Sanitas
Revista arbitrada de ciencias de la salud
Vol. 4(2), 9-16, 2025
https://doi.org/10.62574/hzra4e56

Education and community participation in cancer prevention in Ecuador

Educación y participación comunitaria en la prevención del cáncer en Ecuador

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ABSTRACT

Objective: To analyse community education and participation in cancer prevention in Ecuador. **Method**: A PRISMA systematic review was conducted. **Results and conclusion**: Fifteen scientific articles published between 2016 and 2025 were reviewed. There is an urgent need to strengthen training and resources in rural areas and indigenous communities to ensure that programmes are truly inclusive and accessible. Socioeconomic and cultural barriers and limited access to adequate health services hinder participation in early detection programmes.
Descriptors: breast neoplasms; carcinoma in situ; uterine cervical neoplasms. (Source, DeCS).

RESUMEN

Objetivo: analizar la educación y participación comunitaria en la prevención del cáncer en Ecuador. **Método**: Se realizó una revisión sistemática PRISMA. **Resultados y conclusión**: se trabajó con 15 articulos científicos publicados entre 2016 y 2025. Se hace urgente fortalecer la capacitación y los recursos destinados a las áreas rurales y comunidades indígenas, para asegurar que los programas sean realmente inclusivos y accesibles. Las barreras socioeconómicas, culturales y el limitado acceso a servicios de salud adecuados dificultan la participación en programas de detección temprana.
Descriptores: neoplasias de la mama; carcinoma in situ; neoplasias del cuello uterino. (Fuente, DeCS).

Received: 03/03/2025. Reviewed: 07/04/2025. Approved: 11/04/2025. Published: 10/05/2025.
Short original

INTRODUCTION

In Ecuador, cervical cancer is one of the most prevalent cancers, especially among women in rural areas and vulnerable social sectors. According to Vega Crespo et al. (1), socioeconomic and cultural barriers and a lack of adequate information contribute to low participation in screening programmes. Educational campaigns focused on women, aimed at raising awareness about the importance of screening, are essential to overcome these barriers. However, the implementation of more effective strategies also requires the strengthening of health services, especially in rural areas (2).

Another type of cancer that significantly affects the Ecuadorian population is oral cancer, with high incidence rates, especially in rural areas where tobacco and alcohol consumption are more common, while Cruz-Moreira et al. (4) highlight the importance of preventive campaigns in communities to reduce the incidence of this type of cancer, emphasising the need for a comprehensive approach that combines health education and access to adequate dental services.

On the other hand, breast cancer care and prevention also represent a challenge in Ecuador. Ramos Herrera et al. (5) mention that, despite efforts to implement public prevention and control policies, their effectiveness remains limited due to a lack of resources and low participation of women in mammography programmes, especially in rural areas. It is essential to continue promoting health, not only at the institutional level, but also at the community level, involving local leaders in disseminating information on the benefits of early detection.

Thyroid cancer has also shown an increasing prevalence in the country, especially in women, highlighting the need to improve diagnosis and treatment systems. Salazar-Vega et al. (7) report that, although progress has been made in detection

and treatment, significant challenges remain, such as late diagnosis and lack of access to advanced technology in rural areas. Therefore, the implementation of prevention strategies at the national level is crucial to address the growing burden of this type of cancer in Ecuador.

The aim of this article is to analyse community education and participation in cancer prevention in Ecuador.

METHOD

A PRISMA systematic review was conducted.

The population consisted of 15 scientific articles published between 2016 and 2025.

Search terms such as ‘cancer prevention in Ecuador,’ ‘early cancer detection programmes,’ ‘cervical cancer Ecuador,’ ‘oral cancer Ecuador,’ ‘community participation in health,’ and ‘barriers to cancer prevention’ were used. The searches were adjusted to ensure that all relevant studies were included, using Boolean operators to combine the terms. Documentary content analysis was applied to screen the articles.

