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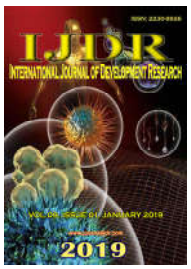

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

THE COMMUNITY AGENT IN THE FAMILY HEALTH STRATEGY: VISION OF THE USERS IN THE MUNICIPALITY OF QUIXADÁ – CE

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ABSTRACT

The Family Health Strategy (ESF) has been playing a strategic role for the consolidation of the Unified Health System (SUS). Among these professionals, emphasis is placed on the Community Health Agent (ACS). This study aimed to know the vision of the users of the Basic Units of Family Health (UBS) on the ACS. This is a descriptive, exploratory, quantitative approach. Data collection was carried out during the month of March 2013, being executed in three UBS in the municipality of Quixadá, through a Form. The sample consisted of 60 users who were approached while awaiting service. The study was approved by the Research Ethics Committee of the Rainha do Sertão Catholic University. The data were analyzed using the Epi Info program version 3.5.3 and presented through tables and graphs. The results of the survey showed that most interviewees are dissatisfied (47%) with regard to the work of ACS for different reasons. Through the study on screen it can be concluded that the ACS professional is quite important for the population, but it is evident that there is a need for improvement and improvement of the care and strategies.

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INTRODUCTION

The Family Health Strategy (ESF) has been playing a strategic role in the consolidation of the Unified Health System (SUS), favoring the equity and universality of care through innovative actions in the sector, thus seeking various forms over time to establish the linking, creating bonds of commitment and co-responsibility between health professionals and the population. (Costa and Carbone, 2009).It is recommended by the Ministry of Health (MS) that the family health team should be composed of at least a family doctor or general practitioner, nurse, nursing assistant and Community Health Agents (ACS). Other health professionals may be part of it according to the demand and characteristics of the organization of the local health service. (Figueiredo, 2010).

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The work of the team is of extreme importance, considering that all are in a multiprofessional performance, possessing characteristics that identify them in particular. In this context, in most cases the society does not differentiate between a professional and the other members of the health team, a fact that may present reflexes in the consolidation of their professional identity, since the construction of the identity of the health professional is a process dynamic, which depends on the expectations of each one, the situations in which one lives with the confrontation of moral, economic and political values. (Beck *et al*., 2009). Among these professionals, greater attention should be given to CHWs, given that they are the ones that have the most direct contact with the population, in the quest to develop strategies and programs with the community. Among these strategies, we can mention: the identification of individuals and families exposed to risk situations, home visits to accompany the child, the woman, the adolescent, the worker and the elderly, with emphasis on health promotion and disease prevention. (Costa, Carbone, 2009). Several authors have evaluated the users' perception regarding the work done by the ESF team. A study that evaluated the perception of the users about ESF in the city of Fortaleza showed the importance of home care, as well as signaled the place of the subjective dimension, since the success of health practices depends not only on the technical component but also on other technologies based on the approximation, dialogue and linkage between professionals, users and services (Albuquerque and Bosi, 2009). Based on this, the objective of the present study is to know the vision of the users of the Basic Units of Family Health (UBS) about the action of the Community Health Agent.

MATHERIALS AND METODS

The present study is characterized as descriptive, exploratory, with a quantitative approach. For a research it is important to comply with Resolution No. 196/96 of the National Health Council linked to the Ministry of Health (Brasil, 2012).The study was carried out in three basic health units (UBS) in the municipality of Quixadá, located in the Central Sertão of the state of Ceará, and located approximately 170 km from Fortaleza. The municipality has 19 UBS, nine of which are located in the districts and eight in the headquarters. It was decided to choose the units of the headquarters due to the difficulty of the researcher's access. It is noteworthy that the choice of UBS occurred for convenience, therefore, three UBS. The study population was composed of UBS users where the study was conducted. The inclusion criteria were: age above 18 years and being a user of the CSF service for over a year and enrolled in the CSF which is being interviewed. And as exclusion criteria: users with cognitive and / or mental problems that prevent them from responding to the form. The number of users enrolled in the three UBS in the month of March 2013 was taken as the basis for the sample calculation. According to data provided by the institutions, an average of 4,000 users were registered over 18 years old in unit A, 2,000 in unit B and 5,000 in unit C, constituting a total of 11,000 users. Since there is no "prevalence of users", a percentage of 50% of the event was adopted. The confidence level used was 95% and a sample error of 5% for a population of approximately 11,000 users. For the sample calculation the following formula was used:

