



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

COMMUNITY HEALTH AGENTS IN QUILOMBOLA COMMUNITIES: UNDERSTANDING THEIR PERCEPTION OF THEIR EDUCATIONAL ROLE AGENTES COMUNITÁRIOS DE SAÚDE EM COMUNIDADES QUILOMBOLAS: DESVELANDO SUA PERCEPÇÃO SOBRE SEU PAPEL DE EDUCADOR AGENTES COMUNITARIOS DE SALUD EN COMUNIDADES QUILOMBOLAS: DESVELANDO SU PERCEPCIÓN SOBRE SU PAPEL DE EDUCADOR

Érika Marcilla Sousa de Couto¹, Divane de Vargas², Caroline Figueira Pereira³, Edna Ferreira Coêlho Galvão⁴

ABSTRACT

Objective: to analyze the perception of the Community Health Agent about their role as educator in Quilombola Communities. **Method:** a qualitative, descriptive study, anchored in the Alfred Shütz phenomenology, carried out with five Community Health Agents included in the Family Health Strategy of Quilombola Communities. The data was produced through semi-structured interviews and the organization, through the Content Analysis technique of the testimonies, was done by units of meaning. **Results:** the educational practices that these subjects exercise in quilombola communities are mediated by their daily experiences and the exchange of knowledge. The agents perceive educators and this role is born of the spontaneity and needs that the function demands. **Conclusion:** the results offer relevant contributions, making it possible to identify the challenges and potentialities of the pedagogical role of the agents in quilombola communities and providing subsidies for the elaboration of strategies of permanent formation connected with the reality of the context in which they are inserted. **Descriptors:** Community Health Agents; Perception; Educator; Qualitative Research; Ancestry Groups on the African Continent; Black Population.

RESUMO

Objetivo: analisar a percepção do Agente Comunitário de Saúde sobre seu papel de educador em Comunidades Quilombolas. **Método:** estudo qualitativo, descritivo, ancorado na fenomenologia de Alfred Shütz, realizado com cinco Agentes Comunitários de Saúde inseridos na Estratégia Saúde da Família de Comunidades Quilombolas. Os dados foram produzidos por meio de entrevistas semiestruturadas e a organização, pela técnica de Análise do Conteúdo dos depoimentos, foi feita por unidades de significado. **Resultados:** as práticas educativas que esses sujeitos exercem nas comunidades quilombolas são mediadas por suas vivências diárias e pela troca de saberes. Os agentes se percebem educadores e esse papel nasce da espontaneidade e das necessidades que a função exige. **Conclusão:** os resultados oferecem contribuições relevantes, possibilitando identificar os desafios e as potencialidades do papel pedagógico dos agentes em comunidades quilombolas e fornecendo subsídios para a elaboração de estratégias de formação permanente conectadas com a realidade do contexto em que estão inseridos. **Descritores:** Agentes Comunitários de Saúde; Percepção; Educador; Pesquisa Qualitativa; Grupos de Ancestralidade no Continente Africano; População Negra.

RESUMEN

Objetivo: analizar la percepción del Agente Comunitario de Salud sobre su papel de educador en Comunidades Quilombolas. **Método:** estudio cualitativo, descriptivo, anclado en la fenomenología de Alfred Shütz, realizado con cinco Agentes Comunitarios de Salud insertados en la Estrategia Salud de la Familia de Comunidades Quilombolas. Los datos fueron producidos por medio de entrevistas semiestructuradas y la organización, por la técnica de Análisis del Contenido de los testimonios, fue hecha por unidades de significado. **Resultados:** las prácticas educativas que estos sujetos ejercen en las comunidades quilombolas son mediadas por sus vivencias diarias y por el intercambio de saberes. Los agentes se perciben educadores y ese papel nace de la espontaneidad y de las necesidades que la función exige. **Conclusión:** los resultados aportan contribuciones relevantes, permitiendo identificar los desafíos y las potencialidades del papel pedagógico de los agentes en comunidades quilombolas y proporcionando subsidios para la elaboración de estrategias de formación permanente conectadas con la realidad del contexto en que están insertados. **Descriptor:** Trabajadores de Salud Comunitaria; Percepción; Educador; Investigación Cualitativa; Grupos de Ascendencia En África; Población Negro.

