

Education in healthcare as a strategy for self-care adherence and health practices in a family health unit

Educação em saúde como estratégia para a adesão ao autocuidado e às práticas de saúde em uma unidade de saúde da família

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ABSTRACT: *Objective:* To promote a better adherence to self-care and health practices, stimulating the active participation of users in the activities carried out by the Camalaú Family Health Unit (FHU). *Methodology:* A descriptive study developed from an intervention project elaborated at the Internship of Family and Community Medicine of the undergraduate course in Medicine in a teaching institution. Lectures and round of conversations were held, emphasizing the importance of self-care and its influence in the community, both in the personal and health care spheres. The selected public was constituted by the users present in the waiting room of the unit during the moment of the activities. Data analysis was performed with health professionals at weekly team meetings. *Results and discussion:* There was a considerable improvement and progress in the adherence of self-care and in understanding the health-disease process, and a higher level of knowledge of the population on the most prevalent diseases in the community and their possible complications. After those actions, the conducts had a higher level of acceptability. *Conclusion:* Education in Health Care is of great importance for FHU to fully ensure health promotion, and team meetings are essential in that process. This intervention, in the long term, will possibly contribute to a significant improvement in the therapeutics of users, in the control and prevention of diseases and will favor a better quality of life for the community.

Keywords: Health education; Self care; Primary health care; Health promotion

RESUMO: *Objetivo:* Promover uma melhor adesão ao autocuidado e às práticas de saúde, estimulando a participação ativa dos usuários nas atividades realizadas pela Unidade de Saúde da Família (USF) Camalaú. *Metodologia:* Estudo descritivo desenvolvido a partir de um projeto de intervenção elaborado no Internato de Medicina de Família e Comunidade do curso de Graduação em Medicina em uma instituição de ensino. Foram realizadas palestras e rodas de conversa que enfatizaram a importância do autocuidado e sua interferência na comunidade no âmbito pessoal e da saúde. O público selecionado foi constituído pelos usuários presentes na sala de espera da unidade durante o momento das atividades. A análise dos dados foi realizada com os profissionais de saúde nas reuniões semanais de equipe. *Resultados e Discussão:* Foi constatada considerável melhora e progresso na adesão ao autocuidado e compreensão do processo saúde-doença e maior nível de conhecimento da população sobre as doenças mais prevalentes da comunidade e suas possíveis complicações. Após a realização das ações, as condutas possuíam maior nível de aceitabilidade. *Conclusão:* A educação em saúde tem grande importância para que a USF assegure integralmente a promoção à saúde e as reuniões de equipe são essenciais neste processo. Essa intervenção, a longo prazo, possivelmente contribuirá para uma melhora significativa na terapêutica dos usuários, no controle e prevenção de doenças e favorecerá uma melhor qualidade de vida para a comunidade.

Descritores: Educação em saúde; Autocuidado; Atenção Primária à Saúde; Promoção da saúde.

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INTRODUCTION

Self-care is an activity that is exercised and assimilated by the individual for the purpose of being goal-oriented. It is an action developed in concrete situations of life, in which the person directs it to itself, or to regulate the factors that affect its own development, activities for the benefit of life, health and well-being. It is centered on the paradigm of totality and adopts the assumption that the human being is the result of its biological, psychological, spiritual and social aspects¹. It is considered a process whereby a lay person acts in their own interest in promoting their health, in the prevention and detection of the disease and in their treatment in basic health care².

Created in 1994 by the Ministry of Health, the Family Health Program (FHP) is a proposal to reorient the Brazilian healthcare model³, focusing on the relationship with the community, and assuming the commitment to provide universal, integral, equitable, continuous and resolute assistance to the population, in accordance with their real needs. It seeks, however, user satisfaction through the close relationship of professionals with the individual, family and community^{4,5}.

Therefore, self-care is an acquired ability that identifies the needs and assistance to the individual, regulates the vital processes, maintains and promotes the activity, the development and the integrity of the organism, generating, from that, well being¹. In this way, practicing self-care should be encouraged by the family health professionals in the community they are inserted. In view of the above, this study was justified by the importance of self-care and the adherence to health practices in improving the quality of life of the population, avoiding aggravation and complications of diseases by implementing health prevention.

