



SOCIAL CONTROL IN HEALTH: THE PERSPECTIVE OF A COMMUNITY AROUND A CONCEPT

CONTROLE SOCIAL EM SAÚDE: A PERSPECTIVA DE UMA COMUNIDADE EM TORNO DE UM CONCEITO

CONTROL SOCIAL EN LA SALUD: LA PERSPECTIVA DE UNA COMUNIDAD EN TORNO A UN CONCEPTO

Gleiciane da Silva Fonseca¹, Ildone Forte de Moraes², Cecília Nogueira Valença³, Raimunda Medeiros Germano⁴

ABSTRACT

Objective: to analyze the perception of a community in Santa Cruz/RN about the meaning of social control of Brazilian's public health system. **Methodology:** descriptive/exploratory research of qualitative approach, involving 23 residents of Paraíso's neighborhood that were older than 18 years-old and signed the Consent Form of Free Clarification (CFFC). The data collection was done through semi-structured interviews among April and July 2010. The collected data were analyzed using the hermeneutic-dialectic method, in which the reports were repeated among participants supported the creation of themes that were later articulated with theoretical references. The project was approved by the Ethics in Research Committee of the Universidade do Estado do Rio Grande do Norte (UERN) by the CAAE 0059.0.428.000-09 and under Protocol 060/2009. **Results:** the speeches of the interviewees pointed beyond the unfamiliarity of the term. It was observed that most participants did not know the instances of social participation due to lack of promotion and organization of the Municipal Health Council, which caused difficulty in the search for autonomy of the population dealing with feelings of repression and fear. **Conclusion:** there is a need to perform educational activities for the development of more participatory citizens. Health professionals, managers and people need to think about their roles as promoters of a better life. **Descriptors:** social participation; health councils; health education.

RESUMO

Objetivo: analisar a percepção de uma comunidade do município de Santa Cruz/RN sobre o significado de controle social do sistema de saúde pública brasileiro. **Metodologia:** pesquisa exploratória e descritiva, de abordagem qualitativa, realizada com 23 moradores do bairro Paraíso, com idade superior a 18 anos. A coleta de dados foi feita por meio de entrevistas semiestruturadas entre os meses de abril e julho de 2010. Os dados coletados foram analisados pelo método hermenêutico-dialético, no qual os relatos que se repetiam entre os participantes subsidiaram a definição de temas que posteriormente foram confrontados com a literatura. O projeto foi aprovado pelo Comitê de Ética em Pesquisa da Universidade do Estado do Rio Grande do Norte (UERN), mediante o CAAE 0059.0.428.000-09 e sob o Protocolo 060/2009. **Resultados:** os discursos dos entrevistados apontaram para além do desconhecimento do termo. Foi observado que a maioria dos participantes não conhecia as instâncias de participação social em decorrência da falta de divulgação e organização do Conselho Municipal de Saúde, o que ocasionava a dificuldade na busca de autonomia da população diante de sentimentos de repressão e medo. **Conclusão:** há necessidade da realização de atividades educativas voltadas para o desenvolvimento de cidadãos mais participativos. Os profissionais de saúde, gestores e a população precisam pensar seus papéis como fomentadores de melhores condições de vida. **Descritores:** participação social; conselhos de saúde; educação em saúde.

