



I design of programs of educational intervention on leprosy with interdisciplinary, humanist focus, I activate and transformer

Diseño de programas de intervención educativa sobre lepra con enfoque interdisciplinario, humanista, activo y transformador

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ABSTRACT

Introduction: the educational interventions on leprosy represent an essential contribution, guided toward the education for the health dermatological in diverse contexts that demand the design of educational programs from a holistic focus.

Objective: to socialize some theoretical-methodological approaches for the design of programs of educational intervention on leprosy with an interdisciplinary, humanist focus, I activate and transformer.

Methods: descriptive, longitudinal and retrospective investigation, understood in the period of March from 2025 to September of 2025. Among the used methods they are the historical-logical one, the analytic-synthetic one, the systematizing and the modeling; applied fundamentally in the construction epistemological of the theoretical-methodological considerations. It was also used the revision of documents, the survey and the conformation of a focal group for the obtaining of approaches valoratives on the relevancy of the scientific result.

Results: they conform to theoretical-methodological approaches guided toward three fundamental addresses that consider 1) general aspects for the design of programs of educational intervention, 2) invariants associated to the leprosy like curricular content and 3) precisions for the application of the interdisciplinary, humanist focus, I activate and transformer to the design of programs. Also, integrative nodes are identified and relate interprofessionals that represent relating essential epistemological for the design colaborative of the programs of educational intervention on leprosy.

Conclusions: the relevancy of the theoretical-methodological considerations was evidenced sustained from an interdisciplinary, humanist focus, I activate and transformer for the curricular design of programs of educational intervention on leprosy, being verified the execution of the proposed objective. The pregnancy in the adolescence constitutes a problem of health of complex character that demands for its prevention the employment of a holistic focus, sustainable from positionings colaborative and intersector.

Keywords: Leprosy; Educational Intervention; Education For The Health; It Programs Educational

RESUMEN

Introducción: las intervenciones educativas sobre lepra representan una contribución esencial, orientada hacia la educación para la salud dermatológica en diversos contextos, que exigen el diseño de programas educativos desde un enfoque holístico.

Objetivo: socializar algunos criterios teórico-metodológicos para el diseño de programas de intervención educativa sobre lepra con un enfoque interdisciplinario, humanista, activo y transformador.

Métodos: investigación descriptiva, longitudinal y retrospectiva, comprendida en el período de marzo de 2025 a septiembre de 2025. Entre los métodos empleados se encuentran el histórico-lógico, el analítico-sintético, la sistematización y la modelación; aplicados fundamentalmente en la construcción epistemológica de las consideraciones teórico-metodológicas. También se empleó la revisión de documentos, la encuesta y la conformación de un grupo focal para la obtención de criterios valorativos sobre la pertinencia del resultado científico.

Resultados: se conforman criterios teórico-metodológicos orientados hacia tres direcciones fundamentales, que consideran 1) aspectos generales para el diseño de programas de intervención educativa, 2) invariantes asociadas a la lepra como contenido curricular y 3) precisiones para la aplicación del enfoque interdisciplinario, humanista, activo y transformador al diseño de programas. Además, se identifican nodos integradores y relaciones interprofesionales, que representan referentes epistemológicos esenciales para el diseño colaborativo de los programas de intervención educativa sobre lepra.

Conclusiones: se evidenció la pertinencia de las consideraciones teórico-metodológicas sustentadas desde un enfoque interdisciplinario, humanista, activo y transformador para el diseño curricular de programas de intervención educativa sobre lepra, constatándose el cumplimiento del objetivo propuesto.

