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RESEARCH

Retirando as vendas: conhecimento de mulheres cegas sobre câncer de mama

Removing the blindfolds: knowledge of blind women about breast cancer

Quitando las vendas de los ojos: conocimiento de las mujeres ciegas sobre el cáncer de mama

Giovanna Karinny Pereira Cruz¹, Inacia Sátiro Xavier de França², Cibely Freire de Oliveira³, Francisco Stélio de Sousa⁴, Alexandro Silva Coura⁵

ABSTRACT

Objective: Understanding the knowledge of blind women about risk factors and early detection of breast cancer. **Method:** Ancross-sectional study, developed in 2010, at Instituto dos Cegos, Campina Grande/PB, Brazil. 16 women also participated and answered a questionnaire with open and multiple choice questions about risk factors and early detection of breast cancer. It was applied a descriptive statistics and content analysis of Bardinto the data collected. **Results:** The following categories emerged: Deficit of knowledge about early detection of breast cancer and Myths about breast cancer. The surveyed women were unaware of the risk factors for breast cancer and did not practice self-care for early detection. **Conclusion:** Knowledge of blind women about risk factors and early detection of breast cancer is pervaded by doubts and myths, nurses should develop strategies for health education, screening and early detection. **Descriptors:** Breast neoplasms, Visually impaired persons, Public health nursing, Health education.

RESUMO

Objetivo: Compreender o conhecimento de mulheres cegas sobre fatores de risco e detecção precoce do câncer de mama. **Método:** Estudo transversal, desenvolvido em 2010, no Instituto dos Cegos, Campina Grande/PB, Brasil. Participaram 16 mulheres que responderam um questionário com questões abertas e de múltipla escolha sobre os fatores de risco e detecção precoce do câncer de mama. Utilizou-se estatística descritiva e análise de conteúdo temática. **Resultados:** Emergiram as categorias: Déficit de conhecimentos acerca da detecção precoce do câncer de mama e Mitos sobre o câncer de mama. As participantes desconheciam os fatores de risco para o câncer de mama e não praticavam o autocuidado para a detecção precoce. **Conclusão:** O conhecimento de mulheres cegas sobre fatores de risco e detecção precoce do câncer de mama é permeado por dúvidas e mitos, devendo os enfermeiros desenvolver estratégias de educação em saúde, rastreamento e detecção precoce. **Descritores:** Neoplasias da mama, Pessoas com deficiência visual, Enfermagem em saúde pública, Educação em saúde.

RESUMEN

Objetivo: Entender el conocimiento de las mujeres ciegas sobre los factores de riesgo y la detección precoz del cáncer de mama. **Método:** Estudio transversal, realizado en 2010, en el Instituto de Ciegos, Campina Grande/PB, Brasil. Participaron 16 mujeres que responderán un cuestionario con preguntas abiertas y de múltiple opción sobre los factores de riesgo y la detección precoz del cáncer de mama. Se utilizó estadística descriptiva y análisis de contenido a la luz de Bardin. **Resultados:** Las categorías siguientes emergieron: Déficit de conocimientos sobre la detección precoz del cáncer de mama y los mitos sobre el cáncer de mama. Los participantes no tenían conocimiento de los factores de riesgo de cáncer de mama y no practicaban el autocuidado para la detección temprana. **Conclusión** El conocimiento de las mujeres ciegas sobre los factores de riesgo y la detección precoz del cáncer de mama está impregnado de dudas y mitos. Las enfermeras deben desarrollar estrategias de educación para la salud, la detección y el diagnóstico precoz. **Descriptor:** Neoplasias de la mama, Personas con daño visual, Enfermería en salud pública, Educación en salud.

