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SOCIAL CAPITAL AND TRUST IN PRIMARY HEALTH CARE: INSIGHTS FROM USERS' PERSPECTIVES

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ABSTRACT:
Introduction: The paper tries to use Bourdieu's theory on modes of action and his ideas of the habitus and institutions, in order to talk about it from a point where health care users are involved. It uses qualitative research to explore the experiences of users in Basic Health Units of Rio de Janeiro.
Methods: Semi-structured interviews and participant observation were used to collect data from 12 participants. The analysis was organized around three analytical categories--bonding, trust and affection within the social support network; extended healthcare, looking at the symbolic capitals' meanings and tensions that people had when they used these; and autonomy and vulnerability, which gave a tracing back over the social trajectory of agents. Bardin's Content Analysis Framework guided the analysis of the interviews.
Results: The research produced new insights into the perspectives of healthcare system users on primary care health education initiatives. The findings accentuated bonding, trust and affection within social networks of support. Further, it illuminated the subtle and multifold dynamics of extended healthcare including symbolic capitals and tensions experienced by users. Finally, the paper brought out the state between autonomy and vulnerability throughout users' social trajectories.
Conclusion: By synthesizing Bourdieu's sociology of action and health education, this paper provides a more nuanced understanding of users' perspectives on primary care initiatives. Activities together can encourage debate and respect for different views. The study suggests practical and transforming approaches to engage with the dynamics of people's life.

KEYWORDS: Primary Health, Qualitative Research, Health Education, Attention.

INTRODUCTION:

Primary healthcare (PHC) is a prime area for educational activities, and health managers and experts agree that education is an essential component in the management of general population health. Increased reconciliation with the population and the community is made possible by the Family Health Strategy (FSE), which emphasises the importance of bonding, longitudinal care, and cultural competency. Because of this, it is possible to construct instructional practices that might enhance subjects' autonomy and self-care, as well as inspire critical thinking and provide opportunities for reflection. (Holland, White, Pantelic, & Llewellyn, 2024).

Therefore, in order for educational processes to be effective, the protagonism and co-responsibility of the subjects must serve as the cornerstone of the processes. Taking this perspective into consideration, the requirement to concentrate actions on the user has resulted in the formulation of a great deal of public health policies. Despite this, there are still challenges and difficulties concerning the implementation of the strategic axes and principles pertaining to this matter. The instructional tactics that are utilised by healthcare institutions continue to be limited. Despite the fact that there have been significant shifts in public policy over the course of the last four decades, they place a higher value on technical expertise than they do on the information and experiences that patients have gathered over the course of their lives. (Vasiliadis et al., 2024).

Consequently, they don't support the development of autonomy or the pursuit of alternatives for a higher standard of living, which makes the discussion about reimagining healthcare procedures crucial. Few research have examined health education strategies from the perspective of the patient or healthcare team member. These studies have primarily addressed Paulo Freire's pedagogy in the popular health education (PEH) context, indicating the growing body of knowledge in this area. However, they do not make clear whether this path is taken in day-to-day work, even while they offer thoughts on the significance of taking into account common knowledge in the healthcare learning process through dialogic educational practices (Serrano-Guerrero, Bani-Doumi, Romero, & Olivas, 2024).

As a consequence of this, they do not endorse the growth of autonomy or the quest of alternatives for a greater standard of living, which is why the conversation around the reinventing of healthcare procedures is so important. There have been very few studies that have investigated health education initiatives from the point of view of the patient or a member of the healthcare team. The majority of these studies have focused on Paulo Freire's pedagogy within the context of popular health education (PEH), which is indicative of the expanding body of knowledge in this field. However, they do not make it obvious whether this road is taken in day-to-day work, even though they offer some comments on the relevance of taking into account common knowledge in the process of learning about healthcare through the use of dialogic educational practices. (Gillner, 2024)(Lieneck et al., 2024).

METHODOLOGY:

The methodological path of the PhD thesis in public health, which was theoretically grounded in Pierre Bourdieu's sociological perspective, served as the basis for the production of this essay (Rangel & Humphrey-Murto, 2024).