Palabras clave: Lepra; Intervención Educativa; Educación Para La Salud; Programa Educativo

INTRODUCTION

The Global Strategy for Leprosy (Hansen's disease) 2021–2030 promotes, at a global level, the eradication of this human scourge based on four strategic pillars. One of them is related to the prevention and active, integrated

detection of cases, which requires the design of educational intervention programs that facilitate a participatory, widely accessible, and proactive dynamic. ⁽¹⁾

Previous studies identify leprosy as a chronic, granulomatous, infectious disease caused by *Mycobacterium leprae*, which primarily affects the skin, peripheral nerves, and, in some cases, internal organs. ^(2,3) Several authors agree on the potential of educational interventions to overcome the main shortcomings related to its prevention and control, particularly those associated with late detection. ⁽³⁻⁵⁾ This aspect has a negative impact on the prevention of disability caused by leprosy, even in countries with low endemic transmission, such as Cuba, where the prevalence rate is less than one case per 10,000 inhabitants. ^(5,6)

Health education intervention, understood from the medical practice and research experience of the principal author of this work, is defined here as a formative process with an assistance-oriented and emergent character, aimed at satisfying real or prospective educational needs related to the health of a group of individuals. It is distinguished by its collaborative approach and special combination of exogenous and endogenous resources, with the purpose of contributing to health education, as evidenced by the introduction of improvements in lifestyles. In this regard, it is interesting to note that as a consensus on its relevance takes shape, evaluative criteria emerge regarding the need to optimize certain elements related to educational interventions. ⁽⁷⁻¹³⁾

There are numerous challenges—epistemological, methodological, and managerial—that researchers on the subject must face in a polysemic context. In this sense, Viltre and Fernández identify shortcomings in theoretical-methodological conceptions. ⁽⁸⁾ Meanwhile, other authors point out weaknesses in structural content, organizational forms, components, and essential relationships. ^(7, 9, 11, 13) Hence the need to reconsider the design of educational intervention programs on leprosy from a theoretical-methodological standpoint that takes into account the potential of the interdisciplinary, humanistic, active, and transformative approach (IHAT approach).

Related research documents the generalization of the IHAT approach to the prevention of various diseases and health-related harms, such as occupational diseases, sexually transmitted infections, workplace harassment, and adolescent pregnancy. ⁽¹⁴⁻¹⁷⁾ It is a theoretical-methodological position of an interdisciplinary and anthropocentric nature, with an active and transformative projection of individuals and their socio-community contexts,

based on the facilitation of self-care and the self-management of individual and collective health. ⁽¹⁴⁾

It is also necessary to specify that the educational intervention program represents a logical arrangement of the curricular components of the educational intervention process and becomes a methodological tool with an essential organizational projection. Its design fulfills a guiding function by specifying, among other components: the system of objectives, the content—structured through the system of knowledge, the system of skills, and the system of values—the system of methods, the organizational forms, and the forms of evaluation. Furthermore, the program's managers and recipients are defined, along with precise methodological guidelines for its successful implementation. ^(16, 17)

In the particular case of educational intervention programs on leprosy, it is necessary to take into account, in addition to the general aspects inherent to this type of tool, other essential elements related to epidemiological, hygienic, clinical, cultural, legal, managerial, and contextual factors associated with the prevention and early detection of leprosy. Likewise, it is necessary to consider the guidelines and programs established by the different levels of management within the health system. The importance of measures that promote respect for human dignity is also emphasized, even more so when dealing with a highly stigmatized disease. ⁽³⁾

Considering the aforementioned elements, this work aims to share some theoretical and methodological criteria for the design of educational intervention programs on leprosy, with an interdisciplinary, humanistic, active, and transformative approach.

MATERIALS AND METHODS

A descriptive, longitudinal, and retrospective study was conducted from March 2025 to September 2025. In the health area of the "René Vallejo Ortiz" Teaching Polyclinic, a purposive sample of 39 health professionals involved in the management of educational intervention processes on leprosy was selected.

The inclusion criteria were as follows:

- Being a health professional is directly involved in educational intervention processes on leprosy.



- Having provided consent to participate in the study.
- Collaborating effectively in completing the survey.

Failure to meet any of the above criteria or the explicit withdrawal of consent to participate in the research constituted grounds for exclusion.

The study also included 11 professionals who formed a focus group. The selection of the group members considered the following inclusion criteria:

1. Willingness to participate in the study.
2. Access to a mobile phone for the use of WhatsApp as a communication tool.
3. Holding an academic degree or scientific title.
4. Having a teaching or research rank equal to or higher than Associate.
5. Having professional, teaching, research, or managerial experience related to the design of educational intervention programs.