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INTRODUCTION

Breast cancer is the second most common type in the world, the most common among women in both developed and developing countries, corresponding to 22% of the total number of new cases each year. The incidence of this disease is increasing in the developing world due to greater life expectancy, increased urbanization and the adoption of lifestyles with risk factors. For 2012/2013, the estimate of the National Cancer Institute (INCA) was the occurrence of 52,680 new cases of breast cancer in Brazil, these 8.970 will be in the Northeast.^{1,2,3}

In General, the first sign of breast cancer is often the presence of single lump, irregular, painful and not caked on mama. Also, get introduced with soft consistency, wide and well-defined. Other symptoms, however, should be considered, such as deformity and/or breast augmentation, the skin or nipple retraction, pain, swelling, leaving the breast with orange peel aspect, the axillary nodes enlarged, redness, scaling, ulceration and the presence of nipple discharge.⁴

In relation to the primary prevention of breast cancer, this refers to a set of measures to reduce or avoid exposure to risk factors that increase the possibility of individuals develop the disease,² being aging the primary factor involved with this neoplasia. The risk factors related to women's reproductive life (menarche, nulliparity, and early age of first pregnancy over 30 years old, late menopause and hormone replacement therapy) are well established in relation to the development of breast cancer. In addition to other factors such as: exposure to radiation, obesity, regular intake of alcohol, physical inactivity and family history.^{2,4}

Breast cancer when identified in the early stages (lesions less than two inches in diameter) presents a favorable prognosis. For this it is necessary to deploy strategies for early detection: early diagnosis, tracking (through the clinical examination of the breast-ECM and mammography) and participation of women (via the palpation of the breast).^{4,5}

In the case of the object of this study, the blind women have difficulty in accessing health services due to architectural and attitudinal barriers, making it necessary for the survey of the beliefs, habits and attitudes of these women about breast health.⁶

Considering the Unified Health System (SUS) as the main framework of care to women in Brazil, reinforces the need for completeness and strengthens the equity in assistance to the population. However, perceive themselves in the Organization and implementation weaknesses of the health care of persons with disabilities (PcD). Women with disabilities turn invisible for the women's health policy, although it is a population group that the policy aims to safeguard.⁷

Considering that the health of the PcD is of extremely importance for the expansion and strengthening of information mechanisms and⁸ that although there are campaigns for

clarification to the population the means of emphasizing early detection, these strategies, in isolation, do not reduce the incidence of injury to health, since no act on predisposing factors for their initiation;^{9,10} it is believed that in the case of blind people, the problem is worsening due to the difficulty of access of individuals to information about breast cancer and the absence of special techniques of self-care for early detection.

In this context, this study sought to find answers to the following questions: What do blind women know about breast cancer? Early detection is recognized practice for these women? As answers to these questions and matching the Millennium goal of stopping the increase in mortality from breast cancer, the study aimed to understand the knowledge of blind women about the risk factors and early detection of breast cancer.

The study is justified by the gap of research aimed at early detection of breast cancer in women blind and the knowledge of these about breast cancer and its risk factors. Thus, research is of relevance because it enables the identification of obstacles that hinder the opportunities for a good breast health experience for the blind woman, contributing in this way to the construction of educational technologies and special practices for early detection and improving the quality of assistance provided.

METHOD

It is descriptive and cross-sectional study, developed in 2010, within the framework of the Institute for the blind, located in Campina Grande/PB, Brazil.

The target population for this study was composed of people with visual impairment who frequented and participated in the activities of the Institute for the blind. Among the 52 women with visual disabilities, 16 blind women were selected.

Were part of the study women in the age group of 18 years of age or older; cognitive function were preserved, were residing in the urban area of the municipality of Campina Grande and accepted participate in the investigation.

For data collection was used a questionnaire focusing on women's knowledge on the subject, containing open questions and multiple choice questions about knowledge about breast cancer, risk factors and behavioral variable related to the risk factors for breast cancer and early detection measures. For dealing with blind women, the questionnaire was completed by the researchers from the account of participants.

Data analysis was developed through content analysis, 11 and the responses obtained were standardized and organized into thematic categories: Deficit of knowledge about early detection of breast cancer and Myths relating to the development of breast cancer.

