

Rethinking Health: Its Representation and Practice in Young People's Discourse.

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Abstract

Background: Since young people compose the age group with the highest population representation in Mexico and Latin America, their lifestyles, discourse or pronouncements are strangers in a social environment governed by normality. These are actions that cause curiosity and questioning to find out what is not directly visible: that which leads them to act in a certain way in different aspects of their lives. These are lifestyles that take part in the way young people are living today and how they experience their health and sexuality. They are analytical concepts linked to modernity and its renewed forms of construction of personal and collective identities, as well as of the expansion of spaces for socializing, in particular the interactive mobility of young people into cyberspace. **Methods:** This present qualitative research effort is designed substantially from a cyber-ethnographic perspective, in order to give insight on the youth cultures interacting in the border city of Mexicali, Baja California, Mexico and Viedma, Rio Negro, Argentina. This is a very thorough research effort that enables the identification of health-sexuality as an analytical category revealing particular cultural codes. Sensitive testimonials that speak of the encounter between the modern and youth experience today, whose description is the purpose of this work. **Results:** sexuality is an important issue that is necessary in order to fully enjoy life from a physical and mental perspective. The human development, quality of life and youth, health-sexuality as an analytical category, health-sexuality: nature or culture, health-sex: representation and practice in youth **Conclusion:** All of these are issues particular to a lifestyle that without a doubt affect development, therefore a state of well-being, and the level of quality of life of people, because the way in which young people live and experience these processes is directly associated with the feeling of satisfaction and valued pleasure, depending on the capabilities, performance and positive outlook on life.

Keywords: Cyber ethnographic, Young people, Health, Sexuality, and Representation

Introduction

In broad and local scenarios the “youth” phenomenon represents a concentration and articulated encounter space for the government, as well as for educational, cultural, social and political to government sectors; with regards to a particular vision of the world, due to the fact that its manifestation exemplifies its composition as a carrier of meanings that are put into service for the young people.

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It is a statement of shared concerns that occasionally cause in young people the non-identification with those projects promoted by social institutions, thus causing them to establish and implement their own codes and practices that will set differentiate and identify them, and which in general will include individual and social processes associated to cultural and socio-economic factors determining the ways in which young people represent their environment and their actions. In other words, they are lifestyles that are connected to certain actions threatening the order, thus arising curiosity and questioning to find out what is not directly visible, that causing young people to act in a certain way in different aspects of their lives, by showing conducts that share the common denominator of disagreeing with the surrounding reality.

This is a phenomenon in which the object of study makes sense and refers to its concrete realization. An invention that can be estimated through a series of criteria, among other things, directly related to the quality of life of subjects in the analytical category made up of subcategories that specify and represent it: education, work, health, and sexuality.

Finding out how this happens raises the interest to appreciate the uniqueness of its construction in consideration of two elements: in general the historical moment and socio-cultural context in which they develop, and more specifically, to constitute the age group with the highest population representation in Mexico and Latin America,

1. Human Development, Quality Of Life and Youth

Undoubtedly the sighting of human development is not easy because of its multiple variables, therefore, is a complex process nuanced in the age variable. Its importance obviously is not a matter of age. However, there are underlying dynamics in every stage in life that particularize or, polarize schemes and lifestyles from a variety of political, psychological, social, and cultural factors.

Human development is conceived as something measurable and quantifiable: statistical indices of per capita income or gross domestic product (GDP), indicators of economic growth. However, since the 1940's, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), reports that while human development is growth, it is above everything else about socio-economic well-being, present in more and better jobs, greater access to material goods as well as health and education services. Adaptation of the concept that leads to the notion of people's freedom to choose between different options and ways of life based on their needs and interests on the basis of three pillars: health, education and fair income, that is, the right to achieve a full, creative, long, healthy and worthy life, to be able to acquire individually and socially valuable knowledge that develops the full potential and obtain the resources needed for a decent standard of living.

It is important to recognize the phases, stages or moments through which subjects develop as part of the wider process of understanding human development, that associated with the progress of social welfare means "the expanding process of people's capabilities which expand their options and opportunities" (1) (United Nations Development Program, 1990, p. 12), by converting assets into welfare and quality of life, directly related to the satisfaction generated by the conditions in which people live, what makes or not a pleasant and dignified existence.

