

INTE 2014

Lightweight technologies used in health education: experiences with women in primary health care

Francisco Antonio da Cruz Mendonça^a, Marilyn Kay Nations^b, Rosiléa Alves de Sousa^a, Luis Rafael Leite Sampaio^b, Tatiane Gomes Guedes^b, Cleoneide Paulo Oliveira Pinheiro^a, Raimunda Magalhães da Silva^b, Carolina Maranhão Marques Lacerda^b

^aCentro Universitário Estácio do Ceará, Rua Eliseu Uchôa Beco, 600 - Guararapes, Fortaleza-CE, Brazil, 60810-270

^bUniversidade de Fortaleza, Av. Washington Soares, 1321 - Edson Queiroz, Fortaleza-CE, Brazil, 60811-905

Abstract

This study aimed to describe the application of soft technologies used in health education and experiences with women in Primary Health Care. This is a descriptive study, brand experience report, in Fortaleza, Ceará, Brazil. There were actions of health education in the prevention of cervical cancer, from a lightweight technology, a TV-shaped craft. From the health education activities with women, it was found that there are still myths about screening, which were clarified with health education. It is concluded that light technology applied in health education helps build health promotion.

© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the Sakarya University

Keywords: Biomedical Technology in Health Education. Public health. Women's health.

1. Introduction

The use of technology becomes increasingly necessary as a tool that will work with the construction of knowledge, so technology refers to something that developed by the man himself should facilitate the completion of a job, as well as facilitate understanding and implementation of an action (SCHAL; MODENA, 2005). Therefore,

* Corresponding author. Tel.: +55-85-3270-6758
E-mail address: francisco.mendonca@estacio.br

health technologies are manmade tools that promote knowledge facilitates the understanding of the subject matter covered.

The new conception of health technology presents itself as a set of knowledge and tools that express the network of social relations in which its agents articulate their practice in a social totality (apud MIELKE GONÇALVES; OLSCHOWSKY, 2011). This set of knowledge ensures the improvement in population health services.

As Silva Alvim and Figueredo (2008) technologies in health are classified into three categories: hard technology, related to technological equipment, rules, routines and organizational structures, soft-hard, which comprise all well-structured knowledge in the healthcare process; and slight regard to the relations of production of communication, acceptance, bond, and empowering technologies. Knowing that these categories are interrelated, we highlight the soft technologies, necessary relations of human beings.

Soft technologies can be applied in different health contexts, especially in Basic Health Units, aim for the establishment of a humanized host, who sees the patient holistically and strengthen the bond between professional and patient. This can be confirmed by Olschowsky and Mielke (2011), when mentioning “the Family Health Strategy has organized its work primarily from soft technologies as it is based on the principles of integrity, quality, fairness and social participation, establishing bonds with the public engagement and enabling responsibility among staff and community.”

The lightweight technology when applied to the context of women's health, allows the use of strategies that integrate knowledge and provide them with a view to adopting behaviors that enable health promotion, disease prevention and the achievement of self-care.

Regarding the health of women, it is observed that cervical cancer is characterized by uncontrolled replication epithelial lining of the body, affecting the underlying tissue (stroma), and may invade adjacent organs or structures, and the distance (BRAZIL, 2013). This condition primarily affects women between 35-55 years old and in need of primary care through early detection, through educational activities, aimed at clarifying and changing lifestyle habits and seeks disease prevention and health promotion.

In this context, it is relevant to the contribution of educational technology written in the context of health education and the role of this feature to promote health, prevent complications, develop skills and promote confidence and autonomy of women in Primary Health Care.

The objective was to describe the application of soft technologies used in health education and experiences with women in Primary Health Care.

2. Methodology

This is a descriptive study type reporting experience, academic experienced by the Undergraduate Nursing, University Centre of Estácio of Ceará during the practical activities of the Department of Clinical Teaching II-Women's Health.

In April 2013, there was an activity of health education in the Unit Primary Health Care (UAPS), located in Fortaleza- Ce, belonging to the Regional Executive Secretary II (BE II).

In this activity, light technologies have been used in health education to women, focusing on prevention of cervical cancer, from the making of a television in a traditional manner, with recyclable material. The activities took place in the waiting room of the Unit, with the women waiting to consult gynecological nursing and completion of screening. Therefore, we established a strong interaction between the nursing students and patients.

This interaction was divided into two parts. At first, we used light technology for clarification of the theme. The second time was no evidence of the material used in making the screening test for early familiarization of patients with Pap smears.

To use light technology such as health education, was produced a flat-shaped craft by nursing students. The choice of television as methodology came from the audience is composed predominantly by women and knows that this population has specific affinity for teletransmitted novels, especially in the afternoons, a period in which the activity was performed in UAPS. Making these women does not leave their routines of daily living, while seeking the health service.

Television was made with cardboard, craft paper, magazine clippings, images taken from the internet and tube plastic box. Topics impacting images related to cervical cancer were willing, with the broadcast of the subject titled as “Save Woman” referring to the novel of success during the activity.

At the last moment, preventive kits, which contained male and female condoms, soap for cleaning in order to encourage women to conduct of practices presented were delivered.

To better understand the results, were presented on topics with the actions developed in UAPS in order to make them systematic and didactic.

3. Results and Discussion

The results of soft technologies used in health education and experiences with women in primary health care were presented on topics: technology and education to take care of the patient and the doctor-patient relationship; lightweight technology and education to patient safety in relation the use of condoms and Technology mild and safety of patient education regarding the use of condoms.

