

Health risk factors for community health agents in Vila Esperança in São Luís, Maranhão

Fatores de riscos à saúde dos agentes comunitários na vila esperança em São Luís, Maranhão

Factores de riesgo para la salud de los trabajadores comunitarios de vila esperança en São Luís, Maranhão

RESUMO

Introdução: Fatores ligados às condições de trabalho trazem repercussões significativas, a cada dia, mudam os cenários e a própria dinâmica da comunidade, afetando a saúde. Objetivo: Analisar os fatores de risco associados à saúde dos Agentes Comunitários de Saúde (ACS) da Estratégia de Saúde da Família da Vila Esperança no município de São Luís-MA. Método: Trata-se de um estudo descritivo e analítico, ligada ao projeto intitulado "Vulnerabilidades no Acesso aos Serviços de Saúde do Distrito Sanitário da Vila Esperança São Luís-MA" da Universidade Federal do Maranhão (UFMA). Utilizou-se o software EPI-INFO 2008 e STATA®, sendo aprovada pelo Parecer Consubstanciado nº 2013.02.17.89-83 e CAAE nº 35845414.3.0000.5086. Resultados: Participaram 60 ACS, houve associação entre os sinais e sintomas de doença laboral com condições de risco no decorrer das atividades desenvolvidas no trabalho. Conclusão: Os dados encontrados não devem ser generalizados, pois cada território possui modos específicos de vida e de trabalho.

DESCRIÇÕES: Agentes Comunitários; Fatores de risco; Ambiente de trabalho

ABSTRACT

Introduction: Factors linked to working conditions bring significant repercussions, every day, changing scenarios and the very dynamics of the community, affecting health. Objective: To analyze the risk factors associated with the health of Community Health Agents (CHA) of the Family Health Strategy of Vila Esperança in the municipality of São Luís-MA. Method: This is a descriptive and analytical study, linked to the project entitled "Vulnerabilities in the Access to Health Services of the Vila Esperança Sanitary District São Luís-MA" of the Federal University of Maranhão (UFMA). The EPI-INFO 2008 and STATA® software was used, and was approved by the Consubstantiated Opinion No. 2013.02.17.89-83 and CAAE No. 35845414.3.0000.5086. Results: Sixty CHWs participated, and there was an association between signs and symptoms of occupational disease with risk conditions during the activities developed at work. Conclusion: The data found should not be generalized, since each territory has specific ways of life and work.

DESCRIPTORS: Community Agents; Risk Factors; Work Environment

RESUMEN

Introducción: Los factores ligados a las condiciones de trabajo traen consigo repercusiones significativas, que cada día, cambian los escenarios y la propia dinámica de la comunidad, afectando a la salud. Objetivo: Analizar los factores de riesgo asociados a la salud de los Agentes Comunitarios de Salud (ACS) de la Estrategia de Salud Familiar de Vila Esperança en el municipio de São Luís-MA. Método: Se trata de un estudio descriptivo y analítico, vinculado al proyecto titulado "Vulnerabilidades en el acceso a los servicios de salud en el distrito sanitario de Vila Esperança São Luís-MA" de la Universidad Federal de Maranhão (UFMA). Se utilizó el software EPI-INFO 2008 y STATA®, siendo aprobado por el Dictamen Consustanciado Nº 2013.02.17.89-83 y el CAAE Nº 35845414.3.0000.5086. Resultados: Participaron 60 ACS, tienen asociación entre los sinais y los síntomas de enfermedad laboral con condiciones de riesgo en el decurso de las actividades desarrolladas en el trabajo. Conclusión: Los datos encontrados no deben generalizarse, porque cada territorio tiene formas de vida y de trabajo específicas.

