

Connections between youth cultures, health, and art: Perspectives from young people living in the urban periphery

Relações entre culturas juvenis, saúde e arte: olhares a partir da perspectiva de jovens periféricos

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ABSTRACT This article examines discussions surrounding youth cultures and health policies, with an emphasis on mental health. It is grounded in a theoretical and epistemological approach that recognizes youth cultures and the centrality of everyday life as fundamental spaces for young people. The objective is to analyze how the relationship between youth cultures, health, and art manifests in the lives of these young people. The methodology is based on ethnography, incorporating participant observation and field notes. Data were analyzed using discourse analysis. The results suggest that young people's relationship with health is mediated by the body. In this context, health is not merely the absence of disease but is directly linked to dance and the lived experience within the group. Art—through dance, theater, and music—plays a crucial role in identity affirmation and in the promotion of mental health, providing spaces for expression and belonging. Finally, it is essential that public health policies be developed through dialogue, by attending to the demands and realities of young people, and that health practices remain flexible enough to adapt to their lived experiences.

KEYWORDS Young adult. Health policies. Art.

RESUMO *Este artigo se debruça sobre as discussões em torno da categoria culturas juvenis e as políticas de saúde, com ênfase na saúde mental. Toma como base teórica e epistemológica uma abordagem que reconhece as culturas juvenis e a centralidade do cotidiano como espaços fundamentais para os jovens. O objetivo foi analisar como a relação entre culturas juvenis, saúde e arte se manifesta na vida desses jovens. A metodologia foi baseada na etnografia, no uso de observação-participante e no diário de campo. Os dados foram analisados com base na análise de discurso. Os resultados apontaram que a relação dos jovens com a saúde é atravessada pelo corpo. A saúde, nesse contexto, não é apenas a ausência de doenças, está diretamente ligada à dança e à experiência vivenciada no grupo. A arte (dança, teatro e música) desempenha um papel essencial no processo de afirmação identitária e na promoção da saúde mental dos jovens, proporcionando espaços de expressão e pertencimento. Por fim, é imprescindível que as políticas públicas de saúde sejam construídas de forma dialogada, ouvindo as demandas e realidades dos jovens, e que as práticas de saúde sejam flexíveis o suficiente para se adaptar às suas vivências.*

PALAVRAS-CHAVE Jovem adulto. Políticas de saúde. Arte.

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Introduction

In 2023, a survey¹ of adolescents aged 10 to 19 in several countries, including Brazil, found that the main factors contributing to emotional distress among young people are directly related to the environment in which they live. Poverty, violence (physical and/or sexual), and gender-based prejudice emerged as significant sources of stress, profoundly affecting their mental health. The study revealed that gender norms play a central role in this context, restricting girls' freedom of action and leading boys to avoid expressing their emotions or seeking help out of fear of exposing their vulnerabilities. In addition, many adolescents reported a lack of access to resources to address mental health concerns, highlighting the structural challenges faced by this age group.

Another study² also reinforces this concern, emphasizing that despite the presence of support networks such as close friends, other indicators of youth well-being remain at alarmingly low levels. These data point to risks to young people's mental and physical health while simultaneously highlighting difficulties in accessing appropriate care. When examined from a historical and socially constructed perspective, such difficulties reflect prevailing representations of health and illness embedded in public policies, often rooted in structural and cultural factors.

Since the early 2000s, young people have assumed a more prominent role in shaping public policy in Brazil. Research in this field has underscored the importance of young people's life trajectories for the public policy agenda, particularly in the domain of health. Nevertheless, health policies targeting youth have historically been shaped by stigmatizing frameworks, frequently portraying young people primarily through lenses of early pregnancy, sexually transmitted infections, and violence³. The Comprehensive Adolescent Health Care Policy, established

in 2006, aimed to shift this paradigm by replacing traditional, assistentialist approaches with broader health promotion strategies, emphasizing risk prevention and the promotion of overall well-being.

Meanwhile, several authors⁴⁻⁷ note that the implementation of these policies continues to face significant challenges. In particular, they highlight the lack of effective dialogue between health professionals and youth cultures, which hinders a broader understanding of young people's experiences and confines public action to a risk-centered approach, neglecting the living conditions and everyday realities that shape these individuals.