$$n = \frac{N.Z^2.p.(1-p)}{Z^2.p.(1-p) + e^2.(N-1)}$$

At where:
n - calculated sample
N - population
Z -standardized normal variable associated with the confidence level
p - true probability of the event
e - sample error

After these calculations the sample size was found to be equal to 372 individuals (Santos, 2013). However, the sample consisted of 60 users. Stratify the sample. UBS 1 - 30, UBS 2-15 and UBS - 15. It is worth highlighting the difficulties encountered for users to accept to participate in the research due to the fear of compromise with the information provided, even after anonymity and confidentiality explanation. The research was carried out during the months of March 2013, being used as a data collection instrument a form, containing two parts: 1. Identification data and 2. Questions related to the ACS which were adapted from Santos and Pierantoni (2010).
In order to operationalize the data collection, the users were invited and asked to participate in the research about their objective, how the collection and the importance of the study for the promotion of community health would be. Those who agreed to participate signed the Term of Free and Informed Consent and were taken to a quiet place where the form was applied. The data obtained were compiled in the program Excel 2010 for later statistical analysis, with the aid of the Program Epi Info version 3.5.3. The data were presented through tables and graphs. The exploratory analysis of the data consists of absolute and relative frequencies, averages and standard deviations. Their appreciation is based on the relevant literature on the subject.

RESULTS

The sample consisted of 60 users of three UBS in the municipality of Quixadá, who were mostly users of the health service from 6 to 10 years. For socio-demographic characterization of the sample, Table 1.

Table 1. Variables

VARIABLES	N	%
Age		
19-25 years	6	10
26-36 years	13	21,7
37-47 years	22	36,7
Bigger 48	19	31,7
Sex		
Male	17	28,3
Female	43	71,7
Marital status		
Solteiro	12	20
Marriage Stable / Married	32	53,3
Widower	8	13,3
Divorced	8	13,3
Education		
Illiterate	10	16,7
Elementary School	34	56,6
High school	13	21,7
Higher education	3	5
Occupation		
Farmer	12	20
Housewife	13	21,7
Others	35	58,3
Family income		
Less than 1 minimum wage	28	46,7
1-2 minimum wages	23	38,3
More than 2 minimum wages	9	15
Número de moradores em domicílio		
1-4 people	31	51,7
5-9 people	20	33,3
10 or more people	9	15

The data in Table 1 show the prevalence of female users (71.7%), aged 37-47 years (36.7), living in a stable union / married (53.3%), schooling, elementary education (56.6%), which was justified by the need to interrupt studies to work and support the family. When questioned about their occupation, they were mentioned as farmer (20%) and home owner (21.7%), but with a prevalence of others (58.3%), such as employees of shoe factories and self-employed workers, drunkards, street vendors). Thus, the majority of interviewees had a family income of less than a minimum wage (46.7%) and their families were composed of 1 to 4 residents per residence (51.7%).

Table 2. Data related to Community Health Agents - Quixadá, 2013

VARIABELS	N	%
Do you know ACS?		
Yes	48	80
No	12	20
Before becoming ACS was he already known in the neighborhood?		
Yes	46	76,7
No	6	10
Do not know	8	13,3
Do you enjoy receiving a visit from ACS?		
Yes	46	76,7
No	4	6,7
Can not answer	10	16,7
Already been harmed by the ACS benefit others?		
Yes	33	55
No	25	41,7
Can not answer	2	3,3
Does ACS reside in the neighborhood help at work?		
Yes	22	36,7
No	35	58,3
Whatever	3	5

