

Assessment of the “comprehensiveness” attribute in Primary Health Care offered to children under two years of age

Avaliação do atributo “integralidade” na Atenção Primária à Saúde ofertada às crianças menores de dois anos

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ABSTRACT

Introduction: Primary Health Care consists of health promotion, prevention, and protection. Its effectiveness is linked to the presence of attributes that, in harmony, are capable of preventing approximately 80% of hospitalizations. **Objectives:** Therefore, this study aimed to assess the attribute “comprehensiveness” of Primary Health Care offered to children under two years of age in the municipality of Floriano, Piauí. **Methodology:** This is a quantitative, evaluative, and descriptive study with a cross-sectional design. The Primary Care Assessment Tool and a sociodemographic questionnaire were used, applied to parents or caregivers of children. One-hundred one parents or caregivers of children were interviewed. **Results:** Regarding the participants’ profile, mothers of children (84.2%), self-declared mixed-race (65.3%), and of low socioeconomic status (69.5%) predominated. The attribute “comprehensiveness” was positively assessed, with the item “available services” receiving a score of 6.9, while the item “services provided” received a score of 8.3, indicating a higher level of satisfaction. This indicates recognition of the diverse health needs of the population and their historical and social contexts. **Conclusion:** Thus, the results found allow us to identify the successes in relation to children’s healthcare, as well as the points of weakness, enabling future improvements.

KEYWORDS: Primary Health Care. Integrality in Health. Child.

RESUMO

Introdução: A Atenção Primária à Saúde consiste na promoção, prevenção e proteção da saúde. Sua eficácia está ligada à presença de atributos que, em harmonia, são capazes de evitar cerca de 80% das hospitalizações. **Objetivos:** Dessa forma, objetivou-se avaliar o atributo “integralidade” da Atenção Primária à Saúde ofertada a crianças menores de dois anos, no município de Floriano, Piauí. **Metodologia:** Trata-se de estudo quantitativo, avaliativo e descritivo, com delineamento transversal. Utilizaram-se o *Primary Care Assessment Tool* e questionário sociodemográfico aplicado a pais ou cuidadores de crianças. Foram entrevistados 101 pais ou cuidadores de crianças. **Resultados:** Em relação ao perfil dos participantes, prevaleceram as mães de crianças (84,2%), autodeclaradas pardas (65,3%) e de baixo nível socioeconômico (69,5%). O atributo “integralidade” foi avaliado positivamente, sendo que o item “serviços disponíveis” recebeu a nota 6,9, enquanto o item “serviços prestados” recebeu a nota 8,3, indicando um nível de satisfação mais elevado. Isso indica o reconhecimento das diversas necessidades de saúde da população e de seus contextos histórico e social. **Conclusão:** Assim, os resultados encontrados permitem identificar os acertos em relação à assistência à saúde da criança, bem como os pontos de fragilidade, possibilitando futuras melhorias.

PALAVRAS-CHAVE: Atenção Primária à Saúde. Integralidade em Saúde. Criança.

INTRODUCTION

The Alma-Ata Declaration of 1978 introduced the initial definitions of Primary Health Care (PHC), emphasizing universal access, social participation, recognition of the social determinants of health, and comprehensive care. Furthermore, it identifies PHC as the most effective means of achieving the expected social protection through the expansion and defense of citizens' rights¹.

Similarly, Brazil followed its own path toward health protection by incorporating this healthcare model into the creation of the Unified Health System (SUS - *Sistema Único de Saúde*)². In this context, the concept of PHC is equivalent to that proposed in the National Primary Care Policy: “The set of individual, family, and collective health actions involving health promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, and directed toward the population within a defined territory”³.

In Brazil, the expansion of PHC has been associated with positive outcomes, such as a reduction in hospitalizations for PHC-sensitive conditions, indicating improvements in the responsiveness and quality of the SUS. Studies have demonstrated a significant reduction in avoidable hospitalizations, especially those related to chronic and infectious diseases, reinforcing the effectiveness of the territory-based healthcare model⁴⁻⁵. A study assessing information on births and deaths among children under 5 years of age throughout Brazil from 2010 to 2022 showed that the infant mortality rate (IMR) decreased from 13.0 to 12.7 per 1,000 live births. The study also found that the North and Northeast regions, characterized by lower socioeconomic levels, accounted for most of the microregions with the highest mortality rates⁶.

