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Original article

Path of persons with disabilities to family health unit

Trajeto de pessoas com deficiência à unidade de saúde da família

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RESUMO | OBJETIVO: conhecer o trajeto de pessoas com deficiência à unidade de saúde da família. **MÉTODO:** trata-se de estudo observacional, descritivo e qualitativo. A coleta de dados ocorreu no período entre novembro de 2015 e março de 2016, no maior bairro da periferia de um município da região médio norte de Mato Grosso, mediante roteiro de observação, fotografias, fita métrica e diário de campo. As imagens foram interpretadas pela análise iconográfica. **RESULTADOS:** o descuido e o desrespeito com as questões ética e ambiental de outros moradores ficaram evidentes no estudo, colaborando ou intensificando barreiras urbanísticas para inacessibilidades das pessoas com deficiência. Dentre as barreiras encontradas, predominou descontinuidade e empecilhos em calçadas. **CONCLUSÃO:** como forma de eliminar essas barreiras e promover maior inclusão social, fazem-se necessárias medidas de conscientização da população, práticas informativas sobre seus direitos e acolhimento integral, principalmente conduzidos por profissionais de saúde, além do olhar sensível dos órgãos gestores.

PALAVRAS-CHAVE: Acesso aos serviços de saúde. Pessoas com deficiência. Estruturas de acesso.

ABSTRACT | OBJECTIVE: to assess and evaluate the path of people with disabilities to the Family Health Unit (Brazilian Public Health System). **METHOD:** this is an observational, descriptive and qualitative study. Data collection occurred between November 2015 and March 2016 in districts of the periphery of the largest municipality in the middle north of Mato Grosso state, Brazil, through observation script, photographs, tape measurements and field diaries. The images were interpreted by iconographic analysis. **RESULTS:** carelessness and disregard for the ethical and environmental issues of other residents were evident in the study, collaborating or intensifying urban barriers to inaccessibility of persons with disabilities. Among the barriers encountered, predominated discontinuity and obstacles on sidewalks. **CONCLUSION:** In order to eliminate these barriers and promote greater social inclusion are necessary public awareness policies, information practices of the rights of the people with disabilities and full compliance with the rights of people with disabilities, mainly driven by health professionals, and the sensitive eye of the management bodies.

KEYWORDS: Health services accessibility. Disabled persons. Architectural accessibility.

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Introduction

The term accessibility refers to the possibility and condition of the scope, perception and understanding, for the safe and autonomous use of spaces, buildings, furniture, equipment, means of transportation, communication, information and other services and/ or facilities that are open to the population, public or private, for collective use, located in rural or urban areas, of persons with or without disabilities[1].

This accessibility applied to health services addresses two aspects: the socio-organizational dimension, which characterizes the service offer and the geographic dimension, which is associated with distance and displacement[2]. When it comes to Family Health Units (USF), the disabled person (PcD) faces many difficulties, from those related to the location of the unit in the territory to others regarding the adequacy necessary for its full utilization[3].

According to Mamed[4] the access to the health services is designated as the autonomy of choice of the services, as well as their availability at the moment of demand or even as the relationship between the pillars of acceptability, availability and information. However, this clientele may suffer loss of autonomy and this may cause them damages in health care, since they have historical sufferings due to the invisibility and stigmatization of society[5].

The provision of health services does not only imply the availability of building structures for health care, but the way in which care is understood and accomplished. Starting with the reduction of the distance between the client, the service and the professional, reflecting mainly on their needs and the barriers that existed until the care encounter.

But, even if there is assistance from the USF teams, the quest for independence, freedom and dignity of these people should be a priority in the work of health professionals. However, this work must be shared with the entire community, as everyone enjoys the improvements generated[5].

From this, in order to understand and overcome some environmental iniquities in health, this study aimed to know the path of persons with disabilities to the USF.

Methodology

It is an observational, descriptive and qualitative environmental study. Made on the outskirts of the largest municipality in the region north of Mato Grosso. The choice of this municipality was first given as a reference of 21 municipalities in Mato Grosso, have the largest population in this region and the lack of studies of this nature in loco.

First, prior to the data collection, there was contact and meeting with the family health teams of the chosen areas, in order to present the study and answer the questions regarding its development. Afterwards, a community health agent (ACS) was available to present the area of coverage of the health unit, signaling the paths of the PcD.

The data were collected between November and December of 2015 in the neighborhood farthest from the urban center of this municipality, since it deduced greater inequalities and vulnerabilities. An itinerary was used to observe the neighborhoods and photographs of the main route of the subjects' residences to the USF of the area through the Sony Cyber-shot DSC-H100 16.1mp digital camera; graduated measuring tape in centimeters serving as a resource for measuring surfaces and field diary.

