

Participation and social control: the perspective of the population assisted by a Basic Family Health Unit

Participação e controle social: a perspectiva da população atendida em uma Unidade Básica de Saúde da Família

Participación y control social: una perspectiva de la población atendida en una unidad de salud de la familia

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This is a case study with a qualitative approach with the objective of discussing the conception of participation and social control in health by the population served in a central health unit in the city of Uberaba, MG, Brazil, held in 2015. The study was based on semi-structured interviews and used content analysis for data analysis. Nine users assisted in the area covered by the central unit participated in the study. Three categories were evidenced: *health*, *participation* and *social control*. We observed that the perspective of health is still limited to the biologic model and refers to the goodwill of the State, that is, health is not regarded as a public and universal policy. There was also a lack of knowledge of participatory spaces of democratic control inherent in the health policy.

Descriptors: Health; Social control formal; Community participation.

Trata-se de um estudo de caso, com abordagem qualitativa com o objetivo de discutir a concepção de participação e controle social na saúde pela população atendida em uma unidade matricial de saúde no município de Uberaba, MG, realizada em 2015, a partir de entrevistas semiestruturadas e análise de conteúdo. Participaram nove usuários atendidos pela área de abrangência da unidade matricial. Três categorias foram evidenciadas: *saúde*, *participação* e *controle social*. Constata-se que a perspectiva de saúde ainda é limitada ao modelo biologicista e remete à benemerência estatal, isto é, não é tida como uma política pública e universal, além do desconhecimento dos espaços participativos de controle democrático inerente à política de saúde.

Descritores: Saúde; Controle social formal; Participação da comunidade.

Se trata de un estudio de caso, con enfoque cualitativo con el objetivo de discutir la concepción de participación y control social en la salud por la población atendida en una unidad matricial de salud en el municipio de Uberaba, MG, Brasil, realizada en 2015, a partir de entrevistas semiestruturadas y análisis de contenido. Participaron nueve usuarios atendidos por el área de cobertura de la unidad matricial. Tres categorías fueron evidenciadas: *salud*, *participación* y *control social*. Se constata que la perspectiva de salud aún es limitada al modelo biologicista y remete al mérito estatal, o sea, no es tenida como una política pública y universal, además del desconocimiento de los espacios participativos de control democrático inherente a la política de salud.

Descriptores: Salud; Control social formal; Participación de la comunidad.

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INTRODUCTION

The Federal Constitution (FC) of 1988 represents a historical achievement of the Brazilian society with respect to the broadening and guarantee of rights in the individual and collective scope, such as the social security system in its tripod, health, social security and social assistance. In this tripod, health was considered as a universal right, integrating a network of regional and hierarchical services denominated Social Security System¹.

The design of the SUS arises with the FC of 1988, by article 196, in which health becomes "the right of every citizen and the duty of the State". However, it was only regulated two years later by Law 8,080² of 1990. It should also be pointed out that Law 8,142³ enacted also in 1990 aims to ensure the participation of the community in the management of SUS by means of collective instruments of social control (such as management councils and conferences).

The health policy was the first to use the term social control to refer to the participation of society in the decision-making process in the period of redemocratization of the Brazilian State. In this sense, it was after the Constitutional Charter that social control gained notoriety and started to mean the participation of the population in the proposal, elaboration, implementation, monitoring and inspection of policies⁴.

Thus, the participation of society through organizational forms represents the search for a position of the national State regarding the consolidation of democratic organizations and the strengthening of public spaces, determining a new relationship between the State and civil society. Through these spaces, the population had a greater representation and conditions to clarify the contradictions and conflicts of social life, that is, other ways of expressing its interests and representing its demands before the State.

In this sense, the present study aims to discuss the conception of social participation and social control in health by the population assisted by a central health unit in the city of Uberaba, MG.

METHOD

This is a case study with a qualitative approach based on a semi-structured interview, through a planned script, for the dialogue with the individuals of the research on the theme approached. The theoretical and methodological foundation of this study was based on the critical social theory, from the dialectical historical materialism^{5,6}.

Field research was carried out in a Central Health Unit (CHU) in the city of Uberaba/MG that covers three neighborhoods and therefore has three Family Health Strategy teams. Participants from the three teams were selected. Data collection took place from April to October 2015.

The research was approved by the Research Ethics Committee of the Federal University of the Triângulo Mineiro (UFTM) under Opinion number 1090678. The study were observed the determinations of Resolution 466 of the National Health Council⁷, in which subjects were assured that their participation in this work would occur upon informed consent through their signature of the Consent Term.

