

**Knowledge and satisfaction of the users of a primary healthcare unit with regards to health services****Conhecimento e satisfação dos usuários de uma unidade básica sobre os serviços de saúde****Conocimiento y satisfacción de los usuarios de una unidad básica sobre los servicios de salud****Received: 01/11/2019****Approved: 23/04/2020****Published: 15/05/2020****Gilda Mayumi Garcez da Silva Honda<sup>1</sup>****Jéssica Carvalho Lima<sup>2</sup>****Marilita Falangola Accioly<sup>3</sup>****Lislei Jorge Patrizzi Martins<sup>4</sup>****Suraya Gomes Novais Shimano<sup>5</sup>****Isabel Aparecida Porcatti de Walsh<sup>6</sup>**

The aim of this study was to verify the knowledge and satisfaction of the users of a Primary Health Unit in the city of Uberaba, Minas Gerais, about the services of the Unified Health System. This is a quantitative study, carried out in 2015. A semi-structured questionnaire was applied to users waiting for assistance in the waiting room of the unit. 370 users participated, from which 273 (73.8%) were women. Their age varied from 18 to 99 (45.19±16.47) years. The mean satisfaction with services, on a scale from 0 to 10, was 7.26 ± 2.21. The study found that the mean knowledge about the services offered indicated that vaccination (88.4%), prenatal care (81.6%), dental treatments (81.4%), oral health (75.4%), and preventive exams for cervical cancer (74.3%) were the services that participants recognized most frequently. Most were unaware of the service of monitoring to stop smoking (53%). Regarding the assessment of knowledge about the services of the Healthcare Network, only 55.1% gave adequate responses, while 60.8% knew that problems of low complexity and severity could be solved in the Primary Healthcare Unit. Users are informed that the system is universal, free, and that it offers disease prevention actions and health promotion, but they showed difficulty in associating primary healthcare with comprehensive health care.

**Descriptors:** Primary Health Care; Unified Health System; Health Care (Public Health); Family Health Strategy.

Este é um estudo quantitativo, realizado em 2015, com o objetivo de verificar o conhecimento e a satisfação dos usuários de uma Unidade Básica de Saúde do Município de Uberaba, MG sobre os serviços do Sistema Único de Saúde. Foi aplicado um questionário semiestruturado a usuários que aguardavam atendimento na sala de espera. Participaram 370 usuários, sendo 273 (73,8%) mulheres, com idades entre 18 e 99 (45,19±16,47) anos. A média de satisfação com os serviços em uma escala de 0 a 10 foi de 7,26±2,21. A investigação do conhecimento dos participantes sobre os serviços oferecidos pela Unidade Básica de Saúde indicou que vacinação (88,4%), acompanhamento pré-natal (81,6%), tratamento dentário (81,4%), saúde bucal (75,4%) e exame preventivo para câncer de colo de útero (74,3%) foram os mais reconhecidos. A maioria desconhece o serviço de acompanhamento para cessação tabágica (53%). Na avaliação do conhecimento dos serviços da Rede de Atenção à saúde (55,1%) e de que problemas de baixa complexidade e gravidade poderiam ser resolvidos na Unidade Básica, 60,8% responderam adequadamente. Os usuários são esclarecidos quanto: à universalidade e à gratuidade, ações de prevenção de doenças e promoção da saúde, mas demonstraram dificuldade em associar a atenção básica à assistência integral à saúde.

**Descritores:** Atenção Primária à Saúde; Sistema Único de Saúde; Atenção à Saúde; Estratégia de Saúde da Família.

Este es un estudio cuantitativo, realizado en el año 2015, con el objetivo de verificar el conocimiento y la satisfacción de los usuarios de una Unidad Básica de Salud del Municipio de Uberaba, MG, Brasil, sobre los servicios del Sistema Único de Salud. Fue aplicado un cuestionario semiestruturado a usuarios que aguardaban atendimento en la sala de espera. Participaron 370 usuarios, siendo 273 (73,8) mujeres, con edades entre 18 y 99 (45,19±16,47) años. El promedio de satisfacción con los servicios en una escala de 0 a 10 fue de 7,26±2,21. La investigación del conocimiento de los participantes sobre los servicios ofrecidos por la Unidad Básica de Salud indicó que la vacunación (88,4%), acompañamiento prenatal (81,6%), tratamiento dentario (81,4%), salud bucal (75,4%) y examen preventivo para cáncer cervical (74,3%) fueron los más reconocidos. La mayoría desconoce el servicio de acompañamiento para dejar de fumar (53%). En la evaluación del conocimiento de los servicios de la Red de Atención a la Salud (55,1%) y de qué problemas de baja complejidad y gravedad podrían ser resueltos en la Unidad Básica, 60,8% respondieron adecuadamente. Los usuarios están informados sobre la universalidad y la gratuidad, acciones de prevención de enfermedades y promoción de la salud, pero demuestran dificultad en asociar la atención básica a la asistencia integral a la salud.