After the meeting with the health team of the Camalaú Family Health Unit (FHU), the main questions were raised and it was observed that there was great resistance from users in the participation of the activities performed due to the low adherence to self-care and health practices. There was low frequency of community participation in support groups and educational activities, even with trained professionals. In addition, it was reported by the health team that some support groups ended their activities due to the low attendance of the community. Based on this information, it was verified the importance of the users to have knowledge of what they really need so that they have an adequate comprehensive and multidisciplinary care and satisfy this need by taking advantage of the activities that the health unit itself has to offer.

Therefore, this study aimed to promote a better adherence to self-care and health practices, stimulating the active participation of users in the activities carried out by Camalaú FHU, aiming to improve the population's life quality.

METHODS

This is a descriptive study, developed in the context of the Medical Graduation course of the Faculty of Medical Sciences of Paraíba, developed from an intervention project carried out during the Internship in Family and Community Medicine, being a compulsory activity for the completion of the curricular internship. The FHU of this study is located in the district of Camalaú, which belongs to the municipality of Cabedelo-PB. The selected public was constituted by the users present in the waiting room of the unit during the moment of the activities, being composed mainly by hypertensive, diabetic, pregnant, elderly, adult women and few adult men. The dates were selected according to the approach given to the consultations, by the health professionals, according to the pre-established agenda of the FHU. Data analysis was performed with health professionals at weekly team meetings.

In order to accomplish the study, the question was first verified together with the health professionals of the FHU through a meeting with their health team, where the difficulties and challenges for better health promotion in the community were raised. It was agreed to hold lectures and round conversations that lasted about thirty minutes and that would emphasize the importance of self-care and how this could interfere in patients' lives, both in the personal and health care spheres. They were carried out on strategic days, according to the FHU's weekly schedule. A calendar of actions was built to better plan the execution of these activities. In addition, the main pathologies in the community and their complications were also discussed, emphasizing the necessary preventive methods. It was also clarified which were the most important non-pharmacological measures and how to include them in the day-to-day.

In the lectures followed by round of conversation, some health professionals from the unit were invited, such as a doctor, a nurse, a physiotherapist and a nutritionist, who contributed to a better understanding of the topics discussed. In addition, the active participation of the users was stimulated, reserving some moments for questions and suggestions. Pamphlets were printed (Figure 1) with the unit's weekly schedule, which professionals and services the FHU provide, and which support groups and activities are performed weekly to improve the user health care. This material was distributed in the waiting room of the unit, in home visits and also by community health workers. At the end of the lectures, the service was initiated and, during the medical care, users were questioned about the impact of the contents in their lives, reinforcing some information when there was any doubt observed.

The educational strategies adopted, the rounds of conversations, and the lectures were based on the perspective of the liberating education of Paulo Freire as a valuable methodological tool for the development of

education actions in healthcare. Paulo Freire, declared Patron of Brazilian Education in 2012, pioneered the work of theoretical systematization of Popular Education, whose principles and practices inspired the popular education movement in health care, emerged in the 70's of last century. Among the principles of Freirean Pedagogy is to understand education as a political act insofar as facilitates processes of criticism and self-criticism of the subjects in the confrontation of their problems^{6, 7,8}, with a view to their transformation in the fight for rights and citizenship. Another principle is that of dialogue as mediation for this transformation. From conversations about conflicts, the method of round of conversations and lectures was understood as a pedagogical-transforming action^{9,10}.

FAMILY HEALTH UNIT (UNIT NAME)

• PROFESSIONALS AVAILABLE BY FHU AND FHSC*

DOCTORS	Name of doctors and their specialties
NURSE	Name of the nurse
DENTIST	Name of the dentist
NUTRITIONIST	Name of the nutritionist
PHYSIOTHERAPIST	Name of the physiotherapist
PSYCHOLOGIST	Name of the psychologist
SHL THERAPIST**	Name of the speech-hearing-language therapist
SOCIAL WORKER	Name of the social worker
PHYSICAL EDUCATOR	Name of the physical educator

(*) FHSC: Family Health Support Center
 (**) SHL Therapist: Speech-Hearing-Language Therapist

• SUPPORT GROUPS

Physical education	Tuesdays and Thursdays (Morning)
Mental health	Thursdays 15/15 days (Morning)
Pregnant Women	Wednesdays (Morning)
Hypertension and Diabetes	Tuesdays (Afternoon)
Handicraft	Tuesdays and Thursdays (Afternoon)
Adolescents	Tuesdays (Afternoon)