DESCRIPTORES: Agentes comunitarios; factores de riesgo; entorno laboral

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INTRODUCTION

Work is important for man, as it composes his humanity, in which the coexistence of the work environment ends up interfering in daily life, in the professional, domestic environment, within society and consequently in the quality of life. ⁽¹⁾

Factors linked to working conditions have significant impacts and repercussions in the political, economic and social sphere of the population, which can measure the degree of development of a nation. ⁽²⁾ And these transformations, which occur in contemporary society, are accelerated, ecstatic and, in most cases, too brief for man to acquire his rhythm and foundation. ⁽³⁾

The Community Health Agent Program (PACS - Programa de Agente Comunitário de Saúde), whose strategy was to change the way health services are organized and improve access and quality of care to the population. ⁽⁴⁾ We emphasize that the construction of the SUS gained support from the implementation of the PACS. ⁽⁵⁾

In this Brazilian scenario, the Family

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Health Program (PSF) emerged, where the strategy was to overcome the care model, which until then was centered on disease and individualized medical care. ⁽⁶⁾ Certainly representing the most far-reaching proposition for the organization of Primary Health Care (PHC), the PSF emerged as a strategy for reorganizing the supply of health services and, furthermore, it chose as its central point the establishment of links and the creation ties of commitment and co-responsibility between professionals and the population that lacks these services. ⁽⁷⁾

The CHA became a professional category, after a dispute over interests in the labor market and control of professional practice, in a discussion that raised issues of essentiality of the existence of the community agent in society and in the health service. Its performance takes place in the context of the SUS, constituting new opportunities in the labor market. ⁽⁸⁾ And it is characterized as a revolutionary experience and capable of inverting the logic centered on medical-assistentialist knowledge. ⁽⁹⁾

Named health agent or home health visitor by the Brazilian Classification of

Occupations of the Ministry of Labor and Employment. In describing their activities, they periodically visit homes; they assist patients, providing them with simple health care, guide the community in health promotion; track specific disease outbreaks; promote sanitary and environmental education, among other activities.⁽¹⁰⁾

The family health strategy team comprises physicians, nurses, technicians or nursing assistants and up to twelve community agents, who work in basic health units and in communities. These professionals are responsible for monitoring a defined number of families, located in a delimited area, working with actions to promote health, prevention, recovery, rehabilitation of diseases and maintenance of the health of this community.⁽⁸⁾

The creation and regulation of the profession of Community Health Agents in Brazil began with Ordinance 1.886/1997, which approved the norms and guidelines of the PACS and the PSF; later came Decree No. 3189/1999, which established the guidelines for the exercise of the CHA activity; on July 10th, 2002, Law No. 10,507 was instituted, which created the profession of Community Health Agent, and revoked by Law No. 11.350, of October 5th, 2006.⁽¹¹⁾

Currently, the State of Maranhão has a proportion of population coverage of Family Health Teams estimated at 79,8%. However, it is important to emphasize that the municipality of São Luís has a deficient coverage with only 14,93% teams, despite its population coverage of registered CHAs being 41,65%.⁽¹²⁾

Considering the risks to which these workers are exposed, the aim of this study was to analyze the risk factors associated with the health of Community Health Agents from the Family Health Strategy of the Vila Esperança Sanitary District in the city of São Luís-MA.

METHOD

This is a descriptive and analytical study with a quantitative approach. This research is linked to the project entitled "Vulnera-

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bilities in Access to Health Services in the Health District of Vila Esperança São Luís-MA" of the Graduate Program in Health and Environment at the Federal University of Maranhão (UFMA), which began in 2014 with population consisting of users and professionals of the health services of the Centers/Posts.

The research was carried out in the Health District of Vila Esperança, in the municipality of São Luís (MA), and covers a part of the Urban Zone and the entire Rural Zone. According to the Municipal Health Department⁽¹³⁾, with a total of 90.305 registered users; 12 Health Units; and 17 Teams.

The population consisted of 71 CHA who work in the Teams of the Family Health Strategy in the District of Vila Esperança. This study included workers of both sexes, who were engaged in their activities, and workers on leave due to illness or on vacation from work were excluded from the study. Therefore, the study included a sample of 60 community health agents.

