Original Article

Health vulnerability model: conceptual clarification from social subjects' perspective

Modelo de vulnerabilidade em saúde: esclarecimento conceitual na perspectiva do sujeito-social

Modelo de vulnerabilidad en salud: esclarecimiento conceptual en la perspectiva del sujeto social

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Abstract

Objective: To clarify health vulnerability from the proposition of a conceptual model.

Methods: Concept clarification was applied according to Meleis' proposal, supported by review and critical reflection. 101 articles were selected in five databases using the search equation "vulnerability" AND "health", whose findings were submitted to category and similar analysis. This was processed in the software Iramuteq to identify the essential element, concepts and subconcepts of vulnerability in health - and later construction of a model.

Results: From the review and later stages, health vulnerability was redefined and a model was constructed based on the relationship of three components: 1) The social subject, with its concepts and subconcepts; 2) The condition of precariousness and agency; 3) Processes of potentiation or weakening of vulnerability in health. The phenomenon was described, the social subject was identified as an essential element, and the main attributes were known with constitutive and operational definitions, making it possible to identify the presence of vulnerability in health.

Conclusion: The concept was clarified through the construction of a model, providing support for the elaboration of research in the health area and future development of medium or long-range theories of the phenomenon of interest.

Resumo

Objetivo: Esclarecer a vulnerabilidade em saúde a partir da proposição de um modelo conceitual.

Métodos: Aplicou-se o esclarecimento de conceito segundo proposta de Meleis, subsidiado por revisão e por reflexão crítica. Selecionaram-se 101 artigos em cinco base de dados por meio da equação de busca "*vulnerability*" AND "*health*", cujos achados foram submetidos à análise categorial e de similitude. Essa foi processada no *software* Iramuteq para identificação do elemento essencial, conceitos e subconceitos da vulnerabilidade em saúde - e posterior construção de um modelo.

Resultados: A partir da revisão e etapas posteriores, a vulnerabilidade em saúde foi redefinida, e foi construído um modelo com base na relação de três componentes: 1) O sujeito-social, com seus conceitos e subconceitos; 2) A condição de precariedade e agenciamento; 3) Processos de potencialização ou fragilização da vulnerabilidade em saúde. O fenômeno foi descrito, identificando-se o sujeito-social como elemento essencial, e foram conhecidos os principais atributos com as definições constitutivas e operacionais, tornando possível identificar a presença da vulnerabilidade em saúde.

Conclusão: O conceito foi esclarecido por meio da construção de um modelo, fornecendo subsídios à elaboração de pesquisas na área da saúde e ao futuro desenvolvimento de teorias de médio ou longo alcance do fenômeno de interesse.

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Conflicts of interest: nothing to declare.

Resumen

Objetivo: Esclarecer la vulnerabilidad en salud a partir de la proposición de un modelo conceptual.

Métodos: Se aplicó el esclarecimiento de concepto según la propuesta de Meleis, respaldado con revisión y reflexión crítica. Se seleccionaron 101 artículos en cinco bases de datos por medio de la ecuación de búsqueda "*vulnerability*" AND "*health*", cuyos resultados fueron sometidos al análisis categorial y de similitud. Este fue procesado con el *software* Iramuteq para la identificación del elemento esencial, conceptos y subconceptos de la vulnerabilidad en salud y la posterior construcción de un modelo.

Resultados: A partir de la revisión y etapas posteriores, la vulnerabilidad en salud fue redefinida y se construyó un modelo basado en la relación de tres componentes: 1) El sujeto social, con sus conceptos y subconceptos, 2) La condición de precariedad y gestión, 3) Procesos de potencialización o debilitamiento de la vulnerabilidad en salud. El fenómeno se describió con la identificación del sujeto social como elemento esencial y se conocieron los principales atributos con las definiciones constitutivas y operativas, lo que permitió identificar la presencia de la vulnerabilidad en salud.

Conclusión: El concepto fue esclarecido mediante la construcción de un modelo y respalda la elaboración de estudios en el área de la salud y el desarrollo futuro de teorías de medio o largo alcance del fenómeno de interés.

Introduction

The term vulnerability, already used for some time in several situations, was incorporated into discourse and practices in the health field, with a view to a more comprehensive reading of complex health and disease processes; therefore, aiding to more effective and comprehensive social responses. It is also emphasized that the concern with vulnerability found full validity in the health field from the 1980s at the time of the Acquired Immunodeficiency Syndrome (AIDS) epidemic.[1]

Then, the concept of vulnerability in health (VH) was used as a reference for discussions held in the scientific field of various themes and with different meanings, whose diversity of applications is due to some situations, especially: the existence of different epistemological orientations; the choice of geographic locations for analysis of the vulnerability process; the direction for specific situations.[2-4]

The term also covers a number of qualifications, the definitions of which have specificities. These conceptions are fostered in several areas of knowledge and bring in common the fact that VH is always occurring in the territory where people live.[3] This extended use of concept directs paths and perspectives to ambiguities and contradictions,[1,4] requesting new or complementary definitions and reflections about the concept, which is broad, complex and subjective.[5]

In a critical analysis of VH frameworks, it was noticed that the more used conceptual frameworks[4,6] do not bring definitions of the elements related to concepts and subconcepts, making it necessary to contribute to the construction of a theoretical framework on the subject and to provide the development of a conceptual model for identification, assessment, and intervention in situations of vulnerability by health professionals. It is known that it was not the authors' objective[4,6] to construct a theory about VH, but to think about concept, bringing it closer and linking it to health promotion and, in the case of the Brazilian reference, considering principles of hermeneutics. Thus, their previous writings provided a basis for the construction of a conceptual model of VH by indicating how other concepts could be articulated.

For these authors,[4,6] VH comprises the ethical perspective of different degrees and natures of susceptibility of individuals and collectivities that lead them to suffering, illness/injury and finitude, according to particularities formed by a set of social, programmatic and individual aspects, which put them in relation to the problem and with the resources to cope with them. From this definition and its uses, it is understood that there is an open field to rethink, redefine and propose ways of using VH.

Defining, clarifying, assessing, operationalizing and submitting concepts to theoretical and empirical assessments are essential and vital processes in advancement of knowledge. Concept development[7] presents five levels: exploration, clarification, analysis, and integrated approach. In this study, the second level is brought, because the concept of VH already exists, but it is not understandable in publications, because several meanings are pointed out with contradictions regarding the original frameworks. Thus, this study aimed 'to clarify health vulnerability from the proposition of a conceptual model'.