**Descriptor:** Atención Primaria de Salud; Sistema Único de Salud; Atención a la Salud; Estrategia de Salud Familiar.

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## INTRODUCTION

The organization of the Single Health System (SUS) in of primary, secondary and tertiary care, enables the interconnection of health services, a network that ensures an integrated care for the user. The healthcare network (HN) is designed to meet the needs of different technological densities<sup>1,2</sup>.

In the first level of care, or Primary Health Care (PHC), basic care is provided for the most common health problems. At this level, the health of individuals and families is the focus, in addition to the offering of guidance to the community. Its aim is to address health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, and health maintenance. Therefore, it should be the first contact of the user with de SUS health network, since it provides monitoring and emergency care<sup>1,3</sup>.

The PHC works mainly through the Primary Health Units (UBS) and the family health strategy (FHS). The UBS's are services located in the neighborhoods, close to the users' homes, work, and school. These characteristics guarantee greater access and a wider coverage of the population. These units offer services from basic medical specialties (general practice, pediatrics, and gynecology), dentistry, nursing, vaccination, and essential medications. A BHU can be associated or not to a FHS<sup>3</sup>. The FHS is a multidisciplinary team. The professionals work with the health attention focused on the principles of health surveillance and can offer continuous attention and develop activities of promotion, protection, and recovery<sup>4</sup>.

Health procedures of the secondary healthcare level focus on intermediate technological density, such as radiograms, electrocardiograms, laboratory tests, and observation beds. As with primary care, Emergency Care Units (ECU), the institutions of the secondary level, are also a way to enter in the SUS network. However, these health units aim to deal mostly with urgencies and emergencies<sup>1,5</sup>.

In the tertiary healthcare level, the procedures have a high technological density. They are carried out in a hospital, with actions and services to promote, prevent, and restore health<sup>1,3</sup>. According to the National Hospital Care Policy, access to this level of care is based on demands that originate from other health services, though in some hospital it can come from spontaneous demands<sup>2</sup>. This form of health network organization is unknown by a large part of the population<sup>6</sup>. The users usually seek SUS assistance in the emergency care, not in primary healthcare<sup>7-9</sup>.

This lack of knowledge can lead to an overload of the secondary and tertiary levels<sup>7,10</sup>, compromising the quality of care provided<sup>5</sup> and resulting in a long waiting time and displacement, which are some of the main reasons for dissatisfaction with the SUS<sup>11,12</sup>.

Studies that address the knowledge of users about SUS<sup>6,11</sup>, especially those focused on the organization of the health network, are scarce. Thus, it is necessary to investigate the knowledge that the users of a UBS have on the subject.

The aim of this study was verifying the knowledge and satisfaction of the users of a Primary Health Unit in the Municipality of Uberaba, MG, about services of the SUS.

## METHOD

This is a cross-sectional, exploratory, and analytical study, approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro, under CAAE 45398115.0.0000.5154. The study objectives were presented and explained to the volunteers, who subsequently signed the Free and Informed Consent Form.

The study included users who were being attended at a UBS in the city of Uberaba / MG. This health unit has three FHS teams. This UBS was chosen through convenience, as it is a unit where activities of the Integrated Multidisciplinary Residence in Health (RIMS) of the Federal University of Triângulo Mineiro (UFTM) were carried out.

The sample was determined according to the number of users attended per month. This

information was recorded in the unit's spreadsheets (medical consultations, vaccination, nursing procedures, attendance by the HiperDia groups, psychological, physiotherapeutic, and social assistance). From January to December 2014, an average of  $8.286 \pm 1.411$  procedures was made in the unit.

The sample size calculation was obtained by considering a finite population. The estimate proportion was found using the following formula:  $n = t_{\alpha}^2 * p * q * N / (N - 1) * e^2 + t_{\alpha}^2 * p * q$ , where,  $n$  = sample size to be calculated;  $N$  = size of the population from which the sample is taken;  $p$  = expected percentage of the response variable;  $q = 1 - p$ ;  $e$  = accepted margin of error (usually between 5 and 10%)<sup>13</sup>.

