Preventive cervical cancer tests: women's...



PREVENTIVE CERVICAL CANCER TESTS: WOMEN'S KNOWLEDGE EXAME PREVENTIVO DO CÂNCER DE COLO DO ÚTERO: CONHECIMENTO DE MULHERES EXAMEN PREVENTIVO DE CÁNCER DE CUELLO UTERINO: CONOCIMIENTO DE MUJERES

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Objective: to analyze the knowledge of women about preventive cervical cancer (CC) tests and verify the practical exam. **Method:** a descriptive exploratory study of a quantitative and qualitative approach among users of the Cuiá Family Health Unit (FHU) in the city of João Pessoa-PB. To delimit the sample, a non-probability sampling technique was used and, data collection, took place with a structured interview. The sample consisted of 30 women. **Results:** the women surveyed had some knowledge about the preventive examinations for cervical cancer, superficial knowledge. They have a satisfactory clarification of care before this test(93.3%). The majority (86.67%) reported having received information about the exam and all considered it necessary to have this test done. **Conclusion:** it is concluded that educational programs should be directed to this clientele so that there is greater understanding of the purpose, importance and frequency of the test. **Descriptors:** Uterine Cervical Neoplasms; Women's Health; Pap smear.

RESUMO

Objetivo: analisar o conhecimento de mulheres acerca do exame preventivo do câncer de colo do útero (CCU), bem como verificar a prática do exame. *Método*: estudo exploratório descritivo, de abordagem quantiqualitativa entre as usuárias da Unidade de Saúde da Família (USF) Cuiá no município de João Pessoa-PB. Para delimitar a amostra, foi utilizada a técnica de amostragem não probabilística e, para a coleta de dados, realizou-se uma entrevista estruturada. A amostra foi composta por 30 mulheres. *Resultados*: as mulheres pesquisadas possuíam algum conhecimento acerca do exame preventivo do CCU sendo, este conhecimento, superficial. Apresentaram esclarecimento satisfatório sobre os cuidados antes da realização desse exame (93,3%). A maioria (86,67%) declarou já ter recebido informações sobre o exame e todas consideraram necessária a realização do mesmo. *Conclusão*: conclui-se que projetos educativos devem ser direcionados a esta clientela para que exista um maior entendimento da finalidade, importância e frequência do exame. *Descritores*: Câncer de Colo do Útero; Saúde da Mulher; Teste de Papanicolaou.

RESUMEN

Objetivo: analizar el conocimiento de mujeres sobre el examen preventivo de cáncer de cuello uterino (CCU), así como verificar la práctica del examen. *Método:* estudio exploratorio descriptivo, de abordaje canticualitativa entre las usuarias de la unidad de salud de la familia (USF) Cuiá en la ciudad de João Pessoa-PB. Para delimitar la muestra, se utilizó la técnica de no probabilístico, muestreo y para la recogida de datos, fue una entrevista estructurada. La muestra fue compuesta por 30 mujeres. *Resultados:* las mujeres encuestadas tenían algún conocimiento sobre el examen preventivo de la CCU siendo este conocimiento, superficial. Presentó aclaración satisfactoria acerca del cuidado antes de realizar este examen (93,3%). La mayoría (86.67%) declaró ya haber recibido información sobre el examen y todos consideraron necesarios para lograr el mismo. *Conclusión:* se concluye que los proyectos educativos deben ser dirigidos a esta clientela para mayor comprensión de la finalidad, importancia y frecuencia del examen. *Descriptores:* Neoplasias del Cuello Uterino; Salud de la Mujer; Prueba de Papanicolaou.