LIGHT AND TECHNOLOGY EDUCATION TO HOST THE PATIENT AND THE PATIENT- LINK PROFESSIONAL

The activity in UAPS provided a space for the construction of knowledge, seeking the interaction between the patient and the nursing students, who subsequently undergo the screening test of those women. This time set a host prior to gynecological necessary to break the barriers and myths surrounding this type of query to nursing.

According to Mielke and Olschowsky (2011), the host is understood as a work practice that seeks to ensure the listening, relationship, accountability, resolute attention, promoting citizenship and empowerment of the user. This can be seen in clients who participated in the prevention of cervical cancer workshop which interacted with the theme, being involved and participatory in relation to the subject matter covered.

With the participation of these women it was found that there are still myths about screening and many of them are not reported or understood at the time of gynecologic consultation. Being offered by academic work of paramount importance for the clarification of doubts and questions existing between those women. Additionally, you can establish a role of trust and relationship between users and students.

According to Coelho and Jorge (2009), the link is an achievement, not an immediate event. The more appropriate for the link the better the result, the greater the exchange of knowledge among health workers and the community.

With the link established between the nursing students and users, were extracted own information intimacy of those women for whom it was possible to implement appropriate interventions to the sexual practices of some. This feeling of confidence is strengthened to the point of the partners of women feel the need to participate in the health education provided something hard to find in current gynecological consultations as close partners in a world of machismo, which prevents them from seeking clarification or change certain habits that are not suitable for sexual activity.

LIGHT AND TECHNOLOGY EDUCATION TO PREVENT CERVICAL CANCER

With light technology applied in health education, track how much is needed to invest in various strategies to facilitate reflection about the understanding of the process of care for women, as regards the early detection of cervical cancer.

This condition is present in most Brazilian women between 35 and 55 years. According to the World Health Organization (WHO, 2007), strategies for early detection is early diagnosis (approach subjects with signs and / or symptoms of disease) and tracking (application of a test or examination in an asymptomatic population apparently healthy, in order to identify or precursor lesions suggestive of cancer and refer them for investigation and treatment.

This can be achieved through consultation nursing because nurses using strategies in primary care, which enable knowledge and adherence of women about self-care and disease prevention.

The activity carried out provided that knowledge about the disease and its risks, strengthening the adhesion of these women to periodic gynecological consultations.

LIGHT AND TECHNOLOGY EDUCATION OF PATIENT SAFETY IN RELATION TO USE CONDOM

The transmission of infection with human papillomavirus (HPV) occurs through sexual contact, presumably through microscopic abrasions in the mucosa or in the anogenital skin. Consequently, the use of condoms (condom) during intercourse with penetration partially protects from infection by HPV, which can also occur through contact with the skin of the vulva, perineal, perianal and scrotum (BRAZIL, 2013).

As stated emphasizes that this work provided the promotion of condom use women as a way of preventing HPV. For, with the exposure of barrier contraception (condoms) it was observed that some women had no knowledge of the female condom and after the demonstration and direct contact with the same obtained wide acceptance of women by giving them a safe alternative when intercourse bringing more safety and autonomy in the choice of method.

4. Conclusion

Upon the foregoing, it is concluded that the use of lightweight technology applied in health education helps build prevention, promotion and self-care, allowing better absorption of knowledge by women and interaction with healthcare professionals, providing the link between professional and patient before, during and after the completion of the screening.

So if lets say that light technology constitutes a low process, low cost, easy to apply and it provides a favorable result in the prevention of cervical cancer, if used in the reception of units of Primary Health Care.

It is noteworthy that light technology by itself does not have this positive result is not having a sensitive professional who develops an authentic and quality work. This requirement of a professional nature is what is needed for confirmation of Public Policy on Health, when it comes to quality of health care, because the humanized care and bonding technologies are considered as mild, i.e. relations inherent in any professional quality, being the main actor the user of the service, since this is directly benefited both their well-being, as the health-disease process.

References

- Brazil. Ministry of Health. Department to Primary Care. (2013). Control of cancers of the cervix and breast. Brasilia-DF: Ministry of Health.
- Goncalves, R. B. M. (1994). Technology and social organization of health practices: technical characteristics of the work process in the state public health centers in Sao Paulo. Sao Paulo: Hucitec.
- Mielke, F. B., Olschowsky, A. (2011). Actions in Mental Health Family Health Strategy and Technologies in Health Anna Nery School Journal. Nursing. Rio de Janeiro v.15 n.4 (pp. 762-768).
- Rossi, F. R., Lima, M. A. D. (2005). Home: Light technology in the management processes of the nurse. Brazilian Journal of Nursing Brasilia, v.58 n.3 (pp. 305-10)..
- Schal, V. T., Modena, C. M. The new technologies of information and communication in health education (2005). In: Minayo, M. C. S., Junior Coimbra, C. E. A. (Organizers) Reviews and Mitigating- Social Sciences and Humanities in Health in Latin America. Rio de Janeiro: FIOCRUZ.
- Silva, D. C., Alvim, N. A. T., Figueredo, P. A. (2008). Light Technologies in Health and Your Relationship With Care Hospital Nursing Anna Nery School Journal. Nursing. v.12 n.2 (pp. 291-8).
- World Health Organization (2008). International agency for research on cancer: Globocan. In: World Cancer Report. Lyon: WHO (pp. 11-104).