

Search for care in public emergency services by the female population
Busca por cuidado em pronto atendimento público pela população feminina
Búsqueda de atención en servicios públicos de emergencia por parte de la población femenina

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This research aimed to describe the search for care in emergency rooms at a public hospital by women and their relationship with primary health care. This is a study with a quantitative approach of the descriptive-transversal type, developed in a municipality in the interior of the Brazilian Midwest region, in 2016, with 181 women. Descriptive analysis of data was performed. The socio-demographic profile stood out: age group between 36 and 59 years old (38.1%), married (49.8%), complete high school education (27.1%) and income below two minimum wages (39,7%), claimed to seek hospital emergency care for clinical manifestations related to infectious diseases (23.2%), it was not the first time they sought care at this institution (84.5%) and had not sought care on another healthc (64.1%). Among those who sought another health service before looking for a hospital, the majority (81.6%) reported having sought a basic health unit The effective systematization of the public health care network is important to outline more concrete care practices and qualified.

Descriptors: Public Health; Women; Health Services Accessibility.

Esta pesquisa teve como objetivo descrever a busca por cuidado em um pronto atendimento de um hospital público por mulheres e a sua relação com o atendimento na atenção básica em saúde. Este é um estudo de abordagem quantitativa do tipo descritivo-transversal, desenvolvido em um município no interior do Centro-Oeste brasileiro, em 2016, com 181 mulheres. Realizou-se análise descritiva dos dados. O perfil sócio demográfico destacou-se: faixa etária entre 36 e 59 anos de idade (38,1%), casadas (49,8%), ensino médio completo (27,1%) e renda menor que dois salários mínimos (39,7%), afirmaram procurar o pronto atendimento hospitalar por manifestações clínicas relacionadas a doenças infecciosas (23,2%), não era a primeira vez que buscava por atendimento nessa instituição (84,5%) e que antes de buscar pelo pronto atendimento não esteve em outro serviço de saúde (64,1%). Dentre as que buscaram outro serviço de saúde antes de procurar o hospital, a maioria (81,6%) relatou ter buscado a unidade básica de saúde A efetiva sistematização da rede de atenção à saúde pública se faz importante para delinear práticas de cuidado mais concretas e qualificadas.

Descritores: Saúde Pública; Mulheres; Acesso aos Serviços de Saúde.

Esta investigación tuvo como objetivo describir la búsqueda de atención de emergencia en un hospital público por parte de las mujeres y su relación con la atención básica en salud. Este es un estudio de enfoque cuantitativo de tipo descriptivo-transversal, desarrollado en una ciudad del interior del Centro-Oeste brasileño, en 2016, con 181 mujeres. Se realizó un análisis descriptivo de los datos. Se destacó el perfil sociodemográfico: grupo de edad entre 36 y 59 años (38,1%), casadas (49,8%), escuela secundaria completa (27,1%) e ingresos inferiores a dos salarios mínimos (39,7%), afirmaron buscar atención hospitalaria para manifestaciones clínicas relacionadas con enfermedades infecciosas (23,2%), no era la primera vez que buscaba atención en esta institución (84,5%) y que antes de buscar atención no estuvo en otro servicio de salud (64,1%). Entre las que buscaron otro servicio de salud antes de buscar atención hospitalaria, la mayoría (81,6%) declaró haber buscado la Unidad Básica de Salud. La sistematización efectiva de la red de atención a la salud pública es importante para diseñar prácticas de atención más concretas y cualificadas.

Descriptoros: Salud Pública; Mujeres; Accesibilidad a los Servicios de Salud.

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INTRODUCTION

The historical trajectory shows that women seek health care more effectively than men. The fact arises from a socio-cultural construction that assigns different roles to men and women within society, according to customs of each place, people's daily experience, as well as the way life is organized¹.

The concept of care needs to overcome the traditional perspective and seek to meet the individual's real needs, expanding therapies, relieving suffering and promoting well-being². And, in general, public health services are sought after spaces when care is needed.

With a view to this growth, in 1984 the Ministry of Health developed the Program of Comprehensive Assistance to Women's Health (*Programa de Assistência Integral à Saúde da Mulher - PAISM*), a milestone for the female population. The hospital information system of the national public network points out that the highest rate of hospitalization is commonly given by women³, data that refer to the need to strengthen programs and actions aimed at women's health care.