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INTRODUCTION

Despite being one of the first countries to use the Pap smear test for cervical cancer (CC), the statistics show that this type of cancer remains a public health problem in Brazil¹ that affects all social strata and geoeconomic regions of the country.² This cancer is considered the third most frequent among women.³ This fact harms the recommendations of the World Health

Organization (wHO), establishing a coverage

of 85% of the female population risk,

obtaining thus an epidemiological impact that allows the reduction of mortality rates up to 90%.⁴

The number of new cases expected for this type of cancer in Brazil in 2016 is 16,340, with an estimated risk of 15.85 cases per 100,000 women. To the northeast, a risk of 19.49 cases is estimated, the second most frequent

women. To the northeast, a risk of 19.49 cases is estimated, the second most frequent in this region - without considering the non-melanoma skin tumors. For the year 2016, in Paraiba, 330 new cases are expected with an estimated risk of 16.21 cases per 100,000 women. The estimated risk for paraiba's capital is 19.39 cases per 100,000 women.⁵

CC is a preventable cause of death especially when diagnosed and treated early. Unlike other types of cancer, the CC has a long period of evolution, with precursor lesions that can be detected at an early stage, giving it one of the highest potentials for prevention and cure. For this it is essential to ensure the completeness, organization and quality of the screening program and also the follow-up of patients.^{6,7}

The Pap smear is the most widely used for tracking this pathology, being held for more than 50 years and its importance is the ability to identify early changes, early discovery of cancer and prevent its evolution for more agressive ways.⁸

As for the timing, there is much evidence that women undergoing annual reviews have a lower risk than those who are examined every three years. These findings were obtained in a study that included eight screening programs in Europe and Canada, involving nearly 1.8 million women.⁹

In practice, the realization of the Pap smear has confronted with some barriers in various aspects of the life of women, hindering the desired range of the test coverage. Information regarding the coverage and factors associated with not performing the examination for women in northeastern Brazil are still scarce. Moreover, the lack of knowledge of women about the prevention of cervical cancer examination has been shown

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in previous studies. These have been identified as factors that keep women out of the examination, poor understanding of the benefits of the test to prevent cervical cancer, poor access to health services, inability to schedule the exam, lack of time, the absence of symptoms, feelings of embarrassment, fear of pain and shame. 11,12

Based on what was found, it must be questioned: What is the meaning that women attach to preventive examinations for cervical cancer? Do women know the goal, the importance, timing and care to be carried out before the exam?

The relevance of this study is the ability to identify gaps in women's knowledge about self-care that can redirect actions to develop educational promotion projects to women's health, best directing your attention to users who perform the Pap smear test, poor reducing form, adherence examination. It is hoped that this knowledge contribute in some way to establishment of strategies to an efficient placement of information and incrementing professional-patient communication methods in order to facilitate women's access to knowledge.

Information about women's knowledge about preventive examinations for cervical cancer in Paraíba, are still incipient. Taking into account this fact, studies that identify the perception and understanding of women on the audit become important. Thus, the aim of this study was to analyze the knowledge of women about preventive screening for CC in a Family Health Unit (FHU) in João Pessoa-PB.

MÉTHOD

A descriptive exploratory study of a quantitative and qualitative approach. The development of the theory in a qualitative study is an inductive process. The qualitative researcher identifies patterns, common points and relationships, through instances of specific events and analysis.¹³

The study was conducted in Cuiá FHU, located at Rua Franklin Pereira da Silva, No. 158, Cuiá neighborhood in the city of João Pessoa-PB, Northeast of Brazil.

The study population consisted of users of the Unified Health System (UHS) registered in the territory of said FHU. 30 women took part in this research which were addressed in the waiting room of FHU moments before the exam. Inclusion criteria were: women including pregnant women older than 19 years; had the preventive test in August 2010; signed the Free and Informed Consent Form (FICF) and had the willingness to answer the

interview through a structured script. Thus, the sample was not probabilistic for convenience, in which the selection criteria of the interviewees was so only the fact that they are at the FHU to take the examination in the data collection period. However, the group of informants was constituted from the desire to participate in the study by signing the consent form. The anonymity of the women was guaranteed, as well as the right to withdraw from participating in the research at any time.

The instrument used in this study was a structured interview that consisted of two parts: the first relating to the characterization of the sample and the second relates to the specific questions of the study. The study questions were: what is your perception/understanding of the screening test for cervical cancer? What is the importance of completing the screening test for cervical cancer?

For treatment of qualitative data the technique of the Collective Subject Discourse (CSD) was used. ¹⁴ The CSD is a description that has the essential parts of the speeches of each participant in the study, prepared in such a way as if it were a person talking to a group of people.

