

Characterization of family vulnerability in the context of social exclusion

Caracterização da vulnerabilidade familiar em contexto de exclusão social

Characterización de la vulnerabilidad familiar en un contexto de exclusión social

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Abstract

Introduction: This article is the result of research by a group studying families within the interdisciplinary context of bioethics. Family and vulnerability are two distinct but interrelated terms, both differing in common sense observation and theoretical approaches. **Objective:** The study aims to analyze and characterize, from an interdisciplinary perspective, family vulnerability in contexts of social exclusion. It begins with the question: How are family relationships understood in contexts of multiple vulnerabilities? **Methods:** This is a phenomenological, cross-sectional, descriptive, qualitative study with asymmetrical, random sampling, involving 12 participants over 18 years of age in different family stages: unmarried young people, newlyweds, families with young children, families with adolescent children, families with children who have left home, and elderly individuals. The semi-structured interviews were recorded, transcribed, and analyzed using the Iramuteq software. **Results:** The results were grouped into four categories: main experience, valuing, bad things, and perception of reality, which are interconnected, meaning one does not override the other. This clarifies a particular way of conceiving this reality, which can be explained as follows: family is the social space where the concrete experience of unconditional bonds occurs; the limit of belonging to it is tested by the moral stance of 'valuing' it or not; an idealized space that contrasts with a place where one learns 'bad things,' but which, realistically, can fail and reproduce the very vulnerabilities it tries to remedy. **Conclusions:** The analysis encompasses family experiences, coexistence, life stories, and relationships with family, friends, and communities. There are immeasurable factors such as adaptation to daily routines, work, finances, lack of dialogue, and health risks.

Keywords: Social exclusion; Bioethics; Phenomenology.

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Resumo

Introdução: O artigo é resultado de um grupo de pesquisa que estuda famílias no contexto interdisciplinar da bioética. Família e vulnerabilidade são dois termos distintos que se inter-relacionam: ambos são diversos na observação do senso comum, tanto quanto nas abordagens teóricas. **Objetivo:** O estudo tem por objetivo analisar e caracterizar, em âmbito interdisciplinar, a vulnerabilidade familiar em contexto de exclusão social. **Parte-se da indagação:** Como as relações familiares são compreendidas em contextos de múltiplas vulnerabilidades? **Métodos:** Trata-se de pesquisa fenomenológica, transversal, descritiva, qualitativa, de amostragem assimétrica, aleatória, com 12 participantes de idade superior a 18 anos em diferentes estágios familiares: jovens não casados, recém-casados, com filhos pequenos, com filhos adolescentes, com filhos que deixaram o lar e idosos. As entrevistas semiestruturadas foram gravadas, transcritas e analisadas por meio do software Iramuteq. **Resultados:** Os resultados foram agrupados em quatro classes: experiência principal; dar valor; coisa ruim; e percepção da realidade, que estão interligadas e interconectadas, ou seja, uma não se sobrepõe à outra. Explicita-se, assim, uma determinada maneira de conceber esta realidade, que pode ser assim evidenciada: família é o espaço social onde se dá a experiência concreta de vínculos incondicionais. O limite de a ela pertencer é testado na postura moral de lhe “dar valor” ou não, espaço idealizado que se contrapõe a um lugar onde se aprende “coisa ruim”, mas que, realisticamente, pode fracassar e reproduzir, ela mesma, as vulnerabilidades que tenta sanar. **Conclusões:** A análise abrange experiências familiares; convivência; histórias de vida; e relações com família, amigos e comunidades. Há fatores imensuráveis como adaptação à rotina, trabalho, finanças, falta de diálogo e os riscos à saúde.

Palavras-chave: Exclusão social; Bioética; Fenomenologia.

