EXPERIENCES OF THE COMMUNITY AGENTS OF HEALTH AT WORK WITH ADOLESCENTS

ABSTRACT

Objective: to describe the experience of community health agents in working with adolescents highlighting facilities and challenges. Method: descriptive study with a qualitative approach, with 28 community agents in July 2011. For the production of data, semi-structured interview was performed and then the proposal of the Collective Subject Discourse was analyzed. We started the research after approval of the research project by the Research Ethics Committee, CAAE 11043948-1. Results: the agents report the existing barriers in working with adolescents primarily by difficulty in access and openness to dialogue with them. However, they recognize that an approach to the reality of the adolescents can facilitate access and trust through listening. Conclusion: the difficulties reported by health workers, indicate disinterest in addressing adolescent health care and the need for preparation of this work. Descriptors: Adolescents; Community Health; Work.

RESUMO

Objetivo: descrever a experiência dos agentes comunitários de saúde no trabalho com adolescentes destacando facilidades e desafios. Método: estudo descritivo, com abordagem qualitativa, com 28 agentes comunitários em julho de 2011. Para a produção de dados foi realizada a entrevista semi-estruturada, em seguida, analisados na proposta do Discursivo do Sujeito Coletivo. Iniciou-se a pesquisa após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE 11043948-1. Resultados: os agentes relatam os entraves existentes no trabalho com adolescentes essencialmente, pela dificuldade no acesso e na abertura ao diálogo com os mesmos, entretanto, reconhecem que uma aproximação com a realidade dos adolescentes pode favorecer o acesso e a relação de confiança por meio da escuta. Conclusão: as dificuldades relatadas pelos agentes de saúde, apontam o desinteresse do adolescente em abordar e cuidar da saúde como a necessidade de preparo deste trabalhador. Descritores: Adolescente; Agentes Comunitários de Saúde; Trabalho.

RESUMEN

Objetivo: describir la experiencia de los agentes comunitarios de salud en el trabajo con adolescentes destacándose facilidades y desafíos. Método: estudio descriptivo, con enfoque cualitativo, con 28 agentes comunitarios en julio de 2011. Para la producción de datos fue realizada la entrevista semi-estructurada y en seguida, analizados en la propuesta del Discurso del Sujeto Colectivo. SE inició la investigación después de ser aprobado el proyecto de investigación por el Comité de Ética en Pesquisa, CAAE 11043948-1. Resultados: los agentes relatan los problemas existentes en el trabajo con adolescentes esencialmente, por la dificultad en el acceso y en la aparición, al diálogo con ellos. Sin embargo, reconocen que una aproximación con la realidad de los adolescentes puede favorecer el acceso y la relación de confianza por medio de la escucha. Conclusión: las dificultades relatadas por los agentes de salud, apuntan el desinterés del adolescente en abordar y cuidar de la salud como la necesidad de preparo de este trabajador. Descriptores: Adolescente; Agentes Comunitarios de Salud; Trabajo.

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ORIGINAL ARTICLE

EXPERIÊNCIAS DOS AGENTES COMUNITÁRIOS DE SAÚDE NO TRABALHO COM ADOLESCENTES

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RESUMEN

Objetivo: descriptivo, con enfoque cualitativo, con 28 agentes comunitarios en julio de 2011. Para la producción de datos fue realizada la entrevista semi-estructurada y en seguida, analizados en la propuesta del Discurso del Sujeto Colectivo. SE inició la investigación después de ser aprobado el proyecto de investigación por el Comité de Ética en Pesquisa, CAAE 11043948-1. Resultados: los agentes relatan los problemas existentes en el trabajo con adolescentes esencialmente, por la dificultad en el acceso y en la aparición, al diálogo con ellos. Sin embargo, reconocen que una aproximación con la realidad de los adolescentes puede favorecer el acceso y la relación de confianza por medio de la escucha. Conclusión: las dificultades relatadas por los agentes de salud, apuntan el desinterés del adolescente en abordar y cuidar de la salud como la necesidad de preparo de este trabajador. Descritores: Adolescente; Agentes Comunitarios de Salud; Trabajo.
In the healthcare team, the community agent is a worker who is characterized by having the largest empirical knowledge of the area where it operates in relation to social dynamics, values, organization and knowledge circulating among the residents. This knowledge can facilitate the staff, partners and local articulation movement. The recognition of these characteristics, by professionals and by locals, translates into different expectations: on one hand, by inserting in health services, it is expected to exercise a controlling role of the health situation of the population; on the other hand, residents expect the agent to facilitate their access to health services.1

In many places, there is a tendency to reduce agent’s work on monitoring of families at risk, usually those who live in poorer areas and with a precarious life, frequently marked by alcoholism, depression and abandonment of children2.