Health promotion, driven by the health reform movement, broke with reductionist views of linear causality in illness and put forward a more integrated approach, one that takes ways of life and collectivities into account⁸. However, public health still tends to view youth in a simplified way, placing disproportionate emphasis on risk factors associated with adolescence while overlooking broader aspects of social organization and young people's experiences. Youth trajectories should not be understood merely as a linear transition into adulthood, but as a complex process shaped by ongoing challenges and continual re-significations⁹.

This study is grounded in a theoretical and epistemological approach that recognizes youth cultures and the centrality of everyday life as fundamental spaces for young people. The central question guiding this research lies in the need to understand how young people make sense of their health in their daily lives, based on their own experiences, in contrast to concepts imposed by institutional and governmental discourses that often constrain dialogue between youth and the health sector. This article aims to analyze how the relationship between youth cultures, health, and art manifests itself in the lives of these young people.

Material and methods

This study adopts a qualitative, ethnographically oriented approach, based on lived experience and interaction with the research participants. It is inspired by the concept of ‘intellectual craftsmanship’¹⁰. It seeks to connect intellectual production with the experiences lived by the researcher as a historical and social subject. Immersion in the field enabled a shared construction of knowledge, demonstrating that research is not limited to the application of techniques, but is constituted as a transformative experience¹¹.

The investigation adopts a ‘close-up and inside’ perspective¹², by following the participants’ everyday movements, their uses of space, forms of sociability, and processes of identity construction. It was conducted at the Estação da Juventude (Youth Station, EJ), a public facility that offers activities such as theater, dance, music, and sports, and has become an important space for socialization and cultural production among young people from peripheral areas. Created by the federal government in 2014 and restructured in 2023, the EJ aims to guarantee rights and promote youth emancipation through public policies that foster access to information, training, and other essential dimensions for youth¹³.

The initial approach was carried out through participant observation in the everyday life of the EJ, allowing for an understanding of how youth cultures are expressed in practices, symbols, and rituals. This process of immersion unfolded gradually and included involvement in dance and theater groups, guided by the young people’s own indications of the collectives in which they participated.

Engagement in the activities brought to light the diversity of ‘youth cultures’¹⁴ present in the space, which served as a venue for meetings, rehearsals, performances, and collaborative projects. Beyond this, the Estação also operated as a key site of sociability, where young people gathered in groups, trios, or loose collectives—organizing, for instance, to go cycling together.

The researchers were initially perceived as outsiders to the young people’s culture, which generated a degree of unease. Observing their practices without interference proved to be a necessary challenge for understanding their way of life. A particularly meaningful moment occurred during the end-of-year gathering at the neighborhood sports court, where several dance groups performed. The event brought together most of the young people involved in activities at the Estação: the court was packed, and the dancers—immersed in the dance and in the audience’s response—shared ‘symbolic universes’ materialized through the uniformity of action¹⁴.

Among the groups, Cia Marshall stood out for embracing pop music as its central genre. Their choreographies, set to remixed tracks, demanded a high level of technical skill and flexibility, and were performed with striking precision. Costumes—consisting of differently colored shirts with hand-painted initials—helped assert a distinctive style that set the group apart. The photographic documentation of the performances, later shared via WhatsApp, brought the research team closer to the young people’s everyday lives, and made subsequent interactions more fluid.

Immersion in Cia Marshall’s rehearsals made it possible to grasp—through the young people’s own perspectives—the shared symbols that marked their sense of belonging to a youth culture. Although the study did not encompass all the groups in the neighborhood, the Estação served as a ‘bridge’ of contact, enabling the researchers to follow leads and to understand how young people perceived other groups.

Cia Marshall stood out for the regularity and discipline of its meetings, its distinctive vocabulary, and the interactions on WhatsApp about performances. The group itself sparked the researchers’ motivation for closer engagement, making it possible to apprehend their pathways of meaning through symbols of belonging. These symbols were expressed in the sexual orientations of many

members—challenging heteronormativity—as well as in the chosen musical genre, the hand-crafted production of costumes, the embodied chemistry of the dance, pyramid-shaped formations, in their own grammar, and in the group’s unique maps of meaning.

