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CONSTRUCTION OF AN EDUCATIONAL BOOKLET ON CHILD CARE BEFORE THE COVID-19 PANDEMIC: EXPERIENCE REPORT

CONSTRUÇÃO DE CARTILHA EDUCATIVA SOBRE CUIDADOS COM CRIANÇAS FRENTE À PANDEMIA COVID-19: RELATO DE EXPERIÊNCIA

CONSTRUCCIÓN DE UN FOLLETO EDUCATIVO SOBRE EL CUIDADO INFANTIL FRENTE A LA PANDEMIA COVID-19: INFORME DE EXPERIENCIA

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Objective: to report the experience of producing and disseminating technology as an educational booklet, to inform and guide about the childcare before the COVID-19 pandemic. Method: this is an experience report on the construction of an online and free booklet, targeting children from two years of age, parents or guardians and the community. The construction was carried out by nursing students in May 2020. Results: the construction of the booklet allowed integrating researchers, educators and the community. The product was widely disseminated and there was a positive return of the provided guidelines in a playful, reliable and accessible way. Conclusion: the experience allowed for the dissemination of safe information, with reliable sources and scientific basis, in addition to integrating researchers into the community. It expanded the extramural bond of the University, an indispensable factor for working with the population.

Descriptors: Child Rearing. Health Education. Child Health. COVID-19.

Objetivo: relatar a experiência da produção e divulgação de tecnologia, em forma de cartilha educativa, para informar e orientar sobre os cuidados com as crianças frente à pandemia da COVID-19. Metodologia: trata-se de relato de experiência sobre a construção de uma cartilha on-line e gratuita, tendo como público-alvo crianças a partir de dois anos de idade, os pais ou responsáveis e a comunidade. A construção foi realizada por estudantes de enfermagem, em maio de 2020. Resultados: a construção da cartilha possibilitou a integração entre pesquisadoras, educadores e comunidade. O produto foi amplamente divulgado e houve retorno positivo das orientações passadas de forma lúdica, fidedignas e acessíveis. Conclusão: a experiência oportunizou a disseminação de informações seguras, com fontes confiáveis e embasamento científico, além da integração das pesquisadoras à comunidade. Ampliou o vínculo extramuros da Universidade, fator imprescindível para atuação junto à população.

Descritores: Educação Infantil. Educação em Saúde. Saúde da Criança. COVID-19.

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Objetivo: informar la experiencia de la producción y difusión de tecnología, en forma de folleto educativo, para informar y orientar sobre el cuidado de los niños frente a la pandemia de COVID-19. Metodología: este es un informe de experiencia sobre la construcción de un folleto en línea y gratuito, dirigido a niños a partir de dos años de edad, padres o tutores y la comunidad. La construcción fue llevada a cabo por estudiantes de enfermería en mayo de 2020. Resultados: la construcción del folleto permitió la integración entre investigadores, educadores y la comunidad. El producto fue ampliamente difundido y bubo un retorno positivo de las orientaciones anteriores de una manera lúdica, fiable y accesible. Conclusión: la experiencia permitió la difusión de información segura, con fuentes fiables y base científica, además de la integración de los investigadores en la comunidad. Amplió el vínculo extramuros de la Universidad, un factor indispensable para trabajar con la población.

Descriptores: Crianza del Niño. Educación en Salud. Salud del Niño. COVID-19.

Introduction

In December 2019, an outbreak of pneumonia caused by a new type of Coronavirus was identified. Called SARS-CoV-2, the virus responsible for the current COVID-19 pandemic was first detected in Wuhan, Hubei Province, China. Contamination by the virus can cause respiratory infections and lead to acute respiratory syndrome, hospitalization and death⁽¹⁻³⁾.

In Brazil, the first positive test for COVID-19 occurred on February 26, 2020, imported by a Brazilian who had recently visited Italy. With 100 days after the first case, the sum of confirmed cases reaches a total of 614,941 people^(2,4-5).

The evidenced form of transmission of the virus was direct, through coughing, sneezing and droplets and by contact with oral, nasal and eye mucosa. Although the clinical manifestations do not include ocular symptoms, analyses of the conjunctiva of suspected and confirmed cases suggested that transmission is not limited to the respiratory tract^(2,6).

By the form of transmission, the main measures for prevention against the disease include the hygiene of hands and objects with soap and water and the use of liquid or gel ethyl alcohol at 70%; avoid touching the eyes, nose and mouth; coughing or sneezing, preferably, on the elbow or disposable tissue and handkerchief, for subsequent correct disposal; use a disposable mask in case of respiratory problems or symptoms, and maintain a social distance of at least one meter⁽⁶⁾.

The lethality of the disease varies according to factors intrinsic to infected individuals,

such as age, previous diseases and life habits, as well as factors extrinsic to individuals or offer/availability of therapeutic resources, such as hospital beds, health teams, mechanical ventilators and medications⁽⁷⁾.