The inclusion criteria selected users of both genders, aged 18 or over, who were at the UBS to receive assistance or were accompanying a family member or acquaintance. Participants who did not complete the interview were excluded.

The interviews were conducted by one resident student. They had an average duration of 10 minutes and took place from June to September 2015. The selection of participants considered only users who occupied the same specific seats in the waiting room, seats that were randomly pre-established by the researcher. A semi-structured questionnaire designed for this research was applied, addressing the following aspects:

- Participant variables (gender, age, place of birth, educational level, income, and occupation);
- Reasons for going to the unit, from among the actions developed in it (medical consultation, HiperDia, smoking group, community therapy, manual work group, exam collection, nursing consultation, vaccine, medicine, wound dressing, and others);
- Whether the user was visited by the FHS;
- Whether the user was aware of the universality and of SUS and that it is a free service (through the questions: are all citizens entitled to SUS services? Can the person be charged for any SUS service?). The answers were classified as right or incorrect/did not know;
- Assessment of knowledge of HN services: situations were cited so that respondents could answer which health services in the municipality to go to, considering the following situations: When one is feeling unwell, for example: vomiting, diarrhea, fever, where should one go to receive care?; When one is suspected of having the dengue fever, where should one go to receive care?; If one feels severe chest pain, shortness of breath, weakness, where should one go to receive care?; When the physician requests a blood test, where can one go to get that test?; When one needs help to stop smoking, where can one go to get help?; When the physician gives one a recipe for medicine, where can one go to get these medicines? If one is bitten by an animal, where should one go to receive care?. It was considered as a positive result when the correct health institution was indicated for each situation. The answers were classified as right and incorrect/did not know;
- Services offered by the UBS: the questions were based on the PCA-Tool questionnaire, validated for Portuguese by Harzheim *et al*<sup>14</sup>, through the question: In this UBS, which of the following services are available? Vaccination, oral health assessment, dental treatment, cervical cancer screening, prenatal care, guidance on how to quit smoking, guidance for home care. The answers were classified as right and incorrect/did not know/does not know;
- Satisfaction with SUS services: the participants gave it a mark from zero to ten, where zero meant not satisfied, and ten meant very satisfied.

Statistical analyzes were conducted using the Statistical Package for the Social Sciences (version 24.0). For the descriptive analysis, nominal and categorical variables were presented in absolute and relative values, and numerical ones were presented by means and standard deviation. An inferential analysis was performed to measure the association between variables, using the Chi-square and Mann-Whitney tests, with a significance level of  $p < 0.05$ .

## RESULTS

385 users were invited to participate in the study, 15 of whom did not complete the interview and were excluded. The age of the 370 respondents ranged from 18 to 99 years (Mean = 45.19; SD = 16.47). The average satisfaction with the SUS was  $7.26 \pm 2.21$ . The characteristics of the sample are described in Table 1.

**Table 1** - Sociodemographic and economic characterization of users, Uberaba/MG, 2015.

Characteristics		n	%%
Gender	Female	273	73.8
	Male	97	26.2
Place of birth	Uberaba	188	50.8
	Minas Gerais	116	31.3
	Southeast/Other regions	66	17.8
Educational level	Less than or equal to seven years	159	43
	8 to 14 years	173	46.8
	Greater than or equal to 15 years	38	10.3
Occupation	Not working (unemployed/ housework/ retired/ students)	188	50.8
	Maids/cooks	15	18.5
	Professions related to education or college education not related to the health field	43	11.6
	Personal care and aesthetics professions/attendants	37	10.0
	Manual workers	12	3.2
	College/technical education professionals related to health	24	6.5
	Freelancers or entrepreneurs	51	13.8
	Monthly income in minimum wages *	Less than or equal to three minimum wages	283
	More than three minimum wages	87	23.5
Follow up by the FHS	Yes	209	56.5
	No	161	43.5
Main reason for going to the UBS	Medical consultation/exam collection	297	80.3
	Accompanying family or acquaintance	39	10.5
	Nursing consultations	37	9.2

\* Minimum wage in Brazil in 2015: R\$ 724,00

The results referring to the analysis of sociodemographic/economic factors, monitoring by the FHS, satisfaction with the SUS, knowledge about universality of the SUS, about the fact that SUS is a free service, and about services offered by UBSs and the HN, are in tables 2 and 3.