The essence of the work of the agent is a mediator function, which is not always presented in a clear and objective way, because it also about people's perceptions worldview. To mediate the relationship between services and the population for the improvement of living conditions is not a simple task implying a strong community bond, an opening for dialogue and reflection on the possibilities of action in every situation.2

The HCA performs a fundamental work to strengthen the ability of the subjects to recognize power and responsibility for their own lives and the preparation of their citizenship process. Responsibility is different from guilt, because it makes us recognize our place in the world and in time, unlike the guilt that often makes us feel submitted and unable to transform reality.3

In home visits, the authors report that they must be careful, because entering the space of families means sharing habits, routines that are suite of home space. These actions identified aspects of people's lives, which, otherwise, would not have access; sensitive elements, as health professionals, especially the HCA, are keepers of intimate and private affairs of families. A set of information that, if used outside the objectives, the focus of attention and the health care, may constitute control of the habits of the population tool. It is believed to approach the adolescent to home environment is also difficult due to the behavioral characteristics of this phase.4

In this perspective, home visit is an effective tool for health education, since it favors the creation of links between the community and the HCA and the exchange of information will be given by the experiences of the worker and family. The guidelines are not ready, because each house has a reality that may or may not help the communication. As the Ministry of Health, the HCA must identify adolescents in their coverage area and plan their activities considering it is necessary to advise them on the proper vaccination schedule, sexuality (STD/HIV/AIDS, contraception, pregnancy), alcohol use and other drugs, the importance of education, violence and accidents, traffic risks, physical activity and health, healthy habits and oral health.5

It is worth noting that adolescence is defined by Pan American Health Organizations (PAHO) and World Health Organization (WHO) in an age group from ten to 19 years old and by the Child and Adolescent Statute (CAS), from 12 to 18 years old. However, this demarcation by age group does not cover the understanding of adolescence as a social process.6

The number of HCA professionals working in the country, the nature of their work, the big encouragement of the Ministry of Health in the reorganization of primary care by deploying new FHS teams in the municipalities where the HCA are key agents in addition to the increasing prominence of this worker in the national health system.

The HCA are workers needed for the health care of adolescents, because it is in this phase of life that happen events associated with the expression of sexuality, violence, the use and abuse of psychoactive substances and others. Problems related to these events are quite complex, indicating the need for monitoring that encourages connection and trust. At the same time, it is recognized that the best way to face them is the promotion of adolescent health through actions aimed at strengthening the subject in coping with various life situations.

Faced with these considerations, we see the relevance of the study, since it should be considered for any action aimed at changing realities with the family/community, the role of HCA as a worker within the local reality where he meets, and has the potential to act and advance the demands of early adolescents and families.

This study has the objective to describe the experience of community health workers in working with adolescents highlighting facilities and challenges.
METHOD

Article elaborated from the dissertation << The view of the community health agents on adolescents and their practice >> submitted to the Master Course in Child and Adolescent Health, State University of Ceará/UECE, Fortaleza-CE, Brazil. 2011.

This is a descriptive study with a qualitative approach using the assumptions of the Collective Subject Discourse. Participants were 28 HCA, two in each health team linked to the urban area of this city. However, we had an intended from a few select inclusion criteria such as: minimum of 12 months of work on the family health team; indication of the FHS Coordinator at HCA involvement with the community.

The research was conducted in Iguatu-CE, in July 2011, in the municipality currently are enrolled a total of 276 HCA, being divided into 14 family health teams in the Urban Zone and 11 health staff in the Rural Area.

As a technique for data collection a semi-structured interview was carried out with focused questions to meet the experience of the Health Agents working with adolescents. The interviews were recorded with the permission of the subjects to sign the consent form. Then the material was fully transcribed by the researchers conducted the treatment, organization and analysis using the Collective Subject Discourse.

To analysis of the discourse, the following methodological approaches were employed: the Central Idea (CI), the Key Expressions (KE) and the Collective Subject Discourse (CSD). The CSD is a speech-synthesis written in the first person singular and composed by KE who have the same CI. As if there was just one subject talking, being patient with a speech-synthesis of all components of the collective subject. The CSD allows the visualization of collective perception in that allows to capture the speech that reveals how real and concrete individuals think and act.7

Ethical aspects of human research followed the regulatory standards were respected. The approval of the project in the Research Ethics Committee of the State University of Ceará (UECE), No. CAAE 11043948-1, FR: 429043 was obtained.