In this sense, the other parts correspond to the specificity of how they are expressed or materialized in social groups, along with the particularity of the context and of the circumstances, in other words certain facts. They are features that allow the operationalization of human development in terms of quality of life. It is an equally complex and multidimensional concept that refers to the form and conditions in which people develop. Therefore, it has to do with the satisfaction that on certain occasions, coupled with the combination of objective and subjective components, are weighted according to the values, expectations and aspirations experienced by people (2) (Vergara, Alonso, Palacio y Rojas, 2009)

This means that the quality of life is a social construction that is mediated through space and time, as well as by the socio-cultural factors of the context, whose configuration and understanding attends and understands from the subjective; that is, of the elaboration of the particular stories of the subjects. It is not a specific condition or circumstance that directly causes satisfaction, rather it represents the assessment that people have made with that respect (3) (Palacios, Castro and Reygadas, 2005). Thereupon, it varies according to the culture in which it is framed. So there are basic and objective tendencies to assess the degree of satisfaction and/or quality of life, including health conditions, social welfare, education, public safety, leisure and housing. From this perspective, it can be understood as the quality of the living conditions of the people with the experienced satisfaction.

It makes the presumption of the recognition of the material, psychological, social, and cultural dimensions (Palacios, Castro y Reygadas, 2005) (3). Meanwhile, youth is a stage of human life that takes on special importance in contemporary times by representing a modern phenomenon. The United Nations (UN), has stated that young age or youth is entails ages ranging from 15 to 24, where the transition between childhood and maturity occurs, as defined by sociologists, from the viewpoint of the adult-centrism, social moratorium (Macedo, 2005) (4), strongly related to the education of people and their entry into the work market. In a more comprehensive view, youth fits within the idea of a process accompanied by certain social rites associated with ways of thinking, feeling, perceiving, and acting that are within the activities of youth whether individually or in groups, the temporary and spatial aspects. It is more a referential construction to be precise, it is youth as a culture, youth cultures as Macassi (2001) (5) proposed, which marks the possibility to refer to the social group capable of creating itself in relation to others, through the construction of signs and symbols, along with an entire view of the world.

It is characterized by a vast range of cognitive, physical, and emotional, changes. Youth is defined as a critical period, because a series of circumstances occur, including the intensification of the search and construction of identity, as well as freedom and independence. Under this premise, youth is articulated to specific qualities that are expressed in multiple ways depending on the context and the historical and social characteristics of each individual (Brito, 2002) (6), directly linked to the possibility of approaching or achieving established goals, which from a global perspective of human development have set as a starting point the needs and interests of the people, and as a goal, the realization of a life project, where through the potentiation of their abilities and the freedom of choice, could influence the enjoyment of material, social and cultural well-being, because the individual himself is the center and catalyst from the assessment of satisfaction made according to the historical and cultural context in which it is located.

With regards to this, and particularly from the perspective of contemporary anthropology, Feixa (1999) (7), advances in the definition of a youth anthropology, which provides a double contribution: first, the study the youth cultural construction, the ways in which each society shapes the ways of being young, and secondly, to study youth culture construction, the ways in which young people participate in the creation processes and cultural movements. We focused on the influence of the young world and on society as a whole, the same as in the study of the youth micro cultures, understood as a manifestation of the creative ability and not only imitative of the youth (Feixa, 1999)(7); the active participation of such social groups in the construction of social formations. That is the exact position in which the research effort documented here is located.

2. *Health-Sexuality As An Analytical Category*

According to Bachelard (1997)(8), knowledge is a construction ranging from empyrean to the ideas, which is possible through the identification of categories that allow naming concepts to represent reality. With this regard, health-sexuality organizes itself an analytical category from which human development and quality of life, that is the well-being and satisfaction can be appreciated in its procedural character depending on the specificity of its construction, appreciation, and manifestation in a particular community. In this case, young college students from the communities of Mexicali, Baja California, Mexico and Viedma, Rio Negro, Argentina.

Therefore, youth and health-sexuality as analytical concepts are linked to modernity and its derivations. In the double acknowledgement on the one hand, of the undeniable renewed forms of communication, the new practices of social interaction and innovative forms of personal and collective identity construction; then on the other hand, the expansion of socialization spaces, in particular as well as the unprecedented interactive mobility of young people into cyberspace. They are lifestyles that dimension the way how young people live today and experience with their health and sexuality, for example, the proclamation of greater freedom, the predominance of youthness crossed by a powerful cult of body aesthetics; the image culture processed in the expansion of routines geared toward the body, such as surgery, diets, fitness, and many others. Aspects that entice us to find out: What is the appreciation that young people have about health? How do young people live their sexuality? How much do they value this in their lives?

These are shaping arguments from that space of meaning and identity that is youth culture. It is a dynamic representation guiding the determination of those in the social scene. Health-sexuality integrates cultural patterns associated with certain meanings, values, knowledge, experiences, and affectivity which condition certain actions and talk about how young people experience and live.

