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Kinship and houses in a low income neighborhood served by the Family Health Program in Salvador, Bahia, Brazil

Parentesco y casas en un barrio de bajos ingresos asistido por el Programa de Salud Familiar en Salvador, Bahía, Brasil

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ABSTRACT This paper analyzes the everyday construction of kinship ties in a low income neighborhood of Salvador served by the Family Health Program (PSF). Interviews and participant observation were carried out during three years of field work. We found that kinship relations are constantly constructed on the basis of "blood ties" and conscious "consideration." We show the way informants understand the limits of their "houses" and the relationship between the "arrangement of houses" and the construction of kinship relations that include both men and women. We examine how these relationships are produced in exchanges that also involve caring for health. We reflect on the contrasts between the formal proposal of the PSF – which equates house with family and focuses on spousal relationships – and what we observe in this research. We then discuss the challenges that the implementation of the aforementioned program creates, especially for the work of health professionals.

KEY WORDS Family; Family Health Program; Brazil.

RESUMEN En este trabajo se analiza la construcción cotidiana del parentesco en un barrio de bajos ingresos de Salvador atendido por el Programa de Salud Familiar (PSF). Fueron realizadas entrevistas y observación participante durante tres años de trabajo de campo. Encontramos que el parentesco se construye permanentemente en base a vínculos de "sangre" y de "consideración". Mostramos la comprensión que los informantes tienen sobre sus "casas" y la relación entre la "configuración de las casas" y la construcción de las relaciones de parentesco de hombres y mujeres. Analizamos cómo estas relaciones son producidas en intercambios que involucran también cuidados de salud. Reflexionamos sobre los contrastes entre la propuesta formal del PSF –que establece equivalencia entre casa y familia y enfoca sobre la conyugalidad– y lo que observamos en esta investigación. A partir de eso pensamos sobre los desafíos que la implantación del mencionado programa origina, especialmente para el trabajo de los profesionales de la salud.

PALABRAS CLAVES Familia; Programa de Salud Familiar; Brasil.

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INTRODUCTION

This paper analyzes the everyday construction of kinship ties in a low-income neighborhood in Salvador, capital of the state of Bahía, Brazil, served by the Family Health Program (FHP). By articulating ethnographic analysis with the literature on health care related to families served by the FHP and with the anthropological debate regarding family and kinship, we have tried to further the understanding of "kinship dynamics" (1) – a topic which has not been frequently addressed in the literature – and, at the same time, reflect on the importance of this understanding for health practices.

The FHP is described in official documents (2-4) as part of building a health system in accordance with the guidelines of the Unified Health System (SUS, from the Portuguese Sistema Único de Saúde): universality, integrity and equity. It was at the same time conceived of as a way of guaranteeing the right to health established in the Constitution of 1988. It is a site for basic medical care which serves as a gateway to other levels of care, with the purpose of achieving an integrated health system.

This program, created in order to extend health coverage to the entire Brazilian population, is making quick progress. According to data from the Ministry of Health, 30,328 family health care teams had been implemented by 2009, with the program present in 5,251 municipalities and providing coverage to 50.7% of the population, that is, to approximately 96.1 million people. This information reflects the rapid increase in coverage of a program that only years before, in 2003, was made up of 19,000 teams and provided care to 37.5% of the population (5).

The FHP operates through small teams made up of medical, nursing, and nursing assistant professionals as well as community health agents. The extended teams also include dentists, dental assistants and dental hygienists. The focus of each team is on the family, the interconnectivity of services and the active participation of the community; each team is responsible for carrying out activities of prevention, promotion, recovery and rehabilitation as well for caring for the more frequent illnesses within a specific territory. This means attending to between 3,000 and 4,500 people (6). Each team is required to plan their activities according to the characteristics of the population. At the same time, the teams should give priority to certain practices important in primary health care, such as: care for diabetic and hypertensive patients, family planning, prenatal care and puericulture. The professionals' activities include regular home visits and group meetings to provide health education.

As a strategy intended to reorganize the entire health care system, the FHP has been the subject of many research studies. An important topic of reflection, with serious practical implications, is the concept of family that is utilized in the program; consequently, we will analyze studies regarding the use of the concept of family, and will also discuss and analyze official program documents.

