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ORIGINAL ARTICLE

PROTAGONISM OF COMMUNITY HEALTH AGENTS IN COMBATING SMOKING PROTAGONISMO DOS AGENTES COMUNITÁRIOS DE SAÚDE NO COMBATE AO TABAGISMO PROTAGONISMO DE LOS AGENTES COMUNITARIOS DE SALUD EN EL COMBATE AL TABAQUISMO

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ABSTRACT

Objective: to identify how community health agents contribute to the development of actions to combat smoking in primary health care. **Method:** this is a qualitative, descriptive and exploratory study carried out with 20 community health agents. A semi-structured interview was used to obtain the testimonies. The thematic content analysis of the interviews was carried out, identifying the keywords, and the results in categories were discussed. **Results:** two categories of analysis were presented: the strategies used by community health agents to publicize smoking control actions and the actions of community health agents directed at users who did not stop smoking. **Conclusion:** it was inferred that the trained professional is able to establish a link with the primary health care user, which favors the resolubility of the actions, contributing to the quality of life of users who seek care in the health service. **Descritores:** Primary Health Care; Family Health Strategy; Community Health Workers; Nursing; Health Education; Tobacco Use Disorder.

RESUMO

Objetivo: identificar de que forma os agentes comunitários de saúde contribuem para o desenvolvimento das ações de combate ao tabagismo na atenção primária à saúde. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, realizado com 20 agentes comunitários de saúde. Utilizou-se uma entrevista semiestruturada para a obtenção dos depoimentos. Realizou-se a análise de conteúdo temática das entrevistas, identificando as palavras-chave, e discutiram-se os resultados em categorias. **Resultados:** evidenciaram-se duas categorias de análise: as estratégias utilizadas pelos agentes comunitários de saúde para a divulgação das ações de controle do tabagismo e as ações dos agentes comunitários de saúde voltadas aos usuários que não cessaram com o tabagismo. **Conclusão:** inferiu-se que o profissional capacitado é capaz de estabelecer um vínculo com o usuário da atenção primária à saúde, o que favorece a resolubilidade das ações, contribuindo para a qualidade de vida dos usuários que procuram por atendimento no serviço de saúde. **Descritores:** Atenção Primária à Saúde; Estratégia Saúde da Família; Agentes Comunitários de Saúde; Enfermagem; Educação em Saúde; Tabagismo.

RESUMEN

Objetivo: identificar de qué forma los agentes comunitarios de salud contribuyen al desarrollo de las acciones de combate al tabaquismo en la atención primaria a la salud. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, realizado con 20 agentes comunitarios de salud. Se utilizó una entrevista semiestructurada para la obtención de los testimonios. Se realizó el análisis de contenido temático de las entrevistas, identificando las palabras clave, y se discutieron los resultados en categorías. **Resultados:** se evidenciaron dos categorías de análisis: las estrategias utilizadas por los agentes comunitarios de salud para la divulgación de las acciones de control del tabaquismo y las acciones de los agentes comunitarios de salud dirigidas a los usuarios que no cesaron con el tabaquismo. **Conclusión:** se ha inferido que el profesional capacitado es capaz de establecer un vínculo con el usuario de la atención primaria a la salud, lo que favorece la resolución de las acciones, contribuyendo a la calidad de vida de los usuarios que buscan atención en el servicio de salud. **Descritores:** Atención Primaria de Salud; Estrategia de Salud Familiar; Agentes Comunitarios de Salud; Enfermería; Educación em Salud; Tabaquismo.

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INTRODUCTION

It is considered by the World Health Organization (WHO) that smoking is the leading cause of preventable death in the world, directly related to the development of chronic noncommunicable diseases,¹ and is part of the group of mental and behavioral disorders due to the use of psychoactive substances according to the International Classification of Diseases - 10 (ICD-10: F17.2).²⁻³ It is essential, in this sense, to improve the forms of treatment that are directed to people affected by this disorder in order to reduce the impact of smoking on society.

The National Program for Smoking Control (NPSC) was instituted in 1989 by the Ministry of Health, through the National Cancer Institute, with the aim of creating national strategic actions aimed at reducing the number of smokers in the country.⁴

It is highlighted by national researchers⁵ that the primary level of health care is characterized as the most adequate for the implementation of tobacco control actions, which is in compliance with Administrative Rule no. 2,488, October 21, 2011, which emphasizes that the Basic Health Units (BHUs) aim to provide integral attention to the health of the population around its area of coverage, enabling engagement, as well as developing a spirit of autonomy in people that will be necessary for their self-care and the interest of the community in face of the determinants of health.⁶