Resumen

Introducción: Este artículo es el resultado de una investigación realizada por un grupo que estudia a las familias dentro del contexto interdisciplinario de la bioética. Familia y vulnerabilidad son dos términos distintos pero interrelacionados, que difieren tanto en la observación cotidiana como en los enfoques teóricos. **Objetivo:** El estudio tiene como objetivo analizar y caracterizar, desde una perspectiva interdisciplinaria, la vulnerabilidad familiar en contextos de exclusión social. Parte de la pregunta: ¿Cómo se entienden las relaciones familiares en contextos de múltiples vulnerabilidades? **Métodos:** Se trata de un estudio fenomenológico, transversal, descriptivo y cualitativo, con muestreo aleatorio asimétrico, en el que participaron 12 personas mayores de 18 años en diferentes etapas familiares: jóvenes solteros, recién casados, familias con niños pequeños, familias con hijos adolescentes, familias con hijos que se han independizado y personas mayores. Las entrevistas semiestructuradas se grabaron, transcribieron y analizaron con el software Iramuteq. **Resultados:** Los resultados se agruparon en cuatro categorías: experiencia principal, valoración, aspectos negativos y percepción de la realidad, las cuales están interconectadas, es decir, ninguna anula a las demás. Esto aclara una forma particular de concebir esta realidad, que puede explicarse así: la familia es el espacio social donde se da la experiencia concreta de los vínculos incondicionales; el límite de la pertenencia a ella se pone a prueba mediante la postura moral de «valorarla» o no; un espacio idealizado que contrasta con un lugar donde se aprenden «cosas malas», pero que, en realidad, puede fallar y reproducir las mismas vulnerabilidades que intenta remediar. **Conclusiones:** El análisis abarca las experiencias familiares, la convivencia, las historias de vida y las relaciones con la familia, los amigos y la comunidad. Existen factores inconmensurables como la adaptación a las rutinas diarias, el trabajo, las finanzas, la falta de diálogo y los riesgos para la salud.

Palabras clave: Exclusión social; Bioética; Fenomenología.

INTRODUCTION

Family and vulnerability are two distinct yet interrelated constructs, both characterized by heterogeneity in common-sense understanding and in theoretical approaches. The study of the family within the field of bioethics is marked by a plurality of ethically grounded arguments, contextualized analyses, a commitment to the protection of vulnerable individuals, and practical recommendations that avoid reducing family reality to a single perspective. In this context, the present article aimed to address the phenomenological reality of the family as susceptible to multiple forms of vulnerability.

Multiple definitions of the family exist, manifested in diverse models and configurations.¹ The family environment fosters the establishment of ethical relationships that differ from those in other contexts. Ideally, family relationships tend to be inalienable, and such spaces are conceived as settings for ethical care.^{2,3} However, in the social sciences, family studies are understood within specific historical and temporal contexts, in which the family is shaped by economic, social, and cultural changes and transformations.³ Family interactions are broad and concrete: local culture, legal frameworks, and other socioeconomic

factors may facilitate or hinder the establishment of relationships. Accordingly, the family institution is embedded within a particular social and historical context; thus, “the family does not exist without society.”⁴ Nevertheless, kinship relations and their associated values constitute essential conditions for social coexistence, being perpetuated and transmitted across generations through “genealogical relationships.”⁵ The family is also surrounded by extended networks of relationships, including external ties with friends, neighbors, relatives, workplaces, and institutions. Individuals are not confined to the internal boundaries of the family, and even within it, there remains the possibility of recognizing and valuing individuals in kinship or neighborhood relationships, as well as including or excluding them from these networks.⁶

The historicity of the family is complex and cannot be definitively established, as its characteristics are not fixed. The family encompasses structural changes that have occurred over time across different societies.³ In contexts of social inequality, ethical discourse becomes ideological and precarious when it fails to explicitly assume the defense of vulnerable populations. The concept of vulnerability emerged within the field of health, contributing to the reorganization of prevention and health promotion practices through a contextualized approach with emphasis on social determinants. Similarly, the notion of vulnerability has been incorporated into discussions of society, reflecting an evolution in the understanding of deprivation and inequality associated with poverty. From the 1990s onward, theoretical efforts have sought to understand poverty and its consequences beyond purely economic variables. This perspective has aimed to incorporate a broader concept of vulnerability into Brazilian social policy, thereby contributing to the repositioning of public social assistance policy.⁷