Methods

The study was designed considering the adapted stages of conceptual clarification according to Meleis[7] in conjunction with a review[8,9] and its subsequent update.

As a way to carry out the research, the main questions to be answered were established in correspondence with the methodological framework phases. It is reiterated that for this study phases two to five were considered, where the first was developed in a previous study.[8,9]

Soon after defining the questions, articles published in the Latin American & Caribbean Literature in Health Sciences (LILACS), Spanish Bibliographic Index of Health Sciences (IBECS), Nursing Database (BDENF - *Base de Dados de Enfermagem*), Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases and in the PubMed portal were searched. "Vulnerability" AND "health" were the keywords contained in the search equation to search for publications. This equation was used at all times of collection and in all sources. The final search took place in December 2019, with the update of the original study.

Articles containing the term 'vulnerability' in their title, with no date limit, electronically available in full were included. Studies without explicit definition of VH, with gray literature, theoretical, case and review studies were excluded.[8]

The search was performed by two researchers, and studies were selected carried out from a thorough reading of titles and abstracts so that those who met the mentioned inclusion and exclusion criteria were for final selection. From the search equation, 27,035 publications were found, of which 26,934 did not meet the criteria: 7,873 due to duplications; 15,083 because they did not have vulnerability in the title; 1,819 because they had no full text; 316 because they did not have explicit definition of VH; 1,572 because they did not approach VH; 271 because they were gray literature. Of this total, 101 articles were selected for full reading and analysis (Chart 1).

According to the aspects of an observation script, the publications and data of the 101 articles were interpreted, organized and synthesized through a synoptic table with the description of author, theme, journal, year, type of study, and place.[8]

Chart 1. Correspondence between the phases of conceptual clarification and the guiding questions of the study

Clarification phase	Guiding question
1 - Description of phenomenon inherent to concept[8,9]	What are the characteristics of the studies that have been published on the theme?[8] What are the meanings and uses of health vulnerability described by studies?[9]
2 - Systematization of observations and descriptions of the phenomenon	What are the essential elements of the concept of VH? What are the processes or situations produced by the vulnerability?
3 - Development of constitutive and operational definitions, asking themselves and others: How will I know the concept when I 'see it'?	What characteristics/attributes are indicated as referring to the concept and contribute to its recognition?
4 - Model construction	What is the relationship between the concepts and subconcepts that allow the construction of a conceptual model that clarifies VH?
5 - Assumption development	

Initially, analyzed categories were constructed based on descriptive statistics to quantify the general and methodological aspects of the publications. Subsequently, the definitions of VH and the main results of the articles were identified. From a thorough reading, critical analyses were performed and the definitions of VH were extracted, which constituted the main corpus of the study. The *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ) was used to help in the similitude analysis phase, with the aim of identifying the essential elements of VH from the definitions.

Regarding the inspirations of the concept, these have already been contemplated on other occasions.[4,6] Furthermore, in this study, it was assumed that the VH phenomenon has no antecedents that trigger it, because it is not a cause and effect. Thus, constitutive and operational elements (related to the essential element, concepts and sub-concepts) were defined to allow to identify VH at the time of its presence, as well as the situations produced by VH. For that, the articles were kept, and after extracting the main clippings of the results, these were categorized by similar keywords and recategorized until they resulted in attributes, their definitions and production involved in VH (precariousness or agency).

Attributes are words or expressions that appear repeatedly in the literature, that show the essence of

the concept. They constitute characteristics that express the concept, which act as differential elements to discriminate what is and what is not the presence of a concept. When it is very abstract, its attributes also have a high degree of abstraction. Constitutive definition is conceived in terms of concepts proper to the theory in which it is inserted. Finally, the definition is operational when there is a definition, no longer in terms of other concepts, but in terms of concrete operations, i.e., of behaviors, attitudes or sensations by which the construct is expressed.[7,10]

Thus, the construction of the VH conceptual model began. It was developed by critically reflecting on the results of the previous stages, and the essential elements, their concepts and related sub-concepts were given visibility, as well as the product of these relationships and their articulations. Finally, this process had three stages: theoretical construction (performed in all previous stages of clarification), model design (using artistic resources: graphic design with elements of music), its explanation, and reflection.

Results

For the phase of systematization of the observations and descriptions of the phenomenon, figure 1 was arrived at, which showed that, at first, the essential elements of the concept were constituted of the individual and the social. However, after reflective analysis, it was interpreted as subject and social.

To contextualize these findings, it was understood that these essential elements correspond to VH attributes/characteristics, which are supported by other concepts and subconcepts. From the previous tables, there was recategorization, being assigned a constitutive and operational definition to facilitate the understanding of how to identify situations of VH (Appendix 1). Some remained as previously thought, others were grouped and others modified.

Chart 2 represents a synthesis of the concepts and sub-concepts that make up the essential elements of VH and their definitions.

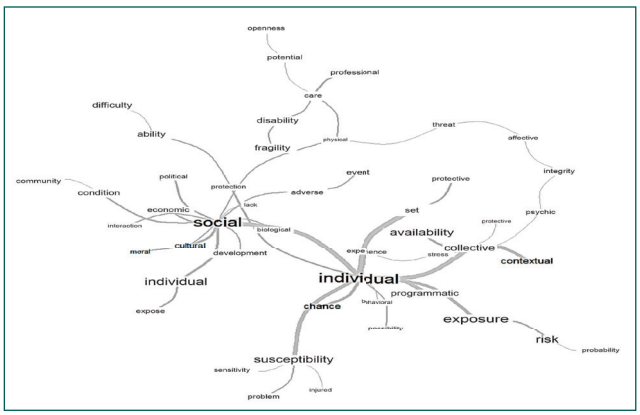

Figure 1. Essential elements of the concept of vulnerability according to the review

In addition to the need to present these definitions, it was understood that there would be an answer in the experience of these aspects that could produce precarious conditions or agency. In studies that point to precariousness, it has different scenarios and violence is an expressive condition discussed. But there is the possibility of changing the direction of these processes, and the agency is responsible for this. Several aspects favored this condition such as support networks, coping, reflections, spirituality, positive feelings and health promotion practices.

Thus, based on the articulation and reflection of the elements of the review, VH was understood as a condition of human life expressed in all its dimensions from (re)arrangements of the power relations that constitute the social-subject, producing precariousness when agency movements are not potentiated for health promotion.

Furthermore, in figure 2, it was possible to observe the main components of the VH conceptual model and its relationship, rescuing: 1) Social-subject, with its concepts and sub-concepts; 2) Condition of precariousness and agency; 3) VH potentiation or fragility processes.