¹Nurse, Executive Secretary of Public Health of the State of Pará, Master Professor, Pará State University / UEPA, PhD student, Nursing Post-Graduate Program, School of Nursing, University of São Paulo / PPFENF / USP. São Paulo (SP), Brazil. E-mail: erikacouto@usp.br;

²Nurse, Ph.D. Professor in Psychiatric Nursing, Department of Maternal-Infant and Psychiatric Nursing, School of Nursing, University of São Paulo / USP. São Paulo Brazil. E-mail: vargas@usp.br; ³Nurse, Doctorate student, Post-Graduate Program in Nursing, School of Nursing, University of São Paulo / UAP. São Paulo (SP), Brazil. E-mail: caroline.figueira.pereira@usp.br; ⁴Nurse, Full Professor, PhD in Education, State University of Pará / UEPA. Santarém (PA), Brazil. E-mail: ednafcgalvao@hotmail.com

INTRODUCTION

Health education is an issue that is increasingly discussed among health professionals and is inserted as a basis for health actions carried out in primary care through the Community Health Agent Program (CHAP) and the Family Health Strategy (FHS). Community Health Agents (CHAs) are essential characters in the development of health education practices developed within the Unified Health System (UHS), representing the link between the community and health services.³⁻⁴

The CHAP / FHS programs aim to focus objectively on critical public health issues. The CHAs, through actions of promotion, prevention and health surveillance, establishes educational links with the population that attends, thus assuming the pedagogical role in community health.^{2,5}

These professionals are present in the different contexts of Brazilian public health, among them, the quilombola communities stand out. These communities are formed by remnant populations of quilombos and they were constituted from a great diversity of processes that include the escapes, with the occupation of free lands in isolated rural areas, as well as of inheritances, donations, reception of land like payment of services provided to the State, simple stay in the lands they occupied and cultivated within large estates, as well as the purchase of land, both during the life of the slave system and after its extinction.^{8,10}

Studying the perception of the pedagogical role of the CHAs in quilombola communities broadens the possibilities of understanding this reality and, at the same time, enables forms of intervention consistent with the real needs of the population, which has repercussions on effective health education strategies that consider the cultural and geographic specificities in Brazil. Thus, the scenario chosen for the study was quilombola communities located in rural areas, considered more vulnerable to health problems.^{7,16}

When considering the above, the purpose of this study is to analyze the perception of the Community Health Agent about his role as educator in quilombola communities. In this way, unveiling this universe will enable an interpretation of the CHAs on its role as educator and will bring to the fore challenges and potentialities that permeate this practice in quilombola communities. The study broadens the possibilities of understanding this reality and, at the same time, reveals

possibilities for the development of close intervention methods with the real needs of the population, as well as effective health education strategies, considering the cultural and geographic specificities in Brazil.

OBJECTIVE

- To analyze the perception of the Community Health Agent about his role as educator in Quilombola communities.

METHOD

This study was taken from the dissertation "Educational Practices of Community Health Agents in Quilombola Communities: Conceptions, Challenges and a Technology for Continuing Education in Health Education", 2014, University of the State of Pará/UEPA.

It is a qualitative, descriptive study anchored in phenomenology in the light of Alfred Schütz's theory, which has as its foundation the understanding of the action of subjects in the social world having, by reference, the intersubjective relations inscribed in their everyday experiences.¹²⁻³

The phenomenological perspective is an alternative research that contributes to an effective look at the experiences related to the health-disease process of human beings and, especially, those experienced in different healthcare and assistance scenarios.^{9,14}

Action is interpreted by the subject from his existential motives. Those based on the body of knowledge and the lived experience are called "reasons why" and those that relate to their expectations are called "motives for". This set of motives is derived from the subjectivity of the person and constitute the threads that lead the action of the subject in the social world.⁹

It is up to the researcher to distance himself from the subject so that he can observe it in the everyday world. In order to objectify something subjective, it is necessary to construct a conceptual scheme that allows to group the information about this world and the typification. Thus, there will be the understanding of man in his social relations.^{9,17}

In this study, it was considered, as a social action, the perception of CHA on their role as educator in quilombola communities. The "reasons why" relate to the experiences of CHA experienced in their educational practice, and their beliefs and attitudes of perception about their role as educator are part of their knowledge base. This con-text of lived experiences leads this CHA to outline its

expectations regarding its role of educator, which translates into "motives for".

