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ORIGINAL ARTICLE

PERCEPTIONS OF USERS OF THE FAMILY HEALTH STRATEGY ABOUT HEALTH, PREVENTION AND SELF-CARE

PERCEPÇÕES DE USUÁRIOS DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA SOBRE SAÚDE, PREVENÇÃO E AUTOCUIDADO

PERCEPCIONES DE LOS USUARIOS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA ACERCA DE LA SALUD, PREVENCIÓN Y AUTO-CUIDADO

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ABSTRACT

Objective: analyzing the perceptions of users of a Family Health Strategy referring to the understanding about the concepts of health, disease prevention and self-care. **Method:** a descriptive study of a qualitative approach developed in a Family Health Strategy Unit of the Northwest of Rio Grande do Sul State region. The data production came in June 2015 with the approach of five families, randomly, using instrument comprising four dimensions. We chose to address one of them in the present study: health concepts. There were conducted individual interviews at the homes of users. **Results:** four analytical categories emerged, guided by the precepts of content analysis. **Conclusion:** it was demonstrated the need for health promotion in many ways: healthy living, skilled labor environment, and housing and community participation. **Descriptors:** Health Education; Completeness Health; Self-Care.

RESUMO

Objetivo: analisar percepções de usuários de uma Estratégia de Saúde da Família referentes ao entendimento acerca dos conceitos de saúde, prevenção de doenças e autocuidado. **Método:** estudo descritivo, com abordagem qualitativa, desenvolvido em uma Unidade de Estratégia de Saúde da Família da região Noroeste do Estado do Rio Grande do Sul. A produção de dados ocorreu em junho de 2015, com abordagem de cinco famílias, aleatoriamente, com uso de instrumento que compreende quatro dimensões. Optou-se por abordar uma delas, no presente trabalho: concepções de saúde. Realizadas entrevistas individuais nos domicílios dos usuários. **Resultados:** emergiram quatro categorias analíticas, guiadas pelos preceitos da análise de conteúdo. **Conclusão:** evidenciada necessidade de promover a saúde em diversos aspectos: hábitos de vida saudáveis, qualificação do ambiente de trabalho, moradia e participação comunitária. **Descritores:** Educação para Saúde; Integralidade em Saúde; Autocuidado.

RESUMEN

Objetivo: analizar la percepción de los usuarios de una Estrategia de Salud de la Familia para la comprensión de los conceptos de salud, prevención de enfermedades y el autocuidado. **Método:** este es un estudio descriptivo con un enfoque cualitativo, desarrollado en una Unidad de Estrategia de Salud de la Familia del Noroeste de Río Grande do Sul. La producción de los datos se llevó a cabo en junio de 2015, con enfoque de cinco familias, aleatoriamente, usando instrumento que comprende cuatro dimensiones. Elegimos para hacer frente a uno de ellos, en este estudio: los conceptos de salud. Entrevistas individuales fueron realizadas en los hogares de los usuarios. **Resultados:** cuatro categorías de análisis surgieron, guiadas por los preceptos de análisis de contenido. **Conclusión:** necesidad demostrada para promover la salud de muchas maneras: vida sana, calificación del ambiente de trabajo, la vivienda y la participación comunitaria. **Descriptor:** Educación para la Salud; Integralidad en la Salud; El Autocuidado.

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INTRODUCTION

The Unified Health System (SUS) was established in order to enable the population access to health care, and ensure the appropriate use of financial resources through hierarchical and regionalized networks throughout the national territory. The SUS was inserted in the context to guarantee health as a right of all and duty of the State, through the prevention of disease risks through social and economic policies, governed by the principles of universality, comprehensiveness and equity.¹

With a view to strengthen primary care, the Family Health Strategy (FHS) was created, which, according to the Department of Primary Care of the federal government, should be able to solve 85% of the health problems of the population, and only 15% of individuals would need specialized care and/or hospitalization. It consists of a multi-professional team and requires a minimum of professional staff such as general practitioner or specialist in family health or community nurse, auxiliary or nursing technicians, community health workers (CHW) and oral health professionals.²

Among the actions of the FHS educational consolidate themselves as a strategy to encourage self-care of family members, to promote reflections for driving changes in attitudes and behavior. The allocation of health professionals as agents of change in the context of attention to the family is facilitating the health education process. This perspective converges to the continuing education of health professionals.