The study closely followed the dance group Cia Marshall, made up of nine members: three women and six men aged between 14 and 20. Most participants are either completing or have already completed secondary education. Their family backgrounds are diverse; however, the absence of a paternal figure is a recurring feature, with mothers most often assuming primary responsibility. Group members belong to a social class marked by low incomes and reliance on wage labor for subsistence. They live in neighborhoods commonly described as peripheral, and more than half self-identify as Black. In addition, nearly 90% of these young people have, at some point in their lives, been supported by social projects or programs.

Among the nine participants, seven identify as homosexual, one as heterosexual, and one as bisexual. Gender identity stands out as a defining dimension within the group, functioning as a source of public recognition and a marker of belonging among its members.

Youth must be understood within their specific social contexts, acknowledging the plurality of experiences and trajectories that cannot be reduced to the setting examined in this study. In this sense, the research offers insights into the diversity of contemporary youth experiences without claiming to establish generalizations that extend beyond the scope of the empirical context analyzed.

The name Cia Marshall refers to the French dancer Yanis Marshall, known for his high-heeled dance choreography. The group draws inspiration from his work as well as from other international pop artists, incorporating these references into their own performances. The bond between the researcher and the group was built gradually through meaningful interactions, such as photographing and filming

performances, assisting with event logistics, participating in the WhatsApp group, and providing support in securing transportation and costumes. The relationship between the researcher and the participants was constructed collectively, shaped by the group’s interests and needs.

Field diaries were used as the primary recording instrument, following the approach of ‘thick description’¹⁵. The diary reflected the researcher’s ‘apprentice state’ enabling close attention to the group’s daily dynamics and to the subtleties of social interaction¹⁶. Ethnographic writing sought to capture not only the interactions observed, but also the meanings that young people themselves attributed to their practices and relationships.

A key methodological decision was to allow the participants themselves to choose their pseudonyms, thereby affirming their subjectivities and personal histories. In the course of the conversations, the young people were asked how they wished to be identified. Most selected names were inspired by characters from the U.S. television series *Pretty Little Liars*, such as Ali DiLaurentis, Hanna Marin, Spencer Hastings, Aria Montgomery, and Tony. This choice reveals the participants’ engagement with pop culture and how they reinterpret fictional narratives within their own life trajectories. In addition, one member who had recently joined the group adopted the name Pablo Vittar, in homage to the Brazilian singer, songwriter, and performer.

Allowing participants to choose their own names functioned as a methodological strategy that respected their forms of self-definition and belonging, ensuring that they were not merely informants but active agents in the construction of the study. Thus, the research took shape as a dialogical process, valuing young people’s own experiences and perspectives on their lived realities. The data were analyzed using critical discourse analysis, which understands discourse as a social practice of language use¹⁷. This approach entails a theory and method focused on describing, interpreting,

and explaining language as articulated within its social and historical contexts. It also theorizes the mediation between the social and the linguistic, adopting a transdisciplinary orientation. It involves viewing discourse as a form of representation and, above all, as a mode of social action.

For the conduct of this research, the provisions of Resolution No. 510, of April 7, 2016, were observed, as it involved human participants¹⁸. The study was submitted to the Research Ethics Committee of Universidade Estadual Vale do Acaraú (CEP/UVA) and was approved (CAAE No. 61360616.0.0000.5053, Opinion No. 1.811.591). No financial support was received for its execution.

Results and discussion

Health perspectives: the connections with the body and youth socialization

The concept of youth is defined by age ranges that vary over time, taking on different contours according to social and cultural changes. In Brazil, the Youth Statute defines young people as those between 15 and 29 years old, using the term ‘young-adolescent’ for individuals aged 15 to 18. Meanwhile, the Child and Adolescent Statute (ECA) defines adolescents as individuals between 12 and 17 years old. These legal frameworks reveal that youth is not a natural category, but one that is socially and culturally constructed, leaving room for different interpretations and debates over its meaning.

These constructions, however, often carry stigmatizing representations. For instance, the popular use of the portuguese term ‘*aborrecentes*’ reflects a view that associates young people with resistance, disinterest, or rebellion—casting them as troublemakers and reinforcing stereotypes that position them as transitional, unstable subjects, or even as a ‘social risk’ In this way, the collective imagination tends to

reduce youth to a problematic stage, obscuring the plurality of experiences that shape it.