Only 24 (6.5%) respondents were incorrect/did not know how to answer about the universality of SUS. This variable showed a statistically significant association with monthly income ( $p = 0.021$ ), indicating a greater number of errors for those who earn less than three minimum wages and. It was also significantly associated with age ( $p = 0.036$ ), indicating a greater number of errors among older people.

As for the question "can the person be charged for SUS care", 18 (4.9%) respondents said yes, or reported not knowing.

The investigation of the participants' knowledge about the services offered by the UBSs indicated that vaccination (88.4% of correct answers), prenatal monitoring (81.6% of correct answers), dental treatment (81.4%), oral health (75.4%), and preventive exams for cervical cancer (74.3%) were the most recognized procedures. However, most respondents are unaware of the smoking cessation monitoring service (47% of correct answers).

Women had more correct responses for vaccination ( $p = 0.004$ ), prenatal care ( $p = 0.001$ ), oral health ( $p = 0.002$ ), dental treatment ( $p = 0.003$ ), and preventive exam for cervical cancer ( $p = 0.001$ ). The users most satisfied with SUS recognized vaccination ( $p = 0.038$ ) and home care assistance ( $p = 0.005$ ).

Users monitored by the FHS had a higher number of correct answers for the preventive exam for cervical cancer ( $p = 0.038$ ), the monitoring service for smoking cessation ( $p = 0.008$ ), oral health ( $p = 0.04$ ), and dental treatment ( $p = 0.001$ ).

In assessing the knowledge of the HN services, it was found that, in situations that require low complexity and severity healthcare, most participants (55.1%) responded adequately that these could be resolved at the UBSs. In the case of suspected dengue fever, only 39.2% cited the UBSs as an adequate service to go to. When asked about diseases that require more complex care, as well as in the case of animal bites, 68.7% and 60.8%, respectively, responded adequately that they should go to the ECU.

Older participants had more knowledge about low complexity emergencies ( $p = 0.001$ ) and dengue fever ( $p = 0.002$ ), while younger ones knew more about complex emergencies (0.017) and animal bites (0.001). Users monitored by the FHS had a higher number of correct answers for the low complexity emergency ( $p = 0.017$ ).

Educational level was not significantly associated with any of the variables analyzed.

Table 2. Socioeconomic variables, monitoring by the FHS, and users' knowledge about SUS, the services offered by UBS and by the HN. Uberaba/MG, 2015

Variables		Gender			Monthly income			Monitoring by the FHS		
		Female	Male	p	<3 Minimum wages	≥3 Minimum wages	p	Yes	No	p
		n	n		n	n		n	n	
<b>KNOWLEDGE ABOUT SUS</b>										
SUS universality	Correct	255	91	0.889	260	86	<b>0.021*</b>	195	151	0.850
	Incorrect/Did not know	18	6		23	1		14	10	
SUS services are free	Correct	262	90	0.210	268	84	0.483	201	151	0.291
	Incorrect/Did not know	11	7		15	3		8	10	
<b>KNOWLEDGE ABOUT UBS SERVICES</b>										
Vaccination	Correct	249	78	<b>0.004*</b>	253	74	0.269	189	138	0.160
	Incorrect/Did not know	24	19		30	13		20	23	
Oral health	Correct	217	62	<b>0.002*</b>	218	61	0.190	166	113	<b>0.041*</b>
	Incorrect/Did not know	56	35		65	26		43	48	
Oral treatment	Correct	232	69	<b>0.003*</b>	234	67	0.235	182	119	<b>0.001*</b>
	Incorrect/Did not know	41	28		49	20		27	42	
Prevention of cervical cancer	Correct	235	40	<b>0.001*</b>	212	63	0.641	164	111	<b>0.038*</b>
	Incorrect/Did not know	38	57		71	24		45	50	
Smoking cessation program	Correct	128	46	0.928	136	38	0.474	111	63	<b>0.008*</b>
	Incorrect/Did not know	145	51		147	49		98	98	
Prenatal	Correct	237	65	<b>0.001*</b>	234	68	0.341	173	129	0.514
	Incorrect/Did not know	36	32		49	19		36	32	
Home care orientations	Correct	148	53	0.942	153	48	0.856	118	83	0.348
	Incorrect	125	44		130	39		91	78	
<b>KNOWLEDGE ABOUT HN SERVICES</b>										
Low complexity urgency	Correct	145	59	0.190	157	47	0.812	123	81	<b>0.017*</b>
	Incorrect/Did not know	128	38		126	40		86	80	
Suspicion of dengue fever	Correct	101	44	0.147	111	34	0.981	93	52	0.091
	Incorrect/Did not know	172	53		172	53		116	109	
Urgencies of higher complexity	Correct	186	68	0.719	189	65	0.163	136	118	0.506
	Incorrect/Did not know	87	29		94	22		73	43	
Animal bites	Correct	169	56	0.470	166	59	0.126	124	101	0.160
	Incorrect/Did not know	104	41		117	28		85	60	

