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Research Article

Potential of social participation spaces in Primary Health Care for promoting citizenship and local public policies

Potencialidades dos espaços de participação social na atenção primária à saúde para a promoção da cidadania e de políticas públicas locais

Potencialidades de los espacios de participación social en la atención primaria a la salud para la promoción de la ciudadanía y de las políticas públicas locales

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Abstract

Introduction: In contexts such as the current one, in which public policies and participatory management spaces have been dismantled, weakened, or extinguished in the national public agenda, the discussion on social participation in the everyday life of services, especially in a capillary strategy such as the Family Health Strategy, becomes even more relevant and necessary. **Objectives:** In this manuscript, we show the perception of users, managers, and workers of the Family Health Strategy concerning the potential of social participation spaces in Primary Health Care for promoting citizenship and local public policies. **Methods:** Semi-structured interviews were conducted with 33 participants linked to five Family Health Units in the municipality of João Pessoa (state of Paraíba, Brazil). After organizing and systematizing the information, the content analysis method was employed. **Results:** The verified dimensions were summarized in five synthesis-ideas: formulation of health policies based on the understanding of community demands, as stated by their protagonists; knowledge sharing and collective formulation between team and users, thus promoting the expansion of local health actions; creating foundations for citizenship from the perspective of community empowerment; strengthening institutionalized spaces of participation consistent with local health demands; weaknesses for effective influence of spaces of social participation on the promotion of local public policies. **Conclusions:** Social participation becomes a key factor for creating public spaces of representativeness and proactiveness of social groups, in planning, developing, and assessing health policies.

Keywords: Primary health care; Community participation; Health policy.

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Resumo

Introdução: Em contextos como o atual, no qual políticas públicas e espaços de gestão de cunho participativo têm sido desmontados, enfraquecidos ou extintos na agenda pública nacional, a discussão da participação social no cotidiano dos serviços, especialmente em uma estratégia capilarizada como a Estratégia Saúde da Família, torna-se ainda mais relevante e necessária. **Objetivo**: Assim, o presente manuscrito revela a percepção de usuários, gestores e trabalhadores da Estratégia Saúde da Família acerca das potencialidades dos espaços de participação social na Atenção Primária à Saúde para a promoção da cidadania e de políticas públicas locais. **Métodos**: Foram realizadas entrevistas semiestruturadas com 33 participantes vinculados a cinco Unidades de Saúde da Família do município de João Pessoa/PB. Após a organização e sistematização das informações, utilizou-se o método de análise de conteúdo. **Resultados**: As dimensões encontradas foram sumarizadas em cinco ideias-síntese: construção de políticas de saúde com base na compreensão das demandas da comunidade, conforme expressas por seus protagonistas; compartilhamento de conhecimentos e construção coletiva entre equipe e usuários, promovendo a expansão das ações locais em saúde; construção de bases para a cidadania na perspectiva do empoderamento comunitário; fortalecimento de uma atuação dos espaços institucionalizados de participação coerente com as demandas em saúde locais; fragilidades para uma efetiva influência dos espaços de participação social na promoção de políticas públicas locais. **Conclusões**: Assim, a participação social torna-se um fator primordial para a construção de espaços públicos de representatividade e de proatividade de grupos sociais, no planejamento, desenvolvimento e avaliação das políticas de saúde.

Palavras-chave: Atenção primária à saúde; Participação da comunidade; Política de saúde.

Resumen

Introducción: En contextos como el actual, en el que las políticas públicas y los espacios de gestión participativa se han desmantelado, debilitado o extinguido en la agenda pública nacional, la discusión de la participación social en la vida cotidiana de los servicios, especialmente en una estrategia capilar como la Estrategia de Salud Familiar, se hace aún más relevante y necesaria. **Objetivos:** Así, en este manuscrito se destaca la percepción de los usuarios, gestores y trabajadores de la Estrategia de Salud Familiar sobre el potencial de los espacios de participación social en la Atención Primaria de Salud para la promoción de la ciudadanía y las políticas públicas locales. **Metodología:** Se realizaron entrevistas semiestructuradas con 33 participantes vinculados a 5 Unidades de Salud Familiar en el municipio de João Pessoa (PB). Después de organizar y sistematizar la información, se utilizó el método de análisis de contenido. **Resultados:** Las dimensiones encontradas se resumieron en 5 ideas-síntesis: construcción de políticas de salud basadas en la comprensión de las demandas de la comunidad, tal como las expresan sus protagonistas; intercambio de conocimientos y construcción colectiva entre el equipo y los usuarios promoviendo la expansión de las acciones locales en salud; construcción de fundamentos para la ciudadanía desde la perspectiva del empoderamiento de la comunidad; fortalecimiento de los espacios institucionalizados de participación consistente con las demandas locales de salud; debilidades para una influencia efectiva de los espacios de participación social en la promoción de las políticas públicas locales. **Conclusión:** Así, la participación social se convierte en un factor primordial para la construcción de espacios públicos de representatividad y proactividad de los grupos sociales en la planificación, desarrollo y evaluación de las políticas de salud.

