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Original article

Perspective of Family Health Strategy workers in health promotion for the rural elderly*

Perspectiva dos trabalhadores da Estratégia de Saúde da Família na promoção da saúde ao idoso rural

Perspectiva de los trabajadores de la Estrategia de Salud de la Familia en la promoción de la salud de los ancianos rurales

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Abstract

Objective: to unveil the perspective of health promotion of family health strategy workers in relation to rural elderly. **Method:** qualitative, participant action type, with 25 health professionals, listed for convenience in a municipality in southern Brazil. The collection period took place from August to December 2019. Data analysis through Paulo Freire's Culture Circles. Five crop circles were held, with an average duration of one hour, all recorded and photographed. **Results:** from the data obtained after the dynamics with the participants, five themes emerged: Adoption of healthy habits; The family as a health promoter; Disease prevention; Collective Activity; and the worker as a health promoter. **Conclusion:** health promotion from the perspective of strategy workers has its bases in the pillar of behavioral change in individual lifestyle and quality of life.
Descriptors: Health Promotion; Health Personnel; Comprehension; Education, Continuing; Aged

Resumo

Objetivo: desvelar a perspectiva de promoção da saúde dos trabalhadores de Estratégia de Saúde da Família em relação aos idosos rurais. **Método:** qualitativo, tipo ação participante, com 25 profissionais

da saúde, elencados por conveniência em um município da região sul do Brasil. O período de coleta ocorreu de agosto a dezembro de 2019. Análise dos dados por meio dos Círculos de Cultura de Paulo Freire. Foram realizados cinco círculos de cultura, com duração média de uma hora, todos gravados e fotografados. **Resultados:** a partir dos dados obtidos após a realização da dinâmica com os participantes, emergiram cinco temas: Adoção de hábitos saudáveis; A família como promotora de saúde; Prevenção de doenças; Atividade Coletiva; e O trabalhador como promotor de saúde. **Conclusão:** a promoção da saúde na perspectiva dos trabalhadores da estratégia tem suas bases no pilar de mudança comportamental de estilo e qualidade de vida individual.
Descritores: Promoção da Saúde; Pessoal de Saúde; Compreensão; Educação Continuada; Idoso

Resumen

Objetivo: conocer la perspectiva de promoción de la salud de los trabajadores de la estrategia de salud de la familia en relación con los ancianos rurales. **Método:** cualitativo, tipo de acción participante, con 25 profesionales de la salud, listados por conveniencia en un municipio del sur de Brasil. El período de recolección tuvo lugar de agosto a diciembre de 2019. Análisis de datos a través de los Círculos culturales de Paulo Freire. Se realizaron cinco círculos de las cosechas, con una duración promedio de una hora, todos grabados y fotografiados. **Resultados:** de los datos obtenidos tras la dinámica con los participantes, surgieron cinco temas: Adopción de hábitos saludables; La familia como promotora de salud; Prevención de enfermedades; Actividad Colectiva; y el trabajador como promotor de salud. **Conclusión:** la promoción de la salud desde la perspectiva de los trabajadores de estrategia tiene sus bases en el pilar del cambio de comportamiento en el estilo de vida individual y la calidad de vida.
Descriptores: Promoción de la Salud; Personal de Salud; Comprensión; Educación Continua; Anciano

Introduction

The concept of health promotion has its formal genesis in the Promulgation of the Ottawa Charter in 1986, since then, it has been developed and strengthened through the realization of international conferences.[1] However, promoting health has still been strongly associated with preventing diseases, but it is worth identifying and confronting the determinants of the health-disease process that end up culminating in difficulties in this regard.[2]

A priori, the attitude adopted regarding the theoretical conception of health promotion associated with social determination indicates a distinct path for reading reality. The notion of social determination of health is based on the contestation of the causes in the health/disease process, and through dialectics, has its fundamental axis of understanding expressed theoretically.[3] In this sense, it is worth noting that health promotion began to stand out before the process of change of the age pyramid that Brazil has lived since the 1970s, because in the face of population aging, the profile of the binomial health/disease has also changed. The age structure projected for Brazil in 2050 is more advanced, with all the adversities that aging brings with it.[4]

