

## Caregivers' Knowledge Concerning The Gastric Cancer Prevention

Conhecimento de Cuidadores Sobre Prevenção do Câncer Gástrico

Conocimiento de Cuidadores Sobre Prevención del Cáncer Gástrico

Andrea dos Santos Mendes<sup>1</sup>; Mary Elizabeth de Santana<sup>2</sup>

### How to quote this article:

Mendes AS, Santana ME. Caregivers' Knowledge Concerning The Gastric Cancer Prevention. Rev Fund Care Online.2019. Oct./Dec.; 11(5):1194-1201. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i5.1194-1201>

### ABSTRACT

**Objective:** The study's purpose has been to scrutinize the knowledge of caregivers of patients bearing gastric cancer, to identify the main risk factors in caregivers and to propose actions of health education among caregivers regarding the gastric cancer. **Methods:** It is a descriptive study with a qualitative approach. Data collection was carried out through a semi-structured interview with caregivers of patients with gastric cancer. Data analysis was performed according to Bardin's perspective. **Results:** The interviewees had insufficient knowledge about the prevention of gastric cancer, then leading to unhealthy habits that compromise their health. **Conclusion:** It is necessary to implement educational engagement at all levels of health care, furthermore, it is the responsibility of professionals to disseminate knowledge about the subject, as well as it is up to users to choose behaviors that produce health rather than habits that lead to illnesses.

**Descriptors:** Knowledge, Prevention, Gastric cancer.

<sup>1</sup> Nursing Graduate by the UEPA, MSc in Collective Health by the Universidade Federal do Pará (UFPA). Universidade do Estado do Pará (UEPA), BRAZIL.

<sup>2</sup> Nursing Graduate, Postdoc in Fundamental Nursing by the Universidade de São Paulo (USP), Full Professor of the Nursing Department at UEPA, Associate Professor of the Nursing Department at UFPA. Universidade do Estado do Pará (UEPA), BRAZIL.

## RESUMO

**Objetivo:** Analisar o conhecimento de cuidadores de pacientes com câncer gástrico, identificar os principais fatores de risco em cuidadores e propor ações de educação em saúde junto aos cuidadores sobre o câncer gástrico. **Método:** Estudo descritivo do tipo qualitativo. A coleta de dados foi realizada por meio da entrevista semiestruturada com cuidadores de pacientes com câncer gástrico. A análise dos dados deu-se por meio da análise de conteúdo de Bardin. **Resultados:** Os entrevistados possuíam conhecimento insuficiente sobre a prevenção do câncer gástrico, levando a aquisição de hábitos não saudáveis, que comprometem a saúde. **Conclusão:** É necessário a implementação de ações educativas em todos os níveis de atenção a saúde e cabe aos profissionais a difusão de conhecimentos sobre o assunto e aos usuários a mudança de comportamentos que gerem saúde e o abandono de hábitos que contribuam para a aquisição de doenças.

**Descritores:** Conhecimento, Prevenção, Câncer gástrico, Cuidadores.

## RESUMEN

**Objetivo:** Analizar el conocimiento de cuidadores de pacientes con cáncer gástrico, identificar los principales factores de riesgo en cuidadores y proponer acciones de educación en salud junto a los cuidadores sobre el cáncer gástrico. **Método:** Estudio descriptivo del tipo cualitativo. La recolección de datos fue realizada por medio de la entrevista semiestructurada con cuidadores de pacientes con cáncer gástrico. El análisis de los datos se dio a través del análisis de contenido de Bardin. **Resultados:** Los entrevistados poseían conocimiento insuficiente sobre la prevención del cáncer gástrico, llevando la adquisición de hábitos no saludables, que comprometen la salud. **Conclusión:** Es necesario la implementación de acciones educativas en todos los niveles de atención a la salud y corresponde a los profesionales la difusión de conocimientos sobre el tema y los usuarios el cambio de comportamientos que generan salud y el abandono de hábitos que contribuyan a la adquisición de enfermedades .

