

Training of community health workers in infant feeding introduction: an experience report

ARTICLE

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Abstract

According to the Epidemiological Bulletin 001/2019 from Rio de Janeiro, one in every three Brazilian children is overweight. In this regard, one way to reach those responsible for these children and share the necessary knowledge is through the training of community health agents (CHAs). This article aimed to report the implementation of a training program designed for CHAs on infant feeding introduction. Based on the methodology of a Didactic Sequence, a training on infant feeding introduction was conducted with community health agents from one of the Basic Family Health Unit (UBSF) in the city of Volta Redonda, Rio de Janeiro. The participants' responses reveal a high level of effectiveness of the training in enhancing the agents' work; they reported feeling more confident to discuss the topic with the families they assist. Therefore, investing in the continuous training of community health agents in this context is not only an effective strategy to improve child health but also a crucial step toward healthier and well-informed communities.

Keywords: Medicine and education. Health education. Food education.

Capacitação de Agentes Comunitários de Saúde em introdução alimentar do lactente: um relato de experiência

Resumo

De acordo com o Boletim Epidemiológico 001/2019 do Rio de Janeiro, uma em cada três crianças brasileiras está acima do peso. Nesse sentido, uma maneira de alcançar os responsáveis por essas crianças e compartilhar o conhecimento necessário é mediante o treinamento dos agentes comunitários de saúde (ACS). O presente artigo buscou relatar a execução de uma capacitação elaborada para ACS's sobre a introdução alimentar do lactente. Baseando-se na metodologia de uma Sequência Didática, foi realizada uma capacitação em introdução alimentar com agentes comunitários de saúde de uma Unidade Básica de Saúde da Família (UBSF) na cidade de Volta Redonda, no Rio de Janeiro. As respostas dos participantes revelam o bom índice de aproveitamento da capacitação para o aprimoramento do trabalho dos agentes, os quais relataram se sentir mais seguros para conversar sobre o tema com as famílias que acompanham. Investir na formação contínua dos agentes nesse contexto é, não apenas uma estratégia eficaz para melhorar a saúde infantil, mas também um passo crucial em direção a comunidades mais saudáveis e bem-informadas.

Palavras-chave: Medicina e educação. Educação para a saúde. Educação alimentar.

1 Introduction

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Due to its epidemic proportions, obesity has been considered a serious public health problem. It is a chronic non-communicable disease (NCD) of complex and multifactorial origin (Souza et al., 2018). As a result of being overweight or obese, 4 million people lose their lives worldwide every year (Swinburn *et al.*, 2019). According to Rio de Janeiro's Epidemiological Bulletin 001/2019, one in three Brazilian children is overweight. Notifications indicate that 16.33% of Brazilian children aged between five and ten are overweight; 9.38% are obese; and 5.22% suffer from severe obesity, according to data from the Food and Nutrition Surveillance System (SISVAN).

The short duration of breastfeeding and the inadequate introduction of complementary foods have been identified as factors associated with the early onset of obesity (Simon; Souza; Souza, 2009). In addition to genetic factors, other determinants of childhood obesity are related to the environment in which children live. From an early age, they are exposed to unhealthy and highly processed foods, such as cookies, soft drinks, snacks, sweets and fast food, instead of consuming healthy, fresh or minimally processed foods (Sarni; Kochi; Suano-Souza, 2022).

It is essential to make parents aware of the need to promote and establish a healthy diet for the whole family as early as possible, since children's food preferences begin to be shaped from the fetal period. In addition, the mother's diet during the breastfeeding period has an impact on children's taste development, since breast milk contains components from the mother's diet, which influence the taste of the milk (Mennella; Jagnow; Beauchamp, 2001).

In this sense, one way of reaching these parents and sharing the necessary knowledge is by training community health agents (CHAs), who play an active role in the daily lives of these families. CHAs emerged in Brazil with the aim of reducing the alarming rates of maternal and infant mortality in the northeast of the country. These health professionals are extremely important in Primary Care, as they work in various contexts, promoting health and preventing problems (Nóbrega *et al.*, 2017).

