

Educational technologies as a health education strategy for the prevention of Cervical Cancer: Experience report

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Abstract— Objective: To report the experience of using educational technologies as a strategy to disseminate knowledge related to cervical cancer in order to promote measures to prevent cervical cancer. **Method:** This is a descriptive study, type of experience report, carried out by nursing and medical students at a Private University in the city of Belém do Pará / Brazil about cervical cancer. Fifteen women aged between 25 and 70 years participated in the educational activity. **Results:** It was noticed that during the waiting room, the women present were at all times attentive to the information passed on by the academics, however, the knowledge related to the theme is still very limited. In addition, it was observed that there was the construction of critical knowledge about cancer involvement, favoring the teaching and learning process. **Conclusion:** It was identified that the dissemination of information through health education achievements is fundamental, and the possibility of building critical and reflective thinking about cervical cancer is extremely important to prevent this pathology. It is worth mentioning the importance of actions aimed at preventing the disease through innovative technologies.

I. INTRODUCTION

Neoplastic disorders are among the pathologies that most cause morbidity and mortality of individuals at an early stage in most countries, due to numerous factors such as increased life expectancy, life habits, and socioeconomic characteristics which influence the process of diagnosis to therapy chosen in each case (FERNANDES, NFS, et al, 2019).

Among the most prevalent neoplasms, the high number of UCC cases registered at the national level stands out, with an estimate of 16 thousand new cases, being the third main etiology among Brazilian women, according to a load carried out by the National Cancer Institute (INCA) for the year 2020. Thus, it is understood the importance of preventive measures to reduce the high levels of Cervical Cancer (CC). This neoplasm presents in various histological types and, among them, Squamous Cell Carcinoma (SCC) is the most frequent with about 80% of cases, followed by Cervical Adenocarcinoma (CA) and Adenosquamous Carcinoma (ASC), which represent 10-15% of total cases (ROZÁRIO, S, et al, 2019).

The high rate of cervical cancer is due to infection with Human Papillomavirus (HPV), an etiological agent that is transmitted, in most cases, by unprotected sexual contact, in addition to being associated with other factors indirectly, such as early sexual initiation, a large number of sexual partners, multiparity and the use of oral contraceptives, smoking, old age and poor commitment to personal hygiene (FREDRICH, EK & RENNER, JDP, 2019). These factors contribute to the increased risk of developing cancer, in addition to other aspects such as the presence of the disease among individuals in lower socioeconomic conditions, leading to its association with poverty and lower levels of education, due to low knowledge related to the purpose, the periodicity and prior care of screening and prevention measures, in addition, either out of shame or due to the lack of time to perform the exam are factors that add to the risks among individuals who mostly depend only on the Unified Health System to obtain pathology assistance (MELO, EMF, et al, 2019).

Therefore, there is a great need for guidance for early detection, from the incentive to the main strategy of screening programs for cytopathological examination (Papanicolaou Smear), or preventive examination of cervical cancer. Thus, enabling the proper management and appropriate referral of women diagnosed or suspected of having a CC for investigation or treatment at other levels of the system, as needed (BARBOSA, IR, 2017).

Measures with direct interventions to a population by means of educational technologies such as the tools used

to raise awareness and prevent various problems, including Cervical Cancer. In this sense, the use in this sense, such as the use of music and the realization of a waiting room for instructional purposes, are ways of reaching the objective of reflection and greater participation of the population (SOARES, LS, et al, 2020).

Therefore, a survey with the objective of relating the experience of using educational technologies as a teaching and learning strategy related to cervical cancer in order to promote measures to prevent cervical cancer.

II. METHODS

This is a descriptive study, an experience report, carried out by nursing and medical students from a Private Higher Education Institution in the city of Belém, Pará, Brazil. Thus, the activity was carried out at the institution's health clinic by participants in the extension project entitled "Interdisciplinary Care for Women's Health", two nursing students and one medical student, directed by a project guiding nurse.

In this sense, the educational action took place on November 26, 2020, no afternoon period during the patients' waiting for medical consultation at the institution's outpatient clinic. The activity was attended by 15 women aged between 25 and 70 years.

In this context, in order to carry out the educational activities, it was necessary to divide it into two stages: I - Situational meeting to elaborate the action and II - Realization of the waiting room on cervical cancer. Thus, in the first stage, the situational dynamics of Maguerez' Arch were used, by observing the flow of women who were seen at the outpatient clinic, thinking about possibilities for carrying out health education activities such as waiting rooms, where the need for approaches related to the CC prevention and awareness method.

In this sense, according to RUIZ SLA, et al, 2020, the problematization methodology, Arco de Maguerez, is composed of five stages, the first of which is the observation of reality, which consists of the active participation of the subjects for an attentive look at reality as well as, second stage, the identification of the key points is carried out, enabling the analysis and formulation of keywords for certain problems. Furthermore, the third stage, theorization, is the moment when the subjects start to identify the problem and make inquiries. In addition, the fourth stage, identification of hypotheses and solutions, consists of the elaboration of viable alternatives to solve the identified problems, and the last stage, application of reality being led to the construction of new knowledge to transform the observed reality.