**Descriptores:** Conocimiento, prevención, cáncer gástrico, cuidadores.

## INTRODUCTION

Cancer is a chronic degenerative disease that does not have a single cause and constitutes a serious public health problem, characterized by disordered growth and multiplication of certain cells, impairing the normal functioning of the organism.<sup>1</sup>

This pathology is closely related to certain risk factors, such as poor eating habits, alcohol, and tobacco abuse, exposure to chemical pollution, solar radiation or not, physical inactivity, unprotected sex, among others, which when associated with genetic changes of a certain cell develop the disease itself, but this process can take years, months, or even days to manifest, everything depends on the immune barriers of the organism.<sup>2</sup>

Gastric cancer is frequent and comprises one of the leading causes of cancer death at the national and global levels.<sup>3</sup> Worldwide, gastric cancer assumes prominent proportions, taking fourth place in incidence and the second leading cause of cancer death, despite this, there is a decline of occurrence in its historical series.<sup>4</sup>

Worldwide estimates point to the occurrence of about 1 million new cases of gastric cancer annually, with the

disease being the fourth most common malignancy in males (631,000 new cases) and the fifth in females (320,000 new cases). The overall incidence rate is higher among males than females, in the ratio of 2:1. It is the second cause of death due to neoplasia in the world in both genders.<sup>5</sup>

In the *Pará* State, gastric cancer represents the fourth most common type of neoplasm, without considering non-melanoma skin tumors, with an estimated rate of 10.2% of the cases. It can be considered that the type of diet adopted by the Amazonian population contributes considerably to the acquisition of diseases of the gastrointestinal tract, since there are still dietary habits based on the intake of fruits, game, and fish, complemented by cassava flour, which is predominant in the riverside population.<sup>5</sup>

Considering the North region, little has been studied and published about the sociodemographic characteristics of people affected by stomach cancer, as well as the unfolding of the treatment and survival of these people. This factor directly reflects the distortion or incipience of health policies and preventive care for the disease, generating a situation of collective exposure. Therefore, knowing the disease and its dynamics and peculiarities might be key to the beginning of effective health policy for disease control in the region.

Family caregivers represent a fundamental part of the treatment process of patients with gastric cancer and are responsible for giving time and dedication to caring for their relatives affected by the disease.

Nevertheless, it is known that the presence of two or more cases of gastric malignancies in the same family is not usually such an infrequent finding, so it is understood that it is important to acquire life habits that aim to minimize the risks of acquisition of gastric cancer, since hereditarily, relatives of these patients are more likely to develop the disease in the future.

Knowledge about the disease and its respective risk factors greatly helps in making decisions that aim at prevention through healthier living habits. It is known that having a healthy lifestyle requires the renunciation of practices that seem to be more pleasurable, but which in the long run lead to serious problems.

The etiology of gastric cancer is multivariate, involving mainly environmental and lifestyle factors. Regular consumption of foods preserved in salt, smoked and in brine liquids, together with a diet low in vegetables; alcoholism, smoking and illicit drug use; advanced age; chronic diseases such as chronic gastritis, intestinal metaplasia of the gastric mucosa, adenomatous polyp of the stomach, pernicious anemia, inheritance for gastric cancer and familial adenomatous polyposis, help in the development of the disease.<sup>6</sup>

A diet rich in fruits, vegetables, fresh vegetables, associated with consumption of white meat, such as fish and poultry without skin, and carbohydrates of the integral

type in small quantities help in the prevention of gastric cancer. As well as, the abandonment of alcohol, tobacco and the reduction of the use of caffeine and foods rich in fats, are necessary precautions to prevent gastric cancer. Furthermore, having a quiet life, practicing physical exercises, taking care of physical and mental health, are measures that help reduce stress, which contributes to the appearance of several types of cancer, among them, gastric cancer stands out.

Therefore, it is understood the need to work with family caregivers, since they also suffer from the stigma of the disease, are subject to develop it in the future, which generates a reflection about the role of health professionals as educators of this population and multipliers of information regarding the risk conditions and protective factors.

Given the aforementioned, this study aimed to analyze the knowledge of caregivers of patients with gastric cancer, to identify the main associated factors for the development of gastric cancer in caregivers of institutionalized patients and to propose actions of health education with family caregivers on cancer gastric.