In various epidemiological studies, vulnerability is used to identify health risk.⁸ It is thus conceptualized as a condition affecting individuals or groups who, for specific reasons, experience a diminished capacity for self-determination — potentially facing difficulties in protecting their own interests due to limitations in power, cognition, education, resources, strength, and/or other attributes. Given this complexity, vulnerability encompasses individual, social, moral, and programmatic dimensions.⁹

Individual vulnerabilities comprise biological, emotional, intellectual, attitudinal, and social characteristics. Social vulnerability, in turn, is determined by cultural, social, and economic factors that shape access to goods and services. These factors may be understood through the relationships and conditions that manifest across the family life cycle, within the context of social assistance policies, and through their multifaceted dimensions.¹⁰

Programmatic vulnerability, in turn, refers to the social resources required for the protection of individuals. Insufficient availability of such resources may compromise physical integrity, as well as psychological and social well-being. Vulnerability thus depends on a combination of elements across these domains and is associated with lived experiences, life’s advantages and disadvantages, and individuals’ understanding.⁹

In addition to individual, social, and programmatic dimensions, moral vulnerability is also recognized. It is grounded in theoretical frameworks — philosophical, religious, scientific, and cultural — that may serve to exclude, belittle, or justify discrimination against individuals or groups.¹¹ From this perspective, moral vulnerability enables the examination of ethical conflicts within family contexts, as certain family models or characteristics of their members are often exposed to heightened vulnerability associated with processes of exclusion, violence, and stigmatization. Considering vulnerability from this phenomenological standpoint allows for an understanding of the human being grounded in fragility, regarded as a fundamental feature of the existential condition, although vulnerability may be experienced across different dimensions and expressed in varied ways.¹²

Finally, this article aimed to analyze and characterize family vulnerability in the context of social exclusion from an interdisciplinary perspective. Based on this objective, the following research question is proposed: How are family relationships understood in contexts of multiple vulnerabilities?

METHODS

This is a phenomenological, cross-sectional, descriptive, qualitative study. The research aims to analyze relevant, available, and comprehensive evidence regarding family relationships within the investigated sample. The methodological approach to examining the phenomena is presented in the results section, in conjunction with the literature review, which seeks to enhance the reliability of the procedures through processes that ensure the acquisition of knowledge.^{13,14}

The qualitative study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) as a guiding framework.¹⁵ Data collection was conducted through composite interviews, comprising a structured stage using a standardized form and a semi-structured stage. The interview instruments were developed and validated by an interdisciplinary research group composed of researchers, professors, and health professionals. All members were appropriately qualified, with most holding doctoral degrees and demonstrating extensive research experience in related fields. The validation and evaluation of the instrument adhered to the following criteria: clarity and intelligibility, with language appropriate for comprehension; relevance, ensuring alignment with the proposed objectives while minimizing biased interpretations and idiosyncrasies; and research pertinence, aimed at generating valid and realistic findings.

Data collection was conducted in clinics, residents' associations, and participants' homes — occasionally in the presence of family members — ensuring the scientific rigor and reliability of the data. The primary characteristic of the sample was families in vulnerable situations residing in the outskirts of Brazilian cities. The interviews had an average duration of 25 minutes and included participants representing the following family life stages: young unmarried individuals; newly married couples; families with young children; families with adolescent children; families with children who had left home; and older adults.¹⁶ A total of 12 participants aged 18 years old or older were included. The sample was asymmetrical and randomly selected, systematized according to family life stages, and derived from the study's own database.

The interviews were audio-recorded, subsequently fully transcribed, and processed using the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (Iramuteq, version 0.7 alpha 2), in which the textual corpus was subjected to lexicographical analysis. Data processing, based on descending hierarchical classification and considering the frequency and relevance of keywords, enabled the identification of textual patterns and relationships, as well as lexical classes and categories.¹⁷ The qualitative data reflect the complexity of the phenomena, constituting a broad resource for defining procedures and for characterizing the inherent qualities of the investigation.¹⁸⁻²⁰

The semi-structured interview guide consisted of 11 prompting questions, as presented in Chart 1.