The design of the study was approved by the Research Ethics Committee of the State University of Paraiba (UEPB), filed under CAAE paragraph 0070.0.133.000-09. Respect

the guidelines of the resolution 196/96 of the National Health Council on research with human beings, in force during the period of data collection. It should be noted that in order to preserve the identity of the participants has set itself the aliases names every one of them.

RESULTS AND DISCUSSION

Drew up the profile of participants (n = 16), in which it has been established that the age of 20 and 60 years ranged from with 50% of these inserted ranging in age from 31 to 50 years. Concerning the level of education, primary level (n = 4), 1st degree (n = 4), 2nd grade (n = 4) and higher (n = 4). Regarding the marital status of participants, 10 reported having no Companion.

They were asked about their health aspects related to risk factors, among them the menarche, parity, age of pregnancies, breastfeeding and use of hormones. In this context, 14 women showed no menarche as a risk factor, since subjects menstruated for the first time after 12 years. Regarding the option of having children, 10 answered yes when asked if they had children.

It was observed that the ages chosen to have children among the participants is not a worrying factor, considering that one of the 10 who reported having children, all developed their first and last pregnancy below the age 30 years. As for the time of breast-feeding, most of the participants (n = 8) breast-fed for less than a year and, as for the time of use of oral contraceptives, 8 used for more than five years, both ducts presented as risk factors.

There were investigated the dietary habits and health of participants, but most has been shown to have healthy habits, not showing how risk factors the use of alcohol, consumption of fatty foods and smoking. Heredity was not evidenced as a risk factor present. However, the sedentary lifestyle is still very present, once, 10 of the women do not practice physical exercises regularly.

The thematic categories that highlight the responses of participants to the guiding questions are in the following order:

Deficit of knowledge about early detection of breast cancer

Women participating in the study were asked about their knowledge about early detection of breast cancer, noting that the same feature superficial knowledge about the subject.

The task self-examination was verbalized; however, the answers presented show deficits of knowledge about how this should be executed. Among women, some have heard about, but didn't know when and how to perform. As noted in the responses:

"So... I don't know." (Lily)

"I lack information." (Orchid)

"I can't think of anything at the moment." (Perfect Love)

"I know the self-examination." (Jasmine)

"I've heard of self-examination, but I don't know." (Amaryllis)

"I don't know anything about breast cancer." (Bromeliad)

"The touch examination within." (Hydrangea)

"Doing the exam even touch. I can't explain it right I think is playing within, looking for the lump." (Azalea)

"I've never heard about, I've never been to the gynecologist." (Gardenia)

"I don't know I have many doubts about." (Dahlia)

"I don't know my daughter is what I would like to know, I won't lie to you." (Cherry)

"I don't know, I have doubts." (Lotus Flower)

"I don't know about." (Angelica)

Although there are specific programs aimed at women's health, studies show that a considerable portion of these, unaware of the strategies of early detection by limiting their membership and effectiveness.^{8,12}

If women clairvoyants present difficulties to join the early detection, when it comes to blind women the problem is accentuated, in view of the difficulty of access to information to this population while respecting the limitations imposed by the blindness.^{6,13}

Another aspect to be considered in this knowledge deficit is related to the accessibility of these subjects to the health system and the professional-patient relationship. Studies show that there are weaknesses in this relationship, since the professionals although meet the principles of the SUS, you can't assure them, evidencing attitudinal barriers in serving the population in question, making it impossible for a fair, comprehensive and universal assistance.^{14,15}

Studies carried out in Colombia and in Venezuela have confirmed that the knowledge deficit implies the non-realization of self-care of women in relation to breast cancer. These seek the query only when any symptom arises in your breast, and there are cases in which never held medical control.^{12,16}

The Ministry of health recommends the age range of 40 to 69 years old as the population targeted by campaigns and strategies to combat breast cancer.⁵ Yet, even with women participating in the study included in this age group and the presence of risk factors such as physical inactivity, breastfeeding for less than one year and long-term use of oral contraceptives, yet points of view, unaware of the practices of early detection, the absence of combating risk factors, denouncing not exercise self-care.