## METHODS

It is a descriptive study with a qualitative approach that was carried out at the public health institution Ophir Loyola Hospital, in the *Belém* city, *Pará* State. The site was specifically the general surgery clinic located on the second floor of the building, which admits patients with gastric cancer.

Thirty companions of the patients diagnosed with gastric cancer hospitalized at the surgical clinic of the Ophir Loyola Hospital participated in the study, being at least 18 years old, from both sexes, being only one companion per patient in order to avoid the exchange of information among the participants of the research. Individuals less than 18 years old, other companions other than the first interviewee, and others who may appear during the study, such as visits, were excluded from the study.

The data collection was performed through the semi-structured interview, since it provided a good level of information. This technique was applied with as much care as possible to only lead and did not induce deponents' reports for the purposes of the study. The script of the semi-structured interview was composed of the following closed questions: identification code, age, gender, marital status, origin, schooling, religion, relationship with the patient and periodic examinations. The open questions were: What did you hear about stomach cancer? Do you know the ways to prevent stomach cancer? What types of food and liquids do you take? Talk about your daily life routine.

The data analysis was performed through content analysis,<sup>7</sup> which consists of three fundamental phases that are: pre-analysis, material exploration and results handling.

This study was submitted and approved by the Research Ethics Committee of the Health Sciences Institute from the *Universidade Federal do Pará* and Ophir Loyola Hospital under the protocol No. 2,150,421. Prior to data collection, an Informed Consent Form (ICF) was issued for each participant in accordance with the Resolution No. 466/12 from the National Health Council. All had to sign confirming the acceptance to participate in the study. To ensure the preservation of the identity of the study participants, the alphanumeric system was used as a way of classifying the interviewees.

## RESULTS AND DISCUSSION

Concerning the sociodemographic characterization, it was found that 84.3% were female; 36.6% between 18 and 30 years old, 46.6% married. Only 16.7% of the family members were male. In regards to the schooling, 30% of family members had completed high school and 26.6% completed elementary school. Observing their origin, it was verified that 53.3% came from the metropolitan region of *Belém* city, while 46.6% occupied the other regions of the State. The predominant family income was 1 to 2 minimum wages, represented by 80% and on the degree of relationship with the patient, 50% of the studied population were children, followed by siblings with 33.3%. And considering the religion of the interviewees, 50% were Catholics, 30% Evangelicals, 3.3% Spiritists and 6.6% stated that they did not follow any religious beliefs. **Table 1** shows the sociodemographic characteristics of the study population.

**Table 1:** Characteristics of the study population. Oncological Surgical Clinic, HOL, *Belém* city, *Pará* State, 2017.

Characteristics	n	%
<b>Gender</b>		
Female	25	83.3
Male	5	16.7
<b>Age group</b>		
18 to 30 y.o.	11	36.6
31 to 40 y.o.	10	33.3
41 to 50 y.o.	6	20.0
> 50 y.o.	3	10.0
<b>Marital status</b>		
Single	14	46.6
Married	06	20.0
Common-law marriage	10	33.3
Widow	0	0
<b>Origin</b>		
Metropolitan region	16	53.3
Another region	14	46.6
<b>Schooling</b>		
Complete elem. school	08	26.6
Incomplete elem. school	02	6.6
Complete high school	09	30.0
Incomplete high school	03	10.0
Complete college	02	6.6
Incomplete college	06	20.0
<b>Income in minimum wage</b>		
None	02	6.6
1 to 2	24	80.0
3 to 4	04	13.3
> 5	0	0
<b>Relationship</b>		
Father/Mother	01	3.3
Brother	10	33.3
Children	15	50.0
Siblings	02	6.6

Religion		
Catholics	15	50.0
Evangelicals	12	30.0
Spiritists	1	3.3
None	2	6.6

Source: data research.

From the speeches of caregivers on the prevention of gastric cancer, it was possible to identify the relationship between them through the repetition of meanings to thus arise to the thematic units.

The caregivers' knowledge concerning the prevention of gastric cancer was grouped into four thematic units, as follows: "The positive perception of caregivers concerning the prevention of gastric cancer", "The lack of knowledge about the prevention of gastric cancer", "Main risk factors for the onset of gastric cancer in caregivers" and "Health promotion actions for the prevention of gastric cancer in caregivers".