It is important to highlight the epidemiological context of children, who, due to their immunological immaturity, are more susceptible to PHC-sensitive conditions. In this regard, hospitalizations due to acute causes, such as pneumonia, asthma, other respiratory diseases, and gastroenteritis, are identified as the most prevalent causes of hospitalization in this age group⁷⁻⁸. Therefore, PHC represents a privileged setting for promoting child health, as it encompasses low-density technologies capable of reducing these rates. In turn, indicators related to child health are considered important parameters for assessing healthcare delivery and the quality of PHC available to the population^{7,9-10}.

Effective PHC requires an organized structure based on pre-established standards, as its problem-solving capacity is directly linked to foundational principles known as attributes, which are classified as essential and derivative attributes. When harmoniously integrated, these attributes are capable of preventing approximately 80% of hospitalizations. Among these attributes, comprehensiveness stands out as the principle that ensures users' needs are addressed in their full scope¹¹.

The pursuit of efficient and effective PHC requires constant assessment. In this context,

the Primary Care Assessment Tool (PCATool) stands out due to its ability to be applied across multiple settings, favoring the production of evidence from different perspectives and resulting in consistent assessments that may support the planning and implementation of public policies, as well as comparisons across realities¹². The continuous use of assessment instruments is recommended to support a universal, effective, efficient, and equitable public health system. Therefore, this study aimed to assess the “comprehensiveness” attribute of PHC offered to children under two years of age in the municipality of Floriano, Piauí.

METHODOLOGY

Study design and site

This is an evaluative, descriptive, cross-sectional study with a quantitative approach conducted in the municipality of Floriano, located in the state of Piauí, Brazil. The municipality investigated in this study is considered a regional healthcare hub and a university city. According to the Brazilian Institute of Geography and Statistics, the municipality had an IMR of 10.55 per 1,000 live births (2023), a Human Development Index of 0.700 (2010), and a population of 62,038 inhabitants (2022).

The municipality has 24 Basic Health Units (BHUs), including 18 in urban areas and six in rural areas, providing coverage for the entire population. However, the study was conducted in 13 BHUs located in the urban area of Floriano. It should be noted that BHUs with easier access for researchers and a high flow of users were selected.

Population and sample

The study population consisted of caregivers of children under two years of age living in the urban area of the municipality. A “caregiver” was defined as the person considered capable of answering the question proposed during the PCATool validation process: “Who knows the child’s health best?”.

The selection of the 101 caregivers who participated in the study occurred randomly and accidentally among those who sought BHU services on the days and at the times of data collection. To ensure greater reliability of results, the inclusion criteria were: caregivers considered the primary person responsible for children under two years of age; aged 18 years or older; and children residing in the urban area of Floriano, registered within the coverage area of the Family Health teams (FHTs), and attended at least twice at the health unit where they were registered. Caregivers who did not have the cognitive ability to answer the questions proposed by the research instrument or who used BHU services sporadically, for example, only for

immunization, were not included in the study, as this aspect could result in unreliable responses and, consequently, research bias.

Data collection procedures

Data were collected using the PCATool, child version, which consists of 55 items subdivided into ten components corresponding to the attributes proposed by Starfield¹¹. The PCATool child version is a validated instrument used to assess the presence and extent of PHC attributes from the perspective of children’s caregivers. Each item assesses the attributes according to a Likert-type scale, assigning scores ranging from 1 to 4 for each attribute (1 = definitely not; 2 = probably not; 3 = probably yes; and 4 = definitely yes). Subsequently, the values were transformed to a scale ranging from 0 to 10¹³. It should be emphasized that, for this study, responses related to the “comprehensiveness” attribute (G1 to G9 and H1 to H5) were used. In addition, participants were also assessed through a sociodemographic questionnaire.

To conduct the study, the FHT presented the relevant documentation, including authorization from the Municipal Health Department of Floriano and approval from the Research Ethics Committee. As previously established, caregivers were selected randomly and accidentally and were carefully informed about the study risks and benefits, as well as its procedures and objectives. Data collection lasted approximately 20 minutes for each interview.

Data organization and analysis

Data related to the attribute under study were extracted and subsequently double-entered into Microsoft Excel®, 2010, and later exported to Statistical Package for the Social Sciences® version 22.0. Statistical analysis was performed, considering that this software enables data processing and statistical analysis. The double-entry technique was used as a strategy for database checking and cleaning in order to avoid incorrect information. For descriptive data analysis, measures of central tendency (mean and absolute and relative frequency) and measures of variability (standard deviation) were used. Scores for the “comprehensiveness” attribute were calculated based on the mean values of the responses to the items composing the attribute. The recommendations expressed in the PHC assessment instrument manual were strictly followed. Scores equal to or greater than 6.6 were considered high¹³.

