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Knowledge of the women assisted in a family health unit in the municipality of Salgadinho - PE, about breast cancer

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Abstract: This study aims to evaluate the knowledge and guidance of women in the primary unit about breast cancer. This is a quantitative, descriptive and cross-sectional research. Women registered in the family health strategy of the municipality of Salgadinho - PE were evaluated. A questionnaire with objective questions was applied to these women. Thirty-two women were interviewed, where there is a predominance of the age group of 35 years, corresponding to 29.04% (n=9), single marital status 48.38% (n=15), regarding schooling 64.51% (n=20) have elementary school, 67.75% (n=21) are women who do not work and 54.83% (n=17) have a family income of one minimum wage, live in their own home 93.54% (n=19). Regarding knowledge about breast cancer, 87.09% (n=27) know the disease, but only 77.41% (n=24) participated in lectures at the UBS, and 61.3% (n=19) still report having their doubts clarified by the nurse. About the practice of tests related to the diagnosis of breast cancer, 58.06% (n=18) never performed tests, and 90.22% (n=28) believe in the importance of performing exams annually. The number of 93.54%(n=29) knows how to perform the self-examination, and every woman who participated in the research stated that

mammography is the best screening test for breast cancer. Considering that breast cancer is a widely discussed topic in society in general, it was observed that knowledge of the disease exists, but it is necessary to strengthen the health team focused on sensitization in examination practices and measures that help in the prevention of breast cancer.

Keywords: Breast cancer. Health Education. Women.

1. Introduction

Breast cancer is one of the leading causes of death among women in the world, with a higher mortality rate than any other cancer, affecting mainly women over 35 years of age, being considered rare before this age group¹.

It is characterized by abnormal cell development, which multiplies to form the malignant tumor. This neoplasm is considered of good prognosis if diagnosed and treated early².

According to the National Cancer Institute, about 59,700 new cases of the disease are estimated for each year of the 2018-2019 biennium in Brazil, with an estimated risk of 56.33 cases per 100,000 women. Excluding non-melanoma skin tumors, breast cancer is the first most frequent type in the country, being more frequent respectively in the South, Southeast, Midwest and Northeast regions, in the latter, it reaches an average of 40 women per 100,000¹.

The etiology of breast cancer involves multiple factors, according to the INCA (2017) those that stand out are, consumption of beverages, prolonged use of contraceptives and medications for hormone replacement, menstruation under the age of 12 years, exposure to ionizing radiation, first pregnancy after the age of 30 or the fact that she has never become pregnant and also genetic predisposition.¹

For the control of this disease, screening actions are important, as well as early detection in asymptomatic women in early stages, primary care has as a characteristic of a privileged place for educational actions on this neoplasm, with nurses facing the main articulator of their team, on the prevention of such disease³.

Having this reality, the early diagnosis of this neoplasm has been included through educational programs and activities in the UBS with the objective of reducing mortality and new cases⁴.

Strategies for the control and diagnosis of breast cancer have been implemented in Brazil every day, through the Brazilian National Health Policy, one of these strategies was the publication of the "Guidelines for early detection of breast cancer in Brazil", which provides for systematic actions to reduce the incidence, mortality and morbidity of cancer, these programs include primary prevention, early detection, treatment, rehabilitation and palliative care⁵.

In view of this problem, misinformation about this pathology becomes an important mortality factor for breast cancer. The way women perceive the changes presented in the disease many beliefs can delay the diagnosis, making treatment difficult. The entire consequence of the diagnosis and late treatment of this neoplasm, carries a high number of women affected with breast cancer. This has been demanding an increase in understanding and knowledge of the disease in

women's lives³.

Early-detected breast cancer significantly increases the chances of cure and profoundly decreases the suffering faced by women with the disease. Despite the initiatives of the Ministry of Health to mitigate the disease in the country, a great ally in this process is the knowledge of the population on this theme. Therefore, the current research aims to evaluate the knowledge and guidance of women in the primary unit about breast cancer.

2. Methodology

The study in question is a quantitative, descriptive and cross-sectional study, using as a sample the population of women who are attended and who have records in medical records in a Basic Health Unit in the municipality of Salgadinho-PE.

Users registered in the unit where the research was conducted, between 35 and 60 years old, are committed to participate in the research, expressing their interest through the TCLE, and women who perform care, but are from the area discovered, which is not frequent in the UBS for care or educational activities were excluded from the sample, and women who perform care, but are from the discovered area, which is not frequent in the UBS for care or educational activities. A structured questionnaire was applied, consisting of closed questions.

