

Social Representations of Health in Artisanal Fishermen of Yucatan, Mexico*

(English Version)

Representaciones sociales de la salud en pescadores artesanales de Yucatán, México

Representações sociais de saúde entre pescadores artesanais em Yucatan, México

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Abstract

Objective: In this article, the significance of health and health practices in a group of artisanal fishermen from Yucatan, Mexico, are analyzed from the theory of social representations. **Methodology:** With a qualitative approach and ethnographic design, indirect observation was carried out in social networks (Facebook), direct observation in the community, and interviews with 10 artisanal fishermen, having as an axis of conversation discomfort, well-being and affectivity. Collection ended when saturation was reached. The information was typed

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for later content analysis using the ATLAS.ti 8 program. **Results:** The representative content is obscured by the dominant medical discourse, which emphasizes disease and its treatment. The body becomes the repository of discomfort. At the same time, it serves as the object that reflects it. At the affective level, there is a contradiction between living happily without worries and living with the fear and uncertainty of having a good catch or returning home. **Conclusion:** The discourse on fishermen's health protects contextual references that are built on an economic foundation that obscures the fishermen's problems.

Keywords: social representations; health; fishing; common sense; discomfort.

Resumen

Objetivo: en este artículo se analizan desde la teoría de las representaciones sociales los significados y las prácticas de la salud en un grupo de pescadores artesanales de Yucatán, México. **Metodología:** con un enfoque cualitativo y diseño etnográfico se realizó observación indirecta en redes sociales (Facebook), observación directa en la comunidad y entrevistas a 10 pescadores artesanales, teniendo como eje de conversación el malestar, el bienestar y la afectividad. La recolección finalizó al llegar a la saturación. El material fue transcrito para su posterior análisis de contenido mediante el software ATLAS.ti 8. **Resultados:** el contenido representacional aparece atravesado por el discurso médico hegemónico, que enfatiza la enfermedad y su curación. El cuerpo se convierte en el repositorio de los malestares. Al mismo tiempo, funge como el objeto que la refleja. A nivel afectivo, se encuentra una contradicción entre vivir feliz y sin preocupaciones junto con el miedo e incertidumbre por tener una buena pesca o regresar a casa. **Conclusión:** el discurso de la salud de los pescadores resguarda referentes contextuales que se construyen sobre una base económica que invisibiliza los malestares del pescador.

Palabras clave: representaciones sociales; salud; pesca; sentido común; malestar.

Resumo

Objetivo: este artigo analisa os significados e práticas de saúde de um grupo de pescadores artesanais em Yucatán, México, utilizando a teoria das representações sociais. **Metodologia:** com uma abordagem qualitativa e desenho etnográfico, foi realizada observação indireta em redes sociais (Facebook), observação direta na comunidade e entrevistas com 10 pescadores artesanais, sendo o eixo da conversa o desconforto, o bem-estar e a afetividade. A coleta terminou quando a saturação foi atingida. O material foi transcrito para posterior análise de conteúdo utilizando o software ATLAS.ti 8. **Resultados:** o conteúdo representativo parece ser atravessado pelo discurso médico hegemônico, que enfatiza a doença e sua cura. O corpo se torna o repositório do desconforto. Ao mesmo tempo, ele serve como o objeto que o reflete. No nível afetivo, há uma contradição entre viver feliz e despreocupado e o medo e a incerteza de ter uma boa pescaria ou voltar para casa. **Conclusão:** o discurso da saúde dos pescadores salvaguarda referências contextuais que são construídas sobre uma base econômica que invisibiliza o desconforto dos pescadores.

Palavras chave: representações sociais; saúde; pesca; senso comum; desconforto.

Introduction

The Food and Agriculture Organization of the United Nations (FAO) estimates that there are just over 59 million people engaged in fishing and aquaculture worldwide. Behind Asia and Africa, the American continent comes in third with 2,843,000 people employed in the industry. The importance of fisheries stands out for contributing to food welfare and prosperity, providing a way of life, and direct and indirect income to a large part of the population in the world, in addition to providing a traditional cultural identity (FAO, 2016; 2020).