Being a health worker means being a people, being a community, living the life of that community day by day. (...) It means being the link between the population's health needs and what can be done to improve their living conditions. They are the bridge between the population and health professionals and services. The community agent is the health messenger of their community (Brazil, 1991, p. 5).

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The aim of this experience report is to demonstrate the implementation of a training program for community health workers on infant feeding. It also hopes to inspire other initiatives among the components of the Unified Health System, especially those involved in Primary Care.

2 Methodology

In July 2023, community health agents from the Basic Family Health Unit (UBSF) of the Siderlândia neighborhood in Volta Redonda, a municipality in the state of Rio de Janeiro, Brazil, were trained in infant feeding. Five health agents from the Unit took part in the activity (the sixth agent was unable to attend). The training lasted approximately one hour and was conducted using the following resources: display banners, booklets, attendance lists and signs (Figure 1 and Figure 2).

Figure 1 — Display banner



Source: authors.

Figure 2 — Other resources used



Source: authors.

The training on this topic was structured on the basis of a didactic sequence. A didactic sequence is an organized set of teaching activities that aim to promote the learning of certain content. This pedagogical approach is made up of different stages, each of which plays a crucial role in the teaching-learning process. The first stage consists of raising awareness, awakening interest and creating a meaningful context for the topic to be addressed. This can be done through questioning, presenting real cases or activities that stimulate curiosity (Miquelante *et al.*, 2017).

In the second stage, the content is introduced, where the key concepts are presented in a clear and accessible way. This phase involves explaining the topics, using audiovisual resources, debates and discussions. The aim is to build a solid base of knowledge, providing students with the necessary foundations to understand the subject in question. Practical application of the knowledge acquired takes place in the third stage, through activities that encourage reflection, critical analysis and application of the concepts learned in everyday situations. This phase aims to consolidate learning, giving students the opportunity to use the knowledge in an autonomous and meaningful way (Miquelante *et al.*, 2017).

Finally, assessment closes the didactic sequence cycle, allowing both teachers and students to evaluate the learning process. This moment is fundamental for identifying what has been assimilated, the difficulties faced and the possible adaptations needed for future teaching approaches. The didactic sequence, when well designed and applied, contributes to the development of skills and abilities, promoting more effective and meaningful learning (Miquelante *et al.*, 2017).

Ethical aspects

This activity was carried out in accordance with the ethical recommendations for research with human beings set out in Resolution 466/12 of the National Health Council, and was approved by the Research Ethics Committee under opinion No. 5.80.276. The participating institution agreed, by means of a Letter of Consent, to the activities being

carried out on its premises. The participation of each of the community agents, as well as the use of the data provided, was supported by the authorization granted through the Free and Informed Consent Form.

3 Results

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In the first stage of the training, called "presenting the situation", the proposal and the relevance of the topic were shared with the members. With the help of the banner containing a news item on childhood obesity, a conversation began on the subject, investigating how much the group knew about the topic.

In the "content exposition" stage, a video was shown to the group, in which some initial concepts about food introduction were presented in an illustrative way to facilitate understanding. Also during the content presentation stage, an excerpt was presented from leading authors on the subject, as well as a booklet produced by the author, which contains up-to-date guidelines from the Brazilian Society of Pediatrics and which could be of great use in the work of community agents. The booklet was read together with the group, providing new discoveries and important interactions to consolidate the new information.

In the next stage, the "content deepening activity", a quiz was held on the contents of the booklet. On this occasion, as the questions were asked, the group members could use YES and NO signs to indicate whether or not they knew the answer. After this dynamic, the answers were revealed and discussed. It was possible to see that, after reading the booklet, the group managed to get most of the quiz questions right, demonstrating the consolidation of learning. The questions that received incorrect answers provided a moment for discussion and reviewing the content, as well as resolving doubts.

In the last stage, the "learning verification activity", the group members answered a form containing some questions about how they felt about approaching the subject with families (evaluating before and after the training). The answers showed that the training was well used to improve the work of the agents, who said they felt safer talking about the subject with the families they work with.

Prior to the activity, 80% of the participants did not feel able to provide basic training on food introduction to parents and guardians. However, after the training, all the participants reported feeling more confident in providing this guidance. In their responses, they explained that they had never taken part in training on this topic before.

