Knowledge of NOM-041-SSA2-2011 in health students

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Abstract

Introduction: The breast cancer is from the 2006 first cause of death by malignant neoplasies in México. The survival of the mammary carcinoma depends mainly on the preventive actions that are carried out; due to the lack of technological infrastructure in our country, the herself breast exploration, is the method more used and recommended for the opportune detection of the Cancer (CaMA).

Objective: Knowledge of NOM-041-SSA2-2011 in health students.

Material and Methods: A study non comparative to 105 students was made descriptive, cross-sectional applying them to a questionnaire that included social-demographic variables and questions with respect to the correct application of the herself exploration technique as well as questions about the practice, personal opinion of the same one and with base to the NOM-041-SSA2-2011; In the application test on line date April – May 2021.

Results: With respect to the level of knowledge with function to the ages, the level between the 18 and the 20 years was deficient with respect to herself breast exploration (CaMA). It is important note that with respect to the scholastic degree there was a deficient level of knowledge about of the breast exploration in the second and 6 to fourth month period in the students of the area of the health.

Keywords: Knowledge; cancer, breast; students

1. Introduction

Cancer is considered the leading cause of death in the world, grouping more than a hundred diseases whose main characteristic is the rapid generation and proliferation of abnormal cells in some part of the body and which may or may not proliferate to adjacent organs; according to the World Health Organization (WHO) [1-3]. In Mexico, CaMA has historically ranked second in mortality due to a malignant tumor in women, always preceded by Cervical-uterine Cancer (CaCu), but since 2006 CaMA has caused the highest number of deaths in women older than 25 years [1-6]. The Ministry of Health through NOM-041-SSA2-2011 indicates that women should be guided on the importance of self-care promoting healthy lifestyles and carrying out various preventive activities [7-14]. The health area personnel are a social reference framework to promote self-care for the comprehensive well-being of the population and are responsible for developing actions that disseminate information on health, for which they must be prepared with adequate knowledge, carry out and disseminate the technique of breast self-examination, which is why we proceeded to determine the level of knowledge of the students in the health area regarding the subject.
2. Material and methods

A study with a descriptive, cross-sectional, non-comparative design was carried out in the student community of the Faculty of Medicine of the FMBUAP, in the months of April to May 2021, applied to students enrolled in the different careers in the area of the health. Inclusion Criteria: 105 women between 18 and 29 years old who agreed to participate in the research voluntarily and anonymously were circumscribed by simple random probability sampling. Exclusion criteria: Students who did not belong to the health area or who were not willing to carry out this study. An online questionnaire on line with 24 questions about breast self-examination based on the Official Mexican Standard for Prevention, Diagnosis, Treatment, Control and Epidemiological Surveillance of the CaMA NOM-041-SSA2-2011 and in the bibliography consulted was used as a measurement instrument. The instrument was divided into three fundamental parts, the first 4 questions refer to socio-demographic variables such as age, the degree in which they are attending, their marital status and the career to which they belong, the next 17 questions focus on knowledge of the technique of self-examination while the last 3 tell us about the opinion and particular practice of breast self-examination. The data collection was carried out in the free periods of classes to later systematize the information according to the following points: 1- Analysis of the socio-demographic variables and their influence on the results. 2.- Evaluation of the questions about the knowledge of the self-examination, giving 1 point of value to each correct questioning, having as parameters three categories to assign, deficient for a score of 0 to 6, regular when 7 to 12 correct answers were obtained and good when 13 to 17 points were obtained. In questions 2, 6, 14 and 15 they will be taken as correct when there are at least two correct answers. 3- Identification only as additional data of the opinion and personal practice of self-exploration, in order to relate the knowledge and the practice of it. Descriptive statistics were used to analyze the data obtained through the questionnaire, processed using Microsoft Excel software.

