ORIGINAL ARTICLE

THE ELDER WOMEN’S KNOWLEDGE ABOUT GYNECOLOGIC CANCER: A CONSTRUCTIVIST PERSPECTIVE

O CONHECIMIENTO DE IDOSAS SOBRE O CÁNCER GINECOLOGICO: UMA PERSPECTIVA CONSTRUCTIVISTA

EL CONOCIMIENTO DE LAS MUJERES MAYORES SOBRE EL CÁNCER GINECOLÓGICO: UNA PERSPECTIVA CONSTRUCTIVISTA

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ABSTRACT

Objective: to determine the degree of the elder women’s knowledge about gynecologic cancers and their prevention methods.

Method: this is a qualitative-approach, action-research study, from a constructivist perspective, with elder women who were members of the theater group of a Geriatrics and Gerontology program. These women had no cognitive impairment and participated in two educational/informal interviews. The interview technique used was the panel modality and the data collection period was from October 6th to November 3rd, 2009. The survey comprised three steps: 1st step – Application of the Interview I; 2nd step – Final interview about the gynecologic cancers that are most common in elder women; and 3rd step - Application of Interview II, 15 days after the 2nd step. The study was submitted to and approved by the Ethics Committee under CAEE registration No. 0148.0.258.000-09. Results: the results showed that the elderly, even with their age-related cognitive deficits, are able to retain information after a health education intervention, what was verified in the second interview about the types of cancers, with 100% accuracy. Regarding preventive exams, in the first interview there were 16 mentions and in the second, 26 mentions, which demonstrates the retention of information after an educational/informational lecture. There was a better structuring of speech in the interview II, after the educational/informational lecture, which demonstrates the process of Constructivist Theory, in which learning is a product of reality and the idea of the incorporation of human being. Conclusion: health education comes as a proposal for emancipation of the elderly towards self-care. Descriptors: health education; elderly; urogenital neoplasms; geriatric nursing; self care.

RESUMO

Objetivo: analisar o grau de conhecimento das mulheres idosas sobre os cânceres ginecológicos e respectivos métodos preventivos. Metodologia: estudo de abordagem qualitativa, pesquisa-ação, utilizando a perspectiva do construtivismo, com mulheres idosas participantes do grupo de teatro de um Programa de Geriatria e Gerontologia. Essas idosas não tinham deficiência cognitiva e participaram de duas entrevistas de cunho educativo-informativo. A técnica de entrevista empregada foi a da modalidade de Painel e o período da coleta de dados foi de 6 de outubro a 3 de novembro de 2009. A pesquisa foi composta de três etapas: 1ª etapa - Aplicação da Entrevista I; 2ª etapa - Realização de palestra de cunho educativo-informativo acerca dos cânceres ginecológicos que mais acometem as idosas; e 3ª etapa - Aplicação da Entrevista II, após 15 dias decorridos da 2ª etapa. O estudo foi recebido e aprovado pelo Comitê de Ética, sob registro CAEE: 0148.0.258.000-09. Resultados: os idosos, mesmo com os déficits cognitivos inerentes ao envelhecimento, são capazes de reter informações após uma intervenção de educação em saúde, o que se verificou na segunda entrevista sobre os tipos de cânceres, com acerto de 100%. Em relação aos exames preventivos, na primeira entrevista, foram 16 mencões e na segunda 26 mencões, o que demonstra a retenção das informações após a palestra de cunho educativo-informativo. Houve uma melhor estruturação das falas, na entrevista II, após a palestra de cunho educativo-informativo, que demonstra o processo da Teoria Construtivista, no qual a aprendizagem é produto da realidade e da ideia de incorporação do ser humano. Conclusão: conclui-se que a educação em saúde vem como proposta de emancipação dos idosos para o autocuidado. Descriptors: educação em saúde; idoso; neoplasmas urogenitais; enfermagem geriátrica e autocuidado.
INTRODUCTION

Cancer is a matter of public health and responds for over 6 million deaths every year, which represents about 12% of causes of death in the world. According to the World Health Organization (WHO), cancer represents the second main cause of death after cardiovascular diseases, and there must be a 45% increase in new cases from 2007 to 2030, from 7.9 million to 11.5 million cases, due to the demographic growth and the aging of the population. In Brazil, cancer constitutes the third main cause of death.