Comprehensive health care for women refers to the set of health promotion, protection, assistance and recovery actions carried out at different levels of health care, namely: primary, secondary and tertiary. In the primary, are the Basic Health Units (BHU) and the Family Health Strategy (FHS), considered the "gateway" to the Unified Health System (*Sistema Único de Saúde - SUS*), in which examinations are scheduled and performed, as well as procedures of less complexity and consultations⁴. The secondary is understood as medium complexity, such as the Emergency Care Units and School Hospitals, which offer some intervention procedures, as well as treatments for chronic and acute illnesses. And the tertiary is considered to be highly complex and includes large hospitals, which have a larger medical-hospital structure and where more invasive maneuvers are performed⁴.

Access to SUS health services has been a problem studied by several areas of public health. It is known that there is a deficiency in supply/demand for these services across the country. This difficulty is directly related to overcrowding of units of greater complexity, usually with demands that could be solved in units that take advantage of light or light-hard technologies, however, the failure to meet the real health needs in the BHU makes the population seek the hospital⁵.

Considering the above, the study seeks to answer the following questions: *What is the socio-demographic profile of women who seek care in the emergency department of a public hospital?* and *What is the relationship between the use of an emergency room in a public hospital and primary care?*. Thus, this study aims to describe the search for care in an emergency department of a public hospital by women and its relationship with primary health care.

METHOD

This is a descriptive-transversal quantitative study, part of a matrix research, in which a database was built with information from structured questionnaires answered by users of public health services.

The questionnaires prepared by the researchers were applied during the months of April and May of 2016, on consecutive days and in three periods (morning, afternoon and evening) in a municipal public hospital in Tangará da Serra, in the state of Mato Grosso. To ensure methodological rigor of the database, the questionnaires were double-typed with data pairing.

This study included women who answered the structured questionnaire. The following variables of interest were collected: 1) Sociodemographic: age group, gender, education, marital status and family income; 2) Related to primary care: if it is registered in a BHU; if you receive home visits from BHU professionals and how often; frequency of the unit in which it is registered; if you participate in any activity carried out at BHU; if you are being treated for any chronic illness by SUS and if you had difficulty scheduling appointments with SUS; 3) Related

to hospital care: reason for looking for hospital emergency care; if it was the first time you searched for the place; before going to the hospital, had you looked for another service and which service was sought.

Data analysis was performed using statistical software, using descriptive analysis of results, presented through relative and absolute frequencies.

The matrix project entitled "*Experience of seeking care for users of public health services in Tangará da Serra, Mato Grosso*" was approved by the Ethics Committee on Research with Human Beings of the Universidade do Estado do Mato Grosso, under filling no. 1,328,397, of November 18, 2015.

RESULTS

Of the 181 participants, most were between 36 and 59 years old (38.1%), married (49.8%), completed high school (27.1%) and had an income below two minimum wages (39.7%) (Table 1).

Table 1. Women according to their demographic characteristics. Tangará da Serra, Mato Grosso, 2017.

Variables	Frequency (n)	Percentage (%)
Age group		
18 – 24 years	57	31.5
25 – 35 years	55	30.4
36 – 59 years	69	38.1
Marital status		
Married	90	49.8
Single	58	32.0
Divorced	10	5.5
Civil union	10	5.5
Widowed	03	1.7
No information	10	5.5
Educational level		
Did not study	03	1.7
Can read and write	03	1.7
Incomplete elementary education	37	20.4
Complete elementary education	21	11.6
Incomplete high school education	31	17.1
Complete high school education	49	27.1
Incomplete higher education	23	12.7
Complete higher education	11	6.0
No information	03	1.7
Family income		
Does not know	03	1.7
< 1 minimum wage	47	26.0
< 2 minimum wages	72	39.7
< 3 minimum wages	42	23.2
> 4 minimum wages	07	3.9
No information	10	5.5
TOTAL	181	100.0

Most women said they sought hospital emergency care for clinical manifestations related to infectious diseases (23.2%), it was not the first time they sought care at this institution (84.5%) and, before seeking emergency care, had not gone to another health service (64.1%). Among those who sought another health service before looking for the hospital, the majority (81.6%) reported having sought the BHU (Table 2).

Table 2. Women according to care received in emergency care. Tangará da Serra, Mato Grosso, 2017.