### The positive perception of caregivers concerning the prevention of gastric cancer

A 40% share of the participants demonstrated to have knowledge about the disease and its prevention, because when asked about what they heard about stomach cancer, some people demonstrated a satisfactory knowledge on the subject, as can be seen in the following statements:

*I have heard that it is a dangerous disease and if left untreated it can even kill (A13)*

*I think it is a very serious disease that starts with gastritis and if not treated the person dies (A15)*

On the other hand, stomach cancer is commonly associated with characteristic signs and symptoms presented by the patients, which the caregivers interviewed were responsible for. The following statements exemplify:

*It starts with a tumor that causes cancer in the stomach, where the person loses a lot of weight, feels a lot of pain in the stomach, and that feeling of embarrassment, as if you had filled up all the time (A12)*

*The person feels a lot of pain in the stomach, can even vomit blood (A8)*

*It starts with gastritis, heartburn, reflux, burping, stomach-stuffed feeling, and if the person does not treat the ulcer and cancer soon, it was like that with my mother (A6)*

When asked about the ways of preventing stomach cancer, interviewees associated with lifestyle, as can be seen in the following statements:

*I know that cancer is linked with food and genetics (A5)*  
*Do not drink beer, soda, avoid frying and eat plenty of fruit and salad (A15)*

### The lack of knowledge about the prevention of gastric cancer

A worrying finding in this research was the fact that more than half (60%) of the interviewees had insufficient knowledge or even had no knowledge about the disease and its prevention. Some people, when questioned, simply answered "I do not know" or even kept quiet, demonstrating that they did not really have such knowledge.

During the interview, it was possible to notice that the caregivers are dedicated to accompany and help a family member who is hospitalized for treatment against gastric cancer, but at no time according to the reports obtained, they received any information about the cancer itself, their training, evolution, and forms of prevention, by the professionals, did not know how to report what gastric cancer was and how to prevent it.

This finding makes us reflect on the importance that is given to health education in a hospital setting, since all levels of care and professionals working in the different health sectors have an obligation to guide the population on the prevention of diseases, and as far as cancer is concerned because it is a disease with a high genetic load, and can affect several people of the same family, deserve attention on the part of health professionals.

Another important factor found in the research is the relationship between low socioeconomic status and lack of knowledge about gastric cancer. As shown previously, 80% of the population interviewed had a family income between 1 and 2 minimum wages, and the main level of schooling was full secondary education, followed by complete primary education. Therefore, it is believed that the educational level has a strong influence on the acquisition of knowledge, as well as reducing the interest in seeking them, generating individuals devoid of healthy life habits, making them more susceptible to disease acquisition.

Therefore, the lack of access to adequate information hinders the acquisition of new habits of life and, moreover, contributes to the repetition of behaviors that aid in the development of diseases. Therefore, it is believed that there is a greater need for clarification on gastric cancer for the population and, especially, on prevention measures, since the level of disinformation among the respondents is worrying.

### Main risk factors for the onset of gastric cancer in caregivers

This study divides the risk factors found in subunits, the main one being the nutritional risk factor. When asked about the types of foods and liquids most used by them, it was possible to realize that the majority do between four and six meals a day composed by breakfast, morning snack, lunch, afternoon snack, dinner, and supper. This pattern is not repeated for all interviewees.

Moreover, the main foods consumed are as follows: black coffee or coffee with milk, bread with butter, rice, beans,



sausage (ham, sausage, bologna), red meat, *açaí* (fruit) with cassava flour, soda or industrialized juice. It is worth mentioning that the preparation of food is usually done by means of frying, followed by the roasts, grilled and last of the stews and still the consumption of red meat is greater than that of white meat. What can be verified in the following statements:

*I drink coffee with milk and bread with butter. I really like to eat the meat with açaí and have to have the flour. In the afternoon it is coffee again with bread and at dinner, it is the same as lunch. (A1)*

*I do not drink soda because my son has high cholesterol, at home we take that juice of little pack or the same box. (A2)*