The CSD is a categorization method that basically uses three methodological approaches: Expressions Key, Central Idea and CSD. The key phrases can be defined as parts or lines of interview fragments, segments, continuous or discontinuous speech and reveal the essence of the speech or the underlying theory. Already the central idea is a name or linguistic expression that reveals describes more succinctly and accurately as possible the meaning and topic of key expressions of each discourse analyzed, that is, the synthesis of discursive manifested in expressionskey interpretation of the researcher on discursive content expressed by the subjects in their deposition.¹⁵

For a quantitative analysis of the data the statistical software Assistat Version 7.5 Beta was used for their tabs. ¹⁶ To characterize the sample, tables were used containing absolute and relative frequencies.

The research project was submitted to the Research Ethics Committee (REC) of the Secretariat of Health of the State of Paraiba, receiving assistance. The study was conducted taking into account the ethical aspects of

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research involving human beings, according to the criteria established in Resolution 466/2012 of 12 December 2012.¹⁷

RESULTS AND DISCUSSION

♦ Socio-demographic sample characterization

The age of the 30 women interviewed ranged from 19 to 54 years old and most were in the age range 35-44 years, as explained in Table 1. The population interviewed is within the range in which the incidence of cervical cancer is great. The greatest incidence of this cancer is between 35 and 49 years of age and the most severe lesions are also found in the groups ranging between 35 and 55 years.¹⁸

The establishment of age to carry out the promotion, prevention and early detection of cervical cancer is very important not to leave women with potential discoveries for the actions of health.¹⁹

Regarding marital status, the 30 women interviewed, the majority (56.7%) were married/common-law marriage. With regard to schooling, 11 women totaling 36.7% had not completed high school, which is the predominant profile. This figure differs from the study by Fernandes and Narchi ²⁰ and showed that participants that are less educated, as 72% studied between the 1st and 5th grades and 2% were illiterate. This factor is alarming, since it is difficult to carry out preventive measures and health promotion for women. ¹⁸

The education index is an important indicator in health, as it can adversely affect the self-care formulation. Brazil has a low level of education and high illiteracy rate and although there was an increase in the access of children and adolescents at school in the last decade, there are still major disparities both nationally and regionally.²¹

As for the profession/occupation, of the 30 women interviewed, the majority (50%) were not employed, were devoted to the home. The distribution of women according to sociodemographic characteristics are shown in Table 1.

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Table 1. Distribution of women according to socio-demographic characteristics of the sample n = 30). João Pessoa (PB), Brazil, 2010.

Characteristics	n= 30	%
Age (years)		
19-26	8	26,7
27-34	7	23,3
35-44	9	30
45-54	3	10
> 54	3	10
Marital Status		
Married/Stable Union	17	56,7
Single	11	36,7
Divorced/separated	1	3,3
Widow	1	3,3
Education		
Non	3	10,0
Incomplete Middle School	5	16,7
Complete Middle School	6	20,0
Incomplete Highschool	11	36,7
Complete Highschool	2	6,7
Complete Higher Education	2	6,7
Incomplete Higher Education	1	3,3
Profession/ocupation		
House wife	15	50,0
Student	3	10,0
Comunity Health Agent	2	6,7
Maid	3	10,0
Other*	7	23,3

*The other category was composed by teacher, pensioner, office assistant, secretary, hairdresser, manicure and sales person.

Most of the women interviewed live on 1 minimum wage. This data characterizes women with in need family profile. And women who have a low level of education and household income are more exposed to mortality. This information contradicts one study¹⁸ which shows that family income of most women was greater than 1 and 2 minimum wages.

About 80% of cervical cancer cases occur in countries that are developing, because this cancer is associated with regions with low socioeconomic status, contrary to breast cancer, which has a higher incidence in the richest Brazilian regions. ²²⁻³

The fact is closely related to the tracking of the disease. In developed countries, early detection programs reach most of the population. In developing countries, which sometimes do not have these programs, the disease is diagnosed more often in invasive stages and, what is worse, in the advanced stages and worse prognosis.²⁴

Regarding the number of partners, 17 women, making up 56.7% reported having had

only one partner, which is the predominant profile. There is a single trend without fixed partners which constitute an increased risk factor in the predisposition to the development of cervical cancer, due to the multiplicity of sexual partners. ¹⁸

No women in the sample were smokers, which contributes significantly to the prevention of cervical cancer, as smoking influences the increased incidence of Cervical Intraepithelial Neoplasia (CIN) and cervical cancer.²⁵

The age of sexual initiation of women ranged from 13 to 30 years, with the majority (66.67%) declared their onset of sexual activity being between 16 and 30 years. Therefore, this data indicates that many women experience the onset of sexual activity early, which contributes significantly to the appearance of the CC because of a greater chance of contact with HPV, which is the main risk factor for this cancer.

