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RESEARCH ARTICLE

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PREVENTION AND EARLY DETECTION OF BREAST CANCER: THE NECESSARY DIALOGUE

¹Quésia Maressa Alves dos Santos, ^{2,*}Adriana Gomes Nogueira Ferreira, ³Euzamar de Araújo Silva Santana, ⁴Janaina Miranda Bezerra, ⁵Floriacy Stabnow Santos, ⁶Ismália Cassandra Costa Maia Dias, ⁷Juliana Gomes Nogueira Ferreira, ⁸Iolanda Graepp Fontoura and ⁹Aldo Lopes da Costa Júnior

¹Nurse. Department of the Nursing Course at the Federal University of Maranhão (UFMA). Brazil; ²Doctor, Federal University of Maranhão (UFMA). Department of Academic Master in Nursing and Coordinator of the Master in Health and Technology. Brazil. ³Master. Faculty of Imperatriz (FACIMP). Brazil.

⁴Doctor. Federal University of Maranhão (UFMA). Department of the Nursing course. ⁵Doctor. Federal University of Maranhão (UFMA). Department of Nursing and Master in Health and Technology. Brazil.

⁶Doctor. Federal University of Maranhão (UFMA). Department of Nursing and Master in Health and Technology. Brazil. ⁷Specialist. Department of the Centro Educacional Nordeste (UNINTA). Brazil. ⁸ Doctor. Federal University of Maranhão (UFMA). Department of the Nursing course. ⁹Mastering. Federal University of Maranhão (UFMA). Student of the Postgraduate Program in Health and Technology. Brazil.

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*Corresponding author:

Adriana Gomes Nogueira Ferreira

ABSTRACT

Objective: To promote dialogue with women on the prevention and early detection of breast cancer from the perspective of Paulo Freire. **Method:** Research-action study, culture circles were carried out with 13 women in a women's association in the territory of the Health Strategy of a municipality in the northeast of Brazil. There were three culture circles in which they were addressed: definition, risk factors and prevention of breast cancer during the months of May to July 2016. The information collected was organized and analyzed according to Bardin. The study obeyed the ethical aspects involving human beings. **Results:** The following categories emerged: Identifying the vocabulary universe of women; Knowledge about breast cancer; Risk factors for breast cancer, knowing to prevent; and secondary prevention of breast cancer as a health promotion strategy. **Conclusion:** The dialogue promoted in the culture circles enabled the exchange of experiences between participants and the researcher/facilitator, favoring the clarification of doubts and the (de) construction and (re) construction of attitudes related to the early detection and prevention of breast cancer.

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INTRODUCTION

Breast cancer (BC) is the most common type of cancer, after non-melanoma skin cancer, with 25% of new cases occurring each year in the world; however men are also affected, representing 1% of the population. In Brazil the estimate of new cases of BC for the year 2020 was 66,280 among women and in Maranhão 840/100 thousand new cases, which corresponds to 23.30 of the gross rate (Instituto Nacional do Câncer José de Alencar Gomes da Silva [INCA], 2020a). Risk factors for BC provide a means to recognize women who can

benefit from increased surveillance and early treatment. They are: greater amount of breast tissue, reproductive characteristics, family and personal history, lifestyle and environmental influences; early menarche, late menopause, first pregnancy after 30 years of age, advanced age, genetic susceptibility and exposure to ionizing radiation. Risk factors are weight gain, alcohol consumption and use of hormonal contraceptives (Jung et al., 2014; INCA, 2019). Still regarding risk factors, there are modifiable and non-modifiable ones. The modifiable ones are related to lifestyle, including diet, obesity, physical inactivity, use of cigarettes and alcohol. As for the non-modifiable, genetic factors, family history, advanced age, early menarche and late menopause are considered. As protective factors

there is the adoption of healthy behaviors, such as breastfeeding, healthy lifestyle with practices of physical activities, control of body weight and non-ingestion of alcoholic beverages (Jung *et al.*, 2014; D.A. Oliveira, 2020). Considering that the early detection of malignant tumors increases the chance of cure, it is important to highlight that there are ways to prevent this pathology, they are the primary and secondary, in which the first is related to non-exposure to risk factors and adoption of behaviors healthy, while secondary prevention is related to early detection, that is, performing preventive exams according to age or needs, which are, Clinical Breast Examination and Mammography (Teixeira & Araújo, 2020; INCA, 2020b). In this context, nursing has an essential role in the development of educational interventions with the community, strengthening aspects that constitute health education, this is responsible for the emancipation of the individual through the acquired knowledge, enabling him to recognize situations of health risk, prevent and minimize harmful actions, consolidating health care (Costa, 2020). It is emphasized that knowledge makes it possible to raise awareness about risk factors and care measures, favoring early detection and consequent treatment in a timely manner, which is crucial for the cure of cancer.