Each society and each person has a vision of what health and sexuality mean, together with the associated behavior. These are dimensions which significantly contribute or not to the improvement of the quality of life of the people, because it is along with education, work, affectivity and opportunities, that experiential appreciation of well-being and satisfaction of the people are ordered. So, in this task of deconstructing and reconstructing such abstraction, now in the voice of young students, it is that we designed as part of an extensive research work, the present qualitative research effort in substance cyber-ethnographic, focused on the purpose of investigating the young cultures from the meanings that this age group yields and puts into circulation, from the perspective of political practices, social interaction and quality of life of young people.

This methodological approach combines quantitative and qualitative procedures and techniques. Such paradigms that allow the identification of <health-sexuality> as a revealing analytical category of particular cultural codes which result in the development of two focus groups (one in each city), through four sessions, both of which were integrated by eight participants (each one of them). These dialogues were enriched with diachronic encounters in the Facebook interactive space, under the consideration of socialized speech by university students from both locations, as well as the information that was product of the inventory applied to the participants, which provided relevant data on dimensions associated with gender, socioeconomic status, education, family, sexuality and cultural consumption, in the case of Mexico.

The aforementioned multi-method strategy allowed the combination of statistical and interpretative analysis in the construction of a descriptive matrix of the dialogues as well as a non-causal correlation type of information that allowed us to globally explore how this age group constructs and reconstructs meanings and senses that bring them together and sets them aside from other groups. This first look is the result of the qualitative procedure in both countries, in contrast with the views of the young people from Mexicali in the applied inventory. Thus, health represents for the collective youth in both countries, a state of well-being that has to do with enjoying, feeling good about oneself; a sentence installed in physical and mental health dimensions. Firstly, sexuality is an important issue that is necessary in order to fully enjoy life from a physical and mental perspective. There are sensitive statements that speak of the encounter between youth experience and modern life today.

3. *Health-Sexuality: Nature Or Culture*

In everyday life, health is seen as a fact of society that involves the elimination or change of risk factors. It is a look that does not exclude the cultural dimension of health within institutions, knowledge and practices developed to promote and prevent disease. Thus, health is a field symbolically mediated which actors reproduce, build, and transform through power relationships located socially, spatially and historically. In this context, if health is a field of governance, it can be understood based on the ideas established by Foucault (1993) (9), due to the fact that there are secret mechanisms of power in it, by which society conveys its knowledge or truth. Following the ideas of the author, to be able to process this it is essential to understand the relationships between truth, knowledge, and power. In this sense, health is a system of knowledge, practices and institutions that are expressed in ideas and behaviors, which in time will be transformed by the subjects through power relations (Duque, 2007)(10). This suggests that health is also a matter of power, in other words, its meaning and practices are determined by the historical conditions of power and domination.

As raised by Foucault (1993) (9) reality is defined by discourses of power that shape the subjects and determine the relationships between them, in which some are dominant and others are subdued. So that knowledge, truth and reality are the result of ideological and economic conditions controlled by those who have the power to dominate the means of production and generating the ideological conditions that support what is accepted as true knowledge. The reproduction of power happens just when some groups want to impose on others their own perspective of the world through discourse (forms of social power formed by ways of thinking and practices) that explain, justify and perpetuate the same power. This overview allows us to recognize the archaeological condition of the construction of health, and based on that, to recover the diversity of practices and meanings associated according to certain cultural and historical contexts. For example, to change the idea that the lack of disease is no longer the ultimate goal of health actions and that it becomes a means for prosperity, quality of life and human and social development. For which it requires in the matter of healthy individuals and societies, other aspects that exceed those provided by health systems.

Such is the case of the modification that the concept has experienced, when health was defined from the disease that was a particular matter and according to each constitution, it was a truth that marked the development of a theory and practice about the symptoms and treatments of disease or illness to achieve health. Nowadays the concept has expanded to include social welfare and balanced operation. In this matter, health is not limited to an individual state of fitness. It goes beyond the subject, mixing components such as physical, mental, wellness, balance, and quality of life, which now make it a relational concept, since it assumes that it has to do with the way the subject is in relation to his life and social context (Garcia, Saez and Escarbajal, 2000)(11). That according to the World Health Organization (2011) it comprises a complete state of physical, mental and social well-being and not merely the absence of disease, so that the possession of better health is a fundamental right of every individual.

