

The use of theory of problematization in the preparation of an intervention plan in a riverside community in the state of Para: Experience report

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Abstract— Objective: to report the experience of using problematization theory in the elaboration of an intervention plan in a riverside community in the state of Para about sexually transmitted infections. Method: This is a descriptive study, the story kind of experience, realized by nursing an

academic institution of higher education private in the city of Belem do Para/Brazil. The action was carried out in a riverside community on the island of Cotijuba in that city on July 20, 2020. Around 200 riverside dwellers participated in the action, including men, women, children, adults and the elderly. It was used as a methodology the Arch of Charles Maguerez, obeying the five stages of the Arch, namely: I- Identification of the Problem, II- Key Point, III- Theorization, IV- hypothesis and V- application / intervention in reality. Situational strategic planning was used to support the development of the intervention plan, which was developed based on the planning cycle, which is composed of four stages: explanatory moment, normative moment, strategic moment and tactical-operational moment. Results: The riverside community was receptive to the proposed methodology; the population held little knowledge on the subject; the need to integrate the community and find a support network for STI prevention was evident; The action provided the graduates with the possibility of a more complete training. Conclusion: The community in which it intervened, benefited from the actions and services carried out, given that there was participation and attachment during the entire process of action, contributing to the strengthening of a line of care, integral and resolute.

Keywords— Health, Health Education, Nursing, Vulnerable Populations, Sexually Transmitted Diseases.

I. INTRODUCTION

It is known that in recent years, public policies have led to several complex compliance initiatives, involving various causes, social processes that are not linear, systems with open mechanisms with uncertain, contingent designs and with several unforeseen events. In this sense, its implementation is influenced by the complexity of the initiatives in recognizing that there are several dynamics at the institutional and community level that define each context, in addition to requiring different resources to reach specific targets [1].

It is noteworthy that the management of health services is a complex process due to the magnitude of the actions to be developed so that they are indeed effective, given that there is a great deal of bureaucracy in trying to reconcile the different individual, corporate and collective interests. Furthermore, Brazil is formed by a vast decentralized and unequal territory, with singularities and specificities and that, for this reason, undergo different management processes. [2].

Nesse In this context, due to the geographic extension of Brazil, there are people living in urban areas, people living on the banks of rivers, the so-called riverside communities. This term is used to distinguish people who typically live on the banks of rivers. These peoples, despite living close to the big cities, have a specific culture and very different ways of life, where rivers are the main means of access and interaction between these peoples [3].

It is noteworthy that the health care of riverside peoples is established by the National Policy for Primary Care, which was instituted in the country through Ordinances MS / GM No. 2,488 and 2,490 of 2011, which implement

and operationalize the actions and health services, as well as defines the financial values of transfer to the Health Teams of Riverside Families and the cost of Basic Fluvial Health Units that are responsible for promoting health to this population [4].

In this perspective, the riverside communities that hold traditional peoples and often vulnerable to this reality, still marginalized, suffer from the fragility of health actions and services provided by the inconsistencies of public health policies, which, added to the difficulty of access and lack of professionals willing to act in the prevention, promotion and rehabilitation of the health of riverside residents and who are trained to deal with the demands of this population, end up not enjoying the rights related to health that are inalienable and mandated by law [5].

Considered as a serious public health problem, Sexually Transmitted Infections (STIs) reach worrying levels due to the large proportions they reach; vulnerability to STIs, such as the difficulty of preventing early diagnosis and barriers related to the difficulty of access to treatment, corroborates the increase in the number of cases of infected people and which contribute to the worsening of the health situation [6].

The “HIV / AIDS Epidemiological Bulletin”, from the Department of Diseases of Chronic Conditions and Sexually Transmitted Infections, from the Health Surveillance Secretariat, from the Ministry of Health, in 2018, when analyzing mortality by Federation Unit, O Para it is among the ten states that presented a coefficient higher than the national (4.4 deaths per 100,000 inhabitants) with an index of 7.6 [7].