The challenges in promoting the health of the elderly are enormous, either due to the inherent biological characteristics, senescence or the social context that the Brazilian elderly are conditioned. These two factors, associated with the fact of living in the rural area, make the challenge even greater, given the difficulties that this context has within the capitalist system. The changes that occurred in the relations within the agrarian production process lead to an intense deterioration of the workers' living conditions. A paradox is created between modernization, with the progressive increase in costs, increased productivity, but a decline in living conditions with the poverty of rural workers not due to natural scarcity, but by the development of productive forces.[5]

In turn, the productive restructuring of the country in recent decades has generated drastic changes in the rural area, since the country has in agribusiness one of the main economic activities, which requires the use of pesticides, the construction of dams and hydroelectric power plants. These changes directly affect the way of life of the rural population, especially the elderly who often began to live only with the retirement salary, without still considering the difficult access to health services.[6]

At the same time, it is perceived that health promotion was constituted under the pillar of behavioral change, but the paradigm transformation movement is observed in relation to what it means to promote health, and social and holistic aspects that are trends in the new configurations of health systems.[7] In the same way that there is a gap in knowledge about the insertion of the rural elderly population in scientific research, according to a literature review made by the author, making this theme pertinent and necessary, as well as presenting to health teams distinct forms of powerful dialogues in the construction of elderly and autonomous family members in the health-disease process.

Thus, this article aims to unveil the perspective of health promotion of family health strategy workers in relation to rural elderly.

Method

This qualitative study, of the participant action type, articulated with Paulo Freire's methodological framework and the theoretician of the concept of health promotion,[8] according to the World Health Organization[9] in order to broaden the discussion of the concepts of Critical Epidemiology by the author Jaime Breilh.[10]

Even though Freire did not explain his thinking through formalized conceptual structures, this author implicitly implied his point of view about the world, through the complexity of his works. In all of them, and from different angles, he sought to raise awareness of the subject aiming at his recognition as a person.[8] Freire's research itinerary has a liberating/emancipatory approach and comprises three different phases, dialectically interconnected: thematic research; encoding/decoding; and critical undo.[8]

Thematic research is the first stage of the process and is characterized by the initial dialogue, aiming to build education between the participants and mediators. At this moment, it is possible to identify the generating themes, which in turn emerge from the subjects' routine vocabulary. Coding/Decoding is the second stage of the investigation process, when the generating themes are dialogued, contextualized, allowing the situation previously figured that was randomly seized to gain meaning. Critical unsealing is the moment when the previously codified/decoded reality is problematized, seeking to understand the deepest structures. It represents the understanding of reality and, at this stage, the subjects begin to reflect on their experiences, their lives and discover their limits and their potentialities.[8]

The participants were 25 workers from two distinct Family Health Strategy (FHS) teams listed for convenience. In FHS 1, 12 workers participated, among them five community health agents, a nursing technician, a cleaning assistant, a receptionist, a doctor, a nurse, a dentist and a social worker. Team 2 participated 13 workers, including a dentist, a social worker, a nurse, a nursing technician, four community health agents, a doctor, a cleaning assistant, a driver, a receptionist and an oral health assistant.

The inclusion criterion was: being a worker of the FHS, and exclusion criterion: being on vacation or away at the time of application of the research. The method used allowed the sample to be floating, so if any worker could not participate in the Circle on the established day he participated in the next.

Both health units were located in the rural area of a municipality in southern Brazil. The Culture Circles took place in the health units themselves and the recordings of the activity were made with the support of a research assistant. Five rounds were performed, so that three were performed in FHS 1 and two circles in FHS 2. The average duration of the circles was one hour, totaling five hours of audio and image recording. The collection period took place from August to December 2019.