The need for the development of actions that refer to the treatment of these users in the health services is pointed out, that the health professionals receive the adequate training to act in the fight against smoking in the BHUs and in the health services distributed at all levels health care. It is observed that the training is intended to qualify the health professional regarding pharmacological and cognitive-behavioral approaches for the treatment of smoking.⁷

It is understood that the training, which requires a minimum or a brief approach, is directed to the professionals of average level having, as base, the motivation of the user to stop smoking. It is considered important, as regards the attributions of community health agents (CHAs), their participation in smoking control, since they play a role as mediators, by enabling the construction of a link between the user, the staff and the health unit, through active search, as a means of facilitating the population's access to the health service.⁵

Between the specific attributions of the CHA, the mapping and the registration of all the inhabitants belonging to its area of coverage are included, in order to register the population's socioeconomic profile. It is also known that the CHA points out the basic pathologies that these residents present and passes this information to higher level professionals, such as nurses and physicians, who work in the BHUs in order to outline the best performance strategy team's.⁸

It should be stressed that, as a matter of principle, primary health care (PHC) has universal and continuous access to health services and constitutes the user's preferential doorway to the Unified Health System (UHS), which the proposal for actions to control smoking becomes a priority in this level of health care.⁹

OBJECTIVE

♦ To identify how community health agents contribute to the development of actions to combat smoking in primary health care.

METHOD

It is a descriptive and exploratory study, with a qualitative approach¹⁰, which responds to very particular questions, worrying about a level of reality that can not be quantified. It aims to identify aspects of reality, allowing the understanding of the phenomenon of the study from the lived experience, beliefs, values and attitudes of the research participants.

It is pointed out that during the month of September 2016, 20 CHAs from three different Basic Health Units, which developed assistance based on the Family Health Strategy (FHS) model, in the city of Juiz de Fora (MG). The following inclusion criterion was selected: the CHA of the BHU research scenario. Exclusion criteria were to be on vacation or leave.

For the data collection, the semi-structured interview was used as a technique for producing the empirical material, driven by the characterization of the participants and by the following guiding questions: "As a community health agent, how do you make users aware of the actions of fight against smoking that are offered by BHU? After the smoking groups, do you actively search users to see if they have adhered to the treatment and / or were able to quit smoking?".

The interviews were recorded in electronic media and the participants were clarified about the purpose, which is to retain the transcript of the testimonies while

maintaining the anonymity of the respondents. For the identification of the participants, the acronym CHA and the number in ascending order, corresponding to the sequence of the interviews, for example, CHA 1, CHA 2, [...], CHA 19, CHA 20 were used. the interviews in an appropriate place, inside the BHU's, aiming at the privacy for the development of the research.

Data from the transcription of the interviews was explored according to the Thematic Content Analysis,¹⁰ which is divided into the following stages: 1) pre-analysis, which consists of the organization of field material and floating readings, researcher, formulate hypotheses about the proposed theme and indicators that will guide the interpretation of the data; 2) exploration of the material, stage in which the researcher will perform the analysis with the purpose of grouping words and expressions that present similarities between them, which will allow the formulation of the categories of analysis; 3) treatment of results / inference / interpretation, a step that consists of the analysis of each category found in the previous phase and in which will be formulated a writing with the findings of the research, using the support of theoretical references and scientific research, significant and valid.

The ethical aspects were followed in the course of the research, according to Resolution 466 of the National Health Council,¹¹ and a favorable opinion was obtained from the Research Ethics Committee of the Federal University of Juiz de Fora (CEP- UFJF) under the number CAAE 58575716.8.0000.5147 and opinion no. 1,706,470, on August 31, 2016. The interviews began only after the signing of the Free and Informed Consent Term (FICT).

RESULTS

♦ Characterization of participants

A total of 20 CHAs, aged between 27 and 70 years, were enrolled in this study, of which nine (54%) CHAs were predominant, ranging from 30 to 39 years of age. It should be noted that the level of schooling ranged from incomplete to post-graduate education, with the majority (16 CHA's) having completed High School. It is pointed out that, in relation to the time of service as CHA, this varied from two to 17 years, prevailing the range of two to four years, with 13 CHA's.

Two categories of analysis were constructed based on data analysis: "the strategies used by community health agents to publicize smoking control actions" and "the

actions of community health agents aimed at users who did not stop with smoking".

The strategies used by community health agents to publicize tobacco control actions

The following statements stand out after asking the CHA to express their opinion on the strategies they developed with the purpose of promoting the dissemination of tobacco control actions in the territory of BHU.