• WEEKLY AGENDA

MONDAY	DOCTOR: General Assistance (Morning and Afternoon) NURSE: Childcare (Morning) and General Assistance (Afternoon) DENTIST: Child care (Morning) and Adult care (Afternoon) NUTRITIONIST: Childcare (Morning) PHYSIOTHERAPIST: Childcare (Morning) SHL THERAPIST: Childcare and General Assistance (Morning) HOMEOPATHY: Scheduled Consultations (Afternoon)
TUESDAY	DOCTOR: Hypertension, Diabetes and Mental Health (Morning and Afternoon) NURSE: Home visit (Morning) and General Assistance (Afternoon) DENTIST: Hypertension and Diabetes (Morning) and Child care (Afternoon) NUTRITIONIST: General Assistance (Morning)
WEDNESDAY	DOCTOR: Prenatal (Morning) and General Assistance (Afternoon) NURSE: Prenatal (Morning) and General Assistance (Afternoon) DENTIST: Prenatal (Morning) and School Visits/ Assistance (Afternoon) NUTRITIONIST: Prenatal (Morning) and <i>Bolsa Família</i> Program (Afternoon) ASSISTANT SOCIAL: General Assistance (Morning)
THURSDAY	DOCTOR: Mental Health Group / Visit (Morning) and General Assistance (Afternoon) PEDIATRICIAN: Child care (Morning) DENTIST: Adult care (Morning) and Child care (Afternoon) PHYSIOTHERAPIST: Physical Education Group (Morning) PSYCHOLOGIST: Mental Health Group / General Assistance (Morning)
FRIDAY	NURSE: Cytological Examination (Morning) and General Assistance (Afternoon)

Source: Elaborated by the authors.

Figure 1. Template of the pamphlet distributed at the FHU during the activities

RESULTS AND DISCUSSION

The users who actually attend Camalaú FHU are: elderly (predominantly women), adult women, pregnant

women, adult men, these last in a smaller proportion, and children, with a low frequency of adolescents and young women of both sexes. According to reports from professionals, the unit does not have a quantitative inventory of the assisted population nor a database with such information, which made it impossible to include these data in the present study. The FHU has eighteen health care professionals, being three doctors, one nurse, one dentist, one physiotherapist, one nutritionist, one psychologist, one speech therapist, one social worker, one physical educator and seven community health workers (CHWs).

After the implementation of the actions, a considerable improvement and progress was detected regarding the acceptability, by the users present in the lectures and rounds of conversations, in embracing self-care and understanding the health-disease process. The proposed objectives were fulfilled, that is, the population was encouraged to healthy habits and lifestyle; pamphlets containing information the organization and services available at the Camalaú FHU were prepared and distributed; the level of knowledge of the population about the most prevalent diseases of the community and its possible complications has increased; the main difficulties and challenges of the FHU in the promotion of health in the community were exposed; the users were inserted in the support groups of the unit; the role and function of health professionals were clarified; patients' adherence to their treatment was stimulated and lectures and rounds of conversations were promoted, which emphasized the importance of self-care in health, stimulating changes in the daily life that would benefit health.

Approximately 80% of the users who undergo the service do so only with the purpose of renewing the prescription of their medications of continuous use, with low adherence to the non-pharmacological therapeutic measures, which also guarantee a relevant impact in the treatment, such as: regular physical activity, continuous blood pressure and glycemic controls, adequate psychological monitoring and adherence to a balanced diet, according to the individual need. For this population, non-pharmacological measures were on the fringe of the treatment, often not being considered as essential, since users did not have a perception of integrality and multidisciplinary that required self-care. The limitations of people to commit themselves to self-care measures are associated with the subjectivity of the individual or in the process of aging, of actions related or derived from health, partially or totally allowing them to know the existing or emerging requirements of the regulatory assistance of it¹. Therefore, it did not make them aware of the fact that, in order to generate health, the active participation of the patient in their own treatment is required and that the involvement in the activities carried out by the health unit itself is one of the options for the self-care.

Historically, health care was part of the attention people had towards themselves, their family and their community¹¹. A seminal author in the area of Quality of Care, Donabedian¹² defined quality of care as the one capable of maximizing patient well-being after taking into account the balance between expected gains and losses at all stages of the process. When individuals become aware that they need to develop their own process of care to generate health for themselves, all that concerns the imposed treatment becomes not a mere obligation to be fulfilled, but diligence for their own lives.