From 2000 to 2050, the world number of people older than 60 years will triple, from 0.6 to 2 billion. The highest expansion will occur in developing countries, where they will increase, in the same period, from 0.4 to 1.7 billion. This demographic variation has many consequences within the scope of public health. The search for good health is essential for the elderly to keep their independence, participate of life in family and in the community. The health promotion and prevention activities along one's life may avoid or retard the occurrence of non-transmissible chronic diseases, such as cancer. Besides, patients of chronic degenerative diseases need to be followed up to reduce to a minimum the related disabilities and their negative effects on the quality of life.

It is observed that the female population presents higher longevity and, proportionally, the highest number of morbidities. Therefore, specific actions and public policies focused on the health of elder women are increasingly necessary.

The subject matter of this study is level of elder women's knowledge about gynecological cancers. Its general purpose is to review the level of elder women's knowledge about gynecological cancers and their prevention methods. The specific purposes are: To identify the level of elder women's knowledge about gynecological cancers, their prevention early detection methods, before and after being exposed to educational information, from a constructivist perspective, about prevention of gynecological cancer; provide educational information, from a constructivist viewpoint, and evaluate the organization these elder women's knowledge about gynecological cancers through an interview in panel modality.

METHOD

This is a qualitative research, which studies the perception, intuition and subjectivity, which cannot be achieved only with statistic data. The action-research form was used, which aims at increasing the knowledge of certain situations, by observing a problem of a certain group.

The interview technique employed was the panel modality, which consists in the repetition of questions, from time to time, to the same people, so as to study the evolution of opinions in short periods. This technique was chosen because of the changes that occur in the aging process, such as the decline in the cognitive function of the elderly.

The inclusion criteria were: To be a participant of the Theater Group of the Geriatrics and Gerontology Interdisciplinary Program of Universidade Federal Fluminense, Niterói - RJ, Brazil (which has been operating since 1997 and is currently considered a reference in the healthcare for the elderly and Alzheimer's dementia by the Ministry of Health); to be sixty years or older; female sex; not having cognitive disorders (Alzheimer's Disease, vascular dementia and Pick's dementia) and consent to sign a free informed consent, after the due orientations about the study. The exclusion criteria were: subject that did not fit the above profile.

The research was developed in three moments, so it was necessary to choose a group in which he participants would be present for a first evaluation and, after a certain period, would be submitted to a re-evaluation.

The research comprised 3 steps: 1st step - Application of Interview I; 2nd step - Realization of an educational/informational lecture on the gynecological cancers that are most common among the elderly and 3rd step - Application of Interview II, 15 days after the 2nd step. The data collection period was from October 06 to November 03, 2009.

Interviews I and II were previously tested with the purpose of adapting the questions to the vocabulary and understanding of the audience at issue, thus avoiding any difficulty of expression and communication. Thus, the questionnaire was validated and became operational with an accessible vocabulary and clear meanings.

The research was approved by the Research Ethics Committee of Antônio Pedro University.
The subjects of this study were elder women who participated in the theater group of the UFF Geriatrics and Gerontology Interdisciplinary Program (PIGG/UFF). This choice was made because it was a solid group, which would permit more than one meeting, and because they had a cognitive stimulation once a week, as they had to memorizing texts, speeches and scenes. The interviews were held with 10 elder women from a universe of 20 elder women.

From the interviewed group, 40% of the elder women (4) were 60-64 years old, 40% (4) were 65-70 years old and 20% (2) were 71-75 years old. As regards the place of residence of the participants, 50% (5) reside in the Municipality of Niterói, 40% (4), in the municipality of São Gonçalo and 10% (1), in other municipalities, in this case, Saquarema.