However, several authors agree that fishing is one of the most dangerous occupations, due to the conditions in which it is carried out. Fishermen are prone to face hazards and suffer from dermatological, respiratory, musculoskeletal, auditory, allergic, and psychosocial diseases (Matheson *et al.*, 2001; Yanes and Primera, 2006; Jacob *et al.*, 2013; INSHT, 2016; Jiang *et al.*, 2018; Woodhead *et al.*, 2018).

The dominant perspective in studies on fishermen's health is framed within the biomedical model, characterized by a pathogenic approach where disease is the result of the interaction between a biological agent and the individual's response (Arredondo, 1992; Madrid, 2011). Menéndez (1984; 2018) calls this a "hegemonic medical" model and characterizes it as:

- Biologist, by focusing on the relationship between agent and individual.
- Ahistorical, asocial, and individualistic, for not considering the context, the processes of production and means of living.
- Consumerist, considering health as a commodity, which is distributed as a good through economic exchange by means of consultations, treatments, and/or medicines.
- Asymmetric between the patient's and the expert's knowledge.
- Scientist for upholding the hegemony of medical-scientific-positivist knowledge.

One of the questions that arises from this model relates to the knowledge and expertise of the fishermen, specifically: what are they and where do they stand in the process of disease? how do they construct their meanings in relation to this process? Therefore, it is necessary to recover the voice and experiences of fishermen who have been traditionally made invisible, particularly in Mexico, where history was written with "[...] their backs to the sea" (Alcalá, 2003, p. 17), moving "[...]" between the paths of mountains, valleys and inland deserts and only rarely between the edges of its coasts" (Fraga *et al.*, 2009, p. 182).

Mexican coastal communities make up one of the poorest and most unprotected groups in the region. The fishermen lead a precarious existence under demanding working conditions, reduced remunerations, and without basic service benefits; factors that contribute to a situation of uncertainty, worry, and permanent vulnerability (Marín, 2007; Fraga *et al.*, 2009; Munguía *et al.*, 2013; Soares *et al.*, 2014; Perea and Flores, 2016; Puc, 2018; Munguía, 2019).

Thus, the objective of this text is to recover from the processual approach (Arruda, 2010; Banchs, 2000) of the theory of social representations, the practices, and meanings of a group of artisanal fishermen from Yucatan, Mexico in relation to their health-illness process anchored in their context.

Health-illness as an Object of Social Representation

An item of social representation is one that has a connection to the social practices of a group, is culturally significant, causes controversy, and carries an emotional charge (Pereira de Sá, 1998; Flores, 2010). From this perspective, the health-disease process results in a dynamic and complex phenomenon anchored in everyday thinking that represents great social interest as it is related to life (Alcántara, 2008; Robledo, 2015). Therefore, it is assumed as an object of representation. According to Banchs (2007), health transcends the organicist medical model by affecting or changing each person's life, their social integration, and their sense of group harmony.

In this sense, it is acknowledged that social representations refer to specific ways of creating reality while taking both social and cognitive factors into account (Knapp *et al.*, 2003). For his part, Jodelet (1986a) maintains that they are a form of social and practical thinking “[...] oriented toward communication, understanding, and mastery of the social, material, and ideal environment” (p. 474).

With the publication of Moscovici's work in 1979, the theory has established itself as a new paradigm for knowledge that enables understanding of the subjective processes of social thought construction as well as situating the processes people use to give situations meaning (Flores, 2001). The characteristics of social representations include being the outcome of the creation of an item (whether material or not), a condensed form of knowledge, and a directive for action. They allow for the sharing of social processes between individuals and society as a whole (Jodelet, 1986b; Guimelli, 2004).

The topic of health has become a line of research within theory since the work of Herzlich (1973), who focused his interest on the ways of organizing, interpreting, and constructing the meanings of health and illness beyond

behavior; as did Jodelet (1986a), in analyzing the social representations of madness in a rural community.

In Latin America, contributions from authors in this field deserve special mention. Examples include: Viveros (1993) in a rural Colombian community; Nascimento *et al.* (1995) with Brazilian university professors, students, physicians, psychologists, and university officials; or Álvarez (2006), who compares the representation between health operators and patients. Recently, Sanmartino *et al.* (2018) and Garelli *et al.* (2017) conducted studies on Chagas; Cáceres *et al.* (2017) studied the social representations of malaria in indigenous people from the Guna de Madungandi comarca of Panama. In Mexico, the current works of Torres *et al.* (2017) on influenza, and that of Gonzalez (2020) on COVID-19.