It is asserted that ‘markers of transition do not rigidly fix individuals to a specific age’¹⁹. According to the author, youth should be understood as a category that is both ‘manipulated and manipulable’. especially when represented as a ‘social unit’ with ‘shared interests’²⁰. In contrast to a homogeneous and reductionist view, the proposal is to shift the focus from the idea of ‘unity’ to that of ‘diversity’, emphasizing the differences that constitute the multiple ways of being young.

Two main trends can be identified in studies on youth²⁰. The first views youth as a ‘social group’ in which individuals share a ‘life stage’ characterized by uniform and homogeneous features, defined by age cohorts. The second understands youth as a diverse group, marked by their inclusion in different social classes. These approaches are referred to, respectively, as the generational perspective and the class-based perspective.

While youth cultures are often associated with sets of beliefs, values, symbols, norms, and practices that certain young people appear to share, it is important to recognize that these elements may be linked both to life stage (generational perspective) and to class trajectories (class-based perspective)²⁰. Therefore, the study of youth must interpret the conceptual ‘paradoxes’ surrounding what is said about them, breaking with the ‘dominant doxa’ to reveal the ‘apparent unities of reality’. This entails exploring meanings, representations, behaviors, social identities, and how young people experience youth in their everyday lives.

Among these paradoxes, “the central concept in youth theories is that of youth culture”¹⁴⁽⁶⁶⁾, understood as a key to interpreting young people’s realities.

From an anthropological perspective, this refers to everyday life, ways of living, and practices that express meanings and values—not only at the level of institutions, but also within daily life itself¹⁴⁽⁶⁹⁾.

From this perspective, culture can be understood as a set of shared meanings; a set of specific signs that symbolize belonging to a particular group; a language with its own uses, rituals, and distinctive events through which life acquires significance. These shared meanings constitute “a common, ordinary, everyday knowledge”¹⁴⁽⁷⁰⁾.

In the field of health, the scientific literature reviewed in this research shows that public health initiatives often operate from the premise that there are ‘youth problems’, which leads to a perspective that is frequently reductionist and pathologizing of this age group. By understanding the symbols and experiences shared by these young people, it became possible to reframe the understanding of what they consider to be health. This new perspective thus allows for a broader comprehension of their practices and lived experiences.

The low utilization of primary care services by young people highlights the reality that health actions aimed at this population often remain limited to the treatment of health problems²¹. By engaging with young people’s everyday lives, experiences, and socialization processes, it becomes possible to rethink health approaches, providing more than reactive responses and instead fostering attentive listening to their realities.

Youth is marked by multiple changes—biological, psychological, and social—that, combined with the uncertainties and insecurities of this life stage, can give rise to numerous health risk factors²². However, young people’s lived contexts provide valuable clues for overcoming the limitations of health practices, which often reduce them to ‘social risks’ or treat them in a fragmented manner. An excessive focus on reproductive health, for instance, has proven insufficient, as it fails to address the multiple dimensions of young people’s lives. In this sense, the research proposes an analysis centered on what youth themselves consider to be health and risks, rather than on definitions imposed by government documents. Through

attentive listening and recognition of their youth cultures, it became possible to broaden the understanding of health, moving beyond formalized discourses.

One study⁸ advances this perspective by arguing that understanding young people’s ways of life allows for insight into the intrinsic relationship they maintain with health. In that study, health issues are not explicitly addressed but are instead indirectly addressed through young people’s actions. In this research, the focus was placed on youth cultures and groups of belonging as a means of approaching health more broadly, attentive to its multiple dimensions.

Among the young members of Cia Marshall, the body occupies a prominent place in discussions about health. The body and its representations are crucial to understanding youth in contemporary society²³. Across the various conceptions of the body, a multiplicity of images and physical performances are attributed to the youthful condition, reflecting both bodily identity and the changes associated with this stage of life. These ‘bodily attributes’—such as the appearance of acne, the growth of body hair, the onset of menstruation, and first ejaculations—signal the beginning of adolescence and shape the youthful body in its transition between childhood and adulthood²³.

