyles of young people, it is necessary to place the family as the first social actor that reflects in young people a role model and promoter of attitudes for self-care (6). It is necessary to recognize that every day young people acquire clear and concrete knowledge about self-care, but there is a deficit in its application, which depends on certain determining factors such as socioeconomic stratum, gender, institutional health service providers to which they belong, aspects that directly affect their lifestyles intervening in health. Another vital factor is the practice of physical activity as a fundamental action for cardiovascular, muscular, skeletal and metabolic maintenance. Physical activity positively influences the previous physiological aspects and improves depressive states; a study conducted in Medellín and its metropolitan area in which the health of students has been evaluated in relation to physical activity and the presence of depressive states confirmed it, demonstrating the effectiveness of physical activity in the improvement of moods (7). Self-care requires to be approached from the humanistic point of view, in which human being behaves as an autonomous person regarding his decisions, is part of a homeostatic process in which seeks to promote his welfare and relationship with the environment.

It is also important to understand the meaning of self-care as a socio-cultural construction that has been permeated by the conceptions, beliefs, convictions, social representations and practices of people in different societies (6). Socio-cultural factors are also object to analysis, since they are aspects in the life of each individual, influencing the behavior within a sector or a whole population that generates patterns of behavior, beliefs, knowledge, habits and actions of people for maintain, restore or improve their health.

Leininger in the transcultural theory, states that nursing plays an essential role in the identification of perceptions and conceptions regarding health care in contexts with cultural differences, this in order to understand what people think and do about the health and its care; and from education to generate an impact of improvement in care and self-care practices in populations of different cultural vision, by recognizing those cultural practices that can be modified and those that can be assimilated because they are healthy and do not represent danger or no risk for the health and life of the people. The foregoing through negotiation and consensus mechanisms based on respect and recognition of the traditions and knowledge of the communities, providing care consistent with culture (8). In this sense, a study aimed to identify the meanings that young people attribute to conceptions and practices of self-care of health from a cultural approach, from three educational institutions in a commune in the city of Manizales was proposed.

## MATERIALS AND METHODS

The research assumed the qualitative approach for its methodological development, which tries to capture the phenomenon studied in a complete way and to understand it in its context; this qualitative perspective highlights the understanding of the meaning that people give to circumstances or phenomena. In addition, it studies them in the context of their past, the situations in which they

find themselves and how they perceive certain realities of social life towards the future. The study was approached from an ethnographic perspective, because it sought to unveil the human phenomenon from the sociocultural point of view, as it allowed identifying conceptions and practices regarding the self-care of health experienced by young people. The study was designed to develop it through different moments of encounter and inquiry, ranging from the establishment of empathy with the young participants, going through their conceptions and own interpretations, until the saturation of the information and subsequent processing: description and interpretation of information.

The sample concept does not apply to qualitative research; in this one, the selection of the interviewees does not conform to the criteria of sociodemographic sample according to the statistical representativeness; the plurality of actors in the universe is analyzed. To access the participants, a first approximation was made with each one of the students selected by theoretical sampling that according to Strauss and Corbin "is done based on the interest of the researcher or on the theory that emerges in the analysis" (9), which means that is intentional. The informed consent to participate in the study were asked to sign to the rector of the institution, psychologist, course coordinator and students involved, prior information on the reasons and intentions of the same and the guarantee of confidentiality and anonymity. The inclusion criteria were being a 10th and 11th student enrolled in one of the three educational institutions of a commune in the city of Manizales and agreeing to participate voluntarily in the research.

In-depth interviews were conducted with 23 young people, distributed like this: educational institution A, 8 young people; educational institution B, 8 young people; educational institution C, 7 young people; those that were recorded and transcribed literally. The story was stimulated, and questions

were asked to explore in depth the perceptions, ideas, expectations and motives, in order to obtain details of the told story. The interpretation of the text of the interviews began since the first one was being carried out, hence the collection, search and analysis of the information occurred simultaneously. This generated questions emanating from the information itself, ensuring dialogue and understanding.