It is generally agreed upon that Bourdieu's theories can be of assistance when it comes to evaluating the process by which primary healthcare users acquire information based on health education activities. Bourdieu is a sociologist who has conducted a significant amount of research in the field of education, and his findings have gained widespread recognition. In addition, it is widely understood that the concepts proposed by Bourdieu can be of significant benefit. In order to have a strong knowledge of the ideas of habitus, symbolic capital, field, and symbolic power, which are all presented in Table 1, it is of the utmost necessity to have a substantial understanding of these concepts. Being able to get an awareness of the influence that both objective and subjective elements have on the behaviours of users, as well as the manner in which their autonomy and protagonism in care are fashioned, is something that may be accomplished through this (Adyas, Alamin, & Thabrany, 2024).

It is required, according to Bourdieu, to have an awareness of the social interactions of agents in order to reconstruct the components and elements that are not brought to the knowledge of agents and to combine the meanings that are supposed to be objective and those that are intended to be subjective. This is why it is vital to have this awareness. The habitus and the field in which Opera is implanted are also included in these components. The agent and the structure are also included in this group of elements. For additional information, the habitus includes each of these components. As a result of this, it is of the utmost importance to have a grasp of the social action that agents participate in (Sach et al., 2024).

SOCIOLOGICAL TOOL	INDICATION
Habitus	Through the social experiences of an agent in their social interaction process, the matrix develops perceptions, appreciations, and practices, forming their subjectivity and directing their behavior, way of being, thinking, feeling, and doing. It is the social environment that people carry into themselves via enduring tendencies.
Field	Institutions and agents are placed in a section of the social sphere with distinct social norms and a certain amount of autonomy. Every field is a site of forces and power battles over how to preserve or alter it.
Cultural Capital	Agents have social mobility due to their acquired resources, abilities, and information.
Social Capital	An agent's support system for navigating their social environment is their network of relationships.
Economic Capital	Economic capital is exemplified by the purchase of different tangible things, like books.
Symbolic Power/ Symbolic Violence	Symbolic violence, or symbolic power, is a covert kind of authority the ruling class uses that is not overtly expressed. Subjects do not feel dominated or under duress because it has become normalized and integrated into social interactions. When one class has a system of dominance over another, symbolic power becomes symbolic violence.

Table 1. Sociological Instruments by Pierre Bourdieu

A substantial socially vulnerable area of Rio de Janeiro is home to two Basic Health Units (UBS), where a qualitative study was conducted. The existence of communal practices created by the ESF teams and the teams' motivation and willingness to host the study were the selection criteria for health units (De Guzman, Snoswell, Caffery, & Smith, 2024).
The participants were over-18-year-old UBS users of both sexes who participated in one or more group activities. Semi-structured interviews and participant observation of group activities were employed as study methods to achieve this (Malhotra & Dave, 2024).
Through participant observation, researchers hoped to comprehend the dynamics of the emerging communal behaviours and extend an invitation to users to participate in the study and answer interview questions. Bardin's theoretical content analysis paradigm is the foundation for the interview analysis and interpretation stages (Crosland et al., 2024).
The importance of the interview as a crucial component of the learning process must be emphasized. When asked to respond to study questions, participants prepare their responses by considering previously discussed subjects and scenarios from group practices. He finds a forum to discuss himself, his life, and his experiences. From this conversation, he can reflect critically on his experiences and his role in the learning process, exposing and disseminating knowledge that may otherwise remain hidden (Wang, Asan, & Zhang, 2024).

From This Angle, Bourdieu Highlights The Importance Of The Interview, Particularly For The Interviewee:
Some interviewees appear to view this as a unique chance to testify, make themselves heard, and bring their experiences from private life into the public eye, especially those most in need. It's also a chance to define oneself in the total sense of the word, that is, to construct a perspective on oneself and the world and illustrate the angle from which one should regard oneself. They become comprehensible, justifiable, and, most importantly, self-aware (Nakase-Richardson et al., 2024).