*In the morning it is coffee with milk and bread or wafer with butter, the snack I make in the street at the interval of my work (coxinha with juice), the lunch is usually rice, beans, pasta, meat and salad only on weekends, with açaí and flour, sometimes we drink a juice, in the afternoon it is coffee with milk and bread and at night, I make a snack. (A4)*

*Sometimes we eat pasta noodles with sausage, I'm not going to lie, I really like a fried mackerel with açaí. (A20)*  
*There are days that I eat better, but when I do not have much time I make a faster food as canned (canned meat), rice with fried sausage, rice with beans and bologna [...] No, I do not like salad very much, only if it is that of mayonnaise because it is more delicious. (A27)*

The speeches presented are very worrying, since they demonstrate the total lack of health care, and reveal that these people urgently need an intervention in order to be oriented on the types of foods that favor the development of gastric cancer, since they already have a case of the disease in the family. Probably the patient they were accompanying had the same form of food at home.

On the other hand, a small portion of the population interviewed reported a better dietary pattern, these people claimed to consume fruits, vegetables, white meat, natural juice and a greater variety of healthy foods, as can be seen in the following statements:

*It is very difficult to eat breakfast in the morning; I prefer a fruit vitamin or a detox juice. In the snack, I always take a fruit to work. At lunch like a grilled chicken breast with brown rice and salad. In the afternoon snack, I drink juice with tapioca and white cheese. I do not have dinner; I just have a glass of milk before bed. (A5)*

*Usually, I have coffee with milk and like bread and butter. In the snack, I bring a fruit to the stage. At lunch, it is usually rice, beans, cooked meat, and salad. In the afternoon snack coffee with milk and bread and at dinner I like soup. Before bed, I take a porridge. (A29)*

Another subunit is characterized by the environmental risk factor, at this moment will be approached the lifestyle

found by the individuals participating in the research. The interview script covered the routine of daily living and, in short, most participants responded that they work or study all day, and therefore, there is no time to perform physical activities, other women are housewives and demonstrate the lack of interest in performing physical activities. Another important point found was the fact that a portion of the interviewees reported consuming alcohol, even if socially, in other words, on weekends.

### **Health promotion actions for the prevention of gastric cancer in caregivers**

Given the results obtained in this research, it is understood that it is vitally important to implement actions that promote the health of caregivers and prevent the appearance of gastric cancer in these people. It was possible to observe that caregivers mostly do not have healthy life habits, which when allied with genetics become vulnerable to the onset of gastric cancer in the future.

Nonetheless, the lifestyle of an individual is modifiable from the moment he becomes aware of the changes and improvements he can apply in his daily life and it is up to health professionals, among them nurses to disseminate knowledge aimed at the behavior of the population.

The actions of prevention of stomach cancer must be based mainly on the diet of the population, because to prevent gastric cancer, it is fundamental to acquire a balanced diet composed of raw vegetables, citrus fruits, and foods rich in fiber, from childhood.

It is known that nitrites (preservatives found in industrialized foods) are agents with a potential carcinogenic effect, so the use of fresh fruits and vegetables rich in ascorbic acid (vitamin C) and beta-carotene (precursor of vitamin A) act as protectors against cancer because they prevent nitrates from being transformed into nitrosamines.

The consumption of fresh food has a low cost when bought at food fairs, so creating a salad composed of vegetables and vegetables, for example, yields several portions and complements the feeding of a family, this means that even the economically disadvantaged can have access to a more balanced diet. When compared to industrialized foods sold in supermarkets, it is perceived that in addition to having higher prices they are not sufficient to feed the whole family, moreover, people who consume such foods become increasingly susceptible to long term, as is the case of stomach cancer.

In addition to the types of foods to be consumed, it is important that health professionals, including nurses, inform the population about the way food is stored, since in some Brazilian regions, where food is not kept in a refrigerator and its conservation is not good, the number of cases of stomach cancer increases significantly, and the intake of water from wells with high nitrate concentration is related to the higher incidence of gastric tumors.

Also not forgetting that smoking and alcoholism contribute to the development of gastric cancer, since smokers who drink alcohol or who have already undergone operations in the stomach are more likely to develop this type of cancer, as well as people with family members who were diagnosed with stomach cancer, since cancer also has genetic characteristics.

