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Pink october, taking care of yourself is an action for all: A report on health promotion

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ABSTRACT

Objective: To report the experience of an academic event on health promotion in the context of breast cancer. Methodology: Descriptive study, of the type experience report on the results of the event "Pink October, taking care of yourself is a fight for all", held in October 2022, by a university in the coastal lowlands of the state of Rio de Janeiro. Extension action coordinated by a teacher, two nurses of the Nursing Clinic, two scholars of the Academic Development Scholarship and nineteen volunteer students of the Nursing Course. Results of the experience: The event took place in four different settings where health education activities, breast cancer screening through clinical breast examination, and test requests were conducted. Approximately 34.3% of the women have never had their breasts examined by a trained health professional, 51.4% are sedentary, 27.5% are overweight/obese, and 28.6% drink alcohol frequently. We noticed women's concerned about inadequate lifestyle habits that are considered risk factors for breast cancer. Conclusion: Health education with emphasis on health promotion and disease prevention can minimize the morbidity and mortality of breast cancer in the population.

Keywords: Women's Health, Professional Training, Breast Neoplasms, Health Promotion, Nursing.

1 INTRODUCTION

Breast cancer is the second most common type of cancer affecting women in Brazil and in the world, after skin cancer.(1) It has become a current public health problem, since there is a significant number of malignant neoplasms leading to death. In 2019, the Atlas of Cancer Mortality identified a total of 18,295 deaths due to this neoplasm.(2) In addition, according to INCA, for the 2020/2022 triennium, it is estimated that 66,280 new cases will be diagnosed, with an estimated risk of 61 cases per 100 thousand women.(3)

Pink October is an international movement that has as its main focus the fight against breast cancer, encouraging the participation of the population in its fight, and providing greater access to diagnostic and treatment services, thus contributing to the reduction of mortality with early diagnosis.[4]

Article 196 of the Brazilian Constitution of 1988 confirms that health is a right for all[5] and, together with the legal norm, the struggles of social movements for sexual and reproductive rights come into play, aiming at improvements in information, contraception, childbirth and prevention of breast cancer. Socioeconomic inequalities are associated with an increase in the number of children per woman, a greater predisposition to cancer risk factors, among others. This leads to a sexual and reproductive life full of aspects that may disfavor women's health, increasing vulnerability to diseases, including breast cancer.[6]

Studies show that the professional practice of nurses in primary health care tends to be restricted to a clinical paradigm focused on the disease, technical procedures and curative actions, in addition to being quite limited to a standardized performance – centered on pre-established routines.[7]

In this context, it is imperative to act in health that is committed to the demands and needs of local contexts, shared with the actors that compose it, and also integrated into the organizational model of the Unified Health System (SUS).

Although the participation of society has been a fundamental guideline of the SUS since its creation - regulated with the Organic Health Laws No. 8.142/90, in addition to the pillar of Health Promotion reaffirmed in the Ottawa Charter, its construction as a right from the perspective of *empowerment*, autonomy and citizenship are still challenging. In this way, critical and participatory pedagogies become fundamental to promote health, which includes preventing diseases and, simultaneously, triggering *empowerment and* community participation mediated by practices of popular health education and (in the context of) continuing education.

To the extent that such practices arise in the teaching-service frontiers, they also foster professional training in health and the reorientation of the techno-care model beyond the biomedical paradigm.[7]

Considering these assumptions, the Nursing Office of the Department of Nursing (REN) of the Fluminense Federal University (UFF) of Rio das Ostras, inaugurated in 2017, is characterized as a scenario of pedagogical innovation for teaching, research and extension in women's health, with priority given to carrying out practical activities aimed at improving nursing students and serving the local population. including the academic community.[8]

Thus, the objective of this manuscript is to report the experience of an academic event on health promotion in the field of breast cancer.

2 METHOD

Type of Study: This is a descriptive study, of the experience report type on the results of the Pink October event, if caring is a struggle for all, carried out by a Higher Education Institution (HEI) in the coastal lowlands of the state of Rio de Janeiro.

Place of study: Due to the commemoration of the popular movement called Pink October, health promotion activities were carried out with the awareness of the female population about breast cancer, risk factors, protective factors and screening exams (clinical breast examination, breast USG and mammography). The event was held during the month of October 2022, in four scenarios: ESF Recanto, Nursing Office/REN/UFF, Ostra Bugs (vintage car meeting), Tesalab (technology company in environmental services), located in the municipalities of Rio das Ostras and Macaé.