Some authors include their reflections on the FHP within a broader discussion of the way the family is addressed in social policies. Serapioni (7) remarks that the aid provided to families is conservative and inefficient because it is subject to a paternalist culture in relation to the popular classes, which does not accept the family's autonomy. The author also draws attention to the way social policies operate through the fragmentation and individualization of families, provoking duplication or discontinuity in the aid provided and resulting in a series of disconnected actions. According to Serapioni (7), consensus exists regarding the need to reaffirm the family as the basic unit of aid in social policies; to develop networks of support and commitment in all families and communities; and to improve the integration between families, public services and initiatives coming from the informal sector.

In Brazil, the difficulties in building health practices focused on the family are connected to the existence of multiple ways of understanding the family. This multiplicity is also present in the formal construction of the FHP. In this sense, Ribeiro (8), who analyzed official FHP documents and interviewed health managers and professionals, remarks that including the family within primary health care is preferable to an individual approach centered on disease; however, she also recognizes that there is no guarantee that this inclusion will actually occur in the FHP, because the different actors may be working with multiple

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concepts of family while believing that they are alluding to and caring for the same object.

The documents about the FHP produced by the Ministry of Health (2-4) contain several assumptions about families. In these documents it is stated that one of the four fundamental responsibilities of Family Health Unit professionals is providing "comprehensive care of the family," which implies "comprehensive care of the person, considering his or her cultural and socioeconomic context with ethics, commitment and respect" (4).

The notion of family as the "focal point of care" is one of the aspects included in the introductory course given to health care professionals as part of their training process. When surveying families, demographic, socioeconomic and sociocultural data is noted, and then associated with the "family structure (composition, marital situation, roles, hierarchies, etc.)" (4). In this way, the document establishes an association between family and domicile, with a domicile belonging to a family in which a marital situation is expected to be identified. Based on our ethnographic research, we question this assumption and we highlight the importance of identifying categories constructed every day by the people involved.

The work process of the health professionals is another major topic of research in relation to the FHP. Resta and Mota (9) advise us of the necessity of reflecting on the implications of the FHP proposal, especially in relation to the training of nursing professionals. According to the authors, professionals need to build health practices that effectively reach families, taking into account sociocultural diversity and the relationship the family establishes with neighbors and other relatives, which forms part of the social support network. Among the studies that focus on the way health professionals perceive the families served by the program, Gabardo, Junges and Selli (10) conducted focus groups with professionals of different categories of the FHP in a municipality of the state of Rio Grande do Sul and found out that the professionals identify numerous family structures. What is interesting in this investigation is that family is defined on the basis of marriage or co-residence. The same perspective appears in research by Yunes, Mendes and Albuquerque (11), which analyzes the perceptions and beliefs of community health agents regarding single-parent families served by the FHP. The fact that the majority of community health agents think that "poor" families have little chance of overcoming the hardships of poverty is considered problematic by the authors.

The anthropological production on kinship is very extensive and thus cannot be properly dealt with in this article. However, it is important to briefly outline how this issue has been discussed within Brazil. Kinship can be seen from multiple perspectives; in relation to work – from the functionalist or Marxist perspective – or in relation to the meanings of kinship in a structuralist perspective (12). On the other hand, there is a broad discussion regarding the predominant family model – in the sense of an ideal that is present in the collective conscience and guides the behavior of a group – in Brazil. Several authors question the bourgeois nuclear family model (12-15), some authors affirm that the patriarchal model is still predominant (12, 16), and others speak of matrifocal families (17-19) or matriarchies (20).

Fonseca's work (15) centers on understanding "kinship dynamics" in relation to classical ethnology, which could provide a more "flexible and encompassing" arena for discussion than that of the nuclear family model; her analysis of relationships between blood relatives is an example of this. One aspect she critically discusses is the trend in most studies to focus on marital relationships and seek out matrifocality when investigating working class groups.

In Marcelin's study (21), we can find a discussion that encompasses Fonseca's criticism and concerns implicitly. Using a recently developed anthropological strategy (22), the author takes the house and its transformations as the starting point of his work. Additionally, he criticizes what he identifies as a tendency to consider people of lower social classes incapable of a symbolic construction of the world, holding the same values as the upper classes and developing ideologies to adapt themselves. The author asserts that studying the way of building and living in a house is central to understanding the complexity of the social relationships that make up the experiences of family and kinship.