Variable	Frequency (n)	Percentage (%)
Reasons for looking for hospital medical care		
Infectious illness	42	23.2
Digestive/gastrointestinal illness	23	12.7
Other(allergies, toothache, and others)	22	12.2
Musculoskeletal algia	16	8.8
Respiratory illness	15	8.2
External causes	14	7.7
Pregnancy/childbirth/puerperium	14	7.7
Kidney/genitourinary illness	13	7.2
Cardiovascular diseases	13	7.2
Forwarded by BHU	4	2.2
Mental disorders	2	1.1
Neoplasms	1	0.6
Skin alterations	1	0.6
No information	1	0.6
1st time in hospital		
Yes	28	15.5
No	153	84.5
Looked for another service before coming to hospital		
Yes	65	35.9
No	116	64.1
TOTAL	181	100.0

Most reported being registered in a BHU (89.5%), receiving home visits (63.0%), not participating in any activity promoted by primary health care (96.6%), not undergoing treatment for chronic diseases (79.6%) and have no difficulty in scheduling an appointment with SUS (52.0%). Most registered participants attend BHU once every six months (40.3%) (Table 3).

Table 3. Women according to primary care. Tangará da Serra, Mato Grosso, 2017.

Variable	Frequency (n)	Percentage (%)
Is registered at BHU		
Yes	162	89.5
No	17	9.4
No information	2	1.1
Receives home visits from someone at BHU		
Yes	102	63.0
No	57	35.1
No information	3	1.9
With which frequency goes to the BHU		
Daily	2	1.1
Once a week	9	5.0
Once a month	48	26.5
Once every six months	73	40.3
Never went to before	13	7.2
Rarely	11	6.1
No information	25	13.8
Participate in any activity at BHU		
Yes	3	1.7
No	175	96.6
No information	3	1.7
In treatment for any chronic illnesses at SUS		
Yes	36	19.8
No	144	79.6
No information	1	0.6
Had any difficulties in scheduling an appointment with SUS		
Yes	79	43.6
No	94	52.0
No information	8	4.4
TOTAL	181	100.0

DISCUSSION

With regard to marital status, another research on the characterization of the profile of clinical emergencies in emergency care is in accordance with the data shown here, in which most women were married⁶.

Differences were found in regards to age group, with age between 19 and 25 years prevailing in another survey⁷, that is, the greatest demand for emergency care was given by the young adult public. It is likely that the fact may be related to the customs of each region in the country, to the experiences of individuals who seek health care, and also to the way in which health services are organized to serve the population.

A survey carried out by the Ministry of Health in partnership with the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística - IBGE*) addressed the percentage of Brazilians who have public health services as a reference and revealed that 41.4% of the population seeking these services have only incomplete elementary education⁸.

In research on the degree of satisfaction of users of health services regarding care, it also showed that most individuals had low income⁹. This fact emphasizes that the economic situation and other sociodemographic characteristics are important determinants for the use of public health services.

Currently, some causes of female morbidity and mortality are prevalent in the country, such as circulatory system illnesses and neoplasms, which represent the second largest proportion of deaths in women, especially breast cancer and cervical cancer¹⁰. However, infectious diseases still appear, according to the findings of this investigation, as the main reason that lead women to seek hospital emergency care.

Possibly, infectious diseases may be related to living conditions and daily habits of women and families in the context of the study, such as poor housing, food and hygiene. In addition, at the time of data collection, there was a seasonality of Zika virus, which also affected the municipality surveyed.

Among actions and services taken nationally to fight the virus, the highlight is the preventive measures and the fight against the transmitting mosquito, especially in view of the possibility of infection of the female population of childbearing age, and the association between microcephaly and exposure to the virus during pregnancy¹⁰. Thus, the adoption of assertive preventive measures and combating the transmitting vector is correlated with the subjects' life conditions and habits.

When declaring that it was not the first time that they sought hospital care, they emphasized the health needs of this population and the preference for this level of care, when reporting mostly that they had not been to another health service before moving to hospital emergency care. A survey carried out in the United States showed an 18.4% increase in visits to emergencies, exceeding the population growth in that country, in line with the data presented here, in which there is still a demand for acute and unscheduled care¹¹. In some regions of Brazil, such as the one in the present study, these demands may not be being adequately absorbed by Primary Health Care (PHC).