RESUMEN

Objetivo: analizar la percepción de una comunidad en el municipio de Santa Cruz/RN sobre el significado del control social del sistema público de salud brasileño. **Metodología:** pesquisa descritivo/exploratoria, de abordaje cualitativo, realizada con 23 residentes del barrio Paraíso mayores de 18 años y que han firmado el Formulario de Consentimiento Libre e Exclarecimiento (FCLE). La recolección de datos se realizó a través de entrevistas semi-estructuradas, entre abril y julio de 2010. Los datos recogidos fueron analizados utilizando el método hermenéutico-dialéctico en la que los informes que se repitieron entre los participantes apoyaron la creación de temas que posteriormente se articulan más tarde con referenciales teóricos. El proyecto fue aprobado por el Comité de Ética de la Universidad de Rio Grande do Norte (UERN) por el CAAE 0059.0.428.000-09 y bajo el Protocolo 060/2009. **Resultados:** el discurso de los entrevistados señaló más allá de la falta de familiaridad de la palabra. Se observó que la mayoría de los participantes no conocían las instancias de participación social debido a la falta de promoción y organización del Consejo Municipal de Salud, lo que causó dificultades en la búsqueda de la autonomía de la población frente a los sentimientos de la represión y miedo. **Conclusión:** hay necesidad de llevar a cabo actividades educativas dirigidas para el desarrollo de los ciudadanos más participativos. Los profesionales sanitarios, gestores y la población necesitan pensar en su papel como promotores de mejores condiciones de vida. **Descriptores:** participación social; consejos de salud; educación en salud.

¹Nurse. Graduate Student in Intensive Care at Faculdades Integradas de Patos/FIP. Natal (RN), Brazil. E-mail: gleicianefonseca@hotmail.com;

²Nurse. Master in Nursing from Universidade Federal do Rio Grande do Norte/UFRN. Natal (RN). Professor at Universidade do Estado do Rio Grande do Norte / UERN. Caicó (RN), Brazil. E-mail: ildoneforte@yahoo.com.br; ³Nurse. Doctorate in Nursing from UFRN. Natal (RN). Professor at UERN. Caicó (RN), Brazil. E-mail: cecilia_valenca@yahoo.com.br; ⁴Nurse. Ph.D. in Education from the University of Campinas / UNICAMP. Campinas (SP). Assistant Professor of undergraduate and graduate in nursing of UFRN. Natal (RN), Brazil. E-mail: rgermano@natal.digi.com.br

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INTRODUCTION

The social control consists in a political relationship between State and society. Nevertheless, the term is ambiguous and can be designed in different directions from different conceptions of State and civil society. Both are employed to designate the society's control over the actions of the State, and for state control over society.¹

The comprehension, in the health scope, in the view of the Brazilian Constitution is entirely different from the one initially used by sociology.² In the health context, the concept turns to the participation of the population (social participation) in the determination, management and monitoring of public policies.³ Instead, sociology is used to establish social order by the submission of individuals to certain social standards and moral principles.¹

Historically, the term has come to take shape in Brazil during the creation of the Sistema Único de Saúde (SUS) at the end of 1980s, when the scope was to remove the population's character of repression and authoritarianism of the state to reach prospects autonomy and citizenship in the face of health practices in the country.⁴

By Law No. 8.142/90, the participation was allowed in the Conferences and Councils of health.⁵ However, despite the existence of such resources, researches indicate that, currently, the population does not participate effectively and the causes are directed to the lack of organization of some Councils on publicity and popular education, as well as the culture of Dictatorship which is still present nowadays.^{4, 6-11.}

Brazil has advanced significantly with the creation of SUS. Which, by means of its universal, comprehensive and equal importance, was able to include, in little more than a decade, half of the population previously excluded from any health system. There was also an unexpected increase in management capacity of municipalities and states in the production of actions and health services.¹²

However, the need to seek improvements for this sector continues, since the access is still segmented and unequal for those who depend only on the SUS. And the policies of centralized and bureaucratic structure are still prevailing at the expense of democratic principles and citizens.¹²

Moreover, the difficulties are extended to those responsible for the production of political consciousness of the population. The Councils still face significant obstacles, such as operating conditions and poor infrastructure; lack of regularity of operation; absence of other forms of participation; lack of transparency in information of public management; difficulty in formulating strategies and policies for the construction of the new model of health care, the non-exercise of its deliberative character, and the low representation and legitimacy of councilors in relations with their constituents.¹³

Thus, social control has emerged as a right of citizenship to strengthen the changes needed in the policy of the health sector, but for the population participate in it is relevant the knowledge about the rights of access to health, about this system and the broader concept of health. For the exercise of social control is strengthened it is necessary that the political actors involved in the process have a real knowledge of SUS, the legislation, the epidemiological reality, healthcare, financial, political etc.⁴

Therefore, the following question arose: what is the knowledge of SUS users on social control in health care? To clarify this issue, we aimed to analyze the perception of a community in Santa Cruz/RN about the meaning of social control proposed by SUS.