In particular, in the triangulation fishing-health-social representations, the authors found the study by Santos *et al.* (2017) which aimed to analyze the structure of social representations of the life history of artisanal fishermen with spinal cord injuries due to a diving accident in Brazil. The limited scientific production in this population, and from the theoretical point of view, reveals the challenge of studying health-illness from a constructivist and contextualized approach.

A Place with God's Mercy: the Context of the Study

In Mexico, the coastal zone includes a geomorphic franca that extends 20 km (12.43 miles) inland from the coastline (Secretary of Ecology, 2007). The coast of Yucatán extends about 340 kilometers, being bordered by 17 localities spread among 13 of the 106 municipalities that make up the state. The study's working area is in the adjacent region, covering an area of 868.63 km² (335.38 sq mi) and a population of 7,836 people (3,991 men and 3,845 women) (INEGI, 2017).

In the past, the productive activities in the study community have been linked to the salt mining and fishing industries, making the first one an example of the local economy at the time (Cortés, 2012). Currently, the percentage of population engaged in salt harvesting is low; in addition to being considered a low status employment (Salas *et al.*, 2006), unlike the tourism activity, which has emerged in recent years as an important economic option (INEGI, 2016). Currently, fishing represents the main source of economy, with 1,712 people who are designated as fishermen, representing 55.57% of the economically active people (EAP) (INEGI, 2017).

The type of fishing practiced is called "artisanal," characterized by the use of small boats and ice to catch the product, smaller catch amounts, and

less specialized tasks (Quezada and Breton, 1996; Alcalá, 1999, Marín, 2007). Generally, they work for boat owners, whom they call “bosses,” who provide them with supplies and equipment with the commitment that the catch will be sold to them at a cost that the bosses set. The fishermen lack an employment contract and basic benefits, such as social security.

Women also occupy a space within the fishing chain, although their activities are carried out on land or fishing in nearby places, such as the estuary, since these spaces are considered safe. There women take charge of capturing, cleaning or selling the product.

In relation to poverty and social backwardness, the Ministry of Social Development (2016) reported 487 homes with some deficiency: 2.4% had dirt floors, 6.3% had roofs of flimsy material, 6.8% had walls of flimsy material and 18.2% of homes were overcrowded. A total of 663 homes lack some basic service such as water (61.3%), drainage (9.4%), sanitation (8.5%) or electricity (1.35%). As for the indicators associated with food, 20.6% suffer from deprivation, of which 22% have mild food insecurity, 12.6% moderate, and 8.4% severe.

Regarding health services, 88% of the population are affiliated with some public service. Of these, 96.5% are part of Seguro Popular, followed by the Mexican Institute of Social Security with 3.5%, the Institute of Security and Social Services for State Workers with 0.5%, Petróleos Mexicanos/Defense/Marina with 0.1%, and 0.3% have private insurance. Regarding the level of schooling, 73.8% have basic training, 14% upper secondary, and 4.1% a higher degree. In contrast, 8% are illiterate. Ninety-nine percent of people between 15 and 24 years old and 89.9% of people over 25 years old know how to read and write (INEGI, 2016).

Methodology

The methodology was ethnographic, taking as a conceptual axis the theory of social representations. The participating group was made up of 10 artisanal fishermen from the coastal community of Yucatan, selected intentionally (Centeno and De la Garza, 2014). The inclusion criteria were: to be a fisherman, that fishing represents their main source of economic income and the voluntary desire to participate. Table 1 specifies the characteristics of the participants:

Table 1. *Characteristics of the Participating group.*

Gender	Age	Marital status	Children	Years of living in the community	Education	Years dedicated to fishing
M	48	Married	3	48	Incomplete high school	35
M	25	Single	0	25	Undergraduate intern	18
M	58	Married	4	58	Incomplete high school	35
M	38	Married	2	30	Incomplete high school	23
M	65	Free Union	4	45	None	45
M	32	Married	1	One month	High school	18
M	47	Married	3	17	High school	17
M	54	Married	3	36	Incomplete high school	30
M	44	Married	2	27	Incomplete primary school	7
M	38	Married	2	38	High school	25