RESULTS AND DISCUSSION

Collective Subject Discourse of the Health Community Agents on the facilities and difficulties in working with adolescents

The following speeches show the vision of Health Community Agents on the facilities and difficulties in working with adolescents in the Family Health Strategy.

Theme 1: Perception of HCA in the interaction of adolescents within the family.

We present the meanings of the subjects designed for their individual and collective experiences, therefore, they constitute the social imaginary of the theme explored in the research.

In the cut of the original research, we abstracted A Central Idea, related to CSD of the HCA workers that highlight the difficulties in the relationship of parents with adolescent children. They are real situations from living with families in their working hours.

Idea Central 1 - Dificuldade de interação de pais com os filhos na adolescência. Central Idea 1 - Difficulty interaction of parents with adolescent children.

CSD 1 - (Adolescents) They do not obey their parents. The word of father and mother is worthless. They mistreat their parents. They find that when parents want to give them an advice is because their parents want to control them. They prefer to speak with the Health Agent. It is still too complicated trust in parents. They do not want to be with the family anymore. They do not respect the family, I think it’s due to the way they are created. Television encourages to not having respect for their parents or anyone in the family. If the father and mother did not help, it comes the disorder. Parents do not want to talk too much about their children. They have prejudice. Parents are embarrassed to talk to their children. Many families do not monitor them. They are without discipline of their father and mother. Parents are absent. They are not present because they are working. If they do not have a good family background, (teenagers) they can get lost along the way. The family is the basis of everything. They need (teenagers) a lot of attention from their parents. They need a follow up from the family since childhood. They should not miss the support of parents first, then school and third the health. A phase needs a lot of support from families, the structure, and much dialogue.

The discourse of the health agents, bring in essence the relationship between parents and adolescents, situations marked by a lack of obedience, respect, trust and dialogue hurting coexistence and the follow up of the family. The HCA emphasize the loss of moral and ethical values needed for family
In the speech, the research’s subjects also report the disrespect to parents. We understand that the perception of this context can be influenced by an understanding of the fragility of family bonds observed by the HCA. The subjects reported that the parents show shame, prejudice and lack. Added to this, many of them neglect their roles in the child’s life, bringing losses in adolescent development.

For the Ministry of Health, the interaction of changes in family structure and the need for entry of women into the labor market increased the time that adolescents spend without the presence of adults, especially parents. Thus, the ripening process should be gradual, with the acquisition of autonomy and responsibility, occurs abruptly. Moreover, the distance of parents becomes a fact, limiting communication between adolescents and their families.8

The understanding of the preferences of adolescents to talk with the health agent reinforces the view of the lack of trust of children towards their parents. However, it indicates a gap that needs to be harnessed and developed in practice these workers to help adolescents in strengthening their potential and consequently to face the situations of daily life.

Terms such as changes, separation and central conflicts to understanding the processes of adolescence. The changes refer to a set of processes ranging from biological ripening to the adoption of new social roles, in the course of which the adolescents search the meaning of them, the others and the reality. The separation process involves a gradual distancing between young people and old figures of reference, such as family and school, when they tend to favor the sharing of experiences with peer groups.8

We know that adolescence is characterized as a special period for teenagers not only the physical changes they have at this stage, but can also be a period of fighting for the whole family. During this process, the adolescent feels the need to challenge the values that were given by his family in an attempt to become an individual with existence and characteristics.

Theme 2 - Difficulties and facilities in the practice of the health community agents in the adolescent

This theme presents speeches concerning the facilities and difficulties in developing the practice of health community agents and everyday life, emphasizing the context of Care for Adolescents in the Family Health Strategy. Below the 04 central ideas that emerged from the key expressions present in the interviews are presented, as well as their CSD.

Idea Central 1 - O agente comunitário de saúde intermediando ações na família. Central Idea 1 - The community health actions in mediating family.

CSD 1 - Sometimes mothers ask me to talk to them because they have that confidence in our job. Generally, I talk to parents, when there is something more serious, parents talk to us, we try to talk to them, so when there is a disease, drugs, someone addicted of some of these things, it is more difficult to say it. I try to see how parents are, what is to talk with parents after I talk, but I do not transmit it to the parents what I talked with them. There are families who have to work the concept of being a mother who is very stressed with the child, the child is very angry with his father, so we have to work all this psychological part. We guide the living with parents, respect for parents, advising on the future, on education, the environment that we live that is also a school. We always talk to the mothers, showing the importance of them to talk to their children. They do not listen to parents, it is easier to listen to an outsider. I always talk a lot with the family who cannot give up.

By CSD analysis of the HCA, we found that parents of adolescents search for this worker as a support in the family relationships because often they have a mediator role of interests. Moreover, the HCA also looking for the parents of these adolescents know how is the life of the these teens. We realize that the information obtained through this contact with parents is important to support and direct guidance of the worker with the teenager.