What was observed in the community was precisely the opposite, that is, people who did not understand the relevance of being aware of the warning signs that their own body evidences, or of preventing the manifestation of such symptoms before developing the effective disease through an appropriate prevention, were therefore doomed to medicalization without at least having an interest in understanding the reason for their therapy, accepting that their health improvement, control or cure were restricted only to the use of drugs, re-signifying the role of drugs in their treatment and constructing particular forms of dealing with their health condition and the professional recommendations they receive¹³. Consequently, it is responsibility of the health professional to identify among patients the barriers that may lead them to the noncompliance of treatment, and to provide the information and conditions necessary for them to understand the therapeutic rationality of the prescription presented and the most appropriate way to use the medications recommended¹³.

A Brazilian study indicates that women are the main holders of knowledge and treatment, when compared to men. But there still is poor health care for them and it becomes a source of problem once the family health team cannot control individual care¹⁴. One of the issues observed and evidenced by the professionals who work in the health care unit in Camalaú was exactly that: female users who actually seek the service, but only for the renewal of recipes and requests for exams, being rare the ones who maintained a health care program wider than the exclusive use of medication. Some patients would get upset when examinations were not prescribed or when they were not referred to a specialist, when the most important conduct at the time would be a multidisciplinary intervention with a nutritionist or physiotherapist, for example. They believed that a periodic follow-up by these professionals was tedious and non-operative, what could be justified by the paucity of information about the importance of self-care and non-pharmacological therapies.

The improvement of the quality of care reflect changes that produce, directly or indirectly, better health outcomes, incorporating technical elements that are susceptible to a certain degree of standardization, but mainly, personal interactions strongly intertwined with the context¹⁵. The Camalaú FHU has care strategies that

aim to humanize health practices, seeking user satisfaction through the close relationship of professionals with the community, improving the process of health promotion⁵, as in support groups.

The technology of support group is a resource that is being used by health professionals, as it helps them to alleviate feelings of loneliness and social isolation, allowing the exchange of experiences and reflections. The use of support groups requires the creation of an environment in which its members can share their experiences and feelings with the certainty of being understood by the other participants¹⁶. It was extremely important for users to understand the value of these groups, and that they did not fit into yet another of their week obligations, but into a managed, dynamic, and autonomous care process.

Some of the Camalaú FHU support groups are: Pregnant, Hypertensive and Diabetic and Adolescent. For pregnant women, participating in the group provides the necessary knowledge to go through the pregnancy process, stimulating the comprehension of what happens at each stage and what needs to be done to have a peaceful pregnancy. For the hypertensive and diabetics, the group proposes to disseminate the understanding of their disease, associated comorbidities, measures that need to be taken to establish due control and the awareness of the medications imposed and how they work. For adolescents, the group focuses on the inherent issues of this phase related to health, such as menarche, onset of sexual activities, changes in the body through hormones, among others, bringing to them clarifications and possibilities for health promotion with adequate and well-guided conducts by the right professionals, because in the midst of a society full of information, which in many cases are not true, it is necessary to show what is correct and scientifically proven in a clear and objective way.

In addition to the groups mentioned above, users also have the opportunity to participate in physical education and mental health groups, which are currently the most frequented groups in the unit, but who still need more followers. Therefore, this intervention proposal used technical tools, through the situational analysis experienced by the Camalaú health unit, and activities of an educational nature, through a scientific theoretical basis, providing the community the understanding of what health practices mean and how they go beyond a consultation or a medication, requiring the involvement and continued commitment from its users.

First Activity

The first lecture given to the users of Camalaú FHU had tuberculosis as topic and was planned at the request of the nurse of the unit, since it is a prevalent pathology in the community, however lacking knowledge on the subject. Received the title of “Tuberculosis: what is and how to prevent”. It was held in the afternoon of March 23rd, 2018

(Figure 2) in the waiting room of the mentioned place and had the attendance of twenty two users. Tuberculosis (TB) is considered a chronic condition of long-term treatment, having as main difficulties to obtain a cure for non-adherence or abandonment of treatment, being the control of the disease considered to be the responsibility of the municipalities and jurisdiction of Primary Care¹⁷. Considering this conception, the lecture has brought information on the importance of understanding more deeply the disease and how it affects the organism, with consequences for those who do not carry out an adequate and precise treatment when in such health condition.