Source: Authors' Elaboration

Information Gathering Techniques

For the collection of information, the process began with the non-participant observation technique in community Facebook groups, since due to the COVID-19 pandemic, the entrance and exit to the port was closed for non-inhabitants. Through an exploration and analysis of the pages with the greatest interaction, the weekly publications related to health were collected for three months, to explore what is communicated on the subject. Subsequently, with the opening of the port, participant observation was used (Jociles, 2018) for three weeks, selecting as locations the home, the flea market, the boardwalk, the main park, and the boat during two work tasks. Similarly, interviews were conducted regarding the fishermen's health experience (Taylor and Bogdan, 1994). The number of interviews ended when reaching saturation and the topics that guided the conversation were:

- Well-being: condition of feeling and being in harmony with oneself and what surrounds them, including physical, mental, emotional, spiritual, environmental, and social aspects.
- Discomfort: condition of lack of harmony with themselves and that which surrounds them, including physical, mental, affective, spiritual, environmental, and social aspects.
- Self-care: set of actions carried out by people to ensure their well-being.
- Affectivity: set of emotions and feelings related to health.
- For the collection of information, ethical guidelines, transparency of information and informed consent were considered.¹

Analysis of the Information

The collected material was audio-recorded and/or recorded on paper for later transcription. Following the codification proposal of Bardin (1996), through repeated readings of the material, the decomposition of the text was carried out taking the theme as the registration unit; that is, the “[...] nuclei of meaning that make up communication” (p. 79). Subsequently, a process of constant comparison between codes was followed to find relationships and/or contrasts, as well as to generate broader sets of content. This process allowed the emergence of new categories. The ATLAS.ti 8 software was used for the analysis.

Results

In order to maintain a proposal for the presentation of results, three components present in the social representations and consistent with the objective are taken up for analysis, such as: meanings and practices (Jodelet, 1986a) and affectivity (Banchs, 2007; Flores, 2010). Additionally, a section of emerging categories found is included.

1. The ethical components of this research are based on the principles presented in the “Belmont Report: Ethical Principles and Guidelines for the Protection of Human Research Subjects,” for which a letter of informed consent proposed by the Ethics Committee of the Master’s and Doctorate in Psychology program was delivered to each informant.

More there than over here: Meanings of Health

Health appears in the fishermen's discourse with materialized references; that is, those that are visible and can be verified by the senses, specifically, by pain and/or discomfort, as can be seen in Figure 1:

Figure 1. *Semantic Set of Health-disease.*



Source: Authors' Elaboration

Based on the above, it can be stated that the body becomes central in the social representation of fishermen's health, since it is a place-repository where health is present (or, rather, absent). At the same time, the body serves as a monitor where a harmful situation is reflected and in which, based on individual or collective judgment, a decision is made to carry out the practice of care, whether internal or external. This is how the following participant refers to his bodily situation: "When I feel that my colon is bad, I ask my wife to prepare my herbalise [Herbalife], because she sells it" (Fisherman, 54 years old).

The body is also represented as a work instrument by which the means of life are obtained. Weakness or illness makes it impossible to earn for the day, both for the fisherman and for his work team. For this reason, some discomforts are minimized, as long as they do not impede fishing work or require permanent treatment. "I have a nephew who is skinny, *pasumare* (local expression of wonder) that bastard constantly decompresses, but since nothing strong has affected him, pure pain, pure pain pills, injections the next day, they are gone" (Fisherman, 44 years).

Coinciding with the hegemonic medical model, the disease is presented as the main reference of health. Within the group, it can be classified by chronicity

and/or degree of disability. In relation to the first, this is distinguished between those temporary diseases – such as the flu, diarrhea, back pain and those chronic-degenerative, such as diabetes and arthritis. Due to the degree of incapacity, illnesses can be partial, when the fisherman can continue working; or total, when rest is required.

In this sense, the disease is recognizable from the affectation to work and the duration of the disease; that is, if it totally incapacitates the fisherman or if permanent treatment is required. One participant mentions in this regard: “I’m not sick, because I don’t have a disease like diabetes or hypertension” (Fisherman, 65 years old).

The main health risks present in the fishermen’s discourse are related to accidents and their consequences; particularly, by decompression sickness, suffered mainly by divers. Decompression consists of the dissolution of nitrogen in the blood and tissues when exposed to high pressures, forming bubbles that, in turn, can cause a set of physical-chemical, hemodynamic, and rheological alterations (Durán *et al.* [/i], 2019).