The symbolic significance of the body suggests that it becomes the stage for a genuine existential ‘dramaturgy’²⁴. The body, with its ‘multiple symbolic valences’, functions as a means of insertion into the public sphere, reflecting the individual’s relationship with themselves and with others. In this context, the aesthetics of appearance are intertwined with the construction of identity, as interactions may be shaped by self-esteem, insecurity, or narcissism. Caring for the body, therefore, involves not only physical concerns, but also a symbolic interplay of image and social valuation²⁴.

For the young people of Cia Marshall, health is tied to caring for the body through everyday practices. Ali, for instance, understands health

as feeling comfortable in one's own body and knowing how to keep it healthy. He reflects on how much energy he expends and notes that, although his mother advises him to replenish it, he believes his body has adapted to the demands of his routine. For him, being healthy lies in this balance between bodily care and sustaining daily activities. Spencer, in turn, recounts an experience of bodily transformation: after joining Cia Marshall, he began to lose weight, which improved both his flexibility and his energy levels. He stretches daily to prevent muscle pain and observes that he now feels better overall—something his mother also recognizes as a positive change.

Young people's relationship with health is thus shaped through the use of the body in dance. The presentation of the body emerges as one of the most salient representations of youth imagery, linked not only to physical performance in rehearsals and performances, but also to the gaze of others and the construction of a public image²³. The body becomes an 'alter ego' influenced by social representations and by exposure on social media²⁵.

During one of the performances, Aria commented that she felt different when wearing black eyeliner—something she had learned from a friend. She shared that she had once considered herself 'fat' and frequently compared her body to that of others; today, however, she sees herself as attractive and attentive to bodily care. As part of this routine, she drinks a homemade mixture of lemon and ginger water before meals to control her appetite. Currently weighing 52 kg, Aria links her sense of health to continuous self-monitoring of the body, a practice intensified by dance, which demands physical performance and exposure to public scrutiny. Her relationship with health and body image reflects contemporary ideals of beauty and health, in which a thin body is idealized.

In this context, health is framed by an 'imperative of care and surveillance', reflecting the ideals of healthism—an ideology that promotes the pursuit of bodily perfection and

an idealized health. This model of corporeality, widely shared in contemporary society, operates as a form of 'social aspiration' excessively privileging physical appearance²³. The idealized young body emerges as a symbol of social status—desired, commodified, and revered as a prototype of beauty and health in contemporary society.

The young members of Cia Marshall both engage with and reproduce contemporary trends that emphasize the value of the body and its uses. Through routines aimed at maintaining physical shape, they display flat stomachs and visible tattoos or piercings. They invest in the construction of a self-image that is collectively shared within the group. This image gains greater visibility during performances, when bodily expression becomes a key element of public recognition. Clothing and accessories further reflect shared symbols, shaping a group aesthetic aligned with fashion trends. Such practices are embedded in a broader 'model of bodily production', in which the body becomes an object of investment and display²³.

Investments in young people's bodies are part of a broader process of maturation, although concern with appearance does not fade with age²⁴. The author notes that, in extreme cases, narcissism may lead to the denial of 'sentimental identity' in which affections are suppressed. Among the young people of Cia Marshall, the body emerges as a symbolic medium for experimentation and the construction of identities. Dance and cultural exchange within the group are experienced as opportunities for sociability, constituting a 'locus of learning and social participation'²⁶. These practices, however, cannot be understood solely as forms of expression or integration; they also reveal tensions, disputes over recognition, and the constraints imposed by social inequalities that shape the participants' experiences.

Health is closely intertwined with dance and with the experiences lived within the group. The sense of well-being generated by

the expression of individuality—especially through dance—is understood by the young people as a form of holistic health. For Spencer, health is not limited to physical aspects; it also encompasses mental and emotional health, with the dance space becoming a place of relief and freedom. He emphasizes that many young people who face difficulties at home find, in the group and in dance, a way to express themselves and to break free from forms of oppression. As he explains: *“Here, no one is going to restrain you, no one will say: ‘You were born a man, so you have to dance like a man’. Here, people have to feel free”* (Spencer).