3. Results

The study considered 105 university students between the ages of 18 and 29, with the average age of 23.5 years, the mode of 20 and the median of 23, of which 99% were single. Regarding the area, 83 students (79%) stated that they studied Medicine, 21 (20%) Physiotherapy and 1 (1%) Stomatology, in terms of the level of knowledge about the breast self-examination technique, it was found that 2 respondents (2%) have a poor level, 78 (74%) have a fair level and 25 (24%) show a good level, which indicates that there are major information gaps on the subject. Regarding the school grade, the regular category is presented in all the referred grades, from first to tenth with a peak in the seventh grade, a deficient level of knowledge appears in the 2nd and 6th semester while the good level of knowledge starts from the 5th grade and has its peak with respect to the number of women surveyed and the grade to which they belonged, in the 6th semester. Regarding the level of knowledge with respect to ages, between 18 and 20 years there is a deficient level, while the regular category is predominantly between 19 and 23 years, finally the age with good knowledge has an irregular parameter ranging from 20 to 29 years old and that becomes more constant after 23, which indicates that at an older age there is a greater interest in promoting self-care and prevention of CaMA. According to the results obtained in terms of personal practice and the express opinion of the respondents about the CaMA, we have those 62 respondents (59%) regularly practice breast self-examination while 43 (41%) do not, of this Last percentage, the predominant reason was lack of time (55%), secondly, ignorance of the technique (25%), thirdly, the reason is that they do not believe it necessary (17%) and 3% it is not done out of fear or shame. Despite this, 103 students (98%) believe that it is important to carry out self-examination and only 2 (2%) refer otherwise, regarding the measures they consider pertinent to avoid the appearance of CaMA, we find the main responses to reduce tobacco consumption with 30%, followed by reducing alcohol intake, with 23%, in third place we have breastfeeding children and reducing fat intake (19%), followed by gestation after 30 years (5%) and finally use contraceptives (4%).

4. Discussion

The results showed that the level of knowledge about the breast self-examination technique is 74% regular, that is, despite the fact that there is a notion of this subject, there is no true certainty of how it should be carried out, the above is relevant for the following reasons: First, the surveys were carried out in a specific group, students from the health area, who by population characteristics according to the environment in which they are developed, should be clear about the timely detection methods for diseases as important as CaMA, second, They only chose women, who are the main affected by this pathology, and in whom a greater interest should be reflected due to the problem, since recent evidence shows that breast cancer is today one of the main causes of death and disability among women in developing countries [13]. Third, the average age of those surveyed was 23.5 years old, which indicates that they are of reproductive age and that from the menarche they should have begun to perform the self-examination, the above deserves our attention since breast cancer affects women from the age of 25, that although it is not common, there is evidence of cases registered at an early age [14-17]. Fourth, it was observed that the level of knowledge improved according to the
school grade, that is, when the training level of each of the careers has already begun, which denotes a deficit of information in the basic area and it is worth mentioning it since it is about students from the health area, whose main objective is to learn and spread the care of the integral well-being of the population. Although there is no evidence from comparative studies that analyze the knowledge of breast self-examination as such, if there is knowledge of the practice of it, in this regard, the survey registered that 59% do carry it out, a figure that although exceeds the average is not enough in a population susceptible to CaMA, this situation is similar to that registered in a study carried out in San Isidro, Ramones Nuevo León, where the prevalence is high (67.5%) but not optimal, in contrast to another investigation carried out in a population of women in Veracruz, Mexico, which obtained a prevalence of 86.8% [11]. The main reasons why there is no continuous self-examination of the breasts were lack of time and an evident lack of knowledge of the technique, situation which agrees with the results of the latest national reproductive health survey [14] Despite this, 98% of the female students surveyed state that it is important to carry out self-examination and that it should be avoided tobacco and alcohol, emphasizing that it is not enough to know that breast cancer is life-threatening if it is not detected early, but rather that efforts should be directed at the underlying problem, education, awareness-raising, a greater coverage of access to information, because if this problem occurs in the health area, with supposedly effective access to the media, the situation worsens in rural and marginalized areas. It is not enough to know that CaMA claims thousands of lives or that self-detection is the main reason for consultation in Mexico due to the lack of health infrastructure, going further means learning and teaching how to take care of our health, betting on efforts aimed at the preventive medicine, awareness and timely detection.