Palabras clave: Atención primaria de salud; Participación de la comunidad; Política de salud.

INTRODUCTION

Social participation is an important dimension of public dynamics, consisting of the involvement of different social actors in the development, monitoring, and evaluation of public policies and an essential part of the exercise of democracy. In Brazil, its exercise was established by law in the Constitution of 1988 and, in the health sector, by Law No. 8,142, of 1990, which inserts social participation in public management and in the creation of the Brazilian Unified Health System (SUS).[1]

The centrality of social participation as a basis for Brazilian public action can be highlighted from the moment when the aforementioned provisions understand the need for co-responsibility between State and society, aiming at dialogue between the two parties that have a voice in the decision process within the scope of public policies.[2]

Social participation becomes crucial in the context of Primary Health Care (PHC), as this is the level of care closest to the everyday life of the community, maintaining an articulated relationship between managers and users.[3] In the 1990s, the emergence of the Family Health Strategy (FHS) made social participation a key element in the set of local health actions to promote comprehensive health, health

prevention and fight against social inequalities and health issues of the population. Social participation allows the supervision and debate on local public policies that can favor the community in question and meet their needs, by approaching the public service, through the FHS, to the reality of SUS users.[4]

The proximity between PHC and the population is a primary factor for the creation of public spaces of representativeness and proactiveness of social groups. This will enable direct action in the formulation of policies that meet the interest of that local community, taking into account all the nuances of each micro-area of the FHS. Thus, there will be a guidance as to where to invest funds for the health of that population.[5]

Therefore, social participation causes a decentralization of the debate about the health needs of each community and the planning of the actions of health teams in PHC, which was previously and preponderantly deemed as exclusive responsibility of managers. Hence, as pointed out by Brutscher and Cruz,[5] it is expected that the spaces of social participation in PHC can gradually foster an expanded perspective and practice of citizenship, as they drive the protagonists who live in each territory, through these spaces of social participation, to carry out possibilities and develop a proactive action in the everyday life of local health, whether by vocalizing demands, criticizing and making suggestions about the provided service, or by effectively taking responsibility for and providing care and actions for promoting health.[6]

The exercise of social participation becomes essential for the construction of citizenship and democratization of public policies, increasing the effectiveness of services.[7] In contexts such as the current one, in which public policies and participatory management spaces have been dismantled, weakened, or extinguished in the national public agenda,[8,9] and in which the State adopts a stance of deepening neoliberal austerity, the discussion on social participation in the everyday life of services, especially in a capillary strategy such as the FHS, becomes even more relevant and necessary.[10,11]

Taking this into consideration, the need of this article is justified, in which we seek to demonstrate the perception of FHS users, managers, and workers about the potential of spaces of social participation in PHC for promoting citizenship and local public policies. This article is part of a broader research, carried out by the Research and Extension Program in Comprehensive Practices for Health Promotion and Nutrition in Primary Health Care (*Práticas Integrais de Promoção da Saúde e Nutrição na Atenção Básica em Saúde* – PINAB), of Universidade Federal da Paraíba, titled *Espaços de participação da comunidade na Atenção Primária à Saúde: analisando caminhos, dificuldades e desafios com base em experiências na cidade de João Pessoa-PB* ["Spaces for Community Participation in Primary Health Care: analyzing paths, difficulties and challenges based on experiences in the city of João Pessoa-PB"].

METHODS

This is a qualitative, exploratory and descriptive study. Qualitative research was adopted as a methodology, which aims to understand the logic of groups, institutions, and actors capable of incorporating meaning and intentionality as part of the acts, relationships, and social structures.[12]

For the empirical stage of the study, the strategy of semi-structured individual interviews was used, in which the interviewees could respond through free and spontaneous answers. The interviews took place within Family Health Units (FHU), between December 2018 and February 2019, in the morning shift. There were 33 participants in this stage, including: five physicians (P), five dentists (D), five nurses (N), five community health agents (CHA), five nursing technicians (NT), three managers (M), and five users (U) linked to five FHU. The criterion for selecting the FHU was based on their characteristic as "School Units," in the Health District II of the municipality of João Pessoa, state of Paraíba (PB), Brazil. In these units,

there is the Family and Community Medicine Residency Program (FCMR) of the Department of Health Promotion of the Medical Sciences Center of Universidade Federal da Paraíba and the Multiprofessional Residency in Family Health of the Municipal Department of Health of João Pessoa/PB; besides curricular internships of health programs, including horizontal modules of the Medicine program.

Interviewees were randomly selected, according to the availability of time, but respecting the criterion according to which it should have at least one representative of each Family Health Team (FHT), as the selected FHU are integrated units, that is, they had four FHT each, except for one FHU that had only two FHT.