Ethical and legal aspects

This study complied with all recommendations of the standards and guidelines for research involving human subjects, according to Resolutions 466/2012, 510/2016, and 580/2018. In addition, it received approval from Research Ethics Committee of the State University of Piauí –

UESPI (Opinion No. 4.026.983; CAAE No. 31350020.0.0000.5209).

RESULTS

Table 1 shows that the interviewee group was predominantly composed of children's mothers (84.2%), self-declared mixed-race individuals (65.3%), aged between 22 and 39 years (67.3%), living with a partner (73.3%), with completed high school education (61.4%), without formal employment (53.5%), and with a family income of up to one minimum wage (69.3%).

Table 1 – Social profile of the interviewees participating in the study. Floriano, Piauí, Brazil, 2023

Variables	n	%
Interviewee		
Caregiver	14	13.8
Mother	85	84.2
Father	2	2.0
Age group (years)		
17 – 21	14	13.9
22 – 39	68	67.3
40 – 66	19	18.8
Living with a partner		
No	27	26.7
Yes	74	73.3
Race/color		
Yellow	2	2.0
White	10	9.9
Black	23	22.8
Mixed-race	66	65.8
Education		
Elementary school	19	18.8
High school	62	61.4
Higher/graduate education	20	19.8
Occupation		
No	54	53.5
Yes	47	46.5
Family income (minimum wage)		
Up to 1	70	69.3
2 or +	31	30.7
Total	101	100.0

Source: Prepared by the authors

Table 2 shows that most children under two years of age were male (58.4%), aged up to 12 months (60.4%), mixed-race (66.3%), and had an up-to-date vaccination status (92.1%). It should be highlighted that most mothers of children up to two years of age attended prenatal consultations (43.6%). Furthermore, regarding birth data, most children were born at a gestational age between 37 and 40 weeks (78.2%), through cesarean delivery (70.3%), and with a birth weight between 2,500 and 3,999 grams (83.9%).

Table 2 – Sociodemographic profile, clinical characteristics, and health conditions of the children included in the study. Floriano, Piauí, Brazil, 2023

Variables		n	%
Sex			
	Female	42	41.6
	Male	59	58.4
Age group (months)			
	Up to 12	61	60.4
	13-24	40	39.6
Race/color			
	White	24	23.8
	Black	10	9.9
	Mixed-race	67	66.3
Prenatal appointments			
	< 6	6	5.9
	≥6	44	43.6
	Ignored	51	50.5
Type of delivery			
	Cesarean	71	70.3
	Vaginal	30	29.7
Gestational age (weeks)			
	< 37	13	12.9
	37 – 40	79	78.2
	> 40	9	8.9
Birth weight (grams)^a			
	< 2,500	6	6.9
	2,500 – 4,000	73	83.9
	> 4,000	8	9.2
	Mean, standard deviation	3,284.6	583.3
Prenatal			
	No	2	2.0
	Yes	99	98.0
Vaccination up to date			
	No	8	7.9
	Yes	93	92.1
Total		101	100.0

^an total=87

Source: Prepared by the authors

Table 3 shows that the components “available services” and “services provided,” which compose the “comprehensiveness” attribute, were satisfactorily assessed by caregivers of children under two years of age, since both received a mean score above 6.6.

Table 3 – Assessment of the components of the “comprehensiveness” attribute. Floriano, Piauí, Brazil, 2023

PCATool - Brazil	Mean	Standard deviation	Minimum	Median	Maximum
Comprehensiveness - available services	6.9	2.1	5.6	7.0	8.5
Comprehensiveness - services provided	8.3	2.2	6.7	9.3	10.0

Source: Prepared by the authors

Table 4 presents the values obtained from the individual analysis of each response related to the “available services” component of the “comprehensiveness” attribute. This component is associated with the user’s experience with the healthcare service and refers to the availability of these services at the BHU. Therefore, some services showed greater fragility in terms of availability for the care of children under two years of age, such as those related to inclusion in nutritional supplementation programs and counseling or treatment for harmful use of licit and illicit drugs. This is because fewer than half of the caregivers reported the unavailability or probable unavailability of these services at the BHU attended by the child. Items related to counseling for mental health problems and rapid testing were positively assessed by caregivers of children under two years of age. However, suturing and the identification of visual problems received negative assessments.