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METHOD

The analysis presented here is part of an ethnographic investigation called *"O cuidado infantil em um bairro popular de Salvador: um estudo etnográfico"* (23). The field work – which included participant observation and interviews with inhabitants of the neighborhood – was carried out by the first author between August 2003 and October 2006. For this reason, we sometimes make reference to the field notes in the first person.

The initial contact with the informants of the neighborhood was established through the professionals of the Family Health Program, who allowed us to accompany them in home visits. After a few weeks, we decided to concentrate the field work on an easily accessible area close to the health center. In order to select the families we would visit regularly, we carried out a survey regarding the way inhabitants of this area organized their family living arrangements. Thus, we could identify some of the most common family living arrangements: couples with children, mothers with children, couples with children also living with grandparents and other relatives. This helped us to establish the criteria to select the seven residential units we visited during most of the period of our fieldwork. Other criteria applied were easy access and mutual affinity. Upon establishing our initial contact we asked to be allowed to pay a visit to "the family," men and women included. Therefore, even though the data we present in this work was mainly obtained through our contact with women, we were also able to establish important ties with male informants.

Like Wolff, cited by Jackson (24), we consider ethnography to be a realist work, "…motivated by an urgent sense to place on record and testify to human experiences that 'speak to us, without flippancy, about things that matter.'" In this way, we consider ethnography more than just a way of describing; it is the best way to understand and show how people from different groups live and establish relationships.

For Torren (25), participant observation is the method most characteristic of an ethnographical focus. This approach implies being at once a participant and an observer questioning one's own participation and that of others in everyday events, in such a way that nothing that is said is considered irrelevant. According to this author, ethnographic analysis is not intended to be based on representative samples. On the contrary, the challenge is to know as much as possible about the people whose thoughts and behaviors are the object of analysis and, for this reason, in-depth interviews with informants are crucial.

The analysis was carried out at every stage of the investigation and accompanied the writing process (26). The interviews and the field notes were transcribed, read and organized in files according to chronological order. We first did a general reading of the material, with the aim of reflecting on the research problem and identifying key points. A second reading implied the identification of key issues, the selection of related fragments and the creation of new files. Additional readings of the selected material – and sometimes revisits to the original material – were carried out as we constructed the study arguments. This process facilitated the construction of deeper perspectives regarding the material. Some important results were obtained after new readings of the notes.

The findings have been organized in the following way: first, we describe the ties and everyday activities of relatives living in houses with a certain arrangement; secondly, we analyze the relationship with "neighbor-relatives" formed in a broader housing arrangement; finally, we describe ties of blood relation and of consideration, as well as the meanings they acquire in everyday life. We chose family situations which stood out for their frequency and, at the same time, which best illustrate the relational aspects constituting the focus of our reflection.

The investigation protocol (CAAE: 0025. 0.069.000-06) was approved by the Research Ethics Committee of the Instituto de Saúde Coletiva of the Universidade Federal da Bahia (ISC-UFBa). The ethical precautions taken include the use of fictitious names.

FINDINGS AND DISCUSSION

Houses and the arrangements of houses

The neighborhood studied – which we called Prainha (a) – has aspects in common with other poor neighborhoods: inadequate services, a precarious urban infrastructure, a number of unpaved streets,

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a lack of green spaces and recreational areas, and unfinished houses, among others. Its inhabitants have low levels of education and income and alternate between periods of employment and unemployment. Stories of violent episodes are frequent, including domestic violence, quarrels between neighbors and violence exercised by the police. On the other hand, there is an increasing presence of institutions – family health units, schools, day care centers, police stations – and social programs.

