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ORIGINAL ARTICLE

KNOWLEDGE AND PRACTICE OF THE CYTOPATHOLOGICAL EXAMINATION OF COLTER UTERINE AMONG ACADEMICS OF DIFFERENT AREAS

CONHECIMENTO E PRÁTICA DO EXAME CITOPATOLÓGICO DE COLO UTERINO ENTRE ACADÊMICAS DE DIFERENTES ÁREAS

CONOCIMIENTO Y PRÁCTICA DEL EXAMEN CITOPATOLÓGICO DE COLO UTERINO ENTRE ACADÉMICAS DE DIFERENTES ÁREAS

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ABSTRACT

Objective: to verify the knowledge and the coverage of cytopathological examination of uterine cervix between academics of the health and human areas and the reasons of the non achievement. **Method:** descriptive study, with quantitative approach, with academics from a Higher Education Institution. The data were collected through a semi-structured questionnaire. A descriptive analysis of the data was performed. **Results:** 317 students participated; 75.1% were between 18 and 24 years old. The coverage of the exam was 80.6% in the health area; 75.8% in the humanities area. The main reason for not performing was lack of time and did not consult the gynecologist. **Conclusion:** about a quarter of the students did not take the exam. Therefore, it is suggested that strategies of preventive education be addressed in all areas of knowledge aimed at the prevention and early detection of cervical cancer. **Descriptors:** Papanicolaou Test; Students; Cervical Cancer; Primary Prevention; Papillomaviridae.

RESUMO

Objetivo: verificar o conhecimento e a cobertura de exame citopatológico de colo uterino entre acadêmicas das áreas da saúde e de humanas e os motivos da não realização. **Método:** estudo descritivo, com abordagem quantitativa, com acadêmicas de uma Instituição de Ensino Superior. Coletaram-se os dados por meio de questionário semiestruturado. Realizou-se análise descritiva dos dados. **Resultados:** participaram 317 acadêmicas; 75,1% tinham entre 18 e 24 anos. A cobertura do exame foi de 80,6% na área da saúde e de 75,8% na área de humanas. O principal motivo da não realização foi a falta de tempo e não consultar o ginecologista. **Conclusão:** cerca de um quarto das acadêmicas não realizou o exame. Logo, sugere-se que estratégias de educação preventiva sejam abordadas em todas as áreas do conhecimento visando à prevenção e detecção precoce do câncer de colo uterino. **Descritores:** Exame Papanicolaou; Estudantes; Câncer de Colo; Prevenção Primária; Papiloma Vírus Humano.

RESUMEN

Objetivo: verificar el conocimiento y la cobertura de examen citopatológico de cuello uterino entre académicas de las áreas de la salud y humanas y los motivos de la no realización. **Método:** estudio descriptivo con abordaje cuantitativo, con académicas de una Institución de Enseñanza Superior. Se recogieron los datos por medio de un cuestionario semiestructurado. Se realizó un análisis descriptivo de los datos. **Resultados:** participaron 317 académicas; el 75.1% tenía entre 18 y 24 años. La cobertura del examen fue del 80.6% en el área de la salud y el 75.8% en el área de las humanas. El principal motivo de la no realización fue la falta de tiempo y no consultar al ginecólogo. **Conclusión:** cerca de un cuarto de las académicas no realizó el examen. Se sugiere que las estrategias de educación preventiva sean abordadas en todas las áreas del conocimiento para la prevención y detección precoz del cáncer de cuello uterino. **Descriptor:** Examen Papanicolaou; Estudiantes; Cáncer de Cuello; Prevención Primaria; Papiloma Virus Humano.

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INTRODUCTION

Cervical cancer is the third most common type of cancer in women, being behind only breast and colorectal cancer.¹⁻² As forms of primary prevention are behavioral actions such as, Human Papillomavirus (HPV) vaccination, Condom use, a reduction in the number of sexual partners, and a delay in the onset of sexual life.³⁻⁴ As a secondary prevention, cytopathological examination (CP) is the most used.³⁻⁴ This form of early detection is justified, since the cervical cancer has slow progression and if the pre-invasive lesion is discovered early, the chance of cure is almost total.⁵

It is observed that the reasons that interfere negatively in the accomplishment of the cytopathological examination are the lack of time, fear of the results and the shame. In addition to feelings that cause discomfort during CP,⁶ however, failure to perform the examination, if the disease is present, makes the diagnosis late, resulting in a lower chance of cure.⁷

The incidence rate of cervical cancer in Brazil has declined, estimated, for the years 2014 to 2016, around 15 to 16 thousand new cases annually.^{1,4} However, the Brazilian guidelines for the tracking of this cancer indicate difficulties in prevention due to the lack of a universal registry of women, which makes it difficult to control the coverage of the exam.⁸

