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ORIGINAL ARTICLE

GENDER ANALYSIS FOR ILLNESS OF SKIN CARCINOMA

ANÁLISE DE GÊNERO PARA O ADOECIMENTO DO CARCINOMA DE PELE

ANÁLISIS DE GÉNERO PARA ENFERMEDAD DE CARCINOMA DE PIEL

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ABSTRACT

Objective: understanding the illness of skin carcinoma according to men and women in a gender perspective. ***Method:*** a descriptive study with a qualitative approach with the participation of 12 subjects. The data production was conducted through semi-structured interviews and was analyzed by the technique of content analysis and presented in categories of analysis. This study was a research project approved by the Research Ethics Committee, Opinion 179/08. ***Results:*** After analyzing, the following categories emerged <<***Aspects related to diagnosis and disease denial***>>; <<***Implications of masculinity and femininity in the treatment and living with cancer*** >>.It stands out as a moment of this process feelings that prompt the seclusion and social isolation in early disease, and clarify that the alternatives used by men and women in coping are based on the gender stereotype widespread socially. ***Conclusion:*** skin carcinoma generates different behaviors, from diagnosis to treatment, viewing them in a gender approach. ***Descriptors:*** Gender Identity; Skin Neoplasms; Behavior.

RESUMO

Objetivo: compreender o adoecimento de carcinoma de pele segundo homens e mulheres na perspectiva de gênero. ***Método*:** estudo descritivo, de abordagem qualitativa com a participação de 12 sujeitos. A produção dos dados foi mediante entrevistas semiestruturadas analisadas pela Técnica de Análise de Conteúdo e apresentadas em categorias de análise. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, Parecer 179/08. ***Resultados***: após análise, emergiram as categorias ***<<Aspectos relacionados ao diagnóstico e a negação da doença>>; <<Implicações da masculinidade e feminilidade no tratamento e na convivência com o câncer>>***. Destaca-se esse processo como o momento de sentimentos que incitam a reclusão e o isolamento social no início da doença, e esclarecem que as alternativas utilizadas por homens e mulheres no enfretamento são fundamentadas no estereótipo de gênero difundido socialmente. ***Conclusão***: o carcinoma de pele gera comportamentos distintos, do diagnóstico ao tratamento, visualizando-as numa abordagem de gênero. ***Descritores***: Identidade de Gênero; Neoplasias Cutâneas; Comportamento.

RESUMEN

Objetivo: comprender la enfermedad de carcinoma de piel según los hombres y mujeres de una perspectiva de género. ***Método:*** un estudio descriptivo con abordaje cualitativo, con la participación de 12 sujetos. La producción de los datos se dio a través de entrevistas semi-estructuradas analizadas mediante la Técnica de Análisis de Contenido y presentadas en categorías de análisis. Este estudio tuve el proyecto de investigación aprobado por el Comité de Ética en la Investigación, Opinión 179/08. ***Resultados:*** después del análisis surgieron las siguientes categorías <<***Aspectos relacionados con el diagnóstico y la negación de la enfermedad*** >>; <<***Implicaciones de la masculinidad y la feminidad en el tratamiento y vivir con cáncer*** >>. Este proceso se destaca como un momento de sentimientos que incitan a la reclusión y el aislamiento social en el inicio de la enfermedad y aclarar que las alternativas utilizadas por hombres y mujeres en el enfrentamiento se basan en estereotipos de género difundido socialmente. ***Conclusión:*** el carcinoma de piel genera comportamientos diferentes, desde el diagnóstico hasta el tratamiento, se muestreando en un enfoque de género. ***Descriptores:*** Identidad de Género; Neoplasias Cutáneas; Comportamiento.

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INTRODUCTION

Among the more chronic diseases present in the contemporary world are neoplasms, configuring it as clutter biological matrix, generated by cellular mutations that modify the state of equilibrium in the body. Its manifestations also have repercussions on the psychological sphere of the person due to cultural interpretations about the disease, which is built of prejudice, fear and social disruption and family.[1]

Each year the National Cancer Institute (INCA)[2]discloses the projection of the incidence of neoplasms in Brazil and highlights the most current skin cancers as the most present statistics, 62.680 cases are expected in males and 71.490 in females. This index can be related to the tropical climate with high temperatures and intense ultraviolet-B radiation in the country and the difficulty of membership of people with preventive measures, such as use of sunscreen.