Interviews with workers and managers were conducted during appointment intervals. With users, they took place in the waiting room, while they waited for the appointment. The interviews lasted an average of 15 minutes each, were recorded on the interviewers' mobile devices, and later transcribed. As aforementioned, the present study stems from a broader piece of research, which focused on several aspects of social participation in PHC. Regarding the dimension analyzed in this article, the interviewees contributed with their vision about the following guiding questions: to what extent and how do interfaces of spaces of participation in the community take place with the improvement of citizenship in the territory?; and to what extent and how do interfaces of spaces of participation in the community take place with the development of actions and health policies consistent with local popular demands?

To ensure the anonymity of the interviewees, they were identified based on the initials of their roles in the FHU (P, D, N, CHA, NT, M, and U). In addition, to ensure the anonymity of the units, each FHU was assigned an Arabic numeral (1, 2, 3, 4, and 5). Thus, P1 would be the physician of FHU 1, D2 would be the dentist of FHU 2 and so on.

Regarding the organization and systematization of the data, first, the interviews of each of the 33 interviewees were transcribed, separately, by FHU. Then, an initial reading was performed to apprehend important aspects, which were assimilated by highlighting the discourses of some interviewees. The interviews were analyzed based on the content analysis method established by Bardin, cited by Mozzato and Grzybovski.[13] It was based on a first skimming, followed by the selection of documents that would be analyzed, then a reflexive and critical analysis, in which pieces of information to be analyzed were gathered and highlighted. The next stage consisted of classifying elements by similarity or differentiation, creating categories according to common ideas. The stages of interpretation involve the decoding of ideas that are hidden in the analyzed discourses, in such a way that intuition, discussion, creativity, and criticism are paramount in this process.

For each FHU, there was an approach of similar ideas raised by different interviewees, which were grouped into dimensions. Subsequently, there was an approach of similar ideas that emerged among the five FHU, integrating the perception of different units and organizing similar perceptions in unique categories. Once this information was gathered, it was possible to summarize the similar ideas between the two questions, reaching five main dimensions arranged in the results.

It is worth mentioning some study limitations, among which the busy climate within a health unit stands out, which sometimes made it difficult to conduct the interviews. Although the interviews were conducted orally, which facilitates the expression and demands less time for the interviewee, there was some resistance from some interviewees to answer the questions nonetheless, motivated mainly by the lack of time, which may have led to losses to some discourses, due to the possible shortening of the answers. However, this was the minority of cases. Another limitation was that the managers of two FHU could not respond to our research, prevented mainly by lack of time, which may have damaged our database.

This study is in line with the precepts of Ordinance No. 466/2012.[14] It was submitted to the Research Ethics Committee of the Medical Sciences Center of Universidade Federal da Paraíba and approved under Opinion No. 2.706.807. It received the letter of consent from the Health Education Management of the Municipal Department of Health of João Pessoa, under No. 16.077/2018.

RESULTS

After analyzing the interviewees' answers to the two research questions, we found four dimensions concerning the interfaces of the community participation spaces aimed at promoting citizenship in the territory, and four concerning the formulation of local public policies. The emerging ideas are laid out in the first column of Chart 1. After the critical reading and the analytical effort of the eight dimensions found, we reached five final synthesis-ideas that will underpin our discussion, arranged in the second column of Chart 1.

Chart 1. Correlation between dimensions and final synthesis-ideas.

Dimensions	Synthesis-ideas
Identification of local social demands (individual and collective)	Development of health policies based on understanding the demands of the community, as reported by its protagonists
Identification and understanding of the needs of public policies of the territory	
Broadening the knowledge of the participants involved through the exchange of knowledge between team and community	Knowledge sharing and collective development between team and users, promoting the expansion of local health actions
Promotion of public spaces of debate on public policies with users and health team	
Strengthening the feeling of belonging and identity with the territory	Creating foundations for citizenship from the perspective of community empowerment
Development of critical thinking and user awareness about their rights	
Communication of local demands to managers and political representatives	Strengthening the action of institutionalized spaces of participation consistent with local health demands
There is no influence of spaces of social participation on the promotion of local public policies	Weaknesses for the effective influence of spaces of social participation on the promotion of local public policies

DISCUSSION

Formulation of health policies based on understanding the demands of the community, as reported by its protagonists

This first dimension correlates with the idea that the development of citizenship and policies consistent with local demands is intrinsically linked to effective social participation in participation spaces, as pointed out by N4: "If the population doesn't come, doesn't participate, doesn't speak... For those at the forefront, how will they know what happens in the territory?" For the formulation and implementation of public policies, an intersectoral action is necessary, in which civil society is an integral part of public policies.[15] This is allied with the fact that one of the SUS principles is social participation, guaranteeing

society its right to participate and intervene in health management; hence, the popular insertion in the control process and in the formulation of health policies is ensured.[4]

We perceive, therefore, the need for the population to make use of their constitutionally conquered right to have the development and improvement of these actions, considering that, when there is participation, "we understand their needs [users] and do some planning on what that community needs" (D2). The intersectoral action allows to carry out public policies in an articulated way so that one can realize the complexity of the difficulties experienced by the population, in view of a concrete understanding of social needs, based on the principle of integrality and on the guideline of social participation.[15] When a community develops its participatory dimension, it better explains what the demand of its territory is, making the work of professionals to be focused on these needs and, as a result, they can develop actions and public policies consistent with the issues reported by the population.