The study was carried out in ten quilombola communities certified by the National Institute of Colonization and Agrarian Reform (NICAR) in the territory of the municipality of Santarém, in the State of Pará, which are located in semi-isolated spaces, distributed in: plateau paraense (Murumuru, Murumurutuba, Tiningu and Bom Jardim); five in the floodplain area of the Amazon River (Arapemã, Saracura, São Raimundo do Ituí, São José do Ituí, Nova Ituí View) and one in the urban space (Pérola do Maicá).⁸

As subjects of this study, five CHA, from a total population of ten CHA, active and resident in quilombola communities, who accepted to participate in the research, participated as subjects of this study. Included in this study were all CHA active and resident in these communities. They were excluded from the CHA study with less than three months of practice of this profession, because this group is in the process of initial training.

The data were collected from March to November 2013, through a semistructured interviewee, composed of sociodemographic information and open questions related to the perception of the CHA regarding their pedagogical role in the FHS. The guiding questions of the interviews were: Talk about your work as CHA in quilombola communities; Do you see yourself as an educator of the people in the community?; In your opinion, what are the main difficulties of your practice? The interviews were performed individually, recorded and transcribed in full, with the help of Express Scrib software.

The organization and analysis of the data were based on a theoretical study of the Social Phenomenology of Alfred Schütz.^{13,14} After reading the interviews, the grouping of the convergent meanings was grouped, which allowed the composition of the study categories. These categories of studies revealed were discussed with other articles that address the same theme.

The development of the study met national and international standards of research ethics involving human subjects. The principle of Autonomy and respect for privacy was preserved, especially on the Free and Informed Consent Term, an indispensable tool for conducting research involving human beings. To ensure the anonymity of the subjects, the interviews were coded by numerical sequence. In addition, a safe and quiet environment was provided for all to feel confident in participating in the research, as well as the study subjects' freedom to be absent at any time.

By preserving all the required minimum aspects, according to current legislation, the research was evaluated by the Research Ethics Committee (REC) of the University of the State of Pará (UEPA) and approved by the opinion N° 511.958 and CAAE: 17687613.0.0000.5168.

RESULTS

In the quest to unveil the perception of the Community Health Agent about his role as educator in Quilombola Communities, the organization of the analysis of the contents of the testimonies allowed the treatment of the units of meaning obtained through interviews, where 16 units of meanings were detected two categories (Figure 1).