This fact may be related to an existing gap in women's health policy itself that among its guidelines, objectives and strategies, neglects the debate about women with

disabilities and their peculiarities, as evidenced by the term "poor woman" who, besides being inappropriate for biologicist paradigm and emanate a prejudiced, if found in the guidelines only as an example of groups that the policy aims to safeguard, denouncing the invisibility and evident inequality.⁷

Therefore, one realizes that the self-care deficit is presented as a reflection of several gaps, which manifest themselves in politics of women's health, hierarchically above any and all assistance, since this document will guide the provision of care. As a result, the gaps affect the professional Praxis, so that the blind woman takes the consequences of problematic, reverberating in the absence of the practice of self-care in health.

Myths relating to the development of breast cancer

It was found that the development of breast cancer in the imagination of women persists permeated by myths that contradict scientific knowledge.

"...everyone has cells that may develop cancer or not, depends from person to person." (Margaret)

"Have a colleague of mine who created a lump of a blow." (Tulip)

"In the case of strokes that appears landrace; usually people say that you can't take hits." (Acacia)

"All I know is that from the pit can give you cancer." (Lavender)

Women participating in the study even though they have shown a degree of satisfactory statement, intrinsic to the imaginary concepts popular points of view on the development of breast cancer, contradicting their levels of instruction. This fact can be associated with whit educational material regarding the subject, that are accessible, blind women, such as booklets, explanatory brochures in Braille or audio media, since most health education materials sensitizes the population through vision and hearing when transmitting the information.^{17,18}

In this context, it is stated that blind women need an opportunity to feel secure and capable in order to gain access and consolidate the information pertaining to the subject, and may be protagonists in the process of taking care of themselves. Thus, the highlight while nursing care profession, needing to bring the discussion to the category, since the formation until the Praxis, strengthening their health education strategies, considering the subject and their singularities in order to adapt their strategies to experienced reality.

In this perspective, it is believed that a viable alternative would be the consolidation of existing programs, such as the information system of breast cancer (SISMAMA) and Live Woman, programs targeted to the theme and its control, as well as changes in these and the creation of a health policy for women with disabilities, since these intrinsic needs have not been met.

CONCLUSION

The objective of this study was achieved, making it possible to check the knowledge of women investigated about the risk factors and early detection of breast cancer. It was found that the basic needs of blind women, especially with regard to the subject early detection of breast cancer as a health promotion strategy have not been met, making it impossible for the effectiveness of detection as recommended by the Ministry of health.

The results allow believing that the incidence and mortality for breast cancer already known and high may be associated with the fact of professionals and managers neglect the importance of education for the primary prevention of risk factors and early detection membership.

Thus, one realizes that the experienced reality diverges from the recommended and the needs of health education are intense. One must therefore give importance to the production of educational materials on the subject, which allow blind women access to information, contributing to the knowledge of these and, consequently ensuring the practice of self-care.

It is estimated that the results still subsidize future research that presents limitations. In this sense, it is worth considering that the study comes to a local reality and presents a limited number of participants. Therefore, the theme requires more detailed investigations on how healthcare is this social segment, as well as how professionals carry out health education for primary prevention of risk factors, early detection of breast cancer through breast palpation, self-examination and adherence to mammography and clinical examination. It aims with researches such an understanding about the intrinsic issues research on women with disabilities, enabling improvements in the quality of the assistance and the strengthening of strategies for early detection of breast cancer.