The aforementioned bulletin also points out that there was an increase in the standardized mortality rate for AIDS between the years 2008 and 2018 and Para is among the ten Federation Unit that present this situation. According to the index composed of indicators of detection rates, mortality and first CD4 count in the last five years, the State of Para is in third place. In relation to the capitals, the city of Belem occupies one of the five highest positions in the ranking and among the municipalities with 100,000 inhabitants or more, of the first 20 belong to Para [7].

Thus, this research is justified by the vulnerability of people bordering STIs, as it is related to the low level of knowledge and the lack of information of these people in relation to the disease. It is noted that this vulnerability is related to three areas: individual, social and programmatic. Individual vulnerability is linked to information, especially when that information is not incorporated into individual actions aimed at prevention. Social issues are related to access to information or access to health and education services that can aggravate the process of vulnerability to AIDS, for example. Programmatic vulnerability is related to the capacity of institutions such as family, school, health services and the community to institute effective policies for the control and prevention of STIs.

The aim of this study is to report the experience of using problematization theory in the elaboration of an intervention plan in a riverside community in the state of Para.

II. METHODS

This is a descriptive study, an experience report, carried out by nursing students from a private Higher Education Institution located in the city of Belem do Para / Brazil. The action was carried out in a riverside community on Cotijuba Island in that city, far from urban centers on July 20, 2020. Around 200 riverside dwellers participated in the action, including men, women, children, adults and the elderly. The Arch of Charles Maguerez was used as a methodology to promote the success of the action, considered an active methodology that allows the planned realization of care. In order for the action to be faithful to what was proposed by the Theory of Problematization described by the Arch of Charles Maguerez, the five stages of the Arch were obeyed, namely: I- Identification of the Problem, II- Key Point, III- Theorization, IV- hypothesis and V- application / intervention in reality. Furthermore, when using this Theory of Problematization, its premises were chosen to provide support and guidance to the educational practice carried out. Thus, in the first

stage, in which the problem had been identified, on March 13, 2020, a technical visit was made to that island, with the riverside community, in order to approach the various local entities, such as families, managers and local support networks to raise, identify and outline which are the most relevant health problems and weaknesses perceived by the community, in order to enable the design of actions to be developed through the theme raised. In the second stage, in which the key point to be explored and worked out, after the technical visit at the action site, the importance of developing activities aimed at prevention and treatment related to STIs was defined, given that this was a critical point reported by all participating entities during the visit to the community, considered as a real and potential problem within the riverside dwellers. Continuing, in the third stage of the arch, in the theorizing phase of the problem encountered, for two months there was theoretical immersion, investigation through gray literature, scientific articles, videos, research and conversations with specialists in order to develop a teaching- learning that privileged the construction of knowledge among the entire riverside population and that served each audience in a specific way. In the fourth stage proposed by Charles Maguerez, the hypotheses were realized, for which intervention strategies were developed in order to solve the problems identified, finally, in the fifth and last stage, the application was made in reality, where academics returned to the community, provided with an intervention assistance plan to develop with the riverside dwellers, the explanatory problem tree and the strategic situational planning were used to support the development of the intervention plan (FIGURE 1), which was developed based on the planning cycle that consists of four stages, namely: explanatory moment, normative moment, strategic moment and tactical-operational moment. An activity based on play was carried out, given the low level of education identified among the community and for this strategy to provide the acquisition of knowledge in an interactive and participatory way. In a simple and dynamic way, theorizing about the theme occurred, addressing the STI theme, highlighting the disease, prevention and treatment measures.

III. RESULTS AND DISCUSSION

Table 1: Description of the Central Problem, Root of the problem and consequences.

CENTRAL PROBLEMS	PROBLEM ROOT	CONSEQUENCES
High rate of HIV- AIDS infection in	- Sex tourism - Low level of	- Dissemination of the disease in the

<i>the state of Para and the vulnerability of the traditional people of the riverside community.</i>	<i>health literacy on sex and sexuality</i> - <i>Difficulty in accessing health services in the region</i> - <i>Promiscuity</i> - <i>Unprotected sexual intercourse</i> - <i>Incest</i> - <i>Sexual abuse</i>	<i>riverside region</i> - <i>Deaths related to the disease</i> - <i>Subjectivity in disease notification data</i> - <i>Diagnosis and late treatment;</i> - <i>Low level of reach for infected people;</i>
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The riverside community was very receptive to the proposed methodology, contributing positively to the implementation of the action; in addition to providing an exchange of knowledge with the facilitators, they also demonstrated a real interest in acquiring more information about the topic addressed.