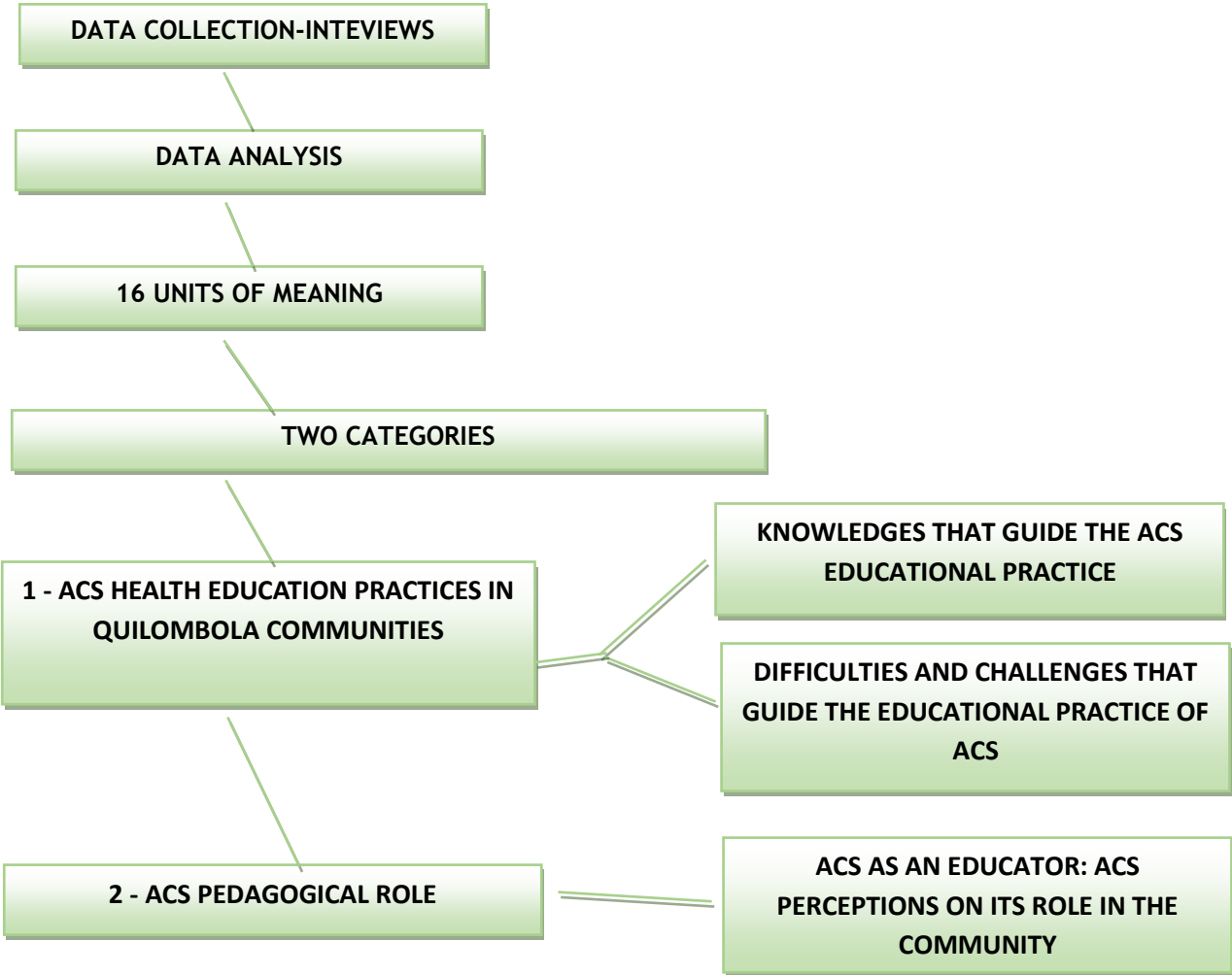


Figure 1. Conceptual scheme of the process of identifying the units of meaning, according to Alfred Schütz's phenomenology. Santarém (PA), Brazil, 2014.

The subjects were five CHA, two of the female gender and three of the male gender. Age ranged from 20 to 30 years. Most were separated, had more than one child, had, on average, ten years of study, were Catholic and declared their ethnicity in a diversified form. Regarding ethnicity, one declared himself white; one, indigenous; two, brown and one, black.

Most of the CHA study (three CHA) completed high school. Of these, two have a Nursing Technician course, one CHA has elementary education and one CHA has incomplete upper course (Pedagogy).

Regarding family characteristics, most belonged to economy class C. About computer knowledge and access to information, two reported knowing how to handle the computer and three do not know how to use the computer, and the television is the only information vehicle.

The five CHAs live in the community in which they operate and all are descendants of quilombos remnants. In the first subcategory, the main difficulties encountered in the educational practice were identified: the five reported the difficulty of access to permanent training. They attribute this difficulty to the geographical distance from the urban centers and to the scarce supply of training.

In the second subcategory, the knowledge that guides the educational practice of CHAs was reported. This topic deals with the knowledge acquired and learned and that helps the praxis of the CHA. Among the reasons reported as influencers for this practice, the popular knowledge seized in everyday experiences and knowledge inherited culturally.

Once, on one of my visits, I found a child with a fever, so I directed my mother to take a bath ... there, she said that she was giving her home remedy ... she was giving honey, with chicken lard, andiroba, and half sulfa band [...]. From there, I remembered that when I was a kid, my mother gave me honey mixture too and it worked. (CHA 2)

Bounded by ordinance No. 2488, dated October 28, 2011, which determines the attributions of the CHA, the subjects' speeches reveal perceptions of unpreparedness to exercise their attributions, when reporting that their professional formation is more practical than theoretical. This fragmentation undermines the view of the individual as an inseparable unit, as a unique and holistic being, as observed in the accounts:

[...] we train there, but it's nothing that we need, I think that training should be about what we're going to use in the community. (CHA 3)

I wanted to have, therefore, more information, the health issue, any health issue, [...] as I said, I did not even think about being CHA, but now that I'm already in, I need information for that I can pass on so people are informed as well. (CHA 2)

Here, our work asks a lot, we give lectures, [...], what the family wants to know, she asks us and the Technical Nursing course helps me a lot, otherwise I do not know what it would be like. [...] if they are under pressure crisis, I have to check the pressure to say if it is or not, otherwise, what will I do? (CHA 1)

The second subcategory addresses the difficulties and challenges that guide the educational practice of CHAs. There are issues that hinder the educational work developed by the CHA, some of which are of a social nature, because, even with the guidelines provided by them, the environment favors the development of diseases, due to the lack of basic sanitation, which generates, in CHA, the feeling of powerlessness in the process of changing the reality of the population's health conditions and, consequently, the perception of failure in their health education work.

