Acta Scientiarum

http://periodicos.uem.br/ojs/acta
ISSN on-line: 1807-8648
Doi: 10.4025/actascihealthsci.v46i1.65960

Child growth and development: representations, potentialities and weaknesses in the voice of community health agents

Mateus Celio da Silva[1*], Maria Isabel Quadros da Silveira Flores[1], Franceliane Jobim Benedetti[1], Andressa da Silveira[2], Keity Laís Siepmann Soccol[1] and Rosiane Filipin Rangel[3]

[1]Universidade Franciscana, R. dos Andradas, 1614, 97010-030, Santa Maria, Rio Grande do Sul, Brazil. [2]Universidade Federal de Santa Maria, Palmeira das Missões, Rio Grande do Sul, Brazil. [3]Universidade Federal de Pelotas, Pelotas, Rio Grande do Sul, Brazil. *Author for correspondence. E-mail: mateus_celio@hotmail.com

ABSTRACT. The activities developed by Community Health Agents are strategic for child growth and development due to the uniqueness and proximity with which these actors perform their interventions in the community. Such actions favor children's health, resulting in a reduction in child mortality, improvement in growth deficit and malnutrition, and an increase in vaccination coverage and breastfeeding. The objective of the study was to know the perception of community health agents about child growth and development. This is an exploratory descriptive, qualitative study, carried out with 30 Community Health Agents who worked in Primary Care and Family Health Strategy Teams in a municipality in the central region of Rio Grande do Sul, Brazil. Data were collected from April to July 2021, through an online questionnaire and analyzed according to Discursive Textual Analysis. Data analysis allowed the construction of four categories, namely: Growth as a process of physical evolution of children; Child development as a broad process of evolution; Elements that facilitate the work of Community Health Agents; and Elements that hinder the work of Community Health Agents. For the study participants, children growth is associated with the physical evolution of children, while child development is understood as a broader process that is influenced by the environment and the external conditions in which children live. The Community Health Agents have a strategic and unique professional role in the monitoring of these processes, as they are capable of identifying diseases that need specific attention and providing care in a timely manner.

Keywords: children health; community health agents; family health strategy; primary health care.

Received on November22, 2022.
Accepted on August 8, 2023.

Introduction

Comprehensive child health care has raised several studies and public policies with the objective of improving the understanding and approach to this topic within health systems. In Brazil, child health policies have been improved in several areas, in order to qualify health care and the monitoring of child growth and development (CGD) (Branquinho & Lanza, 2018).

Primary Health Care (PHC) is guided by the principles of accessibility, integrality and longitudinality of care, which allows broad approaches to child health (Banzatto, 2021). The Family Health Strategy (FHS) promoted the consolidation of PHC in Brazil, with multidisciplinary teams that aim to strengthen the foundations of primary care and impact the health of the population. In this scenario, the Community Health Agent (CHA) stands out for having action close to the community and mediating activity between the interests of users and the health policies proposed by the State (Nepomuceno et al., 2021).

Thus, the articulation between health services and life in the territory was established as a central element of the CHA's work, with pillars in the determinants of the health-disease process and in the care demands of the population. Thus, CHAs are responsible for the development of sanitary activities considered of low complexity and high impact, including actions for the growth and development of children, in order to improve indicators on child morbidity and mortality (Morosini & Fonseca, 2018).

In this sense, CHAs are strategic workers for the operationalization model of Brazil's National Primary Care Policy (PNAB), through the FHS, and constitute a professional category that has its functions consolidated from the constitution of the Unified Health System (SUS), through the Community Health Agents Program (CHAP), trained for the registration of the population, community diagnosis, identification of risk areas and promotion of child health protection actions with priority (Nepomuceno et al., 2021).

The CHA is responsible for carrying out the socio-cultural diagnosis of the territory, motivating the community to adhere to public policies and carry out health promotion and education. In view of the CGD, CHA actions begin in the intrauterine period, with follow-up ranging from prenatal care of pregnant women, through home visits, identification of risk factors and dissemination of health services, and continue throughout the child's development, in activities such as verification of anthropometric records and developmental milestones in the child's booklet, checking the vaccination calendar, warnings about childcare consultations, encouragement of breastfeeding, identification of diseases and injuries and health education (Gomes et al., 2019).