Figure 2 shows a relationship between the subject and social elements, with their main concepts, in an intimate relationship, which, together with precariousness and agency, configure VH processes. These take on various nuances and reconfigure VH again, in a continuum of diverse movements and in multiplicities resulting from the tensions produced in the relations between social subjects, its essential element.

Chart 2. Definitions of the essential elements and their concepts and subconcepts of VH

Subject Human life constituted from intersubjective relationships, where there is room for the manifestation of freedom in the tension between knowledge and power and for possibilities of re-creation of one's own in the field of health.	
Functional literacy	Learning, Cognition, Knowledge, Schooling
Behavior	Attitude, Self-Care, Lifestyle, Work Practices, Routine and Daily Life, Communication
Interpersonal relationships	Family relationships, Friendship relationships, Working relationships, Affective-sexual relationships
Psycho-emotional situation	Self-Esteem, Acceptance, Concentration, Beliefs, Desires, Sexual Orientation, Mental Health, Perceptions, Feelings, Values
Physical situation	Age, Gender, Race/color, Physical aspects related to work, Impact of illness at work, Health-disease situation
Social Appearance scene that presupposes the different forms of the subject interacting with other lives or institutions in the health field; it is the space of expressing oneself, of recognizing oneself and of recognition by and with the other.	
Socioeconomic factors	Material Goods, Housing, Income, Social Class, Work, Education
Demographic identity	Ethnicity, Origin, Migration
Culture	Cultural formation, Social constructions, Cultural differences, Popular knowledge
Family context	Marital/family status, Characteristics of members, Family types
Social networks and media	Social support
Gender	Gender inequality, Traditional roles, Male chauvinism
Violence	Discrimination, Sexual violence, Physical violence, Verbal violence, Psychological violence
Social control	Social participation
Ecosystem	Waste, Environment, Climate
Access to fundamental rights	First, second, third and fourth generations fundamental rights
Programmatic situation - emphasis on health	Infrastructure, Work Process
Status	Public Policies, Financing

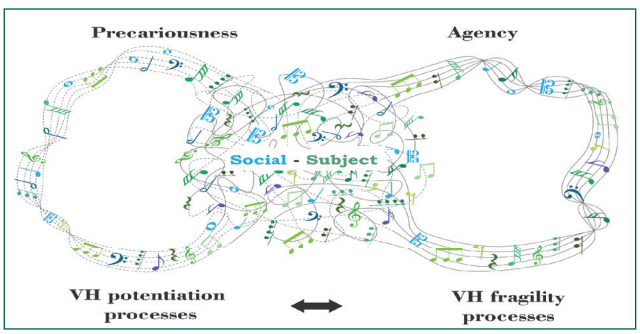

Figure 2. Conceptual model of health vulnerability

Discussion

Reference authors[4,6] considered that VH consisted of two dimensions (individual and contextual) and three dimensions (individual, social, and programmatic). Based on the results presented by IRAMUTEQ, from the similitude analysis, the structure, the central nucleus and the peripheral system of the interpretation of VH were identified, in which the two major organizing axes are the individual and the social. These elements underwent a critical analysis, i.e., approximation of the content with subject ideas by Michel Foucault and Judith Butler, where the individual became the subject's dimension and the social remained as such, according to the analytical categories of the articles.

This adaptation occurred, because it is understood that subjects are a product of power relations, they are formed and constituted by them, not their producers. There is no essential subject who would be alienated by ideologies, by power relations that would cover up their view of reality.[11-15] If we think that subjects are always in this movement, it would be controversial to call them individuals, as this term denotes disconnection. When we think about power, we think about relationship. If at the same time it prohibits and induces, censors and produces (discourses, truths, and realities), if it affects and is affected, we can understand that power only exists in the relationship, power is by nature relational, it is a power in motion.[11-15]

Thus, characterized the essential elements separately, which were later understood as social subjects, we went in search of their concepts and sub-concepts as a way to identify VH when it happens. These stimulate reflection on power relations as hegemonic effects of continuously sustained strategic positions and coping, understood as coping with social forces in constant antagonism to the established strategic positions. They are articulated according to their operational definitions that demonstrate how VH situations may be being experienced and produced.

In understanding VH, the power relationship between the subject and the social is an open field

of responses, reactions, results, and possible inventions. Thus, it is understood that there is a response that can produce conditions of precariousness or agency.

The precarious condition can take different forms, from the beginning, maintenance or complication of a disease, to, for example, affecting the quality of life and mental health. Moreover, it can be configured in a sphere of social inequities, production of power relations that represent the precarious condition. The conceptions of an important author about precariousness[12-14] refer the term to a politically constructed condition whereby certain populations are asymmetrically exposed to contexts of violence, danger, illness, forced migration, poverty, or death. As a process and movement, precariousness reinforces VH situations and vice versa, as many lives are not considered lives by the State or groups of greater political and economic power.

In the midst of this precariousness, subjects can obtain means to raise awareness of submission to the orders of power and resist VH through agency. Therefore, there is a seizure of control over life that reverberates in the condition of VH, as there is the possibility of movement of relationships towards a better condition of health and life, i.e., less vulnerability. Despite the precariousness of making and producing subjects invisible to public health policies, this concept of subject, for Butler, makes possible the condition of the agency, understood as power, capacity for action, as it is productive for the compression of social action, especially subordinate subjects to a hegemonic social order. Butler characterizes the agency as a practice of articulation and reframing the power to do.[12,14]

The aforementioned conscience generates the conditions of resistance and reflexivity, allowing social subjects to oppose the abuses of normalizing power that limits and controls the desires of their own possibility, producing agency.[15] They are not an exclusively individual characteristic, but are embodied in the social context, promoting health and living lives. Subjects are performative, i.e., a ritualized production, a ritual reiteration of norms, but that do not totally determine it. This incompleteness enables the process of rupture and the registration of new meanings and, consequently, the change in practices and contexts.[12,15] That is, social-subjects resist not to be in a condition of VH or not to perpetuate it; they find the potential to reframe norms, discourses, experiences, experiences and social practices.[15]

Thus, there is a need for intersectorality to be in the field of health care, since vulnerability is a construct that occurs in relationships with different people and in/over/with different spaces. Considering these aspects, health promotion and life production are an important background in the discussions about VH. The first inspirations for the development of the VH concept came from the need to think about health promotion and not just prevention, with intersectorality implicit, not addressing a specific disease or disorder, but the production of life.[4,12,16-18]

Based on all these elements discussed, a (re) definition of the concept of VH was constructed. It is the starting point for thinking about a representation of the conceptual model, a complex phase, since the essential elements of VH are neither hierarchical nor dissociated, it has diverse, interconnected, multiple elements. Each has its characteristic, concepts and sub-concepts, but they only exist in the presence of the other, at the same time that their characteristics can be confused. It is a social subject and a social subject. What is in between is difficult to represent and this transition is almost imperceptible.