RESULTS AND DISCUSSION:

Description of Instructional Activities*:*
Thirteen meetings encompassing six educational acts were conducted with participant observation: collective coffee without harm, directed at alcohol and other drug users; a community garden and a society dedicated to medicinal plants that exchange information about the uses of plants for health; Regaining self-worth for mental health consumers; a group focused on diabetes and hypertension, offering guidance on how to treat these conditions; and two organizations, Quem dania é mais happy and Craft Group, which use dance and art to promote socialization, integration, and alleviation of stress and anxiety symptoms (Williams et al., 2024).
Conversation circles helped all of the observed groups—aside from the Quem dania é mais happy group to grow. Following the experts' presentation of the significant subject, the attendees were asked to share their thoughts, ask questions, and offer clarifications. Occasionally, the discussion veered off subject to address the different issues, and everyone agreed to and appreciated the improvements (Pan et al., 2024).
The educational activities turned out to be areas of health education that went beyond the territory's specific healthcare goals. Among these are chances for speaking and listening, expressing affection, forming bonds, fortifying relationships, exchanging knowledge, accumulating knowledge, and fostering understanding between the public and scientific domains. The creation of socializing spaces has been shown to improve people's quality of life (Chidambaram et al., 2024).
Based on the interpersonal ties between experts and users, stimulated and favored throughout the group sessions, an emotional and behavioral bond was developed during the talk circles. This meaning is expressed in the words made by participants throughout educational events (Crowe, Liu, Bagnarol, & Fried, 2024).
Do you want me to have a joyful wake-up? Mondays are when I come here. Were you aware that the clinic performs embroidery? Whoa, I had no idea about that. Back then, I was ecstatic. I was experiencing extreme irritation since I'm a woman, and I feel like I lost everything all of a sudden. Abruptly, they announced a yoga group and an embroidery club. Hooray! Alongside me as well (Connolly et al., 2024).

From The Perspective of the Users Who Were Interviewed, Health Education:
Following the completion of twelve semi-structured interviews with the groups that were observed, the following categories were identified for the purpose of conducting analysis and conversation regarding the findings: (3) the social support network, which includes bonding, trust, and attachment; (4) the expansion of health care, which includes experience of meanings and tensions associated with symbolic capital; and (5) the social trajectory of the agents, which includes autonomy and vulnerability. (Aburadwan & Hayajneh, 2024).

Vulnerability and Autonomy: The Social Path of Agents:
The notions of habitus, cultural capital, and economic capital were examined in the analysis of the interviews based on this empirical category. Therefore, we tried to highlight a few impacts the interviewees encountered along the way, which stood for objective and well-organized aspects of their behaviour. The dynamics of social practices that have integrated the habitus's configuration and impacted its capacity to grow autonomous and amass cultural capital shape these impacts. At first, the

respondents' educational attainment was seen to be a crucial component of their social trajectory (Scott & Rhee, 2024).

Most interviewees had just completed their primary education or were illiterate: "No, I never studied, I managed to work at seven" and "People send me things on Zap, and I can't read anything." In addition, we looked into the interviewees' parents' educational attainment to comprehend how it affected the development of cultural capital. Of the people surveyed, half said their parents were illiterate, while the others who had studied had only completed elementary school: "My mother was utterly illiterate; she was unable to read or write. When she began to read, my father lived here from 50 to nearly 60. After mastering the skill, he wrote and read her name (Buning, James, Richards, & McKee, 2024).

The relationship between social origin and academic performance primarily based on social classes is the theoretical foundation of Bourdieu's idea of the sociology of education. According to the author, education would perpetuate socioeconomic inequality by mirroring the current social order. Due to their advantage in entering the education system, the dominating classes would benefit from the working classes' poor performance or school dropout rate. According to this theory, academic achievement would be influenced more by the advantageous or unfavorable circumstances of an individual's social origin than by the intrinsic skills of their unique biological and psychological constitutions (Roberts et al., 2024).

Bourdieu contends that the formation of an agent's cultural capital is primarily the responsibility of the family and the educational institution. Like the school, the family shapes the identity and character of individuals by imparting to them a specific ethos, which is a collection of values and behavioral patterns that are not necessarily spoken out loud. Consequently, the formation of the basic habitus, the person's initial and lasting impression of social life, occurs within the family. People have innumerable social encounters that shape further impressions (Pool, Akhlaghpour, Fatehi, & Burton-Jones, 2024).

In this sense, formal education and familial environment elements can follow people throughout their lives, impacting their potential for agency, decision-making, and capacity to alter their reality. These allusions can be found in the statements, frequently about the respondents' living situations and personal narratives: He didn't assign anyone to study. He was not a person to give encouragement to. People were teaching us things. That portion about literacy wasn't there." It's not simple to visit this place every Thursday. [..]. I know I've overcome some obstacles when I get here. I acknowledge that I had to overcome obstacles to get here (Ahmed et al., 2024).