Chi-square test (p&lt;0.05)

**Table 3** - Age and level of satisfaction with SUS and users' knowledge about SUS and the services offered by UBSs and the HN. Uberaba/MG, 2015.

Variables		Age		Satisfaction with SUS		Total
		M±SD	p	M±SD	p	
<b>KNOWLEDGE ABOUT SUS</b>						
SUS universality	Correct	44.83±16.35	<b>0.036**</b>	7.28±2.21	0.255	354
	Incorrect/Did not know	53.19±17.56		6.75±2.29		16
SUS services are free	Correct	45.01±16.41	0.199	7.23±2.21	0.432	360
	Incorrect/Did not know	51.60±18.31		6.85±2.142		10
<b>KNOWLEDGE OF UBS SERVICES</b>						
Vaccination	Correct	45.32±16.58	0.692	7.35±2.18	<b>0.038**</b>	327
	Incorrect/Did not know	44.16±15.81		6.62±2.37		43
Oral health assessment	Correct	46.06 ±16.970	0.110	7.35 ±2.17	0.165	279
	Incorrect/Did not know	42.52 ±14.60		6.98 ±2.30		91
Oral treatment	Correct	45.14 ±16.45	0.982	7.25 ±2.24	0.859	301
	Incorrect/Did not know	45.41 ±16.70		7.29 ±2.07		69
Cervical cancer preventive exam	Correct	44.99 ±16.35	0.752	7.29 ±2.22	0.575	275
	Incorrect/Did not know	45.78 ±16.90		7.19 ±2.81		95
Smoking cessation	Correct	45.57 ±16.01	0.611	7.34 ±2.32	0.362	174
	Incorrect/Did not know	44.58 ±16.90		7.19 ±2.11		196
Prenatal	Correct	45.48 ±16.35	0.356	7.22 ±2.22	0.404	302
	Incorrect/Did not know	43.88 ±17.07		7.46 ±2.18		68
Home care orientation	Correct	44.18 ±16.57	0.180	7.54 ±2.10	<b>0.005**</b>	302
	Incorrect/Did not know	43.63 ±17.16		6.93 ±2.294		68
<b>KNOWLEDGE ABOUT THE HN</b>						
Low complexity emergencies	Correct	48.15 ±17.39	<b>0.001**</b>	7.316 ±2.25	0.512	196
	Incorrect/Did not know	41.85 ±14.73		7.21 ±2.17		174
Suspicion of dengue	Correct	48.57 ±16.38	<b>0.002**</b>	7.53 ±2.18	0.777	143
	Incorrect/Did not know	43.06 ±16.20		7.09 ±2.21		227
Urgency of greater complexity	Correct	43.9 ±15.78	<b>0.017**</b>	7.34 ±2.23	0.134	270
	Incorrect/Did not know	48.67 ±17.82		7.05 ±2.15		100
Animal bite	Correct	42.82 ±16.02	<b>0.001**</b>	7.22 ±2,4	0.774	232
	Incorrect/Did not know	49.17 ±16.51		7.32 ±2.16		138

\*\* Mann-Whitney test (p&lt;0.05).

## DISCUSSION

In the present study, most respondents were women (73.8%). The predominance of the female gender in health services is similar to that of other studies<sup>14-17</sup>, both in private and public health systems<sup>18</sup>. The same is true in emergency care units<sup>7,10</sup>. Although men have higher rates of morbidity and mortality, they are more resistant to seeking primary care assistance. This can be because health policies aimed at men's health, such as the National Policy for Integral Attention to Men's Health, by the Ministry of Health<sup>19</sup>, are more recent<sup>20</sup>. In addition, men tend to feel healthier than women<sup>21</sup>, which calls attention to the image of virility and strength reinforced in our society<sup>17</sup>. Thus, the fact that women use more health services than men corroborates another study, which treats them as important protagonists in health care<sup>22</sup>.

