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MEMBERSHIP OF WOMEN TO TAKE PREVENTIVE CARE FROM CERVICAL CANCER: A COMMUNITY TRIAL

ADESÃO DAS MULHERES AO EXAME PREVENTIVO DE CÂNCER DE COLO DE ÚTERO: UM ENSAIO COMUNITÁRIO

AFILIACIÓN DE LAS MUJERES A TOMAR PREVENTIVA DE CÁNCER DE CUELLO UTERINO: UN ENSAYO COMUNITARIO

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ABSTRACT

Objectives: conducting health education interventions after investigating the membership of women to the Pap test. ***Method:*** a community trial involving intervention at the level of communities, with 60 women enrolled in the Family Health Strategy of the Neighborhood Vila Campos of the city of Montes Claros/MG, Brazil, who perform examination regularly and women who do not do. ***Results:*** the study showed that the variables that are associated with the implementation of preventive uterine cancer examination are schooling (p value = 0,028), marital status (p value = 0,014) was held preventive ever (p value = 0,004), cancer cases in the family (p value = 0,010) and marked the examination after the intervention (p value = 0,000). ***Conclusion:*** despite the existence of policies for the female population, yet it is perceived resistance in clinical examination prevention. Therefore, it is necessary that there are campaigns for women to raise awareness and sensitization. ***Descriptors:*** Colonic Neoplasms Uterus; Pap test; Public Health; Women's Health.

RESUMO

Objetivos: realizar intervenções de educação em saúde após investigar a adesão das mulheres ao exame de Papanicolau. ***Método:*** ensaio comunitário que envolve a intervenção em nível de comunidades, com 60 mulheres cadastradas na Estratégia de Saúde da Família do Bairro Vila Campos da cidade de Montes Claros/MG, Brasil que realizam exame regularmente e mulheres que não o realizam. ***Resultados:*** estudo demonstrou que as variáveis que estão associadas à realização do exame preventivo de câncer uterino são escolaridade (p valor = 0,028), estado civil (p valor = 0,014), se realizou o preventivo alguma vez (p valor = 0,004), casos de câncer na família (p valor = 0,010) e se marcou o exame após a intervenção (p valor = 0,000). ***Conclusão:*** apesar da existência de políticas voltadas para a população feminina, ainda percebe-se resistência na realização dos exames de prevenção. Sendo assim, é necessário que existam campanhas para as mulheres para conscientização e sensibilização. ***Descritores*:** Neoplasias do Colo do Útero; Teste de Papanicolaou; Saúde Pública; Saúde da Mulher.

RESUMEN

Objetivos: realizar intervenciones de educación en salud después de investigar la adhesión de las mujeres a la prueba de Papanicolaou. ***Método:*** un ensayo comunitario que implica la intervención a nivel de las comunidades, con 60 mujeres inscritas en la Estrategia de Salud de la Familia del Barrio Vila Campos de la ciudad de Montes Claros/MG, Brasil, que realizan exámenes regularmente y mujeres que no lo realizan. ***Resultados:*** el estudio mostró que las variables que se asocian con la aplicación del examen de cáncer de útero preventivo son la educación (p-valor = 0,028), el estado civil (p-valor = 0,014), se celebró preventiva alguna vez (valor de p = 0,004), los casos cáncer en la familia (p-valor = 0,010) y se marcado el examen después de la intervención (p-valor = 0,000). ***Conclusión:*** a pesar de la existencia de políticas para la población femenina, sin embargo, se percibe la resistencia en la prevención de los exámenes clínicos. Por lo tanto, es necesario que haya campañas para las mujeres para aumentar la conciencia y la sensibilización. ***Descriptores:*** Neoplasias del Colon de Útero; Prueba de Papanicolaou; Salud Pública; Salud de la Mujer.

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INTRODUCTION

The cervical cancer (CC) today represents a serious public health problem, as are estimated for the years 2012 and 2013 approximately 18,000 new cases and the cervical cancer is one of the most frequent in the female population, surpassed only for skin cancer (non-melanoma) and breast cancer.[1]

With the advancement of studies of risk factors linked to cervical cancer, can develop strategies for primary and secondary prevention, in order to protect the susceptible population to the development of cervical cancer that corresponds to women with low socioeconomic status, early onset of sexual activity, the multiplicity of sexual partners, smoking, and as mentioned above, the HPV infection.[2-3]

Importantly, although the health education practices need to be strengthened from the participation of the whole team, the FHS's (Health Strategies Family) as the service gateway, have the potential to qualify the practice of Prevention of CC and promote greater comprehensiveness of health actions, using tools to attract the population as health education.[4]