For example, there is a lot of family here that keeps water in the water box, those on the floor, we are in a period of much vomiting and diarrhea and it is very difficult because we did not have any training about it, and the mothers ask us [...]. And it's the weekend that the post is not open, there's some mother that needs it, I'll go there. (CHA 3)

In this category, the difficulty of access to information and lifelong education was highlighted. The geographical distancing of these communities to the urban centers was the highlight characterized as macrodifficulty. These spaces lack public policies essential for the exercise of citizenship, such as basic sanitation, schools (only a quilombola community has a school) and health institutions that, when they exist, are of low quality.

Another difficulty that is not only mine but other colleagues face, it is in relation to the condition transport, because you leave your residence getting sun and rain [...] I have a transport received by the secretariat that is a bicycle, but it is scrapped [...] lack of transportation for people who need health services too, how do I get to BHU? (CHA 4)

In the second category, the pedagogical role of CHA, it was verified that CHA is an educator and the perception that this professional attributes to his role in the community. The CHA understand their role as a health educator and report that this profile emerged in the spontaneity of their practice

and the needs that their role requires in a daily dialogue with the community.

In this category, problematizing action and dialogue were identified as spontaneous practices of CHA actions. The educator has the role of helping learners to identify the problem, to find the root causes of this problem, and to find ways to initiate change in the situation.

I see, therefore, that there is a need to talk about something, we go and talk, and so choose the theme, [...] body hygiene [...], because today we are faced with many children who go to school today with big dirty fingernails, I like school a lot because we talk to them directly, I like scribbling a lot, and when I go to visit families, I risk a lot of paper because I want to be talking and making drawings for them [...]. (CHA 4)

DISCUSSION

This study sought to analyze the perception of the Community Health Agent about his role as educator in Quilombola Communities. The units of meaning were analyzed in the light of Alfred Shütz's phenomenological framework, and popular health education was defined as a "field of practice and knowledge that deals with the link between health action, thinking and doing day by day of the population".¹²

The perception of CHA on their role as educator in the community dialogues with Freirean speeches when he says that every educational practice presupposes the existence of subjects (one that, teaching, learning and other than learning, teaching) and objects (content to be taught and learned), involves the use of methods, techniques, materials, and implies the function of its directional character, goals and ideals. The CHA of this study built, within their praxis, a form of how they should be and instrumentalized themselves with the knowledge learned in their experiences with the community.

In this sense, it is believed that the role of CHA, within the FHS, should be clear among the agents themselves, among the other team members and well understood by the community, avoiding distortions regarding the assignments of these professionals. Considering the emerging need in the communities, it is necessary to have a differentiated view on the formation of the CHA, since these professionals are the first contacts of the community with UHS.¹⁶

Understanding the role of the CHA educator in the community refers to the identification, reflection and action to be developed in an educational process that is effective in their

daily practices. The CHA is the professional that occupies the prominent place in the perspective of health education, once it is part of the community, knows and lives the demands brought by the residents.¹⁶

Thus, it can be concluded that the strategies of CHAs must be based on the conception of education and popular praxis, based on the idea that the production of care, proposed in a social context as complex as the community, raises the need to recruit workers with knowledge and practices different from those produced by the educational institutions that form for the health sector.¹⁶

To know the form and the context in which the educational practices in health are developed by the CHAs in the quilombola communities translates into a concern with the health conditions of this population.

CONCLUSION

The study showed that the perception of CHA on their role as educator is inserted in their practice and is born of the spontaneity of their actions. The CHA perceives itself to be an educator and translates, in its speech, the challenges and potentialities present in its daily life. The data found in the research also point to the need for more problematizing approaches in the ongoing formation of CHAs and in the contents necessary for their formation. It is possible that the change in the proposal of permanent formation is able to facilitate the development of a critical thinking about its performance, expanding the idea of learning space as a linear transmission of knowledge for the proposal of a joint space of knowledge.

Although the results of this study can not be generalized, they portray, even partially, the context of Northern Brazil regarding the pedagogical role of CHA. Thus, the development of new research on the subject is suggested, in order to identify other aspects relevant to the wider knowledge of the phenomenon studied.

It is important to emphasize that the results offer relevant contributions to the understanding of the challenges and potentialities of the pedagogical role of CHAs, being useful for managers and health professionals, especially in the elaboration of strategies of permanent formation connected with the local reality. In addition, few researches on the subject were carried out in the northern region of Brazil.