It is understood, therefore, that the relationship between health education and cancer prevention is presented in inter and multidisciplinary perspective so that teamwork contributes to the prevention and recovery of health. It is noteworthy that in order to carry out educational interventions, it is necessary to consider the sociocultural context of individuals, values, beliefs, knowledge and behaviors, and so nurses must use appropriate strategies to contribute to individuals, which consists of adopting behaviors to improve their health, prevent and detect breast cancer early (Zapponi *et al.*, 2015; INCA, 2015). Thus, it is important to clarify about prevention and early detection in the context of breast cancer, since many women do not know the risks, genetic factors, possibilities of diagnosis and treatment available in the Unified Health System (SUS), emphasizing on the diagnostic procedures available, such as Clinical Breast Examination and Mammography to ensure early detection and greater possibilities of cure (American Cancer Society [ACS], 2018). It is also known that it is possible to carry out educational interventions in different spaces and with different audiences, in this sense, there is the Culture Circle as a strategy that facilitates dialogue, promotes the problematization and awareness of the participants (Souza *et al.*, 2021), in which it enables the experience between individuals, achieved through a posture that values the group's experience and promotes participation in the construction of collective knowledge (Brito & Sousa, 2021). The choice to develop a Culture Circle is justified because it is a strategy that allows a participatory experience with an emphasis on dialogue, reflection and action in the collective elaboration of a proposal, or systematized idea for health education. Thus, the objective of the study is to promote dialogue with women on the prevention and early detection of breast cancer from the perspective of Paulo Freire.

METHODS

Research-action type study, in which reflective practice is prioritized and consists of clarifying social and technical problems, scientifically relevant, through groups where researchers, members of the problem situation and other actors and partners interested in solving the problems raised are present or, at least, in the progress to be made so that adequate social, educational, technical or political responses are formulated (Thiollent, 2011). The study was part of the research and extension project "Women's Health: Breast Cancer Prevention in a Basic Health Unit in Imperatriz, Maranhão", of the nursing course at the Federal University of Maranhão. Data collection was developed in the first half of 2016 and was carried out at the Women's Association in the territory of the Family Health Strategy (FHS) in the city of Imperatriz - MA. Thirteen women accepted to participate in the study, of whom the inclusion criteria were women aged 25 to 69 years, as this is the recommended age range for breast cancer screening, who had emotional and cognitive conditions to participate in the culture

circles (INCA, 2020a). Exclusion criteria were women diagnosed and/or treated for breast cancer. It should be noted that there was no exclusion. Initially, participants answered a questionnaire to identify the sociodemographic profile and clinical conditions. Then, three meetings were held to carry out the Culture Circles, addressing the themes: concepts of breast cancer, risk factors and prevention. Each Culture Circle was developed according to the moments: reception, problematization and evaluation. These moments made it possible to know the participants' lived context, through dialogue, discussions, exchanges of experiences; this being a space for encounter and discovery. It should be noted that at the end of each meeting, after analyzing the activities carried out, the next meeting was planned, based on the previous meeting, that is, the needs expressed by the women. The content analysis proposed by Bardin (2009) was the method adopted for organizing results; this method is characterized by a set of communication analysis techniques aiming to obtain, by systematic and objective procedures for describing the content of the message, indicators, whether quantitative, or not, that allow the interference of knowledge related to the conditions of production/reception, being these, variables inferred from these messages (Bardin, 2009; Tomé & Formiga, 2020). The ethical aspects of research with human beings were respected, being approved according to opinion 472,929 of the Research Ethics Committee of UFMA. To ensure anonymity, women were represented in the study with the name woman followed by a number, such as 'Woman 1', 'Woman 2' and so on.

RESULTS

The women in the study and their stories: The study included 13 women, between 40 and 69 years old, all housewives. As for education: one illiterate, seven with incomplete elementary education, four with complete elementary education and one with higher education. All had more than one child; they lived at home with the family, or partner. They were non-smokers and non-drinkers. Regarding food, they all said they had three to four meals a day; eight reported doing some physical activity three to five times a week. All of them stated that they did not have any cases of breast cancer in the family in first-degree relatives and claimed to seek medical or nursing consultation at least once a year. All of them stated that they had had a mammogram at least once after the age of 40, two reported having been diagnosed with a lump in the breasts, however benign and that they were under medical supervision. Initially, the participants were asked to introduce themselves using free drawing, this moment enabled the knowledge of the vocabulary universe of the participants, as observed in the reports:

"A healthy flower that transmits a lot of smell and peace, I live with my husband who is sick and needs a lot of peace, sometimes people come to my door asking me to pray, I really like to pray for people (...)" (Woman 6)

Knowledge and experiences related to breast cancer: Culture circles made it possible to express knowledge and experiences related to the disease:

"I have a niece who had breast cancer, she was 46 years old and died; it is a very ugly disease; when the doctor found out a few months later she died." (Woman 2)

"It is a disease that sometimes appears in a lump and then becomes inflamed and complicated." (Woman 11)

"It is a silent disease. (...) At the time, there was no medicine, nor did the doctors know how to explain." (Woman 7)

It is clear that women knew about the severity of the cancer, but treated the disease with fear, even avoiding talking about it. They reported knowing some cases, but did not know the risks and adequate care to prevent, did not realize the need to deepen their knowledge on the subject before participating in the Culture Circles,

which favored recognizing the importance of discussing the topic, in addition to sharing some experiences related to the disease:

"It is interesting because there is a woman who discovered and was healed and the other died." (Woman 12)

"Because she soon found out and went to treat, she found out quickly." (Woman 8)

"Yes, the woman I followed was like this, she received the support of her family, her husband, many people who liked her and we always went there to pray for her, and she was healed." (Woman 6)

"[...] I met a woman who discovered she had cancer and we went there to pray for her, to pray, she found out early on; we gave support and everyone helped, today she is cured, she removed everything in the breast." (Woman 8)

Because breast cancer is feared by women, they emphasize that is important the support offered to a person diagnosed with the disease, they believe that words of motivation and prayers can help in facing this difficult time.

It was also identified that the participants related fear and anguish to the concept of cancer, as in the following reports:

"Only a name like that [cancer] makes us anxious". (Woman 4)

"We are even afraid to speak because it seems that only the name attracts us, we are afraid". (Woman 6)

As noted, the fear is constant and usually thinks of the worst, which can be confirmed by the reports:

"It is really feared. We know it is not contagious, but we are afraid". (Woman 10).

"I live with a lot of fear, 3 years ago I felt some things and I started to go after the exam, I did a lot of exams, which gave nothing; now these days I did another one and I'm waiting for a result, but I'm calm, I won't despair because it can be worse". (Woman 8).

In this way, it is important to inform women about the ways of diagnosing breast cancer, since if diagnosed early, the chances of cure increase, making it possible to share fears and doubts related to beneficial health attitudes. After the dialogue about cancer, the participants expressed doubts regarding the terms: tumor, nodule and cyst, words they feared; or associated with some myths, as described in the statements:

"I wish to know if every human being has this cancer cell?" (Woman 7)

"I always take the exam every year, but there was one (...) that the doctor said I had a nodule, (...) then I said, and when are you going to remove that nodule? Only when it grows up? When it grows up, will I die? Then she said that everything is normal, that this is a simple thing, there is no risk, but then I was afraid that the nodule is a cancer, so I just keep thinking that I will die of cancer". (Woman 9)

"It must be that due to some badly cured infection, it may even have cancer". (Woman 3)

Women expressed doubts, fears and myths about the disease, as some were previously diagnosed with a cyst or nodule and related these to cancer, after clarification they (de) constructed their concepts and (re) constructed their ideas:

"Now I feel more relaxed in knowing that there is a malignant and a benign nodule, because before I thought it was the same thing as cancer [...]". (Woman 9)

"I thought cyst was cancer, but now I have learned". (Woman 10)

"And I thought that wearing a bra or things that were too tight on the breasts caused cancer." (Woman 12)

Risk factors for breast cancer: knowing to prevent: When talking about risk factors for breast cancer, women demonstrated knowledge of some, citing bad mood and anger, as factors that lead to stress and consequently can contribute to a cancer diagnosis:

"I think that bad mood, problems we face, everything can worsen a disease like this". (Woman 4)

"[...] saying that worry, anxiety, anger harms, so any anguish you have, put it out; I was very angry with a man and when I saw these reports [about anxiety, anger ...] I asked God to take this away from me, because I don't want to have this disease". (woman 6)

At that time, the risk factors were problematized using pictures for better learning. This moment provided greater knowledge and an opportunity to clarify doubts.