According to authors,[4] people are not vulnerable, they are always vulnerable to something, in some degree and form and at a certain point in time and space. However, it is believed that the subject or groups experience processes or are in a condition of VH. Adjective and objectification are not sought, but relationships, and the use of the term vulnerable should therefore be rethought.[19] Furthermore, some authors[20] use the term 'marker' when they want to characterize any attribute or situation of VH. However, it denotes a fixed, marked, difficult to transform, i.e., non-situational situation.

Unlike theories, conceptual models represent a concept analogically. In this sense, there are advances in studies in this perspective, in

which theoretical essays on VH are identified in the literature, as well as their applicability in the construction of instruments/scales.[2,20-24] So, to account for the clarification framework, a way of presenting the concept was produced. Analogously, when one think of a song and its musical notes, they don't know where one ends and the next begins when they listen to them. In this case, the human senses cannot reach the passage from one to another. Thus, a figure was constructed that represents VH in this perspective of the interplay and the power relations.

In this analogy to musical elements, social subjects make up a set of musical notes. These make up a melody, VH, which has harmonic variations. Rescuing these concepts to VH, these variations can be translated into a continuum of precarious or agency conditions. These productions are the result of the relationship between the notes, i.e., interaction between the elements of the concept, established by power relations in the production of health. The precarious conditions enhance the vulnerability processes, while the agency weakens it, transforming them. Lives then resist, recreate and (re)become visible and livable.

So, when there is movement, there is power and it does not weigh only with the strength that says no or has precariousness as a product, but it also permeates, produces things, induces pleasure, forms knowledge, produces speech, i.e., produces powerful lives, resistant in agency processes.[11]

Figure 2 represents the conceptual model of VH from the perspective of the multiple possibilities of music that can be produced. Musical notes are each of the concepts and sub-concepts of the essential element, where the different shades of blue are configured, while the subject and the shades of green, the social. These are in relation, shown by the dotted lines, which define the non-permanent or almost "fixed" character of that interaction and which can change each time they come into contact with other notes. The answer of this power relationship is (re)arrangement of the notes in a score, configuring the melody of the agency, defining a fragility of VH ('decrease'), or the melody of the precariousness, potentiating VH ('increase'), conforming the several music possibilities called VH.

The dotted lines in the precariousness speak of the fragility and inequality of the relationships between the elements, resulting in processes of potentiation of VH. However, with the possibility of change to transform these situations. The continuous lines refer to stronger relationships, in the sense of having a higher quality of these and that reinforce the promotion of health, simultaneously or after the processes of fragility of VH. Relationships that have arisen from precariousness or agency can also be reorganized, giving way to other power relationships and other VH processes and other responses; this phenomenon can occur in sequence or at the same time, which characterizes and ratifies VH as a diverse, dynamic and multiple phenomenon.

Conclusion

The proposed conceptual model clarifies the concept of VH, because its components are defined and related in analogy to music. In addition to the description of the phenomenon and identification of the essential element, it was possible to know the main attributes (concepts and subconcepts) of social subjects, so that it could be conjecture when VH was present and producing precariousness in a given situation or agency. The model provides support for the development of research in health and the future development of medium or long-range theories of VH. The proposed model is another step to boost the concept and stimulate the coherent use of the concept by researchers and health professionals, taking it as what it is, a condition of human life from social subjects' perspective.

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Collaborations

Florêncio RS and Moreira TMM declare that they contributed to the conception of the study, analysis and interpretation of the data, writing of the article and approval of the final version to be published.

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Appendix 1. Constitutive and operational definitions of the concepts and subconcepts of the essential elements of health vulnerability

SUBJECT		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Functional literacy: The knowledge and competencies of the subjects to access, understand, assess and apply general information, in order to make judgments and make decisions in the day-to-day incorporated through learning, cognition, knowledge and schooling.	**Learning:** Process of acquiring new information related to various aspects.	Low symbolic and linguistic capital of people, learning difficulties.
	Cognition: Mental capacity or competence necessary to process and seize information, to think, remember, read, perceive and solve problems.	Decreased cognition in specific contexts, intellectual disability, forgetfulness, difficulties in understanding the interactions that occur in health centers, difficulties in understanding care, lack of understanding, inability to understand what is happening to them, lack of information elaboration and its practical application, not understanding violence, not understanding the need for treatment.
	Knowledge: What the subject knows about something or even a set of information stored through experience or learning. It is cognitive ability that allows appropriate judgments and decision-making or not in the face of a situation.	Lack of information about the disease, non-recognition of differences in previous health conditions, non-awareness of risk, non-awareness of rights and responsibilities, other issues that concern popular knowledge and formal knowledge.
	Education: It is the period of education, study or learning of subjects in school.	Low education.
Behavior: The actions of the subjects in relation to their social environment, related to attitude, care or others, care practices and work, routine and daily life or way of being and communication.	**Attitude:** It is a learned/acquired predisposition to respond consistently to a social scene.	Negative attitude about the work scenario, non-use of prevention material, attitude of passivity of women in relation to their individual protection, withdrawal from returning to the health service, seeking to solve their problems using only third parties and home practices, not seeking adequate care, not seeking health service, resignation, not readiness for change.
	Self-care: Decision-making process that involves the choice and execution of behaviors for the health of the subject himself, performed by him, arising from his own belief or from the indication of some health professional.	Actions of access to drug and non-drug treatment irregular or absent, financial difficulties for treatment adeforego, discontinuity of treatment, non-adoption of self-care. Health and risk promotion practices, absent or deficient prevention strategies, various health behaviors.
	Lifestyle: Way of living that characterizes the subject, involving the adoption of healthy attitudes and behaviors or not.	Unhealthy food and purchase, absent or insufficient leisure activity, absent or insufficient physical activity, excessive coffee intake, irregular hunting and fishing, improper collection and use of natural products, use of licit and illicit drugs, stress, fragile relationships, sleep problems, instrospection.
	Working practices: Any action taken within the scope of the work.	Unsatisfactory or unproductive work performance and work tasks.
	Routine and everyday life: Systematic way through which day-to-day activities are carried out.	Disruption of daily life, daily density, routine impaired by disease, general routine, daily challenges, customs and habits of prevention and risk.
	Communication: Verbal or bodily action of a subject that signals information to another or other subjects.	Communication difficulties, communication barriers, ineffective communication, creation of a distinction between people due to the language used.
Interpersonal relationships: Interaction between subjects who communicate verbally or non-verbally, in a movement of responses to certain types of power in situations in the family, at work, in friendship and in affective-sexual life.	**Family relations:** Behavioral, psychological and social interactions between the various family members.	Family rejection, conditions of specific family relationship, violent family relationship, lack of family and school relationship, difficulty in reporting sexual choice to someone in the family, conflicting family relationships, family relationships with aspects of hostility and disqualification, family resistance in the organization of daily life around chronic conditions, fragile family bond, lack of dialogue in the family, lack of trust in family members , financial abuse, physical and sexual abuse, verbal abuse, threats felt, family expressions of daily difficulties resulting from chronic health conditions, family neglect.
	Friendship relationships: Behavioral, psychological and social interactions between friends.	Loss of contact with friends who live near the house, removal of friends due to illness.
	Working relationships: Behavioral, psychological and social interactions between members of a work context.	Excessive affective burden on work relationships, ineffective interprofessional relationships, abusive relationships at work (sexual harassment).
	Affective-sexual relations: Behavioral, psychological and social interactions between subjects in a relationship of construction of affection, sexual or not.	Fragile intersubjective relationships, not 'being with', not finding others as human beings, distancing people after a disease, refusal of the partner to use condoms, performing sex without a condom after coercion, homosexual relationships, instability of man-woman relationships, commercial sexual relationship, trust in the partner as a justification for non-prevention, conflicting affective bonds.