This concept of health is closely linked to the acceptance and affirmation of identity within a social environment in which individuality is recognized and respected. Spencer associates health with the strengthening of autonomy and self-recognition in relation to others, emphasizing that dance provides such a space of freedom. For him, health is expressed in the ability to freely express who one is without the pressures imposed by spaces of non-recognition.

The experiences show that affirmation and acceptance are not linear processes for young people, but are instead shaped by ongoing negotiations within social and institutional contexts that do not always offer support or inclusion. This reality underscores the need for health policies that move beyond normative discourses and translate into effective practices of care—ones capable of recognizing young people as whole social subjects who act, feel, think, and exist in their diversity and plurality²⁷, while also considering the inequalities and barriers they face in their daily lives.

Connections between youth culture and health: art as a mental health strategy for LGBTQIAPN+ youth

Discussions of health among young people—especially within LGBTQIAPN+ communities—encompass multiple dimensions centered on the search for recognition and acceptance,

which, for the young people studied here, are fostered through dance and group belonging. This supportive environment stands in contrast to spaces of social non-recognition, which often generate discrimination and prejudice and have a harmful impact on young people’s emotional health.

Hannah shared an experience of profound suffering, in which lack of acceptance and exposure to prejudice led her to engage in self-harm as an attempt to cope with emotional pain. As she recounts: *“I used to cut myself, punch myself in the face—I thought it would help”* (Hannah). For Hannah, self-harm represented an attempt to cope with the psychological suffering resulting from the invisibility of her gender identity and the lack of emotional support. She described this period as one of the most difficult moments of her life, as physical pain felt more tangible than the emotional pain caused by the denial of her identity.

Self-harm among adolescents is often associated with psychological and social vulnerabilities, such as low self-esteem, emotional distress, and experiences of rejection²⁸. In Hannah’s case, this behavior functioned as an attempt to confront pain within a context marked by a lack of understanding and care. Self-harm thus reflects both suffering and the absence of meaningful relationships, linking this practice to deficits in social and family support²⁹. Thus, in many cases, emotional pain may manifest physically as a way of coping with psychological suffering caused by social discrimination.

Self-harm and the search for acceptance—particularly in relation to gender identity—are crucial issues for understanding the challenges faced by these young people. Although there are few studies on suicide within the LGBTQIAPN+ community in Brazil, research conducted at Columbia University in the United States found that lesbian, gay, bisexual, and transgender adolescents are five times more likely to attempt

suicide than their heterosexual individuals³⁰. This scenario underscores the importance of social recognition and support in the prevention of suicidal behavior.

In Hannah's case, interaction with her peer group and her involvement with Cia Marshall were fundamental to her recovery. She described this process as a 'remedy' for her distress, emphasizing the importance of building social bonds.

I started seeking out my friends more and spending more time with Cia Marshall. I always felt the need to talk to someone, you know? At my school, I saw a boy covered in cuts and thought, 'I've been through this—I can help'. (Hannah).

This process of coping, fostered by sociability within the group, led Hannah to want to support other young people facing similar situations. She realized that the experience of social recognition and belonging within the group helped her reflect on her emotional pain and seek ways to assist those who also struggle with self-harm. This process illustrates the transformative power of sociability within support groups, which enables young people to find a 'sense of purpose in life' and to extend that sense to others²⁶.

Gender identity also emerges prominently in the young people's discussions about health, with particular emphasis on the emotional consequences of the denial of their identities. The group regards Cia Marshall as a 'family' where they find acceptance and respect, share symbols of belonging, and collectively construct a group identity.

During conversations at rehearsals, they discussed the impact of the invisibility they experience outside the group, referring to cases of violence against LGBTQIAPN+ people, such as the murder of the travesti Dandara dos Santos. They expressed their constant fear of becoming victims of violence, as reflected in their statements:

We could be beaten up at any moment; we could be shot in the head. Just recently, a travesti was murdered. (Pablo).

There's a video of gay people being beaten up, of travestis being killed. Did you see it? I cried. It doesn't have to be a travesti; it could be a gay person too, especially someone who's effeminate. (Spencer).

Someone could be stabbed. We put ourselves in her place, imagining what it would be like if it happened to us. (Hannah).

