

Educational and social technology for prevention and self-care of chronic non-communicable diseases for haitian immigrants

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1 INTRODUCTION

Educational and social technologies can assist in self-care and quality of life of individuals through their empowerment in the health and disease process ((MOURA, et al., 2017). However, to be effective, they must be based on scientific evidence, be practiced rigorously, and have resources and methodologies appropriate to the target population for which they are intended.

The use of Educational Technology (ET) and Social Technology (ST) in the health-disease process can enable the production of effective and user-friendly tools for educating community groups affected by certain diseases. However, it is recommended to build them in a proper way to obtain the expected effect on people's lives. Thus, the instruments used should be associated with their health needs, so that the target audience can understand the enunciated message, and then practice it in their daily lives (LEITE et al., 2018).

Communication is considered an important instrument of care for the nursing professional, who usually assumes the role of providing guidance and health education. The impairment of this communication due to the language barrier impairs the planning of coherent actions for the needs of certain populations, besides hindering the professional-patient interaction (CHUBACI; MERIGHI, 2002).

Information disseminated with clarity, improves the knowledge and coping of the person with chronic disease; helps develop attitudes and skills; stimulates independence; provides adherence and makes them able to understand how their own actions induce the health pattern, favoring their decision making (FREITAS; CABRAL, 2008). The use of printed educational materials, as a guide, assumes an important role in the teaching process; it is a resource of easy access to information, available at the patient's home and his family, and they can use it whenever they find it necessary (MOREIRA; NOBREGA; SILVA, 2003).



Health TE and STs boost the health education process and aim to provide essential information to alleviate doubts in order to change risk attitudes; it qualifies as an educational and social technology in nursing if it reaches the target by expanding the level of knowledge of the subjects involved in the educational action (AFIO et al., 2014). Therefore, to build an orientation guide on NCDs, the methodological rigor of content validation of the technology produced is necessary.

Such technologies need to be properly prepared, accurate, relevant, well understood, validated and evaluated before their use by the target audience. Thus, one of the fundamental stages in the construction of an effective educational material is the validation of its content, a process that assesses its representation and whether it is conveniently close to the universe to which it proposes to teach/learn the intended population, through the opinions of experts on the subject, in order to prove whether or not the educational material meets the needs of a particular population (LEITE et al., 2018).

The applications of educational and social technologies in health in the process of health education for users can be very efficient, intervening positively in self-care. However, when developing and validating a health educational and social technology to be used as a facilitator tool to guide users, it is necessary to know their needs and level of understanding, or, after its construction, apply the technology to test its effectiveness and assess whether it meets their expectations (TEXEIRA et al., 2016).

In this case, the educational actions proposed for self-care with NCDs should also consider Haitian immigrants as protagonists of the actions, being important to value the subjectivity brought by their experiences, besides offering support to reduce the suffering, pain, anguish, and difficulties they face (MARQUES et al., 2016).

Promoting and maintaining self-care in people with chronic disease is a fundamental role of nursing, because their interaction is constant, regardless of the hospital context, basic health units or the community. The implementation of self-care actions leads to a collaboration between nurse and person/family, so that they develop skills and knowledge to adapt, cope and make informed decisions regarding their chronic disease (GALVÃO; JANEIRO, 2013).

When talking about self-care, it is important to understand that it refers to the individual's ability to perform activities to maintain, restore or improve their health and well-being. Self-care activities alleviate the symptoms and complications of diseases, reduce the recovery time, and reduce the rate of hospitalization and rehospitalization (SANTOS; RAMOS; FONSECA, 2017). For Galvão and Janeiro (2013), self-care is the most comprehensive concept, which refers to the person's skills and performance of health promotion and maintenance activities, including specific activities for acute and chronic situations.