Figure 2. First lecture at the FHU

The person diagnosed with TB who receives detailed information about their disease, as well as the importance of performing treatment to obtain cure, the potential adverse reactions and the consequences if the treatment is not regular, are more likely to adhere to it¹⁷. From this, it is evident that when information is effectively passed on to the population, the proposed goal is achieved, making it easier to treat those who are already ill and avoiding that the contactors - or even those outside the infection zone, have the necessary self-care for the prevention of the disease.

When the lecture began, it was explained what the disease is and how it presents in the human being. TB is an infectious-contagious disease caused by *Mycobacterium tuberculosis* or the Bacillus of Koch (BK). The disease presents some remarkable characteristics as: a long period of latency between the initial infection and the clinical presentation of the disease; the preference for the lungs, but may also occur in other organs of the body such as bones, kidneys and meninges; and granulomatous response associated with intense inflammation and tissue injury¹⁸. In this initial stage, it was intended to explain aspects of the disease that were probably uncommon in the users' understanding, such as the fact that tuberculosis does not only affect the lungs and that it is necessary to receive a targeted treatment for each type of disease. In this way, the users could solve their doubts and be clarified about

the important and essential characteristics of the disease in question.

In addition, the lecture was substantial to explain how the diagnosis of the disease is made and what are the procedures to be performed after that by the affected and by the family health team, to quote, the requested tests and notification; it has been demonstrated through a device found in the unit, that the sputum smear microscopy must be performed by the patient for the correct diagnosis of tuberculosis. The main source of infection is the individual with the pulmonary form of the disease, who expels the bacilli in the cough. It is estimated that the person presenting this condition can infect 10 to 15 people in his community in a period of one year¹⁸. Finally, there was an explanation of how the treatment is performed, why it is performed at the recommended time, and how it should be correctly performed for the patient to be treated and cured of the disease.

The main purpose of this lecture was to alert users on how they should proceed before that serious disease with such high degree of dissemination and infection, understanding that their actions are preponderant so that potential aggravating factors are avoided, generating in fact a sense of prevention in that community. Talking about tuberculosis openly, and outside the context of medical consultation, makes the knowledge about this subject not limited or compelled only to the health professional, but that the one who is sick or a close person has also a degree of responsibility in that context, thus improving the prognosis of the disease and potentiating the chances of cure by making the patient understand that he must be an active voice in the process of adherence to treatment and that all health team is on duty and willing to assist and guide it in its rehabilitation, which is the goal proposed in this study, to stimulate the reflection, orientation and perception of the users regarding their own health.

The exchange of knowledge produces and reproduces inviting spaces of people and institutions gathering for the reflection, creation and action, starting from the recognition of the differences of each participant. The establishment of bond, accountability and participation of the population is fundamental for organizing the work process focused on the citizen, able to generate constructive and democratic behaviors in the mediation of the conflicts present in the interaction between diverse social actors that hold different premises and values. The actions that privilege people, subjects, are capable of building a solidarity sociability, where the democratic collective space can be used to express and reconstruct common interests, debating issues and taking deliberations, sustaining the existence of a transforming, dialectical practice, between praxis, reflection and the ability to listen and analyze¹⁹.

Exposed that, it was noticed that the majority of users showed interest in capturing the message that was being transmitted to them, and that, from this, a differential

in the promotion of health was inserted in the basic health unit in Camalaú, allowing the objective of the study to be pursued and the other lectures to be given, each with its specific theme to address issues relevant to health in general and particular aspects of the population in question, believing that all of those would bring the final result of improving the adherence to treatment and understanding themselves as subjects in the health-disease process.

Second Activity

The second lecture was entitled “How to have good mental health?” and was also given in the waiting room of the basic health unit in Camalaú, on April 4th, 2018, with the presence of twenty users. Subjects related to mental health, mainly anxiety and depression, are very prevalent in the assisted population, since in almost all spontaneous demand consultations, there were patients who sought care only for the renewal of their prescription for psychoactive drugs. They were reluctant when the cessation was recommended even when it was clarified that the risks of use were greater than the benefits. Brazil presented the highest prevalence of mental disorders in the adult population, with high rates for anxiety disorders, mood disorders and disorders related to the use of psychoactive substances²⁰.

It was observed that this group was the most relevant in the community regarding the aspects of adhesion and participation. To speak of mental health efficiently, it was necessary to compile the most prevalent diseases as a whole and that generate more severe repercussions. Depression, generalized anxiety disorder and panic syndrome were discussed. Frequently found in the community, mental disorders generate a high social and economic cost; they are universal because they affect people from all ages, causing severe and definitive incapacities that increase the demand for health services²⁰.