In the study group, most of the fishermen have dedicated themselves to diving at some point in their lives; above all, because in the 2000s the Asian market bought the species *Isostichopus badionotus* and *Holothuria Florida*, known as “sea cucumber,” at very high prices. This factor was motivating for many people dedicated to fishing on the surface to become scuba divers. This change was made without adequate preparation by the fishermen, who, faced with a possible niche of economic income, chose to assume the risks of diving without knowing how to swim, exceeding the physiological limits allowed by the body underwater, and exposing themselves to death. Although the product is already banned, it continues to be extracted furtively, which causes a double risk: death or being imprisoned for violating federal regulations. In general, decompression sickness is narrated as an experience that moves between pain, despair, and the need to return to work, as can be read in the following experiences:

When I had the first one, I think I was in bed for about nine hours and had three sessions. In the second, the same, from eight to nine hours. The third time, the same, but the third time it was because oil passed through, spots like that began to appear on my body and my chest swelled, nothing more than arm pain. (Fisherman, 38 years old).

I grabbed and spent eight days like this and I already felt more or less, I already wanted to go out on the street. In one of those, they were going to the longline to cast a line. Well, that’s how I grabbed it and I said: “You know what? I will go with you. Is there a chance? You may?” “Yes, I can,” I tell him, but I couldn’t

because it still made me dizzy, like that until it happened to me, but it was horrible. (Fisherman, 44 years old).

Illness as an element that disturbs health is represented as an obstacle (“bumps,” “kicks,” and “blows”), which can be overcome with an abundant diet based on seafood, the physical effort derived from fishing, and the heat and salinity of the place. On the other hand, religion plays an important role in the representation of health-illness. The community “possesses God’s mercy” as long as they are not affected by natural or health events. In the face of the COVID pandemic, they mention that: “By the grace of God the disease did not have an impact, because in the end it is God who decides how you do at the fair.” As for fishing, both safety and production go with a “Thank God,” reducing care to a prayer.

Close Your Eyes and Hold on: Care and Attention Practices

Facing the question “How do artisanal fishermen take care of their health?” it was found that to opt for a practice of care and/or self-care, there must be a model material that directs the action. In this case it’s the body. Fishermen objectify care based on injuries and sequelae from accidents.

Injuries considered “minor” include those that do not prevent them from continuing to work, regardless of pain levels. These may be cuts on feet, hands, or other parts of the body, caused by tools, objects thrown into the sea or marine species.

Cuts are usually treated by cleaning the blood, washing the wound with seawater, squeezing the lacerated body part, adding gasoline or sand and, in the best case, using a bandage to prevent bleeding and continue working. Injuries caused by marine species are common. These experiences in turn contribute to preventing future accidents and specific practices for healing. For example, mishandling of catfish (*Bagra Marinus*) frequently causes cuts, because it has very sharp fins that pierce the skin “like butter,” but are difficult to remove. When an incision occurs, the recommendations suggested by a participant are:

When you cut yourself, you keep working. If you cannot continue, close your eyes and then ask a partner to pull the flap. You wash it. Some even get fever. On land you can go to be treated as it should be, but almost no one goes. (Fisherman, 25 years old).

For its part, the devil ray (*Mobula mobular*), which has a stinger in its tail, hides under the sand and when someone moves it, the fish inserts its stinger

into the skin. Like the catfish, it is removed manually, with the difference that its healing method consists of tapping the wound so that the “bad blood” comes out.

Another common accident is hooking. This happens more frequently to inexperienced fishermen who are starting out in the job, as they lack expertise and may pay more attention to not falling than to hook handling. The hook is composed of six parts and it is, in particular, the burr located behind the point that prevents it from coming out easily. Doing so would cause internal tearing of the skin. Therefore, the procedure used is to cut it with a hacksaw on the eyelet side.

In general, seamen do not have first aid kits, which makes it difficult to use specialized equipment. Thus, for self-treatment, elements of nature are used, such as sea water, sand to rub the wound or elements found in the boat. A subject tells the following:

In one of those moments, the hook was broken, and the point broke. Of course, when it came back it got buried in my finger, but they didn't have the reed it had already stayed (alluding to the captured stripe). Just pull it, just pull it and it came out. But the pain, well, it's mostly there. You knock on the gunwale of the boat and there are others who pour gasoline with oil to make you hold the pain. (Fisherman, 44 years old).