Data collection: A standard form was used *check list*, elaborated for this extension action, whose variables studied were: a) regarding the sociodemographic profile of women: age, marital status, education and race/color; b) risk factors for breast cancer: age at menarche, nulliparity, age at first pregnancy, age at menopause, use of hormonal contraceptives, hormone replacement, BMI, family history of cancer/degree of kinship, and whether they breastfed their children/for how long; c) Breast cancer screening: last clinical breast examination, last mammogram, last breast USG. The absolute and relative frequencies of the selected variables were calculated.

Analysis procedure: analysis and processing of the data by means of Microsoft Excel.

Ethical aspects: as it is an experience report related to the daily life of an HEI, this manuscript did not require the submission and approval of an Ethics Committee on Research with Human Beings.

3 RESULTS OF THE EXPERIMENT

In the Nursing Office/REN/UFF, nursing consultations were carried out with the academic and external community, with the objective of screening for breast cancer through clinical breast examination and request for imaging tests, if necessary. In addition, a breast cancer screening workshop was held with an emphasis on clinical breast examination, aimed at students and health professionals.

At the 2nd annual meeting of vintage cars, known as Oyster Bugs, in Lagoa do Iriry, health education actions and awareness of the population for breast cancer (risk factors, protective factors and screening exams) were carried out. In addition, the event was opportune to publicize the services offered in the Nursing Office/REN/UFF and to provide guidance on scheduling appointments.

In addition, the actions of Pink October were replicated in the FHS of Recanto, where activities such as conversation circles, clinical evaluation of the breasts for users with specific demands and request for imaging exams, when necessary, took place.

Finally, health education and awareness actions were also carried out for breast cancer at the Tesalab company, located in Macaé, state of Rio de Janeiro. Women in need of consultations were

advised to seek care at a Basic Health Unit near their homes and at the end of the activities, a *coffee break was shared* among those present.

The activities carried out in the Nursing Office/REN/UFF and in the ESF Recanto included clinical evaluation of the women, in these places the form developed for this action was applied, the results are described in Chart 1.

4 DISCUSSION

The extension action allowed the target audience to receive guidance on health care and the importance of knowledge about protective and risk factors, with a view to health promotion and early diagnosis of breast cancer. The risk factors that contribute to the onset and development of breast cancer are, for example, lifestyle and environmental, hereditary, hormonal and reproductive factors, age, race, body fat, among others. Breast cancer is a rare disease in young women, its incidence increases with age, most of it occurs from the age of 50. The Brazilian guidelines recommend offering mammography to women aged 50 to 69 years, every two years, and periodic examinations in women without signs and symptoms of the disease.[9]

Chart 01 shows that breast cancer screening exams are not accessible to women, since most of them have never had their breasts examined by a health professional trained through clinical breast examination (MCE) (34.3%). The ECM is recognized for its relevance as the first method for the diagnostic evaluation of palpable breast lesions, and is also recommended in several countries as a screening method. Annual MCE in all women over 40 years of age and 35 years of age and in those belonging to groups at high risk of developing breast cancer.[10]

In Brazil, ECM is recommended as a screening strategy for breast cancer, and should be performed annually in women over 40 years of age and is part of comprehensive women's health care, being indicated in all clinical consultations, regardless of age. Unfortunately, studies confirm that, among medical professionals and nurses, almost all of them reported not performing the ECM in all consultations.[11] It is also observed that these professionals show insecurity in performing screening actions in the units in which they work, either due to lack of knowledge of them, or due to the still predominant care model that favors complaint-conduct.[12]

Nevertheless, these results point to the importance of continuing education activities as a strategy to qualify professional practice. It is considered necessary to pay attention to the various aspects that may be influencing the small impact of training activities on actions for the early detection of breast cancer, such as nurses' motivation, didactic-pedagogical strategies used, among others.[13]

It is noteworthy that the ECM does not present evidence that it can be used alone for the early detection of breast cancer. Complementary exams of great importance, especially in countries such as

Brazil, are breast ultrasound and mammography. However, these tests are difficult to access for the female population, and inequality persists in the opportunities for early diagnosis of the disease.[11]

Therefore, self-palpation of the breasts should be recommended whenever the woman feels comfortable, without any recommendation for a specific technique, valuing the casual discovery of small breast changes. And also guide the search for clarification from a health professional whenever there is doubt regarding the findings of breast self-palpation.[12] The Ministry of Health reaffirms that self-examination is not recommended as a screening method for breast cancer.[9]

