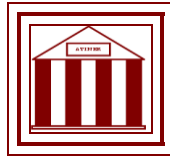


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**Providing Care in Occupational
Activities to Community Health
Agents of Rural Areas**

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Abstract

Several studies indicate that rural work generates numerous health risks when developed without protection. Thus, we carried out a study in order to obtain information about the processes of health and work diseases of the rural population, according to the interpretation of the Community Health Agent. This is an action research with multiple strategies such as interviews, discussions and workshops on health education. The research was developed with Community Health Agents in the rural areas in the municipality of Seara, in Brazil. The results show that the rural population is exposed to various occupational hazards, among them were mentioned: risk of falls, burns, and accidents with machinery, cutting and accidents in handling animals. As a conclusion, it can be said that the perception of the Community Agents on occupational health risks is still very restricted related to gross lesions, where the minor injuries are minimized and interpreted as being natural for rural labor activity. Therefore, it is crucial that these workers are trained and able to meet the needs of the territory in which they operate, with the primary focus of its action on health education.

Keywords: Brazil, Community Health Agents, Occupational care, Rural areas.

Introduction

The main issue discussed in the research refers to the risks present in the work of rural workers. In Brazil, there are a few studies about health and work conditions of rural workers, especially, related to family farmers. The International Labor Organization (ILO) points out that rural activity is developed outdoors exposing workers to weather changes and excessive solar radiation.

Therefore, work is often done by using improvised and inappropriate individual protection equipment, far from sanitary facilities, favoring worm dissemination (ILO 2006).

Despite the fact that there are regulating norms for the protection and safety of the farmers, the population who lives in rural areas still finds meaningful access difficulties to actions from the Unique Health System (UHS) and other protection organizations. Overcoming these restrictions means thinking about a health system that considers the rural work and rural life specificities.

Among health workers in Brazil, the Community Health Agent (CHA) is highlighted. In Brazil, currently, there are more than 200 thousand agents who have been working in the Health System. The agent's work is considered an extension of health services within the communities, since he/she is a member of the community and is personally involved with it. (MoH 2009).

The work developed by the community health agents fundamentally consists of visiting homes. In these visits, the CHAs have to identify socio-economic, cultural and environmental factors which interfere in the family health, at the same time they have to motivate population's participation in the process of community health diagnoses and the action planning to be developed in the community itself, by promoting health and disease prevention (MoH 2009). Thus, considering that CHAs have an important role in identifying and preventing labor grievances in the community where they work, this research aimed at obtaining information about rural work risks through CHAs' standpoints.

Methodology

This study was carried out by research-action. This research modality is done through close relationships between researchers and participants who are representatives of the situation or the problem (Thiollent 2011).

The study was developed in a Health Center, located in the rural area in the municipality of Seara, SC. Five Community Health Agents took part in the research. The two phases proposed by Thiollent (2011) were developed in this study. The first was considered an exploratory phase and consisted of interviews to get to know the CHAs' perceptions and to establish the first diagnosis about the situation and the priority problems, which were

approached/worked on during the action phase (second phase), which corresponded to workshops about health education.

All information, generated from the interviews and educational activities, were analyzed by a content analysis technique, which consists of interpreting the data obtained during the investigation (Minayo 2010). Such analysis interprets the data collected during investigation through its contents. This project was approved by the protocol number 630.604 on April 29th, 2014 from the Research Committee of Santa Catarina State University – UDESC and it is in accordance with the requirements of Resolution 466/2012 from the National Health Council.

Results

During the exploratory phase of this research, the CHAs from rural areas were questioned about what they considered as accidents in farming work. The answers are the following:

"External accidents that cause losses of members" (CHA ♀ 48 years old)

"Work accidents can cause internal diseases" (CHA ♀ 49 years old)

"Kneeling over farming machinery and cutting a member" (CHA ♀ 42 years old)

"Electrical shock by cutting some conductive wire with a mower" (CHA ♀ 48 years old)

"By collecting cow's milk, you can be kicked by the cow and break an arm" (CHA ♀ 34 years old).