During this research, the researcher provided guidance to caregivers shortly after the interview was completed according to the need of each one, since there is a professional and social commitment with these people. It was possible to perceive that the caregivers demonstrated a significant interest in acquiring knowledge about the disease and the forms of prevention, since many were afraid that some day they would be admitted to a cancer hospital, repeating what had already happened in the family. It is believed that the information passed on to them contributed in a meaningful way to the building and improved awareness about what life habits should be changed and how to accomplish them.

The results of this research revealed a young population that had mostly insufficient knowledge regarding the prevention of gastric cancer.

The study data confirmed that the woman is the primary caregiver when a family member becomes ill. This care action goes beyond the domicile scope, extending to the hospital space. It is understood that the construction of gender identity is socially determined; The wife cares for the house, the spouse and the children.<sup>8</sup>

Additionally, the data show that the majority of the family members were in a socially productive age group, being necessary to move away from the workplace. This aspect is worrisome and often causes stress in the caregiver, since it interferes with work and may lead to conflicts in regards to the maintenance of their job.<sup>8</sup>

Hospitalization causes an imbalance in interpersonal relationships and family organization, as caregivers spend their time taking responsibility for another person, often leaving aside personal life and relationships outside the hospital setting. The long hospital stay, experienced by many patients diagnosed with gastric cancer, demands more time from their companions, generating physical and emotional changes like fatigue, fear, sadness, nervousness, insecurity, fragility and loneliness.

The results presented agree with other studies which state that the majority of the patients were from the metropolitan area of *Belém* city (50.9%) [...] A lower prevalence of the disease was observed in other mesoregions, with no significant difference between them.<sup>9</sup> Moreover, the low level of schooling found sometimes makes it difficult to carry out the training of the companions in the attempt to prepare them to take on new habits and lifestyles with regards to the prevention of gastric cancer, since the low purchasing power impairs access to quality food.

On the low family income found, studies based on data from educational, family income or occupation census data

have consistently shown the association between stomach cancer and low socioeconomic status, where the rate in low-level individuals may be two to three times higher than in the higher classes.<sup>10</sup> In the low socioeconomic groups, the incidence of gastric cancer and the mortality rate are three times higher than in the high socioeconomic level due to eating habits, environmental and social factors, and clinics.<sup>4</sup>

Regarding the caregivers' knowledge, it is noticed that there is a great stigma applied to cancer, as a disease usually associated with death. Families are faced with stigmas and myths of the disease that permeates the social imaginary, causing negative impacts on the process of cancer acceptance.<sup>11</sup>

It is possible to notice that the minority of the interviewees (40%) presented a satisfactory knowledge about the prevention of gastric cancer, taking into account that they do not have scientific knowledge about the disease, nor did they receive guidance from the health professionals.

Feeding was one of the main factors identified as being the main cause of the occurrence of stomach cancer, which can be confirmed in other studies when they state that dietary factors associated with gastric carcinogenesis are associated with diets with high concentrations of sodium chloride, nitrite, and nitrate present in smoked foods and fried foods.<sup>12</sup>

Still on the diet, among the risk factors for this neoplasia, is a diet rich in animal fats and with low intake of fruits, vegetables and cereals, as well as alcoholism, smoking and inactivity.<sup>13</sup>

Concerning the lack of knowledge of the 60% of the interviewees about the prevention of gastric cancer, it is considered that the act of caring involves a practical dimension that requires the dialectic of understanding, interpretation, and application, furthermore, involves bonding and accountability,<sup>14</sup> therefore, the health team should recognize and deal with the patient's and family's needs. The nurse plays a very important role as a health educator, taking into account that he experiences this experience throughout his academic education.<sup>15</sup>

It is understood that information is an important instrument for the prevention of diseases, such as gastric cancer, since it can generate changes in people's behavior vis-à-vis the need and importance of health care. Therefore, the information available allows people to make decisions, such as the search for health services, periodic examinations, mind and body care and the acquisition of a healthier lifestyle. It is up to health professionals in their care practice to take advantage of all the opportunities to clarify doubts and guidance about the disease, and thus contribute in a decisive way to people's knowledge about preventive measures of stomach cancer.