As a result, the interviewees recognized their limitations and recognized how vulnerable they were. It's interesting to note that vulnerability affects societal and individual factors, impacting the population's exposure to illness risks. The individual component of vulnerability can be defined as the availability of health and illness information, the capacity to comprehend and apply this knowledge to one's everyday concerns, and the willingness and potential to use these concerns as tools to alter one's reality. Stated differently, it is the aspect of subjectivity that is closely linked to habit and the building of symbolic capital (Madandola et al., 2024).

The social component includes factors like education attainment, information availability, political activism, and material resources, all of which affect how easily it is to change one's day-to-day activities. These factors influence both the potential for implementing self-care and autonomy. Thus, living situations constrain subjects' choices and capacity to "act freely" (Sandén et al., 2024).

Interviewees identified circumstances about their local social setting as components of social vulnerability that were connected to their illness process: "This place is stressful. It's because you have to look like a criminal constantly and everywhere. They have a lot of weapons, you know? There are a lot of narcotics and really armed individuals in that corner. It's not cool, in my opinion. Armed violence and the ongoing disputes that arise in popular communities as a result of organized crime were emphasized in the featured speech. According to Morgan et al. (2024), these elements not only pose a risk of impending mortality but also have a significant effect on the mental well-being of the inhabitants, who encounter periods of stress and anxiety regularly (Morgan et al., 2024).

Within the given setting, the interviewees' choices and autonomy were significantly limited by their economic capital and vulnerability level. However, the realization of autonomy is constrained by the lack of or limitation on access to consumer goods, healthcare, leisure time, employment, and housing conditions: "I buy only when there is a shortage here, and when there is a shortage here, I know what to do so as not to lose my husband's medicines or my own." Individuals' quality of life is positively impacted by the growth of autonomy, manifested in the ability to participate in social and political life. It includes your living circumstances, social venues that are open to you, and your networks of support. Additionally, I oppose the term "user" and instead advocate for "protected" or "welcomed," as the user is the one who utilizes and has limited resources. Instead of doing that, we should think things through, make a change, and move on. [...] It serves as a stage as well. "What's changed is that I try, I think about fixing my life, and I have to do the right thing when I leave the refuge, where I have no desire to stay" (Garg, 2024).

According to Bourdieu, the shaping of the social realm is the result of the accumulation of cultural and economic capital. According to Bourdieu, the cultural and economic capital of individuals is what contributes to the structure of the social activities that individuals engage in when they are in different social spaces. As a consequence of this, the symbolic aspect of existence takes on the same level of significance and influence as its material components. Individual wills, which are the primary focus of action, and the macro determinants of coercive systems, which are the primary focus of structures, are not the only elements that influence the decisions that people make and the tendencies that society exhibits. To a large extent, they are the result of their complete cultural and social history, which they obtained through experiences with their families and through their education. In a game that involves negotiations in structured and structuring frameworks as well as acceptances and rejections, these aspects interact to determine their attitudes, which are influenced by culture. In addition, the game involves acceptances and rejections (Sapkota et al., 2024).

Religion is another area where autonomy and vulnerability can be problematic. The respondents' remarks were replete with references to faith and religion, which helped them make the connection between coping with the illness and day-to-day struggles. "Because I believe in God because I believe that God can be a great partner, the greatest partner in someone's recovery, whatever their limitations are" demonstrates the importance of religion in the healing and self-care processes (Younis et al., 2024).

The high demand for religious activities indicates that people seek ways to keep the body-mind, or body-soul, unity in balance and find answers to physical issues. As a result, churches provide encouragement and support for overcoming suffering, increasing life's purpose and tolerability and giving people a sense of agency and control over their fate. The process of habit formation, which happens during a person's social journey, also shows itself in the group he lives with and identifies with the collective life experience. Accordingly, it was noted that the respondents' objective living conditions were comparable with regard to their religion, the area in which they resided, and their traits as PHC users in well-known neighborhoods of a big city (Verma, Hasegawa, Tepper, Burger, & Weissman, 2024).

Due to their social milieu, they established a shared identity that contributed to harmonizing the habitus, which Bourdieu refers to as the class habitus. Consequently, recognizing some of the experiences the interviewees gained over their social journey helped clarify their prospects of growing autonomy and self-care within the healthcare industry (Ospelt et al., 2024).