In this scenario, we emphasize that it is up to nurses, within the scope of primary health care, to carry out the nursing consultation and the ECM according to the age group and clinical condition of the user, request exams according to the protocols or technical standards established by the local manager, as well as develop educational activities, individually or collectively. that promote community mobilization and participation.[9,10] We emphasize that nursing care actions meet one of the eight priority primary care actions proposed by the WHO, which is to stimulate health education for the population with a view to information, prevention measures, and control of their health problems.[10]

Chart 01 also shows the risk factors for breast cancer. In this study, we observed that some risk factors are more prevalent, such as: sedentary lifestyle (51.4%), family history of breast cancer (42.9%), early menarche (31.4%), regular alcohol intake (28.6%) and overweight/obesity (27.5%). Considering that family history and early menarche are considered non-modifiable risk factors, we highlight the relevance of intervening in risk factors that are modifiable and susceptible to awareness and change in women's habits.

The main risk factors for breast cancer are linked to age, genetic and endocrine factors. Age over 50 years is the most important risk factor for breast cancer.[9] Mortality also increases with age. In addition to age, other risk factors are: reproductive and hormonal history (early menarche, late menopause, first pregnancy after the age of 30, nulliparity), genetic factors (mutations of the BRCA1 and BRCA2 genes) and hereditary factors (ovarian cancer in the family), obesity, sedentary lifestyle and frequent exposure to ionizing radiation (environmental and behavioral factors), in addition to regular alcohol intake.[10.15]

Some factors are less amenable to public health interventions, especially in modern societies where women have increased their professional and social participation (pregnancy after the age of 30, nulliparity, for example).[10]) Other known risk factors for the disease (overweight and physical inactivity after menopause) are already the target of prevention actions for other chronic non-communicable diseases, including breast cancer.[14]

Endocrine factors are mainly related to estrogenic stimulation, whether endogenous or exogenous, with increased risk the longer the exposure time. Women with a history of early menarche

(age of first menstruation less than 12 years), late menopause (onset after 50 years of age), first pregnancy after 30 years of age, nulliparity, and postmenopausal hormone replacement therapy, especially if prolonged for more than five years, are at increased risk.[10]

Nulliparity can occur when there is infertility. The causes can be due to female and male factors, with the latter accounting for approximately 40% of cases. To date, the evidence on increased risk of breast cancer with oral contraceptive use is conflicting.

With regard to genetic factors, family history and early age at diagnosis (women under 50 years of age) are important risk factors for breast cancer and may indicate genetic predisposition associated with the presence of mutations in certain genes (BRCA1 and BRCA2). However, hereditary breast cancer (genetic predisposition) corresponds to about 10% of all cases.[9]

Family history as a risk factor includes: women with at least one first-degree relative (mother, sister, or daughter) diagnosed with breast cancer, under 50 years of age; women with a family history of at least one first-degree relative (mother, sister, or daughter) diagnosed with bilateral breast cancer or ovarian cancer; in any age group; women with a family history of male breast cancer; women with histopathological diagnosis of proliferative breast lesion with atypia or lobular neoplasm in situ.[10]

In addition, it is worth mentioning that obesity, especially when weight gain occurs after menopause, as well as a sedentary lifestyle are considered risk factors for breast cancer. Therefore, regular physical activity, in addition to reducing body fat, promotes the balance of circulating hormone levels, such as insulin and sex hormones, reduces inflammation and strengthens the body's defenses, reducing the risk of breast cancer, being considered a protective factor.[2] Breastfeeding is another factor considered protective against breast cancer. Breastfeeding is a way for women to protect themselves from breast cancer at all stages of life, as it reduces a woman's exposure to hormones that increase the risk of cancer and eliminates breast cells with mutations. The longer the breastfeeding time, the greater the benefit.[2]

We emphasize the importance of health professionals having knowledge about risk factors, as they constitute an important step for the identification of women at high risk of the disease, which allows their prioritization in screening and/or early detection actions. It should be noted that annual follow-up is recommended for women at high risk for breast cancer.[12]

Knowing the risk factors and protective factors for breast cancer are essential for women to protect their health, in this scenario again the primary care nurse has a fundamental role as a mediator of health promotion and protection.[2.10]

5 CONCLUSION

Health education with an emphasis on health promotion and disease prevention, in a clear and objective way, can minimize breast cancer morbidity and mortality in the female population. The

accomplishment of this study made it possible to identify some conditions of vulnerability to which this group is subjected, among them: sedentary lifestyle, overweight/obesity and regular alcohol intake, risk factors for breast cancer that are considered modifiable and that deserve intervention by health professionals in the population.

Therefore, it is hoped that health education actions will reach as many women as possible, and that the distribution of support materials will serve as an ally in self-care, ensuring prevention and reduction of mortality from the disease.

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