

POPULAR EDUCATION IN HEALTH AS A STRATEGY FOR ADHERENCE TO PAP SMEAR SCREENING

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ABSTRACT

Cervical cancer, the second leading cause of cancer among women, has a high prevalence in Brazil. One way to prevent it is through Pap smear screening. This study aims to present the experience with health education for the population, as developed by a Family Health Strategy (FHS) team at the metropolitan region of Porto Alegre, in order to promote adherence of women to Pap smear screening in the period from 2010 to 2013. Through health educational interventions for the population in various social and community settings, such as schools and churches, professionals could develop improvements in self-care of women, as adherence to the Pap smear screening. Therefore, it was found that education strategies for the community can increase adherence to Pap smear screening, one of the most effective, safe and cost-effective public strategies for early detection of cervical cancer, which may contribute to the lower incidence of new cases in this community.

Keywords: Community participation. Pap smear screening. Health education.

INTRODUCTION

The traditional model of health education relies on the understanding of health as absence of disease and on educational strategies guided by biomedical assumptions⁽¹⁾. The conservative (traditional) teaching and learning methodologies are historically based on the influence of Cartesian-Newtonian mechanical approach, fragmented and reductionist. This pedagogical practice is based on the concept of education as an act of depositing, transferring and reproducing values and knowledge to passive and naive beings, devoid of any creative power, which is an obstacle to the full success in the practice of health professionals⁽²⁾.

From this perspective, the current trends in health education point to the use of active teaching and learning methodologies in order to make the customer the protagonist of their own process of self-care⁽³⁾. Active methodologies also meet the pedagogy of autonomy, which advocates the ability to manage or rule one's own care⁽⁴⁾. Popular education is a pedagogical practice that aims to develop awareness, contributing to the transition from naive consciousness to critical consciousness. Paulo Freire was the great founder of popular education. He claimed that there was not a

prescriptive method to be followed, but certain guiding principles, including: listening, removing the magic vision, learning/living with each other, accepting the ingenuity of the students and living patiently impatient⁽⁵⁾.

Community actions carried out in the Family Health Strategy (FHS) can be guided by the theoretical and methodological framework of popular education, whose foundations are sustained by the pedagogy systematized by Paulo Freire. Popular education is considered a social emancipation tool that, by putting culture at the heart of its process, acts on community representation and, consequently, acts through organized actions that generate autonomy⁽⁶⁾.

In health, popular education sets up from the popular practices and experiences of professionals working with communities and popular and social movements, streamlining its operations from that integration.

In this context, the success of the prevention of cervical cancer is related to educational programs of various kinds and to the appreciation of culture closely related to knowledge of the disease and ways to achieve prevention. The development of autonomy and the act of coping with new situations, provided by the group interaction, allow users greater control of their social and

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environmental context. During the health education process it is essential to consider the individual as a holder of knowledge and not mere information receiver⁽⁷⁾.

Moreover, popular education can prevent difficulties and assist in the management of anxiety and insecurity, such as the feelings involved in making the Pap smear screening, mainly originating from the territory of sexuality and finiteness of life⁽⁸⁾. In another study, it was found that the non-attendance to the previously scheduled screening was mainly due to beliefs and attitudes (36.1%) and the service organization (25.4%). The feelings reported by women during the examination were shame (55.6%), discomfort (32.5%) and pain (20.7%)⁽⁹⁾.

The periodical performance of Pap smear screening remains the most widely adopted strategy for the screening of cervical cancer because it is effective, safe and low cost, leading to 80% reduction in mortality⁽¹⁰⁾. It is worth noting that the second most common cancer among Brazilian women is the cervical cancer, with an incidence of 24.5 million new cases and over 11,000 deaths a year, with a mortality rate of 17 per 100,000 women⁽¹¹⁾.

Although there were governmental prevention programs for this cancer, the required minimum coverage of 80% of women aged from 35 to 59 years, recommended by the World Health Organization (WHO), is still below the expected⁽¹²⁾. In Brazil, especially in the North and Northeast regions, the mortality rate due to this cancer has not been reduced significantly⁽¹³⁾.

