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INTEGRATIVE REVIEW OF LITERATURE

Educação em saúde e ações de autocuidado como determinantes para prevenção e controle do câncer

Health education and self-care actions as determinants for cancer prevention and control

Educación en salud y acciones de autocuidado como determinantes para la prevención y el control del cáncer

Maria das Graças Gazel de Souza ¹, Iraci dos Santos ², Leandro Andrade da Silva ³

ABSTRACT

Objective: identifying the scientific literature on health education and self-care actions such as prevention and cancer control strategy. **Method:** an integrative review of the literature using the Lilacs and Scielo data for the period 2003 to 2013. **Results:** after analyzing the 22 articles selected, four thematic categories emerged: health education as a means of cancer prevention, self-care practices in cancer prevention, education campaigns about cancer and knowledge of cancer prevention. **Conclusion:** the number of new cases of cancer increased significantly due to the longer life expectancy of the population and also due to the influence of intrinsic and extrinsic factors in their formation, making it important to the action of the nurse as an educator in the prevention and control of disease through guidelines about self-care actions. **Descriptors:** Health education, Self care, Lifestyle, Prevention, Cancer.

RESUMO

Objetivo: Identificar a produção científica sobre a educação em saúde e as ações de autocuidado como estratégia de prevenção e controle do câncer. **Método:** Revisão integrativa de literatura utilizando as bases de dados Lilacs e Scielo, referente ao período de 2003 a 2013. **Resultados:** Após a análise dos 22 artigos selecionados emergiram quatro categorias temáticas: educação em saúde como forma de prevenção do câncer, práticas de autocuidado na prevenção do câncer, campanhas educativas sobre o câncer, e conhecimento acerca da prevenção do câncer. **Conclusão:** O número de casos novos de câncer sofreu aumento significativo em decorrência da maior expectativa de vida da população e também devido à influência de fatores intrínsecos e extrínsecos em sua formação, tornando importante a ação do enfermeiro como educador na prevenção e controle da doença através de orientações acerca das ações de autocuidado. **Descritores:** Educação em saúde, Autocuidado, Estilo de vida, Prevenção, Câncer.

RESUMEN

Objetivo: identificar la literatura científica acerca de las acciones de educación sanitaria y de cuidados personales, tales como estrategia de prevención y control del cáncer. **Método:** una revisión integradora de la literatura utilizando los datos Lilacs y Scielo del período 2003 a 2013. **Resultados:** tras el análisis de los 22 artículos seleccionados, cuatro categorías temáticas surgieron: educación para la salud como medio para la prevención del cáncer, las prácticas de autocuidado en la prevención del cáncer, las campañas de educación acerca del cáncer y el conocimiento de la prevención del cáncer. **Conclusión:** el número de nuevos casos de cáncer se incrementó de manera significativa debido a la mayor esperanza de vida de la población y también debido a la influencia de factores intrínsecos y extrínsecos en su formación, por lo que es importante para la acción de la enfermera como educadora en la prevención y control de la enfermedad a través de directrices sobre las acciones de autocuidado. **Descriptores:** Educación para la salud, Auto cuidado, Estilo de vida, Prevención, Câncer.

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INTRODUCTION

The current living standards adopted by the population and stimulated by globalization and unbridled capitalism, in which we live, have placed increasingly close individuals to diseases of the modern world, and among them is cancer. The work and the postures adopted at the strains and stress conditions of everyday life that are inherent to human beings in their workplaces, unbridled encouraging frantic consumerism, eating habits and consumption encouraged by a media that cares only with profits has exposed individuals, increasingly, the development of health problems stimulus triggers cancer.

On the other hand, with cancer considered a chronic health condition and with a view to prevention, education cannot be the simple transmission of information, but will have to be based on the socio-cultural context of individuals, their values, beliefs, knowledge and individual and social behaviors.¹

Given that the highest percentage of cancers are caused by external factors related to the environment and the lifestyles adopted by the population, causes the disease is understood, at present, as a phenomenon not only biological but also psychological and social.¹

So, habits and beliefs as they repeat and reinforce lead individuals to believe is good or bad, this or another way of living and therefore adapting certain lifestyles. So when the habits and beliefs are not in line with their culture arises resistance to change, which explains the complexity of behavior change by individuals.¹

Therefore, to enable nurses to act effectively in the health education process becomes paramount that he understands the way of being and living on the other, to penetrate in your world, your way of life, their culture, their social environment and family.