As residents of the territory, Community Health Agents (CHA) can directly and indirectly contribute to this involvement on the part of users. On the one hand, the direct contribution takes place when they play their citizen role as users, as they "live in an area, experience the reality of these users; so, upon the users' demand for health agents, they indicate to the team what health actions should be promoted in that particular place," as mentioned by M2. Thus, for being members of the community and facing the problems belonging to the territory, they are protagonists of the development of actions according to local demands.

On the other hand, as for the indirect contribution, we verified that, on a daily basis, users tend to get closer to CHA to point out problems and claim solutions,[16] as reported by CHA2:

> *We, as community health agents, we inform households, we call people, but if you're a user, you participate in the group, you have your experience, you feel what is happening to you, whether you are improving or not, how is this helping you. If you pass this information on to other people, it's much more feasible, it's much better to pass information on as a user than as a unit professional.*

Thus, we perceive the importance of the role of the CHA as a health professional, in order to establish bridges of connection and communication between the dynamics of the service and the local social dynamics, being considered a mediator in the articulation of the resolution of the demands intrinsic to that territory.[17] Therefore, an active form of social participation that should also be considered is the connection of the user with the team through CHA, in which there is the creation of a "model of acting with the community, in which dialogue and transformative action are developed in co-responsibility."[17,18]

Considering this participation as a process, there is still much to advance, because the starting point should be the territory, with its peculiarities, through systemic actions, and considering the knowledge of the social actors involved,[19] as explained in the next dimension.

Knowledge sharing and collective development between team and users, promoting the expansion of local health actions

According to participants of this study, the spaces of social participation allow for situations that enable the sharing of experiences and ideas among members of the health team and protagonists of the community. "We create events and situations to bring people together and talk about certain issues and policies," as P1 reports. This favors the planning of educational actions based on the users' interests, by dialoguing with their prior knowledge.[20] By participating in these spaces, users interact with debates and

relations that reaffirm their rights as citizens, and can lead the formulation of proposals for developing public policies according to their demands. For social participation to focus on the promotion of active and critical citizenship, there must be the valorization of knowledge and experiences of social actors in the processes of development in health. As Brutscher and Cruz[5] emphasize, popular education, founded on Paulo Freire's educational methodology, constitutes a pedagogical and political possibility for the establishment of social participation in PHC, building a health awareness, as well as for the democratization of public policies.[20]

One of the spaces cited for this shared development is the Participatory Budget, highlighted by N2. This initiative takes place every year in the neighborhoods of the city of João Pessoa/PB, as a practice established in the municipal management since 2005. In the territories of the study FHU, this activity involves the residents' associations. There is a vote on what should be improved and prioritized in the action of social public policy in each territory, and this tool is deemed a democratic and successful experience of social participation.[21]

Hence, we should think of social participation as a path toward the constitution of active subjects that move toward a liberating life project,[22] as expressed by M4: "They brought their popular knowledge, and what they've heard here was also brought to their homes. Many here have learned [something] or helped doing [something] here, and others have seen the vegetable garden and made the vegetable garden in their homes, you know?" This potential for the development of users' citizenship is important, because it is "a process that mainly values the knowledge and practices of subjects usually disregarded due to their popular origin."[22]

During its construction, the spaces of social participation can converge to the establishment of local contexts and to the health service where diversity, heterogeneity, and intercommunication between different actors begin to be valued, besides the dialogue between popular knowledge and scientific knowledge in the formulation of policies and the creation of spaces for cultural exchange, dialogue, and negotiation.[22] It is therefore essential to have the knowledge of the popular classes as a starting point for the pedagogical process of health education in the development of citizenship and, consequently, of health policies, promoting a horizontal debate and respect for popular culture.[20]

Likewise, according to the popular education movement in health, to promote citizenship and to actively engage users in the formulation of local public policies, the spaces of social participation in PHC must value a horizontal perspective of the relationship between team and user, encouraging interpersonal exchanges and initiatives of the population and thus recognizing the user as a subject capable of establishing a dialogical interlocution and developing a critical analysis of reality.[20] This perspective is corroborated as follows:

> *When they participate here, with the type of education we provide, like I said, they will have more awareness that their trash can clog a manhole, and they can get ill from leptospirosis. They have some notion that the bottles they gather in the yard can be a focus of infection; what we can say is that they gather these bottles with their mouth down. We can see they've started doing this, closing buckets with a plastic lid by tying it down, I think that's popular education, that's a seed we plant and see it grow. (NT5)*

Therefore, social participation is a process in motion for encouraging knowledge exchanges between the actors involved in health in each territory, which promotes technical solutions based on the dialogue between scientific and popular knowledge.[22] Hence, popular health education emphasizes greater participation of

users and provides empowerment exercises for people of the popular classes in a participatory and dialogical way in the formulation of public policies in health and in the improvement of citizens.