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SUBJECT		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Psycho-emotional situation: A condition of subjective experience in a specific context that involves from self-esteem, acceptance, concentration, beliefs, desires, sexual orientation, feelings, well-being, perceptions, desires, values to mental health in general.	**Self-esteem:** Satisfaction with one's way of being, thinking or with physical appearance, expressing confidence in their actions and opinions.	Decreased self-esteem, low self-esteem due to lack of professional knowledge, loss of self-esteem.
	Acceptance: Recognition of the need to have an attitude in the face of an unexpected, unwanted state of health or its consequences.	Non-acceptance of treatment, non-acceptance of the disease, non-acceptance of pregnancy, non-acceptance of a health or life condition.
	Focus: Ability to direct attention and thought to a specific idea, subject, or action.	Difficulty concentrating, inability to concentrate.
	Beliefs: What is considered true, i.e., believing in the truth or the possibility of something.	Belief in the safety of misguided prevention equipment, beliefs about misguided prevention practices, disbelief in prevention material, disbelief that will undergo health change, mistaken belief in the transmissible character of diseases, mistaken beliefs of the family about the disease, belief in healing, belief in the incurable character of diseases, belief in treatment, beliefs related to religion.
	Wishes: Will to have or get something.	The child's desire for other foods consumed by the family, desire to fill some deficit, unwanted pregnancy.
	Sexual orientation: Different forms of affective and sexual attraction of each one.	Difficulties due to sexual orientation, difficulty in assuming sexual identity under 18 years, leaving home due to sexual orientation.
	Mental health: State of well-being in which an individual is able to use their own skills, recover from routine stress, be productive and contribute to their community.	Impaired well-being, stigma, high psychological demands, psychic state, psychological impact, emotional and psychosocial problems, difficulties in living with a disease that has no cure, isolation strategies, excessive attention to organic processes, excessive sensitivity to everyday events, take everything that goes wrong, loss of control, extreme changes in emotion for short periods of time, unwanted thoughts, high expectations of symptom relief, disconnect from emotions like nurses to protect themselves, focus on aspects negative, inability to express feelings, age-related immaturity, difficulty making decisions, emotional impact of the disease on the resident, expecting the worst without reason, emotional traumatic effects of the diagnosis, psychological difficulties in breastfeeding, emotional difficulties with pregnancy, emotional aspects experienced as a result of the disease, affective aspects experienced in current illness, not reflecting on being cared for by nurses, different types of patient, absence or insufficiency of distinctive assessment regarding the raising of other children, absence or insufficiency of negotiation about prevention practices, inability to discriminate the presence risk or vulnerability, dependence on services, reasons for not performing a preventive exam, reasons for risky behavior, behavioral reason for not looking for the health service, depression, psychosocial stressors, level of stress at work, stress, psychic consequence of violence, dissatisfaction with work, lack of sense of work, subjective health problems, mental health problems, disability at war.
	Perceptions: Mental process through which the subject attributes a meaning to sensory stimuli, making them conscious, from a history of past experiences.	Non-perception of risk behavior, non-perception of risk, non-perception of threat to health, perception of non-risk behavior, incoherent ideas about prevention practices, non-perception of the need to adopt preventive measures, non-perception of probability of illness in the face of risky behavior, not perceiving the probability of exposure to the disease, not perceiving the disease associated with the risk groups, not perceiving the probability of having a disease, not perceiving the chance of being sick, not perceiving the probability of getting sick, no perception of health problems, non-perception of the disease as an event that promotes assessment of experiences, non-perception of the distinction between age group before a disease, non-perception of the effect of the disease on the elderly, non-perception of fragility, non-perception of the relationship between death and life in relation to disease, not representing the disease associated with promiscuity and irresponsibility of women, not perceiving negligence as forms of abuse, not perceiving working conditions, not perceiving low levels of quality of life, not perceiving experience, experiencing vulnerability, not perceiving the reasons for the vulnerability of the other, emotional reason (perception) search for health services, emotional reasons (perception) for non-prevention practices, non-perception of vulnerability, non-perception of its importance in building a future for children, non-perception of appreciation and autonomy, non-perception of the role played , reasons (perception) of non-prevention, decreased perception, perception of being outside the group, perception of the health unit as a place of care for patients, negative self-perception of health, fragmentation of the physical and mental body, distorted self-image.
	Feelings: States and the reactions that the human body is able to express in the face of the events that the subjects experience, whether positive or negative.	Ingratitude, distrust, dependence on others, personal strength, no hope of healing, anxiety, worry, fear, despair, embarrassment, impotence, uncertainty, suffering, pity, anger, feeling unprepared, feelings, various feelings, fear, insecurity, sadness, feeling that the staff feel threatened, feeling that the resources themselves are insufficient to face situations, feeling that they are losing control over important situations, helplessness, discomfort, helplessness.
	Values: A set of intrinsic characteristics related to the social norms of a given subject, which determines how he behaves and interacts with other subjects and with the environment.	Incoherent values on prevention practices.