Table 3. Data on the performance of the Community Health Agent - Quixadá, 2013

VARIABLES	N	%
Do you receive a regular ACS visit?		
Yes	15	25
No	44	73,3
Can not answer	1	1,7
Does the ACS know about your family's health problems?		
Yes	39	65
No	19	31,7
Can not answer	2	3,3
When does the ACS service need it?		
Always available	15	25
Sometimes it's unavailable	12	20
Never available	33	55
Do you like to receive the ACS visit?		
Yes	46	76,7
No	4	6,7
Can not answer	10	16,7
Leading claims for better quality of life?		
Yes	7	11,7
No	51	85
Can not answer	2	3,3
Do other activities other than visits?		
Yes	1	1,7
No	55	91,7
Can not answer	4	6,7
Have there been changes in family behavior after the visits?		
Yes	9	15
No	50	83,3
Can not answer	1	1,7
Do you follow your health problems and your family?		
Yes	15	25
No	37	61,7
Do not know	7	11,7
Did not answer	1	1,7

According to the data in table 2, 48 (80%) participants reported knowing about ACS, and 46 (76.7%) knew it before they even became professionals. This relationship is essential for a good work development, since these people need a more succinct follow-up, in which knowing the families is of extreme importance so that the professional can develop their activities in the correct way. A positive finding in this research was that a large part of the interviewees claimed to enjoy receiving visits from the ACS (76.7%), although there have been reports that it does not always happen. However, a negative finding was that most of the interviewees (55%) reported having already suffered in the care of the ACS because he privileged their relatives and friends. It is worth mentioning that for 58.3% of users, the fact that the agent resides in the community does not help in the development of their needs. When questioned about the ACS classification, 24 (40%) users defined them as a member of the community, 9 (15%) answered to be a health professional, 10 (16.7%) said to be a position of trust of the mayor, being 17 (28.3%) could not distinguish.

From the results already seen, it is possible to perceive the satisfaction and willingness of the users to receive the visit of the ACS, but 73.3% of the interviewees reported not receiving the visit regularly. For 65% of respondents, the agent knows the health problems of his family, but does not show interest, in hearing them and directing them (61.7%). When it needs the services, 55% of users report that ACS is never available due to numerous situations. Regarding the ACS's role as leader, the majority of users (85%) point out that the agent does not lead and does not try to claim the community's needs to improve the quality of life, and 91.7% said that they are not performed other actions in the community, except for the home visit. Of the participating users, 33 (34%) stated that they adopt the guidelines that the agent suggests, because they consider that the information provided is adequate and satisfactory. However, changes in habits, attitudes and behaviors after the agent's follow-up were not noticed (83.3%), as well as the change in health in the community (61.7%). But these negative facts can not be attributed solely to the work of the agents, since there are a diversity of circumstances beyond their control. When asked what concept to give to ACS work, the great part (47%) reported an unsatisfactory concept, followed by 30% reporting good, 13% regular and only 5% optimum, and 5% who did not know how to evaluate, so not responding. A worrying finding in this study was that most users (53%) believed that CHAs were not able to give guidance on health care, and reported that their health did not improve after the CHS admission to their communities (58.3% %). Respondents argued that often these professionals can not answer simple questions, regarding times and days of consultation in USB.

DISCUSSION

The predominance of female UBS users characterizes women's greater concern about health and well-being. In this regard, several studies have found that men generally suffer from more severe and chronic health conditions than women and also die more than men from the main causes of death. However, although male rates assume a significant weight in the morbimortality profiles, it is observed that the presence of men in the primary health care services is lower in comparison to the women. (Gomes and Nascimento, 2007). However, the MS mentions that the FHT should be a strategy for reorganization of the health system, prioritizing actions to