The CGD are phenomena used to monitor the overall progression of the children. The CGD approach in PHC is cost-effective and indicates the child's quality of life and health condition, as it intersects with biological, socioeconomic and environmental aspects, such as birth conditions, immunizations, basic sanitation, access to health services, food and health conditions. In addition, CGD monitoring allows health surveillance, enabling early detection of problems and timely action (Gaiva, Monteschio, Alves, & Salge, 2018).

The activities developed by the CHA are strategic in relation to the CGD due to the uniqueness and proximity with which these actors perform their interventions. In Brazil, PHC approaches, the work of the multidisciplinary team and the best socio-environmental conditions in recent decades have favored child health, resulting in reduced infant mortality, growth deficit and malnutrition, and increased vaccination coverage and breastfeeding (Branquinho & Lanza, 2018). On the other hand, some regions of the country where there is a shortage of professionals, children get susceptible to the development of diseases, as well as an increase in the demand for emergency care services (Picco, Baggio, Hirano, Caldeira & Ferrari, 2022).

In view of the above, the research question of the study was formulated: What is the perception of Community Health Agents about child growth and development? This study aims to know the perception of Community Health Agents about child growth and development.

Material and methods

This research is linked to an action research macroproject entitled: Qualification of multiprofessional health monitoring in relation to child growth and development in the central region of Rio Grande do Sul, approved in the so-called DECIT/SCTIE/MS-CNPQ-FAPERGS 08/2020 – research program for SUS: Shared health management – PPSUS and received funding from the Research Support Foundation of Rio Grande do Sul (FAPERGS). The data presented in this article are derived from the first stage of the study, that is, a descriptive, qualitative exploratory research, carried out with 30 CHA of Primary Care Teams (PCT) and Family Health Strategies (FHS) from a municipality located in the central region of Rio Grande do Sul.

The inclusion criteria of the participants were: to be CHA and to be developing activities in child care; and, as exclusion criteria, professionals who were on sick leave, on work leave or on vacations.

Data production was carried out between April and July 2021, initially, the Permanent Health Education Center (NEPES) was requested to authorize the development of the research. After approval, the invitation was sent, via NEPES, by the municipal government's own system (Consulfarma). Attached to this, we sent the Informed Consent Form (ICF) and link to access the online questionnaire, generated in the Google Forms application, free and considered easy to handle and apply, intended for the Webin order to collect information through online forms. This included open and closed questions about the child's health, such as: 'What do you mean by child growth?', 'What do you mean by child development?', 'What are the difficulties and/ or facilities you find in carrying out the assessment of child growth and development?'.

Subsequently, the data were analyzed according to the Discursive Textual Analysis, and in the unitarization the texts were examined in detail, fragmenting them in order to achieve units of meaning. This stage was performed with intensity and depth. The establishment of relationships, a categorization process, involved the construction of relationships between the base units, combining and classifying them, bringing together these unitary elements in the formation of sets that bring together close elements, resulting in systems of categories. In the categorization stage, similar units of meaning were gathered. As for the communication stage, the understandings reached from the two previous focuses were expressed. It was the last element of the proposed analysis cycle, resulting in metatexts (Moraes & Galiazzi, 2011).

The basic units listed were: Perceptions of community health agents on child growth and development and Performance of community health agents in relation to child growth and development. In which four categories emerged: Growth as a process of physical evolution of the children; Children development as a broad process of evolution; Elements that facilitate the work of CHAs; and Elements that hinder the work of CHAs.

This study is in accordance with the recommendation of ethical aspects in research with human beings based on Resolution 466/12. The study received approval from the ethics committee of the Franciscan University (UFN), with opinion number: 4,364,999. In order to preserve the identity of the participants and the confidentiality of the information, we used the letter A referring to the word 'Agent' accompanied by an ordinal number according to the order of the interviews.

Results

Of the 30 study participants, 25 were female; the mean age was 47.6 years; the time working in the area ranged from one to more than twenty years. The academic background was diversified: high school, technical course and undergraduate. Data analysis allowed the construction of four categories, namely: Growth as a process of physical evolution of the children; Children development as a broad process of evolution; Elements that facilitate the work of CHAs; and Elements that hinder the work of CHAs.

Growth as a process of physical evolution of the children

For the study participants, children growth is associated with the physical evolution of the children, in which the agents highlight expressions such as 'process' and 'progress', inferring a dynamic and gradual phenomenon.

> Process of physical evolution of the children after birth (A2).
> I understand that it is height and weight, in short, statures, within what is indicated for age (A12).
> It is the child's body progress (A24).