The research was duly authorized by the Secretary of Health of the municipality, through the letter of consent, in addition to all participants authorizing their participation comprising the objective of the research, and signing the Free and Informed Consent Form (TCLE). Thus, all ethical aspects were fulfilled according to resolution 466/2012, and the project of this research was analyzed and approved by the Research Ethics Committee of the Pernambuco Society to Combat Cancer (SPCC), with authorization opinion no. 2,721,583

After data obtained from the applied questionnaire, a database was constituted with information collected in the Microsoft Office Excel 2010 program. After this, the data were grouped and presented through tables and graphs, grouped into percentage values, reflecting the search results.

3. Results and Discussion

In the health unit, and in the evaluation of the inclusion and exclusion criteria, there is an estimate of about 70 women, but the form of choice was their spontaneous demand in the basic health unit. Thus, it was possible to reach 31 women as a sample for this research.

The data collected in the interview were divided into demographic data and socioeconomic data, and related to knowledge about breast cancer, where for a better understanding it was chosen to divide them into four categories: A, B, C, and D, described below.

Category A: Women's knowledge of breast cancer.

Category B: Knowledge of women about tests related to breast cancer diagnosis.

Category C: Risk and protective factors that may be associated with breast cancer.

Category D: Symptomatology presented by women who have breast cancer.

Table 1. Demographic data of women registered in a Basic Health Unit in the municipality of Salgado -PE.

Age	N	%
35 years old	9	29,04
37 years old	2	6,45
39 years old	1	3,22
40 years old	3	9,07
41 years old	1	3,22
42 years old	2	6,45
44 years old	2	6,45
45 years old	1	3,22
46 years old	1	3,33
47 years old	2	6,45
54 years old	3	9,07
56 years old	1	3,22
57 years old	1	3,22
58 years old	1	3,22
59 years old	1	3,22
Total	31	100
Marital status	N	%
Single	15	48,38
Married woman	13	41,93
Widow	3	9,67
Separate	0	0
Stable Union	0	0
Total	31	100
Schooling	N	%
Unliterate	6	19,35
Fundamental	20	64,51
Middle school	4	12,90
Higher education	1	3,22
Graduate	0	0
Total	31	100

Source: Authors

With regard to demographic data, a predominance of 35-year-old women was identified, corresponding to 29.04 (N=9), while those of 37, 42, 44, and 47 years represent a prevalence of 6.45% (N=2), women 40 and 54 correspond to 9.07% (N=3) and those of 39, 45, 46, 56, 57, 58, 59, correspond to 3.22 (N=1). Regarding marital status, single women predominate with 48% (N=15), and there are still 41.93% (N=13) married, and

widows correspond to 9.67% (N=3). As for schooling, unilliterate women correspond to 19.35% (N=6) and those with elementary school correspond to 64.51 (N=20) being predominant, and those with high school education correspond to 12.90% (N=12) and higher education 3.22% (N=1).

Table 2. Socioeconomic characterization of women registered in a Basic Health Unit in the municipality of Salgado -PE

Do you work?	N	%
Yes	10	32,25
No	21	67,75
Total	31	100
Renda Familiar	N	%
Up to half salary	6	19,35
Up to a Salary	17	54,83
Up to two Salary	0	0
Above two Salary	1	3,22
No Income	7	22,6
Total	31	100
Housing Situation	N	%
Own house	29	93,54
Rented	0	0
Courtesy	2	6,46
Invaded	0	0
Total	31	100

Regarding socioeconomic data, 67.75% (N=21) women who do not work predominate, and only 32.25% (N=10) of women work. When questioned about family income, there is a prevalence of 54.84% (N=17) who have up to one minimum wage, 19.35% (N=3) are women who receive half a salary as income, and only 3.22% (N=1) have income above two salaries. It is noteworthy that 22.6% (N=7) does not present any type of income. Regarding the situation in housing, 93.54% (N=29) have their own house, 6.45% (N=2) live in a house provided.

Table 3. Category A: Knowledge of women registered in a Basic Health Unit in the municipality of Salgado -PE, on breast cancer.