The North and Northeast regions of Brazil lead the lethality ranking, although they do not have the highest number of cases when compared to other regions. One hundred 100 days after the first case, of the 128,917 confirmed cases in the North Region, the mortality rate was 35 per 100,000 inhabitants, while in the Northeast Region, of the 215,616 confirmed cases, the mortality rate was 18.5 per 100,000 inhabitants⁽⁴⁾.

Respiratory infections occupy an important place in the world mortality ranking, and, although they may have conditions of severity and mortality among the most varied regions of the world and in different social classes, factors such as poverty, agglomeration and environmental exposures can increase the susceptibility of a certain group of individuals to these diseases⁽⁸⁾.

In the state of Alagoas, through Decrees n. 69,567, of March 17, 2020, and of n. 69,501, of March 19, 2020, a state of emergency was declared and several establishments were closed, as well as the suspension of face-to-face school activities in public and private institutions, including early childhood education centers and Universities (9-10).

After the suspension of school activities, early childhood education professionals began to have difficulties dealing with the theme of COVID-19 with children and their guardians, specifically in neighborhoods on the outskirts,

where the access to correct information is often difficult, in a context of already recurrent social vulnerability, reinforcing the importance of the association between health and education as a way to disseminate the correct information.

One of the best ways to enable these actions is through health education, which emerges as a promotion to change individual and collective habits, attitudes and behaviors about a given public health situation, such as COVID-19⁽¹¹⁾.

As children's educators, as well as health professionals, are responsible for the integral care of children, it is important that the interdisciplinary dialogue between these groups is reinforced and validated at all times, to enable the exchange of knowledge necessary for children, thus ensuring their integral attention.

Thus, as a way of contributing to the dissemination of correct and accessible information regarding care during the current pandemic, especially with children, an educational booklet was constructed, due to the need and request of early childhood education professionals, as a methodology of health education and aimed at the child public.

Therefore, this study aimed to report the experience on the production and dissemination of a technology as an educational booklet, to inform and guide about the care that should be taken with children before the COVID-19 pandemic.

Method

This is an experience report whose objective was to present the production and dissemination of a technology as an educational booklet, which informs and guides about childcare before the COVID-19 pandemic, focusing on the public of a neighborhood on the outskirts of the city of Maceió (AL). This study is the product of a research conducted by the Institutional Program of Scientific Initiation Scholarships (IPSIS) of the Federal University of Alagoas, cycle 2019-2020, entitled "Application of strategies for the culture of peace in early childhood education: perception of educators."

The need to create the booklet was due to the request, to the research participants, of materials in accessible language and instructive character, to enable the guidance of parents and guardians in the correct way regarding the pandemic and childcare. After this request, the researchers began the process of systematization and preparation of the material. It was essential that the language of the booklet was accessible to the entire target audience (children, parents or guardians and the community in general) of all levels of education.

Educational materials are health education strategies, and their appropriate, accessible and free language allows contributing to health care, disease prevention and health promotion, as it is characterized as a transforming vehicle for social and environmental practices and behaviors. The use of these strategies in public health in a time of pandemic is very important, especially when integrating the University into the community, through child education.

The construction of the booklet took place in May 2020, respecting the following steps: content selection; bibliographic survey of the theme; selection of illustrations and production of the photos used; preparation of the design of the booklet; and dissemination of the booklet.

The content selection stage had the collaboration of the research participants, focusing on the main proposal: correct use of the mask and correct hand washing. Subsequently, after research, it was possible to delimit other important guidelines, such as main aspects regarding the virus, symptomatology, vaccination, breastfeeding, 70% alcohol use and the prevention of accidents with its use, as well as the care to be taken when leaving and getting home. Once the content to be addressed was delimited, the second stage of the elaboration began.

The bibliographic survey for the construction of the material took place mainly on the websites of the Ministry of Health (MH), the World Health Organization (WHO) and the Brazilian Society of Pediatrics (BSP), because they are reliable sources and with current data on the theme. After the survey, the data were organized in linearity

to be later added to the final file of the booklet. After the survey, the data were organized in linearity to be later added to the final file of the booklet. The language was also adapted, so that it would be accessible to both children and the entire community that would come into contact with the material.

After the bibliographic survey and the organization of the data found, the process of selecting the illustrations that would compose the material, taken from the Freepik website, which provides illustrations of various themes, as well as the Canva® website, where the design of the booklet was elaborated, began.

In order to make the teaching of the step by step of the correct use of the mask, as well as the technique for hand washing, more accessible and didactic, photos of children performing these activities were chosen as material. The photos used were requested from the relatives of the researchers, who made them according to the instructions provided and gave the authorization for their use in the booklet, not requiring the identity protection of the children.

The final stage of the elaboration consisted of joining the schematic theoretical framework with the language adapted to the selected photos and illustrations. The construction of the booklet design lasted about a week, after revisions were made so that no errors were identified in the final version. For its construction, bright and vibrant colors were used to draw the attention, especially of the child.