So, it is essential that health care guidance on what it is, and how important the screening test because its periodic realization by women aged between 25 and 64 years old (new age determined by the National Cancer Institute and the Ministry Health for the examination) reduces mortality from cervical cancer in the population at risk, preferably using health education activities and establishment of a link between client and professional, signed on trust, respect and vision of the patient as a holistic being.[1,3]

The interest in research on this subject came up during the course of PISEC (Integration Program of Services, Education and Community) of United Colleges of Northern Minas (FUNORTE), where students can live with the reality that women have the Pap smear at their disposal in public, but do not adhere to the scheme proposed by the Ministry of Health of periodical testing, therefore the aim of this study is:

- Conducting health education interventions after investigating the accession of women to the Pap test.

METHOD

Community trial involving intervention at the level of communities, rather than isolated individuals, being used to evaluate the efficacy and effectiveness of interventions that seek primary prevention through modification of risk factors in a population. Quantitative and qualitative nature investigations were made, but in this article are presented data about the qualitative part of the study. It is still an analytical study due to the comparison between the surveyed and longitudinal women due to the fact that there were three approaches in groups. The confidence interval used was 95%, with a significance level of 5% (p value 0,05).

In the research we studied the random sample of 60 women who are duly registered in the FHS of the Neighborhood of Vila de Campos of the city of Montes Claros/MG, Brazil. In order not to expose women who do not perform the test regularly, the sample is mixed, composed of 40 women who did not carry out preventive examinations regularly and 20 women who perform the examination, aged 25 and 64, and such recommendation was based on a study conducted by the International Agency for Research on Cancer (IARC), published in 1986, and involving eight countries. This study, which formed the basis for a whole generation of today prevailing standards in the world, and this new age, is also determined by the National Cancer Institute. The study population belongs, for the most part, to the middle and lower socioeconomic status, are married, have children and younger than 50 years old.[1,5]

There was used as inclusion criteria women who were examined only once and did not return, other than held for more than three consecutive years, women who never underwent the examination and performing the examination regularly. Exclusion criteria were women who underwent partial and total hysterectomy and those who have not begun sexual activity.

Three approaches were made in the group, and they have been in the form of health education meetings lasting an average of two hours each, and all addressed the issue of the uterus and breast cervical cancer, with an interval of about seven days between each intervention as many women in the study did not attend the meetings of Health Education there was conducted an active search for them and the information was passed on to them in their homes.

For data collection there was used a questionnaire with questions for sociodemographic data and to characterize the profile of the women involved in the study. The questionnaire research was created based on the examination request form Pap smear of the cervix and the FHS nursing consultation form. At the beginning of the first meeting it was passed a questionnaire

prepared by the researchers with objective questions on the topics that were discussed in the meetings to assess the level of prior knowledge of them, and consequently also check the impact of the intervention, and at the end of the third meeting was past the same questionnaire, to re-assess the level of knowledge of them after the information has been submitted.

To verify the parametric normality we used the Student's t test (for comparison between the studied subjects) and for nonparametric normal check the Mann-Whitney test. Data were digitized in Excel spreadsheet for Windows and transported to the SPSS 18.0 software for analysis when the tests and the results presented in tables for discussion were held.

The outcome variable was analyzed if the woman marked the exam after implementation of the measures. The categorization of variables and exposure were age, education, occupation, monthly income, marital status, realization of the Pap smear cancer of the cervix sometime in life, contraceptive use, number of children and sexual partners, dyspareunia, abortions, bleeding after intercourse, mammography, cancer cases in the family and skin color.

Because it is a research involving human subjects there were fulfilled the requirements of the Resolution no. 466/2012 of the National Health Council, submitting the project that originated this study for consideration by the Research Ethics Committee of the SOEBRAS with the opinion of approval number 01627/11. All respondents were informed about the voluntary participation in the research, and to be assured the confidentiality of the information through the Informed Consent signed by the participants.

RESULTS

The 60 women were invited to three meetings of Health Education, but attended only 12, nine and 13 women, respectively. However, 60 women were evaluated for active surveillance strategy and approach to adherence to preventive examinations for cervical cancer of the uterus and breast. Thus, factors related to the demographic profile and the variables are arranged in Tables 1 and 2, respectively.

Table 1. Socio-demographic profile of women subjected to the survey according to age, marital status, education and monthly income. Montes Claros, MG, Brazil, 2013.