You know what breast cancer is	N
Yes	27
No	4
Total	31
At UBS that you are part of has been offered any lecture on Breast Cancer?	N
Yes	24
No	7
Total	31
Which UBS professional clarifies doubts about breast cancer?	N
Nurse	19
Doctor	12
Dentist	0
Total	31

Source: Authors

Regarding knowledge about breast cancer, the research highlights that 87.09% (N=27) of the women participating in the sample know this pathology. It was verified that 77.41% (N=24) of the sample stated that lectures on breast cancer are offered in the Basic Health Unit, and when asked about

which professional who makes the clarification of doubts about breast cancer, 61.30% (N=19) nurse and 38.70% (N=12) medical predominate.

Table 4. Category B: Knowledge of women registered in a Basic Health Unit in the municipality of Salgadinho -PE, on tests related to the diagnosis of breast cancer.

Have you ever performed the breast cancer test?	N	%
Yes	13	41,93
No	18	58,06
Total	31	100
How often do you think it is necessary to perform the breast cancer test?	N	%
Annually	28	90,22
Every two years	3	9,68
Every three years	0	0
Other	0	0
Total	31	100%
Do you know how to perform breast self-examination?	N	%
Yes	29	93,54
No	2	6,46
Total	31	100%
Which of these tests' diagnoses breast cancer?	N	%
Blood test	0	0
Mammography	31	100%
Urine Summary	0	0
Breast USG	10	32,25
Self Examination	1	3,22
Total	31	100%

Source: Authors

About the knowledge of breast cancer tests, 58.06% (N=18) women who have never undergone tests predominate, and 41.93% (N=13) have already undergone breast cancer. On the frequency of performing the tests, the present study shows that 90.68% (N=3) of the women answered annually and 9.58(N=3) answered every two years.

Regarding breast self-examination, 93.54%(N=29) know how to perform the test and when questioned about which tests are used for breast cancer diagnosis, all women in the study answered a 100% monograph(N=31), they also answered that UBS is also an examination for the diagnosis of breast cancer 32.25%(N=10).

Table 5. Category C: Risk and Protective Factors that may be associated with breast cancer.

What are the Risk Factors for Breast Cancer?	N	%
Smoking	15	38,40
Good Food	0	0

Obesity	9	9,70
Avoid Alcoholic Beverage	2	6,45
Contraceptive Pill	7	22,58
Genetic Factors	16	51,61
Perform Physical Activity	0	0
Total	31	100%
Have a close relative with Breast Cancer influence the onset of Cancer?	N	%
Yes	8	25,8
No	23	74,19
Total	31	100%
Do you think breast cancer is contagious?	N	%
Yes	1	3,22
No	30	96,78
Total	31	100%

Source: Authors

On the risk factors for breast cancer, the current research predominates genetic factors with 51.61% (N=16), smoking 38.90 (N=15), birth pills 22.58% (N=7). About having a close relative with this pathology, influence on the onset of the disease, 25.08% (N=8) stated yes and 74%,19 (N=23) answered no. According to the research, regarding breast cancer being contagious 96.78% (N =30) of women answered that no, while 3.22 (N=1) think breast cancer is contagious.

Table 6. Category D: Symptomatology presented by women who have breast cancer

Have you noticed any breast changes?	N	%
Yes	2	6,46
No	29	93,54
Total	31	100%
Presence of bloody secretion and appearance of irregular nodule that can get hot and red are signs of change?	N	%
Yes	29	93,54
No	2	6,46
Total	31	100%

Source: Authors

The present study shows a large number of women who never noticed breast changes, 93.54 (N=29), and women who already find alterations correspond to 6.36 (N=2). About symptoms of irregular nodule secretion 93.54% (N=29) most women who know how to identify this change predominate.

In Brazil, breast cancer remains the most common among women, showing an increase in its incidence as the years pass. Mortality is increasing in all regions of the country, affecting women over 50 years of age⁶.

Current research shows that women in the age group of 35, single and the vast majority do not work, only take care of the house and routines of the day, reporting that living with

this pathology even in treatment hinders in daily routine, 87.09% are women who have knowledge about breast cancer.

According to Silvia, breast cancer makes it impossible for women to perform some routine activities, causing anxiety, concern because they are away due to the need for treatment⁷.