Thus, the educational practices and popular education in health as active learning methodologies can be performed by health professionals in primary care as a strategy for prevention and control of cervical cancer.

In 2010, a FHS of the metropolitan area of Porto Alegre, detected a low coverage, until the year 2009, of performance of Pap smear screening. Until that year, a little over 10% of women in the coverage area of this FHS team performed the examination; however, the population had been served under this health care model for four years.

Given the above, this study aims to report the experience of health education practices developed by this FHS team of the metropolitan area of Porto Alegre aimed at promoting women's adherence to the Pap smear screening.

METHODOLOGY

This work it is an experience report⁽¹⁴⁾ of professionals of a FHS who used educational practices and popular health education for women in the metropolitan region of Porto Alegre aiming at the adherence to the Pap smear screening in the period from 2010 to 2013.

Among the popular education activities conducted for women, there are: 1) meetings with community and religious leaders, 2) increasing the supply of schedules for the examination, 3) multidisciplinary team approach on the subject with women and community in waiting rooms, in home visits and during consultations, 4) conducting task forces for collecting the examinations and 5) numerous popular health educational activities in schools and at community events, based on dialogue and exchange of experiences.

Before the beginning of the activities, actions targeting the local community were planned so that the population turned their attention to the subject. Thus, meetings were held with community and religious leaders and lectures in schools of the coverage area of the FHS team. At these meetings, professionals discussed issues related to the prevention of uterine cancer with emphasis on the importance of performing the Pap smear screening and provided an informative brochure, which was issued by the leaders in the community.

The schedule of the nurse for Pap smear collection increased by 75% and task forces for Pap smear collection were made monthly on Saturdays, with propagation in car audio, offering of haircut and distribution of gifts. The task forces were also performed on festive dates like special days of national vaccination campaigns, in celebrations of Women's Day and Children's Day, as well as in events held in the community.

For this purpose, nurses established partnerships with businesses, which donated the gifts offered to women, and a partnership was established with a haircut school, which offered beauty service for women for free.

RESULTS AND DISCUSSION

This report describes how the educational health practices in the community, planned by the ESF team, can be an active learning strategy and

contribute to the adherence of women to the Pap smear screening.

Among these actions, there was participation of the team in some religious events. Important aspects on the implementation of Pap smear were addressed in the dialogic form, based on the exchange of experiences and solving doubts. These actions were only possible after raising awareness of religious leaders by the FHS and the community itself.

Such action had a significant impact on adherence to the examination by women, as many began to perform it after being guided in the religious ceremonies of which they participated. This learning methodology based on the previous experience of the individual and according to the expectation of the community can be an alternative for better adherence rates of performance of the Pap smear. A descriptive theoretical study reports that issues related to cultural and religious values and even the language used in campaigns for the prevention of cervical cancer hinder the adherence of many women⁽¹⁵⁾.

In 2012 and 2013, a photographic studio was set up temporarily within the health unit during a task force for Pap smear collection, in which women, after performing the examination, had the option of being made-up, combed and photographed by team members. In March 2013, in celebration of International Women's Day, the images were released to the community in two photo exhibitions after the written informed consent signed by women. In the photo exhibitions, the content of the discussions was based on the importance of performing the Pap smear screening, by encouraging women and raising awareness about the importance of performing it within the recommended interval. The first photo exhibition took place in the community hall and included an artistic presentation of a contemporary dance group composed exclusively of women of all age groups: children and elderly women. In this event, both women who posed for photos and some members of the community who stood for self-care were honored with a written message and a quotation about their lives, announced by the master of ceremonies.

The second photo exhibition was conducted in a health unit and stayed there for over a month. Thus, all users who have been to the health unit

could view the images of the women who had conducted the examination in 2012. The opening of this exhibition took place in the first task force for Pap smear collection in 2013. After completing this activity, the photos were offered to every woman who participated in the photo shoot.

In December 2013 there was another photographic exhibition, again within the health unit. For this, a Christmas tree was set up with the images of women who had undergone the examination in 2013. The images remained exposed until January 2014 and then were also offered to participants.