The agents brought in their statements that the process of children growth is monitored in PHC by health professionals, but they do not indicate a specific professional for this care.

> Development of the growth curve within the normality of the children! (A29)
> Monitoring of weight and height by a health professional (A8).

The utterances of the CHA refer that the care provided to children in PHC is related to child physical growth, through the monitoring of anthropometric measures expressed by weight, height and growth curves.

Child development as a broad process of evolution

The CHAs pointed to child development as a broader process than growth. They mention, in addition to the physical aspect, cognitive, emotional, psychological development and the progression of skills in social areas.

> It is physical, cognitive, emotional and social development (A1).
> Physical, psychological and intellectual development (A27).
> Develop the skills of the children in all areas such as school and Community(A28).

The influence of the environment and external conditions on the children development process is expressed by CHAs as inherent to child development. They also mention that health units, vaccination programs and childcare are fundamental pillars for monitoring the development of children.

> Progressive process of children development, considering the entire social, cultural and emotional scope of the children (A2).
> Quality of life, physical and mental health, immunization, socialization and family interaction' (A6).
> It is when the children have good nutritional development, good quality of health, having integrated access to the FHS [...] (A17)
> Accompanying childcare: Vaccines, food, and educational activities for healthy development (A9).
> That these children can live in a healthy environment, minimizing trauma and disabilities and meeting the needs of them(A10).

According to the statements, the CHAs report that care in childhood is essential for the acquisition of skills. Expanded development composed of cognitive, emotional, psychological and social skills is possible from the monitoring of the children by health professionals and the environment in which they live.

Facilitating elements of the work process of CHAs

The CHAs mentioned some facilities of the work process in relation to the CGD, such as the proximity to families, the bond established with users and the articulation with other health professionals.

> Ease of access that the CHA has because of the bond with family (A15).
> Ease of proposing assistance to the family (A23).
> I work together with the nurse when she has a postpartum consultation where cases of vulnerability are discussed (A29).

From the perspective of the CHAs, children health care, within the scope of growth and development, is linked to prevention and health promotion, based on interventions that minimize the risks of morbidity and mortality in childhood.

Elements hindering the work of CHAs

The lack of professional resources, the lack of material resources and the problems in solving users' health demands are some elements that hinder the work process, as reported by the CHAs.

> Lack of professionals (A17).
> We do not have a scale (A8).
> Difficulty in resolving referrals to secondary care. As a neuro-pediatrician, speech therapist, psychological therapist, among others (A27).

In addition, the lack of family cooperation is an element that makes it difficult to work with regard to the monitoring of the child, and that sometimes the health situation of the children is even omitted or they are exposed to risks.

> Disengagement of parents or guardians (A11).
> Parents do not expose the problems of children and we are often unaware of the true situation of these children (A28).
> [...] when the family does not take the children to consultations and does not vaccinate them, in addition to not receiving the CHAs well (A5).

Finally, social vulnerability was pointed out by the CHAs as the reality of a significant portion of families, and is inferred by them as a factor that hinders their performance in relation to the CGD.

> How to talk about growth in a residence that lacks food, kindergarten, basic sanitation? [...] Violence against children has also greatly harmed all work (A14).
> Social difficulties related to the support and conditions of vulnerable families, to understand and execute the guidelines provided (A2).

The care of the children implies meeting the essential needs for their development. Thus, it represents a priority field in the health care of populations due to the vulnerability in which they live.

Discussion

Children health care is a priority that aims to reduce infant mortality through actions aimed at promoting quality of life and equity. It is one of the indicators of child health, development, which refers to a complex, continuous, dynamic and progressive transformation, which includes, in addition to growth, maturation, learning and psychological and social aspects (Branquinho & Lanza, 2018).

PHC encompasses multidisciplinary health care and has its concept expanded based on the challenges of the 21st century. In general, primary care services promote the prevention and treatment of diseases, health promotion, and health care for adults, women, pregnant women and children, and attention to social determinants of health. PHC services are cost-effective, improve people's health and should be the basis of health systems, especially in contexts of social inequity (Perry, 2018).

The monitoring of the CGD aims to promote and protect the health of children through viable approaches in scientific, social and economic aspects. PHC adopts cost-effective actions for this monitoring through weight, height and psychomotor development. The systematic recording of these data in the child's booklet is an efficient approach that allows the early identification of problems and the adoption of behaviors capable of mitigating possible damage to the children's current and future quality of life (Gaiva et al., 2018).