The most valued model of domiciliary organization in the neighborhood studied is that of parents and children living in the same house, with the man as the provider. One day, Mila – a 13-year-old girl – compared two forms of residential organization: "normal" and "full." Referring to a friend of the same age who was sitting next to her, she told me:

> *"In her house there are lots of family members; her house is a full house. Everyone lives there: her mother, her uncle, her aunt, her grandma, her cousin. In her house there are a ton of family members."* So I asked her: *"And what's your house like?"* Mila replied that her house was normal. I asked her: *"What do you mean by normal?"* She replied: *"my dad, my mom, my sister and I live in my house."* She also told me she had two siblings and that one of them, a 15–year-old boy, lives with a male co-worker. That boy had been entrusted to another person because his parents could not afford to raise him. (Field notes)

In this description, Mila explains that her house is "normal" because only her parents, her sister and she herself live there, and she considers "normal" to be better than "full," as she describes her friend's house to be. There was one fact she did not consider particularly important, although she did make mention of it: her brother lives in another house, but this situation does not affect the "normality" of her house. This demonstrates that "house" is a native category that refers not only to the physical construction but also to the group of people living in it and their relationship. Dona [title of respect for an older woman] Sonia's personal story and the way her everyday life is organized are an illustration of how kinship ties are constructed in the neighborhood.

When I asked Dona Sonia – a woman of then 66 years of age – who belonged to her family, she answered: *"I come from the Oliveiras of Maragogipe"* (b). She mentioned the name of her mother, who was still alive, the name of her father and the names of other relatives who had died. When I asked her if she had relatives in the neighborhood, she mentioned her three younger children and her neighbors – *"My neighbors are my family"* – although she immediately made it clear that she did not include all her neighbors. *"Rosa and María, who are two very special people, are 72 and 85 years old. They are like mothers to me. Another is Aurelina, a very special person. She is currently an Evangelist, and she has six very special children."*

Dona Sonia and many other neighbors were given small wooden houses in Prainha in the early 1980s while living in rooms built on wooden stakes. The transformations in Dona Sonia's house, on which her children's houses were then built, follow a style common within the neighborhood. In 2003, the house was rebuilt out of "noble material" [cement and cinderblock] and was still under construction. It was Rodrigo, her favorite son, who built the five-room house: two bedrooms, a living room, a kitchen and a bathroom. Dona Sonia was living in the house with her daughter Jeane; Rodrigo was building a house for himself, his wife and child on top of his mother's house; next to the house, Dona Sonia's daughter, Jussiara, built a house of just two rooms where she lived with her husband Cristóbal.

"Go to my daughter-in-law's house to meet my grandson," Dona Sonia suggested on one of my first visits, and I decided to go. I went upstairs and knocked on the door. Lucia already knew that I was around, in the way that lots of other everyday events are known here. She was with Rodrigo and Emerson, her son. There was a bed, a cradle, a closet, and a television in the room, along with some kitchenware, toys and other smaller objects. Lucia explained, among other things, that Rodrigo was building the couple's house. She had left her mother's house a few months ago, when Rodrigo finished the bedroom, because they had a son.

Lucia had independence, even though she shared the kitchen and the bathroom with her mother-in-law. One day, some weeks after my visits has begun, I saw a stereo in the house. When I asked Lucia about it, she said: *"It's better not to*

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have to go downstairs to listen to music." She tried to do as many activities as she could in her own house. However, I often found her cooking, eating, feeding her son or washing clothes in her mother-in-law's house.

Although it was made up of two rooms, Jussiara and Cristóbal's house did not differ from Lucia's very much. Part of Dona Rosa's house had been closed off and a door had been opened onto the street. This house, made up of a living room and a bedroom, was located between Dona Sonia's and Dona Rosa's houses, as Cristóbal is Dona Rosa's son and Jussiara is Dona Sonia's daughter. The bathroom and the kitchen of their respective maternal houses were used on a daily basis by the couple and little Anita.

Based on our observation of the daily lives of Dona Sonia, Lucia, Jussiara and others in Prainha, we argue that the three women live in different "houses," although from a descriptive point of view it could be said that the place where Lucia lives is just a room, and where Jussiara lives just two rooms, neither able to be called a house because they lack a kitchen of their own (Figure 1). We consider that this criterion, suggested by Pina Cabral (27) to identify the existence of a house based on his investigation in Alto Mino, Portugal, cannot be validly applied in Prahina. In the context of our research, what turns a place into a house is principally lived experience, that is, the feeling that a particular space belongs to you. In practical terms, the house comprises a place where a minimum and stable group of individuals – frequently parents and children – can sleep and keep their belongings. It is also a space to organize, but not necessarily to carry out, the activities necessary for survival, such as eating and cleaning.