Variables	Women who do not perform the examination		Women who perform the examination	
Age	Up to 50 years old		> 50 years old	
	47	78,3%	13	21,7%
Marital Status	Single, widow, divorced		Married	
	22	36,7%	38	63,3%
Schooling	Up to 8 years of study		> 8 years of study	
	30	50%	30	50%
Monthly Income	Up to 1,5 minimum wages		> or = 2 minimum wages	
	15	68,8%	33	31,3%

*significant values p <0.05

Some variables surveyed have no significant value, such as the contraceptive method used, the of number children, number of partners, dyspareunia, miscarriages, bleeding and the completion of the mammography examination. Among the factors that were described as reasons for women not to perform the CC prevention examination are the fear of examination (35%), taking the exam of shame (35%) and the vast majority said that does not perform the test due to work during the day (40%).

Table 2. Variables associated with preventive examination of uterine cervical cancer in women. Montes Claros, MG, Brazil, 2013.

Variables of the Study	P value
Schooling	0,028*
Marital Status	0,014*
Performed the preventive sometime	0,004*
Cases of câncer in the family	0,010*
Appointed the examination	0,000*

*significant values p <0.05

Table 3. Evaluation of the knowledge of women about the examination of prevention of cervical cancer before and after health education interventions. Montes Claros, MG, Brazil, 2013.

Variables	Before the interventions		After the interventions		P value
	Prevalence		Prevalence		
	n	%	n	%	
When to take the examination of prevention					0,261
Each 3 years	1	10	9	75	
Each 5 years	1	10	3	25	
Every year	8	80	0	0	
Age when should start prevention					0,136
Between 25 and 64, when begun sexual intercourse	1	10	10	83,3	
From 20 years old	1	10	0	0	
No minimum age	6	60	1	8,3	
Between 20 and 60 years old	2	20	1	8,3	
Knowledge about HPV					0,002*
Yes	1	10	11	91,7	
No	9	90	1	8,3	
When should perform mammography					0,136
From 40 years old	3	30	8	66,1	
From 34 years old	6	60	2	16,7	
From 55 years old	1	10	2	16,7	
Symptoms of breastcancer					0,653
Change of skin, nodule, secretion and pain	2	20	9	75	
Pain and nodule	3	30	2	16,7	
Nodule, headache and fewer	4	40	1	8,3	
Does not have	1	10	0	0	

*significant values p <0.05

DISCUSSION

This study showed that the variables that are associated with the implementation of preventive screening for breast cancer are education (p value = 0,028), marital status (p value = 0,014), was held preventive ever (p value = 0,004), cases of cancer in the family (p value = 0,010) and marked the examination after the intervention (p value = 0,000).

The prevalence of tests in delay was significantly higher for women with up to eight years of schooling (50%) and married (63,3%) as well as in other previous studies. It is also worth mentioning that for women, cervical cancer presents itself as a major public health problem due to the high incidence and mortality rates, especially in areas of lower socio-economic development and the consequent low level of education.[6-7]

Regarding the lack of knowledge about the exam, the importance of information on the preventive test process has been demonstrated from the fact that most of the women who did not undergo the Pap smear did not unaware of the necessity of it and the aspects linked to the disease. Studies in the Northeast and South of Brazil, evaluating respectively the perception of women about the examination and the causes of its realization, found similar results and concluded that the lack of knowledge about the exam, often linked to low education, is a determining factor the omission of women in performing the screening test being that they had lower prevalence of non-medical appointments. Research shows that patients with higher education can have intellectual resources that can generate better emotional adaptation to the consequences of disease and its treatment and therefore seek more health services.[2,7-9]

Regarding marital status could be observed that the occurrence of a higher number of sexual partners is more common among single women, which exposes them to carcinogenic sex more often. Although women without partners were minority in the present study, the prevalence of non-performing Papanicolaou was higher among them, which is consistent with the results of other studies, such as population-based survey conducted in the urban area of Maringa, Parana, Brazil, and found factors associated with non-performing preventive examination of cervical cancer.[10]

Another variable that proved to be relevant was whether the woman performed the Pap smear in her lifetime (p value = 0,004). It was observed that a significant proportion of women (13 women, a total of 60 surveyed are single) had never performed this type of examination in life, demonstrating that, as cross-population-based study, lived in the city of Florianopolis, capital State of Santa Catarina, which despite gynecological care coverage rates to be increasing, it is still high number of women who do not perform the test annually or never performed. The female population needs to be informed and encouraged about the importance of completion of the annual gynecological exam

as cheap and effective method of preventing cervical cancer.[10]

The conducted study also shows that women who have cases of cancer in the family (p = 0,010) present an important variable that is associated with the completion of the screening test of cervical cancer, as was seen in another study that analyzes the impediments of access to preventive practices of cervical cancer in women living in the Family Health Strategy coverage area of FHS of the municipality of Nova Iguaçu, Brazil.[11]