Extended Healthcare: Symbolic Capital's Meanings and Tensions:

The statements illustrated how crucial sharing experiences and knowledge in practice was to therapeutic care. One patient said, "I came here for treatment, but there was always embroidery; there was a corner where people produced medicinal plants and took care of the earth and created groups of conversation with the community." This illustrates the cooperative interplay between group efforts and individual clinical care. The components of communal practices consider the shared and extended clinic principles, which include fostering autonomy by fusing various experiences and knowledge to accommodate individual variations and singularities (Langford et al., 2024).

As a result, they had a good effect on the participants' lives in areas including enjoyment, self-worth restoration, and general well-being, all of which have a direct bearing on health: "My sense of self-worth was high. I feel less heavy. I used to stay home and think, "Guys, is this life just watching television?" when I didn't do these things because I was exhausted. [...] This is how quickly the day goes by when I get to Dania. Intriguing the interviewees and eliciting feelings and reflections were the themes suggested by experts: "These are themes that interest me and that make us rethink a lot about our quality of life, our existential quality and how we position ourselves in the face of difficulties of life, [...] in a healthier way" (Mora-García, Pesec, & Prado, 2024).

The respondent agreed with what Bourdieu (1989) refers to as "the sense of play" by accepting the topics put out by the pros, which had not generally been decided upon beforehand. The author claims a synergy between agents' actions and the game's rules in a particular field, where agents rarely act only out of reason and do not always express their actions consciously. Conversely, his behavior stems from his internalization of the norms and principles governing the field, brought about by an uneven power dynamic and disparities between the various forms of capital that the agents own (Lazarevic, Casola, & Chambers, 2024).

In this sense, a relationship of dominance and domination that is not necessarily perceived is established between professionals and users. The user acknowledges his position as the dominant party in this domain of power health and feels that he does not have the same access to symbolic or cultural capital as those in the medical field. Variations in symbolic capital levels give rise to tensions that show themselves in daily care in various ways. Symbolic power is one of these; it is established in a way the agents do not usually recognize. This occurs when the person who is using this authority does not feel that they are being dominated by the unequal power relationship. (Venkataraman, Fatma, Edirippulige, & Ramamohan, 2024).

Symbolic violence arises when decisions of this kind involving subjective matters are made without taking this into account in relation to the suggested interventions. Beyond the scope of scientific understanding of the health-disease process, there are other factors to consider when deciding how others should live and eat to prevent dangerous behaviors. On the other hand, the user who "suffers" from this symbolic violence is wholly oblivious to the reality of the circumstance that they are actually going through. By delegating the advice he receives to someone who possesses more remarkable cultural capital and more superb information than he does, he gives himself the authority to interfere in his affair, so legitimising and normalising the counsel he receives. He does this in order to give the counsel he receives a sense of legitimacy and normalcy (Dubowitz & Barth, 2024).

As Bourdieu (1989) points out, the actions of agents are not always completely aware due to the effect of both objective and subjective components. As a result, this interference is "permitted" because of this influence. This is the reason why interference of this kind is considered to be "permitted." By this interpretation, interference can be subverted at any point in time, even if it has been acknowledged and accepted by the relevant parties. This is the case even if interference has been acknowledged and accepted. Because of this, it is quite probable that these will be unsuccessful if the advice that is offered and presented is based on the power dynamics that are mirrored in the interactions that take place between users and healthcare experts to the following extent: I, too, did not take the meds that were suggested to me by the medical professionals. I replied, "I do not take any medication." This was the response that I offered. The primary reason for this was that I was concerned about the likelihood that this could also cause a reaction in me. This was the primary reason. As a result of the fact that I had never tried drugs on my own previously, I was under the impression that I would never do so in the future. I had a mistake (Atef, 2024).

However, when the themes initially generated in the groups were designed with the participants' interests in mind and provided opportunities for discussion, it resulted in the following reflections: Utilize the knowledge I gained from this experience and the things I focused on during the discussions. I don't want to come here for conferences just to come here and participate; therefore, I can't do that anymore. I'd want to contribute something that will be helpful. Thus, an agent's tactics for upholding or challenging systems rely on their standing in the industry, embodied tendencies (habitus), and

capacity to draw upon and utilize the symbolic capital they have amassed. Relationship, reliance, and fondness: the network of social support (Kubota et al., 2024).

