SOCIAL REPRESENTATIONS ABOUT THE LIFESTYLE OF TEENAGERS: A STUDY OF DIMENSIONAL BASE

ABSTRACT
Objective: to apprehend the social representations of teenagers about lifestyle and the correlation with the quality of life. Method: a qualitative, descriptive and exploratory study, with thematic content analysis. 33 adolescents of the middle school from three public state schools of Jequié/Bahia, Brazil, participated in the semi-structured interviews. The Research Ethics Committee approved the research project, Protocol nº 146/2010. Results: teens understand lifestyle as a result of various factors that affect the dimensions inherent to human beings, such as physical, psychological, social and cultural. Conclusion: from the social representations of teenagers, one realizes the need to develop health education activities aimed at preventing disease and promoting health in this population. Descriptors: Social Perception; Lifestyle; Teen; Quality of Life; Health.

RESUMO
Objetivo: apreender as representações sociais de adolescentes sobre estilo de vida e a correlação com a qualidade de vida. Método: estudo qualitativo, descritivo e exploratório, com análise de conteúdo temática. Participaram das entrevistas semiestruturadas 33 adolescentes do ensino médio de três escolas públicas estaduais de Jequié/BA, Brasil. O Comitê de Ética em Pesquisa aprovou o projeto de pesquisa, Protocolo nº 146/2010. Resultados: os adolescentes compreendem estilo de vida como fruto de diversos fatores que interferem nas dimensões inerentes ao ser humano, como as dimensões física, psicológica, social e cultural. Conclusão: a partir das representações sociais dos adolescentes, percebe-se a necessidade de desenvolver ações de educação em saúde, objetivando a prevenção de doenças e promoção da saúde dessa população. Descriptores: Percepção Social; Estilo de Vida; Adolescente; Qualidade de Vida; Saúde.

1Physical Educator, Master Teacher, Graduate/State University of Southwest Bahia/UESB. Jequié (BA), Brazil. E-mail: ramonfisico@hotmail.com; 2Nurse, Professor Post Doc, Graduate/Post Graduate Program in Nursing, Federal University of Bahia/PGENF/UFBa. Salvador (Bahia), Brazil. E-mail: climenecamargo@hotmail.com; 3Nurse, Master Student, Graduate Program in Nursing and Health, State University of Southwest Bahia/PPGES/UESB. Jequié (BA), Brazil. E-mail: julesramon@gmail.com; 4Nurse, Professor, Graduate/Post Graduate Program in Nursing and Health, State University of Southwest Bahia/PPGES/UESB. Jequié (BA), Brazil. E-mail: eb0erying.com.br; 5Nurse, Professor Post Doc, Graduation, State University of Southwest Bahia/UESB. Jequié (BA), Brazil. E-mail: zenilda.sales@gmail.com; 6Nurse, Master Student, Postgraduate Program in Nursing and Health, State University of Southwest Bahia/PPGES/UESB. Jequié (BA), Brazil. E-mail: karla.ferraz@hotmail.com
INTRODUCTION

This is a study of Social Representations of teenagers about their lifestyle and the association of this with their health and quality of life. Teenagers are social actors immersed in various change processes who shape their way of thinking and acting, in relation with the same value system and the people that surround them, and their behavior and attitudes will be influenced from the development social perceptions about life.

The World Health Organization states that teenagers are people who fall in the age group between 10 and 19 years old. It can be argued, from this definition, the WHO considers only the chronological aspect of age. It knows the changes that occur in this stage of life, and need to be considered and analyzed, is that this study leans to assess the lifestyle of adolescent students.

Some authors define lifestyle, from his training and research interests. In this study we conceptualize the lifestyle and everyday actions of people, reflecting the actions taken, opportunities in life and acquired values, which are intrinsically linked to the physical, family, social, economic and cultural development of these subjects.

Therefore, the lifestyle is one of the aspects that make the quality of life (QOL), which, among the various existing concepts, is defined by The Whoqol Group (which is the group of quality of life World Health Organization) as the individual's perception regarding their position in life in the context of culture and value systems in which they live, in relation to their goals, expectations, standards and concerns.

Therefore highlights the emerging need for better directing attention to the health and QOL of adolescents, as in Brazil, the age group of people between 10 and 19 corresponds to 17.9% of the population. Although there are studies in the literature that analyze the style and QOL of adolescents, there are few who propose to grasp the perception, subjectively, the same about your lifestyle, associating risks and associated factors.