The alphanumeric type coding was used, where the letter P indicates the course of the subject and the numerical element that composed the set, the order in which it occupies in the research.

Among the urbanistic images captured, those that best portrayed the obstacles were selected. These were treated by conceptual analysis, in three stages of interpretation: the pre-iconographic (primary or natural level), the iconography itself (secondary or conventional) and the third, deeper level, centered on the intrinsic meaning (or content) which carries an excess of symbolic values[6].

Respecting all the ethical aspects in research of this environmental observational character, all the images of the study, presented only urbanistic and architectural aspects, consequently, did not bring any damages and / or damages to humans, as well as to the nature.

Results and discussion

The locality of the study is 6100m away from the center of the municipality, it covers a population of 4122 people, a large part of which is underserved and supported by government assistance programs, residing in masonry homes, with electric power and treated water supply , garbage collection on three different days of the week, requiring the use of septic tank as drain. Collective transportation circulates around the place every 60 minutes.

Among the predominant mishaps in the investigated routes, we highlighted irregularities present in the catwalks and sidewalks.

Figure 1. Hydrometers in the P10 course. November to December 2015. Tangará da Serra -MT, Brazil.

Figure 1 shows water meters arranged centrally on the sidewalk of the residence of P10, which in addition to hindering the passage of the subject, intensify the suffering of wheelchair users in this way, since when maneuvering their chairs to deviate from these obstacles, they may fall, due to the gap between the sidewalk and the ground, and also because there is no access ramp along the entire sidewalk.

It is worth mentioning that the width measurement obtained from the aforementioned sidewalk corresponds to 102cm, where in the regions where the hydrometers are implanted, there is a decrease of this measurement to only 77cm, disrupting both individual maneuvers and driving by other people.

In addition to this path (P10), there are also other adjoining residences on the site, which were granted by welfare programs, but without the caution and sensitivity regarding accessibility engineering. This issue favors the marginalization of the PcD, since those citizens who are awarded the Houses of Social Interest (HIS) are usually less favored by the continuity or addition of some benefit in the construction of their dwellings.

This scenario further increases the need for the use of other auxiliary mechanisms, such as Assistive Technologies (TA) which, in addition to promoting the improvement of the functional capacity of the subject, give rise to independence from established or projected social dynamics[7].

Figure 2. Obstacle on path P2. November to December 2015. Tangará da Serra - MT, Brazil.

In Figure 2, it can be seen that the space bounded to the end of the paving of the sidewalk was occupied by a fence. This situation makes it impossible to use the sidewalk completely by some PcD, since its condition does not allow the descent to the road for continuation of the route, making this public device unusable. This obstacle is also present in the paths P4 and P8, referring to a problem of greater relevance.

The non-paving of the sidewalks refers to another adversity: its misuse and disorderly as a planting area. Some of the residents who live in these neighborhoods, appropriated these spaces for the cultivation of fruit and ornamental trees, not taking due care in relation to the complications that their attitudes bring to the PcD and urban structure of the city.

As a means of making the population aware of this conduct, which constitutes an obstacle to the construction of an ethical, prosperous and respectful society, educational measures[8] as the universal design booklet, created to promote the orientation of the population regarding the actions that interfere in the adaptation and mobility and directed to the construction of more accessible spaces and elimination of barriers[9].

Other studies identified as lack of knowledge (35%), public awareness (29%), government support (16%), appropriate means (10%) and lack of interest (5%)[10], scientific approaches and projects[11], which exacerbate social exclusion. These factors are of paramount importance for strengthening the insertion of PcD in the middle of society, since part of the population is unaware of the impacts of their actions, acting sporadically as a consequence of cultural habits and not through negligence.

To promote accessibility, it is the responsibility of public and private authorities and agencies to develop campaigns aimed at raising community awareness, providing resources for the creation of projects focused on this area and investing in the training of professionals who act to the detriment of social inclusion[12]. In this context, the actions recommended by the Environmental Surveillance, Social Assistance Reference Center (CRAS) and Universities, developed in networks, with an emphasis on social mobilization, encompassing access to information and overcoming inequalities/vulnerabilities, characterize possibilities for transformations social[13].

In figure 3, one can see that there is a delimitation for the construction of sidewalks, however, there is a power pole positioned between this delimitation, which signals another factor that cooperates for inaccessibility. It is also noted, wide gaps in the road, as well as debris between the depressions.

