

Educational actions for the prevention of cervical cancer: discourse of quilombola women

Ações educativas para a prevenção do câncer do colo do útero: discurso de mulheres quilombolas

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Resumo

Introdução: o câncer do colo do útero é o terceiro tipo de câncer que mais mata mulheres, afetando principalmente aquelas com menor nível socioeconômico e que possuem dificuldades de acesso aos serviços de saúde, como as mulheres quilombolas. **Objetivo:** compreender como propostas de educação em saúde podem contribuir para o autoconhecimento de mulheres quilombolas acerca da prevenção do câncer do colo do útero.

Métodos: trata-se do recorte de um trabalho de conclusão de curso de graduação em Enfermagem da Universidade Federal de Campina Grande, realizado no ano de 2019, alicerçado no método da pesquisa-ação e analisado por meio do processo metodológico do Discurso do Sujeito Coletivo. **Resultados:** após o diagnóstico situacional, realizaram-se três encontros com as mulheres quilombolas, nos quais foram construídos conhecimentos acerca do câncer do colo do útero e realizado o enfrentamento de sentimentos relacionados à doença, utilizando-se de metodologias ativas associadas às representações e características inerentes aos hábitos preventivos, principalmente o exame Papanicolaou. **Conclusões:** as ações educativas provocaram mudança em relação ao conhecimento das mulheres sobre o câncer do colo do útero e seus métodos preventivos, mostrando, assim, que os atos educativos são uma possibilidade para o autoconhecimento de mulheres acerca da prevenção do câncer do colo do útero, tornando-as detentoras e multiplicadoras de conhecimentos em sua realidade coletiva.

Palavras-chave: saúde da mulher; neoplasias do colo do útero; educação em saúde; grupo com ancestrais do continente africano; pesquisa qualitativa; enfermagem.

Abstract

Introduction: cervical cancer is the third type of cancer that causes more deaths in women, affecting mainly those with lower socioeconomic status and who have difficulties in accessing health services, such as quilombola women.

Objective: to understand how health education proposals can contribute to the self-knowledge of quilombola women about the prevention of cervical cancer.

Methods: this is an excerpt from an end-of-course work for the undergraduate nursing course from the Federal University of Campina Grande, performed in 2019, based on the action

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research method and analyzed through the methodological process of the Collective Subject Discourse.

Results: After the situational diagnosis, three meetings were held with the quilombola women, in which knowledge about cervical cancer was constructed and feelings related to the disease were confronted, using active methodologies associated with the representations and characteristics inherent to preventive habits, especially the Pap smear.

Conclusions: The educational actions provoked a change in the knowledge of women about cervical cancer and its preventive methods, thus showing that educational activities are a possibility for the self-knowledge of women about the prevention of cervical cancer, making them holders and multipliers of knowledge in their collective reality.

Keywords: women's health; uterine cervical neoplasms; health education; african continental ancestry group; qualitative research; nursing.

Introduction

The remaining quilombo communities are groups descending from enslaved populations that, in the process of searching for freedom, fighting and resisting the slavery system, originated social groups by means of support units in which they still live under strong kinship ties, keeping their cultural and religious traditions alive¹.

Despite this, the quilombola population is still seen today as a stigmatized minority group that suffers daily with social invisibility, which calls our attention to the need for health care focused on this population.

In Brazil, it is estimated that Cervical Cancer (CC) is the third cancer type that kills the most women, affecting mainly those with the lowest socioeconomic level and who have difficulties in access to health services, constituting vulnerable groups, as is the case of quilombola women^{2,3}.

Accordingly, health education with the goal of guiding and socializing knowledge for health promotion and disease prevention, including being a way of reducing morbidity and mortality from cancer, is essential in the effectiveness of preventive actions⁴.

Thinking about the quality of life of quilombola women, the health education activities become a possible way of encouraging cancer preventive practices, stimulating the search for periodic gynecological prevention through the Pap smear, in addition to promoting the

breakdown of the representations about this examination, such as fear of pain and related shyness, enabling the sharing of knowledge about the sexual health care practices and the importance of vaccination against the Human Papillomavirus (HPV)⁵.

When carried out in a participatory and dialogical way, educational activities provide the necessary means to achieve good results. In addition, it is important to highlight the importance of other natural prevention mechanisms and health problems, with an emphasis on welcoming listening, developing a therapeutic link and integrating the individual with the environment and society in general⁶.

Thus, the following guiding question for the development of this study is pointed out: are educational acts a possibility for the self-knowledge of quilombola women about the prevention of CC?