It is observed that the use of active teaching methodologies allows the construction of a critical-reflective education, favoring the teaching-learning process, building an interpersonal relationship between the facilitator and the student in the firmament of knowledge. Education is based on a problematized point and provides the act of self-learning, in order to face the problem situation based on meaningful learning [9].

For this, in the IV stage of Arch de Maguerez, we sought to develop health education activities based on active teaching-learning methodologies in order to raise their awareness of the importance of early diagnosis, prevention and treatment of STIs.

It is revealed that for health promotion to be effective, it should not be restricted to the mechanistic activity of practice, but, above all, to occur with the instrumentalization of health education, which requires more than understanding the theme and of concepts; it is necessary to make the interrelation between the acquired knowledge and the communication and the accessible transfer of information seeking to qualify education [10].

However, during the V stage, it was found that the riverside residents had little knowledge about the theme, as identified in stage I of the Arch; however, they were shown to be participative in the proposed activities.

It is inferred that limited knowledge and insufficient health literacy demonstrate greater difficulties with a given treatment, in addition to the evident low adherence to the proposed treatment and the therapeutic regimen, low

understanding of the potential risks and health problems, low ability to perform self-care with prevention, control and treatment measures with a consequent worsening of the general health status, which can even lead to death [11].

The need to integrate into the community and find a support network was highlighted in order to elucidate the importance of the discussion on sexual health and STI prevention.

It corroborates with the results above by emphasizing that the territory has a particular history, environment, economic and social relationship that are unique in the relationship between health and disease production. For this, it is extremely important to analyze the health situation with the participation of different authors present in the community in the construction of an epidemiological diagnosis, to identify living conditions, health demands as well as factors that increase risks and those that are potentially favorable to minimize them [12].

The action provided the students with the possibility of a more complete education, based on a moral education, which makes the student understand the responsibility of doing that his profession presupposes, in a critical and reflexive way, with the opportunity to gain autonomy in face of reality of the society in which they live.

It appears that in problem-based learning, the student is encouraged to develop skills and abilities to resolve issues, based on research and by learning by doing. A problem close to the real is brought before the student, planned in a safe and simulated environment, to prepare and enable the student to perform better in his professional life [13].

It is also noted that the use of the Charles Maguerez Arch in the teaching process is effective in arousing the student's curiosity and skills. The Ministry of Health highlights the use of active Methodology to provide professional training that are rooted in the models of care, in the perspective of bringing these measures to the curriculum structure, thus demonstrating positive results in the autonomy and training of students [14], [15].

The use of Strategic Situational Planning was also very important for the effectiveness of the intervention and user satisfaction. The use of this instrument has an enormous potential to act on complex problems and can be used as a management tool that involves the implementation of teaching-service processes, considering that it involves multiple facets to better evaluate acting on problems, based on a participatory and interactive process between all the actors involved in the provision of services [16].

IV. CONCLUSION

It was noticed that health education with the use of active methodologies, facilitates the understanding of the participants on the theme, in addition to guiding the formation of a humanist, critical and reflective professional who is in fact qualified for the exercise of the profession, who he is able to know and intervene in problem situations. It is also noted that the full participation of the student occurs in the exercise of learning by doing, motivated and guided by the teacher. The use of problematization theory in the teaching-learning process functioned as a didactic strategy for enabling the achievement of goals, through planning and acting on a studied key point.

The developed learning process enhanced the competences and skills of the students, given that the use of problematization caused a disquiet in the students, mediated by the teacher, through a problem situation created in a safe, realistic environment, where mistakes can still be made and which seeks reproduce reality faithfully.

The community in which it intervened, through actions that outlined and systematized by an active methodology created on top of a problem, benefited from the actions and services performed, given that there was participation and linkage of the community throughout the action process contributing to strengthen a line of care, integral and resolute.

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