In this context, health education is a constant practice in the professional daily life, particularly for those working in public health. It is known that the educational practices are numerous, but their effectiveness remains questionable.³ This requires from the professionals a new dynamic of action which includes the planning of health actions from the reality of the population knowledge.

"Health Education" is built on dependent philosophical principles of the historical moment experienced by society. It is a dynamic and flexible process that allows the human being to develop his potential, aims to autonomy and the power to decide on his goals and actions. Promote education requires self-knowledge, understanding of the other, empathy and interaction, in order to expand knowledge and experience. In banking education there is no dialogue between the parties, but a passive depot of knowledge.

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The same can be overcome by problem-solving dialogue.⁴

Health education emerges in the process of awareness at individual and collective level, as a health promotion strategy encourages actions that meet the principles of SUS. Inspired by Freire, understood as "coherent and competent, which witnesses its zest for life, its hope in the better world, which attests to its ability to fight, its respect for differences of fact, the consistent way it lives its presence in the world".^{5:110}

Health education can instigate critical thinking in the population and in this way contribute to the transformation of the individual and increase his autonomy. It is configured as a driver in the acquisition of knowledge and attitudes that improve the health of the individual and the community, because the subject is seen as responsible for his health.⁶

Health in this context can be understood as a dynamic process that tends to change the balance. The concept of health has changed over time, as the 8th National Health Conference, has expanded this concept as a result of various conditions involving housing, transportation, labor, income, environment, food, education, leisure, freedom and access to health services.⁷

This concept continues to reflect the social, economic, political and cultural situation, and depends on the time, place, social class, scientific conceptions, religious, and philosophical.⁸ The variables education and health conceptions are subjective, so if change and differ from individual to individual. So for health education, it is necessary to be open to the concepts of health and disease. In short, education is a continuous process, in which we teach and learn every day, requires respect to know each other and learning from it. Thus, education interferes in the conceptions of the main aspects related to the health of the individual, including the concept of being healthy. Therefore, the aim of this study is to analyzing perceptions of users of a Family Health Strategy for the understanding of the concepts of health, disease prevention and self-care.

METHOD

This is a descriptive study of a qualitative approach, developed in a unit of the Family Health Strategy, in a municipality of the region in the Northwest of the State of Rio Grande do Sul, with a population of 2.707 inhabitants, the base of the economy focuses

on agriculture, cultivation of soybeans, corn and wheat, with a predominance of small farms.

Data collection took place in June 2015 from the five families approach, randomly, and with the use of an instrument, which consists of four socioeconomic and environmental dimensions, lifestyles, health conceptions of health services; these chose to address in this paper one: health conceptions. It is considered important to clarify that individual interviews were conducted in the respective homes of users that make up the area covered by the FHS, with an average duration of 40 minutes each.

The results of the information obtained from the five surveyed families resulted in the structuring of three analytical categories and followed the precepts of content analysis.⁹

This study had the research project approved by the Research Ethics Committee, under Opinion Embodied number 20621413.3.0000.5322. The same was built during the course of the subject of Education in Health of the Mastership in Integral Attention to Health. In this were seen all the ethical aspects of research with human beings, participants signed the Informed Consent on two routes, one held by each of them and one of the researchers.

RESULTS

Among the general information of the study population, 35% are over 60, as well, the population aging is one of the main concerns reported by respondents, as job opportunities are centered in rural areas and in public service. It is evident in the reports of the subjects that occurs evasion of young people.¹⁰ What about the education of respondents, predominantly high school.