Inclusion criteria encompassed participants representing the different family life stages and aged 18 years old or older. Individuals unable to participate in the interview were excluded. The study was approved by the Research Ethics Committee, under opinion number 5.134.533. Participation was voluntary and anonymous, and informed consent was obtained from all participants prior to the interviews.

Chart 1. Interview Guide

Trigger questions
1. How do you perceive your family? Talk about what family means to you and your family experiences.
2. What are the difficulties and risks for your family? Discuss risks to your family's well-being, the challenges your family faces in your community, or any events that have negatively impacted your family history.
3. What are the strengths and positive aspects of your family? Talk about the aspects that favor or help family coexistence.
4. How do you perceive the reality of children in your community?
5. How do you perceive the reality of youth in your community?
6. About being a mother (for participants who are not mothers): How do you perceive the reality of mothers in your community?
7. About being a father (for participants who are not fathers): How do you perceive the reality of fathers in your community?
8. About being an older adult (for participants who are not aged): How do you perceive the reality of older adults in your community?
9. Regarding the nutrition of your household:
- Is there anything that worries or concerns the family about food?
- Does the family usually eat together or separately? What does this moment mean?
- Does the family cultivate any type of food? If yes, what type?
10. In your opinion, what promotes or hinders your family's oral health?
11. What is your family's main goal today? Please elaborate on this goal.

Source: The authors (2024).

RESULTS AND DISCUSSION

The research results are structured according to descending hierarchical classification. Inferences were derived from participants' statements, which were organized into four classes. The data processed, organized, and extracted using Iramuteq represent word forms derived from the textual *corpus*¹ of lexicographic classes, comprising 11,985 word occurrences distributed across 962 forms. Through hierarchical classification, a total of 366 text segments (TS) were analyzed.

The initial results correspond to the analysis of hierarchical classes and are presented in Table 1.²

The analysis of the lexicographical hierarchical classification is grounded in participants' family experiences and the evidence derived from their statements. Accordingly, the hierarchical classification follows the sequence of word frequency and degree of relevance, corresponding to the participants' accounts. In this sense, it presupposes the logical structure of the arguments when examining family relationships in contexts of multiple vulnerabilities.³

Class 1, "main experience," comprised 21.17% of the analyzed textual corpus. The most prominent words, with $p < 0.0001$ and a chi-square (χ^2) value greater than 46.72, were: "family," "main," "goal," and "experience." The emphasis observed in this class reflects the lexicographical construction of the concept of family as grounded in everyday lived experience and coexistence. "Main experiences" are interpreted

1 Corpus: name assigned by the IRAMUTEQ software for text analysis.

2 The nomenclature indicates that n- is the number of TS containing the specified word in the class, that is, the importance of the word in the text or the number of occurrences. The percentage - % represents the occurrence of TS containing the specified word within the class relative to its occurrence in the entire text (corpus). The χ^2 - indicates the association between the TS, the word, and the class. The p- denotes the level of significance associated with the text segment containing the word in the class.

3 The document organized in the software prioritizes the treatment of prompts, avoids repetition of words and language flaws, and synthesizes fragments to optimize the extraction of words representing the families' expressions at each stage. The aspects analyzed regarding family vulnerabilities refer to the families' current condition, life history, phase description, and the past, present, and future of their life stories. The selection of prompts for hierarchical analysis follows criteria of frequency, proximity of meaning, plausibility, and representativeness of the language expressions of the 12 participants. The narratives are represented in each class by two prompts that validate the representativeness of the words, as shown in Table 1.

by participants within a temporal framework, past and present, marked by memories of “paternal” and “sibling” relationships. Previous experiences and family interactions are characterized as “good” or “not good,” with priority given to respect and coexistence. Additionally, paternal references, recollections of past experiences, respect for “parents,” and the subjective temporalities of each family member are highlighted as relevant aspects. Family relationships are further understood as affective or non-affective, shaped by attitudes, “customs,” degree of kinship, biological aspects, and family “teachings,” all of which contribute to the construction of these experiences.