These actions have had a positive impact, since many women who had refused to take the screening started to have interest in it, especially because they had experienced a moment that brought them greater understanding of the importance of this screening for their health.

The screening collection schedule was expanded from two to five weekly shifts and the examination was made available to unscheduled women who were at the health unit and for whom the team detected the need to perform it. These were key strategies to increase the coverage.

Another strategy to raise women's awareness was the participation of the health team in community festivals like the local carnival. In addition to the distribution of condoms, nurses spoke in the microphone between each attraction on the importance of performing the Pap smear examination as a means of preventing cervical cancer.

With these activities, the coverage of performance of the screening test expanded from 10% of women indicated to perform it in 2009 to more than 50% from 2010 on, although on a cross-sectional study conducted in Boa Vista, Roraima, the coverage of completion of the screening test in women aged from 25 to 59 years has been 85.6%,⁽¹⁶⁾ surpassing even the goal set by the MOH, INCA and by the World Health Organization (WHO), which is 80%⁽¹¹⁾.

The Health Care organization, in accordance with the Family Health, seems to have favored the realization of Pap screening. It should be noted that the registration of families through the FHS allows identifying the target women for screening for cervical cancer and monitoring the screenings performed, which has avoided excessive concentration of tests in young women and in those

who attend health services more often, thus favoring those that need active action of community health workers⁽¹¹⁾.

A cross-sectional study with a sample of 3,939 women of 41 Brazilian municipalities found that the screening coverage was 75.3% and the adequacy was 70.7%. Adequacy was positively associated with age over 25 years, more years of education, having received prenatal care in the last pregnancy and having performed gynecological examination in the previous year. It was less frequent among lower socioeconomic level and primiparous women⁽¹⁶⁾. Another study found that women with incomplete elementary education are the least likely to perform the screening⁽¹⁰⁾. Despite the association between risk factors and low adherence to the completion of the Pap smear, this report did not make collection of these variables, as it was not a goal set at that time, and this is a limitation.

FINAL CONSIDERATIONS

Although cervical cancer is a major cause of mortality among women in Brazil, the adherence to the completion of the Pap smear screening is still low. The Family Health Strategy has an

important role to change this reality and must give emphasis on training and strengthening of health promotion activities in primary care in order to stimulate the major role of women for self-care and cervical cancer prevention.

Therefore, permanent health education, educational activities targeted at women and partnerships between health services and/or university, schools and other organizations that help promoting attention to the prevention of cervical cancer are crucial. Also, educational health activities for early diagnosis and screening in symptomatic and asymptomatic women should be prioritized, thus ensuring access to diagnostic methods as well as to appropriate treatment.

Through dialogue, sensitivity and empathy, the FHS teams should seek greater adherence through continuous and conscious guidance on the importance of prevention and early detection, with special attention of the nurse, who performs the exam collection and should use a more humanized approach, by developing an empathic relationship, considering the anguish, fear, shame and distress of the women they serve, as well as the social, cultural and religious background of these customers.

EDUCAÇÃO POPULAR EM SAÚDE COMO ESTRATÉGIA À ADEÇÃO NA REALIZAÇÃO DO EXAME COLPOCITOLÓGICO

RESUMO

O câncer de colo do útero, a segunda causa de neoplasia entre as mulheres, tem uma alta prevalência no Brasil. Uma das formas de prevenção ocorre através da realização do exame colpocitológico. Nesse aspecto, este estudo objetiva apresentar a experiência com educação popular em saúde como metodologia ativa de aprendizagem, desenvolvida por uma equipe de Estratégia de Saúde de Família (ESF) da grande Porto Alegre, na adesão das mulheres à realização do exame colpocitológico no período de 2010 a 2013. Através de intervenções de educação popular em saúde sobre o tema nos mais diversos ambientes sociais e comunitários, como escola e templos religiosos, foi possível desenvolver nas mulheres melhorias no autocuidado, tais como a adesão à coleta do exame preventivo. Também se constatou que estratégias de educação popular em saúde junto à comunidade podem permitir melhor adesão à realização do exame citopatológico do colo do útero, uma das estratégias públicas mais efetivas, seguras e de baixo custo para detecção precoce desse tipo de câncer, o que pode contribuir para a redução da incidência de novos casos nessa comunidade.