In addition, 60% of the participants had experienced situations in their profession in which they did not know how to correctly guide a guardian on how to proceed with the introduction of infant feeding. Therefore, analyzing the context in which this activity was applied, the practice of training other professionals proved to be effective in its initial purpose and should be increasingly encouraged.

In view of the above, there is a need to think about a proposal that brings parents closer to the correct knowledge about food introduction. In this way, empowered with knowledge, they will be able to apply what they have learned and replicate healthy habits that will promote health in their families. One of these paths is to train primary care professionals, not just community agents, as was also mentioned by the participants.

The analysis of the responses to the electronic form, the critique and discussion of this study will be based on the main authors on the subject, as well as other relevant scientific evidence that helped to create the training described.

4 Discussion

The Community Health Agents Program was created in 1999 with the aim of establishing a connection between basic health units and the community. After being incorporated into the Family Health Strategy, the Ministry of Health defined the specific responsibilities of CHAs, which include: interpreting for the health team the social dynamics of the community, its needs, potential and limitations; identifying partners and resources already existing in the community that can be used by the teams; as well as fostering community education and mobilization, with a view to collective actions for sanitation and environmental improvement (Ministry of Health, 2001).

Community health agents who are trained to pass on knowledge to parents and/or guardians, as they are the health professionals who are most accessible and closest to families, can make a difference in the Brazilian scenario. However, it is necessary to be cautious in relation to the responsibility assigned to this professional because, although they are one of the main links between health and the territory, they should not guarantee the resolution of the main health problems, which are complex (Cardoso *et al.*, 2012).

On the other hand, living in the community where they work is a facilitating aspect for CHAs, since they know the culture and language that should be used to communicate with people in certain regions. This is in line with Paulo Freire's pedagogical proposal, which is a way of learning by recognizing the previous knowledge of those who are there to learn new things (Freire, 1996).

This contributes to creating a pleasant and effective environment for teaching, as well as facilitating the understanding of new information, since it will be passed on by drawing parallels with what the individual already has in his or her experiences. Furthermore, building and truly valuing dialogue between the student and the educator only tends to maximize the effects of education, especially in the area of health. In this training practice, we see the act of removing the professional (doctor/nurse) from the place of supposed knowledge and including the subject (CHA) in their own learning process and, subsequently, teaching (Freire, 1996).

In order to guide the process of popular education in health, especially in Brazil, Paulo Freire's ideas also offer guidance with regard to the actual construction and consolidation of knowledge. According to Freire, teaching requires basic aspects, which he describes in his famous 1996 work "Pedagogy of Autonomy". One of the most important is respect for the autonomy of the learner, where he says: "Respect for the autonomy and dignity of each person is an ethical imperative and not a favor that we may or may not grant each other" (Freire, 1996, p. 24). With this, the author makes explicit the need to build horizontal relationships for learning, excluding authoritarian positions on the part of those who teach. It is essential that the teaching environment allows students to feel free to learn, make mistakes and discuss any topic, taking into account their autonomy and experiences.

Therefore, in the field of health education and promotion, the concepts of Paulo Freire's pedagogical ideology are coherent with the realization of educational products, such as the proposed training. Thus, when designing the training activity, it was essential to include empowerment through knowledge, subject autonomy, criticism and reflection, valuing dialog and bringing together situations from the daily lives of community agents.

The choice to use didactic sequences, as mentioned, proved to be effective in relation to the objective of this research. According to Ugalde and Roweder (2020), the didactic sequence as a methodology helps learning by making it dynamic. It can be used in a variety of contexts and with people of all ages. As proposed by Paulo Freire, it uses the prior knowledge of those who are learning to boost the consolidation of information, as well as promoting critical reflections and changes in society.

5 Conclusions

In short, training community health agents in infant feeding has proved to be a fundamental and impactful initiative for children's health. By acquiring solid knowledge of the principles of infant nutrition, these professionals have become essential catalysts in promoting feeding practices in the community in which they work. We hope to see a significant change in the eating habits of the families assisted, with a greater awareness of the importance of a balanced diet for the healthy development of children.

Therefore, investing in the ongoing training of community health agents in this context is not only an effective strategy for improving children's health, but also a crucial step towards healthier and better-informed communities.

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