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INFORMATIONAL ARTICLE

REPRODUCTIVE PROFILE OF WOMEN CARED FOR DURING THE 'PINK OCTOBER D-DAY EVENT'

PERFIL REPRODUTIVO DAS MULHERES ASSISTIDAS NO EVENTO OUTUBRO ROSA – DIA D

PERFIL REPRODUCTIVO DE MUJERES ASISTIDAS EN EL EVENTO OCTUBRE ROSA - DÍA D

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ABSTRACT

***Objective*:** to describe the profile of women participants in the Pink October Campaign. ***Method*:** this is a descriptive/informative study conducted from October through December 2013 in Rio das Ostras/RJ by Nursing undergraduate students of the Fluminense Federal University, Rio das Ostras Campus. ***Results*:** We found that 64.3% of women were multiparous and 10.5% were nulliparous. There was an abortion rate (excluding nulliparous) of 19%; and a cesarean section rate of 47%. ***Conclusion*:** this study evidenced the need to expand access and adherence of users to health services in the municipality of Rio das Ostras (RJ). This experience was extremely valuable for the professional training of participating Nursing undergraduate students. It gave the opportunity to approach and interact with users, something fundamental characterize and expand knowledge about female reproductive health. ***Descriptors*:** Reproductive Health; Breast Cancer; Women's Health; Nursing.

RESUMO

***Objetivo*:** descrever o perfil reprodutivo das mulheres participantes da Campanha Outubro Rosa. ***Método*:** estudo descritivo, tipo informativo, realizado de outubro a dezembro de 2013, no município de Rio das Ostras/RJ, por discentes do Curso de Enfermagem da Universidade Federal Fluminense - Campus Rio das Ostras. ***Resultados*:** destacam-se entre as usuárias: a multiparidade em 64,3%; a nuliparidade em 10,5%; taxa de abortamentos, excluindo nulíparas, de 19%; e incidência de parto cesárea de 47%. ***Conclusão*:** evidencia-se a necessidade de que o município de Rio das Ostras (RJ) amplie o acesso e a adesão das usuárias aos serviços de saúde. A vivência foi extremamente rica na formação profissional dos acadêmicos de enfermagem participantes, por proporcionar o contato e a interação com as usuárias, fundamental para a caracterização e ampliação do conhecimento sobre a saúde reprodutiva da população feminina. ***Descritores*:** Saúde Reprodutiva; Câncer de Mama; Saúde da Mulher; Enfermagem.

RESUMEN

***Objetivo*:** describir el perfil reproductivo de las mujeres que participaron en la campaña Octubre rosa. ***Método*:** se trata de un estudio descriptivo/informativo, realizado entre octubre y diciembre de 2013, en el municipio de la Rio das Ostras/RJ, por estudiantes de Enfermería de la Universidad Federal Fluminense - Campus Rio das Ostras. ***Resultados*:** entre las usuarias, se encontró que: el 64,3% eran multíparas; el 10,5% eran nulíparas; la tasa de abortos, con exclusión de las mujeres nulíparas, fue del 19%; y la tasa de cesáreas fue del 47%. ***Conclusión*:** se destaca la necesidad de ampliar el acceso y la adhesión de las usuarias a los servicios de salud en el municipio de Rio das Ostras (RJ). La experiencia fue muy rica para la formación profesional de los estudiantes de enfermería que participaron del evento, ya que proporcionó el contacto y la interacción con las usuarias, algo fundamental para la caracterización y expansión del conocimiento acerca de la salud reproductiva de las mujeres. ***Descriptores*:** Salud Reproductiva; Cáncer de Mama; Salud de La Mujer; Enfermería.

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INTRODUCTION

The reproductive profile of Brazilian women in the 60's was characterized by a high number of children per woman, as a consequence of the country's industrialization process.[1] This scenario, however, has undergone changes in recent decades. Fertility rates have decreased as far as 1.8 children per woman in the 2002-2006 period.[2] Causes for this change are the struggles by social movements to protect women's sexual and reproductive rights. They aimed to achieve improvements in information, contraception, treatment of infertility, childbirth, prevention of breast and cervical cancer. Thus, their ultimate goal was the provision of comprehensive health care to women in all life cycles.[3] It can be inferred that socioeconomic inequalities are related to an increase in the number of children per woman, to a stronger predisposition to risk factors for breast and cervical cancer, abortion, among others. Thus, women´s reproductive life is full of aspects that may negatively affect their reproductive health.[4]

It is important to highlight that the decision on family size should be taken voluntarily by women. It should be the result of a conscious choice by a woman who, exercising her autonomy, chooses to become a mother.[5]

Thus, the objective of this study was to describe the profile of women participants in the Pink October Campaign.