The mediation role is understood in several ways: it can be seen as facilitating the population’s access to the service; best strategy for the standards, goals and objectives of the services are understood and assimilated into the community; a way to get an opening in services for understanding the logic and local dynamics; and also mediation between popular knowledge and techno-scientific knowledge. The fact that the community health agent visit the community residents in their homes and listen to stories or act on situations that often are not specific to healthcare, extends its mediation role to distinct spheres of organization of social life.1
As reported in the speech, we noted that the practice of HCA in the adolescent goes through this individual level, as health officials seek to help families in family conflicts, in order to carry out a psychological approach, within the level of education that reached.

From the point of view of the HCA performance in the community, the quantitative objectives of production procedures and coverage of basic actions, imposed on these workers, opposed to the local community dynamics and ways of coping with problems and situations limit by the population. Thus, the questioning of these situations reinstates the issue of social arbitration questioning how to intervene based only on an individualized understanding of risk.1

We note the relevance of the speech given by the HCA with regard to moral and ethical values and rescue facilities for the family living harmonic values. Also, we realize the related practical approach that HCA assigns to meet with mothers in terms of interaction, sharing and guidance during meetings.

Central Idea 2 - Difficulties in relationships with adolescents and insertion into the Basic Health

CSD 2: I still have difficult to access to the adolescent. They do not sit down to talk. They do not take seriously what we are talking, it does not enter into their little head. I still have (difficulty), we have to talk slowly gaining confidence. It is hard to talk to them, they are suspicious, they only rely on those beyond their class. They just are in groups, then you have to fit into their group, because if you do not fit in the group they separate you from the rest. We can talk with some with others is more difficult. The difficulty I see is meeting them, find the teenager at home. To deal with a teenager, we have to say what they think is right for them. Another thing, we do not have an orientation. Men especially for us it is more difficult (approach), mainly talking about drugs. They have a lot of shame to take birth control pill and condoms, and they are embarrassed to talk to us [...] I see a lot of difficulty even on using condoms, the majority do not seek the PHF. There are parents who do not help. There are fathers and mothers who fight, then there are angry children that do not always receive us well. We have trouble finding those teens who are using drug because they do not stop at home. They only listen when they have doubts, when they seek it, is not good to talk to them and try give them information without interest to them[...] The difficulty is because they are shy, the difficulty is also a thing of the family, family planning. They do not show difficulty speaking with us. The biggest problem is that they are approaching to the health center, only when they need. They are troubled people [...] The difficulty is to send a lecture when the nurse does, it is difficult. To join groups (difficulty), about drugs, alcohol, some like and others do not, right? The difficulty is just to reach them, but after II do not see difficulty.

The CSD related to difficulties in the practice of HCA with adolescents denotes the amplitude of barriers perceived by the workers in the realization of care to this group. We observed that the HCA start the reports of the speeches by the difficulty of access to the teenagers, the meeting. They also affirm the view that the teenager shares more experiences and needs with members of their groups. However, these workers suggest the investment of a trust to minimize this problematic interaction.

Another difficulty observed in the discourse is the lack of preparation that the HCA approach feels in adolescents, especially when those workers are faced with difficult situations and require a more skilled management, as is the case of adolescents involved with drugs. The health agent however needs proper training to the basic exercise of their functions.

Confirming these ideas, the Ministry of Health guides that every adolescent who uses drugs should receive differentiated social support and attention. It is crucial the involvement of family and community in the treatment of adolescents to the chances of success being greater. The factors that will decide if the adolescent can be met at primary level or forwarded depend on the following: age starting of use, type of drug, the amount and frequency of use, the existence of an impact on emotional life, family, professional and leisure, the importance of the drug against friends, clinical complications (weight loss, amenorrhea etc.).8

We found in the speeches difficulties related to attending adolescent in health unit for the purchase of contraceptives, monitoring, participation of groups, among others. The HCA observe in their practice the lack of interest in health service by the adolescent. This undermines the work to be done in groups because the health care provider fulfills its role as a forward for the FHS and on the other hand, the teenager assumes his right to assistance, thus accentuating the fragmentation of care.
As the Ministry of Health, adolescents and young men have not been seen at their health needs related to sexuality and reproduction. Indeed, health services find it difficult to meet them, which is found in studies, research and activities involving health professionals.10

Another relevant factor in this discourse is the understanding of the HCA, based on practical experience that the adolescent is in a place of listening and dialogue when they seek health care in the area. In this moment of openness and interest of the adolescent, the HCA see the opportunity to get into other issues related to their responsibility to work with this group. Further emphasizing the role of this person, HCA acts as a “thermometer” on the health care group, as it can bring feedback of the role playing out there, and it is good for the group to evaluate their performance and review some behaviors.11

Central Idea 4 - The trust, complicity, respect and friendship as facilitators in working with adolescents.