Table 4 – Descriptive assessment of the “available services” component of the “comprehensiveness” attribute by caregivers of children under two years of age. Floriano, Piauí, Brazil, 2023

Assessment	G1 %	G2 %	G3 %	G4 %	G5 %	G6 %	G7 %	G8 %	G9 %
Definitely yes	97.0	60.4	67.3	49.5	39.6	53.5	23.8	73.3	22.8
Probably yes	1.0	11.9	11.9	15.8	19.8	17.8	31.7	15.8	21.8
Probably not/do not know/do not remember	1.0	13.9	13.9	15.8	20.8	12.9	18.8	7.0	26.8
Definitely no	1.0	13.9	6.9	18.9	19.8	15.8	25.7	4.0	28.7
Total	100	100	100	100	100	100	100	100	100

Notes: G1 - Vaccines (immunizations); G2 - Verifying whether the child’s family may participate in a social assistance or social benefits program; G3 - Family planning or contraceptive methods; G4 - Inclusion in a nutritional supplementation program; G5 - Counseling or treatment for harmful use of licit or illicit drugs; G6 - Counseling for mental health problems; G7 - Suturing a cut requiring stitches; G8 - Counseling and request for anti-HIV testing; G9 - Identification (some type of assessment) of visual problems.

Source: Prepared by the authors

Table 5 presents the “services provided” component of the “comprehensiveness” attribute. It was observed that all listed services were considered available from the perspective of caregivers of children under two years of age.

Table 5 – Descriptive assessment of the “services provided” component of the “comprehensiveness” attribute by caregivers of children under two years of age. Floriano, Piauí, Brazil, 2023

Assessment	H1 %	H2 %	H3 %	H4 %	H5 %
Definitely yes	82.2	58.4	74.3	63.4	70.3
Probably yes	5.0	12.9	7.9	9.9	7.9
Probably not/do not know/do not remember	0.0	3.0	4.0	8.9	4.0
Definitely no	12.9	25.7	13.9	17.8	17.8
Total	100	100	100	100	100

Notes: H1 - Guidance on healthy eating, good hygiene, and adequate sleep; H2 - Home safety; H3 - Changes in the child's growth and development and what should be expected for each age; H4 - Ways to deal with the child's behavioral problems; H5 - Ways to keep the child safe.

Source: Prepared by the authors

DISCUSSION

The users' profile is consistent with findings reported in the literature, in which mothers predominate as the primary caregivers of low-income children, often beneficiaries of social assistance programs¹⁴⁻¹⁶. Similarly, even in studies involving different assessment groups, the interviewed users are predominantly women, Black and mixed-race individuals, with low income and low educational levels¹⁷⁻¹⁸.

Associated with this, another study indicates that women with children constitute the predominant public of PHC services due to the focus of programmatic actions on women's health, pregnant women, and children. Thus, it can be inferred that the predominant public in this study may be related to the assessment above the established cut-off point (≥ 6.6)¹⁹.

Furthermore, according to the findings of this study, most mothers participated in prenatal consultations (98%), and approximately 43.6% attended six or more consultations. This represents a positive aspect, especially considering the relevance of prenatal care (PNC) for pregnancy outcomes, since high-quality PNC is associated with better fetal health conditions and reduced maternal and child mortality²¹.

The “comprehensiveness” attribute is related to the recognition of the most diverse health needs and to the responsiveness and adequacy of PHC. It is didactically subdivided into two

components: 1) Available services, which obtained a score of 6.9 in this study. This component assesses aspects related to the structure and variety of actions offered to the child and their family; and 2) Services provided, which obtained a score of 8.3. This component prioritizes health promotion and disease prevention actions, emphasizing themes related to organic and functional aspects, such as nutrition, sleep, hygiene, growth, and development¹¹.

In summary, the “comprehensiveness” attribute obtained a satisfactory score, similar to findings from studies with the same methodological design. This result suggests alignment with the perception of users as a historical and social subject, articulated within their environment, since adapting service provision requires understanding the multiple nuances of the population²²⁻²³.

Conversely, a negative assessment of this attribute may be related to discontinuity of care and weaknesses in healthcare delivery. Negative assessments were found in another study²⁴, both in the “available services” and “services provided” components, which may be associated with a lack of understanding regarding the users’ actual demands. Results below the cutoff point suggest discontinuity of care and weaknesses in healthcare delivery as possible causes, since this may indicate that the service is unable to meet all the needs of the enrolled population, either due to the lack of available resources or insufficient structure²⁵.

Therefore, it is important to emphasize that although the findings of this study were above the cutoff point, discrepancies were identified between the two components, similar to those found in other studies, in which available services also obtained lower scores compared to services provided. This may reflect either limited technological incorporation or users’ lack of knowledge regarding the services offered at the unit^{19,25}.