When interpreting the results, we could observe that CHAs perceive accidents through external injuries that are immediate and serious. It was possible to identify that grievances mentioned are related to the occurrence of serious injuries, when body damage is visible and immediate, in which, at most times, the worker needs to look for medical service and treatment. Minor injuries or temporary damages to the health of rural workers were not cited by the CHAs'.

After exploring group knowledge, educational activities were accomplished (Action phase), in which the group, researchers and CHAs, discussed the risks present in the farmers work. During the workshops about health education, it became clear that work accidents in rural areas are frequent, being a part of the rural workers routine. But, small cuts and bruises were not cited in CHAs' answers. So, researchers explained what characterizes work accidents, so the CHAs could recognize small grievances as occupational injuries as well.

In the sequence, the researchers worked on the weaknesses of knowledge about accidents and their risks, clarifying the risks present in rural areas, which had not been mentioned by the agents, such as: intoxication, solar radiation, dust, gases, smoke, ergonomic risk and noise.

At the end of the meeting, images of the rural territory were given to CHAs and they were asked to identify the risks present in that territory again, recognizing new forms of health grievances to the health of rural workers. We can emphasize that after the health educational action, the agents increased their perceptions of occupational risks, since new occupational grievances present in rural areas were mentioned, which had not been discussed prior to the educational action, as it can be observed in Table 1.

Table 1. *Display of Answers Given in the Diagnosis Moment and after Health Education Workshops about Rural Work, with Community Health Agents*

Risks mentioned in the diagnosis phase	Risks mentioned in the educational action phase
Burns Falls Accidents with machinery	Pesticides Dust Gases Smoke Noise Animal Handling

Source: MoH 2014.

Having in mind the first meeting with the community health agents where the accidents present in rural work were identified, the debate at the second meeting was about preventive measures related to the occurrence of accidents in rural areas. At this meeting, images that demonstrated workers using equipment and safety measures appropriately and inappropriately were showed. The importance of using protection equipment for each rural activity was discussed with the group; the organization of the work environment; the worker ability before handling new equipment, maintenance and check of machinery and farming implements; and the adequate waste of pesticide packings. This workshop on health education aimed at promoting prevention of occupational accidents and improving quality of life and the health of rural population, through different knowledge.

However, considering CHAs reports, we could identify the necessity of developing educational activity in health services, since agents told they did not have, during the last years, professional training about the rural environment and its health risk factors, as it can be observed by this testimonial:

"We received some training about this issue only when the health center was set up here, approximately 10 years ago" (♀ 42 years old).

Discussion

We found out that CHAs perceive that there are many work accidents in the rural environment; however they do not have a wide risk perception, since they did not mention such risks. At first, they do not recognize the various factors which trigger injuries at rural work and do not recognize the minor injuries as work accidents. In addition, they do not relate invisible health risks, such as solar radiation and pesticides use, as work accidents. For them, accidents are the ones which present imminent risk, for example having the potential to cause permanent disability, death, loss of some body part or severe material damage (Coelho and Malaquias 2010).

The main aspects related to risk perception in rural work are the minimization of risks and the denial of danger in rural areas (Peres et al. 2005). According to Gregolis et al. (2012) the non-identification of risks from working with pesticides as causes of disease and accidents is common. The risk factors and health damages related to the worker's health have to be understood taking into consideration the technologies that are used, the organization and division of work, the insertion of workers in work places and the technical action done (Silva et al. 2005).

This way, studies about risk perceptions have to be incorporated intrinsically to education, evaluation and communication strategies of risks. Through speech and representations that individuals have regarding their universe, it is possible to articulate the situation of the subject in the world. Taking this into consideration, it is also possible to explain how experience and common sense are appropriated and provide meaning to concepts originated from farming technologies, which is the starting point for all and any educational strategies related to rural areas (Peres et al. 2005).

Problematizing reality, health education works as a mechanism of social criticism and situations lived by individuals, groups and movements, allowing the vision of fragments that were invisible and ideologies naturalized as realities, favoring releasing of thoughts and active actions for social change (MoH 2007).