Table 1. Dendrogram resulting from the descending hierarchical classification of the textual corpus.

Descending Hierarchical Classification		Lexicographic Analysis			Significant Variable*
Class	% Classes	Word	X ²	%	
1. MAIN EXPERIENCE	1 (21.17%)	family	101.18	80.00	Family vulnerability
		main	55.64	100.00	
		goal	51.42	100.00	
		experience	46.72	75.00	
2. GIVING VALUE	2 (31.53%)	give	23.54	73.08	
		thing	38.04	52.94	
		bad	35.37	81.82	
		world	35.26	66.67	
3. BAD THING	3 (16.67%)	side	24.81	85.71	
		new	2.37	100.00	
		offer	20.37	100.00	
		pass	19.45	56.25	
		teach	18.38	63.64	
		way	15.61	71.43	
		deal	15.21	100.00	
4. PERCEPTION OF REALITY	4 (30.63%)	perception	136.48	92.86	
		community	132.53	91.23	
		reality	129.73	89.66	
		see	22.69	72.00	
		older adults	20.49	77.78	
		school	18.79	100.00	
		child	18.32	61.76	
		live	16.58	83.33	

*p < 0.0001.

Participants acknowledge that family teachings may be at risk of disappearing with the loss/death of parents. This perception can be associated with individual vulnerability, reflecting expressions of lived experiences, realities, and the absence of close relationships. In this context, temporal distance and respect are linked to the remembrance of the past, while experiences of death and weakened relational bonds contribute to the emergence of new family configurations. The diversity of dialogue, the sharing of ideas, respect for family values, reasoned arguments, meaning-making, sensitivity, and lived experiences are identified as common goods.² The sharing of experiences is also emphasized in the analysis of individual vulnerability, recognizing that each individual has a distinct way of experiencing family relationships.

The following two TS illustrate the family as a space in which this “primary experience” is lived: at times as a “safe haven,” and at others as a source of vulnerability, particularly in relation to the difficulty of navigating dynamic family experiences. Thus, rather than a rigid and well-defined social institution, the family emerges as an “experience” that cannot be fixed in space and time, as experience itself is inherently fluid and transient.

The family is structured in an organized space with a lot of respect. There's a harmonious coexistence, not very close, not together, somewhat distant. A few years ago, the family was my safe haven, but today, after my father's illness, I'm rethinking that safe haven. I feel like I no longer have it, because of the distance, I live in another city now, and because of my father's current health situation [...] he has always been the pillar of the family (P-3).t

Within the family context, the type of experience is identified as a “primary bonding experience.” Although it is not necessarily enduring in its immediacy, it leaves lasting impressions throughout the life course. There is also recognition that, despite its particular nature, the type of bond established is present in “most people.”

Family is a primary bonding experience, the emotional foundation between people. Through family, we learn and pass down values from one generation to the next. Teachings and traditions are important, and the experiences are memorable. When a father or mother is absent, it creates instability; and siblings each find their own way of living life. Most people go through this. When the patriarch and matriarch are gone, that is, when they die, things fall apart; it's no longer the same (P-1).

It is essential to emphasize that, in the context of individuals in vulnerable situations, the family is not defined by external or pre-established structures, but rather as an institution capable of constituting experiences of inalienable bonds. For this reason, the family is universally present in all societies,²¹ assumes even greater relevance in times of adversity, and demonstrates the capacity to survive and adapt to “broader economic, social, and cultural transformations.”³

Class 1 encompasses concrete experiences of family life that, at times, relate to what has been defined as individual vulnerability and, at other times, indicate that the family may constitute the social space in which individuals experience and establish fundamental and inalienable bonds.