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SUBJECT		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Physical status: The characteristics of the subject in relation to their physical, physiological or pathological attributes.	**Age:** Time, in years, months and days, elapsed from birth to the time of which we speak.	Age of first sexual intercourse, elderly, age when they left home for the first time, beginning of sexual activity with lower age in this population segment, beginning of sexual life before 15 years, productive period. Depending on the context.
	Sex: A set of structural and functional characteristics according to which a living being is classified as male or female.	Depending on the situation, emphasis on being a woman.
	Race/color: Category used to refer to a group of people whose physical characteristics are considered socially significant: white, black, brown, indigenous or yellow.	Depending on the situation, emphasis on being black.
	Work-related physical aspects: All activity performed in the work that requires access to the characteristics of the body.	Physical exertion at work, repetitive movements at work, physical work posture, time standing at work, pain or discomfort as a result of work.
	Impact of illness at work: Any consequence of the disease affecting work.	Difficulty in remaining in occupational activity due to illness, difficulties for occupational activities due to illness, loss of employment due to illness.
	Health-disease status: Characteristics related to the history or current condition in the health-disease process, whether in the general health context, signs and symptoms, diagnosis, tests, treatment, comorbidities or prognosis related to a disease.	Hospital admissions, attendance at emergency services, consumption of excessive health care, annual number of visits to the health service, visit by several professionals, propensity to visit medical specialists, visit five or more different clinical departments, visit the most important provider seven times a year, health history, family history of illness, unknown causes of illness, contact with contaminants, exposure and susceptibility to illness, exposure to war, poor health, poor health, poor current health, medical factors, need neuropsychological assessment, poor health conditions, comorbidity index, comorbidity, physical disability, war disability, disability, accidents, report of illness, physical and sensory difficulties, diagnostic data, chronic conditions, history of illness, obesity, nutritional status diabetes, immunosuppressive disease and treatment, disease stage, diagnosis number primary symptoms, disease prevalence, health problems, dementia disease process, type of disability, people with disabilities, time of diagnosis, time of diagnosis of the disease, witnessing the inevitable worsening of the disease, number of pregnancies, dependence, low immunity, prolonged exposure to risk factors, high physical demands, disease propensity, reasons for risky behavior - condom latex allergy, general signs and symptoms of the disease, somatic alteration, sleep disorders and disorders, sexual disorders , tired even after sleeping, weight loss, pain, fatigue, nipple cracks, weakness, changes in physical appearance due to illness, physical difficulties with pregnancy, physical consequences of treatment, type of medication, adapted treatment, alternative treatment: teas and juices, pharmacological treatment, preventive treatment, psychiatric treatment, treatment used, medication use, treatment data, indicates treatment, specific clinical examination, medical examination, previous examination of the disease, clinical tests used for diagnosis, daily collection of general laboratory tests, lack of interest in carrying out diagnostic tests, test results, positive test result, prognostic factor, low survival, complications.

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SOCIAL		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Socioeconomic status: A set of economic, sociological, educational and labor characteristics that qualify a subject or group within a social hierarchy.	**Material goods:** Everything that has a concrete form and some utility, being able to satisfy a need of the subject.	Not having a microcomputer, motorcycle, automobile for private use or home ownership, material deprivation, deprivation of material resources, various deprivations.
	Housing: Common designation of housing, which may or may not be materialized as a house, since the street is often considered the place of residence.	High proportion of residents per dormitory, precarious housing conditions, precarious characteristic of the rooms, living at home with a small number of dormitories, institutionalized living, housing needs.
	Income: Source of money through which one can buy goods and services, i.e., it is remuneration received mainly after a period of work or through social programs.	Income for diseases, low family income, small number or absence of family members with income, small or absent amount of people with paid work, inability to generate income, receipt of social assistance subsidies from the government, receipt of sickness benefit, receipt of social benefit, insertion in assistance/benefit program, financial problems, economic difficulties, financial condition.
	Social class: Group of subjects with characteristics in common from the economic, behavioral and ideological representation point of view of the world around them, in a relationship of hierarchy with other groups.	Diverse social status, unfavorable social position, low socioeconomic status, economic class, family economic status, low social class, low purchasing power, poverty condition.
	Work: It is the activity upon which the human being employs his intellectual or physical strength to produce the means for his livelihood.	Retirement, unemployment, employment, occupation, informal occupation, occupation: student, occupation: outside the market, small amount of staff working with a signed portfolio, small number of people working more than 6 months in employment, absence or lack of permanent education for work - qualification for work, absence or lack of permanent education, not receiving training, not receiving training in health and safety at work, forms of bonding weakened and precarious, condition of the diverse organization, excessive workload, excessive workload, unhealthy and precarious work contexts, excessive working hours, lack of control over work, places/working condition, absence or lack of safety in the workplace, incidents and work accidents are investigated, pressure at work, work at work, work at work , joint work difficulties, different types of work, working time in the company, night shifts, insufficient human resources, underemployment, work sector, uninformed and ineffective workforce, domestic overload, high noise levels at work, workload and mental overload of work, lack of freedom of expression at work, lack of freedom to communicate with management, excessive work rules, non-contribution to social security.
	Education: Teaching-learning processes experienced in the family, school or other institution significant for the subjects. This process can take place in the sphere of formal education or popular education.	Difficulties with education, lack of investment in education.
Demographic identity: A set of characteristics of a population that lives in a given territory and produces movements in that space.	**Ethnicity:** Group defined by the same origin, linguistic and cultural affinities.	Ethnic group, minority ethnic groups
	Origin: Someone's place of origin.	Nationality, origin, origin: rural area, origin: urban area, locality, length of stay at the place of origin, domestic habitat.
	Migration: Displacement of individuals within a geographic space.	Immigration, depending on the situation: country of destination, situation of refuge.
Culture: The forms of expression of the organization of a people, their customs and traditions exchanged and transformed from generation to generation that, from a common experience and tradition, are presented as the identity of this people.	**Cultural formation:** How the culture originated and settled into a specific group.	Cultural formation of the diverse population.
	Social constructions: All cultural expressions about prevention and how they were built.	Social constructions on prevention practices.
	Cultural differences: Different types of culture exist in relation to a population or group.	Cultural differences.
	Popular knowledge: Ways in which the subjects produce meanings by social and cultural experiences in search of explanations that relate aspects such as natural, magical-religious, or sociopolitical aspects in order to give meaning to events.	Cultural formation of the diverse population, incoherent social constructions on prevention practices, cultural differences.
Family context: The way relationships in a family happen.	**Marital/family status:** Relational characteristic arising from the establishment of a formal union or not between subjects.	Depending on the situation: being married or being single, time of stable union, living alone, number of children, mother of child up to 2 years old, family situation (with whom she lives).
	Member characteristic: Attributes of the members of a family for whom the care and attention necessary for their harmony are spent.	Child or adolescent up to 14 years old in the house, Children, adolescent or young person up to 17 years in the house, being family of the child with oncologic pain, elderly in the house, elderly in the house with other elderly, elderly person suffered fall, family member with disabilities, family member with difficulty in communication and social functioning, family member with behavioral and psychological difficulties , family member with learning difficulties, family member with epilepsy or convulsion, number of people with chronic diseases, alcoholic father, low schooling of people in the house, low schooling of the head of the family.
	Family types: Several contexts experienced by a family with regard to their organization, whether relational or financial.	Extended families, extended and single-parent families, number of people in the household, overcrowding at home, female head of the family after situation of social difficulty, patriarchy, female single parenthood.