The difficulties of treatment and cure of the disease required the development of preventive and led professionals engaged in responding to consider prevention not only as a necessary step to prevent new cases, but as the main alternative as they sought healing.²

Conducting research in oncology is critical to raise the affected areas, the gaps with regard to the transmission of information in order to plan effective nursing interventions for the prevention and control of cancer in these patients.

For Rocha,² you can see that the educational campaigns cancer prevention follow the logic of health education in force in the country until mid-1950. The attention to the risk and control by interventionist strategies were present in materials produced with intention to improve the health standards of the population in a country that walked towards industrialization. At the end of the 1960s, health education was named health education.

Importantly, it was not just a terminological shift; trying to be a conceptual transformation. In addition to bringing information about diseases and prevention, the look turned to the living conditions and health of populations.

The more exposure to carcinogens is related to current living standards in relation to work, food and consumption that expose individuals to environmental factors such as chemical agents, physical agents and biological agents resulting from changes in the lifestyle of people and the process of industrialization increasingly intense.³

Based on lifestyles and factors associated with the level of economic, political and social development of a community, environmental risk factors vary significantly in the world and include as components causes the climatic and other environmental features.⁴

The health promotion policy brings in the early 90s, the understanding of health as a result of factors related to quality of life, including an adequate standard of food and nutrition, housing and sanitation, good working conditions, opportunity education throughout life, clean physical environment, social support for families and individuals, responsible lifestyle and a host of other health care.⁵ Promote health means, then, the search for better conditions, through both individual and collective strategies, involving health professionals and community organized citizens.²

The number of new cancer cases is growing every year. For 2012/2013, the estimate of the National Cancer Institute (INCA) is the occurrence of 518.510 new cases of cancer in Brazil. The cancers more incidents (except nonmelanoma skin cancer) by primary site and gender, expected for 2012/2013 in Brazil are in men - prostate, lung and colon and rectum and in women - breast, cervical and colon and rectum. The World Health Organization (WHO) estimated that about 40% of cancer deaths could be avoided, making prevention a key component of all cancer control plans.³

The good news is that some of these environmental factors depend on the individual's behavior, which can be modified, reducing the risk of developing cancer. Some of these changes depend solely on the individual, while others require changes in population and community levels. An example of a single level interrupt modification is the use of tobacco and at community level, the introduction of a vaccine to control the infectious agent associated with the development of cancer, such as Hepatitis B. From premise that it is possible to modify the risk of cancer development, it is now estimated that approximately 30% of all cancers can be prevented. In the United States, it is estimated that at least two-thirds of cancer deaths are related to only four factors: tobacco use; power; obesity; physical inactivity. And all of them can be modified.⁴

It is in this perspective that fall within the cancer prevention campaign materials made from 1990s the outbreak before focused on the fear of the disease, seems to tend to the idea of valuing life. The perception of risk gets softened contours, especially in materials for the prevention of female cancers. Printed materials draw attention to the need to maintain healthy practices such as adequate food, sports, tobacco control and responsible lifestyle, in which diagnostic tests are included in the day's agenda.²

As indicated by health professionals, the concomitant therapy for the control of chronic diseases and aiming at prevention, individuals must adopt a healthy lifestyle, eliminating habits that constitute risk factors for the disease. However, monitoring the health

of patients, according to noted, there is a great difficulty to acquire healthy habits, for decision-making with a view to overcoming harmful habits to health, although necessary, is a personal decision. In view of these controversies, it is increasingly common the interest on the subject and the production of research on it since adopted lifestyles can indicate different aspects of the daily lives of individuals or specific groups.⁶

Health promotion if it conceptualizes community empowerment process to their quality of life through greater participation in control of this process. To reach a state of complete physical well-being, mental and social individuals and groups should be able to identify aspirations, satisfy needs and favorably modify the environment. Thus, health promotion is not just the responsibility of the health sector, and goes beyond a healthy lifestyle, toward the overall well-being.⁷

The responsibility for health promotion shares is between individuals, community groups, institutions providing health services, governments and health professionals from all areas, increasing with the participation of nurses in these activities. However, proposals for guiding studies for this promotion, the adoption of models and theories to justify these experiences are still retracted, giving a limited level in planning, implementation and evaluation of these actions.⁸