For the analysis of the information the software Atlas-ti was used in its 7 version, which after previous selection of events, trends and the initial descriptive codes, gave rise to the subcategories and categories that nurtured the construction of meanings that young students attribute to conceptions and practices about self-care. During the interviews, a first interpretation was made and when the information compilation (saturation) was completed, it was interpreted in a deeper and more reflective way (dense description); it was also necessary to go back and forth through the stories looking at the whole and its parts. Understanding the people involved listening to their tales, stories and experiences; from the ethical point of view and the scientific rigor, it is necessary that the researcher respects what has been said by the participants and the experiences described in the text. The initial categories that were re-examined and contrasted with the theoretical evidence and with the appearance of new data to finally give way to the definitive categories, provided the elements for the description and interpretation of the meanings constructed by the young students.

## RESULTS

**1. Conceptions regarding the self-care of health in young students:** a look from the voices of these young people belonging to three educational institutions of the city of Manizales, as main actors that allow to identify some conceptions about a relevant aspect for the health of this population and is related to self-care from a cultural perspective, that makes it possible to understand

the structure of the youth world, from which some trends perceived emerge as part of the qualitative analysis, in this sense the following was found:

### **-Family planning conceived from the perspective of sexual and reproductive health.**

One of the important decisions of young people regarding their sexual and reproductive health is related to knowledge about family planning. Their actions are considered as a right of men and women who can freely exercise their sexual life in a satisfactory way and without risks, in which not only the number of children is planned from the human reproduction, but also the mediation of values of love, communication, responsibility and gender equity from the individual, as well as considering the components of the life of people and communities, such as the social, religious, ethnic, and economic components and accessibility to family planning methods based on health services to the population, especially adolescents and young people (10).

Most of the young people express having some degree of knowledge about this topic because in the schools there is a permanent educational activity about family planning, either through educational talks, seminars, experiential talks and pedagogical workshops, in addition to being perceived as part of family care, but it is not an issue that is discussed with their couple or partner to reach agreements: *“I’ve heard it everywhere because here they keep making talks about it and it’s important because 5% is not safe but there is a 95% sure of the planning methods and then I think it is very important to have them. They keep making talks about that here”*; *“If someone gives talks as how to prevent a pregnancy or something like that, then it’s like taking care in the family as well”*.

In the same way, it is appreciated that planning is necessary whenever as a participant expresses it, currently all citizens can confronted different dangers seen from the outside, which can seriously

endanger our health and safety: *“Planning... like the support that the family gives to one, to protect from something, because is that one, planning is very important even one don’t have sexual relationships constantly because in this world we are already very much in danger”*.

In these conceptions it is evident that the perception of danger is seen as something external to the person, in which this one can be attacked by someone at some point in life, but it is not conceived as a self-care practice of the young person for itself respect to its health. Another important aspect that affects the lives of young women is related to the fear and anguish of getting pregnant when they start an affective or loving relationship with each other: *“I decided planning with injection because they told me. I was starting with someone and I was scared”*. Likewise, the importance of family planning associated with comprehensive health is emphasized, as well as it is an issue that involves young people who from an early age, are already beginning to experiment and think about it, as one of the young woman states: *“family planning, that we are all healthy... that we started thinking about that”*. There is a persistent belief in young people that family planning education is a women’s issue in which the gender perspective has a high burden, since some young women said that it is a women’s issue and that in men they have not heard about this, that is, for women the issue remains invisible, while it is also the responsibility of men to assume it from the responsibility and self-care of health. *“I do not know, I think that it goes in women, I think. I’ve heard it but in women, not men...”* Family planning is a matter that is not discussed with the couple or partner to reach agreements, but it is obvious the influence of the mother in young people, but some of these mothers do not concerned about giving education and information to their daughters: *“I have been behind my mother for a long time about planning. Because I think it’s not that one does it just for trust, because is going to keep doing it, but one has to be prepared, because you do not know when it’s going to happen*

*... [...] I spoke with her once and she told me that she was not agree, I started planning with pills but secretly and at this time I insist and she tells me, but she makes like silly and did not want to ask the appointment for me”*.