This category of analysis's findings emphasized elements of the interviews that aligned with the idea of social capital. Along with the answers and medical instructions, the interviewees discovered a place of welcome, affection, and listening in group activities. As a result, a social support network was formed or reinforced between the group's healthcare staff and other participants: "Those who work with us value and care for us. They give us hugs and words." "In the middle of a medical emergency, I was blessed with doctors who looked us in the eye, with God's approval. Additionally, they participated in a dialogue circle (Nambisan & Kreps, 2024).

The following quotes highlight the rich and potent opportunity for knowledge and experience exchange between professionals and users that arises from collective practices: "I am very thirsty for these listening in the conversation group on phytotherapy; when they bring more hegemonic knowledge; it is in a construction that belongs to the academy as a counterpart to our popular knowledge." Consequently, the user was motivated to learn knowledge by listening as a result of the professional's regard and appreciation for the other person's skills and previous experiences, as well as the warmth and attentiveness displayed during group activities. This resulted in alterations to the user's conduct. The research conducted by Mentrup and colleagues lends credence to these findings by demonstrating that participants were more receptive to alterations in their behaviour when information was communicated to them in a manner that was dialogic, non-critical, and that utilised clear, objective language, along with honesty and empathy. (Probst, Luscombe, Hilfischer, Guan, & Houston, 2024).

The EPS tenets state that teaching methods should be implemented with enthusiasm and dedication to foster students' curiosity, optimism, and faith in the genuine potential for change. The meetings should be centred on love, communication, and the student's welfare to raise awareness since reality cannot be transformed without it. In Latin America, practitioners of this principles-based education are rising to the challenge of changing their methods to create interdisciplinary networks of encounters and spaces of solidarity (Kirkbride et al., 2024).

It was shown that the precarious circumstances of the interviewees impacted their expectations about collective behaviors. Because of these circumstances, individuals sought out a support system in group gatherings, however unintentionally, to cope with their health and medical circumstances. Sure, illnesses have social roots and exacerbate social origin elements like loneliness. According to this, social support provides material, cognitive, affective, and emotional assistance to help people deal with their illness (Elayan et al., 2024).

It is crucial to emphasize that the interviewees saw the creation of social support networks during group practices as a chance to build their social capital. This was demonstrated by the interviewees' statements that they experienced withdrawal symptoms when they didn't visit for a long time and that they were able to gain access through these networks of contacts and support. I won't tell you it's foot edema, leg pain, and back agony. However, there is a severe lack of interest (McGonigle & Mastrian, 2024).

In this exchange relationship, the contribution of each agent is dependent on two primary factors that may operate independently or in tandem: (1) the amount of social capital that each agent possesses, which is correlated with the size of the support system that he can access or mobilise; and (2) the amount of cultural and economic capital that each individual possesses. Both of these factors can operate independently or in tandem. Each of these two elements can function on their own or in conjunction with one another. It is possible for both of these components to be active either on their own or in combination with an additional component. Therefore, each individual has the ability to add a certain amount of their own individually individualised symbolic capital to the symbolic capital of the other, thereby establishing a network of connections and support that may or may not endure for a lifetime, but are advantageous owing to the multiplier impact that they have when combined. (Bhardwaj et al., 2024).

Social Support: Affection, Trust, and Bonding:

The support system and network of relationships do not develop on their own. Instead, it is a purposeful act of social activity. It results from intentional labor intended to create and uphold short- or long-term, conscious or unconscious social investments to provide symbolic rewards. According to the findings of this study, the recognition of an agent's membership in a group is both objectively guaranteed by the institutions as a citizen's right and subjectively experienced through the collective interchange of feelings of love, friendship, solidarity, and respect. (Adibhatla et al. 2024).

Bourdieu places a strong emphasis on the fact that it is an intangible asset due to the fact that social capital is ingrained in the arrangement of social ties. Building up one's social capital can also result in the accumulation of cultural capital by means of being exposed to a variety of perspectives, experiences, and the collective knowledge of a group. Symbolic profits can be obtained by gaining access to a group whose existence is made possible by friendship, respect, and solidarity through the acquisition of membership (Lin, Li, Cai, Prakash, & Paulraj, 2024).