Thus, this study aims to:

Understand the social representations of teenagers on lifestyle and correlation with health and quality of life.

METHOD

The present study was extracted from the Dissertation << Quality of life and health of adolescents: a study of social representations >> presented to the Graduate Program in Nursing and Health, State University of Southwest Bahia (UESB) in November 2012.

It is a qualitative study, descriptive and exploratory, which was based on the reference of dimensional approach. Theory of Social Representations. Known also as procedural or dynamic, this approach prioritizes content, pointing to the social representation in its entirety, which is organized according to the propositions, reactions or evaluations of subjects.

The survey was conducted between the months of September 2011 and July 2012, the three largest state public institutions of basic education Jequié, Bahia, Brazil. To calculate the sample population used the 1161 adolescent students with expected prevalence of overall good QOL of 64%, 11 precision errors of 5%, a confidence level of 95%, increases of 20%, having been given a sample 327 informants. Informants were arranged in alphabetical order by specifying the name of the student, study site and turn right after the figure were listed arabically 1-1161, and drawn considering a sampling interval equal to 4.

The study subjects were determined from the replay check data in interviews, from the moment in which the results of formats more cohesive and consistent information showed repetitive and redundant. Obeying this saturation criteria, participated in the study the first 33 randomly selected social actors, aged between 14 and 19 years old attending high school in the morning and afternoon shifts.

Data production was directed from the semi-structured interview, in his script two blocks: the first of sociodemographic and the second with a leading question about the main theme, with her: what is your perception about your lifestyle and on quality life?

The interviews were conducted individually in a room courtesy direction of each of the institutions and the students were invited into the classroom to attend the interview at the time interval for recreation. The interviews were recorded and transcribed speeches, verbatim, as they were expressed by adolescents.

The results were organized and analyzed according to the technique of Content Analysis (CA), 13 and obeying steps: STAGE1: Pre-analysis, STAGE 2: material exploration and STAGE 3: data processing, and inference interpretation. After transcribing the interviews, data were presented in categories, which were discussed taking as a principle of analysis to interpret the units of analysis that
emerged from the thematic content of the responses of the adolescents interviewed. At the end of each cut made in the speeches of social subjects is indicated in brackets the number of times they were mentioned thematic units of analysis.

The study complied with Resolution 196/96 of the National Health Council, obtaining approval opinion by the Ethics in Research of the State University of Southwest Bahia protocol number 146/2010. Was offered to informants over 18 years old the Term of Free and Informed Consent Form (ICF), and adolescents under the age could only participate after informed consent have been completed and signed by their parents or guardians.

### RESULTS AND DISCUSSION

This study provides data suggesting the looks of adolescent students in the average level of your lifestyle, in addition, the reflections of this research assume a relevant role for interventions and health practices and education aimed at this population and is considered one of the greatest challenges today, which is to promote health and quality education, guided in social engagements, for the integral development of adolescents.

We found that the 33 most teenage students are male, accounting for 63.6% of respondents. The age of puberty ranged between 14 and 19 years old, with the average recorded at 16.27 years old, while, in the sample studied, the highest incidence was adolescents aged between 16 and 17 years. Regarding race, 45.5% of subjects were white self-referred where the item schooling, the higher frequency is student of 1st year average level, corresponding to 42.4% of schoolchildren. Regarding the shift, most participants studying in the morning shift with an average recorded at 16.27 years old, while, in the sample studied, the highest incidence was adolescents aged between 16 and 17 years.

We reaffirm that the food item has fundamental importance in improving the integral development of adolescents. From the formation of the corpus and analysis by anchoring and objetivação9 the manifest content, meaning clusters emerged that were translated into 5 categories concerning the schoolchildren about their lifestyle and their correlation with quality of life and health, which are described, analyzed and presented below. The subjects were identified by codes in brackets A1 to A33.