**-Sport and physical activity as part of the self-care of the health of young students.** It is known that sport is an activity that is framed within the components of physical activity as well as other recreational activities, since these are expressions of the human being linked to their development and are part of health in the perspective of integration to the daily life of people in all life cycles (11). However, it should not be ignored that the cultural characteristics of individuals and groups affect patterns of behavior towards health care and are not introjected as an option of good living and healthy life. The young people of the study, state that they practice sports or some physical activity only when they correspond to the day of the week of the subject of physical activity: *“No sports, now entering to study yes, one day a week in physical education, but that I say that I exercise, no.” “No. Here at school when physical activity”*.

Some young people are aware of the need for physical health care through sports strongly associated with the occasional practice of the soccer game: *“Take care of the body by exercising, that’s because I like to play soccer, that’s why I do it, but the other recommendations almost no”*; *“Sometimes is like one makes a “parche” like that with friends, that we are going to play football”*. Other people say that sport contributes to the health of people very linked to expressions of satisfaction and taste for sport: *“I love sports... My whole like I liked it, it is very good to have a good physical condition and therefore sports can help a lot for health”*. *“You have to exercise because in addition to eating well, you also have to be physically and exercise,” “I have researched (about sport), prevents many diseases in the body, I do not know specifically what diseases”*.

It is evident that walking after the school day, whether accompanied by a friend, family member or alone, is one of the physical activities that the young people express that some of them do with a daily frequency or every 8 days: *“I walk a lot, in the morning we got on the bus because in the morning I do not like to go up on foot (walking) and in the afternoon, if we go down on foot and when we go to train from my house in Galán to the Arenillo we go on foot and come back again [...]*” *“Every 8 days... I go out with my mom and we walk a kilometer and we trot the other kilometer and we arrive at 10 at the house”*; likewise, doing the physical activity of jogging in company of their friends is important and significant for some participants: *“We meet several and we are going to jog, it’s just jogging”*. There is a perception that there are some barriers to access to the practice of sports preferred by young people in some educational institutions, while in these institutions they are not taught about the need to practice sports and different options that allow them the choice of a sport are not presented, as expressed by a young student: *“I did a lot of basketball and volleyball before... because here they do not teach that, I practiced it a lot because when I was there in that other school you chose, or soccer, or volleyball or basketball, what you liked most or what you could, and also you could change each period...”*.

**-Conceptions about daily habits considered healthy.** Dorothea Orem states that self-care corresponds to those activities that people perform to maintain their health and allow their personal growth, well-being and human development to continue (12). However, the young people of educational institutions of this research, have some degree of clarity in front of the knowledge about health self-care practices and the importance of these, they show that they are vital and of high value to maintain an adequate physical condition, besides to their need to stay healthy and prevent disease, a young man said that self-care *“is a pattern that we have to have of our body and the autonomy to always take it well,* “another student

revealed: *“later we will have children, we have to teach them what to do and what not to do”*. In spite of the above, it is possible to observe a gap between the knowledge they have and the practices they actually carry out; during interviews with young people from these educational institutions, it was found that most of them have unhealthy habits or routines, ranging from the consumption of psychoactive substances to poor eating habits, as one young person stated: *“I eat mecato”, that’s very harmful and let’s say for example, I like to smoke cigarette and that’s not good”*; however, students who stated that they carried out self-care practices in their daily lives -mainly for them, sports- were also found, as they expressed it: *“I do a lot of acrobatics, because I eat the right amount, as normal”*, *“I take care of myself, I do what I should, as a healthy person, I do exercise, I do not do bad things to the body”*, *“I love sports”*.

**- Beliefs against the consumption of some psychoactive substances (PAS).** The consumption of psychoactive substances is a common problem around the world, which has been strongly influenced by the media, driving an attractive perspective of consumerism, which is perceived by young people as something striking and modern leading them to be immersed in a world of consumers and abuse that seriously affect their health (5). The commune that corresponds to the area of influence of the three educational institutions of the study, being an area permeated by violence, conflict and consumption of PAS, allows its habitants -mainly young people- because of their social, economic and cultural vulnerability situation, be susceptible to the consumption and abuse of the PAS, given their easy availability, access and sociocultural conditions that enhance them.