These statements reflect a constant perception of risk and the structural violence faced by the LGBTQIAPN+ population in Brazil. Data³¹ indicate that the country leads the global ranking of violent deaths against LGBTQIAPN+ people. Young people experience ongoing violence, often linked to stigma and social marginalization, particularly targeting gay and effeminate individuals.

The health of the LGBTQIAPN+ population is severely affected by this violence, with alarming rates of deaths and assaults, highlighting the urgency of effective public policies to ensure safety and well-being. Social recognition of gender identity and the fight against discrimination are fundamental to improving the quality of life and health of this population.

Despite the existence of public policies addressing the health of the LGBTQIAPN+ population—such as the National Policy for Comprehensive Health Care for Lesbians, Gays, Bisexuals, Travestis, and Transsexuals³² and the National Policy for Comprehensive Health Care for Adolescents and Young People³³—the effective implementation of these guidelines remains a major challenge. Public health policies must move toward greater sensitivity and inclusivity by acknowledging the diversity of young people's identities and lived experiences. This requires adapting health services to provide responsive and appropriate care that reflects the gender diversity of contemporary society.

This study found that artistic practices such as dance, theatre, and music play a crucial role in processes of identity affirmation and in the promotion of young people's mental health, by creating spaces for expression and belonging. However, health services often struggle to develop strategies that effectively engage with young people, largely due to the persistence of heteronormative and narrowly defined approaches. As a result, young people frequently perceive health campaigns and programs as disconnected from their lived realities, leading to disengagement and distance from health services.

The importance of young people's active participation in the development of health policies and practices is emphasized as a key condition for creating effective strategies³⁴. Public policies should be developed through a dialogical approach that considers each young person's specificities, as well as their cultural and identity contexts. In this way, it becomes possible to ensure care that is more inclusive, equitable, and respectful.

This integrated approach—one that takes youth culture and the specific challenges faced by LGBTQIAPN+ youth into account—is crucial for promoting comprehensive health that goes beyond mere disease prevention, by providing psychological, emotional, and social support to young people considering their diversity.

The health of the LGBTQIAPN+ population continues to be deeply affected by high levels of violence, with devastating consequences, especially for young people. Brazil remains the world leader in violent deaths against LGBTQIAPN+ individuals³¹. In 2020, 237 deaths were recorded, a figure that rose to 316 in 2021—an increase of 33.3%. In 2022, the total fell to 257 deaths, but in 2023 it increased again to 291, representing a rise of 8.83% compared to the previous year³¹. These data come from the Observatory of Violent Deaths of LGBTQIAPN+ People in Brazil, which compiles information from news reports due to the absence of official statistics on such crimes.

This context reflects the persistence of structural violence and underscores the urgent need for effective public policies capable of ensuring the safety and well-being of this population.

LGBTQIAPN+ youth interpret the death of a travesti as a stark reflection of the risks they themselves face, living under a constant sense of threat in a society that often regards them as 'social trash' or 'scum'. This violence—frequently expressed through discrimination—is legitimized by the perception that these young people fail to conform to heteronormative standards. Violence intensifies against those identified as 'gay' or 'effeminate' as femininity is treated as a point of vulnerability and devalued as 'weak' within a patriarchal order. Being gay, particularly when marked by effeminacy, thus constitutes a direct challenge to patriarchy itself³⁵.

The discussion of young people's health demands urgent attention and must move beyond the mere dissemination of information about risk factors. It requires a critical approach that fosters dialogue with youth cultures and builds bridges to young people's everyday realities. This entails understanding the diverse ways bodies are experienced and used, respecting young people's desires, and avoiding reductive approaches focused solely on control.

Although specific policies exist—such as the National Policy for Comprehensive Health Care for Lesbians, Gays, Bisexuals, Travestis, and Transsexuals³² and the National Policy for Comprehensive Health Care for Adolescents and Young People³³—significant challenges remain in the effective implementation of these guidelines. Recognizing the diversity and plurality of youth must be central to public policy, ensuring that their specific needs and experiences are respected in actions aimed at comprehensive health care.

Public policies must be developed through dialogue with young people and the territories in which they live, remaining flexible enough to adapt to diverse genders, sexualities, and cultures. The focus should be on promoting

equity and inclusion rather than perpetuating marginalization. Comprehensive youth health must be conceived in relation to each young person's social, cultural, and identity contexts, challenging heteronormative norms and fostering genuine forms of care and inclusion.