The term health is seen in the individual, family and community aspects with emphasis on improving the well-being, developing skills throughout the human development process, taking into account age, race and culture in a holistic perspective. The environment is the result of the relationship between the individual and their access to health resources, social and economic, as this relationship provides a healthy environment.⁹

The health promotion activities have been largely stimulated from discussions in international health conferences. Already seven were performed; and international character, respectively, in Ottawa in 1986, Adelaide in 1988, Sundsvall in 1991, Jakarta in 1997 and Mexico in 1999, and two other sub regional in Bogota, in 1992, and Port of Spain in 1993. Each of playing an important role in maintaining motivation and interest in the subject, while promoting advances to the continuous expansion of the fields of action and more effective approaches to the actual achievement of objectives tracings.^{7,10}

Health promotion is seen as a community empowerment process, aiming to improve their living conditions and health of the population and including their greater participation in control of this process. For this, individuals and groups should be able to identify aspirations, satisfy needs and favorably change the environment. Therefore, it is necessary the combination of actions of public health policies together with community and actions of the individuals themselves for the development of their skills and their contributions to the intersectoral collective actions.^{7,11}

This study aimed to identify the scientific production on health education and self-care actions as a strategy to prevent and control cancer. To achieve this goal, we used a literature integrative review based on the theoretical framework of evidence-based practice. The intention is to offer subsidies for reflection and analysis on the state of the art care in scientific research in nursing.

Such studies are important to raising the status of the information produced about the subject, the gaps in this production, and also provide a synthesis of knowledge, according to evidence levels that facilitates the transposition of this evidence into clinical practice.

METHOD

The evidence-based practice in nursing research differs from the formulations previously applied because it is a practice-oriented, and from the beginning there is an active integration of tacit and intentional knowledge, associated with processes that ensure its quality and, immediately applicable by researcher in their daily work.¹²

Chose to Integrative Literature Review (RIL), whose search for scientific studies consider explicit inclusion and exclusion criteria, assessment of the methodological quality, and the quantification of publications applies statistical techniques.¹³

The survey was conducted with electronic search of scientific literature related to chemotherapy and self-care in the electronic databases: Latin American and Caribbean Health Sciences (LILACS), and the library Scientific Electronic Library on Line (SciELO), for the period 2003 to 2013. To access the database, the following descriptors were used: health education, prevention and cancer.

In the search, were detected 81 articles related to the topic; of these, only 22 were selected. After this step the reading was performed and the results, therefore, were reviewed and selected research of interest for this study, as the presentation of the studies cited in databases. Thus, after analysis, were excluded from the study 59 articles did not meet the previous criteria of inclusion are: year of publication; Portuguese; full texts. Of these, nine were published before 2003, 24 were not written in Portuguese and 26 of them were not available in full.

At the end of the cut data, ordering the material and rating semantic similarity, the themes were grouped by similarity of content, which were divided into four themes to be discussed and analyzed; warning that the categories are used to establish ratings.¹⁴ In this sense, work with them means grouping elements, ideas or expressions around a concept that can cover it all. This RIL gave the following themes: *Health education for prevention of cancer; Self-care practices in cancer prevention; Educational campaigns on cancer; The knowledge about cancer prevention*. The data were categorized and discussed according to the objectives of the integrative review.

RESULTS AND DISCUSSION

Corresponding to practice evidence-based, designed to awaken and strengthen the nurse in your browser paper, welfare and educator, one must note the importance of developing effective intervention studies to support nursing practice in the care of cancer patients and, at the while ensuring a ruled assistance in the absence of damage, and the guidelines on the prevention and control of chronic diseases, helping to transform the individual protagonist in his state of healthy living and a quality improvement of life of clients.

The most discussed category, that is, with the highest number (nine items) of scientific production was *Health education as a means for cancer prevention*, as shown in Table 1. We attribute this result to the issues involving the excessive growth in the number of cases new cancer; coupled with this, the need for health professionals to conducting the education of individuals regarding self-care actions, aiming to make them independent in the care of themselves and the importance of prevention and cancer control.

It stood out in this category the importance of group guidance, the construction of educational textbooks, and guidance on how to prevent cancer by carrying out early diagnostic tests such as pap smears and sex education as allies in the detection of pre-cancer cells.