In Brazil, 27% of the population between 15 and 64 years old are considered functionally illiterate, this means that even if they know how to read and write, they do not have the reading, writing, and calculation skills necessary for their personal and professional development; this problem is aggravated when these people use the health service (CHEHUEN NETO et al., 2019). For Haitian immigrants, the main barrier is communication skills, which prevent them from clarifying their doubts, exposing concerns, and participating in the decision of the NCD clinical treatment to be adopted.

Among the strategies that can be adopted to minimize communication difficulty. The first of them is the development of educational and social technologies in health aimed specifically at certain immigrant groups in their native language (VENTURA; YUJRA, 2019). Thus, the importance of developing an educational and social technology for prevention and self-care of these diseases is highlighted.

2 OBJECTIVE

To build an educational and social technology, in the format of an Orientation Guide in Creole language, with content on prevention and self-care of Non-Transmissible Chronic Diseases (NCDs), for Haitian immigrants living in Manaus, Amazonas.

3 METHODOLOGY

This is a methodological study for the production of an orientation guide for the prevention and self-care of the four non-communicable chronic diseases prevalent in Haitians for Haitian immigrants living in Manaus, Amazonas. The development of the technology, within the methodological study, occurred through three processes: construction, validation, and application. The guide was constructed based on the Clinical Guidelines, Lines of Care and other national and international scientific sources based on the prevention and self-care of Hypertension, Type 2 Diabetes Mellitus, Breast Cancer and Cervical Cancer NCDs, then translated into Creole by the author Olbichoo Lexius, originally from Haiti.

4 DEVELOPMENT

The guide is based on four Chronic Non Communicable Diseases prevalent in Haitians found in the literature review: Hypertension, Type 2 Diabetes Mellitus, Breast Cancer and Cervical Cancer. The topics of definition, signs and symptoms, complications, treatment, disease prevention and the development of complications, recommendations for disease control, access to medication, and health care facility orientation were covered and detailed in general. It was emphasized at the end of each chapter that the Single Health System (SUS) is free and everyone is entitled to it regardless of



nationality. In the final considerations page, the link to the Municipal Health Secretariat of Manaus was added, in order to find the closest unit.

Health Literacy was adopted using simple, clear, and precise language so that they can have the knowledge, motivation, and skills to understand, evaluate, and apply health information to make judgments and decisions in everyday life regarding self-care, disease prevention, and health promotion to maintain or improve their quality of life.

The content of the guide was assessed by 17 Brazilian expert judges in the health area through the instrument adapted from Galdino / SAM (2014). The judges evaluated three blocks corresponding to: objectives, structure, presentation, and relevance of the technology by completing this instrument.

After the analysis by expert health judges, the semantics were evaluated with Haitian pedagogical judges. The data collection instrument called *Suitability Assessment of Materials* (SAM) adapted for Creole was used. In this research, the instrument contains five dimensions: content, language, graphic illustrations, motivation, cultural appropriateness. And the last phase was with the immigrants who also evaluated the semantic dimension using this same instrument with these same dimensions.

Although there are some suggestions, this educational and social technology was validated with high marks from all the judges.

5 CONCLUDING REMARKS

It is essential to deliver to the target audience a validated material that is easy to use, understand, and comprehend. The evaluation process with the expert judges was a very important moment, which further enriched the construction of this educational and social technology for the prevention and empowerment of care for these NCDs and their families facing the disease. The guide was developed for Haitian immigrants living in Manaus, Amazonas, but in reality, it will be beneficial for all Haitians regardless of state and municipality in Brazil.

The Portuguese version will be available for all people in Brazil, because it can be used by any health professional and any lay person who speaks or understands the Portuguese language, who is not a Haitian immigrant. This guide was developed with prevention and self-care content for 4 (four) NCDs, but in reality it is more than that, i.e., prevention measures such as healthy eating, reducing salt, sugar, and alcohol consumption, physical activity, and not smoking are preventions for many non-transmissible chronic diseases (NCDs).

It is hoped that the instructions contained in the guide will be applied, because it is believed, these guidelines are used on a daily basis in a correct way, they can improve the quality of life and well-being of the person themselves and extend to the whole family to the community.



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