The use of the line involves the skill of combining balance to stand on the boat at the rhythm of the sea, manipulating a line in each hand, following the direction of the sea currents to avoid entanglement. Therefore, cuts to a phalanx of the hand are common due to the tension generated when a fish is hooked and tries to escape. In this regard, the case of a fisherman who lost a finger was documented. By the time he felt the tension he could no longer cut the line with his other hand and ended up tearing off his appendage, which he picked up and put on ice while waiting for the return. Because of the return time nothing could be done and he lost finger.

Regarding accidents, the marks they leave on the being can be considered as a symbol of the risks of the work performed. This is what a fisherman says:

Besides, my feet won't let me lie. This is basically catfish, snail footprint, crab bites, because it is at night and you are in the shallows, you are in the mud at the moment that the snail is there, you step on it, because it has already broken your soul, you step on the crab and logically the crab grabs you, and you remove it and it is stuck there. Also it was a little catfish that left me without work for a week. Your hand is left like a toad. (Fisherman, 47 years old).

Finally, it was found that in the land space to attend to their health they go to the health center when some discomfort or disease is already present, which again speaks of the validity of the biomedical model.

Even the Most Terrible Shakes His Feet: Affectivity in Fishermen

In the fishermen's speech, the trade is a practice that is learned on the move with the only requirement of "having the desire." In the journey to become and remain a fisherman, affectivity is presented. The courage to overcome the fear of the sea is reflected in fishing without knowing how to swim. From 27 fishermen interviewed from 2018 to 2021, 70.37% do not know how to swim. In this regard, a fisherman with 34 years of experience mentions:

Me, I'm a fisherman and I can't swim. I don't know if I can swim against the current, I have had some carelessness and I have fallen into the sea, but in good times. You know that when you fall to the bottom, it brings you up again, then like a puppy to get to the boat. (Fisherman, 54 years old).

Likewise, fear remains present since fishing is characterized by the daily possibility of finding dangers during the work; in particular, weather conditions (winds, high tides, hurricanes), contact with animal species, technology, and lack of expertise in technical handling, such as driving the boat at high tide or handling the hose that provides air in the diving fishery.

These are the experiences you go through sometimes. Bastard, it's scary, but you get used to it. When the northerly winds come, then you are not afraid, but it is dangerous, so with strong winds sometimes you hit a swell and you go to the bottom. Not just anyone can steer a boat. (Fisherman, 44 years old).

For many fishermen who have been in an accident situation, it can become a traumatic event that even prevents them from returning to work. Thus, fear is materialized by events that have cost the lives of colleagues who have died in their arms, by experiencing firsthand what it means to lose a finger, by spending eight hours or more inside the hyperbaric chamber and even by being at sea in the middle of an unexpected storm.

Yes, their feet shake, even the most terrible ones say ... At that hour they see the black cloud that raised the wind, the swell and the wind, the feet of any fisherman begin to tremble [...] I know that there is north and I am on fire out there and there are no other *Pasumae* boats, you feel your legs trembling, when you feel that

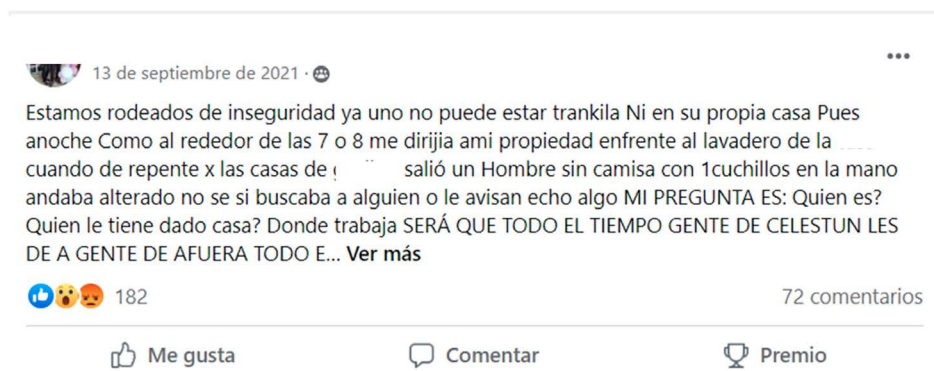
you begin to go down and you begin to go down, well, it calms down. As you run for more minutes and more hours, you feel when your fear subsides. Actually, it's fear. (Fisherman, 65 years old).