Discussing social participation is relevant because there is the possibility of awakening in the participants of the research, health professionals, managers and the general public the importance of a closer approximation to the ideals, concepts and strategies for strengthening the health system by controlling social.

The shared construction of policies is essential to change the reality of health experienced, in order that the quality of life can be achieved through the population in acting their citizenship, to act in the implementation of their rights. The SUS was conquered through the forces of population, through movements of social control, in this sense this union stands out, as it had occurred in health reform, for the formulation of policies on health area and to reduce social inequalities.

METHODOLOGY

A descriptive and exploratory research with field research and qualitative approach, developed in a coverage area of the Family

Health Strategy (FHS) - Estratégia Saúde da Família (ESF) of Paraíso, in Santa Cruz/RN. According to data from Information System of Primary Care (ISPC) - Sistema de Informação de Atenção Básica (SIAB) - the site had approximately 2,350 inhabitants, who lived susceptible to health problems such as poor housing conditions, high crime rates and unemployment.¹⁴

In this area, 5.4% of households had no sewage system or septic tank, which resulted in physiological waste thrown open. As to garbage, the public collection was performed in 89.4% of households, i.e. 4.7% of solid waste were burned or buried and 5.7% were thrown open.¹⁴

Individual interviews were held, with the inclusion criteria subjects who are over than 18 years-old and live in the area of research and confirmed the voluntary participation from signing the consent form (ICF).

The subjects participated with full autonomy, ie, those who were prominent in the community, they were health counselors, community health workers, teachers, and others.

The total number of interviews was 23, which was established by the criterion of sampling for saturation, which consists in the suspension of adding new ones when the data begin to provide some redundancy or repetition, it is not considered relevant to persist in the data collection.¹⁵

The collection period was from April to July in 2010. The interviews happened in the participants' houses and the speeches stored in digital recorder. We used a semistructured script and a questionnaire for socioeconomic data. The interviews lasted an average of 20 minutes, they were managed with the objective of bringing the subject to discussions about the lived reality of health, operating conditions and public health assistance in the city, ways to solve social problems, to the final questioning of the terms of social control and social participation, and the means of participation.

Thus, the questions made respectively were: what is health? What do you think about SUS? Are you satisfied with the health care provided in the city? What can be done to improve? May the public participate in any way? Do you know the Health Council? Do you know where and what for? Have you heard about social control? And social participation?

The collected data were analyzed using a hermeneutic-dialectic method, which it regards as important components for analysis:

the social-historical, economic and policy in which the social group is inserted.¹⁶ After transcribing the interviews, the reports were ordered and organized from perusal of the material, which allowed the subsequent formulation of themes, which were coordinated with other studies used in the theoretical basis for doubting the obvious ideas and to produce conclusive thoughts.

The research was conducted in accordance with the ethical standards laid down in Resolution 196/96 of National Health Council. The project was approved by the Ethics Committee of the Universidade do Estado do Rio Grande do Norte (UERN) by the Certificate of presentation to Appraisal Ethics (CAAE) 0059.0.428.000-09 and under the Protocol 060/2009. As it was also confirmed the permission of the Municipal Health Department of Santa Cruz / RN through an institutional statement.

To ensure the anonymity of the participants, pseudonyms were assigned for the Greek alphabet to the discourse of the interviews.

RESULTS AND DISCUSSIONS

The results indicate that most people did not know the terms of social control and social participation: the first term was unknown for 95.6% of respondents, while the second by 82.6%.