When analyzing the “available services” component, there is a predominance of positive results regarding immunization services in most PHC evaluative studies^{16,26}. The Brazilian National Immunization Program is one of the most successful programs worldwide and one of the oldest policies related to child health. Consequently, it has achieved recognition among caregivers, promoting adherence to immunization practices and enabling virtually universal vaccination coverage rates²⁷⁻²⁸. Child mortality and morbidity rates are strongly influenced by vaccination coverage. As an example, there has been a reduction in deaths from vaccine-preventable diseases, such as neonatal tetanus, which decreased from 141 deaths in 1990 to only one in 2015, as well as the absence of records of child deaths due to measles since 1999²⁸.

It should also be highlighted that, in addition to immunization services, actions related to ministerial programs, family planning, counseling on contraceptive methods, and/or counseling regarding rapid tests and anti-HIV testing are also generally well assessed^{16-17,29}.

Regarding counseling for mental health problems, the satisfactory result is similar to that found in another study³⁰. It is known that the presence of psychiatric symptoms during pregnancy

may increase the likelihood of exposure to alcohol, tobacco, and other drugs, as well as limit adherence to prenatal care, potentially resulting in negative outcomes. Considering the impact that mental disorders may have on perinatal outcomes, a positive assessment of this aspect may be considered a step forward, although still modest, toward comprehensive care³¹.

Although the overall assessment of comprehensiveness was positive, the results related to nutritional support, counseling on harmful drug use, availability of suturing services, and visual assessment were below the desired level, indicating points of weakness. Regarding the item assessing nutritional support services, unsatisfactory assessments were also found in other studies^{15,26}. Deficiencies in this nutritional aspect may impair health promotion and protection, since inefficient or absent nutritional supplementation may result in infectious diseases, malnutrition, overweight, and chronic diseases²⁶. Furthermore, it is important to emphasize that families in situations of social vulnerability may fail to adhere to programs related to nutritional supplementation, reinforcing the concepts of the social determination of disease³².

Concerning suturing services, negative assessments predominated in most studies consulted. This result may be related to the fact that referrals for this type of service are generally directed to Emergency Care Units or specialized services, and may also be influenced by the overvaluation of services with greater technological density. In addition, lack of adequate training or scarcity of resources and supplies may also negatively influence this aspect^{16,26,33}.

Services aimed at identifying visual problems received negative assessments, a finding similar to that of a study conducted in another context²⁶. Users' knowledge regarding programs for identifying visual problems in PHC remains below the expected level, representing a challenge for the SUS, since eye health is one of the main axes of the School Health Program, articulated with PHC³⁴.

Regarding the assessment of items related to services provided, the positive scores for items associated with home safety, such as keeping the child safe and ways of dealing with behavioral problems, may indicate progress toward overcoming the biologist logic, since such items are related to the comprehensive care of users' needs, valuing not only disease but also preventive issues, as observed in a study with similar findings¹⁵.

A probable explanation is that growth and development monitoring is usually associated with traditionally favored biological issues²⁶. In addition, the Brazilian National Policy for Comprehensive Child Health Care includes lines of care that support the monitoring of growth and development²⁷.

The limitations of this study include the impossibility of data collection in all BHUs of the municipality and the limited number of participants. It is important to emphasize that PHC attributes should not be viewed as isolated factors, since they are interrelated, and PHC effectiveness only occurs through the positive presence of all attributes. Furthermore, it is

assumed that differences may exist between health assessments conducted by different actors within the same service.

CONCLUSION

The “comprehensiveness” attribute of PHC obtained a positive score in the assessment conducted with caregivers of children up to two years of age, reflecting years of public policies directed toward this segment of the population. This result may indicate that the PHC offered in the municipality is aligned with the individual and the surrounding context. However, the absence of studies aimed at assessing PHC in the municipality makes it difficult to measure the degree of success achieved.

The findings allow the identification of the main strengths related to child healthcare, while also highlighting the main points of weakness, thereby enabling opportunities for PHC improvement. In addition, it should be emphasized that periodic assessments are essential, as they function as critical mechanisms for understanding reality and are fundamental opportunities for correcting directions whenever necessary.

It should also be emphasized that, although understanding how users benefit from the healthcare provided is extremely important, the perspectives of the other actors involved in this level of care should also be considered, since different positions may offer distinct perspectives, providing greater depth and scientific rigor to PHC assessments.

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