During home visits, because we already know the users who smoke at least those who have been living in our area for a long time, [...] through the training courses, we are not only talking about meetings, how we tell people what they learn in these courses, what are the benefits, the difficulties that the user has to stop alone, the incentive, we focus on what we learned in the training. (CHA 7)

So when the group is marked, we go to the houses. We already know who the smokers are, there, we already try to raise awareness [...]. We go and talk about the importance, from ills to health, you often see that the person uses [the cigarette] as a friend, [...] then, we try to sensitize, even in the same waiting room, that we do in the morning. It's important that we talk, even if the person does not stop at that time [...], a little seed stays, right? (CHA 12)

We have a waiting room to let you know, at least two weeks before we start the group, [...] because the rest of us talk in the houses. (CHA 13)

Generally, during the visits, when I realize that the person is a smoker, I go on board, I say that, in the post, they make several groups. Before I get into smoking, I say that there is a group of that, a group of that, then, later, I touch on the subject of smoking, I ask if the person would like to do it. I say that even if the person does not want to stop smoking at the moment, at least go to see and see how it is. You have to approach, speak that will talk about other subjects, there, you awaken the will of the person to come.

It has times that work, but it's hard, usually they run away. (CHA 14)

The barriers to the development of actions to combat smoking in the speeches of the CHAs.

In our area, he was not having any talk aimed at smoking, he'll have it now. But to date, he has had nothing to do with smoking in those two-and-a-half years. Now that top-level professionals are empowering themselves to do the smoking group. (CHA 19)

Through the visits that we give to the staff. Our area did not have access to the group yet because the employees are doing the training now. (CHA 20)

♦ The actions of community health agents aimed at users who did not stop smoking

It is pointed out that the CHA's discourse about the actions they develop with the smoker who failed to achieve success with regard to smoking cessation.

We already know the answer during the group because it has a maintenance. During this maintenance, we find out if you stopped or not, and if you did not stop, when you have another group, we invite you again. (CHA 1)

Yes, we try to find out if you are using the right medication. At first, it is difficult because, despite using the medication, they still smoke one or two cigarettes. We try to encourage not to smoke, because, along with the medication, it is a bigger nicotine, it can do harm, [...] there, we explain perfectly that smoking is bad, in order to try to stop smoking, two, three days without smoking, so avoid smoking, because then it gets easier to stop. (CHA 9)

Yes, I come, I ask how the treatment is, if it is being stopped, if at least they have diminished, then they talk, they do not hide, some speak to me already: "I did not, I could not, "And others already do, they say they are very happy, they have managed to stop. There goes from each one. (CHA 13)

In the daily visit, we talk to know if he stopped, if he is getting it right, to see how the referral is [...]. We go to the user's house every time, so I have to find out how they are. (CHA 18)

It has been inferred in some testimonials that, in general, the CHAs demonstrate in their speeches how the groups have contributed to the users abandoning the tobacco and that the work that is developed by the other professionals of the team has been effective.

Perhaps, the question of effectiveness ... we usually make a survey for the people themselves, the users who participated in the group, people, also, who never participated and decided to stop smoking, ...anyway, without participating in the group, we can guide the user later due to the skills that we do... [...] then, as part of our work prevention, health promotion, in the case there, is the promotion to people who already smoke... I can say that I have had very positive results in my micro area in relation to users who came to the groups because, when they are offered at the station, they are offered there, too, at Pan

Marechal, right? So, people who really stop smoking, people who have smoked 15, 20 years, 30 years and stop smoking with these groups, here from the post or there in the Pan Marechal, where access is easier, time for account of working out, they adhered to the treatment and were able to stop smoking, so, I think, so, the effectiveness is very good. (CHA 7)

The smoking group, here at the post, it is a very good group, several people stop smoking through that group. (CHA 8)

However, in some interviewees, it is difficult to find these smokers, or even those who participated in the groups, to see if they continued the treatment.

Sometimes, we do not always do the active search, not [...] they themselves continue to make the group [...] there are some who say they are using a method that did not work, then I'll let it go, we still try to tell them to continue, but then, it is up to them, they do not want to come, now, who really wants to come. (CHA 11)

DISCUSSION

The Ministry of Health recommends ⁴ actions against smoking to be worked in health services, with a view to adhering to smoking cessation prescriptions. In this sense, after several studies on the care modalities aimed at people who use cigarettes in their daily lives, workshops were developed to sensitize these people to quit smoking. It is pointed out that the health service would need to submit to the Ministry of Health an assistance project and, after its approval, the work would be developed in the modalities of meetings.

According to the consensus developed by the National Cancer Institute (INCA), ⁹ two types of approaches that can be carried out for the treatment of smoking cessation are identified: the brief/minimal approach and the intensive approach.