#### Category 1 - Healthy Food

As the clippings shown below, we see support for healthy eating category:
eating habits of adolescents, favoring situations encourage self-criticism and the accession of good habits, recognizing adolescents as active individuals care both in the family and in the school.14

Category 2 - Body Culture Movement

During adolescence, there are changes in physical, psychological and attitudinal, becoming a critical stage in relation to physical activity systematized. The prevalence of adolescents who are physically inactive has increased significantly, 18 even if the group membership is considered as the healthiest and physically active.7

Several conceptualizations of what comes to be the culture of body movement emerged in studies reported in the scientific literature, we have adopted here is that the bodily representation of various human manifestations, where the culture of the moving body is resized, there is a new meaning of the behavior human.19

Therefore, when analyzing the clippings below noted statements that support the category body movement culture:

[... ] Exercise and physical activity improves quality of life (A1) [...] is sports (A4) [...] hiking and jogging (A12) [...] is good for keeping the body in motion (A13) [...] the guys forget that physical inactivity harms, I am always involved in sports (A20) to fitness (A22) [...] have leisure, staying healthy (A24) [... ] I play ball every day (A27) I always do exercises in the gym, the gym first and then weight training, to be healthy and beautiful body as well, which is the main objective (A31)

We realized that by adolescents in terms of their body movement, physical activity; indicate a concern with this issue. Most said that social actors play sports, do walks, runs and is involved with bodybuilding and gymnastics, among other practices that involve play ball and enjoy leisure time, understanding that this lifestyle is a positive contribution to improving their QOL and health.

Research conducted with adolescents in several countries show that between 13.7% and 56.0% below the current recommendations for physical activity.7 In a multicenter study conducted by the Ministry of Health in collaboration with the Ministry of Planning, Budget and Management and the Brazilian Institute of Geography and Statistics - IBGE,20 titled National Survey of School Health, with 62,910 schoolchildren, to determine the prevalence of risk factors risk and protection for adolescent health, found that 43.1% of the subjects were physically active, lifestyle that contributes positively to QoL in this population.

Category 3 - Circumspect with Health

By analyzing the results we realize that adolescent students in this study have an attention with regard to health care, which translates into improved living conditions for these individuals. The category titled circumspect with health has meanings that concern about the care of adolescents with their health:

[... ] Always worry about health (A3) My perception is caring for my own health (A7) [...] the health care is essential to living well (A11) [...] we have to prioritize health, without it we can do nothing (A18) [...] is to have a life at your own pace, taking care of your body, your health (A19) [...] is to take time to de-stress (A21) [...] health is to take care of our body, preventing diseases (A25) [...] have a healthy lifestyle, with frequent medical monitoring (A26) [...] a good quality of life begins at health (A28) [...] we prevent illness, seeking help from doctors (A29) [...] always go to hospitals and doctors (A33)

Because adolescents in school step show good levels of general health, presenting difficult problems and dysfunctions that culminate in chronic non-communicable degenerative diseases (NCDS), few researchers have been inclined to dive in this universe, there is a need to encourage adoption good habits of life, inhibiting the appearance of risk factors related to these diseases. After all, is not the lack of signs and symptoms related to NCDs that teenagers are free from problems that may result in mortality or morbidity.

We realize that an issue pointed out by teenagers as circumspect factor to health, is the prevention of diseases, understanding it from their conditions of health and disease. In this sense, this care has a direct relationship to the social determinants of health that will suffer the influence of their socioeconomic, environmental and cultural work, living conditions, housing and also the connection with the community and social networks.

We also observed a major concern with taking care of the body, where there is a body dreamed, designed, however, to distance themselves from what is imagined, the greater the incidence of conflicts which could undermine the self-esteem, influencing the lifestyles.21 We note that, from the speech of adolescents, there is a commonly established culture in this society that is rooted in the perspective of health care based on the medical - hospital - privatized , that is concerned with healing instead of action and practice preventive. 22
Therefore, the teenagers realize that to have a healthy lifestyle need to prevent diseases, constantly seeking aid healthcare. In a study of 846 adolescent students in the state of Rio de Janeiro, using another methodological procedure in order to understand the representation on students’ health, it was observed, as in this study, there is evidence of perception rooted in the hegemonic model of attention to hospital-medical-health.23

Ideas consolidated health and lifestyle while absence of associated diseases such as hegemonic model, presented as a representation of teenagers perceive, strikingly from social relationships and community, configuring it as their understanding of the subject, world, attitudes and aspirations.