The participants were identified based on the following criteria sequentially: letter T referring to the working word; number 1 or 2 to the team to which he belonged; and integers to the order that speech was recorded. The first contact was with the coordinators of the respective units in which the space of the team meeting was agreed, for the realization of the Culture Circles.

At the first meeting, the participants were presented to the research and delivered the Informed Consent Forms signed in two copies. The research followed all the precepts of Resolution 466 of 2012, 510 of 2016 and 580 of 2018 of the National Health Council.[11] It was approved by the Research Ethics Committee, on July 31, 2019 under CAAE 15825719.6.0000.5316, opinion number 3,477,889.

For the unsealing of the themes generated, two triggers were used, the first consisted of distributing papers to the participants and proposing the writing of what meant the expression Health Promotion for them (Figure 1).

Figure 1 – Trigger 1 Writing about what Elder health promotion is. (Source: PINTO, 2020)

The second trigger was the creation of the fictitious case of an elderly person and the health promotion plan directed to him. The participants were informed that some variables such as the age of the elderly, gender, gender, religion, ethnicity, diagnosed diseases, psychological aspects, among other factors that they considered relevant to promote the health of the elderly could be approached in the case construction (Figure 2).

Figure 2 – Trigger 2 Construction fictitious case of an elderly person residing in the area covered by the

FHS. (Source: PINTO, 2020)

Results

The words extracted from the vocabulary universe of the two groups will be presented, since they allowed the extraction of generating themes and were identified from the development of the triggers. It is necessary to specify that, because they are professionals working in different contexts, with life histories and unique baggage, the paths trodden for the development of triggers showed distinct unveilings. The words seized in the research stage of FHS 1 on what health promotion is are presented in Figure 3.

Figure 3 – Generating themes of FHS culture circles 1. (Source: PINTO, 2020)

Group 2, in the development of the Circles, had 13 participants in a floating way,

totaling three Circles of Culture. The participants self-managed and the construction took place collectively. The words seized and the respective themes that generate the investigation stage of Team 2 are presented in Figure 4.