The person is seen as one able to make decisions, solve problems; therefore, the focus is on its ability to change health behaviors. But the nurse is related to the strategies and interventions that professionals must have to stimulate health-promoting behavior, one of which, self-care.⁹

Considering the magnitude of the cancer and the importance of prevention and control of disease, there is a vast field to be searched in order to contribute to the work of professionals in the field of health and to reduce new cases and improved quality of life by adopting healthy lifestyles. Therefore, it is important to note that research should highlight the best interventions to be prescribed, therefore it is necessary the development of intervention research with methodological rigor in the research area.

Table 1 - category, year of publication, title, authors, periodical and summary of selected articles - Rio de Janeiro - 2013

Category	Year	Title	Author	Journal	Summary of Studies
Health education in prevention of cancer	2009	Construction of knowledge necessary for the development of a didactic-instructional manual on prevention of post-mastectomy Lymphedema	Panobianco MS, Souza VP, Prado MAS, Gozzo TO, Magalhães AP, Almeida AM	Nursing context text 2009 Sept; 18(3): 418-6	Construction of scientific and empirical knowledge, necessary for the development of a didactic manual-women for instructional mastectomizadas, to empower them to prevention of lymphedema of arm
	2005	Cancer prevention and health education: opinions and nursing perspectives	Branco IMBHP	Nursing context text 2005 Jun; 14(2):246-9	Featured reflections and theoretical assumptions about cancer prevention and health education
	2012	Extensionists actions aimed at prevention and treatment of breast and gynecological cancers: case studies	Mendonça AO, Pozer MZ, Silva TA, Parreira BDM, Silva SR	Rev esc enferm USP. 2012 Fev; 46(1): 240-5	Reports the experience of educational and welfare activities developed in a collective, on gynecological cancer and breast and with women with gynecological cancer and breast in chemotherapy treatment and post-operative and their families/caregivers

	2012	Health education for the prevention of cervical-uterine cancer	Rodrigues BC, Carneiro ACMO, Silva TL, Solá ACN, Manzi NM, Schechtman NP, et al.	Rev bras educ med. 2012 Mar; 36(1): 149-54	Conducted health education activities within the theme cervical-uterine cancer prevention in the cities of Ceres and Santa Isabel, Goiás
	2011	Health education for prevention of cervical cancer in women in the municipality of Santo Ângelo/RS	Casarin MR, Piccoli JCE	Abstract collective health. 2011 Set; 16(9): 3925-32	Promoted sexual health education for prevention of cervical cancer and met the profile of sexual health of women of Santo Ângelo/RS
	2009	Reflections on the use of group activities in attention to bearers of chronic diseases	Munari DB, Lucchese R, Medeiros M	Health care science. 2009; 8 (supl.): 148-54	Discussed ways that point to possibilities make the group more assertive activities and appropriate to the needs of patients with chronic diseases in health services
Health education in prevention of cancer	2009	Reorganization of the gynecological cancer prevention actions from the popular in health education: the experience of the team of urban family health strategy of Rio Negro/MS	Prado EV, Pereira WSB, Assis M.	Rev APS. 2009; 12(4)	Reorganization of the collection routine Pap exam based on principles of Popular Education in Health

	2007	Psicoeducacional intervention in caregivers of children with cancer: a case report	Herman ARS, Miyazaki MCOS	Archive Science in Health 2007 out-dez; 14(4): 238-44	Assessed the impact of a psicoeducacional program about parental practices in a caregiver of children with cancer, and the difficulties reported by the caregiver in relation to 4 toddler behavior problems
	2008	Educational manual for self-care of women mastectomizada: a validation study	Oliveira MS, Fernandes AFC, Sawada NO	Nursing context text 2008 Jan-Mar; 17(1): 115-23.	Validated educational manual for self-care of women mastectomized
Self-care practices in cancer prevention	2003	Knowledge, attitude and practice of breast self-examination in health centres	Marinho LAB, Costa-Gurgel MS, Cecatti JG, Osis MJD	Public Health Magazine. 2003 Out; 37(5):576-82	Assessed the knowledge, attitude and practice of breast self-examination among users of health centres
	2011	A touch on masculinity: the prevention of prostate cancer in Gauchos traditionalists	Souza LM, Silva MP, Pinheiro IS	Gacho Nursing Magazine (Online), 2011; 32(1): 151-8	Checked the accession of gauchos traditionalists preventive examinations of prostate cancer, analyzing, too, what variables influence the adhesion to the rectal exam