◆ Category 4 - Wellbeing

The lifestyle is also influenced by an important factor, which is the well-being, where the subjective condition plays a fundamental role in the process of cognition about this feeling. The welfare becomes a cognitive component known as the perception of satisfaction with life, that same sense this study considers the welfare as a field of study that seeks to apprehend the reviews that people make about their lives.24

Here is the extract of the thematic units of analysis that underlie wellness category, encompassing a sense of the lifestyle for teens:

[…] Health also has to be careful because we need welfare, much happiness and also joy, peace and respect with the next (A6) […] is all he does well (A8) […] health is crucial to the well-being and quality of life (A9) quality of life is when one cares, cares for the well-being (A10) […] is a person feel good herself, sleep well (A14) […] when our body and mind are well (A15) […] did not feel healthy and diseases (A16) for me has to have a physical and mental balance (A17)

We observed that most teenagers expressed perceptions concerning welfare, showing a positive assessment of their lives, including the elements, sleep well, have no diseases to feel healthy, physical and psychological equilibrium, respect others and all does well to bring joy, happiness, peace and harmony, indicate causes that influence well-being.

These representations include psychological needs of adolescents, which relate to mental well-being, social needs (social welfare), and even biological needs, referring to the physical well-being, bringing inside satisfaction, comprehensively with these needs.

We realize that teens legitimize the perception that the lifestyle depends on the well-being, which they believe to be related to the contemplation of needs that underlie the biological, physical, psychological and social human being. Therefore, for a better understanding, it should be noted the well-being of adolescent students in a multifactorial perspective and broad, addressing all its dimensions, which are of a cognitive, attitudinal, perceptual and affective.

◆ Category 5 - Protected Sex

The sexual act is reinforced in the representations of teenagers about the lifestyle and preventive health perspective, with clear intention of health protection against sexually transmitted infections (STIs), teenage pregnancy, among other reasons. According to participants, we see support for the fifth category protected sex in 12 thematic units of analysis presented below.

I dunno, I get an agony when I use a condom, but it is always necessary to prevent disease, since I get so many niggaz (A3) [...] pleasure is tasty, but you have to use the eraser to not get AIDS (A12) [...] have to do the wave, but it has to be smart, to not having to take medicine, injection and show his face in post after (A23) [...] this time I do not like me feel trapped, but after treating a disease that took my ex, now I just have sex with a condom, I'll hang out again is? Barrel (A31) [...] but all this enjoyment I'm telling you is protected (A33)

We realize that teenagers, concerned with the prevention of diseases that can be acquired through sexual practice, express feelings of caution and precaution arising from the feeling of fear, through the knowledge of the importance of condoms at the time of intercourse and other reasons. These teens have experienced in past relationships to acquire some kind of infection or disease through sex, especially by the fact that some of these sexual relationships are possible and occur at parties and gatherings in which these adolescents participate.

In the broader perspective of health promotion, the responsibility to assist positively in protected sex is for all citizens, where family members, adolescents themselves, health professionals and education, and all other professionals who work with adolescents should be involve the responsibility of an ongoing process of creation and reconstruction of health care through preventive interventions, where these
actions will contribute to good levels of health and quality of life.\textsuperscript{20,25}

When one considers the promotion of sexual and reproductive health of adolescents is necessary to understand their world views and their behavior in the face of questions about your sex life.\textsuperscript{26}

These behaviors of adolescents characterized as the groups most vulnerable to the risk of acquiring STDs and early onset of sexual activity, unprotected and often with multiple partners, together with the consumption of alcohol and illicit drugs are considered predisposing factors for STDs and early pregnancy.\textsuperscript{27,28}

**CONCLUSION**

The specific representations that were made by teenagers in relation to the object lifestyle configure the various social subjectivities represented by characterizing cultural, physical, social, historical and psychological these schools.

In this way, the policy makers should take indeed the obligation to offer possibilities for improvement of QOL and health of citizens by providing basic education, health, public transport, access to food nutrition and physical activity oriented, sanitation and housing, contributing negatively on the living conditions and health, which in turn influence the lifestyle of the population.

Thus, from the social representations of adolescents perceive the imminent need for constant development of health education activities aimed at preventing disease and promoting health in this population.

**ACKNOWLEDGEMENTS**

Study with the support of the Coordination of Higher Education Personnel (CAPES), shaped Scholarship Research, 2011-2012. Jequié (Bahia), Brazil.

**REFERENCES**


Moreira RM, Camargo CL de, Teixeira JRB et al.

Social representations about the lifestyle...

Submission: 2013/03/04
Accepted: 2013/08/17
Publishing: 2013/10/01

Corresponding Address
Ramon Missias Moreira
Programa de Pós-Graduação em Enfermagem e Saúde
Universidade Estadual do Sudoeste da Bahia
Av. José Moreira Sobrinho, s/n
Bairro Jequiezinho
CEP: 45206-190 – Jequié (BA), Brazil