CSD 4 - Child and adolescent, you can shape them, it is a rough stone that can be molded, can be transformed. Specially, if you can take the trust of that young[...]. The good is that we end up having friendship, depending on the situation and the way we come to them. They like me. They (adolescents) have great confidence in the Health Agent. When they get the message from us, they accept and seek to do what they understand. And also another facility when they hear. They are so innocent and they accept you. What we say, they want an advice, we can help. We have their confidence, thanks to God. They study, they respect us too. I think this is good, they are kids who have lots of energy, they have a lot of willpower. During a visit or during a conversation, the teen has a lot of curiosity and they do not have sometimes nobody to ask. As if we were a family, as if they are our children, the visit is easier to leave a message, because sometimes they are not there. We have the facility to reach them, it may even fail to do the job we want, but it has the ease of reach them.

In the CSD presented, the HCA show the facilities found in working with adolescents. We note the emphasis that health agents have to achievement and behavior change that may occur in the processing stage in which they pass.

We also noticed that the way to approach the HCA may facilitate the adolescent care, because it influences the formation of confidence, affection and respect fundamental to facilitate the work of the HCA, both to access to this age group as also to listening and acceptance by these adolescents, the instructions given.

The authors Ceccim and Merhy said that a live work is opposed to taxes or impositions care models, since in practice the answer, is a meeting and interaction conditions, and not just a business and working conditions.12

We see that health agents have a positive point of view to recognize some features that may be present in adolescence, as enablers of everyday practice as noted in the highlighted speech on energy, the willpower and the curiosity of the adolescent.

We also realized in the speech, the emotional connection of the agent related to adolescent health, in stating the sign of family belonging and maternity. This indicates the degree of involvement and linkage in the working relationship. In addition, there is the understanding of the HCA on the achievements attained in practice with the adolescent. Despite the difficulties, somehow they manage to help this group. It is noted the necessity that adolescents have to be perceived and valued in interpersonal relationships, with emphasis on the importance of understanding their individuality.13

FINAL REMARKS

Health agents refer to adolescence as a phase strongly marked by conflicts between parents and adolescents. This view is grounded in the literature, since many adolescents experience a departure from the ancient figures of references (parents). Moreover, it is noticed that the family structure, checked sharply in Modernity and the situation of human degradation as the moral and ethical values in the world contribute to enhance the imbalance in this family relationship/interaction.

The practice of HCA is also reinforced by the attitudes of parents of the adolescents, because these parents seek in the community worker the support and mediator in family interaction. Also, the HCA seeks information about the adolescent life in the family. It is clear in the study the fact that the action of HCA extrapolates the individual level in order to ground and guide the practice of these workers according to the level of education they achieved.

The difficulties found in the development of the HCA practice with adolescents show the extent of obstacles in everyday of FHS as
difficult access to adolescents, the lack of interest by adolescent service, the lack of preparation of the HCA for this approach.

It is observed that the HCA show how to approach the practice as a facilitator of care to adolescents, because it influences the development of confidence, affection and respect, both to promote access to this age but also in relation to listening and acceptance by these adolescents, the instructions given. These workers value the meeting and the conditions of interaction.

Health agents refer approximation in practice with adolescents at risk as prostitution, teenage pregnancy and drugs. The needs of adolescents recognized by HCA are related to school and family. In adolescents, health agents say that they have requests to dentist, vaccines, family planning, cancer prevention, sexuality. These workers also reported that teenagers do not have many diseases such demands. We observed that health agents have an enlarged needs and demands of adolescents, based on practical everyday vision. Although with biomedical labeling, they can extrapolate the reasoning of the daily work, the vision, to include as an object of attention several areas inherent in human life.

We also noticed the understanding that HCA have regarding the importance of an assertive approach to enhance the involvement of adolescents in the dialogue. These workers use strategies such as proper language, the acceptance of the teenagers and the games and seek to avoid repressive, rigid and invasive attitudes.

The HCA is a worker who has greater knowledge of the life situations of adolescents, performing their functions more tailored with the reality experienced in the community where they operate, and are formed as reference by health care and the trust and bond with adolescents and their families. The trust relationship between adolescents and the HCA points to an important path to be invested in the practice of everyday life, since it facilitates care to this group and in addition, supports adherence to these guidelines as received by health agents.

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