Therefore, in order to understand society and the processes that happen in it, it is important to analyze the discourses and knowledge/power relationships that are embedded in them. Because relationships, strategies and technologies are part of the individuals and they produce knowledge and truths that are useful; all of this, through naturalization process that becomes increasingly invisible. Thus, there is no ultimate truth of things, rather than the functioning of fictitious truths translatable to real relationships. Such relationships are related to the inherent forces of the practices observed and coded (Foucault, 1993) (9).

To Foucault (1997)(12) regarding the aforementioned about health, the doctor's first duty "against disease, should start with a war against the bad governments" (p. 59). In words of the author, there is a political economy of the truth centered in the form of scientific discourse and the institutions that produce, which devoid of all ontological-objective content, is nothing but an effect, a product of social strategies and power relations (Foucault, 1993) (9). Related to this, it is often thought that sexuality is a condition, which anchored in the subjects, is an expression aimed at reproducing (Rubio, 1994) (13). Though, as part of the conditions and possibilities of the body is the perpetuation of the species, the fact is, it is also a human, social, and cultural invention. So, this is shaping up as a polysemous concept that is at the heart of the dispute by a multitude of fields such as medicine, psychology, sociology and anthropology; it is a multidisciplinary discussion that reveals the different nuances integrating it to diversify its inquiry.

These issues originate different levels of interpretation and analysis, so, what now entered in this term is not only a biological quality autonomous and independent from the subject, nor, lack of particular social and cultural components, since the subject and its manifestation occur under these conditions. It is precisely at this point that there are two approaches on sexuality; one, of an essentialist tradition that weighs the expression of that natural instinct, as a product of a biological disposition. To feel, think and behave like men or women, including reproductive action, are natural events which function to define identity and confirm its meaning. This based on the sexological discipline with absolute adherence to the evolutionary view (Rubio, 1994) (13).

In contrast to the above, and taking into account the observance of social reality, which exhibits a wide sexual diversity, regardless of the sex of the subject; it breaks the historical constructivist vision that recovers variations of meanings, behaviors, and sexual identities, to rebuild them in the light of specific cultural and historical productions. Founded in the social history of Foucault (1987) (14), and developed by Weeks (1993) (15), focuses the spotlight on the process of building the devices, without invalidating or denying the different coexisting meanings.

It underlines the conviction that there is neither essence, nor immutable truths in the fact that human behavior is explicable in practices and social norms of specific cultural contexts. For example the sexuality that for Foucault (1987)(14) is far from being primarily a natural phenomenon, is in essence a historical construction. It is an idea developed by Weeks (1993) (15) which argues that this is "a fictitious unit, which once did not exist and that at some point in the future perhaps again does not exist" (p. 205), under the terms of what is currently defined, based on the convergence of certain social forces and power relations that wielded limits and characteristics of their experimentation. Another consideration in this constructivist approach emphasizes that, as cultural products, sexual behaviors are marked by a large complexity, since its form and expression depend on it and the personal choices; leading to a broad range of sexual acts, to finally say that sexuality as a socio cultural construct has an impact on the regulation of sexual behavior in subjects through the classification, stigmatization and segregation of subjects (Weeks, 1993 and Amuchastegui, 2000)(16).

The connection between the two schemes is located exactly on the complementarity of their approach, while the essentialist dimension deals with the accurate device of sexuality in the claim to include everything necessary to exclude what is not or is different with the purpose of shedding light; whereas historical appreciation seeks to reveal the unseen aspects of its constitution. In contrast, the recovery of cultural constraints and the articulated cultural fabrications crystallize the emphasis of constructivist positioning. Where the meaning is the development achieved, but especially the fastener to the ordinance of the actions of the subjects in this aspect of life.

4. Health-Sex: Representation And Practice In Youth

Referential frameworks providing theoretical and conceptual elements that in the practice of health-sexuality research provide the methodological resources to investigate. All of which are in order to recover from the experience of young people, the perspective that motivates their actions in this area.

For that matter, the meaning of health-sexuality that the youth in Mexicali and Viedma circulate, points in a double impact in terms of health as a state that entices feeling good about yourself, in other words, health is to enjoy, which is possible if you work at it, since it is an almost endless struggle and involves being physically and mentally fit through a healthy lifestyle, about sexuality it represents for young people an important issue, therefore, it is necessary to enjoy a full physical and mental life. In the substantial purpose of reproduction, limited to the practice of sexual relations through the initiation of an active sex life, which is lived with full freedom, without so many taboos, encouraging the emancipation to experiment at ages increasingly early and without much concern for prevention.