The relevance of this research is due to its ability to collect data, identify a need and, based on this, plan and execute educational actions, thus changing a particular social context. Furthermore, there are few studies on women's health developed in quilombola communities, especially related to the knowledge and perspectives of these women about CC, besides the fragility of ministerial policies aimed at this audience.

Therefore, the purpose is to transform the reality of quilombola women and enable the empowerment of this population regarding the understanding not only of their own health, but of the entire health care network, in addition to making

the study a reference for professionals and researchers in the area, in order to contribute to the quality of life of this population segment considered a minority and, consequently, to make this positive educational experience replicable in other scenarios and social spaces. Thus, this study aims to understand how health education proposals can contribute to the self-knowledge of quilombola women about the prevention of CC.

Materials and Methods

Sample and study type

This research is an excerpt focused on the execution of educational actions and their evaluation, which comprise stages of the action research of an end-of-course work for the undergraduate nursing course from the Federal University of Campina Grande (UFCG, as per its Portuguese acronym), Cajazeiras campus, Paraíba, Brazil. This study was based on the action research method, whose main objective is to solve collective problems in which researchers and researched people are involved, in a cooperative or participative way, in the actions that are developed⁷.

The participants in this research were women who live in the remaining quilombola community called “Os Quarenta”, located in the city of Triunfo, in the state of Paraíba, Brazil.

It is underlined that this study complies with all the Regulatory Guidelines and Standards for Research Involving Human Beings, according to Resolutions nº 466/2012 and 510/2016 of the National Health Council (CNS, as per its Portuguese acronym), and was submitted and approved by the Research Ethics Committee (REC) of the Teacher Training Center (CFP, as per its Portuguese acronym) of the Federal University of Campina Grande (UFCG, as per its Portuguese acronym) with opinion number 3.438.187.

Research design

The phases developed for the realization of the research, in order to ensure the achievement of the previously proposed objectives and meet the study method, were guided from the following steps: situational diagnosis; action planning; implementation of planned actions and evaluation of the actions by the research participants; carried out in the period between the months of June and October of the year 2019, in the aforementioned remaining community that currently has about 56 families.

Inclusion and exclusion criteria

Inclusion criteria were all 26 women from the quilombola community between 25 and 64 years old. The exclusion criteria were women who had a proven diagnosis of CC at the time of the study and women who had undergone hysterectomy for a benign cause, not related to HPV, with normal previous examinations. Accordingly, 13 and 7 women, respectively, were present in the stages of implementation and evaluation of educational activities.

Procedures

In the situational diagnosis stage of this action research, three different actions were planned and implemented. In the first action, the “understanding of women about cervical cancer” was worked aiming to improve their knowledge on the subject. In the second action, the “vulnerabilities for possible confrontations with the disease” were worked on in order to make it possible to break the fear and encourage the empowerment of women, preparing them to face adverse situations. In the third and last action, the “self-neglect, shame and preventive possibilities for cervical cancer” were addressed, aiming to elucidate which preventive methods are available for CC, as well as the main characteristics of the Pap smear.

In order to organize this reflection and evaluate the effectiveness of the

actions, a semi-structured interview was conducted, individually, recorded with the permission of the participants, with an average interval of eight minutes. The interviews were listened to, transcribed and then analyzed based on the use of the methodological process of the Collective Subject Discourse (CSD), which allows expressing opinions, thoughts and collective knowledge in a single discourse through the creation of the Central Ideas (CI) and their respective Key Expressions (KE)⁸. In addition, to maintain the anonymity of the participants, M codes were assigned followed by numbering according to the order of interviews.

Results

The planning of actions took place after the situational diagnosis that had the main objective of identifying the knowledge of quilombola women about CC, the risk factors for its development, as well as its prevention methods, through semi-structured interviews. From the results and analysis of the weaknesses, three educational actions of an interventionist nature were planned in order to solve the problems found.

The first educational action aimed to work on constructing knowledge about CC. The second action aimed to address the confrontation of feelings related to speaking or thinking about the disease, which were mentioned by the participants during the interview. Finally, the third action used as an approach the representations, feelings and characteristics inherent to preventive habits, especially the Pap smear.

Before each action was accomplished, invitations were handed out containing information about the theme of the action, the time and the place of the educational actions, which took place at the Municipal School of Elementary Education named José Adriano de Andrade, in the city of Triunfo-PB.

The first action took place on September 21, 2019, with the participation of six quilombola women, lasting an average of two hours, following the script of activities. Firstly, a welcoming dynamic activity was carried out, in which colored pencils and a sheet of paper were distributed for each member of the group to draw a picture that represented her; after 15 minutes to draw the picture, each participant was asked to present the self-portrait to the group in order for colleagues to describe the characteristics of the drawings made by them.