The study adopted Dialectical Materialism as the general method of knowledge, integrating a set of methods that included, at the theoretical level, the historical-logical method to facilitate the study and evolutionary understanding of the design of educational intervention programs in previous research. Analysis and synthesis were mainly used in the process of generalizing the methodological content of the IHAT approach. Systematization and modeling were applied in the development of the structural contents of the proposed theoretical-methodological criteria.

At the empirical level, document review was employed, which included the National Leprosy Program and the Family Physician and Nurse Program, with the purpose of identifying methodological guidelines for the design of educational intervention programs. A survey was administered to 39 health professionals involved in the educational intervention process in the selected area, with the objective of exploring aspects of performance related to the design of educational intervention programs on leprosy. Two fundamental dimensions were defined for this purpose: 1) Knowledge for the design of educational intervention programs on leprosy, and 2) Creative experience in the development of educational intervention program designs on leprosy.

In order to obtain an assessment record regarding the relevance of the IHAT approach applied to the design of educational intervention programs on leprosy, a focus group composed of 11 professionals was formed. The collection of evaluative criteria expressed by the focus group was carried out using a five-point rating scale (Very appropriate, Quite appropriate,

Appropriate, Somewhat appropriate, and Not appropriate), based on the following indicators:

1. Theoretical significance of the IHAT approach.
2. Methodological significance of the IHAT approach.
3. Interdisciplinary projection.
4. Humanistic significance.
5. Participatory nature.
6. Transformative projection.
7. Capacity to generate practical solutions.

During the research process, the statutes established in the Cuban ethical standards for health sciences research and the bioethical principles set forth in the Declaration of Helsinki were upheld

RESULTS

Upon completion of the systematization of theoretical, methodological, and practical references, the results are reported in three main directions, which considered: 1) general aspects for the design of educational intervention programs, 2) invariants associated with leprosy as curricular content, and 3) specifications for the application of the IHAT approach to program design.

General aspects for the design of educational intervention programs

Conception of educational intervention as a formative process, which involves recognizing its gradual projection within a dynamic that goes through four fundamental stages: 1) Diagnosis, 2) Planning, 3) Implementation, and 4) Evaluation. A special interrelationship is distinguished among these stages, favoring the complementation and endogenous feedback of the process.

Correspondence of the intervention program objectives with the real or prospective educational needs associated with leprosy in a specific group of individuals. In addition, the objectives to be achieved in the short, medium, and long term are specified.

Recognition, as an essential element of the axiological content, of the formation and development of values such as self-care, responsibility, solidarity, collaboration, humanism, and discipline. Understanding the heterogeneity of groups as a strength for promoting collaborative learning from a historical-cultural approach, with emphasis on the concept related to the zone of proximal development.

Strengthening work in small groups to stimulate leadership among their members and the use of participatory evaluation methods such as self-evaluation, co-evaluation, and hetero-evaluation.

Invariants associated with leprosy as curricular content

Design of the curricular content based on the guidelines of the National Leprosy Program, including the dissemination of the three truths about leprosy: 1) it is curable, 2) it is not transmitted after the start of medical treatment, and 3) early detection prevents deformities and disabilities.

Inclusion of the early manifestations of leprosy as content invariants, among them: loss of eyebrow tails, chronic nasal obstruction, spontaneous epistaxis, thickening of the auricular lobes, alopecia in the lesion, hypochromic or pigmented macules, sensory disturbances, cramps in the lower limbs, and shiny foot edema (succulent feet).

Formation of a transversal curricular axis aimed at the prevention of diseases and other health damages, with three main directions: 1) prevention of leprosy, 2) prevention of disability and deformities caused by leprosy, and 3) prevention of social stigma related to leprosy.

Emphasis on elements of knowledge, procedural, and attitudinal aspects related to the early detection of leprosy, to reinforce self-care and the self-management of individual and collective health.

Clarifications for the application of the IHAT approach

Establishment of interdisciplinary relationships for the design of curricular content among various scientific disciplines such as: Hygiene and Epidemiology (declares background, conditions, and measures), Psychology (coping with social stigma), Health Promotion (educational resources), Medical Law (legal framework), Neurology (diagnostic and therapeutic procedures), Physical Medicine and Rehabilitation (prophylaxis and rehabilitation), and Dermatology (preventive, diagnostic, therapeutic, and rehabilitative aspects).

