



Salutogenesis in urban communities and health promotion

La salutogénesis en comunidades urbanas y la promoción de la salud

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Resumen

Introducción: el modelo salutogénico revitaliza la promoción de la salud al considerar los activos para la salud en las personas, su familia y la sociedad. La teoría de salud positiva de Antonovsky denominada autogénesis se encarga de que la persona desde la familia recupere la intimidad necesaria y promueva su salud.

Objetivo: identificar los activos para la salud (factor o recurso para promover la salud) como indicadores del modelo salutogénico en comunidades urbanas.

Material y métodos: se realizó un estudio etnográfico, muestra cuatro informantes claves residentes de la Ciudad de México. Se utilizó una entrevista abierta no estructurada partiendo de preguntas detonantes: ¿Qué hace usted? ¿Para sentirse bien? considerando los activos del modelo salutogénico.

Resultados: *Isa:* optimista, disfruta su actividad laboral y reconoce los beneficios sociales. Disfruta de su casa en tiempo libre. *Estrella:* en general la familia se ha integrado con el propósito de tener una adecuada convivencia. *Silvia:* mantiene contacto permanente con su red social y trata de convivir periódicamente. *Franc:* se hace acompañar de diversas aves, es una persona sola que prefiere su condición a la convivencia.

Discusión: los datos concuerdan con estudios de España destacan la consistencia de los factores salutogénicos como punto de partida para la promoción de la salud.

Conclusión: la salutogénesis propuesta por Antonovsky provee una visión distinta de la salud y su promoción desde la intimidad de los actores y sus familias. Los activos para la salud encontrados incluyen: optimismo, motivación laboral, integración familiar y disposición al cambio.

Palabras clave: promoción de la salud, salutogénesis, salud comunitaria, familia.

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Abstract

Introduction: The salutogenic model revitalizes health promotion by considering health assets in individuals, their families, and society. Antonovsky's positive health theory called salutogenesis emphasizes the importance of regaining intimacy and promoting health through family connections.

Objective: To identify health assets (factors or resources to promote health) as indicators of the salutogenic model in urban communities.

Material and methods: An ethnographic study was conducted with four key informants residing in Mexico City. Unstructured, open-ended interviews were used, starting with trigger questions such as: What do you do to feel good? The interviews focused on identifying health assets within the framework of the salutogenic model.

Results: Isa: Optimistic, enjoys her work activities, and recognizes their social benefits. She spends her free time enjoying her home. Estrella: The family, in general, has worked towards integration with the aim of fostering harmonious coexistence.. Silvia: Maintains consistent contact with her social network and makes an effort to socialize periodically. Franc: Enjoys the company of various birds and, as a single individual, prefers solitude over cohabitation.

Discussion: The findings align with studies conducted in Spain, which emphasize the consistency of salutogenic factors as a foundation for health promotion.

Conclusion: Antonovsky's salutogenesis provides a different perspective on health and its promotion, focusing on the intimacy of individuals and their families. The health assets identified include optimism, work motivation, family integration, and openness to change.

Keywords: health promotion, salutogenesis, community health, family.

Introduction

Aaron Antonovsky called attention to the concept of positive health in the 1970s and named it salutogenesis. This is an alternative to the approach focused on disease or risk, with a positivist approach that promotes identifying the necessary resources to improve health and quality of life. He asserts that we should look at what creates health rather than the causes and complications of disease. An antecedent before Antonovsky is the general systems theory of Ludwig Von Bertalanffy (1969), which at the time offered a possible unification model of health based on understanding the complexity

of people and their interaction with the world.¹ This systems theory is oriented towards the multidisciplinary study of health, offering a unifying model in analyzing people from the point of view of their complexity and interaction.

Salutogenesis ensures that people learn to promote their health by drawing on their resources and increasing their sense of coherence according to the SOC scale. Antonovsky's work is similar to the main objective of the Ottawa Charter (1986), health promotion,² and its five functions: 1. to develop personal aptitudes for health, 2. to develop favorable environments, 3. to strengthen community action, 4. to reorient health services, and 5. to promote healthy

public policies. The health promotion strategy is peace, education, housing, food, income, a stable ecosystem, and conservation of resources.

Positive health orientation rather than focusing on identifying, promoting, and utilizing habits and lifestyles, the available resources that constitute health assets are essential.