Skin cancer has peculiar manifestations such as blemishes, bruises, nerves, plates and hyperpigmentar resected lesions which appear primarily in the epidermis, which is the area of greatest visibility and exposure of the body. This clinical form is responsible for generating disturbances in body self-image of these individuals, both men and women, and may lead them to social isolation and decreased self-esteem and self-confidence.[3]

The way the individual faces the process of chronic illness, like cancer, has been associated with gender approach to understanding this phenomenon.[4]From this perspective, it was also observed during our performance practice in cancer treatment that men and women evidenced sectors distinct behavioral responses as coping mechanisms to skin cancer, both in care of the appearance, but also with the physical and mental health. In this context, it is essential to use the framework of gender, which can be defined as the social organization of sexual difference, not implementing fixed and natural physical differences between men and women, but there makes meanings for bodily differences, which vary according to the cultures, social groups and time.[5]

In health, men and women perceive differently, which creates big impact on the strategies they use to help themselves, the management who lead their situations of physical and psychological disorders and the development of public policies. In this sense, the coping behavior of a disease is influenced by multiple aspects, such as the emotional, functional, cultural and social. This means that your study has a high possibility of interpretations, understandings and possible interventions.[6]

To cope with the problem, the following questions were developed:

As men and women experience the disease process of skin cancer? There are differences in how both face the disease process and coping?

In the search for answers to these questions, this study aims to:

● Understanding the disease process of skin cancer experienced by men and women in a gender perspective.

METHOD

This is a descriptive study by allowing the observation of the characteristics of these individuals, their opinions, attitudes and beliefs, relating them to cancer. The selected approach was qualitative, which supports the understanding that knowledge of individuals is only possible from the description of the human experience as it is lived and as it is defined by its own actors.[7]

The setting of the research was an outpatient dermatological care belonging to a public hospital tertiary care, located in Fortaleza in the state and reference for the management of skin problems. Its mission is to offer support to clinical diagnosis and treatment of dermatologic diseases, including carcinomas of the skin, through consultation with multidisciplinary doctors (oncologist, dermatologist, and plastic surgeon), nurse and psychologist.

The participants were six men and seven women were approached by the researchers in pre-consultation, diagnosed with carcinoma of the skin that were in attendance, in that health institution, regardless of the time of diagnosis, age, social status, the schooling and the histological type of neoplasm.

The number of study participants was determined by saturation criteria and quality of information, adopted in qualitative research where data collection ends with the identification of convergences and divergences of the statements, not the major concern the quantity but the quality. [8] The identity of the interviewees was presented in alphanumeric codes and H to M for men and women.

The period conducted for data collection was the month of September 2011, and was used to collect information from semi-structured interview, containing the following guiding questions:

1) What changes the discovery of skin cancer caused in your life?

2) How would you have responded to treatment in general?

3) What are your expectations regarding your health? The recorder was used as a complementary resource to ensure wide uptake of information from respondents.

To elucidate the gender aspects contained in the speech of men and women, they were confronted, trying to grasp the relevant points that allowed contextualize like and unlike individuals with carcinoma of the skin, and then these speeches were anchored in referential gender, considering the relational perspective.[9]

The method of content analysis guided the methodological route[10] through the following phases of thematic analysis: Pre-analysis (organization, reading and select the statements to be analyzed according to the proposed objective); Exploration of the material (processing of raw data and coding deponents, and aggregation of the text into categories and subcategories, meaningful and valid, identified under a theme), and Treatment of results (analysis of the meanings of the lines of men and women, focusing on the purpose of study).

Emerged the following categories:

1) Issues related to diagnosis and disease denial

2) Implications of masculinity and femininity in the treatment and living with cancer.

This research complied with Resolution 196/96 of the National Health Council,[11] involving humans and has been submitted to and approved by the Ethics Committee in Research of the University of Fortaleza UNIFOR, achieving favorable opinion nº 179/08.

RESULTS AND DISCUSSION

The anchoring of the statements in the gender perspective allows us to understand the disease process of skin carcinoma lived by men and women, which was evident the influence of the cultural vision that society has about how these individuals subjectively perceive the misfortunes related to your health .