Since these diseases directly affect the life of any person who is affected by them to such an extent that they generate a negative and limiting influence on the performance of their activities, all of them have been explained in details so that the population understands the inherent general and specific aspects to them, and become aware if they are facing any of the problems addressed or if they know any person who possibly is, once they now had the capacity to recognize, advise and help. In discussing depression, the diagnostic and clinical aspects proposed by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) were discussed, explaining each type and degree, its characteristics, how the patient's behavior is and why he is diagnosed mild, moderate or severe depressive. It was transmitted to the users how the disease actually behaves and how it is manifested in those who are affected so that there was no doubt left, and if any, it could be eliminated, generating in them comprehension beyond a simple diagnosis.

From this, the recommended treatment for each stage

of depression was also exposed, making its understanding even clearer. At this point, the essential factors for care were presented, both in the field of pharmacotherapy and the adjunct therapy, that is, those more related to behavior, such as practicing physical activities, taking care of nutrition, participating in the mental health support group of the unit, and this aspect was strongly emphasized due to its direct relationship with users, and also to perform cognitive-behavioral therapies for greater chances of having an accurate treatment.

When talking about anxiety and panic syndrome, being the second the worsening version of the first situation, both were exposed and addressed in their diagnostic and clinical aspects, as these diseases have directly affected the daily lives of individuals in the present day, it is critical to identify if what the patient is actually feeling is a pathological condition or not, its comorbidities and why they affect a certain person and how it manifests. The treatment has also been exposed in order to exalt the importance of being mindful of the well-being, and that is not just taking medicines that will bring a potential cure for the problem, but rather continuing to take care of health more integrally, being this the the main objective of this lecture. Alerting a community that presents a considerable part of the population that about 40 to 50% of them, using controlled medicines and that, in these cases, do not see progress in the treatment for not understanding the real importance of the disease and that self-care goes along with medicine. Users were able to have a more active voice towards their treatment, neglecting it because of the poor adherence.

Third Activity

The third lecture, entitled “Being a Mother, Understanding Prenatal Care”, was given on April 11th, 2018, in the morning, since this was the day and time specific for prenatal consults, and it was attended by nine pregnant women. The unit assists a total of twelve pregnant women. The main purpose was either to encourage the users to follow the therapeutic and interventional plans proposed by prenatal care, its importance, and because it is necessary to have a regular prenatal care. The Ministry of Health recommends the minimum number of six prenatal care consultations for a full-term pregnancy, starting it in the first trimester, with some basic procedures including clinical-obstetric exams and laboratory tests, among others²¹. According to the Prenatal and Birth Humanization Program (PHPN, in its Portuguese acronym), some qualitative interventions are also recommended for a better prenatal care, in which guidelines on breastfeeding, supplementary feeding, immunization, among others, aimed at pregnant women, which are especially beneficial²¹.

The lecture was started by informing the pregnant women about the prenatal care, what its purpose is, what its non-compliance can entail for both the mother and the

baby in terms of comorbidities, and why they should attend the scheduled appointments. The theme was discussed in a round of conversation, making the activity lighter and more relaxed, since whenever a specific subject was addressed, they were first asked the level of comprehension they had about the subject or if they knew something about it, for understanding how they would see the situation and whether they were playing their role as a patient effectively. Quality prenatal care is capable of reducing maternal and infant morbidity and mortality since the identification of the gestational risk by the professional allows adequate guidance and referrals at each stage of the pregnancy. It is therefore extremely important to enlighten mothers on prenatal care, stimulating groups and generating in them the active responsibility as to their babies and their own health²².

It was also addressed the importance of requesting exams in consultations, when it is important to ask for them and what the possible results would imply in both their health and the baby's, making them aware of this information and that, when they go to the medical consultation from that moment on, they will be more active in the prenatal care process, promoting better interaction between professional and user. It was noticed that the main objective was achieved, both by because of the receptivity of women and the participation and attention during the lecture and discussions. It was also observed that the clearer and more explicit the information was given, the greater the chances of understanding and improving adherence to what the unit proposes for prenatal care. In Camalaú, there is a good adhesion on the part of the users regarding that subject and it was important to sediment it, to stimulate it and to encourage to keep that pace, with a view also to its improvement.