	2003	Knowledge, attitude and practice of breast self-examination in health centres	Marinho LAB, Costa-Gurgel MS, Cecatti JG, Osis MJD	Public Health Magazine. 2003 Oct; 37(5)	Assessed the knowledge, attitude and practice of breast self-examination among users of health centres
Educational campaigns about cancer	2010	Red crab Christ Pink: educational campaigns for the prevention of cancer in Brazil	Rocha V	Hist cienc saúde-Manguinho s. 2010 Jul; 17(1): 253-63	Analyzed materials of educational campaigns about cancer from different fields of knowledge
	2011	ABCs of cancer: basic approaches to cancer control	Brazil. Ministry of Health. Secretariat for Health Care.	Rio de Janeiro: INCA; 2011. 127 p.	Discusses the actions for the control of cancer
	2011	Experience a year of continuous prevention program model of melanoma in the city of Jaú, SP, Brazil	Salvio AG, Assumpção Júnior A, Segalla JGM, Panfilo BL, Nicolini HR, Didone R	An Bras dermatol. 2011; 86(4): 669-74.	Proposed the development of a Continuous Programme of Prevention of Melanoma through the realization of primary prevention and early diagnosis
	2011	Popularization of mouth self-examination: an example of non-formal education-Part II	Almeida FCS, Silva DP, Amoroso MA, Dias RB, Crivello Junior O, Araújo ME	Collective Health Science. 2011; 16(1)	Described the methodology of action in education and communications the first national campaign, non-governmental character

	2009	Meanings and senses of socialized health care for cultural artifacts: readings of warning pictures on packs of cigarettes	Renovato RD, Bagnato MHS, Missio L, Murback SESL, Cruz LP, Bassinello GAH	Collective Health Science. 2009; 14(1): 1599-608	Analysis of the images broadcast on packs of cigarettes, which are part of the strategies of the Ministry of health in combating smoking and provided by the National Cancer Institute
	2007	Cancer on the airwaves	Jurberg C, Macchiute B	Brazilian Journal of Oncology 2007; 53(3): 291-6	Identified radio stations located in Rio de Janeiro which are most listened between the different age groups of society and the airing of information on cancer in the same
	2007	Impact and (i) mobilization: a study of cancer prevention campaigns	Ramos C, Carvalho JEC, Mangiacavalli MASC	Collective Health Science. 2007 Set-Out; 12(5)	Assessed the mobilization power of cancer prevention campaigns, and for its association with the representation of cancer as death
The knowledge about cancer prevention	2008	Prevention of prostate cancer in the user's optical carrier of hypertension and diabetes	Vieira LJES, Santos ZMSA, Landim FLP, Caetano JÁ, Sá Neta CA	Collective Health Science. 2008 Fev; 13(1):145-52	Identify the user's knowledge about the prevention of prostate cancer

	2006	Knowledge and meaning to employees of textile industries on prevention of cancer cervix-uterine and breast cancer early detection	Ferreira MLM, Oliveira C	Brazilian Journal of Oncology. 2006; 52(1): 5-15	Checked the knowledge about the preventive examination of cervical-uterine cancer, early detection of breast cancer and understand the feelings and meanings assigned by women to undergo these procedures
	2003	Breast self-examination: knowledge and practice among professionals of the health area of a public institution	Borghesan DHP, Baraúna M, Pelloso SM	Acta sci Health sci. 2003; 25(1): 103-13	Reviewed the knowledge of health professionals of a public institution about his knowledge regarding breast self-examination

The category *Self-care practices in cancer prevention* highlighted the knowledge, attitude and the importance of practice and knowledge of the own body through self-examination of the breasts actions among patients attending health centers. Another study found that compose the membership of gauchos traditionalists preventive screening for prostate cancer, analyzing also which variables influence the adherence to digital rectal examination in this clientele (Table 1).