- **Category 1 - Aspects related to diagnosis and disease denial**

Informing the patient that he is the cancer patient has been identified as a situation that generates the individual awareness of their finitude. Generally the diagnosis of cancer is often accompanied by depression and difficulty of inner acceptance.

The lines obtained in this study it can be seen that the uncertainty of diagnosis intensify emotional reactions in both men and women, although these are considered more emotional society in understanding gender. Crying described by the interviewee demonstrates the M1 shock or disbelief before the discovery of the disease, which invariably generates feelings of anxiety, sadness, irritability and shame, which comes to be corroborated by the deponent M7.

> *(...) I cried too, because I thought it was going to die soon. Every day we hear talk that guy died of cancer right? (M1)*
>
> *Ave Maria I was very embarrassed after I knew I was with cancer, was afraid to go to other people. (M7)*

Often men feel isolated, unable to share their fears with people even by shame or embarrassment of the situation, because they think would never happen to them, they never get sick, they are strong.

In this study, the speeches of men show that after diagnosis of carcinoma of the skin, some experience a period of intense loneliness and social withdrawal, which may be a factor that contributes directly to depression. Moreover , the shame in revealing the diagnosis to others was also expressed in the statements, and this may be related to masculinity, that while gender model is a set of characteristics, values, attitudes and behaviors that are expected of a man to so he can be accepted in a given culture. In Brazil the prevailing hegemonic model of masculinity, which often associate certain postures to man, such as: be strong, brave, tough, and invulnerable and active.[12]

> *I now live at home anymore, because the doctor said I cannot get out in the sun. Then sometimes it takes a hell of loneliness. (H3)*
>
> *Once knew I had the courage to tell anyone. When people ask me what are these spots that I'm there I invent anything. (H5)*

In a similar study, the diagnosis stage generally been tested in a gender approach to cancer of the colon and rectum as a fragmenting framework of life, making both men and women more vulnerable to depressive symptoms.[4]

Despite what was demonstrated in this study, survey of oncologists showed that only 5% of participants considered that gender is a factor that influences the reporting on the disease process to pacient.[13]

The interviewee speaks of H5 shows the shame in saying the disease corroborating data from the literature,[14]which portrays the ill individuals are victims of prejudice in the society in which they live, before suspicious looks and speaks covertly. For the author, the stigma derives from the characteristics that

differentiate the subject from the others and prevent them from having a full social acceptance in the group, resulting in discrimination against them.

This is a stigmatized disease in which the individual most often feels inadequate, moving away or being away from his group and facing loneliness. The diagnosis of cancer is still seen as a death sentence and is linked to a lot of pain, suffering and in some cases physical and psychic mutilation.[15]

The research has reported that denial is the first defense mechanism used by the patient to be informed of a difficult medical diagnosis.[16,17]However, there is the suspicion that empirical statements about a likely condition of chronic illness of cancer raises patients in an early denial regarding the acceptance of being ill, making the diagnosis is delayed and consequently the treatment implemented later.

> *It's too bad when we know that okay with cancer. I swear to you that I went on a three doctors because I believed not. It was such a small smudge on my face which I thought they were creating storm in a teacup. (M1)*
>
> *I take long to seek medical advice because they had seen a report on television about skin cancer and I had a spot anyway, there I was scared. Just went past even when was, my daughter took me there. (H4)*

Concerning the male group, the delay in seeking health services has also been related to several factors such as: embarrassment, misinformation, fear and prejudice.[17-9]

Aiming to evaluate the influence of gender in coping with cancer treatment, we performed a study and analyzed the process of facing men with prostate cancer and women with breast cancer. In this study the following results: men showed difficulty in recognizing and expressing their feelings about the diagnosis and for some health was still seen as "female thing". Many men felt isolated and unable to share their fears, except with people who were also doing the same treatments; demonstrated greater difficulty dealing with their own physical limitations, to endure the sudden interruption of their activities, and to lose the role of provider family.[19]

• Category 2 - Implications of masculinity and femininity in the treatment and living with cancer

Adherence to treatment can be characterized as the extent to which an individual's behavior in terms of taking the medicine, make changes in lifestyle and attend medical appointments coincides with medical or health advice. Compliance may be influenced by several factors related to the patient, treatment, health services, beliefs and habits of life.[20]

The Ministry of Health[21] proposes understanding the socio-cultural and institutional barriers to propose strategies that promote awareness of man and the expansion of access to primary care services in order to safeguard the prevention and promotion as necessary and fundamental axes of intervention.