In Brazil, the Brazilian Guidelines for Cervical Cancer do not prioritize cytopathological examination in women up to 20 years,⁸ however, a study found a frequency of about 7% of adolescents with precursor lesions of cancer in the age group From 15 to 19 years of age.⁹ In another study, results referring to cervical-vaginal smears with atypia showed an increase in these changes in the female population, especially, in adolescents.¹⁰

It was also observed in another study,¹¹ that the prevalence of cervical changes in the age group of ten to 19 years of age, from 1999 to 2005, increased from 6.4% to 12.4%, whereas in adult women there were the increase from 4% to 6.1%, meaning that adolescents doubled their prevalence over the years unlike adult women. In this regard, the American Cancer Society (ACS)¹² recommends that cervical cancer screening be initiated three years after the onset of vaginal sexual activity and up to 21 years of age.

It is known that HPV is a virus with different subtypes and its most severe form accounts for 70% of cervical cancers. Infection

with this virus is the most common Sexually Transmitted Disease (STD) in the world and is generally asymptomatic.¹³ Based on this, primary prevention of cervical cancer is directly related to the decreased risk of HPV infection.¹⁴

It is believed that women with higher educational level, especially health academics, would have more knowledge and would carry out the cytopathological examination, more frequently, when compared to academics in the area of human sciences.

During training, the health professional incorporates knowledge, skills and attitudes that will be essential to his work practice and, therefore, it is expected that academics, with this knowledge, also implement it in their daily life.^{6,15} In this way, it is important to evaluate how self-care is incorporated into the academic scenario, since this population is privileged in terms of schooling and is inserted in constant means of information.

OBJECTIVE

- To verify the knowledge and coverage of cervical cytopathological examination among health and humanities scholars and the reasons for not performing the exam.

METHOD

Descriptive study, with a quantitative approach, carried out with academics from the health and human sciences areas of a Higher Education Institution. The study was developed in the city of Passo Fundo, located in the north of the State of Rio Grande do Sul, in the second half of 2015.

Data collection was carried out with academics from the Institute of Biological Sciences (ICB), which covers the Nursing, Nutrition, Biological Sciences and Pharmacy courses, and the humanities scholars of the Institute of Philosophy and Human Sciences (IFCH) with the courses Philosophy, History, Letters, Portuguese, Spanish, English, Psychology and Executive Secretariat.

All the students enrolled in the last three semesters of the courses, were adopted, as inclusion criteria. For the sample calculation, were considered, coverage of the cytopathological examination found in a study conducted in Rio Branco, with women aged 18-69 years,¹⁶ of 75.3%, and a 95% confidence level, a margin of error of 0.05 and test power of 80%, totaling 286 academics. Considering the possible losses, an additional number of 10% was added, totalizing 314 academic participants of the study.

For the selection of the participants, the proportion of students enrolled per course was observed in the last three semesters, reaching the minimum sample size.

The data were collected through a semistructured questionnaire, during class time, with the authorization of the teacher responsible for the discipline. After being duly informed about the risks and benefits of the study, the questionnaire was filled out by the academics, in the institution, in the classroom and individually.

The variables studied were age; skin color; marital status; income; smoking; family history of cervical cancer; onset of sexual activity; fixed partner; use of contraceptive methods; condom use; knowledge about cervical cancer; knowledge of the method of early detection of cervical cancer; completion of the CP; professional who performed the examination; treatment of cervical lesions; HPV vaccine; medical consultations in the last three years; reason for medical consultations; reason for not doing the CP.

A descriptive analysis of the data was carried out, with absolute and relative frequency distribution. All the participants signed the Informed Consent Term. The project was approved by the Research Ethics Committee of the University of Passo Fundo, CAAE number 48167115.0.0000.5342.

RESULTS

317 academics participated: 160 were from the health area and 157, from the area of human sciences. Of these, 75.1% were between 18 and 24 years old; 86.8% were white and 79.2%, were single or divorced. They lived with relatives 73.2% and 47.6% reported having a family income greater than three minimum wages. Regarding smoking, 97.5% never smoked. The characteristics of the sample, in relation to the sociodemographic variables by area studied, are described in table 1.

Table 1. Socio-demographic characteristics of health and humanities scholars. Passo Fundo (RS), Brazil, 2015.