The monthly income of most participants (70.3%) was less than three minimum wages, the same result found in a study that interviewed users of a Family Health Center in Sobral/CE. This study found that the monthly income of its participants was below two minimum wages<sup>15</sup>. Another study, which interviewed HiperDia users in the municipality of Teixeira/MG, found a *per capita* income lower than or equal to half a minimum wage, putting its users below the poverty line<sup>16</sup>. A study with a representative sample of houses in the country found that there is a reduction in the use of SUS health services with increased income, possibly due to the fact that users with greater purchasing power have more access to private health plans<sup>23</sup>.

Regarding their educational level, 46.8% had 8-14 years of study, and only 10.3% had 15 years or more. The same occurred in other studies carried out in primary health care<sup>15,18</sup> and in emergency care units<sup>22</sup>. The educational level is lower among SUS exclusive users, compared to the population that has access to the private health network<sup>24</sup>. This information was also confirmed by a study that observed that there is a decreasing number of SUS usage with the increase in education, even though this difference is decreasing when compared to the years 2003 and 2008<sup>23</sup>.

More than half of participants (50,8%) were retirees, housewives, students or unemployed. The prevalence of users without work when using the BHU services was also identified by other investigations<sup>16,18</sup>. This could be because such units operate during business hours, meaning that there are more accessible for the unemployed.

The fact that retirees and pensioners do not carry out formal work activities and, therefore, are not limited to a pre-established time framework, is a positive factor for them to seek assistance, since their time tables are more flexible. Contracted workers, on the other hand, need to work at specific times, which regularly coincide with UBSs working hours<sup>17</sup>. Considering this situation, it is worth emphasizing the importance of health services having more flexible working hours, which would facilitate access for workers<sup>8,17,20</sup>.

Similar to other studies<sup>8,22</sup>, medical consultations and the collection of exams (72.1%) were the main reasons for going to the UBSs. This may indicate that, due to the historical health context that still influences the population today, the UBS demands still revolve around physicians<sup>25</sup>. The UBS should be the first reference of formal support sought by the population, not only for the treatment of diseases, but also for health promotion and disease prevention, and for the search for guidance and information that can be provided by the professionals who work there.

Some of the basic concepts of the SUS seem to be known by the participants. Only 6.5% were incorrect or did not know how to answer whether the SUS is a constitutional right of all citizens and 4.9% were incorrect or did not know about the fact that it is entirely free of charge. Another study, which used a semi-structured interview technique, also reported that users recognized these guidelines<sup>11</sup>. However, another study, which also used a semi-structured questionnaire, found that most users did not know how to define the SUS<sup>6</sup>. In these investigations<sup>6,11</sup>, the questions asked during the research were not available, thus, the methodology used might have interfered in the responses of participants. In the present study,

direct questions were asked regarding this matter, with the answer options “yes”, “no” or “I don't know”, which may have made it easier to respond.

Among respondents who did not know that the use of SUS is a right, there was a prevalence of older users ( $p < 0.036$ ). It must be considered that they went through stages in the country's history when the public health service was not universal.

The investigation of participants' knowledge about the services offered by the unit indicated that vaccination, prenatal care, dental treatment, oral health, and preventive examination of cervical cancer were recognized by most respondents. The same was verified in cities in the state of São Paulo<sup>26</sup>.

Women significantly recognized more services offered than men. This may be because women use health services more frequently, thanks to the role of caregivers they assume in our society<sup>20,27</sup>.

Only 47% of respondents knew about the monitoring service for smoking cessation, while another study found that 59.1% of its respondents knew about it<sup>26</sup>. It is worth mentioning that users monitored by the FHS showed greater knowledge about this service ( $p < 0.008$ ). From this perspective, a study that evaluated the prevalence of health promotion programs in Brazil found that 54.4% of UBSs have a smoking cessation program, while counseling groups are carried out by 66.2% of them<sup>28</sup>. These results indicate the need for greater disclosure of tobacco control programs offered by SUS.

In the present study, being accompanied by FHS follow-up services also implied greater knowledge about the cervical cancer preventive exam services ( $p < 0.038$ ), oral health ( $p < 0.041$ ), and dental treatment ( $p < 0.001$ ). However, these users were expected to have greater knowledge not only in these fields, but in all the variables analyzed, since the FHS was instituted to consolidate primary care and expand its impact on the health situation of users and communities<sup>4</sup>.