The majority of the homes is proper, with treated water, sewage, electricity, garbage collection, good street lighting, presence of a square, intercity public transport, and the roads of downtown area are paved. Of the 5 families interviewed, 4 regularly used the health services offered by the FHS.

The FHS under this study is the only one that provides services in the municipality, it assists 2.707 inhabitants, with the following assistance programs: oral health, affordable housing, senior citizen coexistence, nutritional deficiencies, school bag, basic food, basic pharmacy. The operational structure of it is composed of a doctor, two nurses, eight nursing technicians, a physiotherapist, a dentist, a dental

technician, one dental assistant and collaborator of general services.

Analyzing the content of the speeches of respondents emerged the structuring of three analytical categories: Understanding of respondents about health; Preventive measures for health problems; and Self-responsibility for their health. As described below.

◆ Understanding of the surveyed about health

When asked about the understanding of health, in general, the respondents had difficulty in discussing it. The following meanings for health have been reported:

- [...] In addition to the good disposition of the body and mind, is to have social welfare. (E01)
- [...] For me it is not having pain, and being able to walk and do service. (E03)
- [...] You can be at peace with the very same people, physically and mentally. (E02)
- [...] Having a healthy life. (E04)
- [...] Being healthy by taking proper care. (E05)

For respondents the definition of health is linked to biological aspects, to have autonomy, full functional capacity and conditions to develop their activities satisfactorily.

◆ Preventive measures of damages to health

The respondents, when asked about disease prevention actions, answered that make exercise, take care of the food, perform physical examinations regularly and keep vaccinations up to date.

- [...] Doing exercise and eating healthily, avoid being in environments that may have some sort of contamination and following guidelines (E01)
- [...] Take care of the food and walks (E02)
- [...] With exams regularly using condoms and birth control, taking care in the diet, eating fruits and vegetables, using little salt in food and drinking teas (E03)
- [...] Looking for a doctor, doing tests and vaccines have to date (E04)
- [...] Making hiking, taking a lot of water, eating fruits and vegetables, using condoms and not sharing needles (E05)

It is noticed that users of the FHS, dwell not only on biological aspects, but also on biopsychosocial aspects. Clearly prevent disease encompasses decent life such as food, access to medications and consultations, spaces for recreation and exercise, and receiving health information.

◆ Self-responsibility about their health

Regarding responsibility about their own health all the interviewees spoke as follows:

[...] Yes, doing physical exercises, feeding in a healthy way and doing exams and medical or psychological care. (E01)

[...] Yes, hiking and examinations. (E02)

[...] Yes, good eating habits. (E03)

[...] Yes, caring for power. (E04)

[...] Yes, having a healthy diet. (E05)

It is noticed that users relate to self-responsibility for their health through self-care, based on lifestyle habits, which depend on individual actions arising from family own actions, but also of the health service structure with promotions, prevention and care, that this interrelationship will provide a better quality of life.

DISCUSSION

Initially, draws attention the growth of the elderly population in the studied community, one of the main points of weakness recognized by them and associated with lack of job opportunities. The aging population reflects a challenge for the health system as it leads to higher health care costs, mainly by the incidence of chronic diseases.¹¹ This requires a combined attention to an action planning aimed at promoting health and prevention of diseases.