Subsequently, a conversation circle entitled “True or False?” was held, using the following materials: true and false cards and a data show. The cards contained the statements “true” and “false”, which were distributed to the women. Afterwards, true statements about the general characteristics of cancer were displayed on slides, as well as false statements, and the women had to identify the statements as true or false according to their knowledge. The statements followed the order definition, causes/risk factors, prevention, diagnosis and treatment to facilitate the organization of the exposed ideas. During the exposure of the statements and the answers of the surveyed women, there was an explanation and discussion of the theme, enabling participation and clarification of doubts related to the disease, thus providing a moment of knowledge exchange.

After the end of the conversation wheel, there was an appointment for the next meeting, respecting the availability of the women. The second and third actions took place on October 5, 2019, in the morning and afternoon, respectively, with the presence of five women.

During the second action, a welcoming dynamic entitled “The unknown” was performed, in which the following materials were used: an unidentified box, chocolates and a stereo system. Inside the lid of the box, a note was placed with the order “eat” and, inside

the box, the hidden chocolates. Before the execution of the dynamics, the group was warned that, inside the box, there was an order to be fulfilled and the one who stayed with the box would have to comply, and regardless of what it was, no one could help, in addition to provoking the group with suspenseful phrases to generate fear about what they would find in the box, for example, saying that it could be an extremely difficult or embarrassing task for the group to be apprehensive about the surprise.

Upon request, the women made a circle and passed the box from hand to hand while the music played, the woman who was holding the box at the moment the music stopped had to fulfill the task. The objective of the dynamics was to show that, even in unknown situations and in which people discourage us, perseverance and self-confidence must be encouraged, drawing attention to the fact that not everything is really what you think. Only in this way, it is possible to face the adversities to be experienced.

After the welcoming dynamics, a comic book text was distributed so that there could be a reflection on the idea proposed by the text in order to discuss the ability to face fear, anxieties and concerns. The text was read aloud and then each participant was asked to express her perspective on it, providing a moment of discussion and reflection.

During the third educational action in the afternoon shift, the welcoming dynamics entitled "The disposable cup" was performed, in which the following materials were used: disposable cups and a jar with water. Before the beginning of the game, some questions related to the feminine universe and the health status were written on some pieces of paper, mainly to remind us of important things that are often left aside.

The papers with the sentences were placed inside a container and removed one by one. At each reading, if the answer of the participant was negative, she should

remove a strip of tape from the disposable cup; at the end, when all the questions were removed, the cup would be in strips. The water that was in the jar was offered to the participants, trying to pour it into the shattered cups, which, obviously, was not possible.

The objective of this dynamics was to make an analogy between the glass and the bodies of the surveyed women, showing that the same way it happened to the glasses when they received the water, it happens to people, and that it is necessary to learn to value the little things, to learn to take care of oneself and to notice what is bad for you, so that it is possible to live in harmony with body, mind and spirit.

In order to start the main theme of the action, the chosen methodology for discussing the subject was the realization, in simulated form, of a nursing consultation, in which the Pap smear would be performed. With a view to illustrating this stage of the action, this phase was entitled "TPB: Treating the Preventive Better," in which the following materials were used: data-show with images of the cervix and some questions inherent to the preventive methods of CC, specula S, M, and L, blade, endocervical brush, Ayre's spatula, fixator, pelvic mannequin, rubber cervices, Pap smear result forms and cytopathology examination request.

Before the execution of the simulated consultation, the materials used during the cytopathology examination were shown, and the main doubts regarding the examination and other preventive methods were dynamically explained. During the simulated consultation, three hypothetical clinical cases representing different situations were distributed, in which one of the research participants was invited to be the supposed patient, enabling the transfer of information about the preventive methods for CC, as well as the demonstration of the technique, procedure and materials used

during the collection of the cytopathology examination.

The objective of this action was to clarify, in a playful way, the doubts about the preventive methods for CC, as well as to make possible the knowledge about the importance of the Pap smear in such a way as to mitigate the representations that permeate this examination.

After the actions were carried out, individual meetings were held to conduct the evaluation interview. These were recorded, listened to, transcribed, and analyzed based on the construction of CSD, which pointed out the benefits achieved with the educational actions. Seven women participated in the construction of CSD: M01; M02; M03; M04; M06; M07; M10.