The participants failed to develop responses with security, immediately they said they did not know the terms. Only the health professionals could conceptualize popular participation, but the other was unknown.

Thus, there is a discrepancy between knowledge of health professionals and the other respondents, because even without defining social control professionals were able to discuss the second nomenclature.

The social control was related to family planning, with a social work of home visit. The majority conceptualized as control over society, diverting it from the meaning dictated by the SUS.

Let me see here ... I think that social control is more so, the government is controlling society, do you understand? I think it is. (Pi)

Moreover, the term social participation was conceptualized more easily between these professionals. We noticed a greater knowledge between them, as well as safety and criticism about the SUS and its principles. They spoke

on the issue of population policies and cited some social spaces for participation in the city

I think that the people need to know how to participate. Right here we have Casa da Família [...] there is no such participation of the community. (Beta)

I know that the Council is to improve the health right. To see what people need, but people are still unaware. Do you understand? (Pi)

The data reveal more problematic situations than the simple ignorance of the meaning of the terms. The deficiency in the dissemination and organization of the Council of the municipality, as well as the difficulty in the search for autonomy facing feelings of repression and fear, are also found as a result of this research.

Corroborating with other studies which deal with the lack of knowledge of instances of participation⁷⁻⁸, the research also shows that most respondents did not know about the existence, location and function of the Health Council of the municipality where they lived.

However, some health professionals who had participated in such Council pointed out several difficulties that the institution suffers and that it needs to improve the performance.

It works very poorly because it is dominated by the health secretary, who is the president. If he wants to adhere anything it is there, but the representation of the Council is not organized for policy issues to be discussed in Council. We have no disclosure, people do not know, they do not know the importance of the Council. So I do not know and I do not give importance and I won't, because I do not know why it serves. (Omega)

It's a constant battle and many things are not solved because it's all between them. It's that question: ah! You are here in the Council, but do not leave with the conversation here, we will do this way and that way. [...] The people had no knowledge, the meeting was generally only for the Council. (Beta)

If it were said to people that on this day we will have a meeting. The place is just a little square that fits that little bit of people, for not having a lot of people, I think. (Alpha)

It is observed that the centralization of power in the hands of the President of the Council, considering that besides being the Secretary of Health of the city he was also the one who had the discussions and the representatives of the population were not organized or were not free to bring questions

to be discussed at the meetings. The disclosure about the existence and role of the Council did not happen, the dates of the meetings were not informed to the public and the space for discussions is limited for the number of participants.

It is important to note that many Councils still face precarious internal operational and infrastructure. But when people's participation in the Councils is low, it is important to know whether the members are not purposely exercising its role in publicizing their activities.⁹ The ruling class, in order to maintain self-interest, can become corrupt and use their power to repress the population and distance even more social participation.

Moreover, the protection of directors' interests undermines the credibility of advice because of the accession of decisions that are not discussed. The counselors represent themselves.¹⁷ Thus, the lack of participation of the population can also relate to the performance of councilors who represent the community, or the lack of information exchange between people and their representatives.

Other factors that may break the quality of users' representation are: the long stay of councilors as representatives, which creates a tendency to professionalize in the activities they do and prevents the democratization of the position and rotation, and the level of education / school counselors, that in addition to promoting the good performance of these subjects in the board, one can point to elitism.¹⁸

Therefore, the highest educational level of the counselor, the position of leader over a community, a long stay in the post and some privileges of access may be reasons that lead directors to be resistant to cede place to a new member. From this perspective, this cycle prevents the firmament of social control.

According to research, popular practices seemed to be seen, by most participants, as actions against the state. As the participation, rather than foster the integration of ideas from different social subjects, were nothing more than demonstrations against the management. It was missing to see the union of the population with the government for building shared strategies and approach to improvements in health policies.

These facts led the analysis for the assumption that the lack of information and security with respect to rights of participation meant that social control was not seen as

something natural in the construction of health policies. Thus, to the extent that the population view grounded something forbidden and illegal, it would reveal the fear coming forward.