As for education, the fundamental level prevails, directly influencing the knowledge of a disease, the less study less possibility of knowledge and guidance on breast cancer. Jorge Silva points out that educational and economic factors contribute to the understanding of breast cancer.⁶

Regarding family income, a majority of low-income women were found in the study, with women who do not work and do not have income, and who depend on the family income. According to Silvia, low socioeconomic status increases risk factors for breast cancer and hinders access to health services.⁷

According to the literature, clinical breast examination and mammography are screening tests. Mammography allows the detection of alterations that are not yet palpable, which contributes to a more effective treatment⁶. According to INCA, the recommendation is that women between 50 and 69 years of age perform mammography every two years and clinical examination of the breasts annually⁶.

Carvalho points out that the main risk factors for the development of breast cancer are endocrine factors, life habits, genetic and hereditary factors, and aging. According to INCA, about 5 to 10% of breast cancer cases are related to genetic and hereditary factors⁶.

According to the literature, the main symptoms and alterations in the breast with cancer are: irregular nodules, in the breast and armpits, breast pain, changes in the skin that covers the breast, and an aspect similar to orange peel⁸.

According to the Ministry of Health, nurses play an essential role within the basic health unit, and should be attentive to women with high risks of developing the disease, their care is a determining factor in the care provided and the early diagnosis of breast cancer.⁹

4. Conclusions

The present study, in general, showed that, similarly to the literature studied, there is a low rate of women who undergo breast cancer screening tests. It was also observed in low-income women the lack of knowledge about the disease and a lack of interest to participate in educational actions in a basic health unit. In this aspect, it is important to highlight the teamwork of health professionals in primary care, for this reason strategies and actions should be elaborated considering the participation of all, both in the screening and diagnosis and treatment of breast cancer.

It is essential to function the reference and counter-reference system, both nurses and physicians should constantly carry out guidelines, explanations and procedures adopted, as well as the importance of an early diagnosis and on the possible complications of breast cancer.

Thus, it can be observed that breast cancer is a topic

widely discussed in society in general, it was observed that knowledge of the disease exists, however, it is necessary to strengthen by the health team focused on sensitization in examination practices and measures that help in the prevention of breast cancer.

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References

- [1] INSTITUTO NACIONAL DO CANCER (INCA/MS). Estimativa – 2018: Incidência do Câncer no Brasil, 2017. Disponível em: <http://www1.inca.gov.br/inca/Arquivos/estimativa-2018.pdf>. Acesso em 20 de março de 2018.
- [2] Moraes DC, Almeida AM, Figueiredo EN, Loyola EAC, Panobiano MS. Rastreamento oportunístico do câncer de mama desenvolvido por enfermeiros da atenção primária a saúde. *Revista Escola de Enfermagem USP*.2016, 50 (1)
- [3] Alenice Fonseca, Aleni Souza, Bruna Rios, Claudiana Bauman, Alvaro Pirris. Percepções e enfrentamento de mulheres com câncer de mama: do diagnóstico ao tratamento. *Revista Eletronica Acervo Saúde*, 2017. Vol.susp. 5, S222-S229.
- [4] Melo FBB, Marques CAV, Rosa AS Figueiredo EN, Gutierrez MGR. Ações do enfermeiro na detecção precoce do câncer de mama REBEN 2017;70 (6).
- [5] INSTITUTO NACIONAL DO CANCER (INCA/MS). Diretrizes para a detecção precoce do câncer de mama no Brasil, 2015. Disponível em: http://www1.inca.gov.br/inca/Arquivos/livro_deteccao_precoce_final.pdf Acesso em 20 de março de 2018.
- [6] Buranello, Mariana Colombini. Práticas de exames preventivos, risco familiar e fatores associados ao câncer de mama: inquérito de saúde da mulher em Uberaba- MG, 2014/ Mariana Colombini Buranello – 2016.
- [7] Silvia, Silvio E, Vasconcelos, Esteleane, Santana, ME, LA Rodrigues, Ivaneide Leite, TS dos santos, L M, Fernandes, Conceição, Oliveira, Jackeline, Meireles, Wanda, Representações sociais de mulheres mastectomizadas e suas implicações para o auto cuidado, *Revista Brasileira de enfermagem*, vol.63, mum.5, setembro outubro 2010.
- [8] Pamela Araújo da Silva, Sueli da Silva Riul, Câncer de mama: fatores de risco e detecção precoce, *Revista Brasileira de enfermagem*. Uberaba –MG, Brasil2012,
- [9] Leão MRC, Pinto AC, Braga DB, cuidados de enfermagem nos níveis de prevenção da história natural do câncer de mama. Artigo docente- texto original, universidade católica de Minas Gerais, Belo Horizonte 2011.