Although it is expected to ensuring comprehensive health attendance for the elderly population, with an emphasis on healthy and active aging, there is evidence of a mismatch of current public Brazilian policies.¹² Health focused on elder requires new ideas and actions within the public management policy in order to preserve the functionality and quality of life of these individuals develop inclusive policies, placing more emphasis on the elderly person and thus ensure integral compliance.¹³

Regarding the understanding of those surveyed on health definition, it is clear that they relate to biological aspects, but they relate to autonomy, coupled with the ability to perform daily activities. In this context, comprehensive care relates very closely with health concepts. It covers several aspects that may be related to the individual's health as a process resulting from several factors.¹⁴

Also in relation to category 1, it is observed that many survey participant subjects relate the concept of health to physical and psychological well-being, which is consistent with the recommended by the World Health Organization, which conceptualizes health as the full welfare state, balancing determinants of physical and mental determinants. Health

should be related to many different life playing fields, and this has been a slow and progressive manner, especially regarding social issues.³

It becomes evident also that the researchers report to other health considerations, such as the absence of pain, ability to get around and have a healthy life. This reflects the difficulty of the health system in the break from the biomedical model, aware that the concept must transcend the absence of disease and include physical, emotional and spiritual level.¹⁵ Corroborating, health is a silent process that merges with the disease therefore requires taking into account health from the dimension of being as it is that individual pathology or health are present. Thus, the individual himself must know, know how to evaluate if there is something wrong with his told "normal" state, if he seeks assistance to solve problems and how to avoid them.¹⁶

In the category "Preventive measures of health problems" it is evident in the fact that most respondents recognize themselves as main actors responsible for their health, referring to the importance of proper eating habits, combined with physical activity. It is considered that the care for them should be encouraged in order to stimulate the individual's autonomy, seeking care on health. Maintaining a healthy lifestyle is a priority of health promotion strategies proven effective in the prevention of various diseases.¹⁵

There is difficulty on promotion of these changes in the lives of individuals, gaps related to care maintenance and dialogue with healthcare professionals. Thus it is essential that measures be developed to practice health education, dialogue between the health team and individuals to seek, as a form of inspiration to the extensive knowledge about themselves, about the care necessary to promote the health, adoption attitudes and practices more aware, autonomous and responsible, able to lead to popular participation.¹⁷

In this perspective, health care means everything that can happen in life, in all fields, such as work, social life, successes, failures, health, disease, problems that are permanent learning processes and need for reflection and attention.¹⁸ Therefore, it is considered that this reflection on health may be important as support for the teams working in FHS, to plan and implement action of disease prevention and health promotion.

In the quest to learn the contents immersed in the discourse of the subjects participating in the research, emerges the

third and final category, "self-responsibility for their health". In this, the fact that the subjects perform activities related to physical activity and eating habits shows that on the one hand there is greater concern about self-responsibility under their own health, on the other denote the need to expand the self-care vision. In this sense, self-care should transcend actions related to nutrition, exercise and regular examinations in addition to the biomedical model, with a balance of physical, mental, emotional, and spiritual and energetic.¹⁵

The National Policy Health Promotion recommends actions beyond healthy eating and encouraging physical exercise, but brings tobacco control alternatives, alcohol and drugs, mechanisms for reducing traffic accidents and promotion of peace and sustainable development culture.¹⁹

From the expansion of health and illness, health promotion arises as a strategy to improve the population control over the determinants of health, coupled with the search for better conditions, in order to ensure fairness, dignity, and life quality. It highlights the importance of having the population as a protagonist of this process in order to promote autonomy and participation.²⁰ In the meantime, the community, a news perspective, should participate in building capable of providing better quality of life policies with decent education, housing, income, stable ecosystem, social justice and equity.²

The analysis of the perceptions of the subjects who agreed to participate in this research leads us to consider how important it is for us health professionals know and find out what the users attended by us think, from there, move actions to meet the reported needs for them.

CONCLUSION

The analysis of users' perceptions that part of a Family Health Strategy for the understanding of concepts of health, disease, and prevention and self-care, show how subjectivity is present. It considers that these concepts of health require further reflection that contributes to building an expanded concept of health, including the many determinants.

It highlights the important role of the health team working in FHS in consolidating the challenge of working with political, cultural and social spheres, as subsidies for a broader look at health. It is considered that this is only possible if the individual

commitment and collective actors involved, with autonomy and empowerment to make choices that contribute to health promotion.

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