Creating foundations for citizenship from the perspective of community empowerment

As active social participation is developed and the community is valued based on its popular knowledge, the feeling of belonging to the territory is stimulated, from the perspective of promoting the concrete involvement of local social actors in solving the main problems and challenges of their territory. Playing a leading role in the development of public life can contribute to the empowerment of actors in the health-disease process and foster the formulation of public policies based on the construction of citizenship. As explained below:

> *It is in these spaces that people develop a sense of belonging to that community. There, they begin to realize that the territory is his, that the territory is hers [...], when we see that as ours, we start seeing the good in that place. [...] This feeling of belonging produces the feeling of fighting for that same thing. [...] You end up creating a bigger picture, a more global picture that your fight is no longer for your street, for your home; your fight is for the neighborhood, for that community to which you belong [...], to build a community that, from your point of view, is more worthy. (P4)*

The concept of health promotion, according to the Ottawa Charter, emphasizes the importance of promoting community empowerment aiming at developing citizenship in the search for collective well-being.[4] "Public policies will only be effective as social participation if they enable emancipatory initiatives with the transforming perspective of realities, and this should be the focus of collective health",[19] because, according to CHA1, "when the community joins together, there's improvement in health and citizenship. When the community is not united, everything goes down the drain. The united community begins to better understand their rights, and begins to absorb that a united population achieves much more."

In order for participation to have this character of collective development, there must be a search for convergences and stimuli for these social actors to interact and participate in an articulated and assertive way.[19] Although this is a challenge to social participation, a powerful way of providing a more active participation and thus the full exercise of citizenship "is by adopting the liberating pedagogical process proposed by Paulo Freire, in which empowerment becomes a way for individuals to be encouraged to make decisions pertinent to improving their lives."[4]

Thus, users are the subjects who have the most power to develop these health policies; after all, "the community knows their needs, where the greatest needs are, and they have the greatest power to ask, to demand these public policies, they have the right to come [to the service] and also tell us what they think about that" (NT5). We believe that the interviewees' discourses point to the challenge of qualifying social participation according to an action-relationship guided by Paulo Freire's pedagogy, which defends the emancipation of individuals as a priority for the mobilization of strategies to qualify community life.[4]

It is worth emphasizing that the dimension of social participation as a form of empowerment is considered by many authors the key image-objective of this process, as empowerment presents greater chances of providing active, critical, and proactive involvement of citizens in the formulation and implementation of public policies according to the concrete demand felt by the community,[21] which corroborates the response of P3: "From the moment these people begin participating more, they begin

having critical sense and realizing what rights they have, [they begin] claiming, [they] become more invested." Therefore, it is possible to cultivate in the spaces of social participation some possibilities of actions and relationships aimed at improving the quality of life and the autonomy of citizens in making decisions for the effective exercise of social control.[19] "When he [the head of a household] goes to the meeting, he does something and realizes the power not only of physical actions, but of planning, which also produces results" (P5).

Hence, by creating a collectivity with critical thinking, the possibility of claiming "quality health care, in addition to the exercise of the universal right to health in the everyday lives of citizens, as stated in the Constitution of 1988" can be qualified.[23]

Strengthening the action of institutionalized spaces of participation consistent with local health demands

As highlighted by Brutscher and Cruz,[5] social participation in health is developed in several contexts and scenarios within PHC, among which are included both spaces of community groups, social movements, popular health practices, residents associations, mobilizations and activities that are non-institutionalized — but essentially important in the local context —, and spaces deemed institutionalized, which compose the legal and constitutional structure of the SUS and health actions in public policies.

From the municipalization and decentralization of health, "the municipal councils have assumed the role of monitoring and deliberating on public health policies in the municipalities".[4] It is in this context that these institutionalized spaces of social participation, as well as the Local Health Councils (*Conselhos Locais de Saúde* – CLS) and Health Conferences, constitute strategic scenarios of articulation between the Government and society, which requires the subjects involved "to be an effective part" in the development of public policies.[22] In this dynamic, social control becomes one of the foundations for strengthening social participation in PHC.[4]

> *So, the council enables many achievements, for example, when the council sees that things aren't doing well here in the Unit, they go there, create a committee, make demands from the management or lead you to the management and say 'what about those demands, what do you have to say?'. And the management feels pressured by social control and will do something to give us an answer, will do something so that it is solved as soon as possible or, at least, to give us a satisfaction. (CHA4)*