During interviews with young people in this commune, they were found to have extensive knowledge about psychoactive substances, their diversity and their harmful effects on health, as they stated: *“I know a lot but I have never gotten*

*into it, I know the solution, popper, ecstasy, bazuco, crocodile”, “I know that there is marijuana, the solution, the popper, the ladies, the cocaine, the perico and many more. Many use it for many reasons, some use it for depression, because they are bad, because in the house they are bad, others use them by desire, others use them because they threaten to tell them that if they do not do that, they are a fool, a stupid and so, then there are many things, but the truth is that it is very bad”, “I know there is marijuana, the solution, the perico, the popper, the bazuco and in the body because in itself that... that burns a thousand things the neurons, drugs do a lot of damage, well, too much damage”, “Drugs can damage the life, the physical state also the mind and more when they get used to it, that is horrible”, “they wear out the body, the organisms”. In spite of this, as has already been reiterated, these young people seem to have extensive knowledge, although some of them are about the health effects of the PAS, in practice its use is evident, which is clear when some said that they consume them, even years ago and often: “If I use marijuana and popper because I kept with friends who were from that area and I really liked the experience, I did it out for curiosity 2 years ago but after the effect ends, one feels very tired, if one feels depressed. Even at the moment of being there smoking, whatever, many things come to mind. I consume more than everything when I’m with friends, but also in the same way, many times alone a week of 7 days, I consume 5 days a week”. “I consume marijuana because of my older brother.” “I consume popper and perica, marijuana has never given me the curiosity to try it, they say that when you try, well I do not know, I have many kinds of friends and they tell me that it gives... well, since one try once, it gives a lot of anxiety to keep doing it, and that’s why it’s my fear and I do not risk testing it”. However, some students prefer to be away from the consumption of psychoactive substances as an integrating part of their subjectivity and experiences in the face of this social, cultural and youthful world situation that appears in their lives: “No. Once I tried to*

*consume cigarette, but then it was nothing, it disgusted me and then I was very small “; “I have never tried to consume”.*

**2. Self-care practices in health of young men and women students.** Self-care practices of health are those related to behaviors and forms of action, which have the characteristic of being a deliberative act that implies the possibility of deciding among different options and said practices respond to the reality lived by people, while sociocultural constructions arise or are created according to their belief system and conceptions and the cultural context, which is where practices and behaviors acquire meaning for people (12, 13).

**-The practices or sports and leisure activities from the vision of young men and women students.** Some participants refer that sport, which in the case of young people is especially football and for some cycling, is associated with the practice of exercising, and is what they most often practice: “For me sport is also like to exercise and then, that’s what I practice the most”. “Most of all football is what I like, more than swimming”, “Football and cycling are the sports that I like the most, and I like cycling because it’s how to put on challenges for myself”. In the case of young women, the practice of some sport is scarce since it is related in a decisive way to the practice of dance: “We like to dance because this year we are doing that, rehearsing the dance, always in 11 in physical education to practice dance”. “Almost no, I’m too lazy to practice a sport and what I like the most is dancing”.

An aspect of vital importance in the daily life of the young students is striking and it is the one referred to the playful and recreational activities in the family environment, in this sense, the participants openly express how these activities in the family are not object of criticisms and recriminations and feel that they can have uninhibited behaviors, as one young woman states: “I like family things a lot, because then I know that I can do crazy things



*and other things there, and with my family who is going to criticize me".* In the same way, it is evident in some participants the need to share and let some member of the family participate in the activities that satisfy him and are meaningful for him or the young person, as revealed in this short story: *"It is spending time with my family, I like to share much more than everything with my mom, have time with her and listen to music"*.

**-Self-care practices of health: a family manner of the young men and women students.** Respect to health self-care practices from the family perspective in young students, it is emphasized that care is a family subject and not only of the young, it is a product of dispositions and accommodations that transcend the individual in which this care in the family is made up of collaborative, horizontal and supportive relationships that are usually from the mother or father, or between siblings, also because sometimes the young person is not aware that it is necessary to take care of their health: *"Many times they are more careless than all my mom and I try to say that she does not kill herself so much at work, because she is very dedicated and my dad too, because if I try to tell them to relax more and not be so stressed because that will kill them"; "My mom tries to make all healthy food for us, but now that I say that has something always thinking about taking care of us, well no"; "My mom is the one I've always lived with and tries to make me very careful with all my belongings, with my body too, just as with my life to do not commit bad acts"*.