Class 2 reflects the concept of “giving value,” representing the largest proportion (31.53%) of the analyzed textual corpus. Only the word “giving” stood out, with a p-value < 0.0001 and a chi-square (χ^2) value greater than 23.54. The analysis of the phenomena within this corpus points to economic factors, financial difficulties, and family relationships situated within this context. Relationships are described as fragile, often failing to support self-care and the provision of necessary parental assistance. In contrast, past relationships, grounded in memories of upbringing, respect, and life experience, are portrayed as more stable and sustaining. In the present context, relationships are understood as fragmented and influenced by new family configurations and forms of coexistence. The term “giving” emerges in the sense of respect, moral integrity, and “good” upbringing. Despite experiences of extreme poverty and lack of material resources in childhood, expressed as “we had nothing,” human development was not perceived as compromised. A “good” education, “upbringing,” and paternal teachings are described as solid foundations that contributed to the development of character marked by integrity and dignity.

The text further addresses the “fear of illness,” the memory of past suffering, and the deaths of “fathers, husbands,” characterized as significant losses due to their roles as primary providers. As a consequence, financial resources and access to education become limited. At the same time, it is observed that the “good” family education previously acquired sustains the provision of care for young children. Considering physical, psychological, internal, and external factors, part of these experiences is rooted in memories of the past — while another part reflects the need to adapt to present circumstances. Financial and solidarity-based support available to families is often derived from the community itself. Precarious living conditions thus represent a substantial challenge for families in maintaining themselves as institutions of unconditional care³. The vulnerability associated with social and health determinants comprises a set of factors capable of generating harm and is used as an indicator of social inequality, particularly among susceptible populations. In this context, the family is also recognized as a determinant within the health–disease process. However, the concept of family vulnerability is broad and difficult to measure, as it is associated with multiple factors, including the health status of family members, income, education, and family dynamics, among others.²²⁻²⁴

The various social, cultural, and economic factors express the reality of family vulnerability, as evidenced in the participants’ narratives, as illustrated below:

Our family has always struggled, always in need when we were kids. Today, we really appreciate things. My father has passed away, but he taught me so many good things. Now I have life experience, because we went through earlier experiences. Today we know how to respect older people, how to enter and leave, how to talk to others, because self-respect matters everywhere. We had a really good upbringing; we didn’t have money, we didn’t have anything, but I’m very grateful for the mother and father I had. I miss my father a lot. Every family is like that, we’re not really close, only there when someone needs you. In truth, everything ends up falling on the person who’s closest to the suffering (P-10).

It is observed that the family experience, within which the aim is to “give” due respect to individuals and to the present moment, is affected by precarious social conditions. The intention to build and sustain a family remains present; however, it is constrained by such conditions, as expressed in statements such as “we had no money, we had nothing.” The experience of deprivation, in turn, appears to confer new meaning to life itself, as individuals begin to “value” what they possess in light of what has been lost.

Vulnerabilities encompass multiple dimensions, ranging from limited economic resources and a precarious health system to social adversities, including addictions such as drug use and alcoholism.

The family’s struggles... it’s the fear of illness... my husband... my father-in-law died of colon cancer... What really marked me was my husband’s death; he died because he drank a lot, he had cirrhosis, and he was only 37. My son was 13 when he died. I raised him all by myself; it was really hard. If people hadn’t helped me, I don’t know what I would have done; I even had to borrow money until my retirement funds came through. Everyone in the community helped me, but money was always scarce (P-7).

It is observed that this class, expressed through the notion of “valuing,” clearly reflects conditions of extreme social vulnerability, interpreted as a manifestation of unmet needs. The precarious

conditions experienced render family boundaries more flexible and fluid; within this context, the weakened family seeks support, appeals to social solidarity, and relies on social policies. The challenges affecting the family extend beyond its internal dynamics and involve broader social interactions, at which point situations of social vulnerability also leave significant marks on family reality. In this context, social and individual fragilities accumulate, raising the question of how a vulnerable family can be supported within a community that itself exhibits high levels of social vulnerability.