Orientation of the program objectives toward meeting the indicators and goals established in the programmatic instruments issued by international organizations and national governing institutions in the field, including: the Global Leprosy (Hansen's Disease) Strategy 2021–2030, the Roadmap for Neglected Tropical Diseases 2021–2030, and the National Leprosy Program.

Coordination of interprofessional relationships with members of the Basic Health Team, particularly with the family physician, for the comprehensive design and management of actions. This is combined with the evaluative analysis of the premises for quality and health promotion stated in the Family Doctor and Nurse Program, including: teamwork, analysis of the social determinants of health, encouragement of self-responsibility, ethical nature of the care process, and strategies based on real health problems.

Planning of collaborative learning situations related to group work, as well as the solution of intersectoral and interprofessional projects and problems from the One Health approach. Active participation, self-care, and health self-management should be promoted through the use of various resources such as leprosy suspicion questionnaires, manuals, infographics, brochures, podcasts, checklists, among others.

Use of digital information and communication technologies (DICTs), together with artificial intelligence (AI), to optimize educational resources and enable synchronous or asynchronous remote communication in isolated communities. The transmission and distribution of information through hardware, software, telecommunications, and broadcasting are feasible.

Identification of integrative nodes and interprofessional, interinstitutional, and intersectoral relationships for the design and implementation of the educational program. In particular, it is proposed to consider, among other nodes, the analysis of the health situation, patient registration (dispensarization), and integrated community work.

Conception of the relationship between the subject (recipient of the educational intervention) and the educational intervener (manager of the intervention program) from an ontological, ethical, and legal standpoint, which conceives the human being as a biopsychosocial unit, bearer of a historically determined culture, and capable of exercising rights and obligations established within a legal framework.

Survey results

The survey of professionals (n=39) revealed a consensus on the importance of addressing professional development needs related to the design of educational intervention programs on leprosy.

According to the opinion of 27 respondents, representing 69.2% of the study participants, there are needs related to updating knowledge on the theoretical

and methodological foundations of health education, with emphasis on learning concepts in non-school settings and on conceptual aspects of the program's structural content. They also identified shortcomings in the modeling of its components and in the evaluation of quality indicators, as well as weaknesses in establishing interprofessional, interinstitutional, and intersectoral relationships in educational practice.

It was also found that there was a shortage of educational resources, manuals, work guides, and methodological guidelines for designing educational intervention programs on leprosy. Furthermore, there was a lack of postgraduate organizational structures to systematically address knowledge updating and performance optimization in this professional field. Among the main sources for improving competencies related to the design of educational intervention programs, there was consensus among respondents in identifying professional experience and collaborative work in workplace settings as key factors.

Three integrative nodes with a high capacity to generate interprofessional relationships were identified as fundamental cores that structure the epistemological references for the design of educational intervention programs on leprosy: 1) the educational intervention as a formative process, 2) the program as a tool for educational intervention, and 3) the IHAT approach as a theoretical-methodological resource for the optimization of the process.

Below is Table 1, which reports the evaluative criteria of the focus group members.

Table 7. Distribution according to the results of the focus group (n=11)

Evaluative criteria of the focus group						
Indicators	Very appropriate	Quite appropriate	Appropriate	Slightly appropriate	Not appropriate	Total N=11
1) Theoretical-methodological value of the IHAT approach.	11 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)
2) Interdisciplinary projection.	9 (81,8%)	1 (9,1%)	1 (9,1%)	0 (0%)	0 (0%)	11 (100%)
3) Humanistic significance.	11 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)

4) Participatory nature.	11 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)
5) Transformative projection.	9 (81,8%)	2 (18,2%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)
6) Intersectoral scope.	7 (63,6%)	2 (18,2%)	2 (18,2%)	0 (0%)	0 (0%)	11 (100%)
7) Capacity to generate practical solutions.	10 (90,9%)	1 (9,1%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)

Source: applied surveys.

DISSCUSION

Educational interventions in health represent an essential means for introducing improvements in lifestyles that ensure a comprehensive and sustainable state of well-being at both the individual and collective levels. Previous studies agree in highlighting their special contribution to health education as a supreme goal ^(10-12, 18) a point reflected in the theoretical and methodological elaborations employed in the present article.