Based on the concept of self-care of health, the practices of daily bathing and brushing of teeth are included, which are comprehend in the definition of personal hygiene, this has undergone important transformations, in the measure that in the contemporaneity assimilates what Baudrillard calls the body linked to the purposes of human production and consumption, in this sense, is presented the ethics that "it commands each individual to put himself at the service of his own

body. One has the duty to take care of oneself and cure oneself..." (14). It was found that daily bathing activities and brushing teeth are a practice of self-care present in most young students perceived as an obvious issue, related to everyday, which is closely associated with the care of their health: *"Concern to self-care, very seldom, obviously hygiene and food itself, but not much sport, hygiene for example is daily"; "The fundamental cleaning of the teeth... to go every 3 months at least to appointments, to be very careful with our body"; "I eat well, in itself in the personal presentation, in every sense, because I do not like to be dirty at all, in personal hygiene everything is very well"; "Of course, because my family has always carried that hygiene as I told you, above all"*.

**- Medical self-care practices of young men and women students.** The medical and dental care checkups constitute a fundamental activity for the timely identification of health problems and that allows to establish the corrective measures of the case, and it is the moment in which the health professional and the person interact for the sake of health, risk prevention, treatment and rehabilitation. The scarce awareness of the care and medical checkups in this study is notorious among young people, who request medical services when they feel very sick or because of some urgency: *"My father, my mother, only the two of them, my brothers and I are not nearly attending the doctor"; "No, I've been out of medical checkup for a long time, I do not even remember"; "Most of all I attended a medical appointment because I had incarnated nails, so I went like 3 months ago to checkup and from there, no more. My mom asks for it (medical checkup appointments)"; "I'm going to medical checkup when I'm very sick"*. In contrast, other young people, although they are aware of the need to attend medical checkups as long as they have knowledge regarding self-care of health, in practice they do not do it for several reasons: they are lazy, they do not like to go and because health is not part of the interests, motivations and priorities in their life project, some of the young people say:

*“I consider that I must attend the doctor clearly ... because in this way if one has an illness it can stop it from progressing more than it should”; “It is better to prevent because illnesses if one is neglected they took revenge and stops there ... I go for prevention (to medical appointments)”; “Most of all because I feel something strange in the body because I am sick, but I almost do not go to the health center”; “I do not go, I do not like to go, I never liked it”; “Some people say that one must do a lot of exercise or that one should take care of drugs, is like sometimes it makes one get tired, like is lazy to go to doctors and one does not follow those recommendations”.*

**-Practices of self-medication of the young students.** Self-medication is given to the extent that the person from his previous experiences addresses their health problems through the administration of drugs without any medical prescription (2). It is possible to observe how in young students a high prevalence of self-medication is presented (15), since these tend to consume drugs already stored in their homes or provided by relatives, neighbors and/or friends in order to treat the disease without having to resort to specialized medical attention, which can be influenced by the presence of familiar habits, lack of time to go to the doctor and economic factors that generate obstacles for the access to the services; as revealed by a young man: *“Many times I take medication without going to the doctor but like for tonsil infections that the most recommended is the amoxicillin that kills the infection or when my head hurts a lot”*; and another student expressed it: *“The medicines are given to me by relatives because sometimes many say that no, that is like a common little pain, I took an acetaminophen or an ibuprofen and that goes cheaper than going to the doctor to pay a copayment and those things”*, *“One is like for wanting to calm the pain does what they tell”*. Despite the above, during the interviews conducted some said not to self-medicate or receive recommendations from people without knowledge on the subject, as expressed by some of them: *“I take medication*