Initially, visits were made to the Municipal Health Department (SEMUS) at the Health Education Superintendence of the city of São Luís-MA, to request authorization to carry out the data collection, where soon after, letters of consent were issued via email to all directors of the Family Health Strategy Teams in the District of Vila Esperança. Subsequently, a telephone contact was made with the coordinators of each area described in order to schedule the times for the respective visits to all units with the directors of the UBS. Visits were carried out at the UBS to schedule the release of the CHA to participate in the interview meetings.

A structured questionnaire was used as a data collection instrument, consisting of sociodemographic variables: age, gender, marital status, education, number of children, type of housing and monthly family income; occupational variables: working hours, work shift, overtime, place of work, number of registered families, other paid activity; variables related to risk behaviors and health: alcohol consumption, smoking and physical inactivity, musculoskeletal

pain, cervical or lumbar region, individual satisfaction with their own health; risk and safety conditions at work, such as: knowledge about the occupational hazards of the profession, the conditions of violence, use of safety measures; working hours standing, walking time and distance, environmental condition of the path, weight carrying, exposure to radiation, sun, heat, rain, exposure to attacks by animals and insects, venomous or not.

The organization process for a structured interview, from November 2015 to February 2016. Entry and exit schedules were made with the CHA, at the time of signing the point, which is normally twice a week in all units. In this way, it collaborated in the systematization of data during the collection period, identifying relevant elements and phenomena of the study.

After data collection, the EPI-INFO 2008 software version 3.5.1 (CDC-Atlanta-USA) was used, and for data analysis the STATA® software, version 10.0.

To test the association, Fisher's exact test was used "test the differences between two independent groups (G1 and G2), in relation to any variable that only admits two alternatives as an answer: Yes/No, Positive/Negative, or +/-". This leads to the construction of a 2 x 2 contingency table and has a significance level of less than 0,05% (14), having one with a confidence interval of 95%, and a tolerable margin of error of 5%. Thus, the test for associated 2 groups, in this case, the signs and/or symptoms experienced by community health agents were compared with the risk conditions.

This research is linked to a larger project, entitled, "VULNERABILITIES OF ACCESS TO HEALTH SERVICES IN THE SANITARY DISTRICT OF VILA ESPERANÇA SÃO LUÍS (MA)" (15), which obeyed the ethical position, was guided by the ethical recommendations set forth in the Norms and Guidelines that regulate research involving human beings, established in Resolution 466/12 of the National Health Council, being approved by the Research Ethics Committee through the Opinion Embodied in No. 2013.02.17.89-83 and CAAE No.

35845414.3.0000.5086.

RESULTS

The results presented include the characterization of the CHAs: information, sociodemographic variables, occupational variables, variables related to risk behaviors and health, risk conditions and safety at work between performing their daily work.

As shown in table 1, we observe the distribution by sex, 58 (96,66%) were female, 27 CHA (45%) were married, 13 (21,67%) CHA had three or more children and were in the age group of 30 to 39 years old 35 CHA (58,3% and aged 40 or over 25 (41,7%). Regarding education, 39 CHA (65%) had completed high school.

Regarding occupational variables, as shown in table 2, all respondents had been

Tabela 1 - Distribution of sociodemographic variables.

Variable	Category	n*	%
Sex	Male	2	3,34
	Female	58	96,66
Age group	20 – 29 years	0	0,00
	30 – 39 years	35	58,3
	40 years or older	25	41,7
Marital Status	Married	27	45,00
	Single	23	38,33
	Divorced	3	5,00
	Widowed	2	3,33
	Consensual union	5	8,33
Number of children	One	10	16,67
	Two	18	30,00
	Three	13	21,67
	More than three	13	21,67
	Does not apply	6	10,00
Education	Complete higher education	11	18,33
	Incomplete higher education	5	8,33
	Complete High School	39	65,00
	Incomplete High School	4	6,67
	Does not apply	1	1,67
Total		60	100

*n= number
Source: The authors, 2016.