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SOCIAL		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Social media: Social structure composed of people or organizations, connected by one or several types of relationships, who share common values and objectives of offering support in a situation of need of the subject or society.	**Social support:** Variety of real or perceived resources available and offered to a subject through their ties with others in various areas (professional, family or within the scope of friendship).	Need for support from health professionals, lack of support from health professionals, absence of social support and adequate reception - formal caregiver, reduced social circle, absence or insufficiency of social support, absence or insufficiency of social support provided by formal caregivers, absence or insufficient institutional support, fragility in the support provided during prenatal care, need for family support, non-monitoring by a family member for health care, absence or insufficiency of family support, absence or insufficiency of paternal support, receiving visits insufficient or excessive family members, absence or insufficiency of family insertion in care, absence or insufficiency of family member participation in child care, weak or absent family networks, receiving visits from insufficient or excessive friends, informal support networks of colleagues, not accompanying friends in health care, absence or insufficiency of previously received support, absence or insufficiency of social support networks, absence or insufficiency of social support if someone needs company, absence or insufficiency of social support if someone needs money or financial aid, absence or insufficiency of social support if need to receive health care, absence or insufficiency of social support if someone needs to leave home, absence or insufficiency of social support to perform domestic tasks, absence or insufficiency of social support when someone needs material goods, absence or insufficiency of support for prevention practice , without a caregiver when they need follow-up for consultations or hospitalizations, perception of social support, dependence on others for their care and support.
Gender: It is an identity category of what is culturally constructed as feminine or male, without, however, resulting exclusively from biological sex, since gender is an intentional act, a performative gesture that produces meanings.	**Gender inequality:** Different treatment given to subjects due to gender issues either by individuals or institutions.	General gender inequalities, reason for dropping out of studies: being transvestite, gender belief of society about people with disabilities.
	Traditional roles: Set of expected behaviors characteristic of a certain position in society.	Traditional gender roles, representation of women as careful and precarious and with a single partner.
	Male chauvinism: A set of attitudes and behaviors that result in the overvaluation of male characteristics.	Sexual practices of submission to men, attitudes and sexist ideas by women: power of condom use is exclusive to the man, accusative attitude of promiscuity, irresponsibility of women towards other women, attitude of submission to the partner, influence of sexist and patriarchal constructs on sex and marriage, idea that the sick woman is irresponsible and promiscuous.
Violence: It is the intentional use of physical or actual force or power against oneself, against another person or against a group or community, that result or are likely to result in injury, death, psychological harm, poor development, or deprivation.	**Discrimination:** Action based on prejudice that distinguishes a person or group from others in a pejorative way.	Discrimination in employment, discrimination: institutional violence, ethnic-racial discrimination, discrimination in the family environment and in the group of neighbors, discrimination in the last year, racial discrimination: unequal treatment, discrimination, discrimination: family environment and in groups of friends and neighbors and health professionals, discrimination: religious environment, discrimination: lack of character, discrimination: commerce and leisure places, discrimination: physical appearance; those arising from issues of character, others related to intellectual capacity, discrimination: in commerce and leisure places, discrimination: intellectual disability, discrimination by teachers or colleagues, stigma and discrimination, situations of discrimination perpetrated by discrimination: offenses and poor quality care, suffer discrimination, negative stereotypes towards blacks, hostility (suffering hostility reaction), homophobia, religious homophobia and homophobia in employment , be labeled by someone, prejudice, discrimination suffered, racism, institutional racism, victim of racial prejudice, prejudice in relation to the disease, suffer prejudices in relation to sexuality, suffer prejudices to live motherhood.
	Sexual violence: Sexual violence is any sexual act or attempt to obtain a sexual act by violence or coercion, unwanted sexual comments or advances, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim.	Sexual violence, marital violence.
	Physical violence: Intentional use of physical force against oneself, against another person, or against a group or community for the purpose of causing injury or death.	High homicide rates, physical violence, marital violence.
	Verbal violence: Any act where the aggressor makes offensive remarks about another person.	Offensive verbalization with shouting and cursing, among others.
	Psychological violence: Unequal relationship of power, in which agents exercise authority over victims, subjecting them to psychological abuse in a continuous and intentional manner.	Use of power to intimidate or abuse, bullying, intimidation and harassment in the workplace, dinghies, violence as a daily event, institutional violence.