Thus, the professional assistance needs to be grounded in comprehensive care, based on the socio-cultural context of each, comprising the popular knowledge and contextualized beliefs and self-care practices. It is known that changes occur in the structure and family customs, daily, however, some traditions related to the care persist, requiring, therefore preparation, additional efforts and knowledge of nurses involved in the process. This is one reason that gives health professionals the need of working in the world of the other to meet and discuss what the real meaning of self-care practices, encouraging positive behaviors and questioning the damage that may occur to health.¹⁵

Care has been the subject of study of philosophers, historians and anthropologists, but the nursing profession and the care that has produced more knowledge to support the various dimensions of care.¹⁶

With regard to health, the care process requires much more than technology to produce medicines, medical equipment and accurate diagnoses. It is much more to take care of a "body part that is not working well, or was injured" as guides the paradigm of biomedicine. You need to generate knowledge to take care of human beings as complex individuals, in family size and as part of social groups and historical societies.¹⁷

Thus, the name of health promotion, out of the small context of health organization and migrate to communities, schools and multiple environments, with the playing field the development of personal skills, as a form of community reinforcement.¹¹

Considering that cancer is a disease which process begins with damage to a gene or group of genes in a cell and upgrades when the mechanisms of the immune system repair or cell destruction fail. Therefore, the cancer prevention refers to a set of measures that seek to reduce or avoid exposure to factors that increase the likelihood of an individual developing a particular disease or suffer a specific illness, commonly called risk factors. The cancer risk factors can be found in the physical environment, be inherited, or represent behaviors or own customs of a particular social and cultural environment.³

Prevention with emphasis on factors associated with the way of life, in all ages, and interventions to combat carcinogenic environmental and occupational agents, can bring good results in reducing cancer. The effective participation of health professionals in community education programs for healthy habits of life, for example, stop smoking, having a diet rich in fruit and fiber and low in animal fat, limited alcohol consumption, practice physical activity regularly and weight control are extremely important.³

Be attentive to the identification of such situations is essential to guide nursing, aiming at self-care at home, as well as making other decisions to confront these, while the client has autonomy over your body. So, is of importance to nurses' actions as an educator.¹⁸

Knowledge of self-care practices contribute to the achievement of a health education process that enables encourage healthy lifestyles, discourage improper habits and without charges, negotiate self-care behaviors, considering the needs of each individual. Understanding this dimension of care, it is duty partakers of this health process.¹⁵

The nurse stands out as an agent in the primary prevention of cancer, since the nurse is able to stimulate actions for the adoption of healthy lifestyles and promote guidance along with other health team members, through respect for belief of each population and health education. To exercise this responsibility, it is the nurse seek higher subsidies to support their activities.¹⁹

In the category *Educational campaigns on cancer* was possible to address the actions developed for the prevention and cancer control. One of the articles examined the materials of educational campaigns about cancer from different fields of knowledge, other, proposed the development of a Continuous Program Melanoma Prevention through the realization of primary prevention and early diagnosis. In one, we evaluated the power of mobilization of the cancer prevention campaigns taking of their association with the representation of cancer as death. In addition, it was possible, through one of the articles, identify the radios located in Rio de Janeiro that are most often heard among the different age groups of society and the transmission of information about cancer in them. Already in another article, carried out

analysis of the images publicized on cigarettes packs those are part of the Ministry of Health strategies to combat smoking and provided by the National Cancer Institute.

The story of cancer in Brazil was very much related to the effort to control the disease through prevention, associated with the development of technologies for early detection and treatment practices. The suffering caused to the affected and their families and the high cost for the treatment made the main object disease in prevention promoted by the public health sector.²⁰

Based on the analysis of the materials of the campaigns against the disease, such as brochures, posters and advertisements linked in the media from the 1940s, we see the expansion of efforts aiming to raise awareness of the problem and, in particular, draw attention to early detection as a means of control. In the 1940s, the image of a red crab, symbolizing the disease, was printed in pamphlets and posters as a metaphor of risk and the need to confront an evil still unknown. Today, highly diversified resources are used to alert the public about the risk of disease, such as the special lighting of the Christ the Redeemer statue.²

These materials require analysis from the perspective of communication, because the languages used are quite diverse in posters and pamphlets. Recently, television advertising, the theme of integration in TV shows with large audience and exhibitions involving the public through intellectual and emotional aspects, gain strength. As an example of current strategy, in October 2008 the Christ the Redeemer, on the hill of Corcovado, observed at night, color was pink. This monument and several others located in different regions of the city of Rio de Janeiro received special lighting in order to draw attention to the need for preventive examinations of female cancer. The example indicates a strong trend in the use of different communication strategies as a creative way to gain audience. However, such strategies should lead to reliable information public and committed to educational assumptions, facing the challenge of promoting campaigns with potential to create meaning to different groups in society. The analysis performed here, the approaches used in the campaigns at different times in the history of the disease, has facilitated the understanding of the challenges and the limits of prevention campaigns.²