Antonovsky reflects on the human inability to control life and the need to live with the unpredictable; which makes it essential for him to believe in life and trust it to face chaos and uncertainty. He states that we put ourselves under stress under stressors and sometimes succumb and become ill or move toward salutogenesis. Therefore, it is represented as a wellness-illness continuum placing the person at some point where it is desirable to transition to positive health becoming a multifaceted state for health promotion based on the person's resources, wellness, and quality of life.

From this ontological perspective, health includes corporeality, emotionality, and people's spirituality, which is envisioned as a strategy for changing lifestyles and fostering healthy policies in the environments of cities, communities, and individuals; that is, from the perspective of quality of life. This aligns with UNESCO and the "Delors" report, which highlights education as a global process.³

The theory integrates and revitalizes assets for health, in other words, any factor or potential resource of communities or groups to maintain health and well-being. Positive health promotion begins by understanding the key assets at each stage of life; focusing on the needs of youth, adults, women, and children, and emerging alternatives such as dance groups, meetings, and community action. In each case, the life habits, factors, and resources present

in each context constitute the available health assets, such as nutrition, food habits, or cultural or social expressions.

Health assets are identified as salutogenic factors of promotion, protection, and source of physical, emotional, and social health promotion actions,⁴ which contribute to the generation of effective actions for skills, capacities, and abilities among the members and the communities themselves.

Salutogenesis and otherness

The phrase "*a healthy mind in a healthy body*" was written by Decimus Junius Juvenalis between the first and second centuries A.D. as part of a prayer or invocation involving the body, mind, and spirit. In the 19th century, this phrase shifted its focus more toward the cultivation of the body,⁵ such as practicing disciplines that benefit both cognitive and cerebral levels. Consequently, European society and religious institutions embraced the humanist philosophy of the prevailing bourgeoisie, which promoted the educational and pedagogical ideas of the 16th and 17th centuries. Another antecedent is Book IV of the Republic written by Plato, where a relationship between justice and health is assigned. With the purpose that the body does not maintain economic differences between rich and poor.⁶

Furthermore, Michel Foucault in his book "*The Subject and Power*" highlights the relevance of healthy politics in the environments of cities, communities, and individuals. Hence, the subject addresses the problem of power and establishes a dependence based on the social context in which individuals and societies - patriarchal, Christian - are situated, which impose a certain identity, the

concept that each individual has of themselves and the discourse generated as a product of the identity itself.

This attitude, Foucault places under the term “I” technologies, where “*it allows individuals to perform, on their own or with the help of others, a certain number of operations on their body and soul, thoughts, behavior, or any form of being, thus obtaining a transformation of themselves*”, is called self-care, a central point of humanistic psychology that points out the traits of healthy personality and even more of fullness. Allport’s excellence in adulthood is the expansion of the “I”, its affectionate relationship with others, emotional security, an accurate perception of reality, aptitude for tasks, self-knowledge, and a unifying vision of life. It is not very different from Maslow’s characterization of “*self-actualized*” people: with effective and comfortable perception of reality, accepting of themselves, others, and nature, spontaneous, problem-focused, autonomous, with good personal relationships and a sense of humor. It resembles what Rogers proposes as the goal of the desirable “*process of becoming a person*” and what he invites in Pindar’s echo: to become “*who one is*”, consisting of self-direction, desire for progress, openness to experience, self-confidence, the feeling of freedom and spontaneity.⁷

Hence the relevance of knowing yourself, thus raising the question: *Who is the self I must care for?* This allows the person to reflect: Who i am? In this way, they come to understand the identity from which the care of oneself emerges as an ethical-political problem. A set of orders, signs, and meanings present in the social discourse is established, including that of health. In this framework, salutogenesis appears as an alternative to the prevailing

discourse.⁷ The recognition of health assets and coherence in their promotion of health and wellbeing is fundamental.

Salutogenesis, when assumed from the assets for health, constitutes the change towards the private sphere of life. It is a broadening of the horizon of humanism, which in its coming of age breaks with the exercise of power and returns to the direct roots of history within the framework of the family and community.⁸

Urban communities and salutogenesis

Urban centers, far from being simple products of development, respond to organized social emergence for production and coexistence.