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SOCIAL		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Social control: Democratic strategy of citizen participation in the exercise of power, placing the social will as an assessment factor for the creation and goals to be achieved in the context of public policies.	**Social participation:** Performance of a subject or group in the theoretical and practical planes of social movements for decision making that has resulted for the collective.	Non-participation in any organized activity, non-participation in the social movement, non-participation in support groups and governmental and non-governmental organizations, non-popular participation in disease control, non-social participation, non-industrial/union involvement.
Ecosystem: It is the set of relationships that living beings and the environment, composed of the elements soil, water and atmosphere (abiotic factors) maintain sings with each other.	**Waste:** Everything that is not used in human activities, coming from industries, shops and residences, i.e., garbage, material that remains after an action or production process.	Inadequate home waste disposal, street waste, insufficient recycling and use of used materials, inadequate packaging and waste destination.
	Environment: Natural and social space (built) where the human being and all other living beings live.	Material elements, characteristic of activities on various land, land tenure, type of agriculture, agribusiness, use of housing by the family, economic dependence on agricultural activities, unbalanced ecosystem, spatial and temporal dynamics of deforestation, place of reproduction of the vector, pollution, dam disruption.
	Climate: Different weather states that repeat and succeed in the atmosphere throughout the year in a given region, consisting of elements such as temperature, atmospheric pressure, rain, snow, and hail and winds.	Diverse climatic factors, absent or insufficient natural ventilation.
Access to fundamental rights: The possibility of the subject enjoyfully and respectfully all his rights.	**First generation fundamental rights:** Right to life, freedom, property, freedom of expression, political and religious participation, inviolability of domicile, freedom of assembly, among others.	Absent or insufficient access to social and political participation.
	Second generation fundamental rights: Second-dimension rights are those in which the State has responsibility for the realization of an ideal of dignified life in society. Linked to the value of equality, the fundamental rights of the second dimension are social, economic and cultural rights.	Absence or insufficiency of health insurance, absence or insufficiency of access to health care, absence or insufficiency of access to health services, absence or insufficiency of access - use of public health services, long time to reach the nearest health service, absence or insufficiency of access to rehabilitation, high expenditure on health, diminished resources for payment for health services and/or purchase of medicines, absence or insufficiency of access to diagnosis and treatment, absence or insufficiency of access to prevention supplies, distance, access to the service: distribution of passwords, access to the service: waiting in long lines, access to the service: lack of health services, access to the service: lack of beds, access to the service: lack of solutions for needs, access to the service: queues , access to the service: waiting time, access to the service: difficulty in transport, absence or insufficient access to support services (health plan), accessibility absent or inadequate physical activity, lack of priority in care, demand for health services, difficulties with education, access - lack of investment in education, access to social assistance - access to absent or insufficient social benefits, absence or insufficient access to programs assistance, absence or insufficiency of access to support services (social benefit), absence or insufficiency of access to social goods, absence or insufficiency of access to material goods, absence or insufficiency of access to symbolic goods, absence or insufficiency of access to culture , absence or insufficiency of access to justice, absence or insufficiency of access to light, absence or insufficiency of access to leisure, lack of green space, absence of opportunities in the labor market, absence or insufficiency of work opportunities, not finding work, absence or insufficient access to regulated work.
	Third generation fundamental rights: Linked to the values of fraternity or solidarity, they are those related to development or progress, the environment, the self-determination of peoples, as well as the right to property over the common heritage of humanity and the right of communication.	Lack of or insufficient access to communication, absence or lack of access to media and absence or lack of access to the Internet.
	Fourth generation fundamental rights: They understand the rights to democracy, information and pluralism. This right is about the future of citizenship and the protection of life from the genetic approach and its current consequences.	Lack of or insufficient access to information.

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SOCIAL		
Concept/Constituent Definition	**Subconcept/Constituent definition**	**Operational definition**
Programmatic situation - emphasis on health: Characteristics and processes of institutions that provide different types of services to the population, especially those related to health.	**Infrastructure:** A set of elements that enable the production of goods and services.	Poor general infrastructure, absence or insufficiency of educational material for prevention, medication not assured, absence or insufficiency of room to carry out educational activities, quantity of supplies absent or insufficient, problems of systems, availability of tests decreased or absent, availability of materials decreased or absent, absence or insufficiency in the distribution of supplies, absence or insufficiency of offices that allow privacy, absence or insufficiency of diagnostic tests offered by the service, absence or insufficiency of offering specific tests, non-availability of material for individual use for the strategy of harm reduction, absence or insufficiency of carrying out any examination to detect disease, absence or insufficiency of carrying out clinical examination, absence or insufficiency of carrying out tests, absence or insufficiency of carrying out treatment, absence or insufficiency of supply of equipment of individual protection (PPE), absence or insufficient supply of detection tests for sexually transmitted infections, decreased or absent number of laboratory tests, absence or insufficient training, absence or insufficient training on the use of PPE, deficiency in their training professional, deficiencies in the assistance model, deficit of professional knowledge, deficit of professionals in understanding people's social needs, absence or insufficiency of professionals trained for a specific condition, late disclosure of the disease, type of consultation: quick, without communication, without humanization , professional weaknesses, unpreparedness of professionals with the disease, absence or insufficiency of preparing a technical opinion on prevention material, unpreparedness in the care of people with disabilities, technical unpreparedness, scarcity of scientific information, emotional, as well as physical and intellectual professional health professionals, nurses focusing on technological and specialized aspects of care, facing difficulties in approaching patients in the face of diagnosis, lack of awareness and training of health professionals, lack of investment in their professional qualification/rehabilitation.
	Working process: Product of the articulation of social actors in services (user, professional and manager) and the relationship established with the work object, on which the worker's action is involved.	Absence or insufficiency of medical or nursing consultation, care not centered on the person, absence or insufficiency of care for the sick child's family: nurse, absence or insufficiency of primary health care, absence or insufficiency of care within services, absence, insufficient or inadequate child care, paid care, lack of information to patients about procedures, absence or insufficiency of active search for family members, absence or insufficiency of active search for patients, absence or insufficiency of disease notification, absence or insufficiency of listening active by professionals, excessive involvement by health professionals, suffering together and putting oneself in place, absence or insufficiency of home visits and the approach of the health professional, dissatisfaction with the attention of the team, need to improve the quality of care for people in homes, professionals' lack of interest in specific demands those of people, mechanization of procedures carried out by professionals, difficulties in programs and public policies with regard to resource management and commitment to the organization, report on health conditions in cities by health services, absence or insufficiency of quality of health services, absence or insufficiency of reference/counter-reference, absence or insufficiency of professionals following protocols, absence or insufficiency of biosafety protocol, absence or insufficiency of health education programs, absence, inadequacy or insufficiency of disease notification flow, organizational weaknesses in the health system, absence or insufficiency of active and effective health and safety committee, absence or insufficiency of specific programs, absence or insufficiency of organization consultation schedule, high average test results, lack of institutional assistance, lack of recognition in human rights services.
State: Structure, i.e., the largest governmental institution that should provide the 'living well' of those who make up society.	**Public policies:** A set of successive initiatives, decisions and actions of the political regime in the face of socially problematic situations that seek to solve them, or at least bring them to managed levels.	Absent or insufficient government and public health, absent or insufficient care policies.
	Financing: Sources of resources through which expenditures take place in various sectors of society, including health.	Underfunding of the health sector, inadequate resource management and commitment to organization.