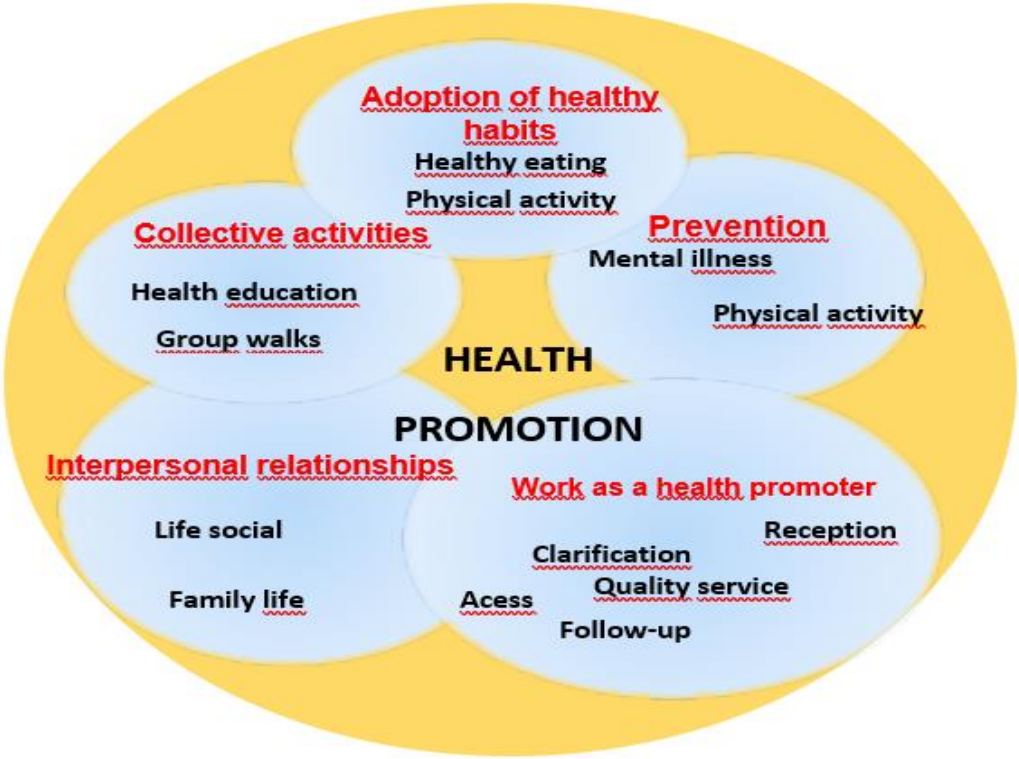

Figure 4 – Generating themes of FHS culture circles 2. (Source: PINTO, 2020)

Five themes were extracted from the vocabulary universe of the participants: adoption of healthy habits; The family as a health promoter; Disease prevention; Collective Activity and The worker as a health promoter.

Theme 1: Adoption of healthy habits

The words clarification and training were expressed with distinct denotation, clarify was expressed as the act of providing information, and empowering was associated with the practical process, with the act of action for the elderly for the adoption of healthy habits. The empowering was put as a synonym for educating.

> [...] *clarify is to inform about something, already empower is in fact know how to do.* [...] *you have to talk more often, talk in practice.* [...] *pass the habit, then you are already managing to educate this patient.* (T1-1)

The expression "Producing health" was also related to the acquisition of healthy habits, but in the discourse, practical ways of how to be healthy are observed and, among

them, one finds having a healthy diet and practicing physical exercises. In addition, the word also brings to observation subjective issues, such as the desire to live, demonstrating the perspective of accountability of the elderly in the face of maintaining their health.

> *Producing health can be to exercise, to exercise.* (T1-2)
> *Being careful with food, leisure too, is mental health is producing health.* (T1-3)
> *I think for the elderly to produce health is to have the will to live, if he has the will to live, he will accept the guidance, he will follow, having that enthusiasm, he himself is producing health.* (T1-4)

The adoption of healthy habits focused on aspects related to food and physical activity, in order to guide and indicate possibilities.

> *Advise on healthy eating, such as using little salt, sugar, avoiding fried foods, using more vegetables, fruits, vegetables and healthy foods.* (T2-2)
> *Guidelines of a good diet and perform exercises.* (T2-4)
> *Healthy eating and doing physical activity.* (T2-5)

Theme 2: The family as a health promoter

The words happiness, harmony and quality of life, within the promotion of the health of the elderly were related to the family. And the quality of life was mentioned by the participants in the course of all the Culture Circles developed in FHS 1, in the most diverse contexts of dialogue. The emphasis on the family unit demonstrates the relevance that participants attribute to having healthy interpersonal relationships with their families.

> [...] *be happy, the first thing I think about was family, then leisure, the community gathers a lot, being well with life.* (T1-5)
> *In my view, harmony is to live well with people. I think you live in an environment, a good family structure, not having a fight, having a good relationship with family members.* (T1-2)
> *Quality of life is health, being happy, being well. For the elderly is to have family, friends, to have someone to talk to.* (T1-6)

Interpersonal relationships were a point that the group meditated on in the process of promoting the health of the elderly, as well as, the family was interpreted as a system that directly influences this attribution. In addition, sociability and living with other people were also relevant to the context analyzed.

> *Some family members with a health problem do not influence the elderly, because depression for example may be a consequence of some family problem. Socializing is important because the person talks to other people,*

> *can do physical activity, such as dancing at the dance of the elderly.* (T2-5)
> *Because it is necessary for the elderly to socialize, so he is physically, mentally and socially strengthened, he gains self-esteem.* (T2-4)

Theme 3: Disease Prevention

The expression avoiding diseases was justified by the verb prevent, so that prevention was brought to the research context referring to the issues of direct care and was also expressed in the field of health education, attributing to the groups the role of promoting the health of the elderly.