The educational actions are part of the CHAs everyday lives and have their ultimate aim at contributing to the improvement of population life quality. The development of health educational actions can comprise a lot of themes in complex and wide activities, which does not mean they are difficult actions to be developed. Such actions happen by exercising dialogues and by knowing how to listen (MoH 2009).

Health education aims at pedagogically working with the man and involved groups in a process of popular participation, fostering collective learning styles and investigation in order to promote the increase of the critical analysis capability about reality and the improvement of struggling and confronting strategies (Vasconcelos 2001).

The CHAs develop activities of health surveillance, health promotion, as well as disease and grievance prevention by visiting homes and by individual

and collective health educational actions at the houses and in the community (MoH 2012).

Among the characteristics of CHAs work is the analysis of the health situation considering social, economic, cultural, demographic and epidemiological characteristics of the territory; as well as, programming and implementing the activities based on the health risk criteria regarding the population.

Yet, the practice of broad family care must be implemented through knowing the structure and the functionality of the families, giving value to different knowledge and practices in the perspective of an integral and decisive approach (MoH 2004).

It is relevant to point out that CHAs' knowledge and life experiences influence their work routine. At many times, their life experiences are passed to the community aiming at solving simple health problems or raising people's awareness not to make mistakes (Lara et al. 2011). This way, it is crucial to broaden CHA's points of view about the risks present in rural work.

By visiting families, the community health agent observes the families, the environment where they live, keeping the health team informed\ mainly regarding risk situations (MoH 2012). Besides, he/she must provide advice that can guarantee a better life quality, changing the local reality, looking for the best actions to minimize the grievances, along with the community and the health team, constituting, this way, a relationship of social co-responsibility (Buchele et al. 2010).

To achieve all this, the CHA needs to be in a process of continued professional education, developing abilities to communicate information. It requires, from the professional, the perception of necessities from individuals. In this scenario, Permanent Education in health services may bring answers to the deficits related to the problem of understanding, related to the population health, and focuses on taking care of the citizens (Oliveira et al. 2011).

Health professional education is important because it updates, qualifies, enables and recycles knowledge and practices, promoting better work conditions for the CHAs work; however, it needs to be converging to the service reality, happening in a horizontal and interdisciplinary way.

For the Brazilian Ministry of Health, permanent education for health workers must occur for the learning at work, in which learning and teaching are incorporated to the routine of health services. Professional qualification is based on expressive learning, occurring in the institutions every day, through facing problems in the reality, considering knowledge and experiences that workers have already acquired. According to the Ministry of Health, the educational processes of health workers are developed from work process problematization, taking into consideration that the educational and development necessities of workers are designed by health necessities presented by people and populations (MoH 2009).

Final Considerations

At the end of this research, we can identify through Community Health Agents' standpoints that risks and occupational vulnerabilities present in labor activities in rural areas are innumerable and happen frequently. They also cause serious damages to the health of rural workers, resulting in body member amputations, inability to work and even death.

Through the Community Health Agents standpoints, the accidents and occupational risks involved in labor activities in the rural areas are associated with serious injuries as body member amputations, bone fractures and even death, not mentioning the minor cuts and bruises. The CHAs highlight the accident risks caused by machines, big animals, falls, cuts and burns caused by electrical shocks, without mentioning the occupational risks such as noise, dust, pesticides and gases. In face of this reality, it is necessary to widen the standpoints of these health workers, qualifying them every day regarding the care offered to rural population.

Therefore, it is crucial to make these workers able to meet the necessities of places where they work, having health education as their main action focus, multiplying technical-scientific knowledge which promotes accident prevention to farming families.

Finally, it is worth emphasizing that this action-research experience made it possible to know the occupational risks in farming activity. It also instigated that the CHAs, involved in this context, should broaden their perception about health problems present in areas/environment where they are, making their actions of promotion and health prevention more effective and contributing to rural workers quality of life. We can also highlight the importance of sharing knowledge between researchers and CHAs. Sharing, empiric, cultural and scientific knowledge generate, besides the constitution of a group able to manage community health problems, through individual and social mobilizations.

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