METHOD

This is a descriptive/informative study conducted in the municipality of Rio das Ostras/RJ. Rio das Ostras is located in the coastal lowlands of the state of Rio de Janeiro. In 2010, the total population of Rio das Ostras was 105,676 inhabitants. 35,301 of these were women of childbearing age (age group 10-49 years).[6]

Based on a popular movement called Pink October, we sought to develop a day of activities (D-day) for the female population of this municipality. Our goal was to promote health by raising awareness about breast cancer, its risks and the importance of early diagnosis.[7]

During the event, we were also able to collect important information about the participants, namely: age, menarche, first intercourse, pregnancies/para/abortion and types of delivery. This information served as epidemiological data for the study on the reproductive profile of women cared for during the D-day.

We used a checklist form as data collection tool. The form was administered during nursing and medical consultations. We collected a total of 321 forms. Data analysis took place during October through December 2013. The data made available by the Ministry of Health and the ScieLO library were used as parameters.

DEVELOPMENT

The D-Day event was conducted by the Nursing department of the Fluminense Federal University (UFF), Rio das Ostras Campus. It took place on October 19, 2013, a Saturday, from 8 am to 5 pm. The following actions were performed during this event: nursing and medical consultations, in order to perform screening of breast cancer through clinical breast examination (CBE) and mammography. The event team also performed educational activities, both individually and collectively, which encompassed explanatory concepts on family planning, prevention of sexually transmitted diseases, and breast self-examination.

Male and female condoms were distributed to participating women. The event counted with the participation of one professor and 28 students of the Nursing undergraduate course/UFF/Rio das Ostras Campus.

We found that 37% of participants had had menarche at age 12-13 years, whereas 24% had had menarche at age 14-15 years, 8% at age 16-18, 20% at age 10-11 years and 2% at age 8-9. 9% of subjects were not able to provide this information. According to the INCA, menarche before 11 years of age is a risk factor for breast cancer. The last two group mentioned above thus represent women who are at higher risk of developing breast cancer.

According to the National Cancer Institute, early menarche is a risk factors for breast cancer, given that estrogen exposure is higher/longer in women who had their first menstruation at an early age.[8] The study population had were at lower risk for breast cancer because they fell outside the age group at higher risk for breast cancer.

Most women (40%) had had their first intercourse at ages 18-22, followed by ages 12-17 years (33%). First sexual intercourse at an early age and/or in the adolescence (12-18 years) represents a higher vulnerability to cervical cancer and sexually transmitted diseases (STDs). 9% of women had had it at age 23-27 years. Only 3% and 2% had had it at age 28-32 years and 33-37 years, respectively. This information was not provided by 13% of women.

Sexual initiation or first sexual intercourse at an early age is a predictor of higher exposure to sexually transmitted infections (due to the multiplicity of partners during life), pregnancy, abortion and cervical cancer.[2-9] In this study, most women fell outside the age group at higher risk for breast cancer, being thus at lower risk for cervical cancer.

Sexual intercourse at an early age may be linked to the occurrence of cervical cancer, because, in puberty and adolescence, the cervical transformation zone (in these young women) is located on the ectocervix. They are therefore more exposed and susceptible to HPV infection, one of the main causers of cervical cancer.[9-10]

The prevailing fertility rate was three pregnancies per woman (24.6%). In Brazil, according to data from the National Household Sample Survey 2007 (1.83 children per women) there was a decline in the total fertility rate, when compared to 2003 (2.1 children per women).[11]

This reduction is due to changes in the reproductive profile of women, who now have a greater insertion in the labor market, as well as more access to information about contraceptive methods and their use.[11]

As for the number of deliveries, most women (53.8%) had had two to three deliveries. 10.5% of women had given birth four times. Despite the reduction in the number of children per women, multiparity is still more prevalent among poor women. This is due to the individual and social vulnerability shown by these women, and goes from education-related issues, misuse of contraception and difficulty of access to contraceptive methods, to gender issues, such as partner's refusal to participate in family planning.[12]

Independent of the parameter used to consider a woman as highly multiparous, there is no doubt that this situation implies maternal and perinatal risks. According to the literature, from the fourth birth onwards, there is an increased risk for antepartum haemorrhage, gestational diabetes and preterm labor.[13]

Multiparity is also associated with recurrence of pre-invasive lesions of the cervix, which makes it a risk factor for cervical cancer.[14]

With respect to nulliparity, 10.5% of women had never given birth. Given this fact, we questioned ourselves about the reproductive profile of this group of women, whose nulliparity was the result of a personal choice or due to couple's infertility problems. In this context, a couple is considered infertile when there is no pregnancy after one year or more of regular sexual intercourse without the use of contraceptive methods. It can be caused by female and/or male factors, the latter being responsible for approximately 40% of cases.[15]