Class 3, “bad thing,” represents the smallest proportion (16.67%) of the analyzed textual corpus. The words that stood out, with $p < 0.0001$ and a chi-square (χ^2) value greater than 15.21, were: “thing,” “bad,” “world,” “side,” “new,” “offer,” “pass,” “teach,” “way,” and “deal.” These terms reflect processes of exclusion, stigmatization, and violence, as well as moral conflicts present within the communities in which families are embedded. The lexicographical analysis portrays human actions as forms of “objectification” and “personification” of a “bad world,” suggesting a sense of detachment from the broader community context. A pattern of segregation emerges, characterized by a division between stigmatized “sides,” with some individuals perceived as good and others as bad.

The narratives originate from individuals belonging to the local community, yet they appear not to fully recognize themselves within their own discourse; the language employed reflects stigmatized expressions. Children in the community are perceived as lacking “mothers,” while young people are labeled as “potheads.” The local environment is described as failing to foster dialogue, “education, offerings, and ways of coping.” At the same time, participants report financial difficulties, which can be understood through multiple interrelated factors. Hunger and the lack of economic resources result in children being deprived of “mothers,” highlighting gaps in public policy provision within the community. Additionally, the hostile environment is exacerbated by drug use, a longstanding phenomenon with serious public health implications, producing profound personal and social consequences for young people.²⁵

The participants’ arguments suggest that the community may constitute a hostile environment:

The way children experience life in the community is that they need mothers, because it seems like they don't have them. Kids need baths, clothes, and food, because so many people in the neighborhood are struggling. I know people who go hungry, and I know young women in the neighborhood who use drugs, their children go hungry and stay out on the streets until night. Kids left alone, just 4, 7, or 8 years old... Their upbringing is completely different from others. The reality for youth in the community is that many are potheads; I call them delinquents (P-12).

Individuals already affected by personal experiences of loss and limited social support are subjected to heightened vulnerability within the community, where they are often labeled as marginalized.

Children in the community spend more time on the streets; it seems their parents don't show them love or care. They go to work and leave the kids just out in the street. They end up learning bad things. There's nothing good out there. We need to guide parents, not to leave their children in the street. I don't really have contact with teenagers, but I know they're very rebellious; they need a lot of guidance, people to teach them the good side of life. Young people die, and many get caught up in drugs, but they don't come to us to talk, so we can offer a kind word. When someone is in a difficult situation and seeks out an older person for guidance, it helps. Young people need support (P-9).

Thus, the “bad thing” category reflects subtle aspects of moral vulnerability, as the local community itself contributes to further disadvantaging certain families, creating additional layers of exclusion within already vulnerable populations. The statements also highlight the perceived responsibility of families, as children are reportedly left without supervision. This abandonment is linked to the necessity for parents to work, resulting in a complex profile of vulnerability: parents must engage in employment, yet, in the absence of adequate support, their children are left unprotected and exposed to learning “bad things.” This situation presents a near-dilemma for parents: remaining at home risks “lacking everything,” while working leaves children to navigate the streets “any old way” within a community that lacks the structure to care for them. Living conditions thus constitute a central element of social representations of vulnerable families, which are characterized by commitments to work, unemployment, or underemployment. Consequently, the economic realities of these families impose significant challenges to the maintenance of family ties.²⁶

Finally, Class 4, “perception of reality,” comprised 30.63% of the analyzed textual corpus. The words that stood out, with $p < 0.0001$ and a chi-square (χ^2) value greater than 16.58, were: “perception,” “community,” “reality,” “see,” “older adults,” “school,” “child,” and “live.” This class reflects the social resources necessary for the protection of families, as well as the risks to their physical, psychological, and social integrity and well-being. These risks are manifested through the presence of illness within the family; fear of death/loss; concerns about being insufficient for other family members; and deficits in physical and psychological resources, including food, employment, housing, and guidance, support, or accompaniment for children and parents. Additionally, participants report difficulties in providing care and fulfilling necessary support functions. Simultaneously, the narratives reveal the changes that have occurred over the life course, contrasting past phases marked by financial insufficiency, such as the inability to “buy food”, with the family’s current “state” of relative stability. The arguments highlight the following aspects:

There were risks for the family; we went through difficult times, especially for my mother. When she lost her mother, my grandmother, that was a hard phase for her. There was also the issue of smoking, my mother was a smoker; for me, that was a difficult part. Another tough period was when I was a child, for me and all my siblings. We didn't have much and relied on the family to buy food and other things. Over time, we grew up, and life became more stable (P-8).