*when a trusted person tells me”*, *“I have never taken a recommended medication”*, *“I would think of it first and would consult it with someone who really knows”*. During the interviews, it was also found that a high number of young people prefer to consume herbal medicine, since for them it implies more savings from the economic and time, influenced also by cultural customs and family recipes, as they expressed it: *“I do not take medication, I take such natural treatments, yes, my father’s wife gives them to calm me down”*. *“On December 31, a family member had many cramps or I do not know, and they gave him all kinds of drinks, all the people gave him things.”*

These acts about self-medication are frequently related to the scarce or deficient education of the people who perform it, which is possible to observe in the interaction with the young people approached, where the lack of concern about the consumption of medicines and ignorance as their main responsible was evident, since he had no problem in his opinion, adversities or other complications, besides most of them there are not preferences to attend the instructions, schedules and expiration dates of the medications before taking them, and it was even found that certain young people did not know the name of the medication they consume, as they expressed it: *“I do not read the instructions and neither the schedules because those my mom gives them to me and no, never the expiration dates”*, *“I have all the medicine little boxes but I do not know the names, I have one called dalf on something like that and right now I’m taking laxatives”*. *“No, I take the medication quickly”*.

From the analysis of the information of the participants in which the coding of themes and trends was made, and subsequent structuring of the categories arising from the live data, the emerging category was displayed: **work seen as a means for family survival, to access to desired assets and for distraction**. Some participants do it to help the family and contribute to the satisfaction

of the needs of support and survival of its family members and this is the meaning that the work acquires from the voices of these young people: *“I am learning [...] but I have already done several “motilados”... it is work, I like money. With the money I support myself and help a lot in the house with the expenses”*. On the other hand, a participant conceives work more as collaboration and not as what it represents from the formal character of a job, given that it is in the construction sector, where are forms of job precariousness and without no social security: *“It is just that this is not a job, it's like helping my mom (in construction), they needed it over there and I went and worked”*.

Furthermore, for some participants is clear the conception they have about doing some sporadic work on weekends, as receptionist, salesperson, in a cafeteria, because they like from the sense of distraction and to have their own money and the freedom to spend it on what they want: *“I work every time they call me, on Saturdays, I work, because I like it, it catches my attention”*; *“I work, because I want to, they do not force me or anything like that, because I want to have my own money and not be asking so much, I'm too lazy to ask so much”*; *“I work in my grandfather's cafeteria, I have done it for pleasure [...], even I have a lot of fun there”*; *“I work for pleasure, because one needs it and there is nothing like having what is own, [...] when I'm going to train, I know I have money to spend it and everything”*. The above shows that the category of work occupies a place in the life of young people in the research, which is understood as a bond of family, social and meaning-making relationships for them. In the same way, youth work is related to affective experiences and social recognition based on the family and personal commitment acquired especially to supply some needs of the young person's environment and as a means to choose and achieve assets that they consider valuable, conceived the work as act of expansion of their freedom, however, the work of these young people are characterized by their intermittency, irregularity and short-term

occupations that is basically oriented towards manual work and low qualification.

## DISCUSSION

The main finding of this study is associated with the conception of self-care practices of health in young people, as a *family issue* -an emerging category- from the perspective of care made *in* family, in which collaborative relationships and reciprocity especially of the parents are mediated. The foregoing is coincident with authors Herrera and Repetto found (16), who show how parents involved in the upbringing of children contribute to promoting positive behaviors and to prevent risk behaviors in adolescents and young people and it highlights in other studies (17, 18), the importance of parental support given by acceptance and messages with warmth, in addition to the control of behaviors and definition of rules whose practices favor the self-regulation of behaviors towards health care, autonomy and the prevention of risk acts in young people. In this sense, the recognition of the role of parental upbringing for the adoption of self-care practices of health of young people in physical activity, sports, playful of healthy eating, of persuasion for assistance to medical and dental checkups and self-medication dimensions is vital, among others.

With respect to the information on family planning that they receive mainly from the educational institutions where they study, they are consistent with the study conducted by Lapeira, Acosta and Vásquez (19), who found that the greatest source of information on family planning methods is the school in 62.5% and a low percentage receive information from the specialized centers, parents do not appear as a basic information device. Also, in another study by González (20), on knowledge, attitudes and practices on sexuality in a youth population, it was shown that the main responsible for offering information on sexuality and family planning methods are the school and then the parents, in contrast to the findings of our study.