SUS managers should not only focus on the provision of services, but on strategies for the population to actually seek preventive services and for them to be resolved based on collective and individual needs¹². For this, it is necessary to know the characteristics and needs of the subjects who demand care, not only linked to pathologies, but also those related to living conditions, their relations with the community and health services, and perceptions of how they conceive and give meaning to the health-disease process.

In this regard, an investigation pointed to reception and risk classification in urgent/emergency services, highlighting that patients with chronic or less complex problems should be seen in primary care units but, for several reasons such as difficulty of access, absence of health professionals, inputs, among others, end up seeking emergency care¹³.

When women seek health care services of greater complexity, there is congestion in the hospital demand for causes that could easily be resolved in primary care units. A reality that could be applied in the context of this investigation and in similar scenarios.

Regarding the variables that show hospital care to the detriment of primary care, it can be justified by the fact that they are not registered in a BHU and, therefore, do not participate in any activity offered by PHC, as well as not undergoing any treatment for chronic diseases, attending the unit every six months.

A research that corroborates this scenario showed that women had difficulties in accessing the BHU due to its organization, which establishes rules for scheduling appointments due to lack of vacancies, difficulties in communication between women and health workers and also due to the scarcity educational activities, justifying the low frequency, and not approaching and effective participation in the USF¹⁴.

The women participating in this study do not undergo treatment for chronic diseases due to the absence of any installed chronic condition. In contrast, another survey on the main characteristics of PHC health users in Brazil indicated that most of the participating individuals had chronic diseases, with cardiovascular diseases being the most prevalent¹⁵.

In caring for users of health services, in addition to chronic diseases, it is necessary to overcome the fragmentation of health care and management and improve the institutional political functioning of SUS, with a view to ensuring the individual with the set of actions and services he needs with effectiveness and efficiency offered to this target audience¹⁶.

The FHS is the main organization and expansion of Primary Health Care (PHC), as it is the point of care with the greatest capillarity and potential to identify the health needs of the population and carry out the stratification of risks that will subsidize the organization of care throughout the net. It is also responsible for carrying out actions to promote and protect health, prevent injuries, diagnosis, treatment, rehabilitation, harm reduction and health maintenance. In addition, the organization of the work process offered by the FHS takes place through the reception and activation of internal, external and multidisciplinary networks¹⁷.

In turn, health education in PHC is a powerful device to stimulate self-care, changing attitudes and the use of services as well as care seeking behaviors¹⁸. The collectivity generates active subjects and space in which people can overcome their difficulties and obtain greater autonomy, and also strengthen the relationship between the multidisciplinary team and the user, strengthening the bond and the therapeutic alliance^{17,18}.

Therefore, PHC, as the main gateway to the SUS, should encompass a set of services that meet the needs of the female population and be effectively effective. However, weaknesses are still found in this context, as pointed out here.

CONCLUSION

Participants sought the hospital for clinical manifestations related to infectious diseases, it was not the first time that they sought care at this service and most did not seek another health service before looking for hospital emergency care.

Despite the majority being registered in a BHU and receiving home visits, women do not participate in any type of activity in primary care, do not undergo treatment for chronic diseases and have no difficulty in scheduling appointments with SUS, seeking the BHU once every six months.

It is noted the importance of implementing strategies for a greater female demand for care in the BHU and a link in primary care by this population, avoiding great demands for secondary and tertiary health services.

The cross-sectional design is pointed out as limitations of the study, which does not allow identification of causal relationships between variables. In addition to the non-use of validated questionnaires, however, the questionnaires were constructed by the researchers to

investigate local and specific demands of the studied population and met the objectives of this investigation.

Conducting research that contemplates the theme addressed here is essential to know the profile of the female population served in public services, providing solid data for creating actions that strengthen the bond of women with primary health care, reducing overcrowding at other levels public health care.

It is also suggested to carry out further studies on the subject, given that health services and their managers are constantly changing. The development and maintenance of strategies for the proper functioning of the public health network and its levels of care are encouraged, to serve the female population in the country.

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CONTRIBUTIONS

Thais Renata Ribeiro de Souza participated in the conception, collection and analysis of data and writing. **Denize Jussara Rupolo Dall'Agnol**, **Pollyanna de Siqueira Queirós** and **Helga Yuri Doi** participated in the writing and review. **Raiane Rocha Xavier** was responsible for data collection and analysis. **Daniela do Carmo Oliveira Mendes** contributed to the design, collection and analysis of data, writing and review.

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