Suicide is a recurring theme in young people's discussions about health, particularly within LGBTQIAPN+ contexts. This underscores the urgent need to create safe spaces for dialogue, where young people can express themselves without fear of retaliation. The mental health of these youth demands immediate attention and concrete actions to address and confront these challenges.

One example is Ali's account, who highlights the importance of family and friendship ties to his emotional survival. When reflecting on suicide, Ali considers the impact it would have on his family and friends, emphasizing that affective bonds—such as those formed within Marshall, a group he regards as significant—help him cope with these thoughts.

Young people frequently report that local health programs fail to address their needs. Health initiatives often appear disconnected from their everyday realities, reproducing prejudices and generating discomfort. This is particularly evident in health campaigns that do not recognize youth identities and, as a result, remain distant from the cultures and lifestyles of these young people.

In addition, many young people express little interest in the traditional lectures offered by health teams, as reflected in the accounts of Spencer, Ali, and Tony. They tend to prefer more dynamic approaches that are better attuned to their realities, such as cultural activities—dance, theater, and music—which resonate more closely with their lived experiences and identities.

Young people often disengage from health services because professionals within the Family Health Strategy (FHS) still need to adopt more effective outreach strategies³⁴. Young people's participation in the planning and development of health initiatives is

essential to addressing their real needs and challenging social representations that frame them primarily in terms of risk. This process should be educational and emancipatory, enabling young people to be recognized as the main protagonists of actions that affect their lives. Their lived experiences, social constructions, and contexts should guide these policies, fostering an approach that moves beyond purely technical or scientific perspectives and respects the specificities of each young person.

Final considerations

An analysis of public policies addressing the health of the LGBTQIAPN+ population, particularly young people, reveals a scenario marked by both progress and ongoing challenges. Despite the existence of policy frameworks such as the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Travestis, and Transsexuals³² and the National Policy for the Comprehensive Health of Adolescents and Young People³³, substantial barriers continue to hinder their effective implementation. Health interventions frequently fall short in cultural sensitivity and inclusivity, failing to address the specific gender, sexuality, and identity needs of these young people.

The aim of this article was achieved, as it was possible to reaffirm the connection between youth cultures and the promotion of health among young people, as well as to identify that, from the perspective of these youth, art serves as a key promoter of health. Youth cultures, through their various forms of expression such as dance, music, and theatre, play an essential role in processes of identity affirmation and the promotion of mental health. However, the disconnect between health services and the realities of these young people—often shaped by prejudice, lack of support, and heteronormative approaches—remains a significant limitation. This distance fosters disengagement and indifference, highlighting the urgent need

for health practices that genuinely connect with young people's lived experiences and identities.

Structural violence and high levels of discrimination, which directly affect the health of LGBTQIAPN+ youth—particularly in the context of violent deaths and suicides—underscore the urgent need for public policies that not only combat stigma but also foster safe and welcoming spaces. Inclusion and recognition of diverse genders and sexualities must be central to health initiatives, given that social marginalization and exclusion remain persistent realities for many of these young people.

Finally, public health policies must be developed through dialogue that considers the needs and realities of young people, while health practices remain flexible enough to adapt to their daily lives. The design of effective health promotion initiatives must be guided by the experiences and challenges specific to this population, ensuring comprehensive, inclusive, and equitable care that

not only prevents illness but also fosters the emotional, psychological, and social well-being of LGBTQIAPN+ youth. Transforming health policies must be conceived in ways that respect the identities and rights of this population, guaranteeing that all young people have access to dignified, high-quality care.

Author contributions

Rocha IM (0000-0002-7899-5146)* contributed to the conception and design of the study; data collection, analysis, and interpretation; critical revision of the manuscript; and final approval of the version to be published. Silva AMS (0000-0003-3362-2685)* contributed to data collection, analysis, and interpretation; critical revision of the manuscript; and final approval of the version to be published. Sousa EA (0009-0006-7948-5603)* contributed to data collection, analysis, and interpretation, and to the revision of the manuscript. ■

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