Variables	Course	
	Health sciences	Humanities
Characteristics	n (%)	n (%)
Age group		
18 to 24	123 (76.9)	115 (73.2)
25 to 29	26 (16.3)	28 (17.8)
30 or more	11 (6.9)	14 (8.9)
Skin color		
White	139 (86.9)	136 (87.2)
Black	3 (1.9)	1 (0.6)
Brown	18 (11.3)	19 (12.2)
Conjugal situation		
Married/ with partner	20 (12.5)	46 (29.3)
Single/divorced	140 (87.5)	111 (70.7)
Family income		
Up to one MW	11 (6.9)	11 (7.0)
one to three MW	69 (43.1)	75 (47.8)
More than three MW	80 (50.0)	71 (45.2)
Smoker		
Yes	5 (3.1)	3 (1.9)
No	155 (96.9)	154 (98.1)

MW= Minimum Wage

Table 2, shows that the majority of scholars, from both areas, started their sexual life before the age of 18 and have a fixed partner. They reported having knowledge about cervical cancer, 90.6% of health academics and 82.2%, of human sciences.

Among the 317 academics, 78.2% underwent the cytopathological examination and, among these, 61.8% performed once a year; 87.6% performed the exam with the medical professional and 12.4%, with the nurse (Table 2).

Table 2. Characteristics of health and humanities scholars. Passo Fundo (RS), Brazil, 2015.

Variables	Course	
	Health sciences	Humanities
Characteristics	n (%)	n (%)
Beggining of sexual activity		
Under 18 years old	119 (76.8)	102 (67.5)
Over 18 years ols	36 (23.2)	49 (32.5)
Fixed partner		
Yes	109 (68.1)	109 (68.4)
No	51 (31.9)	48 (30.6)
Knowledge of cervical cancer		
Yes	145 (90.6)	129 (82.2)
No	15 (9.4)	28 (17.8)
Knowledge CP		
Yes	125 (78.1)	102 (65.0)
No	35 (21.9)	55 (35.0)
Achievement CP		
Yes	129 (80.6)	119 (75.8)
No	31 (19.4)	38 (24.2)
Frequency CP realization		
Once a year	106 (81.5)	90 (75.0)
Twice a year	9 (6.9)	9 (7.5)
Every two or three years	10 (7.7)	18 (15.0)
Do not know the frequency	5 (3.8)	3 (2.5)
Professional held CP		
Doctor	118 (90.0)	102 (84.9)
Nurse	13 (10.0)	18 (15.1)
Treatment of cervical lesion		
Yes	18 (11.3)	34 (21.7)
No	142 (88.8)	123 (78.3)
HPV vaccine		
Yes	22 (13.8)	19 (12.1)
No	138 (86.3)	138 (87.9)
Number of gynecologist consultations last three years		
None	14 (8.8)	12 (7.6)
An	22 (13.8)	28 (17.8)
Two	37 (23.1)	37 (23.6)
Three	87 (54.4)	80 (51.0)
Family history of cervical cancer		
Yes	8 (5.0)	20 (12.7)
No	152 (95.0)	137 (87.3)

CP = Cytopathologic examination of the uterine cervix

They did some type of treatment for cervical lesion, 16.4% of the academics and 8.8% reported a family history of cervical cancer. The HPV vaccine was not taken by 87.1% of the students (Table 2).

The main reason for not doing the exam, mentioned by the academics, was the lack of

time and it is stressed that 20.1% of the academics in the area of human sciences do not consider important or unknown the cytopathological examination. Still, it is observed that shame and fear were also listed as reasons for not performing the test (Table 3).

Table 3. Reasons for non-accomplishment of cervical cytopathological exam, academic in the area of health and human sciences. Passo Fundo (RS), Brazil, 2015.

Variables	Course		
	Health sciences	Humanities	Total
Reasons	n (%)	n (%)	n (%)
Lack of time	18(60.0)	12 (34.3)	30 (44.1)
Do not consult the gynecologist	6 (20.0)	8 (22.9)	14 (20.5)
Does not consider important / Unknown	-	7 (20.1)	7 (10.2)
No indication	3 (10.0)	2 (5.7)	5 (7.3)
Shame	2 (6.6)	2 (5.7)	4 (5.8)
Fear	2 (6.6)	2 (5.7)	4 (5.8)
Others	1 (3.3)	3 (8.7)	4 (5.8)

DISCUSSION

The high coverage of the cytopathological examination found was similar to other studies¹⁷⁻⁹ and, although the age group to which most of the academics are not indicated in Brazil for CP³, it is evidenced that the frequency of tests with atypia in adolescents increased. In the last six years, with the respective results 1.7%, 2.3%, 1.8%, 2.6% and 4.2% .¹⁰

Still, in another study, there was a higher prevalence of cytological abnormalities in adolescents than in adult women, knowing that 9.3% of abnormal exams belonged to the age group of 15 to 19 years.¹¹ Therefore, these results demonstrate the importance of performing the test. Cytopathological examination of the uterine cervix is also intended for sexually active adolescents and not only for adult women.¹⁰

Women with low level of schooling and low socioeconomic status are the ones who least perform the cytopathological examination²⁰, factors that are contrary to the population of this study. In this way, the coverage found can be explained due to the characteristics of the studied population, that is, the majority with average family income (more than three minimum salaries) and good social insertion, in addition to being enrolled in higher education. These factors favor access to information and health services, including, the private health network.¹⁷

In the Southern region of Brazil, the proportion of the female population aged 25-64 who reported having had the last cervical cancer screening in the years 2006 to 2008 was 84.7% higher than this study.²¹ However, it should be considered that in this study only exams performed in the last year and in the lower age group were evaluated.