In the period of rainfall, inaccessibility is aggravated, since all unpaved soil becomes soaked, becomes slippery, uncompressed and unsafe for pedestrians, further complicating the locomotion of PcD in these routes, which are often the only ones available to address the intended destination.

Figure 3. Absence of sidewalk and paving on the P1 path. November to December 2015. Tangará da Serra -MT, Brazil.

Normally, the suburban neighborhoods present greater urban disorder compared to other neighborhoods. This is due to the heterogeneity of the urban landscape, which reflects a diversity of spatial productions projected from its own and uncontrolled methods, failing to meet the best conditions necessary for life[14].

This disorder is more pronounced in neighborhoods that have a low socioeconomic index, where a greater structural deficiency is observed, referring to the indispensability of an accessible urban project as a basis for promoting the development of space and overcoming social inequality[14].

On route P18, in addition to the non-pavement, cars were parked in the middle of the sidewalk, completely obstructing the traffic of pedestrians. This finding is a motive for notification, sometimes due to the lack of authorization from the competent authority for the occupation of the same, or to fit within the barriers that impede traffic. In addition, the problem of the old iron, present in the course P5 and P13, is an aggravating of this aspect and is present in many Brazilian cities. The materials of this type of trade are commonly arranged outdoors, on land, public roads and sidewalks, making circulation difficult, and because they often correspond to puncture-resistant structures, robust and/or thermal generating, increase the risk of accidents[15]. Without disregarding other problems of these environments for the citizens, regarding the facilitated contact with venomous animals and vectors of tropical diseases[16].

The PcD like other citizens, have the right to exercise effective social control. This is the participation in public management, strengthening democracy and encompasses the creation of communication channels, as well as facilitated access to information, a fundamental mechanism for the consolidation of participatory democratic management. In the area of health, it includes the availability of individualized portals, which cover resources passed on and goals established[17], in addition to listening and interventions proposed by society[18].

Historically, the struggle of people with disabilities for their rights has been constant. The claims are necessary in most of the environments, starting with its street, which does not have universal design. In the community, despite the desire for social involvement, what prevails in many situations, are the intolerance to difference and with this, social isolation. In the structure and devices of the neighborhood, the PcD has constantly sought adequate transportation[18], greater accessibility in schools and leisure environments and practices specific to its limitations, supported by other people who strengthen this movement[19].

Health professionals, especially nursing, for establishing greater contact with patients, are of fundamental importance for overcoming obstacles and legitimating the rights of PCDs. Its actions of awareness, permeated by the dissemination of information, constitute significant advances in this obstacle. It is also worth mentioning their role in the care of these people, the defense of freedom and protection of life, as well as guidance to the family on the follow-up of treatment and social reintegration through work, leisure and exercise of civil rights[20].

To this end, they must follow successful practices such as the "Wheel of Quarteirão", a strategy developed in the municipality of Sobral (CE) by health professionals, which aims to clarify the rights of the DCP through educational measures with the community, besides social control. The programs on the functioning of orthotics and prosthetics, activities directed at the week of the person with disabilities, seminars on inclusion, social assistance and training for caregivers of PcD are essential actions that provide greater quality and equality in the lives of these people[21].

Final considerations

From the mapping of the paths of the PcD to the family health unit, vast impediments were identified that intensify the inaccessibility. Among them are the obstacles on the sidewalks, such as water meters, parked cars, materials of old irons, fences and inadequate afforestation, as well as absence of pavement, revealing deficiencies of adaptations that contemplate the urban design; mechanism that provides access and accessibility for people with disabilities and other citizens, in environments and equipment.

Together with the PcD and the adjacent community, nursing professionals must act through informative practices and awareness, so that this population will increasingly exercise their rights, because only through access to knowledge, the PcD will be able to effect them. Beginning with the discovery and identification of scenarios to realize their claims against their difficulties, which may be intrinsic and recognizable only by those who live with them. In addition, the inclusion of this clientele in health projects contributes too much to the integral and holistic reception in health.

This theme deserves more attention, both from researchers at the academy and from professionals who meet this demand on a daily basis. Exploring beyond the route to the health unit, routes to other places of community and collective use, in order to favor the diffusion of these knowledge for more spaces of discussion and planning of strategies that aim at accessibility.

Individual contributions

Nascimento VF participated in the conception of the project, collection of analysis, final writing and review. Gonçalves RA and Jesus WG participated in the data collection. Graça BC, Terças ACP and Hattori TY participated in the final essay.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)

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