Tabela 2 - Distribuição das variáveis ocupacionais.

Variável	Categoria	n*	%
Tempo de trabalho (em anos)	1 a 2	0	0,00
	3 a 4	0	0,00
	5 ou mais	59	100,00
	Não sabe	0	0,00
Jornada de trabalho (em horas)	8	50	83,00
	12	4	7,00
	Mais	6	10,00
Turno	Diurno	59	98,33
	Noturno	1	1,67
Hora extra	Sim	10	17,24
	Não	41	70,69
	Não se aplica	7	12,07
Local de atuação (zona)	Urbana	1	1,67
	Rural	59	98,33
Reside no bairro	Sim	54	90,00
	Não	6	10,00
	Não se aplica		
Nº de pessoas por ACS	250	3	5,00
	750	42	70,00
	Não sabe	15	25,00
Exerce outra atividade remunerada	Sim	1	1,67
	Não	59	98,33
Total		60	100

*n=número
Fonte: Autores, 2016.

carrying out their activities for 5 years or more; half worked 8 hours a day, but six (10%) worked more than the specified time; 59 (98,33%) performed their work during the day; 41 (70,69%) did not work overtime and 59 (98,33%) worked in rural areas.

As for the place of residence, six (10%)

did not live in the neighborhood where they worked. It is noteworthy that according to Law nº 11.350, of October 5, 2006, in its Article 6 - The Community Health Agent must meet the following requirements for the exercise of the activity: "I - reside in the community area in the which they act, from the date of publication of the

public notice of the selection process" (11) While 54 (90%) lived in the neighborhood where they worked.

The majority (70%) had 750 people registered, however it is important to emphasize that 15 CHA (25%) could not say how many people had registered in their work plan.

As for the risk factors, as shown in table 3, we observed that 59 CHA (98,33%) did not smoke, it appears that the CHA have an understanding of tobacco dependence, 18 CHA (30%) use alcoholic beverages socially.

As shown in table 4, the associations between psychophysiological signs and symptoms and risk conditions can be seen. Associations were found between impatience and poor ventilation 0,214%, mental fatigue with contaminated water 0,045%, climbing stairs 0,052% and humidity 0,003%.

As shown in table 5, the associations between physiological signs and symptoms and risk conditions. Associations were found for muscle pain with 0,006% contaminated water, 0,00% humidity, poor ventilation 0,001% and climbing stairs 0,000%, exhaustion with 0,020% humidity. And similar associations of 1% for muscle pain and/or tension with rain; heat with exhaustion; fatigue and lack of appetite with heat, and dampness. Once again, the climatic characteristics of São Luís must be remembered, as they directly interfere in the study area.

DISCUSSION

In studies developed by Nunes et al. in 2002 (15) point out that in the CHA work, the vast majority are female. Lancman and Szelwar (16) add that women now occupy the place of providers of families and the emancipation achieved by women is undeniable. We emphasize that female participation has always been historically linked to care, whether with the patient, child or family. (17)

This research goes against a previously developed study (18), where the stable marital situation constitutes an important ele-

Tabela 3 - Distribuição dos fatores de risco.

Variável	Categoria	n*	%
Fuma	Sim	1	1,67
	Não	59	98,33
Consumo social de bebidas alcóolicas	Sim	18	30,00
	Não	42	70,00
Prática exercícios físicos	Sim	12	20,00
	Não	48	80,00
Total		60	100

*n=número
Fonte: Autores, 2016.

Tabela 4 - Associações entre sinais e sintomas psicofisiológicos com as condições de risco. São Luís-MA, 2016.