On the other hand, this view of opposition could be present due to conditions experienced by these people, in which representatives, to feel threatened by being charged for the population, eventually suppress it, as revealed by the following discourse:

Well, as the domination of the people who remain in power, acts with reprisal, look for retaliation, looking for some way to pursue, people are afraid because they are needy, they suddenly need a medication, something of the mayor and they are afraid of being exposed. [...] There have been cases of people who went to city hall and someone said: "You come here to complain, you come to charge I don't know what. When you need medicine, we gives you. I mean ... repressing what is legitimate, which is the community to organize themselves to claim their rights. (Omega)

However, social control quit the design of acting against the State, nowadays what is sought is to find solutions rather than destroy the bids placed in the field.¹⁹ To recourse to the historical period of dictatorship and repression of the community for 30 years to get an understanding of a non-participation community in recovery of their rights is also a factual way. Fears of charge for which is right may be related to the traces still present, of the moments of domination lived in decades ago.

The Brazilian population has been for a long period away from decision-making processes. It was constituted a culture of centralized and authoritarian regimes. Therefore, it is difficult to change this undemocratic reality, in which the institutions of social participation still have a prevalence of authoritarian values. In this sense, the strengthening of social control needs to be stimulated and the Brazilian population must reach a new culture, more democratic.^{2,9}

The oppressed class of people can not feel oppressed ideally and much less to try to turn against their oppressors. The power of this class can be born within the population, and this is strong enough to liberate everyone. When the oppressors want to mitigate the weakness that affects the population, they almost always act with false generosity, forged charity, to remain in power and maintain injustice. However, the true generosity is in the fight for the population to

grow by itself, work and transform the world. The denial of the false generosity comes from the population.²⁰

It is essential to a broader discussion about the theme, a national mobilization of education that encourages mass dissemination about the organization and operation of SUS. A movement that uses various media such as television, radio, internet, lectures in schools, among others, in order that information appears as essential for participation.⁴

The subject must have access to information apparatus so that they can play a meaningful role in policy. The social control will exist when the people actually do. To face the challenges that surround the Councils of health involves the users' action, who need to find mechanisms that will ensure autonomy and participation.²¹ Problems exist, but Councils are relevant to their own improvement to transform the cultural matrix of Brazilian society, and to the advancement of democracy and the SUS.⁹

Many are the actions to be taken for the implementation of SUS in practice, but it is believed that the union of the population can contribute significantly to the advancement of health, reducing inequalities and social construction of citizenship and democracy in this country.

CONCLUSION

The research presented results beyond what was expected in the problem studied. The population was not only unaware of the terms related to social participation, but they was unaware of the existence of the Council of the city which they live, and this instance did not contribute to the development of social control.

Thus, it is noted the need for education practices in health aimed at the community. The population needs to recognize health as a right and be sure that their citizen participation is allowed, they must see themselves as responsible for the construction of a better life.

Health professionals, as potential holders of knowledge about the SUS, must share their knowledge with the people so that they can identify their rights and contribute to the development of ways for consolidation of health policies.

It is indispensable to the resolution of all the factors that hinder the participation of the community as co-responsible in the formulation of health policies. As part of the

Councils, community representatives need to think about their roles in the dissemination of social control and instances of participation, beyond the transfer of information between the Council and represented, and encouragement for others to have the opportunity to act politically.

It is important to highlight the role of every citizen in sanitary activities, each individual doing their part so that the adding of all translate into good achievements. To improve the quality of health care in our country is fundamental to build reflections from the entire society, about their way to live, what each one is doing to contribute to the quality of life, and how to gain autonomy and power in the construction of policies for the resolutions of the problems of the community.

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Corresponding Address

Gleiciane da Silva Fonseca

Rua Dr. Sadi Mendes, 1119 — Santos Reis

CEP: 59141-085 — Parnamirim/RN, Brazil