The distribution of women according to social and sexual characteristics is shown in Table 2.

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Table 2. Distribution of women according to social and sexual characteristics n = 30). João Pessoa (PB), Brazil, 2010.

Income (minimum wage)	n=30	%
None	1	3,3
1	14	46,7
2	7	23,3
3	4	13,3
≥ 4	4	13,3
Number of partners		
None	2	6,7
1	17	56,7
2	8	26,7
≥ 3	3	10,0
Smoker		
Yes	0	0
No	30	100
Age of the first sexual		
relationshio		
Not sexually active	2	6,67
1-15	8	26,67
16-30	20	66,67

Perceptions of women about the prevention of cervical cancer tests are shown in Figure 1.

Main Idea - 1	Collective Subject Discourse 1
Prevention of cervical cancer. Prevention of disease.	To prevent any disease that the person sometimes does not even know they have and through examination finds. It is the means to find out faster. To know if you have any serious illness. It is to prevent cervical cancer. It is of extreme importance because it aims to find the disease early and gives more chance of treatment because it is a very silent disease, very unfair and the sooner you discover the disease, the more possibility of cure you will have. I discovered that in addition to finding the disease it is easy to heal faster, taking medications, doing the precautions that the doctor orders and not forgetting the use of condoms is essential. From this examination, we can treat it in advance and in most cases are diagnosed when treatment is healing and if you take ta long time there is no cure. It is very important for women's health, to prevent us from dying of cancer.
Main Idea - 2	Collective Subject Discourse 2
To detect germs, inflammation, bacteria.	This test detects some bacteria that can cause some damage. It is to take the germ that has many and to know if you have an inflammation. It's good that we know if you have any infection.
Main Idea - 3	Collective Subject Discourse 3
Detect HPV. Preventing STDs and other problems.	I know it's to prevent sexually transmitted diseases, and also to prevent other problems. Prevent sexually transmitted diseases that are not visible to the naked eye and to prevent the woman because the woman has to be careful. It is to know how the vaginal flora is, and viruses and HPV. It is used to prevent vaginal normal diseases such as candidiasis.
Main Idea - 4	Collective Subject Discourse 4
To care for themselves.	It is for us to care for ourselves and do it every six months.

Figure 1. Central Idea and collective subject discourse in relation to the question: what is your perception / understanding of the screening test for cervical cancer? João Pessoa (PB), Brazil, 2010.

It is observed from these statements that the respondents had a general knowledge of the test and before that, responses obtained vacancies due to poor knowledge of the topic discussed. However, despite the low knowledge, in general, it was observed that patients were concerned with the health and the negative impact of a number of diseases that could occur in the face of not performing the test. Knowledge of women about the importance of the preventive test of the CC is in Figure 2.

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Main Idea -1	Collective Subject Discourse 1
To prevent disease and cancer.	Because it is a means that you have to guard against these diseases. To prevent the major disease that is cancer. Because in six months a lot can happen and if you within six months, are preventing something. Before it was a year now it has reduced to six months which is great. Prevents future problems. To prevent all sorts of diseases, you have to go to the doctor to know how the system is. In my family there was a case of cervical cancer, I had a sister who had a hysterectomy, I find it very important, every six months I do it.
Main Idea -2	Collective Subject Discourse 2
Notices it before it forms a disease.	It notices if you have something before it becomes a disease. It's good we're doing it, because we never know what we have; sometimes you think it is good and the exam gives something away. It is important for women to know that it was negative. Why it is important for health. We take care, you know of the problem. Because this examination is to benefit the person, preventing it has a disease that could be ruled out of their life, so I think it's important. It is important for all, for us to care more. Because if we have a disease it will discover it.
Main Idea - 3	Collective Subject Discourse 3
Not only cervical disease such as syphilis and other germs.	Not only the disease of cervical cancer, but syphilis and malignant tumors. Because of germs.
Main Idea - 4	Collective Subject Discourse 4
Every woman has to do it.	Well, because it is a test that every woman has to do after 15, after the first sexual relationship.