> *Always treat for prevention, not cure, of course if you're sick, you have to treat the disease. But the most important thing is to do prevention, encourage the older people in the function of eating, to do physical exercises, even if it is a walk.* (T1-7)
> *Treating diseases means prevention, attending lectures, getting informed and not letting the disease arrive. It is prevention, it is access is the elderly to participate in the groups here in the post.* (T1-4)

Mental illness was also expressed by one of the participants in the sense of disease prevention:

> *If we do not prevent, people will get sicker and sicker, because we come up on a day-to-day with very sick people, I would say more mentally ill than physical illness.* (T1-8)

The prevention of physical diseases was expressed through the orientation of the performance of tests and use of medication. On the other, the prevention of mental diseases in the orientation for participation in health groups.

> *In the home visit, physical and mental evaluation is performed, blood pressure is measured, and laboratory tests are conducted.* (T2-1)
> *Guide about health, medication use and physical conditions. In the group of Hiperdia pressure measurement and activities that work with the mind and the body.* (T2-2)
> *Check the housing conditions of the elderly, as is the general health, if they are taking medications, if they are with periodic examinations up to the day and if they have attended the groups.* (T2-3)
> *Health prevention through diabetes control, pressure, and if you have taken the drug right.* (T2-4)
> *Prevention of health is made correct use of medications and if it is with the tests.* (T2-5)

Theme 4: Collective activity

The theme 'collective activity' concerns the groups that the team offers in the unit and that were mentioned as resources promoting health promotion, the group of *Hiperdia*, mental health and coexistence were mentioned.

> *The community group is a space of speech and collective construction, and can serve as a support network.* (T2-1)
> *Therapeutic activities, workshops are included in the groups. It is a way for the elderly to meet new people and activities, expanding their social circle, assisting in improving their mental health and treating depressive conditions.* (T2-3)

Theme 5: The worker as a health promoter

The word worker emerged in a veiled way, as the person who performs the reception, listening, guidance, follow-up, that is, the one that promotes access to health services.

> *Promoting health are ways that we* [worker] *find, within the individuality of each one, so that the person feels contemplated. Because for me walking can be good, but for the other not* [listen]*, but we both need to do some activity. I have to look for what she likes to do* [guide]. (T2-1)
> *Promotion would be more related to health education, health awareness, conversation wheels, group formation.* (T2-3)
> *This is in line with what is the FHS and the traditional model of health, which is a great move, which is promotion and prevention, monitoring. There is always talk of multidisciplinary work, of the whole team having this thought about preventive and educational care.* (T2-6)

Discussion

When analyzing the generating themes, in the two groups surveyed, the adoption of healthy habits appeared in both, which refers to health promotion focused on individual, behavioral and accountability issues of the individual. Posture, which is corroborated by the literature, in which the strategies developed by FHS Teams were tied to actions to guide the population.[2] The participants brought words such as clarifying and empowering and highlighting healthy eating as a health promotion factor.

Healthy eating is an important theme, especially since they are participants inserted in the rural context, since this is the place of production of various foods. The process of improving their living and health conditions must be continuous and the elderly must appropriate the practices, knowledge and positive characteristics developed and accumulated in each experience in order to be able to make healthy choices and according to their reality.

Even if the economy is considered to be a regulator and determinant for the elderly, and especially those who are rural, rather than guiding, clarifying and monitoring, it is necessary to understand what living in the rural area implies, what structural limitations its residents experience.[12]

The theme 'disease prevention' may be related to the theme 'healthy habits', since one influences the other, according to the participants. The avoidance of diseases was linked to questions of choices of the elderly himself, which strengthens the basis of health promotion associated with the behavioral/individualistic model. This way of understanding and practicing health promotion has been criticized, but it is still present in the daily life of the FHS.