Content analysis was the technique used to analyze and interpret the data, to understand the communications of the subjects and the content of their messages that according to Minayo (2008) go beyond the appearances of what is being communicated, beyond the merely descriptive scope, but reaching rather a deeper interpretation⁸.

RESULTS

Nine users assisted by each of the three FHS teams linked to the CHU participated in the study. They emerged as analytical categories during the analysis and interpretation of the data: *health, participation and social control*.

1) Health

When the participants were inquired about their knowledge and conceptions of health policy, all were unanimous in pointing out that the SUS is, or at least should be, a public, universal policy of quality. As shown in the speech:

- If there was no SUS, I think it would be a chaos. We need it; I depend on the unified health system, the SUS. (U 4).

- (...) the SUS for me is worthwhile, for us poor people, we cannot be without it. (U 6).

2) Participation

Regarding the concept of participation, the respondents were not familiar with the term, or presented conceptions with a bias of reductionism and limitation of the participation of society in public spaces:

- *There is a lecture for me, is the participation in that lecture, in any area: the church, the little health unit; there is a mass, I want to participate in the mass; there is a congress of something, let's participate? This is what I understand as participation* (U 6).

- *We are always going to consultations in the SUS, be it any type of need, to seek the SUS, a medicine, or a consultation, a surgery, then we can get these things by participating in the SUS* (U 1).

"Is it group meetings?" Anyway, I'm from the hypertensive group. The girls participate, they come to my house. It's a way for me to participate, for me (U 4).

Most of the time, the meaning of participation is linked to the electoral issue, being restricted to the act of voting and electing a candidate, as can be identified below:

- (...) the elections, it is very important for the person to participate, and the one that you think is the best in politics, you stay by that one; many times you get disappointed, but your participation is important, in choosing that person (U 3).

3) Social Control

Nevertheless, when addressing the category of social control and the spaces of institutional and non-institutional participation that they knew or participated in, it was possible to identify the estrangement and ignorance of the respondents:

- *No, I've never heard about it* (U 2).

"No, the worse is that I do not have much affinity for that name. (U 4)

- (...) *No. No. We hear people speaking about that. In the channel 5, when the councilmen speak. But it's very difficult for me to watch that. I'm not very aware of this news* (U 5).

DISCUSSION

It is possible to perceive that the respondents understand the importance of a 100% public, universal, quality and socially referenced health system, however, they do not have the understanding of the attacks and dismantling that the policy has faced, besides ignoring how the policy works, the levels of health care, and the struggles that have been waged to ensure the effectiveness of SUS.

Furthermore, the idea of social participation is restricted and/or non-existent and often results in the impossibility of entering into spaces of representation, as well as, building forms of struggle and resistance to strengthen the agenda of the population.

Despite the significant advances in Brazilian public health, it is evident that the process of guaranteeing this right, that has been legally established, is an incongruous, because it has faced numerous obstacles in the attempt to be materialized. This is shown in the current scenario where there is disengagement on the part of the State, under-financing, distortions in public spending, the macroeconomic logic of valuing financial capital, the subordination of policy, and the advance of private management models⁹.

However, one of the challenges that is evident when it comes to instances of participation are practices of representation, dialogue with dispersed groups and little organization of society, preventing the advance of a new political culture to be built by the population¹⁰.

One of the ways to achieve and ensure the effectiveness of social policies is through the expansion of democratic processes with the capacity to mobilize and organize civil society, with the creation of participatory political institutions, in the attempt to break up with the patrimonial tradition of State management and clientelist access to public resources.

The respondents stated that they do not know about social control, concerning the capacity of workers have, in their struggle in civil society, to interfere and modify public management, guiding state actions and expenditures, planning, execution and evaluation of social policies, expressing their real demands and the interests of the community.

In the field of health, social control is a pioneer and pointed as one of the main feeders of the formulation of the national health system and fundamental for its democratization¹¹. Participation was institutionalized in Law 8.142/90 through the conferences to propose and evaluate

guidelines for the health policy in the three governmental spheres, through councils that have the same composition among representatives of the segment of users and other segments (public, philanthropic, and private managers and health workers)³.

It was possible to experience changes in the institutional design of the State from mechanisms of political participation (such as councils), changing the relationship between State and society and the process of organization among workers and in social movements. However, the constitution of these mechanisms is not enough to ensure that such changes can effectively direct and transform the structures of power, of sharing and constructing resistance^{12,13}.

Thus, the challenge is even greater when it comes to problematizing the insertion of the population in the health system and in the participatory spaces that can give a new outline for the policy.

As limitations of the study, there is the fact of being carried out in a single locality. Despite of this, the study may raise new research questions and even encourage further in-depth research on the theme.