When using the word "house," the people in this study refer to something that transcends the material space but is not separate from it. There must be material space in order to consider the existence of a house. According to Marcelin (21) "in 'home' and 'family' lies an ontological meaning. It means a place in which and based upon which one defines oneself and from which one maintains one's social existence as a person." This argument helps us to understand why when inhabitants of Praihna say "my house," they do not necessarily refer to a house in a functional sense – with a kitchen, a bathroom and other rooms – but to a physical space that is regarded by them as such.

In his investigation in low-income neighborhoods in an outlying city in the state of Bahía, Marcelin (21) observed that "a house only exists in the context of a network of domestic units. It is understood and experienced in interrelationship with the other houses that participate in its construction, in a symbolic and concrete sense." The house forms part of an arrangement that is not easily located by the researcher. It does not correspond to the concept of "extended family." It is a conceptualization, using the cultural category of "house," of relational processes between original family agents of several houses. The agents studied move in an arrangement made up of two to seven houses, located in a spaces nearby (the neighborhood), less nearby (the city) and distant (the suburbs of Salvador, Camaçari, etc.).

In the housing arrangements of Dona Sonia and her children, many activities are carried out collectively: the meals for the members of the three houses are prepared at Dona Sonia's house, and sometimes food is brought from another house. Dona Sonia washes her own clothes and also her children's and grandchildren's. The collective nature of certain activities contributes to the sense of unclear limits between the houses and their inhabitants. Little by little, I was able to perceive some of the criteria in existence and the way those criteria are continually negotiated. In this respect, when comparing Dona Sonia's house with those of her children, we found differences indicating a hierarchy. Dona Sonia's house is better equipped: it has more furniture, a television, a stereo, a telephone, a bathroom and a refrigerator. Her children had to provide themselves with furniture, clothes and food. To respect this hierarchy, I had to first go to Dona Sonia's house before visiting Lucia's or Jussiara's houses; indeed, one of the other women might be at Dona Sonia's, something infrequent in Dona Sonia herself, who rarely spent time in other houses.

"Neighbor-relatives"

The houses of the four women who are "neighbor-relatives" – along with the houses of their respective children are part of a wider arrangement.

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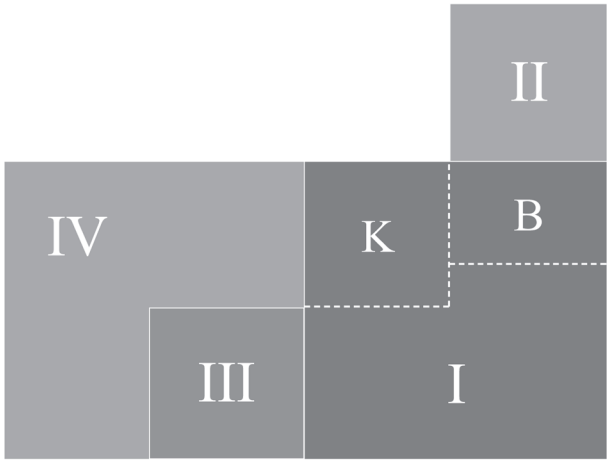
Figure 2 shows location of the houses and, at the same time, their hierarchical organization.

The exchanges between the four women – Dona Sonia, Dona Rosa, Dona Aurelina and Dona Augusta – and their respective blood relatives occur every day. These are nine houses in which each house is at the same time, primarily linked to a subgroup within the arrangement. For example, the members of houses Ia and Ib carry out activities connected with survival – food preparation and hygiene – in house I, and sometimes in house II, but it would be unusual for them to carry out these activities in other houses.

The relationships between members of different subgroups are expressed through the exchange of food and other objects. An everyday example was the food for the children of one house, which could be completed by members of another house. Help at special moments was also common, such as when Dona Rosa was in need of medical care. In that case, it was Dona Sonia, and not Dona Rosa's children, who took her to a medical appointment or to seek emergency health services.