The monthly income is distributed as follows: 10% (1) do not have any income, 50% (5) receive one minimum wage, 20% (2) receive two minimum wages, 10% (1), three minimum wages and 10% (1), seven minimum wages. As regards the level of instruction, 40% (4) of the elder women have completed the elementary education, 20% (2) have completed high school, 30% (3) have not completed high school and 10% (1) have a higher degree.

The results of the interviews identified the level of knowledge about gynecological cancers, their prevention and early-detection methods, before and after educational information having been provided by the informational/educational lecture, from a constructivist view point. The results from the interviews were presented according to the moment they were collected (Interviews I and II):

1. Knowledge about the main types of gynecological cancers that occur in elder women.

Interview I:

From the elder women, 60% (6) mentioned two types of gynecological cancer and 40% (4) mentioned three different types. From the types mentioned, 70% (7) were right, but 30% (3) referred to cancers that are not classified as gynecological; such as anus cancer and lung cancer. There were 24 mentions of cancers in total, from which 21 represented the gynecological system, so there was an average of 2.1 mentions of gynecological cancer per elder woman.

Interview II:

By this time, in 100% (10) of the answers, the cancers mentioned are classified as gynecological. There were 38 mentions of cancers, so there was an average of 3.8 mentions of gynecological cancer per person. Thus, an average increase of 1.7 mentions of cancer per person after the educational/informational lecture was evidenced, which represents an increase of 80.95% in the number of mentions after the educational lecture.

2. Knowledge about the form of prevention of gynecological cancers and the importance of early detection

In interview I, from the 10 participants, there was a total of 16 mentions: 31,5% (5) refer to the realization of preventive tests, 12,5% (2), to ultrasound imaging, 6,25% (1), to transvaginal ultrasound, 18,75% (3), to mammography, 12,5% (2), to the doctor/gynecologist, 6,25% (1), to self-examination, 6,25% (1), to periodical tests and 6,25% (1), to surgery.

In interview II, there were 26 mentions, represented as follows: 23,0% (6) mentioned the realization of preventive tests, 11,5% (3), ultrasound imaging, 7,69% (2), transvaginal ultrasound, 11,5% (3), mammography, 15,4% (4), doctor/gynecologist, 11,5% (3), self-examination, 7,69% (2), periodical tests, 7,69% (2), pay attention to the symptoms and 3,81% (1), food/habits.

Between interviews I and II, there was a 62,5% increase in the number of mentions about the forms of prevention of gynecological cancer, with a significant increase when they mentioned the visit to the gynecologist, the self-examination and the realization of periodical tests. The answers referred to prevention as a method of early diagnosis. There was only one reference to food and living habits.

The need for self-knowledge started to be mentioned when there was a reference to self-examination and attention to the symptoms, indicating that there is a new move towards awareness on the importance of the knowledge about one's own body by touching and perceiving abnormal symptoms, which was noted through the following wording:

[...] you have to touch your body, searching
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From something abnormal [...] we usually only see our face, we don't see the rest [...] and when you stop and look [...] you find a cancer [...] (E4)

When the elder women responded about the forms of prevention, they highlighted the realization of tests:

You must have a doctor to examine [...] I do my preventive tests every year. This I don't give up! (E2)

When asked, in interview I, on the importance of early detection of gynecological cancer, 100% (10) of the elder women related early detection to higher chances of cure, 30% (3) of them also related it to easier treatment, 20% (2) also related it to less suffering and less aggressive treatments and 10% (1) related it to increase in life expectancy.

Because, if discovered early, there is cure and treatment. (E3)

During interview II, the elder women kept their speeches on the importance of early detection, evidencing the solidness of that specific piece of knowledge.

**DISCUSSION**

Based on the evaluation of the results, it is possible to characterize this group as mostly within the age group between 65-70 years, living in the municipality of Niterói, with average monthly income of one minimum wage and schooling varying from elementary to high school.

