



Perception of safety during the mammography exam: contribution of humanized care

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1. Introduction

The health involves a lot of live aspects as: environment, leisure, work condition, housing, food and income. For women highlight the work discrimination and the housework overload. They live more than man, however, get sicker. Female vulnerability in some diseases is discrimination cases in the society more than biological factors [1]. In this context, it has the breast cancer: about 66280 new cases are estimated in Brazil in the 2020 according to National Cancer Institute – INCA [2]. For help in this process, the mammography exam is an important tool for diagnosis and monitoring of the breast cancer. Considering age as a risk factor, the mammography exam is recommended annually after the age of forty [3]. However, it is an exam that can bring discomfort and embarrassment to patients [4]. Inserted in this world preoccupation, this paper aims to screening the women health focusing on the breast cancer and the mammography exam.

2. Methodology

This is a qualitative study with 440 women over 40 interviewed about the mammography exam. Through a semi-structured interview, questions about knowledge of the breast cancer risk factors, perception of the self-care with health and quality of life in aging were addressed. Safety and humane care when performing the mammography exam, as well as the perception of public policies on women's health were also addressed. For a study of the perception of safety during the mammography, an interview script with guiding questions was created. It passed the approval of COEP-UFMG: CAAE: 72762017000005149 in 2018. The women live in Belo Horizonte and cities in the metropolitan region, from July 2018 to July 2019 participated in the research. Data were analyzed as basic questions to characterize the sample and evaluative questions to determine the degree of satisfaction of women with care during the mammography exam.

3. Results and Discussion

Among the highest percentage of educational levels, 27.66% of the women interviewed have only incomplete primary education. About habits, 89,34% do not smoke, 66,59% do not drink alcohol, 75% consume a diet rich in fatty foods and sweets, about 59.86% said they did not practice physical activity. Despite the habits reported, only about 15.91% are dissatisfied with aging and about 25.68% with taking care of their own health. Regarding public policies, about 46.58% consider that the municipality probably cares about women's health, however, about 41.95% of women do not feel cared for by public policies. This indicates that despite the SUS offering programs such as Home Care Service - Best at Home, Health Academy Program, National Tobacco Control Program, among others, these women do not feel welcomed or included in these programs. Around 89.57% responded that they had already undergone a breast exam and around 9.52% responded that they had never had it, and around 42.63% did not know any risk factors for breast cancer. Among the interviewees, 34.09% had a case of breast cancer in the family, 94.77% perform the self-examination, and it is frequently for 27.27%. 72.27% of the women who go to the gynecologist, 26.59% do it annually, and 34.09% through the SUS.

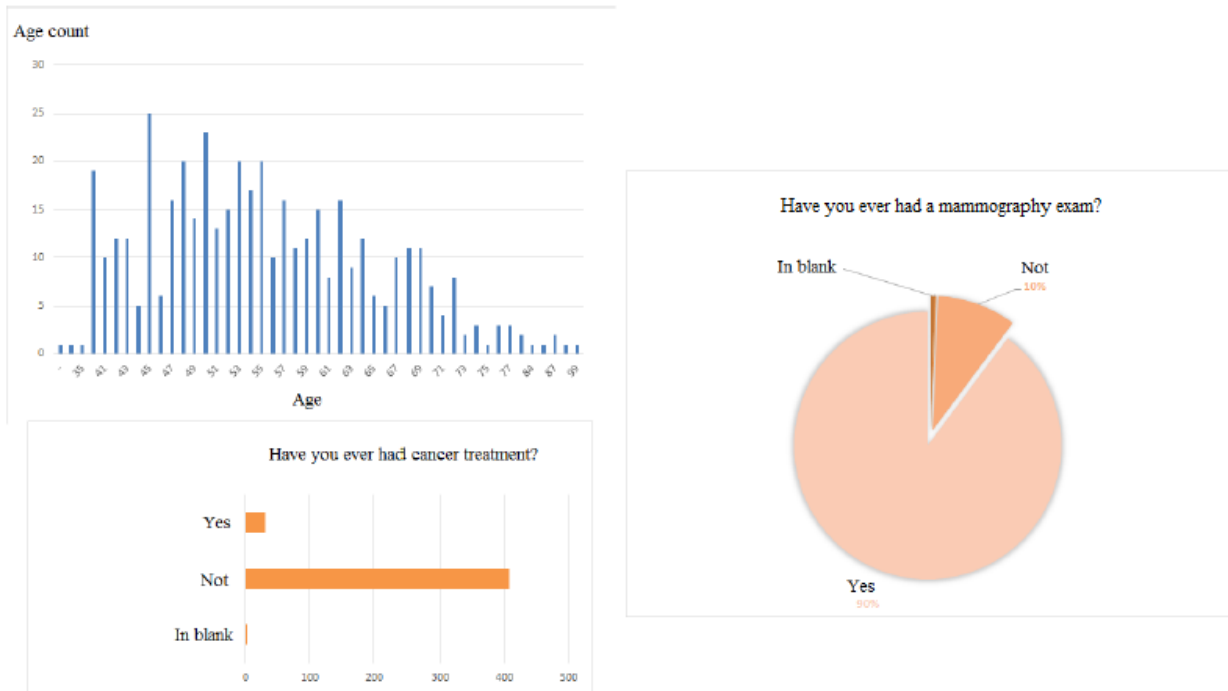


Figure 1: Data on age, mammography exam and treatment for breast cancer.

Figure 1 presents data on the age of the interviewees and data of the patients that realize at least one mammography, where there is a good participation of women between 40 and 72 years old. Most of the women interviewed have already undergone a mammography exam. Among them, a minority had breast cancer. Pursuant to art 1 of Law No. 11,664, of April 29, 2008, the Unified Health System (SUS) must ensure actions related to the prevention, detection, treatment and control of breast cancer. In line with Art 2, item III, of Law No. 11,664, the SUS must also ensure that all women over 40 (forty) years of age undergo a mammogram [5]. In the Monitoring and Monitoring of the National Policy for Comprehensive Attention to Women's Health (PNAISM) and the National Plan for Women's Policies 2013-2015 (PNPM), one of its objectives is to reduce morbidity and mortality from cancer in the female population, through the indicators of ratio of mammography in women aged 50 to 69 years and the female population in this age group and the number of women who had access to mammography [6]. In accordance with SUS regulations and the proposed public policies, only about 8% of the women interviewed have not had a mammography exam yet.

Table I presents answers about the perception of women regarding safety and humane treatment during the mammography exam. Most women felt safe when undergoing the mammography exam, reporting satisfaction with the care received. The main complaints reported were related to the technical responsible lack of patience and pain during breast compression. There was no reported concern about exposure to ionizing radiation. The results show that the HumanizaSUS policy is present in mammography exam, whose examination is performed with a professional in radiological techniques.

Table I: Perception about the care provided during the mammography procedure.

Question	Yes	Not	Probably	Blank answer
Did you feel safe during the mammography exam?	319	8	76	39
Do you think it was a humanized service?	318	7	76	39

4. Conclusions

Performing mammography exam or the early diagnosis of breast cancer is part of a public policy aimed at women's health. Mammography is the recommended screening method for women over 40 years of age. Between interviews, a considerable portion demonstrated not knowing the risk factors for breast cancer and not feeling taken care of by public policies. In the research carried out, it was possible to verify that women feel safe during the procedure and satisfied with the way they were treated and that humanized care is present in the radiological practice of mammography.

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