	SINAIS/SINTOMAS	CONDIÇÕES DE RISCO	n*	Fisher's exact
	Impaciência	Má ventilação		
Sim	31	18	49	0,214%
Não	11	0	11	
			42	60
	Cansaço mental	Água contaminada		
Sim	44	12	56	0,045%
Não	1	3	4	
			45	60
	Cansaço mental	Subir escadas		
Sim	24	24	48	0,052%
Não	2	10	12	
			26	60
	Cansaço mental	Umidade		
Sim	2	3	5	0,003%
Não	27	28	55	
			29	60

*n=número
Fonte: Autores, 2016.

ment of social support, since the affection between the couple generates positive feelings and thoughts, improves self-esteem.

Results similar to those obtained by Assunção (19) and by FIOCRUZ (20), and heterogeneous with those of Silva (21), which found the largest group of professionals in the range between 30 and 39 years

old, and with those from Ferraz and Aerts (22), who found that most of the sample was between 40 and 49 years old.

However, differently from what was found in this research, a study carried out previously in the State of Ceará revealed that the CHA's schooling was around the 4th year of primary school (incomplete ele-

mentary school) and that many are functionally illiterate. (23) However, differently from what was found in this research, a study carried out previously in the State of Ceará revealed that the CHA's schooling was around the 4th year of primary school (incomplete elementary school) and that many are functionally illiterate. (24) It is believed that it is necessary for this professional to have a higher level of education to meet the current demands of the PSF (Family Health Program), since there has been an expansion of their role. (25)

Meirinho and Bertol (26) emphasize that the right to adequate housing fundamentally corresponds to the right to live in security, peace and dignity and will only be realized when these three factors are fully met. And Theisen (27) emphasizes that income plays a very important role in the social context, as it constitutes a strong instrument to meet basic needs.

The fact that the CHA resides in the community is of fundamental importance for building a relationship of trust with the residents, who feel more comfortable talking about their problems with a person who shares the same reality. (28) The fact that they live in the same neighborhood and are easily found can produce a mechanism for community control over the lives of the CHA. In other words, the affective aspects of the relationship developed by the CHA with residents can reach the extreme that the residents want to exercise social control over the private life of the CHA. (16,29,30)

To Carreiro et al. (31), this fact can lead to stress due to the constant surveillance of the community about their way of living and acting. For the author, the worker's emotional and physical wear caused by stress influences the development at work and in society, as a body is not created to deal with daily situations. Sick workers cannot take care of anyone, care actions decrease and are weakened, absenteeism increases, as does the frequent use of tranquilizers and other drugs.

Shmitz et al. (32) highlights that the understanding of tobacco is associated with a greater predisposition to diseases and disa-

Tabela 5 - Associações entre sinais e sintomas fisiológicos com condições de risco.

SINAIS/SINTOMAS		CONDIÇÕES DE RISCO	n*	Fisher's exact
	Dor/tensão muscular	Água contaminada		
Sim	17	0	17	0,006%
Não	28	15	43	
	45	15	60	
	Dor/tensão muscular	Umidade		
Sim	17	0	17	0,000%
Não	12	31	43	
	29	31	60	
	Dor/tensão muscular	Má ventilação		
Sim	17	0	17	0,001%
Não	25	18	43	
	42	18	60	
	Dor/tensão muscular	Subir escadas		
Sim	14	3	17	0,000%
Não	12	31	43	
	26	34	60	
	Exaustão	Umidade		
Sim				0,020%
Não	20	29	49	
	9	2	11	
			29	60

*n=número
Fonte: Autores, 2016.

bilities with high morbidity and mortality that result in harm to the health and quality of life of the population in general. However, moderate consumption of alcoholic beverages is a protective factor against all-cause mortality, mainly due to its reducing effect on cardiovascular diseases.^(33,34) It should be noted that its abusive consumption has numerous negative consequences for health and quality of life, increasing the frequency of morbidities that cause death or functional limitations, such as cirrhosis, some types of cancer, stroke, violence, mental disorders, among others.^(35,36)