RESULTS

As stated by Vega Crespo et al. (1), women in Cuenca face significant difficulties in accessing cervical cancer early detection programmes. Lack of information about the tests and fear of the possible results are the main factors inhibiting participation. This highlights the urgent need to strengthen educational campaigns, focusing not only on the technical aspects of the test, but also on the importance of early detection as a fundamental tool for improving public health. Community strategies, led by trusted local figures, could be effective in increasing participation, thereby improving acceptance of available health services.

In indigenous communities, as described by Nugus et al. (2), the location of medical services and cultural adaptation are key aspects for the success of cancer prevention programmes. In this regard, integrating indigenous worldviews with Western medical knowledge could be a way to increase the inclusion of these groups in health programmes, promoting greater adherence and access. This intercultural approach has shown good results in other contexts, and in Ecuador, it could contribute to reducing regional and cultural disparities in access to health services, favouring the active participation of historically marginalised communities.

Knowledge about oral cancer and its prevention, as reported in the study by Cruz-Moreira et al. (4), remains limited in many communities. Prevention campaigns that involve the population, not only from a diagnostic perspective but also in terms of modifying preventive habits, such as giving up tobacco and alcohol consumption, are essential to reduce the incidence of oral cancer, especially in rural areas of Ecuador. In this context, continuing education in schools, hospitals and through local media is essential to promote behavioural changes and improve the oral health of the Ecuadorian population.

On the other hand, Ramos Herrera et al. (5) remind us that the creation of public policies that promote breast cancer prevention and control in Latin America remains a challenge. In Ecuador, although policies and laws on prevention have advanced, there are still obstacles to their effective implementation in the most remote regions of the country. Improving health infrastructure and providing ongoing training for health professionals are essential to ensure that health policies reach all sectors of the population. At the institutional level, there is an urgent need to strengthen training and resources for rural areas and indigenous communities to ensure that programmes are truly inclusive and accessible.

Similarly, Godoy et al. (6) point out that social representations of gynaecological cancer prevention in Ecuador are strongly influenced by sociocultural factors, which

generate resistance to access to screening programmes. It is therefore essential that public policies incorporate culturally adapted awareness-raising strategies to achieve greater acceptance of health services.

With regard to thyroid cancer, López Gavilanez et al. (8) and Salazar-Vega et al. (7) address its high prevalence in Ecuador, highlighting the need to develop prevention and early diagnosis campaigns that promote health education and increase knowledge about the disease among the population. Training health professionals and strengthening diagnostic services in the most affected areas is a necessary step to reduce mortality and improve patient treatment.

Consequently, the perspective presented by Fleckner et al. (10) on cancer pain management in Ecuador highlights the importance of improving palliative care. In Ecuador, access to adequate pain management is insufficient, which affects the quality of life of cancer patients. It is therefore necessary to promote health policies that include not only prevention and diagnosis, but also access to effective palliative treatments that guarantee comprehensive care for cancer patients.

CONCLUSION

The research shows that education and community participation are essential pillars for improving cancer prevention in Ecuador, particularly in rural areas and vulnerable sectors. Socioeconomic and cultural barriers and limited access to adequate health services hinder participation in early detection programmes. However, the implementation of educational strategies aimed at raising awareness of the importance of early detection, complemented by an intercultural approach that respects local worldviews, could significantly increase acceptance of and access to these services.

FUNDING

Non-monetary

CONFLICT OF INTEREST

There is no conflict of interest with individuals or institutions linked to the research.

ACKNOWLEDGEMENTS

To the researchers working to provide scientific evidence in Ecuador.

CONTRIBUTION OF THE AUTHORS

Ruth Elizabeth Salazar-Imbaquingo: Worked on the compilation and analysis of the literature, contributing her experience in the field of gynaecology and obstetrics, which allowed the results to be contextualised within the clinical and scientific framework. **Verónica Patricia Chicaiza-Toaza**: Contributed to the structuring and analysis of data from secondary sources, working on the theoretical and methodological construction of the study. **Vaneza del Pilar Nuñez-Robalino**: Developed the documentary content analysis, selecting and evaluating the sources for the study. **Wilma Elizabeth Llinin-Criollo**: Contributed her knowledge of public health and prevention approaches, collaborating in the selection of documentary sources and the contextualisation of the results within the public health landscape in Ecuador.

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