The community is a symbolic unit of sharing a common life; a dynamic intersubjective space for the exchange of identity, interrelation, and belonging whose central purpose is to respond to needs in close relation to the environment and the historical evolution. Scenario of individual and collective affective links, place of search for pleasure and displeasure; as well as well-being.⁹ It maintains its origin in the conformation of the private and public in the development and evolution of societies; likewise, the permanent institution called family.

It is important to point out that despite globalization and the destructive crisis, Mexican families in general maintain their adaptive and transforming validity based on the love of their members and on the conventional utilitarian sense, where the woman transitions to the public sphere and the man enters the private and shared sphere. The family sacralizes its values in the evolutionary transition.

The loss of meanings, such as collective,

homeland, community, economic, and political power groups have impacted the mutation of the family where it tries to maintain and strengthen traditional values. In its immediacy and closeness, family members share love in upbringing, education, and welfare. It is in this reality where salutogenesis must be propitiated, enrolling the family members in a process leading to well-being and quality of life, an opportunity offered by scientific and economic progress.

Undoubtedly, the search for desirable freedom against the mechanisms of power is present in the family. Equity, respect, tolerance, and acceptance of others in vulnerable situations -children, the elderly, etc.- begins in the family, continues, and is maintained in the family. Public health as a social control of economic interests is left behind in the history of man to truly enter into altruism and ecumenism among humans.

The family can make this paradigm shift, where it demands a different contact with reality, with its protagonists who are called to know and act in favor of health in a horizon of otherness-solidarity.¹⁰

In the urban environment of the cities, there is competition for the flow of economic, productive, and cultural inputs, and the effects of globalization and its demand for human capital are felt, where there is a different perception of the quality of life and development, which have an impact on political decision making to material and personal fulfillment. In rural areas, poverty prevails and there is a lack of public services, employment, education, and health, to mention just a few of the components of quality of life and its perception. As a general rule, achieving a higher quality of life implies a collective vision; likewise, the value in the

individual perception closer to daily life and family. Salutogenesis thus involves the family and individual intimacy of citizens.

Beltrán, *et al.*,¹¹ conducted a descriptive investigation of health assets in the city of Madrid and identified among other physical assets (green areas), educational centers, and centers of coexistence. In the salutogenic theory, the identification of assets for health is shown as one of the previous activities of importance for health agents and professionals.

For her part, Vaca, in her study on health assets in the face of loneliness in the area, recognizes the value of friends and relatives in the neighborhood, especially in the case of older adults. At the same time, the value of the uniqueness of each person and the value of the opportunities to face loneliness and its effect stand out.¹²

Cura and Sandin (2021) conducted an analysis of health assets and quality of life in people diagnosed with severe mental illness. They identified that their health assets are similar to those of healthy people; however, the needs and barriers are different and it is essential to facilitate access to economic and social satisfiers.

It is therefore necessary to identify health assets as indicators of the salutogenic model.

Material and methods

An ethnographic study was carried out to narrate the daily experiences of individuals to understand existing social practices. The key informants were four residents of Mexico City. The participants were invited, mentioning the purpose of the research, and an intimate dialogue was maintained in terms of space and environment.

The study was carried out following the ethical principles of research and adhered to the Belmont report on research ethics, respecting data anonymity. Informed consent was obtained and the purpose of the research was explained, as well as the benefits and risks. The work was considered low risk under the research regulations of the General Health Law.

The setting was the physical premises of the FENO, UNAM, and the four informants are part of the university community. The interviews were conducted during the morning shift in the workspaces.

The face-to-face meeting in the interview is intended to acknowledge the shared perspective. Always keep in mind that this is not the discourse of a specialist. The important thing is to share a linguistic corpus that serves as a basis for the research. The information was collected using an unstructured open interview, based on the following triggering questions referring to the health assets of the salutogenic model: *What do you do to feel well? What daily activities do you carry out for your health?* The information shared was coded openly and axially based on Antonovsky's salutogenic theory and interpreted by comparing the texts. Similarly, the discourses were noted through a field diary.

Results

The four interviews were conducted with informants who are part of the FENO-UNAM community, in the morning shift. Through their discourses recorded in the field diary, a draft was integrated, which was submitted to the consideration of each interviewee. The reading of this constituted the open coding and the consideration of the health assets constituted the axial coding.