The human support in coping with the disease and its treatment, which can be long and painful, seems essential; since, according to the study, 90,3% of patients interviewed said they support the whole family. The family of a cancer patient has been seen as an important agent in this patient needed care. Some authors propose that the family is also a patient and should be watched carefully by the healthcare team, and being called "second-tier patient ".[22]

> *God forbid leaving treatment, come every week if necessary. (M6)*
>
> *(...) Leave home today without using sunscreen, no way ... I do everything the doctor says it's meant to be more a problem. (M3)*
>
> *Have I failed to come a few times, but it was because I could not miss the job. "(H1)*
>
> *I sometimes I forget to put the protective cap and when I leave the house, where the girls (referring to the daughters) are picking on me. (H2)*

Men often seek less health services and have historically been more resilient and less adhered to certain types of treatment. One cause for this event was reaffirmed in the speech of H1, where the primary concern with issues of work over to treatment is evident. Gender studies[4,5,6] explain the interruption with health care by working questions are common for males, because this work is something associated with being male, and the fact of losing a job can generate economic tensions and identity.

In social processes, the men are charged to assume their problems more actively. When patients release their feelings, recognizing and accepting them and when they realize they can deal with emotions such as fear, can develop greater confidence, breaking the cycle of depression and hopelessness, thus increasing your position to face the suffering.[19]

The testimony of H2 raises an important and recurring issue of gender -related asset position of women with regard to care. Theoretically the explanation of this dependence of men towards women in the sphere of care may be linked to how the

socialization of females, which unlike the male, is encouraged early on to be responsible for taking care of themselves and others is made.[12]

In a study on the assessment of knowledge about the prevention of skin cancer and its relation to sun exposure that portrays individuals who knew about photodamage, 65,8 % were women. Among those who do not know, 58,1% were men.[23] Perhaps this fact is due to the greater concern of women with cosmetic and skin care than males.

The information emerged in this study as an important means of accepting and coping with the disease, especially in women's answers, which seemed more willing to open themselves to the understanding of cancer, seeking to inform and learn about the disease not only at the time of medical, but also consultation with the support of technological resources (internet) and sharing the questions with others who have gone through the same situation.

The form of a particular field of knowledge approach must take into account the social representations of individuals seeking knowledge, and in this sense the understanding of gender is essential.

> *Once I discovered the disease, went after all kinds of information possible, scoured magazines, books, watching any program on television to talk about it, and the internet was also a part that helped me understand my problem. (M2)*
>
> *At first I was very embarrassed, but gradually I was talking with others who had the same disease I have, and all they would tell me good or bad I asked the doctor, as still wonder to this day, because then I get more quiet. (M5)*
>
> *I was never very're talking with others about this disease, leaving doctors will treat me, they know what is best, no need to guess. (H3)*

The information needs to be transmitted by means of the media, not only about the preventive measures and early diagnosis of cancer, but the treatments available and explanations about their disease process is an important measure to reduce the number of morbidity and mortality, and have presented today as an indispensable tool in the adhesion of some patients to therapy recommended.[24]

The M5's speech reflects that, due to the type of socialization and largest social network, seems to be easier to express their emotions and talk about their concerns with others. Have thus corroborating the literature, a clear preference for social support strategy when compared to men.[25]

FINAL CONSIDERATIONS

The gender approach to the illness of skin cancer and ways of coping concluded that: feelings of isolation, shame and sadness are common at the time of diagnosis for both men and women posing in both the vulnerability of life, among the mechanisms coping, information was more present for both genders, but with greater emphasis on women, adherence to treatment was influenced by gender by observing that there was a reaffirmation of women as being more culturally accountable for care of yourself and with the other family.

We notice, however, that the interpretations of gender are reflected in the behavior displayed by the people who get sick of skin cancer, making it necessary that the professionals who care for such patients to be aware of gender differences and responses that are presented to them according to the stage of the disease process in order to adapt an effective therapeutic communication.

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