FINAL CONSIDERATION:

This environment was beneficial to the development of critical and reflective thinking because it fostered conversation among the participants and acknowledged the contributions made by each individual. This atmosphere was also beneficial to the development of critical thinking. An atmosphere that was conducive to the development of these qualities was provided by the activities that were carried out in groups. It is believed that the life paths of the people who were interviewed came about as a consequence of the formation of an atmosphere of societal and individual fragility. This climate hinders the interviewees' capacity to completely develop their autonomy and self-care, as well as their freedom of choice. This is occurring in spite of the fact that there are other elements that have played a role in the formation of this environment. The contemplations that are shown in this article illustrate a type of instructional circumstance that is distinct from the traditional approaches to health education that are utilised in primary health care. This article is a representation of the contemplations that are supplied. A viewpoint that is open to change and has the ability to inspire the creation of instructional techniques that are in accordance with the principles that are stated in Popular Health Education is one that is receptive to change. Latvis, Fick, and Dishman (2024) assert that it is a powerful alternative that has the ability to enhance one's quality of life, as well as to elevate one's level of consciousness and transform one's perception of reality. In addition, it has the capacity to improve one's consciousness.

It is common knowledge that it is impossible to consider health education as a therapeutic tool without first addressing the objective societal challenges that directly affect the lives of the participants, interact with their subjectivity, and permeate the testimonies of those who were interviewed for this research. This is because these challenges are directly related to the participants' perceptions of their own lives. A large number of people are aware of this fact. To put it another way, if we do not have access to services such as formal primary education, jobs, housing, and food, then how can we have a debate about health education? To put it another way, if we do not have a life that is valuable enough to support us, then how can we possibly have a discussion on the need of health education? In collaboration with Theresa Jacob (2024), alongside Nadhan.

It is essential to emphasise the fact that the conditions that are generated by social structures intersect with one another and have an effect on the issues that are associated with the disease that is affecting the population in order to emphasise the significance of incorporating sociological reflections. This is especially important in order to emphasise the fact that the disease is affecting the population. Bourdieu's sociological tools were utilized not only as an analytical and theoretical framework but also as a mediator between the subjective and objective aspects of the specific case. This was done in order to achieve the desired results. Because there are two distinct ways in which social structures interact with subjectivities at the same time, this was done to draw attention to the fact that there are two distinct ways. The establishment of a connection between Bourdieu's sociology of action and health education was beneficial in the sense that it assisted users in clarifying their perspectives on the social activities that they participated in, as well as their experiences, passions, and motivations

that drove them. This was an advantage because it helped users better understand their perspectives on the social activities that they participated in. In Bourdieu's theory, structures are the ones that are responsible for determining, facilitating, or establishing boundaries for social behaviors. This is because structures are the ones that are accountable for these things. This is the case, as stated by Zhao et al. (2024), even though habitus has a major influence on the behaviors in question.
The COVID-19 outbreak affected the field research context, which led to the suspension of group educational programs and, as a direct consequence, a fall in the number of individuals who were able to visit primary healthcare services. This was a direct consequence of the epidemic. This particular feature is responsible for a few of the shortcomings that were found in the study. It is advised that additional research be carried out to widen the scope of the subject matter that is included by this study to include new industries as well as a variety of scenarios and conditions, as stated by Brazeau, Chen, Morley, and Olson (2024). This is to broaden the scope of the subject matter that is contained by this study. For this reason, it is strongly recommended that additional study be carried out.
We anticipate that we will be able to make a contribution to the field of health education in primary healthcare facilities; this will be accomplished via the sharing of the experiences and interpretations that users attach to educational activities. We are looking forward to this opportunity. Through the process of participating in the conversation and interacting with interesting issues that are generated from the lives of renowned people, we propose that the concepts of Popular Health Education serve as a guiding principle for this activity. The debate and engagement of these subjects will be how this objective will be attained. It is a path that needs to be created, even though certain professionals are already using it to establish communal answers to the complex problems that cause illness in the general public. This is a path that has to be developed. Despite this, further development along this road is essential. As a consequence of this, the door is opened to the prospect of providing health education initiatives that are not only successful but also revolutionary and long-lasting in the same way (Chen & Lee, 2024).

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