The quantitative-descriptive study, conducted in Teresina, Piaui, in accordance with this study and many others, has shown that many of the women surveyed who did not perform the screening test or even those that never made, answered that the main reason for this behavior was the lack of access to health services.[12]

Another study about the factors influencing the non-realization of the Pap smear found reasons that were associated with the role of women in caring for the house and the children related to the day-to-day, full of chores that socially are seen as necessary, considering the roles of women that add up to the house and the mother role and activities outside the home worker's condition and the fact that health services do not suit the lifestyle of these women of today.[9]

It is also worth adding an international multicenter study coordinated by the World Health Organization (WHO) and conducted in eight countries (Brazil, Sao Paulo - 2003), which showed that 11,1% of respondents had difficulties to mark the exam/had not vague and 6% reported lack of time to accomplish it.[13-14]

Another reason reported for not having a cervical smear test was fear. Studies have shown that many women did not perform the examination for fear of encountering a positive result for cervical cancer. The completion of the screening test becomes so provocative of emotional tensions that need to be further elaborated, another study in Mexico which found among women the concept of cancer mystified form, seen as a fatal disease, which devalues prevention by through a conformist posture of having a disease against which nothing can be done.[14]

Many women also do not perform the examination for fear of the procedure itself and perceive it as an aggressive process, physical and that affected emotionally, but with the opportunity to discuss about the examination, those feelings could be minimized, demonstrating once again the importance of the information to be transmitted to patients through Health Education.[15]

This study also revealed that many women do not realize the examination of shame procedure that exposes the body to unknown health professionals, which is in line with what has been said in other studies as the descriptive study in a reference center in the Northern Region of Minas Gerais/ MG, through interviews and review of medical records of patients with uterine cervical cancer treated at a referral hospital, which also stressed the importance of completing the first examination of prevention, which was an important step towards ensuring women's health. But even aware of the need to do so, shame still away from the health service women. In this case, there needs to be a greater sensitivity and understanding by professionals during the examination. The feeling of shame exacerbated hinders the examination because the woman cannot relax, making consequently the most painful and traumatic examination.[8]

Regarding the data obtained in the questionnaire that was passed in the first and last meeting to assess prior knowledge ace educations in health and impact of these interventions, it was observed that the vast majority of women even though they have the wrong answers of the questionnaire the first time which was passed after the intervention changed their level of knowledge and chose the correct answer the second time, while once again in agreement with other studies showing that preventive interventions can lead to reflections on the culture and practices of individuals.[2]

In this study, after three interventions with women participating in the study, only 17 (42,5%) marked the exam, which is a factor of the variables associated with the implementation of the preventive examination of uterine cancer. One can see that even with assistance women had poor membership to examination, even after all the acquired knowledge about the importance of screening; there are still women's a piece of resistance. But it is noteworthy that there were 42.5% of participants changed their attitude to the exam, which is very important and relevant and concludes in favor of the study.

CONCLUSION

Despite the existence of public policies exclusively for the female population of Brazil, even perceives some resistance in clinical exams prevention of cervical cancer, making a great challenge for the teams of the Family Health Strategy, which should seek to

know the particularities of its population and identify the reasons for non-adherence to preventive screening, still demonstrating the great need for further studies to be conducted on the subject.

It is discussing about these reasons, there have to be focused campaigns for women's micro areas with the active search through regular visits by community workers, meeting in the community by the teams family health and educational activities, such as those carried out during this study, and showed that most women resistant to having a cervical smear test, after being informed about its importance, changed their minds and decided to start taking the examination.

Improving the quality of service, such as reducing the waiting time for service, different schedules for working and respect for privacy are other strategies that should be used in order to capture this population for the prevention of cervical cancer.

When discussing cancer, the majority of these cases are bad, that is, those in which the cure was not possible and death was the outcome, after much pain and suffering. Health professionals should always remind people and give examples of cases that actually went wrong, where the patients achieved healing and continue to follow their lives normally, thus seeking to minimize the fear and resistance conducting targeted procedures for diagnosis and prevention of various cancers, not only the cervix.

It is significant also that the transmission of information is the main procedure of influence on changing people's behavior as long as it respects the values and beliefs of the population, and do not perform the action only information based on their knowledge, but to create a mutual learning space with its customers and is therefore of vital importance to increase membership ace good health practices, including the screening. New studies on efficient ways to capture women for health education meetings and to scroll to the FHS's to perform the tests should be performed.

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