Risk factors for cervical cancer include multiple sexual partners, early age at onset of sexual activity (less than 20 years), sexual intercourse with men who have had contact with cervical cancer, early childbearing, exposure to human papillomavirus, HIV infection and other immunodeficiencies, smoking, family history of cervical cancer, low socioeconomic status and overweight status.²²

Most of the students presented as a predisposing factor for the development of cervical cancer the active sexual life and early onset of sexual activity before the age of 18 years. In addition, a minority reported having no fixed sexual partner, having a family history of cervical cancer and being smokers.

The presence of these risk factors in the studied population points to the need to expand the recommendation of the cervical cytopathology exam in the Unified Health System for those under 25 years of age, since this method of screening is indicated for women in the age group 25 to 64 years old.⁸

Another study also reflects on the need to expand the age range recommended for the prevention of this cancer, in order to extend to women younger than 25 years, since these have similar risk factors to those of the target age group.²³

Also, regarding the periodicity of the examination, it was verified that, in both areas, the majority of the academic follow the recommended one for the prevention of cervical cancer, that indicates an annual consultation for two consecutive years and, if these results are negative, the interval of time becomes three years between one examination and another.^{3,5,8}

With regard to the knowledge about cervical cancer and the accomplishment of the cytopathological examination, there was a difference between the two areas. It is noteworthy that the health academics know and perform the exam more frequently, which is believed to occur due to the fact that they have more information, due to the area of action.

University knowledge can influence health self-care, however, there is a portion of this population that is unaware and does not perform the cytopathological examination of the cervix, which can be explained by the fact that some courses, including the health area, do not address this theme.

It is noticeable that there are gaps between knowledge and its application in the prevention of sexually transmitted diseases, a fact also verified in a similar study, in which health academics did not have adequate knowledge about HPV (transmission, signs and symptoms, consequences).²⁴

The lack of time was the main reason cited for not performing the exam, justified by the routine of studies and work to which the students are submitted, a result also found in another study.⁶

Also, some scholars, from both areas, also reported not consulting the gynecologist, but, it is noteworthy that this reason was more highlighted by the academics of the area of human sciences, suggesting that they consult less the gynecologist because they have less knowledge about the importance of the prevention of this cancer .

Still, contrary to what was observed in the health area, it should be emphasized that some academics in the human sciences pointed out as reasons, not to consider important or to ignore the benefits of the cytopathological examination, which shows the necessity of this subject to be approached also in other areas of knowledge.

Health scholars, as future professionals, in addition to worrying about self-care, play an important role in reducing the morbidity and mortality rates of cervical cancer, since they exercise a direct role in the dissemination of information and the provision of care to women.²⁵

Fear and shame were also pointed out by the academics of both areas, setting a cultural aspect still present in women. In this sense, the feelings of pain, nervousness, shame, apprehension and fear of receiving a positive result for the disease are also discussed in other studies.^{26,27}

As for the use of contraceptive methods, it is emphasized that the majority uses only the pill and, therefore, are more concerned with pregnancy than with the prevention of sexually transmitted diseases. Still, it is believed that the use of the pill, as the only contraceptive method, occurs because most of the academics refer to having a fixed sexual partner. In this context another study pointed out, as the main reasons for not using condom, the confidence in the partner, not liking to use or not having at the moment of the relationship.²⁸

CONCLUSION

The study demonstrated that there is no similarity in the values found regarding the accomplishment of the cytopathological examination between the academics of the areas of health and the humanities. The coverage of the exam was 78% and, in the health area, the coverage was slightly higher. They also know more about the exam than the ones in the area of human sciences.

The main reasons for not carrying out the cytopathological examination, among the academics, were the lack of time, not consulting gynecologist and for not considering important or unknown the exam. It is noteworthy that about a quarter of the academics are not adequately informed about the prevention of cervical cancer.

It is suggested that new strategies and effective actions of preventive education be implemented and that this topic be addressed also in the courses of other areas of

knowledge, to improve the prevention and early detection of cervical cancer.

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