CHA programs have growing worldwide evidence of improvement in universal access to the health system and in the quality of health of the population, through approaches to health promotion, protection and recovery. Evidence shows that well-structured CHA programs with qualified teams have the potential to mitigate maternal and child deaths, especially in developing countries (Zulu & Perry, 2021).

The data of this research pointed out that the investigated CHAs had as a common project to respond to the health needs demanded by the community in which they worked. In home visits, the main focus of action is the monitoring of priority groups, corresponding to programmatic actions with children fewer than two years old, pregnant women, puerperal women, hypertensive, diabetic and bedridden or domiciled individuals (Nepomuceno et al., 2021).

A study by Perry, Zulliger and Rogers (2014) demonstrated that CHA programs can positively impact the health of the population in countries with different socioeconomic contexts. In countries with greater social inequalities, such as Brazil, it is evident that the CHA program enables lower maternal and infant mortality rates, a decrease in stunting and malnutrition, and a decrease in children under ideal weight. Thus, PHC services composed of qualified CHA teams represent an efficient approach to child health and CGD monitoring (Branquinho & Lanza, 2018; Zulu & Perry, 2021).

The CHA is a facilitator of the child's access to the health service, which takes place through the establishment of a bond and rapprochement with the community through the health actions promoted by the FHS, in which the Child booklet is one of the tools used to achieve this goal (Vieira et al. 2022). The CHA's work has a sociocultural dimension in which communication and bonding are fundamental work tools. In this sense, the recognition of his work by the community, the bond with families, the work with peers and the formal work close to the residence appear as facilitators of the work of the CHA enabling the best performance of this professional (Alonso, Béguin, & Duarte, 2018).

On the other hand, the CHA pointed out that the lack of professionals, lack of human and material resources, as well as the non-receipt of home visits by families are some difficulties in their performance in relation to the CGD. This information corroborates other studies that highlighted that the number of insufficient professionals, the refusal to receive home visits and poor infrastructure conditions also appear as difficulties faced by CHAs, generating a feeling of frustration, professional devaluation and difficulties in monitoring the CGD (Riquinho, Pellini, Ramos, Silveira, & Santos, 2018; Vieira et al., 2022).

The challenges of the territory are mobilizing for the learning of CHAs, which aim to meet the need of children and their families, especially the most vulnerable, for social policies and health services. Thus, they carry out actions together and create harmonious and conflicting relationships (Nepomuceno et al., 2021).

Another aspect highlighted by the study participants was the difficulty of the users to obtain access to other health services of different level of care, which makes it difficult to solve health problems. In fact, the frustration of users in their health demands may represent the discontinuity of CHA actions (Riquinho et al., 2018).

Social vulnerability also makes it difficult for CHAs to work with the CGD, both due to the challenge of proposing and developing activities in the community, and due to the wide exposure to the social context and emotional load related to work (Alonso et al., 2018). If the reality of social vulnerability and affective and material deprivations affects the health of children, this does not appear in the speeches of those responsible. In this context, the non-recognition of the children's real needs makes the condition of suffering vulnerable, affecting their health (Souza, Panúncio-Pinto, & Fiorati, 2019). Therefore, permanent health education actions are essential to qualify CHAs, so that they can effectively work on children health and overcome biopsychosocial difficulties, enabling change in favor of the development of comprehensive and resolute care for children health (Vieira et al., 2022).

Conclusion

It is considered that the objective of the present study was achieved, as it was possible to know the CHAs' perception of the CGD. For the study participants, children growth is associated with the physical evolution of the children, while children development as a broader process is influenced by the environment and external conditions in which the children live.

They understand that the work process with regard to the CGD is facilitated by the proximity to families, the bond established with users and the articulation with other health professionals. However, they indicate that the lack of professional resources, materials and problems in solving users' health demands are some elements that hinder the work process.

It is noteworthy that the CHA is the strategic and singular professional in the monitoring of the CGD, capable of identifying diseases that need specific attention and providing timely attention. It emphasizes his social potential to form bonds, promote access, and mediate between the community and public policies of the State for the promotion of children health.

This study presented as a limitation the pandemic period, as professionals had excessive workload, in addition to being directly involved with immunizations and training related to them. This made it difficult to collect data and accept participants in the research.

Acknowledgements

The Research Support Foundation of Rio Grande do Sul (FAPERGS) for the financing of the study carried out to the project approved in the so-called DECIT/SCTIE/MS-CNPQ-FAPERGS 08/2020 – research program for SUS: Shared health management – PPSUS.

