Health Communication in the Prevention and Early Detection of Cancer: in Search of more Dialogical and Inclusive Practices

doi: https://doi.org/10.32635/2176-9745.RBC.2023v69n1.2879

Comunicação em Saúde na Prevenção e Detecção Precoce do Câncer: em Busca de Práticas mais Dialógicas e Inclusivas

Comunicación Sanitaria en la Prevención y Detección Precoz del Cáncer: en Busca de Prácticas más Dialógicas e Inclusivas

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INTRODUCTION

Communication with the population is strategic for cancer control since the creation of a public health policy in Brazil in the first decades of the 20th century[1].

Communication actions which expand the society's knowledge on how to prevent and early detect cancer and deconstruct stigmas that delay the treatment continue to be critical to deal with this raising public health problem. The actions are interconnected according to the National Policy of Cancer Prevention and Control[2] and every managerial level of the National Health System (SUS) is assigned the role of creating strategies to widen the population knowledge about cancer and its risk factors, forms of prevention and control.

The criticism of the prevailing communication model centered in the transmission of information and behavioral recommendations draw attention to its boundaries. Grounded on technical expertise, the actions of this model are vertical and did not consider the influence of the economic, sociocultural and symbolic context, nor the other as producer of knowledge and subject of the communication. The production of statements and their formats seem to be the major focus, but few problematize its reach and the possibility of being understood and mean something to the other[3].

The necessity to include the "voice of the other" in the production, circulation and evaluation of practices is a perspective aligned to the idea of participation, an invaluable notion to SUS and structuring the concept of empowerment, which is one of the objectives of the National Policy of Health Promotion[4], that attempts to increase the capacity and autonomy of the subjects and collectivities to advocate health and life, with the support of "several formal and popular communication expressions and listen to what the different groups involved wish to verbalize"[4].

The National Policy of Popular Education in Health also addresses dialogic communication[5], a shared knowledge construction principle which proposes decentralized communication processes considering the context of the subjects and translated into practices identified with the popular reality, language and culture"[5].

Regardless of its relevance and necessity of innovative routes able to recognize the complexity involved in the communication and encourage reflection and dialogue, the institutional health practice follows the model of campaigns with barely known results. The pursue of better forms of establishing communicative processes with the population remains challenging.

The present article presents issues that permeate the communication on prevention and early detection of cancer based in the experience the author has on the interface of education with health communication, in public institutions, and in the dialogue with critical texts on the theme in Brazil and updates some principles that should be applied in practice. It is expected to help health professionals and managers, mostly those working in primary and secondary care, to recognize the relevance of the critical, reflexive and creative investment in health communication with the population.

DEVELOPMENT

COMPLEXITIES TO BE ACKNOWLEDGED

Human communication is far more than disclosing information from an emitter to a receptor. Communicate means to produce meaning[3] and many are the difficulties of this process when health is involved, from the appropriation of language inbuilt codes up to the wide array of factors that influence the relation of the individuals with the recommendations of public health.

Approaches disregarding the multiple facets of the relation of the population with health risks and

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preventive behaviors tend to be reductionistic[3], further to poor information and proper life conditions, desires, motivations, fears... The socioeconomic, cultural and subjective factors involving the human behavior should be recognized and valued within humanized care, support less prescriptive approaches over individual and collective challenges involving health.

Although recent technological changes are redesigning and expanding the possibilities of communication in an increasingly mediatic and digital-driven society, few are the actual innovative elements found in health institutions. The practices tend to repeat themselves rather than pursue new models within a hegemonic management constantly pushed by the media and the urgency to produce campaigns counting with limited human and technological resources.

Within the context of primary attention to cancer, communication challenges to construct meanings related to healthy nourishment, physical activity, tobacco cessation and reduction of alcohol use are huge. Rethink common pleasures in restrictive social contexts and with a certain degree of life volatility are particularly tough. Here and now tends to be the most important value.

The health institutions, despite bringing high relevant issues for early cancer detection through initiatives as the "color months" – *Outubro Rosa* (Pink October), *Julho Verde* (Green July), *Março Lilás* (Purple March)...) – eventually tend to repeat the logic of campaigns, leaving aside the planning and evaluation of actions. To strategically reflect about the production, circulation and reception of materials is unusual or fully lacking in view of a tight calendar. When the evaluation occurs, it is but a mere metric of access of poor efficacy to reflect how the population receives, interprets and relate with the information disclosed.

