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INDIVIDUAL AND COLLECTIVE APPROACHES FOR EDUCATIONAL INTERVENTIONS INTEGRATED INTO PRIMARY CARE AND THE SCHOOL ENVIRONMENT AIMED AT PREVENTING SCHISTOSOMIASIS MANSONI: AN EXPERIENCE REPORT

## **AUTHORS**

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## **ABSTRACT**

Schistosomiasis mansoni is a prevalent parasitic infection in Brazil, with its occurrence linked to inadequate sanitation. In this context, risk behaviors resulting from the population's limited knowledge about the disease may lead to increased reinfections and the development of severe forms. This study aims to assess the level of knowledge regarding schistosomiasis among a population residing in an endemic area of Alagoas-Brazil, and subsequently propose educational actions to raise awareness among the community. This is a qualitative-quantitative action research study with an interventionist character, conducted in the municipality of Feira Grande, AL, from March to September 2021. The study population consisted of 412 adult individuals residing in micro-areas served by two Basic Health Units (BHU). To collect data on the participants' knowledge, a structured questionnaire was administered through active search in the BHU. Following this, health education activities were conducted in the UBS and in three public schools in the municipality. This study was approved by the Research Ethics Committee involving Human Beings at the Federal University of Sergipe under opinion no 4442234. The results demonstrate that the study population exhibits a low level of knowledge regarding the diagnosis, treatment, and prevention of schistosomiasis. The educational actions were structured into two types of approaches: the first was an individual approach, involving counseling with each participant after the interview to clarify doubts and address possible misinformation. The second approach was collective, consisting of lectures for elementary and high school students, covering the origin of the disease, the etiological agent, transmission, symptoms, diagnosis, treatment, control measures, and prevention of schistosomiasis, utilizing slide presentations as educational resources. After the lectures, a reinforcement activity titled "Fact or Fake" was conducted, which involved presenting various statements related to the topics discussed during the oral presentation, including both true and false statements. Students used to signal placards to indicate a positive signal when they considered a statement to be true (Fact) or a negative signal when they deemed it false (Fake). The experience gained from this study enhanced the authors' understanding of initiatives that can effectively contribute to the control of schistosomiasis. Among these, we emphasize the potential implementation of a health education nucleus within health units, which would operate in an integrated manner with health surveillance and the school health program, recognizing the important role schools play in disseminating accurate information about schistosomiasis.

KEYWORDS	
Health Education; Neglected Diseases; Public Health; Schistosoma mansoni	
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