Another expression of the "connectivity" existing among these individuals is their awareness of one another's lives. When the researcher arrived at Dona Aurelina's house, for example, somebody might share something about Dona Sonia and her children, such as *"Lucia is pregnant"* or *"Jussiara went to church."* The same might happen at Dona Sonia's house: *"Cristiane has a terrible toothache,"* Jussiara and Cristóbal told me one day.

Figure 1. The houses of Dona Sonia and her children.



I) Dona Sonia's house with kitchen (K) and bathroom (B) shared by all the members of houses I, II y III.
II) Lucia and Rodrigo's house.
III) Jussiara and Cristobal's house.
IV) Dona Rosa's house.

Source: Own elaboration.

Blood relations, consideration and networks

As in Marcelin's investigation (21), "blood relations" and "consideration" are also principles for constructing kinship in Prainha, although neither is sufficient on its own. According to Marcelin, "there is a conception of family and of relative based on the principles of bilateral blood inheritance and consideration" (21). The principle of blood relation refers to a common substance shared by individuals of the same parents. Bilateralism provides the possibility of constructing a distinction between the maternal and paternal sides. Nevertheless, the use of family and kinship is selective. "Agents select their relatives or approach them according to their specific interests. Effective recognition sets in motion selection mechanisms: consideration is selection in action" (21). In Praihna, "consideration" takes the form of conventional kinship categories – for example, mother, aunt, grandmother or godmother by "consideration" – constructed through exchanges, where it is clear that there is affection and affinity, expressed in the possibility of helping and being helped.

There are blood relatives who "do not get along well," such as Diogo and his sisters who live on the ground floor. Blood ties are recognized and imply a certain respect, as when Dona Sonia says, criticizing one of her sons: *"He's always drinking cachaça (c); I let him in because he's my son but he's a good-for-nothing."* These ties are consolidated when there is "consideration." Dona Sonia herself has a clear preference for her son Rodrigo, who lives close to her and better meets her expectations.

Partner relationships are just one of the dimensions in the construction of family ties. Analyzing the case of two sisters, Alicia and Lucineide, we see that everyday relationships between relatives by blood (mother, siblings, nieces

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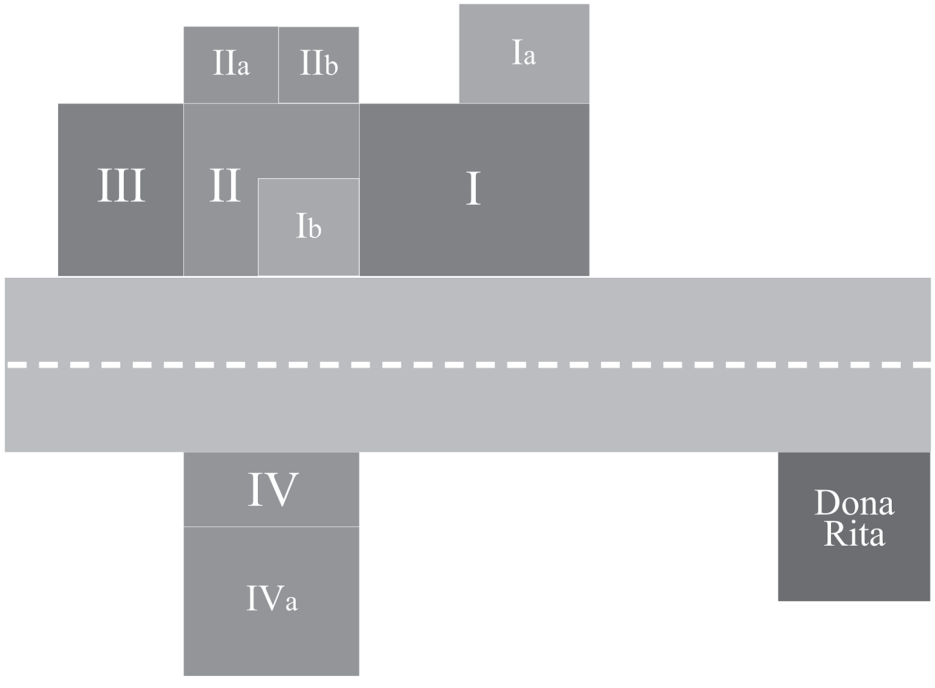
and nephews, among others) and as well as by "consideration" are central. For both of them, the temporary nature of their partner relationships contrasts with the permanent nature of their blood relationships. This is expressed in the ownership of their houses, the most important material good each of them possesses. Both women built their houses without the help of a partner, using the rooftop their mother provided them.