Thus, during the second stage of educational technologies to elucidate how it occurs and the importance of early diagnosis of cervical cancer. For this purpose, anatomical pelvis and female genital mannequins, models with a playful representation of healthy and neoplastic uterine necks were used, as well as posters with figures representing a physiological and pathological female genital anatomy, in cases of carcinoma.

In addition, it was thought about the ambiance of the clinic with thematic decorations on the pink October, in view of the accommodation and the greater interaction of the participants in relation to the students during the explanation of the theme.

III. RESULTS AND DISCUSSION

During the waiting room, it was identified that the women present were at all times attentive to the information passed on by the academics, as soon after the end of the explanations it was opened for the participants to ask if there were any doubts regarding the subject addressed. These questions addressed the frequency with which the preventive exams should be carried out if this involvement could be caused by sexual intercourse and doubts if the Papanicolaou's stain was performed in the institution's outpatient clinic. Thus, these questions present the difficulties related to the subject of CC and demonstrate that, even though this is a highly prevalent affection, the knowledge related to the theme is still very limited, as well as the assistance both in relation to the diagnosis and related to the specific treatment for the disease.

In this context, it is observed that access to the exam is the initial step towards an effective strategy to prevent CC control, needing to be ensured, especially for women at high risk for the disease (BARBOSA, IR, 2017). Since health information is a practical strategy to reduce the rates of difficulties in adopting a positive and active posture for women, the prevention and control of CC. In this way, the records allowed to identify the adversities of access to the system, the circumstances of low development index, generated by the most varied, promote obstacles to the expansion of the exams. Among the visitors who perform fewer exams are women with low schooling, low family income, and younger women. The low level of education for both the disease and the exams and the fear related to the diagnosis of the pathology, in case a possible discovery of the disease occurs, causes absenteeism in campaigns for prevention and control (MITTELDORF, CATS, 2016).

It was also verified in the action, that a large part of the women present, was already in time to perform the procedure, reflecting the need for continuity of procedures

like this one for the interaction and adequate conception on the needs of self-care and routine evaluation of the health professional.

Because of this situation of low performance of examinations, it is valid to ensure adequate coverage in the screening of the population defined as a target, which is one of the most relevant factors to achieve considerable attenuation of the incidence and mortality due to CC because this measure influences the understanding of that the exam is the basic form of early screening of the pathology, making it possible to intervene and treat injuries in advance, so as not to become aggressive (TEXEIRA, LA, 2015).

In another perspective, for there to be a consequence on the scope of prevention regarding health research, health professionals must be always trained to guide scientific research; about the exam collection measures, exposing the employees and highlighting the positives of the screening; for the collection of cells, ensuring the quality of the sample and the characteristics of each woman, their beliefs and perceptions; and for support and assistance in cases of finding the disease. (BARBOSA, IR, 2017).

Thus, it was observed that there was the construction of critical knowledge about oncological involvement, favoring the teaching and learning process with the sharing of interdisciplinary information to guarantee more autonomy and mastery about the information about the pathology, demonstrating the great need for integration with the community to elucidate frequent doubts that may arise and gains in experience for students participating in the health action.

In this sense, the dissemination of information on this topic is essential because as women know what pathology is, one capable of carrying out exams periodically, the search for the exam becomes frequent, through the adoption of an active self-care posture, increase coverage of preventive exams, PCCU, by health services (MELO, EMF, et al, 2019).

Besides, it is possible to verify the importance of educational technologies for the exemplification, demonstration, and consolidation of the information passed on, allowing structures and characteristics very peculiar to the disease to be created efficiently to the participants of the action. In line with this, the setting also provided a welcome and direction to the theme in question, contributing to the interaction of the participants with the proposed dynamics.

Therefore, it should be noted that health education is shown as a fundamental promotion strategy used to expand the coverage of exams and composed with the use of

educational means. Health education contributes to an adequate understanding that the examination is a simple measure of early identification of the disease, enabling intervention and previous preventive treatment. In this way, the health surveillance measures are prepared by the important monitoring and evaluation professionals, result in a direct impact on the quality of the methods of prevention and management of the disease (RIBEIRO, JC & ANDRADE, SR, 2016).

IV. CONCLUSION

In this study, that the researchers verified a depersonalized and fragmented characteristic of health care. In this perspective, the woman, even with good quality in the specific care process, does not have an adequate screening by the Pap Smear. These innumerable barriers to accessing the Pap smear exposed the vulnerability of women related to CC since it accentuated inequalities and decreased the rate of diagnoses and treatments, in addition to providing prevention to those who do not have adequate assistance.

Thus, it was noticed that the use of conversation circles, waiting rooms and even the use of didactic mannequins allowed a continuous and effective teaching-learning in health that is directly linked to the control of several factors related to cervical cancer, enabling women to develop a critical and reflective thinking on the subject favoring a better adherence to preventive measures of the pathology.

Thus, it is concluded that it is essential to adapt assistance to an organized screening mode, instead of occasional screening, aiming not only diagnostic confirmation and the respective treatment. Thus, through the construction of new expectations and reformulation of surveillance actions, as essential measures for the effective management of CC screening strategies, ensuring health promotion and coverage of the population at higher risk, indicating means to reduce morbidity and mortality rates for this disease.

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