CONCLUSION

Through this study, we can affirm that although the respondents defend a public health system, there is a lack of knowledge or a narrow and limited view about the participation of society in the public spaces of representation.

It is, therefore, necessary to emphasize the need to advance democracy as a political action that is carried out through participation, beyond the need to expand and strengthen democratic institutions, to incorporate democratic values in human life, a fundamental step for the organization of workers in the face of daily attacks against the rights that have been conquered.

The field of action of democratizing struggles extends to redefine not only the public health system but also the economic, social and cultural practices that can devise a democratic order for society as a whole.

The prevailing question is whether political subjects inside and outside the State

can build strategies of political organization capable of covering the demands of the working class and a universal, public, participatory, decentralized and quality national health system.

Thus, it is reaffirmed the need to broaden the discussions and deepen the actions carried out in the scope of health policy and the organized participation of society in the spaces that discuss health in the country, be it in the local, regional or national sphere, in the perspective of interfering, participating and carrying out social control and directing the struggles in the field of health.

REFERENCES

1. Senado Federal (Brasil). Constituição da República Federativa do Brasil [Internet]. Brasília, DF: Senado Federal; 2016 [cited in Jan 06, 2018]. Available from: https://www2.senado.leg.br/bdsf/bitstream/handle/id/518231/CF88_Livro_EC91_2016.pdf
2. Presidência da República (Brasil). Lei 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências [Internet]. D.O.U., Brasília, DF, 20 set 1990 [cited in Jan 10, 2018]. Available from: http://www.planalto.gov.br/ccivil_03/Leis/L8080.htm
3. Presidência da República (Brasil). Lei 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências [Internet]. D.O.U., Brasília, DF, 31 dez 1990 [cited in Jan 10, 2018]. Available from: http://www.planalto.gov.br/ccivil_03/LEIS/L8142.htm
4. Bravo MIS. Gestão democrática na saúde: o potencial dos conselhos. In: Bravo MIS, Pereira PAP, organizadores. Política social e democracia. São Paulo: Cortez; 2001. p. 43-65.
5. Pires MFC. O materialismo histórico-dialético e a educação. Interface Comun Saúde Educ. [Internet]. 1997 [cited in Jan 10, 2018]; 1(1):83-94. Available from: <http://www.scielo.br/pdf/icse/v1n1/06.pdf>
6. Faemann LA. Teoria social de Marx: conhecimentos e contribuições ao trabalho do assistente social. Serv Soc Rev. [Internet]. 2016

[cited in Jan10, 2018]; 18(2):34-51. Available from: <http://www.uel.br/revistas/uel/index.php/ssrevista/article/view/22804/19101>. DOI: <http://dx.doi.org/10.5433/1679-4842.2016v18n2p34>

7. Conselho Nacional de Saúde (Brasil). Resolução nº 466, de 12 de dezembro de 2012 [Internet]. Brasília, DF: CNS; 2012 [cited in Jan 10, 2018]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html.

8. Minayo MCS, organizadora. Pesquisa social: teoria, método e criatividade. 29ed. Petrópolis, RJ: Vozes; 2010.

9. Bravo MIS, Menezes JSB. Participação popular e controle social na saúde. In: Bravo MIS, Menezes JSB. Saúde na atualidade: por um sistema único de saúde estatal, universal, gratuito e de qualidade. Rio de Janeiro: UERJ; 2011. p. 43-49.

10. Soares RC. Governo Temer e contrarreforma na política de saúde: a inviabilização do SUS. Argumentum [Internet]. 2018 [cited in Jan 10,

2018]; 10(1):24-32. DOI: <https://doi.org/10.18315/argumentum.v10i1.19496>

11. Bravo MIS, Correia MVC. Desafios do controle social na atualidade. Serv Soc Soc. [Internet]. 2012 [cited in Jan 23, 2018]; (109):126-50. DOI: <http://dx.doi.org/10.1590/S0101-66282012000100008>

12. Ferraz ATR. Cenários da participação política no Brasil: os conselhos gestores de políticas públicas. Serv Soc Soc. 2006; 88:59-74.

13. Liporoni AARC. A defesa da saúde pública através dos conselhos municipais de saúde. REFACS [Internet]. 2017 [cited in Jan 08, 2018]; 5(Supl2):335-45. DOI: <https://doi.org/10.18554/refacs.v5i0.2267>

CONTRIBUTIONS

Nathália Moreira Albino participated in the conception and design of the study, data analysis and interpretation, and writing. **Regina Maura Rezende** contributed in the review.

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