References

Alonso, C. M. C., Béguin, P. D., & Duarte, F. J. C. M. (2018). Work of community health agents in the Family Health Strategy: meta-synthesis. *Revista Saúde Pública, 52*(14), 1-13. DOI: https://doi.org/10.11606/s1518-8787.2018052000395.

Banzatto, S. (2021). Os princípios e diretrizes do SUS aplicados em serviço de atenção básica. *Conjecturas, 21*(3), 528-542. DOI: https://doi.org/10.53660/CONJ-151-227.

Branquinho, I. D., & Lanza, F. M. (2018). Child health in primary care: evolution of brazilian policies and nurses performance. *Revista Enfermagem do Centro-Oeste Mineiro, 8*. DOI: https://doi.org/10.19175/recom.v8i0.2753.

Gaiva, M. A., Monteschio, C. A. C., Alves, M. D. S. N., & Salge, A. K. (2018). Avaliação do crescimento e desenvolvimento infantil na consulta de enfermagem. *Avances en Enfermería, 36*(1). DOI: https://doi.org/10.15446/av.enferm.v36n1.62150.

Gomes, J. G., Sousa, M. D., Carvalho, D. P., Silva, F. J., Rodrigues, D. A., & Bezerra, S. T. (2019). Avaliação da adesão às consultas de crescimento e desenvolvimento infantil. *Revista de Enfermagem UFPE Online, 13*(4). DOI: https://doi.org/10.5205/1981-8963-v13i4a238262p1023-1029-2019.

Moraes, E., & Galiazzi, M. C. (2011). *Análise textual discursiva* (3a ed.). Ijuí, RS: Unijuí.

Morosini, M. V., & Fonseca, A. F. (2018). Os agentes comunitários na Atenção Primária à Saúde no Brasil: inventário de conquistas e desafios. *Saúde em Debate*, 42(1), 261-274. DOI: https://doi.org/10.1590/0103-11042018S117.

Nepomuceno, R. C., Barreto, I. V., Frota, A. C., Ribeiro. K. G., Ellery, A. E., Loiola, F. A., & Andrade, L. O. M. (2021). O trabalho dos Agentes Comunitários de Saúde à luz da Teoria Comunidades de Prática. *Ciência & Saúde Coletiva, 26*(5), 1637-1646. DOI: https://doi.org/10.1590/1413-81232021265.04162021.

Perry, H. B. (2018). An extension of the Alma-Ata vision for primary health care in light of twenty-first century evidence and realities.*Gates Open Research, 2*(70). DOI: https://doi.org/10.12688%2Fgatesopenres.12848.1.

Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low, middle and high-income countries: an overview of their history, recent evolution, and current effectiveness. *Annual Review of Public Health, 35*, 399-421. DOI: https://doi.org/10.1146/annurev-publhealth-032013-182354.

Picco, T. M., Baggio, M. A., Hirano, A. R., Caldeira, S., & Ferrari, R. A. P. (2022) Cuidado em saúde à criança na atenção primária em região de fronteira. *Escola Anna Nery, 26*. DOI: https://doi.org/10.1590/2177-9465-EAN-2021-0104.

Riquinho, D. L., Pellini, T. V., Ramos, D. T., Silveira, M. R., & Santos, V. C. F. (2018). O cotidiano de trabalho do agente comunitário de saúde: entre a dificuldade e a potência. *Trabalho, Educação e Saúde, 16*(1), 163-82. DOI: https://doi.org/10.1590/1981-7746-sol00086.

Souza, L. B., Panúncio-Pinto, M. P., & Fiorati, R. C. (2019). Children and adolescents in social vulnerability: well-being, mental health and participation in education. *Cadernos Brasileiros de Terapia Ocupacional, 27*(2), 251-69. DOI: https://doi.org/10.4322/2526-8910.ctoAO1812.

Vieira, C. L., Silva, V. B., Parmejiani, E. P., Cavalcante, D. F. B., Souza, M. H. N., & Stipp, M. A. C. (2022). Community Health Agents and child health care: implications for continuing education. *Revista da Escola de Enfermagem da USP, 56*. DOI: https://doi.org/10.1590/1980-220X-REEUSP-2021-0544.

Zulu, J. M., & Perry, H. B. (2021). Community health workers at the dawn of a new era. *Health Research Policy and Systems, 19*(130). DOI: https://doi.org/10.1186%2Fs12961-021-00761-7.