The discourses of the study participants demonstrate that these spaces can qualify the performance of users in institutionalized spaces of participation, in addition to allowing greater communication of the local demands presented in these spaces of participation with the agendas and debates considered in the institutionalized spaces. We observe the importance of civil society being empowered to the extent that it begins to value and participate in these spaces for the development of citizenship and health policies, as the agendas discussed and the developments made directly affect the implementation of public actions, works, and projects.[23,24]

"For some counselors, participation in this institutionalized instance meant 'timing and voice.'"[25] Through the activities developed in the councils, social participation and community mobilization are sought to strengthen health actions and the empowerment of users; these spaces can be understood as instruments that foster civic and participatory culture.[21]

However, as a challenge, we can point out that the more capillary institutionalized instances of social participation in health, that is, the CLS, constitute an institution of little visibility and valorization by Brazilian citizens, as evidenced by Brutscher and Cruz[5] and Bispo Júnior and Martins[21].

The scarce knowledge of the functioning of the councils, its limits, and possibilities emerges as an obstacle to social participation in these spaces, fostering the population's poor accessibility to information on the councils, the little interest, and the absence of a large part of the community in the discussions, which weakens the action of the CLS.[4] Furthermore, institutionalized spaces face the challenge of a certain disbelief of the population concerning the participatory process of the councils and the actions of the counselors, who are often associated with conservative political practices, as stated by Gonçalves and Bógus[25] and Brutscher and Cruz[5], corroborated by P4: "Anyhow, often, they [Councils] are somewhat mistakenly used." This situation can be partly explained by the fact that many of the institutional spaces of participation still use vertical forms of relationship and, contradictorily, do not prioritize the understanding of the concrete needs of the community.

Another obstacle is the fact that the perspective of part of the population about the institutional spaces of participation is still moderately limited to the bureaucratic dimension, as mentioned by P3: "This is another bureaucratic way to achieve things related to the place."

Social participation should establish councils not as bureaucratic spaces for the authentication of public health policies, but as a tool to strengthen the possibilities of shared management through dialogue, understanding, and negotiation.[4] Moreover, these spaces cannot comprise themselves all processes and dynamics related to the dimension of social participation in PHC, which must be broader, requiring the "strengthening of social movements and the expansion of alliances with public control agencies".[21]

Thus, it is necessary that the actors involved in the process recognize and strengthen these tools so that the CLS, municipal councils, health conferences, and other spaces are effective spaces for decision-making, social control, and implementation of public policies.[24] To do so, the presence of civil society for the improvement of the SUS is of paramount importance, in such a way that users can exercise their full citizenship, as pointed out by P4:

> *Anyhow, often, they [Councils] are somewhat mistakenly used, but most of the time we have a lot of people, a lot of people that are very invested, a lot of nice people from the community connected to these spaces, and they end up trying to build and bring real gains to the community of which they are part.*

For strengthening social participation in these spaces, it is interesting to include dialogue, creation of information channels, and the continuous need to broaden knowledge of the importance of councils.[2]

Weaknesses for the effective influence of spaces of social participation on the promotion of local public policies

When discussing this item, it is worth noting that the dimension of weaknesses and limits regarding social participation in health was present in the narrative of the people participating in the research at different moments of their reports and reflections throughout the interviews. However, for the purpose of organizing this manuscript, as well as to value, with greater emphasis, the previous dimensions contemplated in the other items, we gathered the discussion on weaknesses in this item.

Part of the interviewees pointed out that they do not believe that social participation is a tool that promotes the development of public policies and citizenship. Considering this significant understanding in the context of our study, but simultaneously taking into account the elaborations of the majority of respondents, who confirmed and illustrated several aspects of the contribution of the spaces of social participation of PHC in the promotion of citizenship and the formulation of public policies, we understand that the best synthesis of the aforementioned idea would not be the lack of relation between participation and citizenship in PHC, but the fragility to its achievement.

Regarding this fragility, on the one hand, some interviewees believe that the spaces of social participation in health are only effective among the actors of the health unit in PHC, thus not having a larger dimension toward citizenship, as stated by D5: "I think it has no influence, because it's something more like this, among ourselves, [...] sometimes we see something that we're doing that can be improved."

There is also the view that public policies are somewhat distant from population power and that actions in the service itself are not likely to influence the broader scope of the public agenda:

> *Since I first started here, I haven't seen this, because in the meetings, which would be the opportunity to make it feasible, in fact, there are only complaints for scheduling exams, bureaucratic stuff. So, it ends up not contributing to the development of health actions and policies per se (D3).*

In other words, the spaces of participation are restricted much more to the resolution or discussion of specific issues concerning the everyday service and user access, and less to a structuring dimension of public policies.