CSD07: I managed to understand better about this disease and how to prevent it, I learned about some things that I had no idea that happened and others that I thought were wrong, and it changed my thinking, since it was a pretty cool experience, the simulation part of the consultation especially, I found it different. It meant learning, knowledge, clarification and awareness, I learned a lot, and now I'm aware that I should take better care of myself! By participating in these meetings, I saw that it is not like that, cancer is not a seven-headed monster, and I didn't know that it was a virus that caused it, I swore it was a bacterium; I didn't know that pregnant women could do the exam, among other things that were talked about. I feel safer and calmer to be attentive, to seek help, after these moments that we had, I also know that now there's a way of preventing in many ways, and one of them is to do the preventive exam and get vaccinated, so much that I intend to do the exam and I'll take my boy to get vaccinated, I saw that it is really silly of us not to do this exam, not to seek the nurse, we have to take care of ourselves and give value to our bodies. [...] I confess that I still have a certain fear, it is natural, but it certainly decreased a lot, I think that we

have to be more courageous and overcome this!

Discussion

Based on the results of the situational diagnosis, educational activities were planned with the objective of filling the existing gaps about CC and enabling the debate about the ways of preventing of this disease.

The educational actions took place through the use of dynamics and active methodologies, such as conversation circles and the simulation of the nursing consultation, awakening reflections, interest, dialog and participation in the surveyed women, in addition to the clarification of doubts related to the disease.

The evaluation of the actions obtained from the discourses of the quilombola women was significantly positive, since they provided knowledge acquisition, bringing each woman closer to the potential they carry within themselves, through which they reflected on the decision-making processes and the breakdown of the stigmas about CC and its means of prevention, encouraging self-care and accomplishment of the Pap smear.

In addition, it was noticed that, when inserting health information, it is important to take into account the social and cultural factors of the community in order to adapt the practices according to the representations about the theme, seeking to elucidate in the best way possible the important factors in terms of combating and preventing CC.

Bringing knowledge with the intention of causing changes in attitudes is part of the objectives of health education. Given its magnitude, these initiatives must be understood as an important aspect of prevention and that, in practice, must be concerned with improving the living and health conditions of populations⁹.

In this sense, health education as a health promotion strategy, seeks to make

the individual empowered with regard to health care. Its activities must meet the needs brought by users, acting in a dialectical way and providing prevention and health promotion through by means of professionals¹⁰.

The use of playful activities in health education enables a close relationship among the individuals involved. The proposal to use playful activities needs to be based on dialog, committed listening, in a respectful attitude that values the knowledge brought by users, which provokes changes in the behavior of the professionals involved and, consequently, in the target audience¹¹.

The active methodology shows itself as an important teaching strategy for health professionals, based on the expectation of marked autonomy and freedom, providing teamwork, integration between theory and practice, development of a critical view of reality, in addition to favoring a formative evaluation¹².

As cited in CSD07, the simulation of the nursing consultation with the Pap smear obtained a positive feedback with these women, being one of the active methodologies used, since it favors the construction of skills and the development of critical thinking, as well as efficient and safe decision-making¹³.

Through simulation, it is sought to expand real experiences with guided experiences that focus on and replicate aspects of care in an interactive way^{14,15}. In this case, representing an everyday moment, however difficult for women, inserted them into a present reality, although distant, breaking existing barriers, making it possible to solve problems and construct new knowledge based on previous experiences, especially to provide tools for learning to overcome challenges.

Sharing information in order to empower women and make them capable of having attitudes in favor of their health and self-care are important attributions that must be objectives within the scenario of integral attention to women's health.

The use of welcoming actions, which provide an exchange of knowledge and externalization of feelings that open spaces of comfort and freedom for the expression of doubts, anxieties and barriers faced by women, is an initiative that presents a transforming result¹¹.

In CSD07, it is noted that the educational actions developed in this research made possible unique, pleasant and relaxed moments, which were carried out in a way that enabled the dialog and the pertinent reflections about CC and its preventive methods, breaking barriers and providing new knowledge. Accordingly, it can be seen that the educational actions were able to provoke transformations in their thoughts and beliefs about the disease, increasing their levels of perception and knowledge about CC.

Conclusion

This study achieved its goal, because from the evaluation of the educational actions it was possible to notice the change in the knowledge on the part of women about CC and its preventive methods, thus showing that the educational acts are a possibility for the self-knowledge of women about the prevention of CC, making them holders and multipliers of knowledge in their collective reality.

This research presented as a limitation the difficulty of meeting with the women, since most of them were housewives and reported not having time to attend the meetings.

As a proposition for further studies, it is suggested the evaluation of these actions in the long term in order to know if there was actually greater adherence by these women to the cervical cytopathology examination, as well as new local and regional investigations and development of educational activities on this topic through groups with women in vulnerable situations, such as sex workers and women who are victims of violence. This favors

the sharing of knowledge, exchange of experiences and, consequently, decreases the rates of CC in the country.

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