5. Conclusion
With the results obtained, this work shows the urgent and imperative need to reinforce in the academic classroom sessions the importance of the breast self-examination technique and the application of the Official Mexican Standard NOM-041-SSA2-2011. For prevention, diagnosis, treatment, control and epidemiological surveillance of CaMA, both theoretically and practically in the students of the BIAP Faculty of Medicine, taking into account that those who were directed the survey are within the risk group of CaMA by a At the professional level, they are close to giving sessions and training on this type of public health disease to vulnerable groups in first-level medical care clinics.

Compliance with ethical standards

Disclosure of conflict of interest
Authors declare that there is no conflict of interest.

Statement of informed consent
Informed consent was obtained from all individual participants included in the study.

References
[1] Rodríguez CSA, Capurso GM. Epidemiology of breast cáncer. Ginecol Obstet Mex. 2006; 74(11): 585-93.
[2] Muñiz OCG Detección oportuna del cáncer de mama. Med Asoc Med. 2005; 50(1): 45-9.
[3] Porter PL. Global trends in breast cancer incidence and mortality. Salud Pública Mex. 2009; 51(2): 141-6.
[4] Secretaría de Salud México. Programa de acción: Cáncer de Mama. 2007-2012.
[5] Martínez MOG, Uribe ZP, Hernández AM. Políticas públicas para la detección del cáncer de mama en México. Salud Pública Mex. 2009; 51(2): S350-S360.
[6] Fracchia AA, Borgen PI. Bilateral breast cancer. Semin Surg Oncol. 2007; 7(2): 300-5.
[7] Romieu IK, Lajous MA. The role of obesity, physical activity and dietary factors on the risk for breast cancer: Mexican experience. Salud Pública Mex. 2009; 51(2): 172-80.
[8] Alemán EML. Boletín de Información Científica para el cuidado de la paciente con CaMa en Enfermería, Secretaría de Salud, Instituto Nacional de Salud Pública. México, Octubre. 2006.
[9] Carvalho FAF, Silva OM, Rejane FME. Práctica del autoexamen de mamas por usuarias del Sistema Único de Salud de Ceará, Rev Cub Enf. 2006; 22(1): 18-23.
[10] Norma Oficial Mexicana NOM-041-SSA2-2011, Para la prevención, diagnóstico, tratamiento, control y vigilancia epidemiológica del cáncer de mama.

[11] Quinteros ZE, Sonia RR. Prevalencia de la autoexploración de mama en mujeres de edad fértil, Ginecología y Obstetricia, Oncología, Medicina Preventiva y Salud Pública, Rev Méd Asoc. 2008; 4(1): 206-10.

[12] Bernstein OW, Williams PK. Breast Cancer. Med Oncol. 2007; 33(4): 4-11.

[13] Xunaul FM, Ernets LA, Fonkim XO. Unilateral breast cancer. Surg Oncol. 2009; 3(4): 119-28.

[14] López CL, Suárez LL, Torres SL. Detección del cáncer de mama en México: síntesis de los resultados de la Encuesta Nacional de Salud Reproductiva. Salud Publica Mex. 2009; 51(2): 345-9.

[15] Rossen PP. Prognosis in T2N0M0 stage I breast carcinoma: a 20-year follow-up study. J.Clin. Oncol. 2008; 9: 1650-6.

[16] Knaul FM, Nigenda G, Lozano R, Arreola OH, Langer A, Frenk J. Breast Cancer. Salud Publica Mex. 2009; 51(2): 335-44.

[17] Hidalgo MAC. El cáncer mamario, su impacto en México y el porqué no funciona el programa nacional de detección oportuna. Rev Biom Mex. 2006; 17(2): 1-84.