In fact, different authors point to contradictions of the process of organization and development of spaces of participation. Among them, we mention that, often, these spaces are restricted to bureaucratic dimensions of the action of the local health service and little converge to a deeper assessment of the local health situation and to what extent the actions and services provided are contributing to a concrete response to local demands. Despite all the potential pointed out in the previous items, we can say that such spaces are not dedicated to the joint planning of structuring actions to deal with community problems.[26]

Discourses, such as the one of the aforementioned interviewee, draw attention to the fact that these spaces are not "done," ready, and concluded. Its construction from the perspective of an active, critical, and proactive citizenship is also a challenge to be faced in the everyday life of each local context of health promotion in PHC.

To this end, it is worth tackling specific issues and daily practices in each service; the spaces of social participation should converge to the understanding of users as fundamental actors, and the methodology for carrying it out should prioritize the collective construction focused on structuring matters.[19] This may be possible through dialogical development, critical reflection, and consequent maturation as citizens.[27]

CONCLUSIONS

In view of the obtained perspectives and based on the constitutional premise of community inclusion in the formulation and implementation of public policies, we highlight the importance of community participation spaces for the enhancement of citizenship and the development of public policies consistent with local demands. This takes place through the action of the population in participatory spaces, where it is possible to more transparently vocalize and understand the real needs of the territory, from the

perspective of those who actually feel them, in order to better guide the actions to be carried out. Thus, we evidenced the relevance of the work of CHA, as they simultaneously are members of the community and links between the community and health professionals.

By understanding and considering the local demands, participatory spaces were made processes for valuing popular knowledge, diversity, and dialogue, which proactively integrate with scientific knowledge to develop, in a horizontal, authentic, and co-responsible way, health policies for promoting integrality and equity. Therefore, it is possible to enliven an empowering feeling of belonging to the territory in individuals, who begin to see themselves as active subjects in the health and disease process. Indeed, they interfere with decision-making that affect their reality and thus understand health as a project of collective fight for rights.

In addition, it was evident that the institutionalized spaces of community participation in health for broadening citizenship were indispensable. However, the perspective of these spaces as limited to bureaucratic issues came to light, which unfortunately contributes to the popular lack of interest in participating in them. Moreover, we identified the perception of weaknesses in the link between participatory spaces and the development of citizen-related public policies, from the perspective that the process of social participation has been led only by health professionals and that the moments of meeting with the community are limited to unproductive demands. Such impressions reflect the need for efforts aimed at debate, sharing information, and integrating health users into institutionalized spaces.

We emphasize that by empowering these social actors, based on their participation in informal spaces, with the valorization of their knowledge and the exchange of knowledge with professionals, more adherence to institutionalized spaces can be achieved, as the feeling of being an integral part of the mechanism of construction of individual and collective care and public policies will be instilled.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

JVBR: Conceptualization, Methodology, Formal analysis, Writing – original draft. ANA: Conceptualization, Methodology, Formal analysis, Writing – original draft. PJSCC: Conceptualization, Methodology, Formal analysis, Writing – original draft.

REFERENCES

1. Brasil. Lei nº 8.142, de 28 de dezembro de 1990 [Internet]. Diário Oficial da União 1990 [cited on Jan. 14, 2022]. Available at: http://www.planalto.gov.br/ccivil_03/leis/L8142.htm
2. Gomes AM, Colliselli L, Klea ME, Madureira VSF. Reflections and collective production about being a municipal health counselor. Rev Bras Enferm. 2018;71(Supl. 1):496-504. https://doi.org/10.1590/0034-7167-2017-0369