Palavras-chave: Participação comunitária. Teste de Papanicolaou. Educação em saúde.

EDUCACIÓN POPULAR EN SALUD COMO ESTRATEGIA PARA LA ADHESIÓN EN LA REALIZACIÓN DE LA PRUEBA DE PAPANICOLAOU

RESUMEN

El cáncer del cuello uterino, la segunda causa de neoplasia entre las mujeres, tiene una alta prevalencia en Brasil. Una de las formas de prevención ocurre a través de la realización de la prueba de Papanicolaou. A este respecto, este estudio tiene como objetivo presentar la experiencia con educación popular en salud como metodología activa de aprendizaje, desarrollada por un equipo de la Estrategia Salud de la Familia (ESF) de la gran ciudad de Porto Alegre-RS-Brasil, en la adhesión de las mujeres a la realización de la prueba de Papanicolaou en el período de 2010 a 2013. A través de las intervenciones de educación popular en salud sobre el tema en diversos entornos sociales y comunitarios, tales como la escuela y templos religiosos, fue posible desarrollar en las mujeres mejoras

en el autocuidado, así como la adhesión a la recolección del examen preventivo. Aún se constató que estrategias de educación popular en salud junto a la comunidad pueden permitir una mejor adhesión a la realización de la prueba de Papanicolaou, una de las estrategias públicas más eficaces, seguras y de bajo costo para la detección precoz de este tipo de cáncer, lo que puede contribuir para la reducción de la incidencia de nuevos casos en esta comunidad.

Palabras clave: Participación comunitaria. Prueba de Papanicolaou. Educación en salud.

