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USERS' CONCEPTS OF A FAMILY HEALTH STRATEGY RELATED TO EDUCATION AND HEALTH PROMOTION CONCEPÇÕES DE USUÁRIOS DE UMA ESTRATÉGIA DE SAÚDE DA FAMÍLIA REFERENTES À EDUCAÇÃO E PROMOÇÃO EM SAÚDE CONCEPTOS DE USUARIOS DE UNA ESTRATEGIA DE SALUD DE LA FAMILIA REFERENTES A LA EDUCACIÓN Y A LA PROMOCIÓN DE LA SALUD

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ABSTRACT

Objective: analyzing health conceptions of users of a Family Health Strategy and the interface of these with the actions of education and health promotion. **Method:** a descriptive study of a qualitative approach performed in a Family Health Strategy in the Northwest of the State of Rio Grande do Sul, with three families. The information obtained was analyzed according to precepts of socio-anthropological studies, ranging on four principles: ethical, ecological, political and pedagogical. **Results:** users with low educational level and family income. The concept of health is subjective; it emerges from the experiences of the respective subjects. Relate disease to lack of self-care, inability to perform activities of daily living, combined with pain. They are unaware of the existence of health education activities in the respective unit. **Conclusion:** recognizing the daily life, living conditions, social aspects, and cultural users is important to implement health promotion actions. **Descriptors:** Patient Care; Family Health Strategy; Health Education; Health Promotion.

RESUMO

Objetivo: analisar concepções de saúde de usuários de uma Estratégia de Saúde da Família e a interface destas com as ações de educação e de promoção em saúde. **Método:** estudo descritivo com abordagem qualitativa, realizado em uma Estratégia de Saúde da Família no Noroeste do Estado do Rio Grande do Sul, com três famílias. As informações obtidas foram analisadas conforme preceitos da pesquisa socioantropológica, compreendida em quatro princípios: ético, ecológico, político e pedagógico. **Resultados:** usuários com baixa escolaridade e renda familiar. O conceito de saúde é subjetivo, emerge a partir das experiências vividas pelos respectivos sujeitos. Relacionam doença à falta de cuidado de si, impossibilidade de realizar atividades da vida diária, aliado à dor. Eles desconhecem a existência atividades de educação em saúde na respectiva unidade. **Conclusão:** conhecer o cotidiano, condições de vida, aspectos sociais, culturais de usuários é importante para implementar ações de promoção em saúde. **Descritores:** Assistência ao Paciente; Estratégia Saúde da Família; Educação em Saúde; Promoção da Saúde.

RESUMEN

Objetivo: analizar las concepciones de salud de los usuarios de una Estrategia de Salud de la Familia y la interfaz de éstos con las acciones de educación y promoción de la salud. **Método:** este es un estudio descriptivo con enfoque cualitativo, realizado en una Estrategia de Salud de la Familia en el noroeste de Rio Grande do Sul, con tres familias. La información obtenida se analizó como preceptos de estudios socio-anropológicos, que van en cuatro principios: ético, ecológico, político y pedagógico. **Resultados:** los usuarios con bajo nivel de educación y el ingreso familiar. El concepto de salud es subjetivo, se desprende de las experiencias de los sujetos respectivos. Relacionan la enfermedad a la falta de autocuidado, incapacidad para realizar actividades de la vida diaria, junto con el dolor. Ellos desconocen la existencia de actividades de educación para la salud en la unidad. **Conclusión:** para conocer la vida cotidiana, las condiciones de vida, los aspectos sociales, culturales de usuarios es importante la implementación de actividades de promoción de la salud. **Descritores:** Atención al Paciente; Estrategia Salud de la Familia; Educación para la Salud; Promoción de la Salud.