Social determination in health is a possibility to expand and articulate, besides indicating new ways of promoting health, since the health-disease process is considered in order to relate to capital and economic issues.12 Restricting health promotion through the prevention of physical and mental diseases is to reduce the understanding of the health/disease process, and to hold the elderly already so overwhelmed, in the face of prescriptions on how to have a long and healthy life. Monitoring behaviors and trying to control them through prescriptive guidelines linked to the correct use of medication, healthy eating, exercise practice further strengthens the mercantilist view of health.[13]

This is what Breilh brings when he states that the economy is death,[14] because according to him life is incompatible with the current capitalist system. For, while actions are taken to emancipate the person as a citizen, stimulating reflection about their possibilities and appropriation as to what to do and how to do; one has, on the other hand, a system that limits, imprisons, and dictates what can be done in relation to health by encouraging the medicalization of certain diseases.

The family emerged as a factor promoting the health of the elderly, both related to the words 'social interaction' that is responsible for an expanded perspective of a circle of coexistence, as to the expression 'interpersonal relationships'. Valuing the family as part of the process encourages the worker's understanding of the importance of comprehensive care for the elderly. From the perspective of integrality, health is the result of multiple aspects in the individual's life and should not be reduced to mere conceptual dyad.[12] Relating to the other is a movement of action, it is a process of health promotion, which should be observed in the care of the elderly. Thus, it is expected that the workers' perspective on integrality will

be expanded integrality, and not the mere union of parties.

Workers as health promoters was one of the most recurrent themes in relation to the prevention of diseases, both physical and mental. Indicating that the workers themselves consider themselves part of the health promotion process, either through individual guidance or through the performance of collective activities. The worker guides what is correct and it is up to the user to accept; this statement refers to the perspective of banking education referred to both by Paulo Freire[15], which, depositing an external knowledge to the subject, not yet possessed by the subject, causes a teaching received from someone who 'knows more' - watching, punishing and evaluating. It is worth remembering that creating patterns and influence people economically is necessary for the maintenance of the system as such is configured in the mode of capitalism production.[16]

The professionals have, in their own formation, the knowledge offered in a fragmented, rational way and based on the hegemonic Cartesian paradigms. What ends up generating a way of perceiving and acting is also based on these pillars.[17] Promoting health should include actions that are centered on quality of life, including working conditions, housing, leisure, culture and education.[2] In this context, collective activities have emerged as spaces that promote the health of the elderly, they are ways of looking at health from other perspectives, because they allow the development of distinct and stimulating activities so that the subject is the protagonist of the health disease process.[18] Therefore, workers perceive health education as a powerful tool for health promotion.

Health groups are spaces in which popular education could be developed, since it was elaborated and constituted of the people for the people, and developed in an emancipatory and libertarian conception.[15] Among the participants, it is perceived that the model of popular education within the health groups that they develop is still incipient, because prescriptive and vague actions and activities were expressed.

The movement to bring popular education to health education groups is a possible way to expand and expand the health promotion of the elderly, since culture circles are based on a pedagogical proposal that has a democratic and liberating character, proposing an integral, non-compartmentalized learning that requires the student to take a position in the face of problems experienced in a given life context.[19]

This way of positioning one's position before the world promotes horizontality in the

relationship of the binomial educator - also educating seeking the valorization of local culture, empirical knowledge, orality and will be owing to the humanistic and elitist character, in which a literate minority knows and the vast majority of literate *do not know*. Thus, it is important to understand the existence of interests of the economic, political and cultural forces that influence the conformation of society, the ways of living, thinking and working. And science is also constituted by these forces, and only with a radical change, referring to thought through social determination and its impact is that science will reach its emancipatory potential.[14]

Public policies are created in response to the struggle of social movements to guarantee citizens' rights; in Brazil after the 1988 constitution that expanded and promoted the formal consolidation of social rights through the construction of broad protection systems capable of ensuring survival before the attack of capitalism, the largest portion of the population is still in progress and regression. Public policies also investigate how changes will occur from their implementation on paper to real life and citizens, but laws create standards, but are not guaranteed to change the care model in practice.[20]