REFERENCES

1. Cotta RMM, Silva LS, Lopes LL, Gomes KO, Cotta FM, Lugarinho R, et al. Construção de portfólios coletivos em currículos tradicionais: uma proposta inovadora de ensino-aprendizagem. *Cien Saude Colet*. [online]. 2012 mar; 17(3):787-96. [citado 2016 ago 31]. Disponível em: <http://www.scielo.org/pdf/csc/v17n3/v17n3a26.pdf>.
2. Fonseca-Machado MO, Parreira BDM, Goulart BF, Castro ACC, Furlan DAG, de Souza ECF, et al. Educação em saúde e a prática do aleitamento materno: um relato de experiência. *Rev Baiana Saúde Pública*. [online]. 2014 abr-jun.; 38(2):466-76. [citado 2016 ago 31]. Disponível em: <http://inseer.ibict.br/rbsp/index.php/rbsp/article/viewFile/414/1142>. doi: 10.5327/Z0100-0233-2014380200016.
3. Cruz PJSC, Vieira SCR, Massa NM, de Araújo TAM, Vasconcelos ACVP. Desafios para a participação popular em saúde: reflexões a partir da educação popular na construção de conselho local de saúde em comunidades de João Pessoa, PB. *Saúde Soc. São Paulo*. [online]. 2012 dez.; 21(4):1087-1100. [citado 2016 ago 30]. Disponível em: <http://www.revistas.usp.br/sausoc/article/view/50717/54829>.
4. Pedrosa IV, Lira GA, Oliveira B, Silva MSML, Santos MB, Silva EA, et al. Uso de metodologias ativas na formação técnica do agente comunitário de saúde. *Trab. Educ. Saúde*, Rio de Janeiro. [online]. 2011 jul-out; 9(2):319-32. [citado 2016 ago 26]. Disponível em: <http://www.scielo.br/pdf/tes/v9n2/09.pdf>.
5. Santorum JÁ, Cestari ME. A educação popular na práxis da formação para o SUS. *Trab. Educ. Saúde*, Rio de Janeiro. [online]. 2011 jul-out; 9(2):223-40. [citado 2016 ago 27]. Disponível em: <http://www.scielo.br/pdf/tes/v9n2/04.pdf>.
6. Ceccim RB. Pacientes impacientes. In: Ministério da Saúde(BR). Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Caderno de educação popular e saúde. Brasília(DF): MS; 2007. (Série B, Textos Básicos de Saúde). Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/caderno_educacao_popular_saude_p1.pdf.
7. Colomé JS, de Oliveira DLLC. Educação em saúde: por quem e para quem? A visão de estudantes de graduação em enfermagem. *Text Context Enferm*. [online]. 2012 jan-mar; 21(1):177-84. [citado 2016 ago 25]. Disponível em: <http://www.scielo.br/pdf/tce/v21n1/a20v21n1.pdf>.
8. Peretto M, Drehmer LBR, Bello HMR. O não comparecimento ao exame preventivo do câncer de colo uterino: razões declaradas e sentimentos envolvidos. *Cogitare Enferm*. [online]. 2012 jan-mar; 17(1):29-36. [citado 2016 ago 31]. Disponível em: <http://revistas.ufpr.br/cogitare/article/viewFile/26371/17564>.
9. Silva MAS, Teixeira BEM, Ferrari RAP, Cestari MEW, Cardelli AAM. Fatores relacionados a não adesão à realização do exame de Papanicolaou. *Rev Rene*. [online]. 2015 jul-ago.; 16(4):532-9. [citado 2016 ago 31]. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/viewFile/2025/pdf>. DOI: 10.15253/2175-6783.2015000400010.
10. Metelski FK, Winckler ST, Dalmolin BM. Ações de prevenção e tratamento da neoplasia maligna do colo do útero na Estratégia de Saúde da Família. *Cienc Cuid Saude*. [online]. 2013 jul-set.; 12(3):434-42. [citado 2016 ago 30]. Disponível em: [file:///C:/Users/Usuario/Downloads/19756-96670-1-PB%20\(1\).pdf](file:///C:/Users/Usuario/Downloads/19756-96670-1-PB%20(1).pdf).
11. Instituto Nacional de Câncer. Coordenação Geral de Ações Estratégicas. Divisão de Apoio à Rede de Atenção Oncológica. Diretrizes Brasileiras para Rastreamento do Câncer do Colo do Útero. Rio de Janeiro: INCA; 2011. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/inca/rastreamento_cancer_colo_uterio.pdf.
12. Moraes MN, Jerônimo CGF. Análise dos resultados de exames citopatológicos do colo uterino. *J Nurs UFPE*. [online]. 2015 abr; 9 supl.3:7510-5. [citado 2016 ago 31]. Disponível em: <file:///C:/Users/Usuario/Downloads/6561-70686-1-PB.pdf>.
13. Navarro C, Fonseca AJ, Sibaiev A, Souza CIA, Araújo DS, Teles DAF, et al. Cervical cancer screening coverage in a high-incidence region. *Rev Saúde Pública*. [online]. 2015 fev; 49: 17. [citado 2016 ago 27]. Disponível em: http://www.scielo.br/pdf/rsp/v49/pt_0034-8910-rsp-S0034-89102015049005554.pdf.
14. Minayo MCS. Análise qualitativa: teoria, passos e fidedignidade. *Cienc Saude Colet*. [online]. 2012 mar; 17(3):621-26. [citado 2016 ago 28]. Disponível em: <http://www.scielo.org/pdf/csc/v17n3/v17n3a07>.
15. Panobianco MS, Pimentel AV, Almeida AM, Oliveira ISB. Mulheres com diagnóstico avançado do câncer do colo do útero: enfrentando a doença e o tratamento. *Rev Bras Cancerol*. [online]. 2012; 58(3):517-23. [citado 2016 ago 28]. Disponível em: http://www1.inca.gov.br/rbc/n_58/v03/pdf/22_artigo_mulheres_diagnostico_avan%C3%A7ado_cancer_colo_uterio_enfrentando_doenca_tratamento.pdf.
16. Correa MS, Silveira DS, Siqueira FV, Facchini LA, Piccini RX, Thumé E, et al. Cobertura e adequação do exame citopatológico de colo uterino em estados das regiões Sul e Nordeste do Brasil. *Cad Saúde Pública*. [online]. 2012 dez; 28(12):2257-66. [citado 2016 set 10]. Disponível em: <http://www.scielo.br/pdf/csp/v28n12/05.pdf>.

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