Although studies show that there is still no exact values with respect to the incidence of marital infertility, it is estimated that, in general, about 8-15% of couples of childbearing age have infertility problems.[16] It is also worth noting that nulliparity may also bring risks to women's health, such as predisposition to breast cancer.[17] In Brazil, this cancer is responsible for the highest mortality rate among women, when compared to other cancer types. Estimates for 2012 were 52,680 new cases diagnosed and estimated risk of 52.5 per 100,000 women.[18]

Breast cancer is a disease of greatest concern to Brazilian women, both due to its mortality and the physical and emotional changes caused by treatment. This is considered to be a delicate moment, because women not only need to adapt to changes in their lifestyle, but also have to cope with changes in their self-image, accepting the loss of her breasts, a symbol of her femininity.[19]

There was a 19% incidence of at least one abortion (in 299 participants; 22 out of 321 women had never given birth) According to the Unified Health System's (SUS) Indicators Panel, abortion accounts for 15% of maternal mortality, because it is an illegal and unsafe practice.[20]

Abortion is a multifactorial clinical aspect,which is often performed due to a woman's private decision. It is characterized by the interruption of pregnancy prior to twenty or twenty-two weeks' gestation, with fetus weighing less than 500 grams. Abortion may also refer to the conception product eliminates in this process.[21]

In Brazil, abortion occurs mostly due to unwanted pregnancy. Thus, family planning becomes a necessary tool in women's health care. This care should be performed effectively and with quality, being able to offer social and psychological assistance to the woman when they are to make a decision on whether or not to have the baby.[22]

Quality family planning also enables the reduction of unwanted pregnancies, thus decreasing the practice of unsafe and illegal abortion. This results in lower rates of maternal mortality.[23] However, in the absence of an active, comprehensive health care program that offers effective access to contraception, low-income women, in

particular, are more susceptible to unwanted pregnancies and abortion. This is associated with several factors, such as financial and marital instability, the need to work and absence of family support..[24]

As for the types of delivery, most women who participated in the D-Day (63%) had had vaginal deliveries Due to the predominant age range of participants, 40-49 years, it becomes evident that this group correspond to 33% of the population. Thus, the historical factor that was associated with the reproductive period of these women is characterized by moment in time that precedes the strong influence of caesarean sections in Brazil in the last decades.[25]

Normal deliveries are spontaneous in onset, low-risk at the start of labor, and remaining so throughout labor and delivery. It is, thus, a natural, physiological process and therefore should not suffer complications in its course.[26] Our study found 36% of cesarean sections (C-sections). C-sections are a surgical procedure that, when properly indicated, has a fundamental role in modern obstetrics, reducing perinatal and maternal morbidity and mortality.[25]

The results of obstetric practices are worrisome. Brazil has one of the highest rates of cesarean sections. The number of cesarean section births, which was already high 20 years ago, rose further in the last decade. We can affirm that this is the result of the high medicalization of the female body that has occurred over the years.[27]

The World Health Organization (WHO) recommends cesarean section rates of about 15%. Higher or much lower rates are harmful to mothers and babies. In Brazil, the cesarean section rate in 2005 was nearly three times higher than the one recommended, reaching 43%. [20]

Factors associating delivery with the practice of cesarean sections are relevant to understand the whole historical context that is prior to the current statistics. These are: financial condition, fear of pain, ironic information about a possible change in the structure of the genitalia, female sterilization, among others. [27]

There was a 1% incidence of forceps delivery in this study. This practice should be avoided because of major complications and maternal-fetal sequelae affecting brain, spinal cord or trunk development in newborns. Other problems are strabismus, learning difficulties and asthma.[28]

The predominance of hospital deliveries is therefore the result of historical modifications to which the process of parturition has gone through since the inclusion of medical practice in this context. Thus, child delivery, which used to take place in the home environment, with the family, started being performed at hospitals, and so began the introduction of unnecessary obstetric interventions.[29-30]

FINAL REMARKS

This study has helped identify the reproductive profile of women participating in the D-Day. These information allowed us to recognize some vulnerability conditions to which this group of women is subjected, namely: multiparity, nulliparity with the focus on infertility, high rate of abortions, high incidence of cesarean sections.

These data make evident the need for a reproductive planning service in line with the reality of the its population, because although women have access to health services, this has not been enough to achieve adhesion of these women to family planning. The municipality should therefore provide greater support to these users.

It seems advisable and appropriate, therefore, that managers reflect on the care needs of women, considering the peculiarities of each case and knowing the community. This should enable them to reorganize and/or design effective care, in order to promote and protect health, and prevent diseases for the female population.

This experience was extremely valuable for the professional training of participating Nursing undergraduate students. It gave the opportunity to approach and interact with users, something fundamental characterize and expand knowledge about female reproductive health.

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