The functioning of the HN is still not well understood among users, since the care of low complexity emergencies by the UBSs was recognized by little more over half (55.1%) the interviewees. This fact shows that the biomedical model with curative actions continues to be present in the perception of users<sup>29</sup>. Older users recognized this service better ( $p < 0.001$ ).

In the case of disease situations that require more complex care, the interviewees seem to assimilate better that the care should be provided by an ECU (68.7% of correct answers). In this setting, younger users showed greater knowledge ( $p < 0.001$ ). The fact that older users mistakenly report that they should go to UBSs in high-complexity urgent cases indicates that there is a tendency for users to associate this institution with all health demands.

These results may indicate that older people may be using the UBSs more, either due to their greater availability of time, because the unit favors the population outside the economically active age group, because of their stronger need for assistance, or even for prevention and promotion actions. In this sense, the opening hours of health services can be interpreted as an institutional barrier<sup>17</sup>, as it is incompatible with the time available for the population in the formal work market. Access is a mandatory requirement for primary care to become a gateway to the health system and requires the elimination of financial, geographical, organizational, and cultural barriers<sup>30</sup>.

The fact that 44.9% of users are unaware that they should seek the UBSs in the case of low complexity emergencies, and that this number is 60.8% regarding suspicions of dengue fever, can lead to an overload in emergency services or hospitals. Many cases that reach the technological density of secondary<sup>8,9</sup> and tertiary<sup>10</sup> levels, could be solved in the UBSs, showing that the population needs better guidance. Studies have found users who have a relationship to emergency services and discredit the resolution capacity of non-emergency services. Their justification is that non-emergency services would offer slow assistance, with consultations that are not scheduled for the same day<sup>8,31</sup>. Another important point to be considered is that

there those who exclusively use the SUS and those with health insurances have different beliefs. The latter seek secondary and tertiary health services more often than they do primary ones<sup>24</sup>.

The National Emergency Care Policy<sup>5</sup> indicates that primary health care services must attend urgency demands of low complexity and severity, since the primary health care network already offers follow-up services to the user, meaning that its health professionals already know their history and are able to offer a fast and quality service. When emergency services accept demands that could be resolved at another level of care, they get overcrowded and compromise the assistance that should be provided to the population.

A study indicates that the low educational level presented by SUS users can influence the choice for primary health care or emergency care<sup>27</sup>. However, in the present study, this was not verified, since there were no significant differences in this aspect.

Although the average satisfaction with SUS services was not low ( $7.26 \pm 2.21$ ), it was not related to income, age, or education. Other studies<sup>18,30</sup> did not find associations between the interviewees' satisfaction and their educational level. One study found that the evaluation of services became better with age<sup>18</sup>, and another suggested that a high satisfaction with public health services was related to the resignation and fatalism of low-income social classes. However, even in populations with greater purchasing power and higher education, feelings of fragility and illness positively affected the evaluation of the care received<sup>32</sup>.

It could be inferred that more satisfied users had greater knowledge about SUS, since they know how to make better use of health services. However, in the present study, among all the variables studied, more satisfied users only significantly recognized the vaccine and home care service.

## CONCLUSION

Most users are informed about the universality of the SUS and of the fact that its services are free. Although the HN and many disease prevention and health promotion actions in the UBSs are recognized by users, they often do not associate low-complexity emergencies to this level of care.

It is important to inform the population better, especially regarding the demands of the UBSs, since they should be the preferred gateway and communication center of users with the HN. In addition, this service must be able to solve most of the population's health problems and/or mitigate the damage and suffering these issues cause. The service should also be responsible for the responses, even if these are offered in other points of the assistance in the health network.

As a limitation, the present study was performed in only one UBS, in a single municipality, preventing the generalization of its findings. Further studies should be carried out to complement the information found. On the other hand, the results found are consistent with the local reality, offering possibilities to understand the daily demands of this UBS, regarding the knowledge of users about the services of the SUS.

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#### CONTRIBUTIONS

**Gilda Mayumi Garcez da Silva Honda** and **Isabel Aparecida Porcatti de Walsh** contributed to the conception, design, analysis and interpretation of data, writing and revision. **Jéssica Carvalho Lima**, **Marilita Falangola Accioly**, **Lislei Jorge Patrizzi Martins** and **Suraya Gomes Novais Shimano** participated in data interpretation, writing and review.

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