Fourth Activity

This activity was held on the morning of April 16th, 2018 and entitled "Knowing the operation of the Camalaú FHU and what it has to offer to the community". In this activity, it was explained to the FHU users, present in the waiting room, how the unit works and what it had to offer to the community, highlighting the working hours, available professionals, active and inactive support groups and the weekly schedule of care of each professional linked to the Camalaú FHU. Pamphlets containing all this information were given and explained in that material.

Since the implementation of the FHU, the Ministry of Health proposed a new dynamic for the structuring of health services and actions, as well as for the relationship with the community and among the various levels of the complex welfare⁵. This strategy assumes the commitment to provide assistance, both in the health units and in the homes, identifying the risk factors to which it is exposed and intervening in them appropriately²³. This strategy also aims to humanize health practices, seeking user satisfaction

through the close relationship of professionals with the community and stimulating this last one to the recognition of health as a right of citizenship and, therefore, expression of life quality⁵. Therefore, the rights and duties of the health unit and of the professionals, as well as those of the community, were exposed to the users.

The lecture was attended by several professionals from the unit, being: the doctor, the nurse, the nutritionist, the physiotherapist, the speech therapist, the nurse technician and three community health workers (CHWs). It is worth mentioning that this lecture was requested by the own health team of the Camalaú FHU, since there were weekly discussions in the waiting room due to the lack of information from the users regarding the unit's hours of operation and the weekly schedule of each professional.

During the lecture, where twenty-five users were present, it was observed that many of them had doubts about the opening hours and how they were chosen for the non-scheduled service. That way, all the existing doubts were explained and clarified and there was enough interaction of the public attending to it. The professionals also took the opportunity to clarify their functions and emphasize the importance of self-care, evidencing that the unit is composed of several professionals qualified to assist in this process, requiring only the community's adherence.

Fifth Activity

It was performed on April 17th, 2018 (Figure 3) in the afternoon, and titled "Major complications of Arterial Hypertension and Diabetes *mellitus*". This lecture had as main objective to clarify to the users what can happen to those with systemic arterial hypertension (SAH) and diabetes *mellitus* (DM), who do not perform an adequate care of their pathologies, being evidenced the risk groups for each complication. It was also reported the importance of taking medications correctly, doing physical activities regularly, having regular follow-up with health professionals of the unit, having a balanced and individualized diet, respecting the present pathology, among other recommendations.



Figure 3. Realization of the fifth activity in the FHU

This theme was chosen together with the Camalaú FHU health team, since these are the most frequent pathologies in the community and with less adherence to the appropriate treatment, that is, the users of the unit who have these diseases do not perform properly - and simultaneously, the pharmacological and non-pharmacological treatment, besides not adhering to self-care. It is worth noting that this activity was carried out strategically on a Tuesday, a day dedicated by the unit for the assistance of people with DM and SAH, being this the FHU HYPERDIA.

The Hypertension and Diabetes Program (HYPERDIA) became an instrument to monitor hypertensive and/or diabetic users, with the functions of linking the patient to the Basic Health Unit (BHU) and the correspondent Family Health Team (FHT), offering quality and ongoing care, and providing medications on a regular basis. In order to do so, registration forms were used to inscribe and follow-up users, as well as to make a risk assessment among registered patients²⁴.

SAH and DM represent the first cause of hospitalizations in the public health system and are the main risk factors for cardiovascular diseases, of which approximately 60 to 80% of the cases can be treated in the basic public units²⁵. From this, in an attempt to reduce the number of hospitalizations and achieve adequate follow-up and treatment in basic care, several strategies and actions have been elaborated and adopted in the Ministry of Health²⁵. These two diseases present some common aspects: etiopathogenesis; risk factors; non-medicated treatment; chronic character; preventability; asymptomatic early stages; difficult adherence to treatment; request for follow-up by multidisciplinary team and easy diagnosis²⁶.

Diabetes *mellitus* is the fastest growing chronic condition, especially in developing countries. It stands out for the severity of its complications, besides being considered a public health problem. DM should be investigated regarding its acute and chronic complications and their relation to the time of diagnosis. Acute complications include hypoglycemia, hyperosmolar hyperglycemic state, and diabetic ketoacidosis. The chronic complications include retinopathy, nephropathy, ischemic heart disease, neuropathies, cerebrovascular and peripheral vascular disease. The most frequent degenerative diseases are acute myocardial infarction, peripheral arteriopathy, stroke and microangiopathy. The complications of diabetes increase over the years, and identifying this association may be a strategy to outline measures that could minimize the onset of complications sooner²⁷.