REFERENCES

1. Brasil. Ministério da Saúde. Instituto Nacional do Câncer. Estimativa 2012: incidência de câncer no Brasil. Coordenação de Prevenção e Vigilância. Rio de Janeiro: Inca; 2011a.
2. Brasil. Ministério da Saúde. Instituto Nacional de Câncer. ABC do Câncer - Abordagens Básicas para o Controle do Câncer. Rio de Janeiro: INCA; 2012a.
3. World Health Organization (WHO). Breast Cancer: Prevention and control. [Internet]. 2013. [cited 2013 Oct 10]. Available from:<http://www.who.int/cancer/detection/breastcancer/en/index.html>

4. Brasil. Ministério da Saúde. Controle dos cânceres do colo do útero e da mama. Cadernos de Atenção Básica. 2.ed. Brasília: Editora do Ministério da Saúde; 2013.
5. Brasil. Ministério da Saúde. Instituto Nacional de Câncer. Programa Nacional de Controle do Câncer de Mama. Rio de Janeiro: Inca; 2011b.
6. Franca ISX, Pagliuca LMF, Baptista RS, França EG, Coura AS, Souza JA. Violência simbólica no acesso das pessoas com deficiência às unidades básicas de saúde. *Rev. bras. enferm.* 2010; 63(6):964-70.
7. Santos LFM, Bento PASS, Telles AC, Rodrigues RF, Xavier RB. Mulheres com deficiência: reflexões sobre a trajetória das políticas públicas de saúde. *Rev. enferm. UFPE on line.* [Internet]. 2013. [cited 2013 Oct 12]; 7(7):4775-81. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/4384>
8. França ISX, França ISX, Oliveira CF, Cruz GKP, Coura AS, Enders BC. Conhecimento de mulheres com deficiência física sobre câncer mamário e autoexame: Estratégia educativa. *Rev. RENE.* 2012; 13(14):766-74.
9. Kim DD, Araujo ALL, Tsai AIA, Kojima FH, Takashima JSI, Otsuka Junior LF, et al. Saber é prevenir: uma nova abordagem no combate ao câncer de mama. *Ciênc. saúde coletiva.* 2010; 15(supl.1):1377-81.
10. Melo MCSC, Souza IEO. Ambiguidade: modo de ser da mulher na prevenção secundária do câncer de mama. *Esc. Anna Nery Rev. Enferm.* 2012; 16(1):41-8.
11. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2012.
12. González JR, González AR, Torres AT, Taño RM. Conocimientos de los factores de riesgo sobre cáncer de mama en Puerto La Cruz, estado Anzoátegui, Venezuela. *Revhabancienméd.* 2012; 11(Supl.5):673-83.
13. Oliveira MG, Moura ERF, Evangelista DR, Pagliuca LMFP. Ensino de Educação em saúde para cegas sobre métodos anticoncepcionais naturais. *Rev. enferm. UFPE on line.* [Internet]. 2013. [cited 2013 Oct 12]; 7(7):4732-9. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3519/pdf_2929
14. Othero MB, Dalmaso ASW. Pessoas com deficiência na atenção primária: discurso e prática de profissionais em um centro de saúde-escola. *Interface comun. saúde educ.* 2009; 13(28):177-88.
15. Cezario KG, Oliveira PMP, Baptista RS, Pinheiro AKB, Pagliuca LMF. Promoção da saúde e deficiência visual: Produção das pós-graduações brasileiras. *Rev Rene.* 2010; 11(2):187-96.
16. Abril FGM, Díaz JMO, Fuentes NAV, Pacheco ALM, Amaya GH. Factores asociados a la práctica correcta del autoexamen de mama en mujeres de Tunja (Colombia). *Invest. educ. enferm.* [Internet]. 2012. [cited 2013 Oct 12]; 30(1):18-27. Available from: <http://aprendeonlinea.udea.edu.co/revistas/index.php/iee/article/view/8593/10501>
17. Pagliuca LMF, Costa EM. Tecnologia educativa para o autoexame das mamas em mulheres cegas. *Rev Rene.* 2005; 6(1):77-85.
18. Oliveira CF. Desenvolvimento de tecnologias emancipatórias para capacitação do autoexame em mulheres cegas. 2011. 17 f. Trabalho de Conclusão de Curso (Graduação em Enfermagem) - Universidade Estadual da Paraíba, 2011.

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