As part of their everyday activities, both of the sisters as well as their children pass through several houses, especially those closest to them, forming a tighter group of three houses: Lucineide's, Alicia's and Dona Neda's. Exchanges between members of the three houses include everyday aspects such as food and contact with health services. At times when Alicia has to take her son Anderson for emergency care for an asthma attack, Lucineide and Aicia's mother take care of the other children and, sometimes, the younger daughter stays in her maternal grandmother's house. On these occasions, the presence of the brothers becomes more noticeable. Marcio lends her money and facilitates access to the family health unit where he works as a community health agent; or Manuel accompanies her, thus freeing her from travelling expenses, as he has free access to public transport for himself and a companion.

In a research study carried out in the city of Porto Alegre, Fonseca (1) observed frequent cooperation and little tension between brothers and sisters in contrast to relationships between spouses or between female relatives. There is significant cooperation between brothers and sisters in Prahina, especially in times of crisis, as we can see in the case of Alicia, Marcio and Manuel.

When comparing different kinship relationships, we see that blood relationship is privileged, as suggested in Fonseca's (1) analysis. Dona Aurelina declares that she "considers" Alex, Cristiane's

Figure 2. Dona Sonia's neighbor-relatives.



I) Dona Sonia's house; Ia) Lucia and Rodrigo; Ib) Jussiara and Cristóbal.
II) Dona Rosa's house; IIa) and IIb) Dona Rosa's children.
III) Dona Augusta's house.
IV) Dona Aurelina's house; IVa) Cristiane and Pedro.

Source: Own elaboration.

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son with a previous partner, her grandson. Both women share everyday life. Cristiane has her own house but she spends most of her time at her mother-in-law's because they "get along very well." However, when a job opportunity arose, Dona Aurelina did not allow Cristiane to accept it because she would not be able to take care of Tadeo (Cristiane's two-year-old son) every day. Dona Aurelina said it was better for her daughter Carmen – who lived in another neighborhood and left her son with her – to take the job.

Kinship relationships by consideration do not preclude communication problems or criticisms. Although Dona Sonia "considers" Dona Aurelina and her children her relatives, she objects to her friend's choice in religion as a Jehovah's Witness. On another occasion, Dona Sonia spoke poorly of Dona Rosa's family – her son-in-law Cristóbal's mother: *"That family is full of thieves, his brother stole a gun and now the thugs want to kill him if he doesn't pay them 400 reales* [Brazilian currency]. *All his brothers and sisters are frantically trying to pull together the money."*

Bonds of consideration are not guaranteed, either. An example of this is the relationship of Cristiane – Dona Aurelina's daughter-in-law, who is new in the neighborhood – with the neighbors of the street, especially "neighbor-relatives." On occasion I heard Dona Sonia, Dona Rosa, Jussiara and one of Dona Rosa's daughters criticizing Cristiane's behavior: *"She doesn't get along with anybody on this street, she's a gossip and she's two-faced."*

The relationship with Dona Rita (Figure 2) shows that physical proximity and relatives in common are not sufficient reasons to construct kinship relationships. There must also be affinity. When Dona Sonia saw that I was visiting Dona Rita's house she said: *"I've known Rita for a long time. Her daughter had a baby with my son. But she likes Macumba (d) and that's no good. Just see what her house looks like."*

Caring for any health problem is a good opportunity for the construction of kinship relationships. When little Sandra got ill and was hospitalized for a few days, her parents, Paula and Ed – who worked nights – did not have anyone to help them. When Luana, the girlfriend of one of Ed's friends, found out about the situation, she visited Sandra and insisted on staying at the hospital every night. This was very important to the couple, who then asked Luana to be Sandra's godmother. Thus, the existence of godmothers and godfathers is very common, and generally, this relationship does not imply any religious ceremony but rather a bond of consideration.