Moreover, although the World Health Organization recommends that young people among 5 and 17 years old need to dedicate a minimum of 60 minutes a day in sports or physical activities, of moderate to vigorous intensity (21). It is worrisome, as our study shows, the notorious apathy of young people towards sports and physical practices, in which the game of soccer is the favorite in a similar line with the study by Chacón et al. (22), in addition they only dedicate a reduced time (2 classes a week from 40 to 50 minutes) to these activities in the subject of physical education in their schools, similar situations with what was found by Oviedo et al. (23), Camacho et al. (24), who concluded the importance of increasing physical activity sessions for young people in the school environment, however, it is necessary to keep in mind that data from some studies report that physical exercise done in school, by itself, is not enough to promote the best benefits, because children and young people during their physical education classes do not devote enough time to practice physical exercise (25, 26).

Regarding the self-medication practices of young people, it is striking that these are linked to the family's own experiences environment (mothers, grandmothers, uncles and neighbors), which underlie imperative needs related to their economic limitations and access to health services, in addition to appealing to their culturally accumulated beliefs and practices; the foregoing is consistent with what was evidenced in a study on health care in which self-medication practices are a concern that revolves around the conceptions of women in the home (27). For the present study, it is relevant that in the factors that potentiate the consumption of some psychoactive substances in young people are: the recognition that this problem is mediated by the characteristics of the environment in which they live, the cultural acceptance of consumption, the personal abilities associated to the resistance of the pressure of the groups of pairs, friends and the capacity of the young person for their self-control.

Hygiene brings together the concepts of grooming, cleaning and body care, therefore the importance of conceiving it further, the concept of basic practices of body hygiene, within these are mentioned in this research, those related to hygiene, daily bathing and tooth brushing, practices considered important by most of the young participants, similar to what was concluded in a study about knowledge, attitudes and practices of hygiene and sexual health in young Nicaraguans (28).

Concerning the emergent youth work category, it is important to state that in the participants, their work trajectories are distanced from the classic pattern of work and employment with salary, wage benefits and indefinite duration, in contrast their work practices are structured in continuous works called "rebusque" without legal relations with an employer, without social protections and precarious remuneration, inserted in unfavorable working conditions, since for some of them work is not recognized as such, but is seen as collaboration and because of this condition of vulnerability of young people, they do not receive what is fair, this trend is similar to the findings of Roberti (29) and Seoane and Longobucco (30), respect to the discontinuities of youth work practices in which the option to work is characterized by its punctual condition, irregular and inconstant.

## CONCLUSIONS

First of all, it is based on the conception of the meanings around health, as a symbolic construction of people, related to their culture and the logic of social interactions in different contexts of socialization of the young participants, therefore it was evidenced in the research, that the meaning attributed by them to the self-care of health, were characterized by their heterogeneity, because the conceptions, practices and routines in health arise from the cultural dimension, widely connected with their styles of life. In the study, the self-care of health seen as a family issue was relevant,

that is, from a perspective of shared commitment and co-responsibility among the members of the family, as well as parental support, control of behaviors and definition of rules based on the parenting patterns, practices that favor the self-regulation of behaviors towards the health care in different topics that were treated in the study. Most of the young people expressed having some degree of knowledge about family planning, linked to the curriculum of the schools, also perceived as part of the family care, but to which ignorance on the part of young women was revealed from a gender perspective, which is a social issue that also concerns and attention in the sexual and reproductive health of men. Work is constituted for some young people of the investigation, in a connected situation of action and interactions, that participates and determines with the familiar and school contexts, in the constitution and the development of its subjectivity; conceived work as a means of family survival, access to desired assets

and for some as a link for their distraction, in this order of ideas, youth work allows them to establish family, social and meaning-making relationships for them, as well as It corresponds to emotional experiences and social recognition, however, the nature of these works falls on activities in circumstances of precarious work, which involve difficulties in their material, social and symbolic conditions of life and the achievement of their potential, capabilities and the exercise of their rights.

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