Health assets

Isa. Secretary. She considers herself optimistic, enjoys her work, and recognizes its social benefits. In her free time, she enjoys her home even though she keeps in permanent contact with family and friends. She enjoys movies in her free time, but she also likes dancing and dancing practice. She considers herself an accomplished person. She tries to select and eat good things even when she does not exercise daily. She sleeps without worries and tries to rest whenever possible. The health assets included are life habits, factors, and resources present in each context, in this first case, those referring to optimism, enjoyment of work activity, free time, recreational practice, eating habits, and sleep hygiene.

Estrella. Career Coordinator. In the last few days, she has been active due to the demand for the position she now holds. In general, the family has integrated to make the coexistence more adequate, everyone cooperates in the feeding and maintenance tasks of the house. The father of the family has maintained a supportive and encouraging relationship with the new role. They try to live together on Sundays given the workload of the week and the weekend master's studies. At work there is an exhausting and demanding rhythm that starts very early; nevertheless, she refers to her energy and willingness for the tasks. Communication with family and friends has not stopped. The shared text highlights family integration, sharing roles and tasks, taking advantage of free time, as well as communication, aspects that are congruent with the salutogenic vision.

Silvia. Pedagogical advisor. She is permanently active in her work, which she enjoys. She makes a relaxed use of her time, likes reading, and does not exercise. She maintains continuous contact with her social network and tries to socialize frequently. She preserves her spiritual health by practicing prayer and recollection. Now, she does not follow a diet, but tries

to eat healthy things and on a schedule. She lives alone and maintains an optimistic state of mind. In this interview, she highlights socializing, the social network, and aspects related to spiritual health.

Franc. Vigilant. He starts his work day very early every day, enjoys the work, but stays away from establishing relationships. In his free time, he likes to grow crops in the fields inherited from his parents. At home, he is accompanied by various birds (canaries, huitlacoche, sparrows, etc.). He is a single person who prefers his condition to socializing. He enjoys watching television, he likes to watch Mexican movies. He has a bad opinion of his companions and for this reason, avoids them. The attitude towards the working day, optimism, the choice of living together, and the use of free time are new personal examples of salutogenic factors.

Discussion

The health assets present in the interviewees correspond to the salutogenic model, in various social and emotional categories. Within the dynamics of urban societies, the value of work occupies an important position because it is a source of self-realization and economic income. Respondents generally recognize its social value without losing sight of its economic impact on their daily lives. The optimism with which daily life is rated shows several examples of the value of life even with the restriction of space; none of the interviewees reported risks.

Ethnography seeks to provide a written description of the organization, symbolic and material resources; as well as their culture, customs, food, clothing, knowledge, practices, and interests. On the other hand, it depends on the linguistic competence of the speaker; communication, and the point of contact per se with the researcher, who has the field diary as

an instrument to attest to the discourse of the informants.

The findings are consistent with those presented by Vaca,¹³ referring to loneliness in the neighborhood, since they indicate the relevance of the social network and the family as assets for health present in the events or circumstances that alter them.

In support of the importance of the salutogenic factors, the data reported by informants coincide with the healthy and affected communities as described by Cura.¹⁵

It is essential to point out that the family continues to be an asset for health, where it provides its members with flexibility of roles, and solidarity adaptation in household chores, among others. As mentioned in one of the interviews, the role played by pets is companionship and distraction. The resources in the urban environment show movies and television programs as a recreational possibility. Privacy is marked as a positive possibility, which is chosen by informants as an asset for health in a positive way.¹³

Conclusions

The salutogenesis proposed by Aaron Antonovsky contains a different vision of health and its promotion from the intimacy of the actors and their families; rather than risk prevention in vulnerable or frankly sick populations, it indicates promoting from the family the salutogenic activity that includes the resources of generalized resistance by increasing their sense of coherence.

It is essential to point out that the modern state is fragmented due to its inability to continue its work of managing and solving problems relativized by economic development;

therefore, it is essential to turn the screw, which means returning to the intimacy of the family, where the inclusive project of quality of life and the achievement of health promotion must be concretized. Now, it is necessary to maintain the congruence between the collective community efforts for health promotion and the permanent call for people to actively participate in it, based on the recognition of health assets. In this task, the programs and actions undertaken by nurses are essential to promote actions anchoring their work and co-participation with health institutions, as well as in health assets.

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