Regarding the main risk factors in caregivers of patients bearing gastric cancer, it was possible to perceive that the main one is food, since the population studied showed little care with the type of food consumed.

There is a carcinogenic potential of carbohydrate foods with the gastric mucosa which has suffered damage to the tissue of the organ, due to this fact the stomach becomes more

susceptible to the action of chemical carcinogens initiating the stage of chronic gastritis. When the gastritis is not treated, there is the formation of nitrosamines, presenting a potent carcinogenic activity, and it can evolve to the initiation of a carcinoma.<sup>16</sup>

The main nutritional risk factors include the ingestion of high concentrations of nitrates/nitrites and the consumption of foods that favor the formation of nitrosamines and the excessive intake of salt, starch, and poorly preserved foods.<sup>12</sup> On the other hand, the socioeconomic level by itself should not increase the risk of stomach cancer, however, it should be associated with several risk factors, such as salt consumption and *H. pylori* infection.<sup>10</sup> *H. pylori* infection is considered the main risk factor for gastric adenocarcinoma.<sup>17</sup>

Consuming fruits daily has seen a 75% reduction in the risk of gastric cancer, and fruit has a favorable effect against gastric cancer.<sup>18</sup> Still, fruits and vegetables have antioxidant properties photochemical vitamins such as vitamins C and E, carotenoids and flavonoids, thus acting as the main protective factors.<sup>5</sup>

Observing the interviewees' lifestyle, it was observed that there is no concern with the acquisition of healthy lifestyle, such as the practice of physical activities regularly and the abandonment of alcohol and tobacco, which makes these people more susceptible to the development of the disease. Alcohol consumption increases the risk of stomach cancer.<sup>19</sup> Also, alcohol breaks the gastric mucosa barrier causing caustic damage, causing blood vessel rupture, favoring bleeding and necrosis of the mucosa. It predisposes the formation of gastritis and can trigger the onset of a cancerous process. Lesions in the gastric mucosa can decrease the production of the extrinsic factor, causing to the individual the deficiency of absorption of vitamin B12.<sup>20</sup>

Therefore, knowing the risk factors for gastric cancer is paramount for the elaboration of preventive and effective measures in the fight against gastrointestinal carcinogenesis. The population needs to be informed about healthy lifestyles that reduce the risk of developing the disease, only in this way will it be possible to reduce the number of cases of *paraenses* (people born in the *Pará* State) affected by the disease.

## CONCLUSIONS

Identifying the needs of caregivers assists in directing actions to prevent stomach cancer and even knowing what knowledge they have about gastric cancer cooperates to implement specific guidelines generating new ways of thinking and acting on health.

The fact that most of the interviewees have insufficient knowledge about the forms of cancer prevention implies their care for health. Therefore, it is extremely necessary to create opportunities for caregivers to understand that gastric cancer is a genetic disease and that when it is associated with poor life habits, it becomes more and more probable that it develops.

This research could infer that in addition to the interviewees' awareness about the disease and its prevention, it is up to health professionals to assume the role of educators at all levels of health care, through the dissemination of information that establishes healthier behaviors.

The results of the study show that the actions of health promotion and prevention against stomach cancer do not have the expected effectiveness or are not being performed by health professionals, producing future repercussions, such as the constant growth of the number of cases in the North region of Brazil.

There is a consensus that there is a need for investment in the training of health professionals, strengthening the commitment and preparing them to work in health education, without neglecting the assistance character. On the other hand, there is a need for users to engage in education and health events in order to develop self-care and to choose behaviors that produce health rather than habits that lead to illnesses.

Conclusively, it is resolved that only with the alignment between health professionals and users will it be possible to change the panorama of the northern region in a positive way, thus changing the health indicators that are still so worrying today.

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Received on: 02/07/2018  
Required Reviews: 07/02/2018  
Approved on: 08/20/2018  
Published on: 10/05/2019

**\*Corresponding Author:**

Andrea dos Santos Mendes  
Rua Travessa Bom Jardim, 690  
Jurunas, Belém, Pará, Brasil  
E-mail address: andrea\_mendes3@hotmail.com  
Zip Code: 66.025-180

The authors claim to have no conflict of interest.