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INTRODUCTION

The public health system in Brazil advocates theoretical aspects of promotion, health education and disease prevention. After the implementation of the Family Health Strategy (FHS) the system has been strengthened through various programs and policies related to basic care. These aim to contribute to issues of promotion and health education and, among them, the National Policy for Health Promotion (PNPS), the implementation of Centers of Support for Family Health (NASFs) and, more recently, the implementation of Health Academies Program.¹

While health care is considered important to approach the community, knowledge about the subject and the reality in which it appears is required. This statement meets the elements that make up the initial requirements to act in support of health promotion; however, it is difficult to accomplish this proposal in the daily work of the Family Health Strategies.²

The practices of health professionals are organized traditionally from disease concepts.³ In addition, knowledge produced and disseminated in the health field there are used fundamentally scientific and biological techniques. This approach is biologicist and goes against the concept of health and prevents its promotion.⁴ In this context, objectify the success of health promotion in the broad sense, implies initially review the biomedical emphasis and rethink possibilities and system responsibilities.³⁻⁵

Health promotion is in educational assumption, not only in the sense of information, but in order to empower the individual, provide tools to become agents of change, able to articulate interventions in the environment to maintain their health. This process must take place in a continuous manner and consider the social and specific questions of the individual. In this sense, it is considered important to design health education combined with the promotion, for change and improvement in the behavior of individuals, in order to approach professionals and users, and thus make the actions in resolving and effective health.^{6,7}

The proximity between health professionals and users, in the quest to promote health education, refers to popular education method, systematized by Paulo Freire. It is important that this occurs articulated to popular and scientific knowledge in the organization of health activities integrated into local social dynamics, coping with the

lack of resources, cultural, political and economic interests intertwined with public policies. Thus, the expansion of spaces for cultural interaction and negotiation between health professionals and users on a particular social problem, in order to build knowledge in a shared manner combined with the political organization to solve the problem.⁸ In this sense, health education is a radical imply profound changes in order to articulate and use knowledge to design and implement transformative health actions of worldview.³

Based on these considerations the present study aims to analyze health conceptions of users of a health strategy for the family and the interface of these with the actions of education and health promotion.

METHODOLOGY

This is a qualitative, descriptive study, developed by Master's students in the discipline of Health Education, integrated with research coordinated by Professor Dr. Solange Billig Garces. All ethical aspects were respected research involving people (RESOLUTION CNS 466/2012), approved by the Research Ethics Committee under Opinion Embodied: 20621413.3.0000.5322.

The study was conducted in a Family Health Strategy in a city of the Northwest of the State of Rio Grande do Sul. There are assisted 7.000 people living in three different districts. Participated in the same three families ascribed to the referred Family Health Strategy that accepted to participate and sign the Informed Consent (IC). Data collection occurred in the month of June 2015.

The choice of the three families occurred in dialogue with a Community Health Agent, who attended the researchers. The instrument comprises semi-structured questions, dimensions Socioeconomic and Environmental, Lifestyles, Health Concepts and Health Services in the present study we used the questions regarding conceptions of Health and Health Services: "What does having health; What is sick?; How do you prevent disease? Do you feel responsible for your health? How?", "You arrive and are met or need to get in line to remove chips of care? Or the service is by appointment", "Do you think the health team FHS is really prepared to serve you?", "The FHS provides some health-related activity?", "You get guidance on how to prevent disease?"

The data were analyzed according to precepts of socio-anthropological studies, ranging on four principles: ethical, ecological,

political and pedagogical. The same considers that the point of origin shall be that social reality, taken as a whole in its structure. In this type of research, are committed to community and social causes.^{9,10}

RESULTS

There were interviewed 3 users, one from each family, one adult and two older, who studied on average 7.6 years, with an average monthly income of R\$ 575,66. Two of them live in own home with running water and electricity, and one resides in the invaded area without water and electricity and with open sewers.

Regarding the lifestyle, the surveyed mention that carry an average of four meals a day, eat fruits and vegetables; however, did not perform physical activity. Regarding leisure activities, mention participating in religious programming, playing cards, bingo, retirement dances and family outings. Regarding the use of medication, two respondents reported using them regularly.