Likewise, fear is related to the proximity of death in each day, which awakens the feeling of uncertainty. This can be understood when daily and frequently phrases are heard such as: "The only safe thing to do is to go fishing, but not to return home" or "How ugly is my community, but how nice it is to return to the family." The most common way to meet this feeling of fear is through the consumption of drugs and alcohol, which are also used as a source of immediate pleasure. Intake seems to be justified and meant by the fishermen as a means to not feel anxious or empty. "Marijuana helps to relax," says one of them.

Uncertainty also appears in more practical areas, such as the amount of the catch, and the day's profit. The fisherman goes out to work with the hope of catching as much as possible, but with the uncertainty of achieving it and/or even that the purchase price upon return will not change. In addition to the above, there are feelings of lack of protection and loneliness, which extend from the personal when they are alone at sea to the institutional, when the only support is the so-called "sea insurance," which grants the amount of approximately \$1,000 USD as support to the fisherman's family in case of death.

On the other hand, it was found that fishermen are calm and at peace, particularly those who have been able to build up a patrimony. Someone with the possibility of having saved some money during fishing time constraints can make up for the need to feed himself by going fishing daily for the day's meal and keep their savings for difficult times. However, those who were not able to save money in times of abundance, underwent a feeling of uneasiness to the extent of committing illegal acts, such as fish poaching, robberies, and assaults of passers-by, as reported in the following Facebook publication.

Figure 2. Publication on Insecurity within the Population.



Source: Authors' Elaboration

Time and Spaces: Emerging Categories

Space refers to the physical and symbolic places that are anchored in the fishermen's discourse and practices. This category emerged from observing the division of the areas where fishing is practiced. The clearest division is between the estuary and the sea; the former is considered feminine by its characteristics of being less dangerous (Puc, 2018). The boat is not only the means of work, but also the place of accomplishment within a larger setting, such as the sea. At the same time, the water territory can be broken down into "down, up, out, in, high, low," representing many physical places, but, above all, metaphorical ones. For example: it is said that the fisherman who goes out to sea "goes out farther." Therefore, position and length coexist to show a sense of understanding from the lived experience of the space category.

Another aspect is directionality; for example, winds are named according to the direction from which they originate. Additionally, they trace the route. When northerly winds blow, fishing is forbidden and when the wind is calm, it is a good time for certain fisheries, a fish "bonanza." Location is important for preserving life within the fishing operation because it implies the need to identify reference points for a good catch, as well as for coming back home. Before, location was done through things like a lighthouse, the sky, and/or the clouds, but nowadays technology has a decisive role with the use of tools such as Global Positioning Systems (GPS).

In terms of time, the longing for the past remains, particularly for those fishermen who were originally from the municipality and who have witnessed

the transition from abundance to scarcity over the years. In the face of these tangible-focused representations, the “time” category serves as a cross-cutting element for health practices and meanings. Why investing in health instead of spending on illness when getting sick? (Maybe illness doesn't happen).

In the face of remaining uncertainties, the emphasis is on what is always happening. Dying healthy is a possibility rather than getting sick. According to this fact, the materialization of the malaise is what matters, not what could be or might happen. Concerning this social representation, the practice is conducive to palliate the present, because tomorrow will be another day. The argument is that time on the coast passes in long periods (epochs, mornings, nights, months, seasons) rather than in hours, minutes, or seconds.

Conclusions

According to this study's objective, fishing transcends the simple action of extracting aquatic resources and is positioned as the structuring axis of the social life of coastal communities, therefore it is assumed as endowing meaning and identity (FAO, 2016; Fernández, 2018; Fernández *et al.*, 2021). From this perspective, fishermen are sentient beings who, if placed in a particular context, construct meaningful significance and practices for their reality.