The difficulties and risks to the family's well-being. Today, the biggest challenge for my family is health: my husband has an autoimmune disease, and it takes a lot out of us. He's always on medication, and sometimes he gets depressed. I see this as a risk for our family, because he is our foundation. In the community where I live, we have a lot of problems, with robberies on the rise... We need more full-time schools to keep the children occupied (P-12).

The narratives highlight programmatic vulnerabilities arising from diverse contexts. “Health losses” and addictions, such as “cigarettes,” reflect factors directly perceived in participants’ realities. The pain and suffering associated with losses and stigmatization represent significant challenges and risks for families.⁸ Concurrently, the lack of material resources, social stigma, and the devaluation of individual or collective actions reveal the role of the community, which may be experienced as either supportive or distant. Programmatic vulnerabilities encompass the weaknesses, gaps, and barriers present within institutional health systems. Their impacts on health are extensive and vary according to the specific difficulties faced by each family, including challenges related to adherence to health treatments, among others.

Vulnerability and the principle of equity in health are closely linked to the concept of social justice, which seeks to reduce social, environmental, and economic disparities to ensure the effective improvement of population health and the mitigation of inequalities.²⁷ Nevertheless, significant challenges remain to be addressed.

CONCLUSION

The study fulfills its proposed objective by characterizing the specificities of family vulnerabilities and providing an in-depth examination of their phenomenological reality. Moreover, it preserves the reliability of the data and the originality of each narrative fragment, without compromising its essential meaning.

The results of the hierarchical lexicographical analysis across the four classes are presented through multiple contexts of vulnerability. Family relationships are interpreted in terms of “vulnerabilities,” conveyed through vivid linguistic expressions drawn from the narratives of families and communities, reflecting the contingencies of understanding and a fluid, dynamic reality. The narratives capture the phenomena, with dialogue serving as a central instrument in family relationships. Experiences are intertwined with knowledge, development, and relational dynamics within the family context, while vulnerabilities are understood as lived experiences of coexistence, not necessarily determined by the degree of kinship. The four classes are interconnected and interrelated, each maintaining its distinctiveness without overlapping the others.

The phenomena observed in family life are perceived through experiences and life stories formed in relationships with family members, friends, and the broader community. Family life varies considerably, shaped by psychological and social factors. Another determinant is the context in which family vulnerability occurs, encompassing a vast array of factors that reflect the diverse and sometimes opposing currents of life. Frequently, families must adapt their routines of care, work, and financial management. At the same time, family resilience emerges, manifesting as the capacity to adapt to diversity, trauma, and other challenges. The narratives reveal inner strength, perseverance, acceptance, and personal growth, demonstrating the ability to transform adverse experiences into learning opportunities. Nevertheless, depending on daily circumstances, these challenges may compromise dialogue within the family and pose risks to health.

Personal, family, and community dynamics are closely interconnected, with internal and external factors interacting continuously. Vulnerable families often experience insufficient assistance, protection, and social support. From a bioethical perspective, families require guidance, dynamic real-world interventions, and future-oriented opportunities that ensure dignity, independent of the establishment of rigid public policy frameworks. Nonetheless, families possess the capacity to reconstruct themselves according to their own dynamics of care and acceptance. A metaphor emerging from this research portrays the family not as a static photograph — where a single moment defines its reality — but rather as an unfinished film or a theatrical performance, continually evolving and under construction.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MIAAM: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration, Resources, Software, Validation, Visualization, Writing – Original Draft, Writing – Review & Editing.

MAS: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration, Resources, Supervision, Validation, Visualization, Writing – Original Draft, Writing – Review & Editing.

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