protect and promote the health of healthy or sick individuals in an integral and continuous way, strengthening the link with the community, a gateway to the health system, with professionals capable of attending to the most common health problems at the individual and collective level, developing actions together with the community. (Santos and Pierantoni, 2010). Most of the participants in this study had low educational level, with incomplete elementary school (40%), complete (16.7%) and illiteracy (16.7%) prevailing. These characteristics show the real needs of each community, where family heads often need to stop studying early to support the home. Despite these results, the 2010 Census released by the Brazilian Institute of Geography and Statistics (IBGE) showed that the level of education of Brazilians has improved over the last few years. Nearly half of the population (49.3%) aged 25 or older had no education or incomplete elementary education in 2010, but for the past ten years 64% of Brazilians with at least 25 years of age had a similar level of education. (Earth, 2012).In the present study, most of the participants said they know the ACS (80%), who know the problems that occur in the families (65%), but do not struggle to solve and sometimes are considered negligent, others are seen as lacking preparation or even material for handling. One study that analyzed ACS's views on their work showed that the difficulties encountered in solving community problems do not always originate only from the work of the ACS, but from the team as a whole, which forms a barrier between UBS and the community, making it difficult to link ACS. In this way, these difficulties must be overcome through multiprofessional dialogues, since they must work together in which each professional tends to recognize and respect the space of the other, creating a healthy and favorable work environment, with working conditions to occur a humanized care (Brand and Antunes, 2010).

The Ministry of Health (2001) recommends that the activities carried out by the ACS should be monitored and supervised by a nurse, and it should be filled at UBS, where it will be responsible for a maximum of 30 ACS so that it can perform the role of supervisor / instructor. capacities according to the needs identified in the community. The fact that users attributed the concept of unsatisfactory (47%) to the work of ACS, shows that something must be changed and improved, because situations related to personal problems are discarded, this dissatisfaction is mainly caused by impartiality, and the lack of commitment to improving the community. Even with the manifestation of these problems, it was seen that most of the interviewees like to receive the home visit (76.7%), since the link between the health team and the users is made through the visit of these professionals in their homes. One of the complaints of the interviewees is that the ACS does not develop extra activities, only the visits, which in some ways, do not yet have a regularity. However, in a recent study carried out in Juiz de Fora, the ACS mentioned that one of the greatest difficulties encountered by them was the accessibility to families where users did not allow their entry into daily life, omitting information, home visits, thus leading to searching by other means to get care in the health unit instead of asking for help to the ACS (Cardoso and Nascimento, 2010). In view of the above, it is necessary to reformulate the strategies of home visits, making it possible to attend a larger number of users since neglect can be seen in the issue of attendance attendance and the agents' own interest in the population. A relevant study entitled "Beyond the community: work and qualification of community health agents" shows that for more than a decade, CHWs have been a considerable segment of the health workforce, with a growing number of such workers such as the scope of the ESF, showing that there are two distinct political logics: on the one hand, a policy that seeks to break with the hospital-centered model, aiming at reconfiguring the form of health care in the country; on the other, a focus on groups in extreme poverty. Therefore, we can have the real idea of the importance of this profession, since it is not limited to a health relationship, but to a life relationship. (Vieira and Durão, 2011).Finally, with different and valid ways of understanding and describing the work of CHWs, users disagree that care has improved after the work of community health agents, who neglect the aspects, actions, and decisions that should be put in place to the health service could develop. In addition to these findings, a study in Juiz de Fora which identified the vision of users of the Family Health Program (FHP) on ACS showed that the users agree that the care improved after ACS entered, without neglecting the aspects and characteristics that must be modified and observed in its profile and in the health service itself. (Santos and Pierantoni, 2010). Within this context, it is also worth mentioning the presence of the Community Health Agent Program (PACS), which is an important strategy in the search for improvement and consolidation of the SUS, based on outpatient and home orientation, and its main actions developed by the ACS. The program in question aims at the prevention of diseases through information and guidance on health care, being this professional of extreme importance for the effectiveness of it. (Brazil, 2001).

Conclusion

It was possible to identify in this study a need for greater interaction between the ACS and the users, since one is the product of the other, and so are totaled so that assistance can truly exist. Some circumstances are necessary to be debated and clarified, since the agent's work is specified and it appears in the MS manuals, what is lacking is only a greater commitment of the professionals, and of the whole team since they must be trained so that they can have a training related to what is expected by them. It is not enough to charge only the ACS professionals, the assistance is multiprofessional, so each should do its due role.

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