Scientific evidence states that the practice of physical activity (PA) is an essential tool for health promotion, because it inhibits the emergence and development of risk factors that predispose to the appearance

of chronic-degenerative disorders.⁽³⁷⁾ And the motivation for the practice of physical exercise is a basic psychological process that helps in understanding the different actions and individual choices, and one of the determining factors in the way a person behaves.⁽³⁸⁾

Studies have shown that CHAs are increasingly affected by occupational problems that directly interfere with their quality of life, such as anxiety, depression, stress, among others.⁽³⁸⁾

Santos and David⁽³⁹⁾ developed a study in the city of Rio de Janeiro, which identified that among the interviewees, 62% of workers were in a situation of stress, in addition to 83% manifesting physical symptoms. The categories related to stress conditions perceived by CHAs in this stu-

dy were: low recognition of their work, intensity and pace, bureaucracy, violence, psychological overload and physical complaints.

The CHA's illness presents a risk, not only for the worker's health, but also for the people they care for, with whom their relationship is extremely important. It was found that when working conditions are good, there is a greater degree of resoluteness. If the CHAs are a fundamental member of the ESF, it is expected that they are healthy and satisfied to perform their functions.⁽⁶⁾

Studies reveal that health professionals, specifically those in Primary Care, do not identify risks in the work environment and exposure to them in the activities they perform.⁽⁴⁰⁾

The climate of São Luís is classified as "Wet Coast", with two well-defined seasons: a dry and a rainy one. The annual average temperature is 26,9°C and the warmest months are November and December; and the coldest: February, March and July.⁽¹⁹⁾

Agreeing with research developed by Rossi and Contra-Moreno⁽⁴¹⁾, that classify the sun and heat as the main factor of the physical risks that the agents are subject to. According to the authors, in addition to sun spots and burns caused by prolonged exposure to the sun, rain is also a physical risk. In addition to the biological risks that are also exposed, such as: dog bites, insect bites, dirty yards, dust, among other aggravating factors.

In the studies of Brant and Melo⁽⁴²⁾, one of the points revealed by most agents in their work; it would be less exhausting if they received simple materials from the government, such as: raincoat and sunscreen. And the relationship between occupational exposure to risks and morbidity, per se, is not characterized as a cause and effect relationship, as it depends on the frequency and duration of exposure, the type of practice developed and the individual characteristics of the worker.⁽⁴¹⁾

Combat the CHA's romantic view, which generates work overload and suffering for these professionals. The discourse, contained in many official and scientific documents, that the CHA is largely res-

possible for changing the paradigm of Brazilian public health, brings a high level of responsibility that may or may not be one of the reasons for the professional's illness. An idealized image is produced in relation to the expectations placed on these workers, which, at times, is far from the reality of their work.⁽²⁶⁾

Combat the CHA's romantic view, which generates work overload and suffering for these professionals. The discourse, contained in many official and scientific documents, that the CHA is largely responsible for changing the paradigm of Brazilian public health, brings a high level of responsibility that may or may not be one of the reasons for the professional's illness. An idealized image is produced in relation

to the expectations placed on these workers, which, at times, is far from the reality of their work⁽³¹⁾, in addition to the practice of the profession, it is permeated with ambiguities, and the resulting conflicts are characteristic phenomena of this profession, which can lead to feelings of anxiety and even inability to work.⁽⁴³⁾

CONCLUSION

This study allowed us to analyze the risk factors associated with the health of Community Agents of the Family Health Strategy in the Vila Esperança Health District in the city of São Luís-MA. Making it possible to discuss which risk factors these workers are exposed to, whether chemical,

physical, biological, and psychosocial risks.

The present study worked with a group of community health agents, and in view of this, the results found should not be generalized, as each territory has specific ways of living and working.

This study showed, above all, in the interactions between community agents and the environment, as a result of pressures of various orders, arising from the daily work, in relation to which the CHAs proved to be powerless to face the vast majority of these types of situations. The importance of meditating on the health of this worker is highlighted, and we sharpen our vision of some concepts and understanding of the work process.

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