The places of residence coincide with the main locations covered by the PIGG/UFF service (Metropolitan Region II), except for 10%, from the coast area, which suggests a lack of centers specialized in the healthcare for the elderly. The participation of 40% of the elder women that reside in São Gonçalo is related to the proximity of access to the institution, the intense economic and urban relationship between the two cities, São Gonçalo and Niterói, and the regional flow of assistance service.

The social indicators are very much related as they refer to the number of years studied and income. The capitalist system is sustained by the generated economic power, relating the work factor and its percentage with income generation. It is observed that the number of morbidities is proportionally higher in women and among elderly with less schooling, with lower individual income.⁶

In the questioning about the main gynecological cancers that occur in elder women, in Interview I, a large variation of answers was found. The mention of cancers that do not fit the gynecological type may suggest that the participating women lacked some knowledge of their own body, and also that they could have been influenced by the high frequency of these cancers in their social medium, which is evidenced by epidemiology, such as lung, anus, and colon cancer.

In view of the observation of information deficiencies found during Interview I, it was possible to direct the approach in the construction of the educational lecture, so that the proposed goals could be achieved.

In Interview II, in 100% (10) of the cases, the cancers mentioned are classified as gynecological. As regards the average mentions of gynecological cancer, there was an 80.95% increase in the mentions after the educational lecture. Thus, the obtained result directly represents the retention of the information presented in the educational lecture, evidencing the elder women's capacity of apprehending new information.

The news presented to the elder are subject to a process of adaptation that will depend especially on the personal history of health and illness, the educational conditions offered, the support, the family and social environment, and in particular the economic resources that allow them to have access to technologies that may compensate for the progressive difficulties resulting aging¹⁰.

As regards the level of knowledge about preventive methods and early detection of gynecological cancers, it was found that the answers cited prevention as a method for early diagnosis. There was only one reference to food and living habits.

In view of this fact, one can deduce that the elder women understand the importance of the early diagnosis in relation to the prevention and reduction of worsening resulting from the pathological process. This fact relates to the late prevention work, focused on change of habits and realization of medical follow-up. However, the fact that they do not mention habits of life and food as protection and prevention factors may indicate a non-adhesion to such actions.

Then, a deficit and lack of structure of knowledge was observed. Between interviews I and II, there was a 62.5% increase in the number of mentions about the forms of prevention of gynecological cancer, with a significant increase when they mentioned the visit to the gynecologist, the self-examination

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and the realization of periodical tests.

The better structuring of the speeches, in interview II, after the educational/informational lecture, demonstrates the process of the Constructivist Theory, in which learning is a product of reality and the idea of incompleteness of the human being. Teaching is not a transmission of knowledge, but a possibility of construction and reconstruction thereof, by respecting the personal characteristics and the knowledge already constructed. Personal experience cannot be annulled, it does only constitute a background, serving as basis and organizing the new knowledge assigned.

According to the constructivist approach to learning, the program content of education is the organized, systematized and added return to the elements previously delivered in an unstructured manner. It assumes the construction of knowledge through the critical reflection of those involved in the teaching-learning process. The reality is constructed by the one who learns.

The educational practice is in line with the production and development of the autonomy of educators and people being educated, as it provides logical and organized, more significant learning, and obtains more efficient learning. Besides, there is a relationship between the perception of care from an educational action. Education and health establish relationships where experience and knowledge of the involved subjects must be privileged, observing them as processes that stimulate individual and collective changes.

The educator must be critic, creative and active, as he/she is the central element of changes and actively participates in the goal of transforming the reality and in the development of capabilities. Information contributes to reduce the complications and consequently offers longer survival with quality to the elderly.

Considering the cognitive decline caused by aging, the structure proposed for the learning of the elderly must be clear and organized. First, they must understand the general ideas and then the specific ones, following the knowledge acquisition order. This is the way how knowledge is represented, organized and stored in the human cognitive system: relating the content learned and that already acquired.