Breast cancer prevention as a health promotion strategy: Regarding breast cancer prevention, specifically breast self-examination (BSE), Woman 2 said:

"I've heard about how it works, but, I'm not very used to looking". (Woman 2)

For breast cancer screening, Clinical Breast Examination and Mammography are performed. In this regard, women stated:

"Ultrasound and mammography [on exams for detection]". (Woman 3)

"From the age of 40, you have to do a mammogram and it has to be done every year". (Woman 4)

After discussing the tests performed for breast cancer screening and prevention, the participants concluded:

"(...) I think the person who does not smoke and does not use drugs is unlikely, to have cancer". (Woman 4)

"I think it happens more with older people". (Woman 7)

"Those who eat poorly are also at risk". (Woman 5)

DISCUSSION

The Culture Circle is characterized as a space for the consolidation of care, it is flexible, capable of being applied in several realities and requires little financial and technological investment, being an effective strategy to apply in primary care, it seeks to raise awareness, welcome, stimulate and reflect on a process of construction, deconstruction and reconstruction of knowledge, postures and practices (Cavalcante *et al.*, 2020; Souza *et al.*, 2021). To disseminate the necessary information in prevention, it is important to use methods that enable learning, thus the adoption of a Culture Circle, as a way to promote education in dialogical health, facilitating knowledge and consequently cancer prevention, in addition to promoting the search for health individual and collective involvement (CR Cunha, 2020). In this sense, it was noticed the group's interaction sharing experiences, enabling entertainment and providing a dialogical encounter. The moment when the participants start to listen to each other, stop shyness and start to know and discover the universe of the other, and the educator acts as a participant who will guide, motivate the dialogue, without imposing knowledge, but starting from the initiative of get involved with the group, listen and learn. According to the study by Arêdes *et al.* (2015), misinformation can be considered a risk factor for breast cancer since protective factors have been little spread; on the contrary, participants in this study demonstrated some knowledge about the disease, which can motivate them about the search for exams. Regarding the

performance of the exams, another study carried out with 1582 women indicated the need for greater clarification on the part of the female population about methods of secondary prevention of breast cancer in order to avoid a late diagnosis. Thus, the lack of knowledge about breast cancer screening can significantly reduce the performance of the clinical breast exam during the routine consultation, especially also of the request and performance of the mammogram when necessary (Gonçalves, 2017). In this perspective, women's knowledge of preventive methods can improve their adherence; on the other hand women without adequate knowledge cannot act with greater autonomy in relation to their health care. The appropriate time to diagnose the disease is as early as possible, that is, when it is not yet clinically apparent, allowing an effective therapeutic approach, changing its course or minimizing the risks associated with clinical therapy (Migowski *et al.*, 2018). However, it is noteworthy that currently breast self-examination techniques have not shown a reduction in breast cancer mortality through education for this procedure, but stimulating the search for health care and participation in screening actions is a strategy that proved to be more effective than teaching self-examination (Araújo *et al.*, 2020; Nunes *et al.*, 2020). In this sense, the alert for Breast Self-Examination is linked to the importance of early diagnosis and, in practice, it means guiding the female population on the usual changes in the breasts at different times in the life cycle and the dissemination of the main signs of breast cancer (Castro & Vasconcelos, 2021). Another important point is to know the risk factors for breast cancer related not only to genetic factors, but to the sum of factors, in which the less exposure to modifiable factors, the lower the chances of cancer arising (Oliveira *et al.*, 2019). In this context, health services must adapt to receive, clarify, promote knowledge and perform appropriate diagnostic tests. It is estimated that through food, nutrition and physical activity it is possible to reduce the risk of women developing breast cancer. Controlling body weight, avoiding obesity, through healthy eating and regular physical exercise, and avoiding the consumption of alcoholic beverages, are recommendations for preventing breast cancer (Munhoz *et al.*, 2016). It is also necessary to raise awareness of the forms of prevention, through changes in lifestyle, understanding of the methods available for proper screening and diagnosis, such as Clinical Breast Examination and Mammography. For this purpose, the Breast Clinical Examination must be performed annually on women and is part of the comprehensive care for women's health, and must be carried out in all consultations, regardless of age group. Between 50 and 69 years, in addition to the Clinical Examination of the Breasts, the woman must undergo a mammography every two years. For women at high risk of developing breast cancer, the annual Clinical Breast Exam and Mammography, from the age of 35, is recommended. In this way, access to diagnosis, treatment and follow-up must be ensured for all women with alterations in the indicated tests (INCA, 2020c; G. N. Cunha *et al.*, 2019).

CONCLUSION

It was observed that the Culture Circle as an educational strategy enabled dialogue and the sharing of feelings, fears and doubts related to breast cancer. It was noticed that participants had some knowledge on the subject, however the Culture Circle made it possible to exchange and understand the theme in a reflective and conscious way, confirming its importance as an educational strategy for the prevention of breast cancer. Meetings made it possible to reflect on the topic, which provided the deconstruction of myths, reconstruction of knowledge and motivation for the adoption of healthy lifestyles. The importance of using existing social organizations in the territory is highlighted, which contributes to health promotion actions.

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