In the category *knowledge about the prevention of cancer*, according to presentation in Table 1 was made possible in one of the articles, to identify users' knowledge about the prevention of prostate cancer. Another examined the knowledge of healthcare professionals of a public institution about their knowledge in relation to breast self-examination, and the other, there was knowledge about preventive examinations for uterine cervical cancer, early detection of breast cancer and sought to understand the feelings and perceptions of the disease.

Early diagnosis of the disease, such as breast cancer, is on, undoubtedly, access to information, educating people on completing the self-examination of the mammary gland, clinical examination and mammography, triad in which should be based the trace of this neoplasm.²¹

Assuming the use of simpler methods for the more complex, there are studies in the literature that demonstrate the effectiveness of self-examination and rating of adequate practical use as.²²

However, in one study obtained in the search in database showed that most women presented both inadequate knowledge (92.6%) and inadequate practice (83.2%) to carry out this procedure.

The assimilation of the practice of breast self-examination first passes through awareness of the importance of this procedure by the health teams working in basic units. It is necessary that these professionals are continuously informing the population attending health facilities, either individually or in group work. It is also important that these professionals use resources so that proper breast self-examination will be taken by an increasing number of women. Furthermore, public managers must also have the awareness of the importance of early diagnosis. For this, it is necessary to provide conditions for professionals working in health centers implement programs that effectively will promote the health of the population.²³

After analyzing the articles, it was found that most of the studies was focused on cancers of the breast and cervical drawn attention to the need to need to address health education and self-care actions of other types of cancer are poorly spoken, published in the media or even neglected, such as mouth cancer, tongue cancer, skin cancer, cancer of the testicles, vulva cancer, among other types that can be detected through self-examination. This gap draws attention of the public and health professionals for the need of production and scientific knowledge dissemination in that area.

CONCLUSION

The integrative review enabled the construction of a synthesis of scientific knowledge about the importance of health education as determinants of self-care in the prevention and treatment of cancer in individuals in a perspective of Latin American literature. It was possible to detect some gaps in knowledge produced as the need for dissemination of knowledge about prevention and control of various types of cancer, since most research is focused on breast cancer and cervical cancer.

The changes are therefore dependent on changes in individual lifestyle, the development of actions and government regulations, cultural changes in society and the results of new research.

In addition, the social determinants of health need to be considered when evaluating the health of individuals with the opportunity to leverage more healthy practices and habits in individualized way of life thereof. So care should be constituted in supply knowledge and health actions in order to provide autonomy to individuals in coping with situations organic or not, new or recurrent and nurses represents a reference on the practice of this care to

individuals experience unfamiliar situations regarding prevention, control, treatment of diseases and also in the absence of family support.

The health promotion policy brings in the early 1990s, the understanding of health as a result of factors related to quality of life, including an adequate standard of food and nutrition, housing and sanitation, good working conditions, opportunity education throughout life, clean physical environment, social support for families and individuals, responsible lifestyle and a number of other health care.⁵ Promote health means, then, the search for better conditions, through both individual and collective strategies, involving health professionals and citizens organized in community.

Whereas any analysis and reflection should be a continuous and systematic process of questioning about the phenomena in question and their relations, the reflections presented cannot be seen as something hard and finished, but as a flexible process that will building and rebuilding, as this issue is acquiring more clearly defined.

Understanding the relationship between health education and cancer prevention, an inter and multidisciplinary perspective, where teamwork is an essential element to the development of the activity of professional health education shows are of great interest and relevance, with contributions for health professionals and specifically for nurses.

It is extremely important that nurses make on the daily life of their care practice, this its function, not as a complementary area, but integrated into the process of nursing care, where health education constitutes an equal dimension of activity and importance to any other performed.

With this understanding, individual will be protagonist of his health history from the moment you realize that one of the most important agents of their health is himself. Passing thus understand self-care as a fundamental and indispensable instrument in the search for physical, mental and emotional well-being.

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