When asked "What does it mean to be healthy?" the answers were: *"Health is to be well, well fed"; "It is well"; "Health means everything, health first, able to eat anything"*. Regarding the disease conceptions were challenged with the question: "What is being / to be sick?", *"Be patient when you do not care, do not care about the health."*; *"What needs to seek the doctor?"*; *"Not being able to do the job, to feel pain"*. Another question was: *"How do you prevent disease?"*, *"I tracksuit well, take care of me in food and like fruits."*; *"Do not get wet, dress warmly."*; *"There's no way to prevent, but do vaccinations, preventive and mammography"*. Yet, when asked about the responsibility for their own health through the question: "Do you feel responsible for your health? How?" all reported feeling responsible: *"Yes, I suppose the power and make use of medication"*; *"Yes, if I did not look after me who will take care! We have to take care."*; *"Yes, I take medication, do exams and periodic consultations."*

With regard to access to health services, research claim to be exclusive users of the Unified Health System, two assiduous frequenters of the FHS to which it belongs and sporadically. All consider that the FHS team is prepared to meet them. What about the attendance, two of them state that need to go into queues to perform scheduling, the other interviewee reports being served at the time that accesses the service.

When asked if the FHS provides some health-related activity, two interviewees said they did not and could not say. With respect to shares tendered prevention diseases, the responses were as follows: *"It offers"; "Through posters"; "Through preventive vaccinations, mammography, HGT, pressure check."*

DISCUSSION

It becomes evident, based on information obtained from three women participants, the concept of health is subjective emerges from experiences. Two of these relate to food and health to all sense of well-being. This statement is consistent with study¹¹, which conceptualize health as a state of "reasonable balance" between the subject and the context in which they live. Moreover, health is characterized as a state that goes beyond the ability to act and react, get sick and recover.¹² Another study³ says that the concept of health cannot be defined, in the intrinsic and subjective character.

Regarding the views of the interviewees regarding the disease or disease state, they mention that patient is the individual who does not take care of himself, so it is unable to carry out their daily activities, together with the pain. Thus, it is clear that health is linked to the antagonistic towards disease. The implementation of health practices emerging tension between subjective experience and the object of life sciences.³ Subjective experience as corresponding to the state of health and that the scientific rationale focuses on the disease. In this context, predominates maintaining prevention and treatment of diseases, reaffirming the biomedical model.³

The characterization of the study participants shows that women have low education combined with family income. In this sense, authors¹³ claim that users of public services, because of their education, income and access to information, have lower clarification about health aspects. So I tend to trust and follow professional guidelines of the respective service. Thus, it is fundamental that the public service, guidelines and practices to establish themselves as health education processes with emphasis on health promotion. The practices to be implemented must first be discussed and defined together with the community and appropriate to the current context.

The authors mention that educational activities as an important primary care nurses from care practice, mainly related to the guidelines provided to users, permeate

promotional aspects, includes preventive and control health problems, self-care, and technical guidance. These are carried out by means of individual or collective nursing consultations, lectures and health groups.¹⁴ This fact was, that goes against this survey in which the respondents say they are unaware of or do not know the activities developed in the FHS that are ascribed.

In this scenario, it is necessary the expansion of critical awareness, health and politics, leadership and popular participation, transformation of individual and collective educational practices as a means of addressing the social determinants of health.¹⁵ These practices go beyond the discussion of limits about the health-disease-care therefore to be considered a form of dialogue between the various actors, can be used as tools for the good performance of the FHS. Thus, the educational practices can instigate the role of citizens, in order to enable appropriation of their rights and duties in the health sector.

FINAL NOTES

The health knowledge conveyed in FHSs should cover the individual as a whole; therefore, it is important to recognize and understand the living conditions of each user as well as the social and cultural aspects to from there to plan and implement health promotion actions and thus ensure the sustainability of public policies. Still, one should consider the representations of the users of health / illness and their perceptions regarding the service offered, which implies reflection and actions beyond the biological character.

Educational promotion practices, health education and disease prevention are essential for building the users' knowledge and can reflect positively on improving the quality of life for them. For this, it is necessary to instigate the main actors involved in the process - users, empowered, and professionals - responsible for developing effective measures that benefit all. It is considered that universities play an important role in education with emphasis on promoting health, with a view to comprehensive care of the subjects.

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