Does more campaign mean more and better information? There are hints that important gaps exists. Comments about *Novembro Azul* (Blue November)[6] and analysis about the media of *Outubro Rosa*[7] revealed that misinformation about the communication on early detection of cancer is quite common, usually bumping into conflicts of interests and poor preparation of health professionals and journalists to address more complex questions involving screening recommendations. The prevailing logic is to promote the adherence to early detection exams, neglecting the risks and waiving ethical principles while little is known about other aspects, as emotional issues (psychic defenses) potentially delaying the involvement of the population in early detecting diseases still shrouded in stigma[8].

Studies about health literacy (motivation and skills to find, understand, evaluate and use health information) confirm the innumerous communication challenges throughout the control, especially in low education settings. For example, it is recognized the negative impact of flawed recognition of suspected symptoms in early cancer detection, as well as the poor comprehension of what screening is and the risks and benefits of the interventions[9].

LISTEN, KNOW AND EVALUATE MORE

Where to go if we do not know where we stand? Try to look otherwise away from centralized production of messages and come close of what is on the other side is of essence. Interaction with population groups for communication purposes appears to indicate new possibilities for a dialogic and affectionate communication and feedbacking the practices.

Towards innovative practices, it is important to follow some principles:

Pursue dialogue with different groups to produce communicative and creative strategies

Listen to individuals potentially interested in the themes discussed can help to construct or improve initiatives that are clear, simple and mean something to anyone else. Sparse experiences responded to this call and oxygenated the actions. The experience of the author indicates that listen to men for shared production of educative material on prostate cancer[10], involve feminist leaderships to critically review folders and posters about female cancer, promote dialogue health education about women health with cleaning ladies[11], incorporate women doubts and perceptions to elaborate and evaluate decision about breast cancer screening are routes that teach and enrich, although still scarce.

Understand the discursive scenario

Communication does not happen in the void. A "conversation room" is open"[3]. According to Araújo[12], communication is like a symbolic market where many voices circulate through the practice of several social actors. The polyphony can be captured through a "communication map" of the themes discussed, which show us participants and communications flows. With the analysis of the media of *Outubro Rosa* in Brazil[7], it was possible to identify the participants and their narratives, the tensions and existing information gaps. This acknowledgment is useful to rethink communication strategies in competing meanings.

Go beyond the information and stimulate dialogue and reflection

Health technical-scientific knowledge is an asset of the society and should be available to it and not alone and

distant from the interest of the population. Accessible and distinct approaches sharing difficulties and possibilities of healthier practices in daily life to stimulate reflections can lead to more empathy and curiosity. The population experiences captured in already available qualitative studies or yet to be done can be mingled with technical contents and become identification elements stimulating new forms of thinking and act.

Explore the interactivity of new technologies as sharing spaces

Innumerous interactive channels and possibilities were opened with the wide dissemination of mobile apps and expansion of the social media. Using this space with communicative resources in a participative and affective way can be a chance to change the pratices[13]. To expand spaces and allow dialogic relations helping individuals and collectivity to create themselves and the world they live in is paramount[14]. The institutions are expected to prepare material and human conditions to embrace this opportunity.

Implement evaluation processes about the production, circulation and reception of health communication material

Evaluate is necessary! All the stages of the communication call for reflection and can create novel guiding knowledge through the entire process. Incorporate planning is a good practice and will allow the inclusion of evaluation dimensions to know better how resources are created, preview its reach and receptivity by the population.

Value and advocate SUS as part of the construction of social rights

Public communication must strengthen SUS and assert the right to health, contributing to consolidate caring networks and not only focused to the responsibility of the individuals to watch for its own health condition[3]. Strategies to face the poor health literacy are invaluable but the access to timely and quality health services is essential for various preventive and early detection actions without which the information "will fail to save lives", although it is basic to ensure its effectiveness.

CONCLUSION

The small investment in planning and evaluation of institutional practices of health communication compels the repetition of vertical models, a hurdle to understand and overcome their limits.

Most certainly, more comprehensive and thorough responses to many challenges brought up herein extrapolate communication at large and depend on public policies that strengthen education, citizenship and positively pave the way to healthier behavior and practices within the logic of promotion of health. Communication actions should, however, align to this and try to do different.

It is essential to have an actual valuation of these practices with better trained and focused teams to update and, as much as possible, reinvent strategies for an effective communication about early detection and prevention of cancer.

CONTRIBUTION

Mônica de Assis participated of all the stages of the article from the design until the final approval of the version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

FUNDING SOURCES

None.

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Recebido em 5/7/2022
Aprovado em 3/10/2022

Scientific-Editor: Anke Bergmann. Orcid iD: https://orcid.org/0000-0002-1972-8777