The conceptual analysis of educational intervention, based on the theoretical and methodological approaches adopted in this study, made it possible to reveal its essence (an emergent formative process), its profile (assistential), its orientation (toward the satisfaction of real or prospective educational needs related to health), its nature (group-based), a fundamental condition (collaborative work with a special combination of exogenous and endogenous resources), its purpose (health education), and its practical realization (the introduction of improvements in lifestyles).

One aspect to highlight in the conception of educational intervention as a process is the recognition of stages within its structural dynamics. In the opinion of the authors of this study, the stages of educational intervention are defined based on the grouping of tasks of the same type at a given moment in the formative process. In this sense, it is also specified that, depending on the case, it may be feasible to develop a prototype of tasks in a previous or subsequent stage. For example, the introduction of evaluative and planning tasks at a specific moment within the implementation stage.

It is also necessary to highlight the formative nature of this process, which is given by the multiple educational influences it generates, with the purpose of promoting health education as part of the integral development of personality. Its contextual dimension and maximum adaptability to social environments favor its emergent organization, which is given by: 1) the rapid identification of resources and tools for solving educational needs in health; 2) the immediacy in the introduction of improvements in the existing situation; and 3) the direct link with real or prospective educational needs, which condition its sustainability over time. ⁽¹⁶⁾

Another fundamental aspect is the care-oriented profile of this type of intervention, not only because it is embedded within the care function of health professionals, who provide services and attention, but also because it constitutes an external assistance or influence for resolving educational needs in health that cannot be addressed solely with the resources available to an organization or group of people at a given moment. ⁽¹⁶⁾

Its integrality corresponds to the biopsychosocial conception of the human being as a conscious, active, and transformative subject. This standpoint is integrated into the One Health approach through the promotion of healthy lifestyles in harmony with human, animal, and environmental well-being. ^(14,15)

In this regard, the design of educational intervention programs is distinguished by its flexible and contextualized nature, not only because it responds to the educational needs of a specific group but also due to its necessary adaptation to the culture, requirements, legal framework, and organizational conditions prevailing in a given context. These programs, in turn, may be associated with other tools. For example, they may constitute a structural component of an educational intervention strategy or plan.

This coincides with the findings of a study conducted by Grangeiro et al., regarding the relevance of considering the potential of technological resources in designing the curricular content of educational intervention programs. These authors reinforce the idea of the "applicability of technologies for managing the care of people with leprosy in primary health care." ⁽¹⁹⁾ In this regard, they also emphasize the use of ICTs as an essential element associated with leprosy programs and provide an updated record of various technological products.

Points of convergence are also observed with previous studies that report the need to rethink epistemological aspects and structural components of this type of programs. ^(11, 12) In this regard, in the opinion of the authors of this study,

it would also be feasible to systematize creative practice to generate a synthesis that supports the modeling of the structural elements of educational intervention programs, without implying the establishment of rigid or schematic conceptions.

On another level of analysis, the results identified in the survey of professionals made it possible to enhance the significance of the theoretical-methodological criteria shared here, considering that a lack of procedural guidelines aimed at the design and comprehensive management of educational intervention programs on leprosy from an IHAT approach was confirmed. Furthermore, it is reported that the results of this study are directed toward the development of Community Dermatology — a scientific discipline in progress that focuses its problem-solving capacities on group subjects and considers health education among its fundamental pillars. (20, 21)

CONCLUSIONS

Educational interventions represent a fundamental avenue for addressing the educational needs associated with leprosy as a highly stigmatized infectious-contagious disease. In this regard, the socialization in the present work of certain criteria for the design of educational intervention programs on leprosy reinforced the theoretical-methodological references for their optimization. The logic followed in the study was oriented toward three dimensions: 1) general aspects for the design of educational intervention programs, 2) invariants associated with leprosy as curricular content, and 3) specifications for the application of the IHAT approach. Additionally, the relevance of the theoretical-methodological considerations supported by the IHAT approach for the curricular design of educational intervention programs on leprosy was evidenced, confirming the achievement of the proposed objective.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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