The true goal of preventive medicine with the elderly must be related to keeping the functional and cognitive capacity, preventing the appearance of diseases and worsening that might contribute to their dependence.

The beliefs that the individual has about himself and his relationship with the world in which he lives, besides his expectations about his performance and his future, significantly contribute to encourage self-care and consequently the quality of life. The restructuring observed in the speeches of the elder women permits the development of a self-care activity that takes place through the construction of abilities and instrumentalization of knowledge provided by the educational lecture.

The capacity of adapting to new knowledge is related to self-esteem, which suffers different changes in the aging process, tending to a reduction and consequent lack of motivation, social reclusion, reduction in daily activities, that cause the elderly not to develop his autonomy and self-care in view of new knowledge. Feelings of loss, insecurity, sadness, concentration, reaction and coordination problems may make de elderly apathetic, unmotivated and resort to social reclusion.

Thus, we notice the need of communication in order to keep the self-esteem. These factors justify the creation of activities that stimulate, integrate and widen the objectives of life of the elderly, reinserting them in society.

The preventive conducts are related to the encouragement of self-care and must relate to a healthy life style and proper medical care. The importance of self-care in old age is directly related to the prevention of illnesses and promotion of health.

Health education favors the reflection about aging, encouraging the desire to participate in life. When information is well established and structured, it permits the enlargement, understanding and actuation in health issues.

The self-care may be defined as a continuous contribution of the individual to his own existence, an activity learned by the individuals and oriented towards a goal, a conduct in concrete situations of life, that people direct to themselves, to the others and to their environment, to regulate the factors that affect their own development and operation to the benefit of their live, health and welfare. Therefore, we highlight the importance that nurses use their service to create strategies to motivate the elderly
and/or elder groups, through health education to change the behaviors in search for self-care and mainly the perception of health problems, the factors that make this process harder and the resources that are available for self-care and that this service allows for the empowerment of the elderly, contributing to a reorganization of the knowledge about themselves and the disease.

**CONCLUSION**

The nurse has in the educational action a fundamental element in the promotion of care, recognizing the importance of the encouragement and concretization of pedagogical practices that permit the emancipation of the patients in their process of self-care. The research shows that the elder women's knowledge about cancer also results from the several experiences acquired along the years, that is related to every person's capacity of facing it, through positive or negative expressions. After the intervention of the educational/informational lecture, it was found that the knowledge about a subject has not suffered intense changes, perhaps because it brings with it some prejudices and/or stigmas, but the structuring and organization of thought have become clearly better worded.

The methods of prevention were related to procedures coming from the technology and early diagnosis. After the intervention, there was a significant increase in the number of mentions of diagnostic tests and a slight change of thought in the correlation with food and life habits. This thought must be well rooted due to the pessimistic ideas in which the elderly imagines that his body suffered a lot a damage along his life, and currently there is nothing else to do about is, wherefore he can only be attentive by having diagnostic tests done and through procedures of self-discovery of his body and symptoms, leaving aside some barriers imposed by a strict and conservative education.

Most gynecological cancers are known by elder women, however, after the lecture, they managed to understand better and retain the information, mainly, when such knowledge, but also the valuation of the knowledge and life experiences between the participants and the researcher. When something is taught, something else is also necessarily learned.

With this in mind, the nurses and other health practitioners must be open to share, listen, transmit knowledge and mainly learn. Exchange is essential for the construction of the person and the professional. The fruit of this share assures not only the increase in knowledge, but also the valuation of the professional due to the link established.

This study presents a change of paradigm, as it demonstrates that the elderly is able to retain the information, mainly, when such elderly is submitted to a cognitive stimulation. Thus, the practitioners must value that strategy and make it an ally in health education. Further study must be developed related to the improvement of use of health education with the elderly, within the scope of gerontology, searching for the valuation of the elderly and promotion of self-care for health, using it also as a resource for cognitive stimulation.

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