Given that a culture is always related to physical, social, and symbolic aspects, the proposal to understand coastal communities as a socio-ecological system becomes relevant; that is, as a “[...] set of integrated socio-bio-physical components that interrelatedly operate and evolve” (Maas, 2015, p. 3), although it is worth adding that the psychological and affective aspects also converge as here demonstrated. In this sense, coasts can be understood as interspaces between the sea and the land which have historically constructed and generated practices, discourses and affectivities that allow for the weaving of an interrelational network between the people who inhabit it, and their context, resulting in particular dynamics (Ther, 2012).

Then, the coast is not only a place of work, but a place where relationships and daily affectivities are woven; a place where day and night exist by looking at the sun and the moon rather than for the seconds of the clock. In this regard, Ooms (2006) mentions that fishermen locate themselves from “the limited,” “the unlimited,” “the verticalities,” “the outside,” and “the inside” figures within the world and they build up distinct identities called “fishing” which are characterized by the uncertainty of the marine environment. On land, on the one hand,

one lives and lives together with the family, celebrating life, bearing in mind that one will always have to return to the sea.

On the other hand, for the population of this study, the hegemonic medical model permeates its practices and meanings of health-illness by driving the idea that health decisions and behaviors are individualized and respond to their particular lifestyles; overlooking the sociohistorical structure that has built a pathogenic system, and according to Breilh (2013), it implies ways of living and getting sick according to that system.

The works conducted by Borowiec and Lignowska (2015) are consistent with this study's findings. These authors mention three dimensions of social representations that function independently. Lacking disease and having a biological reservoir to combat disease (p. 521). In another study by Torres *et al.* (2010) for older adults, health is based on the absence of physical and psychological discomfort, as well as vices.

This shows that the health mechanisms in force maintain a strong influence on the production and dissemination of social representations of health, which are particularly materialized according to the contexts. The contextualization of health-illness coincides with the study of Vergara (2009), who links young people's social representations of health to the environment, and the study of Moreno (2016), who mentions context as one of the main aspects in the construction of health social representations in a rural Colombian population.

Unlike the meanings that have been objectified and anchored in the biomedical model, the practices of care and self-care at sea have been created in relation to their need to survive, therefore they take up transmitted and learned contextual aspects in praxis. This idea of survival is the result of a historical community process in which the older settlers share the natural wealth that existed four decades ago. Since 2000, the boom in sea cucumber capture (López *et al.*, 2012), consumerist, and extractivist policies are factors that contributed to place the fishermen as land-based survivors in the sense of "looking for bread to take home." They even carried out illicit activities and endangered their lives by risky practices such as diving deeper than allowed and going farther out to sea.

Additionally, survival at sea refers to the sense of alertness and uncertainty in the face of a sudden weather change, an accident or simply working without knowing how to swim. These situations allow for considering fishermen as affective subjects who, behind that figure of strength, courage, and joy, are people with fears, feelings of closeness to death, lack of protection and loneliness. Whereas some studies have been conducted in fishermen's mental health, such as those of Jiang *et al.* (2018) – who found a high prevalence of stress in a sample of 1,068 Chinese fishermen – or those studies of Dörner *et al.* 2017 – who found depressive symptoms and substance abuse in the population studied

– the affectivity in fishermen appears to be as a vein of mental health study hitherto neglected in this group of people.

Based on what has been presented, fishing is the vital reference point for fishing populations. In these, the biomedical model remains valid in its discourse and practice. In the case study, health is the hegemonic referent, responding to the current capitalist economic model in which the obtaining of resources prevails over physical, psychological, and contextual well-being, hence placing the fishermen as a capture machine capable of satisfying the needs of the employer and making their own discomfort invisible. From this perspective, drug consumption (legal and illegal) serves as a palliative in the face of adversity, therefore it is not sanctioned and, on the contrary, is completely accepted. Recognizing fishermen as people who, with their own practices, affectivities, and knowledge, contribute to planetary welfare, despite their lacking of means, mechanisms, and tools that favor their own welfare is important.

Additionally, health studies recommend approaches based on the referents and contexts of the working populations, which would lead to the recognition that health is built on complexity and interaction. In this way, the psychosociological approach is an option that displays the emergence and the need to create prevention and promotion interventions linked to fishermen's health contextually and comprehensively.

Among the main limitations encountered in this study, there was limited time for field work, because of the COVID-19 pandemic.

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