After the construction, the dissemination and forwarding of the booklet to the requesting professionals, family members and members of the academic community began. Subsequently, the booklet was made available online and free of charge, by social media.

Results and Discussion

The production of the booklet "Childcare in times of COVID-19" resulted in a material with 28 pages, divided into 16 domains: 1 – Presentation; 2 – Virus? What is this?; 3 – How can it harm us?; 4 – What do we feel?; 5 – What care to take?;

6 – Hand washing; 7 – Hand washing: Steps; 8 – Correct use of the mask; 9 – Mask care; 10 – 70% Alcohol care; 11 – Attention, parents and guardians!; 12 – Be sure to breastfeed; 13 – Let's remember; 14 – References; 15 – Credits; 16 – Authors⁽¹²⁾.

The domains were structured in a way to give linearity to the acquisition of knowledge by anyone who contacts the booklet.

The development of this production initially allowed the integration between the advising professor and the students seeking the dissemination of knowledge to those who need it most. All those involved were active subjects in the material production process and in the acquisition of knowledge, which allowed the deepening in the thematic area.

As members of a public university, researchers are responsible for externalizing the knowledge generated, as a form of contribution to the society surrounding them. This is the guarantee of representativeness and participation in social transformations, as well as the strengthening of teaching, research and university extension (13).

The possibility of social change and transformations, as well as the effectiveness of a study, depends not only on the theme of the research itself, but also on the intended public and on the repercussions it ends up generating (14). Thus, since the booklet was built due to the need of the community itself, it was possible to meet the demands, reducing the gap on the theme. This is an important factor, especially in regions of greater social vulnerability, thus contributing to the democratization of access to knowledge.

The experience of the construction of the booklet showed, as a challenge, the adaptation of the language for its accessibility for the target public, primarily, the children aged over 2 years and consequently to all those responsible for their care. Similarly, the selection of illustrations and the step-by-step made by photos, also of children, were carefully and judiciously made, so that it could be easily understood and avoid any conflicts of understanding.

The fight against the COVID-19 pandemic requires daily information and the world

scientific production, in the various areas of knowledge, is constantly moving to enable the dissemination of correct information, at a time when fake news are triggered at all times⁽¹⁵⁾. Thus, the booklet was an accessible, free and scientific-based means of health education, fighting false information that can jeopardize access to correct and quality information, contributing to public health.

The dissemination of the booklet was fast, and the recognition of this scientific initiation work by the academic community and outside the University was evidenced at the same speed. The authors were invited, in two interviews, to disseminate the material constructed and highlight its importance in the dissemination of information about COVID-19 and the care that should be taken with children, disseminated by local TV and various websites. In addition to the interviews, the content was also published nationally by the National Early Childhood Network, as well as by social networks⁽¹⁶⁻¹⁷⁾.

Thus, it is possible to infer that the use of the booklet has the capacity to assist the orientation to the whole community, especially children, regarding the importance of the care that should be taken in relation to COVID-19 and, consequently, enable the strengthening of the prevention network throughout the community.

As it was propagated and its content consumed, the authors received feedback of the material, from parents, guardians, teachers and caregivers of children, and even from the children themselves. Thus, it was emphasized the accessibility to the material, its easily understandable language and the playfulness of its construction as crucial points that positively collaborated for the acceptance and use of the booklet.

Conclusion

The elaboration of technology initially contributed to the approximation and deepening with the proposed theme, allowing the construction of a relevant experience for the students and professor involved in the creation

process, as well as in the dissemination of scientifically based information to better clarify the main characteristics of COVID-19 and the forms of prevention and care towards it in relation to children.

Thus, the need for constant dissemination of scientific knowledge in an accessible and free manner becomes strengthened, and, because it arose from a need of the community itself, the extramural bond of the University is expanded, an indispensable factor for working with the population.

Furthermore, with the repercussions evidenced after the release of the booklet elaborated, there became evident the importance and weight that health education methodologies have for society and the need to invest in their adoption, not only in pandemic moments.

The booklet was able to expand the dissemination of safe information, with reliable sources and scientific basis. Thus, it can reduce the risk of contamination by COVID-19, as well as its dissemination, providing opportunities for improved access to safe information for children and the entire cycle responsible for caring for them, including their families, the school and the entire community.

Collaborations:

- 1 conception, design, analysis and interpretation of data: Rita de Cássia Ramires da Silva, Adrielly Cristina de Lima Raimundo, Camila Thayná Oliveira dos Santos and Ana Carolina Santana Vieira;
- 2 writing of the article and relevant critical review of the intellectual content: Rita de Cássia Ramires da Silva, Adrielly Cristina de Lima Raimundo, Camila Thayná Oliveira dos Santos and Ana Carolina Santana Vieira;
- 3 final approval of the version to be published: Ana Carolina Santana Vieira.

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