In contrast to Marcelin's analysis (21), in this study we were able to identify two levels in the organization of housing arrangements, which may be connected to the principles of "blood relation" and "consideration." There is a housing arrangement formed by the houses of close relatives – for example the houses of Dona Sonia and her children who are blood relatives. On other hand, there is a wider arrangement of houses formed by "neighbor-relatives" between which there are bonds of consideration. This can have important consequences when it comes to thinking about the organization of health care services. Blood relatives are the first but not the only ones to assume responsibility for the health care of children and the elderly. After relatives by blood and consideration, it is up to the neighbor-relatives to help in caring for health. On the other hand, we have shown that providing help when health problems arise creates a privileged opportunity for the construction of consideration ties, not necessarily referring to the people within one's housing arrangement.

CONCLUSION

In this study, we sought to highlight some important aspects within the literature on family in the context of the FHP: we described how the topic of "family" is approached in FHP official documents, and we discussed studies regarding health professionals' understandings of the families served by the program as well as regarding health care in a family context. We also drew attention to the concept of family predominant in these documents and studies, which implies an emphasis on marital status and co-residence as criteria for defining the family. In contrast, we provided ethnographic data revealing the great importance of the relationship between the arrangements of houses and the people living in them, and the construction of "blood" and "consideration" ties.

One limitation of this study is that it does not directly include the perspective of health

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professionals, a task that should be carried out in later studies. However, after reviewing the existing literature, we found it possible to reflect upon the practices within the FHP in relation to families.

Thinking about the way in which people organize their everyday life, including health care, is not only a question of analyzing the relationship between families and social networks. A comprehension of the relationship between houses and the arrangement of those houses, as well as "blood" ties and "consideration" ties, may contribute to the construction of more effective professional interventions, as it may help to identify connections that could be activated when certain needs or health problems arise.

This reflection supports Muniz and Eisenstein's suggestions (28) regarding the need to include the use of the genogram as a supplementary part of the traditional anamnesis. The authors consider that this instrument facilitates the identification of stressors in the family context and their influence on the health-disease process. It also facilitates the identification of trans-generational disease patterns and psycho-social support networks, in addition to making possible the amplification of adequate therapeutic strategies. Unlike the authors cited above, we advocate that, instead of using standardized tools, professionals should focus their attention on the comprehension of kinship dynamics as they are organized in each territory. Some kinship relationships are organized according to criteria that are, initially, difficult to identify. Professionals can improve their approach by making use of references to "blood relation" and "consideration," preexisting terminology that can be built upon and strengthened. At the same time, it is important to avoid any idealizations about life in low-income neighborhoods. In this respect, we show here that kinship relationships imply reciprocity, and they must be constructed in everyday life in order to be effective.

By broadening the approach to include the relationship between a house and an arrangement of houses, and between the ties of blood and consideration, we can also see other aspects of the male presence which are not limited to marriage. The importance of men could be seen in this study in their condition as sons, brothers or uncles. This perspective on male participation could be useful in order to encourage the inclusion of men in health care and practices.

The relationship between house and family, in contrast with the way the family is discussed in FHP documents, is another important aspect to consider. While the documents recommend recording a group of people living in the same house as a family, we showed here that the concept of house is quite complex – a space may be no more than a room from an external point of view but may be a house for the people living in it – and that the house necessarily exists within an arrangement of houses, something that is not considered in the records of families seen by a health team.

The challenges faced by health professionals are even greater if we keep in mind that, among the informants, the nuclear family model – and an understanding of family based on marriage – is strongly prevalent, mainly at the discursive level. We showed here that there are flexible relationships between the model held as ideal and the everyday organization of practices. Therefore, among the inhabitants of Prainha, the valuing of a model that gives priority to the nuclear family and to marriage – as stated in the FHP's documents and in some research studies on family – coexists with the huge creativity that takes place in the construction of everyday life. In the entirety of the above descriptions, we refer to a way of understanding kinship as a process permanently under construction.

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ENDNOTES

a. The word *prahina* means "small beach."

b. Small municipality in the state of Bahía.

c. An alcoholic drink made of distilled sugar cane widely consumed in Brazil.

d. A rather derogatory way of referring to Candomblé, a religion of African origin which has an important presence in Salvador and other regions.

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