3. Oliveira MAC, Pereira IC. Primary health care essential attributes and the family health strategy. Rev Bras Enferm. 2013;66:158-64. https://doi.org/10.1590/s0034-71672013000700020
4. Busana JA, Heidemann ITSB, Wendhausen ALP. Participação popular em um conselho local de saúde: Limites e potencialidades. Texto Contexto Enferm. 2015;24(2):42-9. https://doi.org/10.1590/0104-07072015000702014
5. Brutscher VJ, Cruz PJSC. Participação social na perspectiva da educação popular: suas especificidades e potencialidades na Atenção Primária à Saúde. Cadernos CIMEAC. 2020;10(1):126-52. https://doi.org/10.18554/cimeac.v10i1.4117
6. Jurberg C, Oliveira EM, Oliveira ESG. Capacitação para quê? o que pensam conselheiros de saúde da região sudeste. Ciênc Saúde Coletiva. 2014;19(11):4513-23. https://doi.org/10.1590/1413-812320141911.15142013
7. Lotta GS, Galvão M, Favareto A. Análise do Programa Mais Médicos à luz dos arranjos institucionais: Intersetorialidade, relações federativas, participação social e territorialidade. Ciênc Saúde Coletiva. 2016;21(9):2761-72. https://doi.org/10.1590/1413-81232015219.16042016
8. Marques CF, Roberto NLB, Gonçalves HS, Bernardes AG. O que significa o desmonte? Desmonte do que e para quem? Psicol Ciênc Prof. 2019;39(Spe2):e225552. https://doi.org/10.1590/1982-3703003225552
9. Mendes A, Carnut L, Melo M. Continuum de desmontes da saúde pública na crise do covid-19: o neofascismo de Bolsonaro. Saúde Soc. 2023;32(1):e210307. https://doi.org/10.1590/S0104-12902022210307pt
10. Cruz PJSC, Silva MRF, Pulga VL, Machado AMB, Brutscher VJ. Educação Popular em Saúde. Rev Educ Popular. 2020;6-28.
11. Lima LO, Silva MRF, Cruz PJSC, Pekelman R, Pulga VL, Dantas VLA. Perspectivas da Educação Popular em Saúde e de seu Grupo Temático na Associação Brasileira de Saúde Coletiva (ABRASCO). Ciênc Saúde Coletiva. 2020;25(7):2737-42. https://doi.org/10.1590/1413-81232020257.26122020
12. Minayo M. O desafio do conhecimento: pesquisa qualitativa em saúde. 13. ed. São Paulo: Hucitec; 2013.
13. Mozzato AR, Grzybovski D. Análise de conteúdo como técnica de análise de dados qualitativos no campo da administração: potencial e desafios. Rev Adm Contemp. 2011;15(4):731-47. https://doi.org/10.1590/S1415-65552011000400010
14. Brasil. Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União [Internet] 2012 [cited on May 2, 2020]. Available at: https://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
15. Carmo ME, Guizardi FL. Desafios da intersetorialidade nas políticas públicas de saúde e assistência social: Uma revisão do estado da arte. Physis. 2017;27(4):1265-86. https://doi.org/10.1590/S0103-73312017000400021
16. Bezerra ACV, Bitoun J. Metodologia participativa como instrumento para a territorialização das ações da vigilância em saúde ambiental. Ciênc Saúde Coletiva. 2017;22(10):3259-68. https://doi.org/10.1590/1413-812320172210.17722017
17. Miwa MJ, Serapioni M, Ventura CAA. A presença invisível dos conselhos locais de saúde. Saúde Soc. 2017;26(2):411-23. https://doi.org/10.1590/S0104-12902017170049
18. Lima FA, Galimbertti PA. Sentidos da participação social na saúde 157 para lideranças comunitárias e profissionais da Estratégia Saúde da Família do território de Vila União, em Sobral-CE. Physis. 2016;26(1):157-75. https://doi.org/10.1590/S0103-73312016000100010
19. Piccoli AS, Kligerman DC, Cohen SC. Políticas em saúde, saneamento e educação: Trajetória da participação social na saúde coletiva. Saúde Soc. 2017;26(2):397-410. https://doi.org/10.1590/S0104-12902017160043
20. Oliveira LC, Ávila MMM, Gomes AMA, Sampaio MHLM. Participação popular nas ações de educação em saúde: Desafios para os profissionais da atenção primária. Interface. 2014;18(Supl. 2):1389-400. https://doi.org/10.1590/1807-57622013.0357
21. Bispo Júnior JP, Martins PC. Participação social na Estratégia de Saúde da Família: análise da percepção de conselheiros de saúde. Saúde Debate. 2014;38(102):440-51. https://doi.org/10.5935/0103-1104.20140042
22. Vasconcelos EM. Educação popular: de uma prática alternativa a uma estratégia de gestão participativa das políticas de saúde. Physis. 2004;14(1):67-83. https://doi.org/10.1590/S0103-73312004000100005
23. Oliveira AMC, Dallari SG. Análise dos fatores que influenciam e condicionam a participação social na Atenção Primária à Saúde. Saúde Debate. 2017;41(Spe. 3):202-13. https://doi.org/10.1590/0103-11042017S315
24. Kleba ME, Zampirom K, Comerlatto D. Processo decisório e impacto na gestão de políticas públicas: Desafios de um Conselho Municipal de Saúde. Saúde Soc. 2015;24(2):556-67. https://doi.org/10.1590/S0104-12902015000200013
25. Gonçalves CCM, Bógus CM. Participação Social, planejamento urbano e promoção da saúde em Campo Grande (MS). Trabalho Educ Saúde. 2017;15(2):617-40. https://doi.org/10.1590/1981-7746-sol00057
26. Cruz PJSC, Brutscher VJ. Participação popular e atenção primária à saúde no Brasil: fundamentos, desafios e caminhos de construção. In: Mendonça MHM, Matta GC, Gondim R, Giovanella L, editores. Atenção primária à saúde no Brasil: conceitos, práticas e pesquisa. Rio de Janeiro: Editora Fiocruz; 2018. p. 123-67.
27. Lisboa EA, Sodré F, Araújo MD, Quintanilha BC, Luiz SG. Conselhos locais de saúde: caminhos e (des)caminhos da participação social. Trabalho Educ Saúde. 2016;14(3):679-98. https://doi.org/10.1590/1981-7746-sol00013