The limitations of the study are inherent to the method. Qualitative research limits the findings to the population investigated, not

allowing generalization to the global population or inferences to other populations.

ACKNOWLEDGEMENTS

Special thanks to Mr. Dileudo Guimarães dos Santos.

REFERENCES

1. Senado Federal (BR). Constituição da República Federativa do Brasil. Brasília: Senado Federal;1988.
2. Ministério da Saúde (BR), Secretaria Executiva. Programa de Agentes Comunitários de Saúde. [Internet]. Brasília: Ministério da Saúde; 2001 [cited 2016 Dec 15]. Available from: <http://bvsms.saude.gov.br/bvs/publicacoes/pacs01.pdf>
3. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Política Nacional de Atenção Básica [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2016 Dec 18]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_2006.pdf.
4. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2017 Jan 15]. Available from: <http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf>
5. São Paulo (Estado), Secretaria de Estado da Saúde. Uma reflexão crítica sobre a educação em saúde. BIS: Boletim do Instituto de Saúde [Internet]. 2004 Dec [cited 2017 Dec 15]. Available from: <http://www.isaude.sp.gov.br/boletins/bis34.pdf>.
6. Filgueiras AS, Silva ALA. Community Health Agent: a new actor in the Brazilian health scenario. *Physis*. 2011;21(3):899-915. Doi: <http://dx.doi.org/10.1590/S0103-73312011000300008>
7. Freitas DA, Caballero AD, Marques AS, Hernández CIV, Antunes SLNO. Health and quilombolas communities. *Rev CEFAC*. 2011 Sept/Oct;13(5):937-43. Doi: <http://dx.doi.org/10.1590/S1516-18462011005000033>
8. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. Censo demográfico: resultados preliminares. Santarém [Internet]. Rio de Janeiro: IBGE; 2012. Available from: <http://www.cidades.ibge.gov.br/v3/cidades/municipio/1506807>
9. Jesus MCP, Capalbo C, Merighi MAB, Oliveira DM, Tocantins FR, Rêgo BM, et al. The social phenomenology of Alfred Schütz and its

- contribution for the nursing. *Rev esc enferm USP*. 2013 June; 47(3):736-4113. Doi: <http://dx.doi.org/10.1590/S0080-623420130000300030>
10. Maciazeki-Gomes RC, Souza CD, Baggio L, Wachs F. The work of the community health worker from the perspective of popular health education: possibilities and challenges. *Ciênc Saúde Coletiva*. 2016 May; 25(1):1637-46. Doi: <http://dx.doi.org/10.1590/1413-81232015215.17112015>
11. Munanga K, Gomes NL. *O negro no Brasil de hoje*. São Paulo: Global; 2006.
12. Nunes MO, Trad LB, Almeida BA, Homem CR, Melo MCIC. Community-based health workers: building the identity of this hybrid, polyphonic character *Cad Saúde Pública*. 2002 Nov/Dec;18(6):1639-46. Doi: <http://dx.doi.org/10.1590/S0102-311X2002000600018>
13. Schutz A. *El problema de la realidade social*. Buenos Aires: Amorrortu; 2008.
14. Schütz A. *Sobre fenomenologia e relações sociais*. Petrópolis: Vozes; 2012.
15. Silva MH, Jesus MCP, Merighi MAB, Oliveira DM. Limits and possibilities experienced by nurses in the treatment of women with chronic venous ulcers. *Rev Esc Enferm. USP*. 2014 Aug; 48(Spe): 53-8. Doi: <http://dx.doi.org/10.1590/S0080-623420140000600008>
16. Silva JA, Dalmaso ASW. *Agente Comunitário de Saúde: o ser, o saber, o fazer*. Rio de Janeiro: Fiocruz; 2007.
17. Terra MG, Silva LC, Camponogara S, Santos EKA, Souza AJ, Erdmann AL. On the track of phenomenology: a way for nursing research. *Texto contexto-enferm*. 2006 Oct/Dec;15(4):672-8. Doi: <http://dx.doi.org/10.1590/S0104-07072006000400016>

Submission: 2017/01/18

Accepted: 2017/09/22

Publishing: 2017/11/15

Corresponding Address

Érika Marcilla Sousa de Couto
Universidade do Estado do Pará
Departamento de Enfermagem Comunitária
Tv. Dom Amando, 746, Edifício Dário Coimbra,
Ap.301.
Bairro Santa Clara
CEP: 68005-420 – Santarém (PA), Brazil