SAH is indicated as a risk factor for cardiovascular complications and diseases in the current society, such as sudden death, acute lung edema, renal failure, acute myocardial infarction (AMI) and cerebrovascular accident (CVA), justifying the 54% of deaths due to stroke (CVA) and 47% of deaths due to ischemic heart disease. In addition, the possibility of association of systemic arterial

hypertension and diabetes *mellitus* is of the order of 50%, which often requires the management of both diseases in the same user, aggravated by the fact that its concomitance enhances micro and macrovascular damage, leading to a high rate of cardio-cerebrovascular morbidity²⁶.

In view of the above, the importance of adherence to the correct treatment of these pathologies and regular professional follow-up is evident, since the prevention of these complications will have a great impact on the life quality of the population affected by these pathologies.

This lecture was attended by nineteen users and was the one that had the greatest participation of the public, since many contributed by reporting testimonies from their own lives and also from people close to them who had the complications of those diseases and who, due to the lack of self-care and of a correct treatment, currently have a reduced quality of life and, in some cases, people who are already in terminal stages. Available pamphlets containing the day and time of the group of hypertensive and diabetic patients were distributed, and a regular participation of the users in the activities of this group was stimulated. It was observed that the users were well impacted by the speech and more motivated to adhere to the appropriate treatment of their pathologies.

Sixth Activity

This activity was the end of the series of planned actions, being held in the afternoon of April 19th, 2018 and titled "Self-care and health". It was through this lecture that we encompassed all the previously discussed topics, highlighting what self-care was, how it can be done and its importance in the life of any person, whether having a pathology or not, being an important strategy for the control and prevention of diseases, and for the complications of existing pathologies.

Health professionals have been increasingly concerned about the self-care of their patients, as this is often not part of their daily lives, which can result in major chronic complications of their diseases²⁸. From this, we can see the importance of stimulating and encouraging self-care adherence, especially for patients with chronic diseases, which make up the majority of users in the Camalaú FHU. In addition, self-care may still be an important strategy not only in preventing complications of pre-existing diseases, but also in preventing the emergence of new diseases.

During the lecture, which was attended by twenty-two users, some measures for a proper self-care were approached in a didactic and objective manner, namely: To have a balanced diet and to control the weight; to practice regular physical exercise; continuously monitor blood glucose and blood pressure; the correct use of medications; having good habits of personal and oral hygiene; to look after a good appearance; have an active social life; to stop smoking and alcoholism; investing in spirituality; regularly attend a health service, such as the FHU itself,

for specialized monitoring and focused on real needs; for women, do self-examination of the breasts and perform cytology regularly, as indicated; for men over the age of 45, conduct annual preventive tests for prostate cancer; use of condoms to prevent sexually transmitted diseases; have a good sleep and take care of mental health. These were the measures emphasized to perform self-care efficiently.

It has also been reinforced the existence of support groups in the FHU that could assist in this self-care, such as mental health group, physical exercises and the hypertension and diabetes group. The lecture was attended by the doctor of the unit, and his participation was fundamental to stimulate the users to have healthy habits and to use what the unit has to offer for free, and accompaniment by qualified professionals.

CONCLUSION

It was observed that there was an improvement in self-care adherence in the Camalaú FHU users, who were questioned after the actions were carried out, and that these activities were essential for this. This study provided the creation of a bond with the community and this facilitated the interaction with the patients, promoting a better planning of the therapy. During the consultations carried out after the activities, the conducts had a much higher level of

acceptability when compared to the consultations in which a previous action was not taken. This intervention, in the long term, may contribute to a significant improvement in the therapeutics of users, in the control of their pathologies, in the prevention of diseases and its complications, and, mainly, to favor a better quality of life for the users.

The accomplishment of this study evidenced, in the professional scope, the importance of the education in healthcare and that activities like these must be realized by the professionals so that the community has a better acceptance of the chosen therapeutic management and this will contribute to a differentiated professional action, that aims to spread knowledge and not restrict it. It also showed that the interaction of the family health team is essential so that the FHU can fully guarantee health promotion and highlighted the importance of team meetings in this process.

In addition, it provided the creation of a bond with the community, which facilitated the interaction with the patients and promoted a certain security, on the part of the users, during the planning of the therapeutics. It is worth mentioning that the information passed on during the lectures should be reinforced in each consultation given by the professionals and members of the health team of the unit, so that a larger portion of the population is aware of the benefits generated by self-care and its importance in improving their quality of life.

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