The participants demonstrated to follow the recommendations of the official documents of the Ministry of Health, which are normative documents, and are flooded with dictatorial guidelines and focused on individual issues. Although limiting, such documents allow the organization and direction of promotion actions, since these actions are charged by managers, as a way to provide the transfer of funds to the FSH. And, despite having the movement to ratify health promotion as a public policy, the reality experienced is on the countercurrent. Thus, from this change of perspective of the world, and knowledge, perhaps the documents that organize the health network, created by the State, which has economic and political interests, can be consistent with the reality of the population and organized in line with the real needs of the same.

The concept of health promotion formulated by the participants can be considered partially consistent with the concept formulated by the World Health Organization, in which it is defined as the process of training the community to act in improving their quality of life and health, including greater participation in the control of this process.[9,20] The participants mentioned words that meet the theoretical concept, however, it is worth noting that the meaning that these words have should be reflected more deeply.

For example, the word *clarify* should be understood in the sense of empowering,

educating in the social, dialectical and non-fragmented perspective and disconnected with reality.[21] The word *disease* was also mentioned, and one participant attributed only and exclusively the promotion of health with the absence of disease, which leads to reflection of how much still, despite the more than 30 years since its first promulgation, the concept has in its basis biological aspects that are perpetuated in the imaginary and practice of workers.

The National Health Promotion Policy, brings in its essence that health promotion is understood as a set of strategies to produce health,[22] individually and collectively, through intrasectoral and intersectoral articulation, extrapolating the *health* field, a fact that strengthens the affirmation of the need to undo health as a absence of disease. The articulation with other sectors such as economic and social is emerging, and has sustainability in the adoption of a conceptualization of historical-social health, which seeks to explain differentiated profiles of health and disease through a close relationship with the historical context, the mode of production and the social classes.[3]

We live, the dichotomy health and economy, and as a limitation, the present study brings that of not being able to modify the structure of the society built and consolidated in the capital. The article indicates and points out possibilities, as it sought to promote the reflection of FHS workers, and contributed in such a way that the theme health promotion was dialogued in a democratic environment. What, currently, should be valued and stimulated, since the country lives under a neoliberal government in which lives matter less than capital. Thus, providing a space for reflection, providing opportunities for workers to dialogue, can contribute not only to the components of the FHS, but also to the elderly and to society as a whole.

The methodology provided moments of exchange of knowledge, through the sharing of distinct views on a relevant theme within health care. In order to expose the participants to an emancipatory and liberating methodology, the research aimed to promote the process of action-reflection-action, because it is contradictory to take care of the health of the other, when they are not aware of their own way of perceiving and experiencing their own health.

Conclusion

The result of the unveiled data shows how much health promotion from the perspective of FHS workers has its bases on the pillar of behavioral change in individual style

and quality of life. The workers demonstrated to perceive health promotion related to biological issues, in addition to broader aspects, such as family issues, interpersonal relationships and social life that emerged, albeit timidly.

The moment we live in, when a pandemic came to question everything that had been thought about health, more than ever shows that health promotion, based on quality of life, gains prominence in the face of the needs generated from social isolation, especially of the elderly. The FHS is a powerful care model capable of spreading health promotion in an expanded way and positively impacting the lives of users, and as such, should be a model respected, protected and strengthened by workers and managers, as well as the Universal Health System.

It is infers that the maintenance of quality of life through health promotion in Primary Care, in which it brings to health professionals the search for ways to articulate the healthy habits of the individual to the collective, articulating ways of care that can be extrapolated to the elderly population, with a view to active aging. As well as, aiming for a dialogue through the Circles of Culture, culminating in new forms of articulation between the team, permeating assertive care with the world's fastest growing population.

Suppose a gap in relation to the care provided to the elderly living in the rural area. Therefore, it signals the need for a sensitive and attentive look of health professionals working in primary care regarding the guidance and care provided to the elderly and their families in promoting quality of life over additional years.

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