It is defined that the brief/minimum approach is to ask, evaluate, advise and prepare the tobacco user for the cessation of tobacco, without accompanying it in this process, and can be performed by any health professional during routine visits. It should be noted, however, that this method has shown a minimum rate for tobacco cessation. It is known that the intensive approach is today the most used and has presented a positive result in the health services for the interruption of the use of the cigarette. It is pointed out that it can be done individually or in groups and is indicated for smokers who tried to quit smoking, but were unsuccessful, or for those who sought health professionals

directly for this type of support. For this approach, it is indicated that four meetings are held weekly, and after these meetings, a follow-up schedule is recommended every 15 days until the health professional deems it necessary.⁹

Despite the recommendation of actions by the Ministry of Health, not all the BHU's in the municipality are systematically developing actions to combat smoking. Thus, when interviewing some CHAs, they have sought ways to publicize the actions developed by the health services. It is understood that although some CHAs report how these actions are carried out, they are not always able to sensitize the target audience.

This fact is revealed in relation to those users who do not participate effectively in all activities, those who do not attend workshops as recommended, or those users who do not feel motivated to stop smoking.

It reinforces, by the strategies used by the CHA's, what is advocated as the activity of this professional in BHU. It is understood that, in this sense, what CHA's reveal is appropriate to provide the necessary link between the service and the community.¹²

The role of CHA in publicizing the strategic actions that are carried out for smokers in BHU is highlighted, and it is also emphasized that this role is essential for the professional to play his part as a member of a multiprofessional team that is focused on the fight against smoking.¹³

It is verified, although the participants' statements reveal that they have sought ways to bring to the community the information about actions to combat smoking offered by the health service, that there is still a great difficulty in the adherence of the users to the groups, and another aspect that can hamper the development of groups in a systematic way is the training of professionals.

It is worth noting that, theoretically, all PHC should develop smoking groups and other actions directed to the theme, however, it is a fact that not all professionals feel empowered to develop actions related to smoking in primary health care.

The actions of community health agents aimed at users who did not stop smoking

It is known that stopping cigarette use is not easy, but research has increasingly revealed that it is possible for the tobacco user to abandon nicotine addiction.¹⁴ It is demonstrated by the actions advocated in smoking groups to be applied in the daily

lives of people, that one of the main aspects is that the user has a commitment to their health and wants, in fact, by themselves, and not by third parties, to abandon the use of tobacco. It is revealed in this study that the work developed by the CHA's is of great importance regarding the search of the results obtained by the participants of the groups as to the success or otherwise of the interruption of tobacco use.

It is emphasized that the fact that the person can not stop smoking, at first, does not invalidate the other possibilities. It is important, therefore, that the search for this user be considered, so that he can participate in the offer of shares in the health services at other times and that his participation is not made unfeasible. It is shown, according to the CHA's, that it is important that other health professionals from BHU give them feedback on whether or not the participant was able to stop tobacco use, since this information may be essential so that the work with the user does not stop at the time he or she searches for the health service, but that it is possible for the user to participate in the actions, as often as necessary, until a positive result is obtained.

Some interventions¹⁵ are considered necessary to contribute to the user abandoning the smoking habit, recommended by the Nursing Interventions Classification (NIC),¹⁶ being: to record the current status of the use of the cigarette and the history of the smoker; determining the willingness of patients to stop smoking; provide smokers with clear and consistent advice; help the patient identify reasons for quitting and barriers to smoking cessation; guide the patient about the physical symptoms of nicotine withdrawal and reassure him about transience; provide information to the patient about products that replace nicotine; assist the patient to recognize situations that lead to smoking; encourage you to participate in support groups or individual therapists; maintain frequent telephone contacts, always congratulating you on the progress and offering help in difficulties and relapses.¹⁶

It is noteworthy that there are some strategies that can contribute to a restructuring of the work developed by the CHA based on the way of communicating.¹⁷⁻⁸ It is noted that the way an orientation, for example, is transmitted by the CHA will influence the the user's decision to continue, or not, with tobacco dependence.

CONCLUSION

Through the report of the CHA participants of this study, reflections were made on the specific attributions of these professionals directed to users who are smokers and who reside in the area of coverage of the BHU. It was identified that, although there are units that carry out the smoking groups, there are still others that do not value the complexity and the real consequences that the use of the cigarette can have on the health of the people. It is noticed a difficulty in finding health services, in the surroundings of their communities, that develop strategic actions directed to the fight against smoking.

It was also evidenced by the results of the research that the actions that are developed by the CHA have been satisfactory, since almost all reported that the actions to combat smoking are carried out by the BHUs, which meets the Ministry of Health.

It is believed, in this sense, that a well-trained professional, interested and who really wants to contribute to an improvement of the quality of life of the user belonging to the area of coverage of the Basic Health Unit can act in a meaningful way for the empowerment of this user with respect to their self-care and with a more resolute primary health care.

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