Thereupon, the objectification of health-sexuality as a social and historical construction is embodied in short, by practices projecting the following features:

1. Health and sexuality are social constructions located in particular cultural and historical conditions and contexts.
2. A position within which it is realistic to assume, that in the case of young people from both communities, there is a healthy state since a small proportion of them consider that their health hinders the development of their daily activities.
3. However, a greater number of young people state that they are not eating food following the three times a day standard.
4. An aspect that is equally interesting features the fact that there is an extensive intake of unhealthy or non-nutritious food.
5. Even when there is a high amount of young people who consider that their physical health does not hinder their performance, in the same proportion, young people acknowledge that it is their emotional difficulties which more often affect and limit their daily actions. It is an important and interesting condition to ponder, as it may suggest a poor mental health in terms of a lack of skills or emotional tools in this age group to address these difficulties.
6. However, the development of physical activity through practicing a sport on a weekly basis is a current practice in most young people. What may be associated along with the aforementioned eating practices, with the predominant concern for body aesthetics, that is, the worship of the image?
7. In addition to this, there is a very common practice of a widespread consumption of alcohol by young people.
8. Also, another common practice was identified in this group: that sexual activity is characterized as being not occasional but rather common, suggesting the particular context of a very active sexual activity in this group of young people.
9. An aspect that is equally interesting is the distinctive trait of the broad use of preservatives by young people when having sex; the minority being those who do not carry out such practice.
10. It also identifies that a higher proportion of young people acknowledge the fact that the sexual information provided by the school is sufficient, which implies that it is being identified as the main source of guidance in the construction of their sexuality.

5. Conclusions

As an invention, health-sexuality marks identities and regulates practices. There is the premise that highlights it as a socially constructed product built within the scope of reflection from social processes or system levels and variations of meaning that compete in the construction, as well as in the behavioral expression.

An example, the practices acknowledged in particular experience, which show the uniqueness that in young people, having sex is no longer a significant criterion for distinguishing between men and women; and that sexual activity in both sexes, is frequent and more open. In other words, active sexual life begins at an early age. However, a unique practice among young people is the use of preservatives.

These are experiences that reveal perception and action patterns that establish the following:

- While health is enjoying, this also implies having the necessary conditions to enjoy, that is, to have good health or staying healthy, and based on this to have a good quality of life.
- This way, it is about being able to support services allowing them to live well, a condition, that in the voice of the young people of Viedma, is feasible for the upper class but for the lower class is the subject of working to live and not so much to live well.
- In this context, being healthy and feeling well are not the same, rather, they constitute components of the same aspect, of the happiness of being. They are similar dimensions, but each of them has its own characteristics.
- Being healthy has to do with a state of physical and mental balance.
- Feeling well, specifically entices, a state of mind apparently associated with a sense of satisfaction and fulfillment.
- However, while being compatible conditions, the first one does not fully determine the second. Therefore, feeling well is not product or absolute result of good health, and that feeling well is often not being completely healthy, one can feel good but have a health problem.
- However, to feel good it is important to be healthy physically and mentally.
- This emphasizes that health in its physical and mental dimension is a state that is built apparently from a primarily personal and individual circumstance.
- Meanwhile, feeling good suggests greater social influence, by fulfilling social issues within a particular group, then of course this has to do with social acceptance
- In this sense, it is about inclusive but not decisive processes, which suggest that health corresponds to an objective state of balance; whereas feeling well has to do with a subjective state of well-being.
- Health is a state conditioned by a variety of aspects, including nutrition, physical activity, diet, social acceptance, and of course, well-being.
- On the other hand, sexuality for young people in Mexicali and Viedma represents an important and necessary issue to live a full life.
- In the substantial purpose of reproduction, limited to the practice of sexual relations through the initiation of an active sex life.
- Thus, the beginning of sexual activity occurs in young people at an early age, tinged with experimentation.
- In this respect, it implies responsibility, hygiene, care and prevention as well as acknowledging the implied risks in order to enjoy sexuality safely.
- It is a context which acknowledges, especially the young people from Viedma, the importance of sex education in favor of safe sex.
- Likewise, it is assumed that the group of friends is a key area where young people deal with the issue, manage information, and build their representation of sexuality.
- So, while sexuality contributes to the physical and mental health state, it is not a health priority itself, but rather, an education issue (Flores, 1999) (17).
- Thus, the health- sexuality binomial is key to the welfare of the subjects in terms of achievement or enjoyment of wellbeing, satisfaction and a fulfilling life.
- All of these are issues particular to a lifestyle that without a doubt affect development, therefore a state of well-being, and the level of quality of life of people, because the way in which young people live and experience these processes is directly associated with the feeling of satisfaction and valued pleasure, depending on the capabilities, performance and positive outlook on life.

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