Figure 2. Central Idea and collective subject discourse in relation to the question: to you what is the importance of having a cervical smear test for cervical cancer? João Pessoa (PB), Brazil, 2010.

When asked about the importance of the preventive test, they reported that it is important for health as it prevents some diseases caused by microorganisms and also the CC.

Among the responses, some women reported taking this test every six months or every year. However, when compared with some literature, the test is not recommended

so often, but after every two consecutive negative annual exams, the next exams should be performed every three years.²⁶

Most cervical cancer cases can be avoided or reduced by screening, since the coverage, quality and tracking are efficient.²⁷

General knowledge of women about the prevention of cervical cancer examination are shown in Table 3.

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Table 3. General knowledge about preventive examinations for cervical cancer n = 30. João Pessoa (PB), Brazil, 2010.

Characteristics	n=30	%
Do you know what the citological test is for?		
Yes	29	96,7
No	01	3,3
Do your think doing this test is important?		
Yes	30	100
No	0	0
Doing of the test once in life		
Yes	29	96,7
No	01	3,3
How often do you get the preventative test in cervical cancer?		
3/3 months	01	3,34
6/6 months	19	63,34
Anually	80	26,67
3/3 years	01	3,34
Do you know the precautions you need to take before getting the test?		
Yes	28	93,3
No	02	6,67
Have you received information about the citological test?		
Yes	26	86,67
No	04	13,33
Who gave you the information about this citological test?		
No information received	4	13,33
Nurse	16	53,33
Doctor	5	16,67
Radio/TV	2	6,67
Community Health Agent	2	6,67
Friends/family	1	3,33
How did you consider doing the test?		
Necessary	30	100
Unnecessary	0	0
Dificulties/barriers for doing the test		
None	26	86,67
To make the appointment	2	6,67
Professional's availability	01	3,33
Shame	01	3,33

When the women were asked if they know what good preventive tests for cervical cancer do, the majority (96.7%) answered yes, despite knowledge being generic, as can be seen in the CSD. Therefore, there is a need to clarify the importance of the preventive test since the accession of women to their achievement is closely related to the degree of knowledge of them.

The women interviewed all affirmed the importance of completing the preventive examination of CC. Faced with questions directed to these users 21 responses were obtained and indicated that these tests are done to prevent some diseases and prevent future problems, the other three were related to cancer prevention, three reported the importance in the care of women's health, two women said it is important to have a better health and reported that every woman should do it.

The realization of preventive tests for cervical cancer is of great importance due to the high prevalence and mortality that this disease presents. In fact, they are diagnosed annually worldwide, almost half a million new cases.²⁴

In relation to the cytological examination, 96.7% of the sample women have had the opportunity to do it. The collection of cervicovaginal material for the realization of preventive examinations for cervical cancer is performed routinely at FHUs at specific times, in the weekly schedule of the teams. The collection of material is included in nursing consultations in gynecology and also in medical consultation.²⁸

It is for the nurses who work in prevention and control of cervical cancer programs, promoting actions that emphasize more the need to perform the screening test so that there is effective impact on morbidity and mortality from this cancer. It is believed that the implementation of a well-developed program for this population is the best strategy in an attempt to reduce the incidence of early lesions and mortality from cervical cancer, which facilitates improvement in the quality of life of women.²⁸

Of the 29 women interviewed who had undergone the preventive test of the CC, 63.34% do so every six months. Interestingly, the large proportion of the population of this study perform the Pap smear in a short time, which may be related to the information that

was passed to these women. This data differs from Souza et al.²⁹ for this most of the researched perform the test annually and the minority every 2 years.

Since 1988 to date, the Ministry of Health, through INCA, stipulated that, in Brazil, the Pap Smear test needs to be conducted on an annual basis in women 25-60 years or even before this age group in women history of sexual intercourse. After two consecutive negative annual examinations, the examination should be performed every three years. This definition is the result of analysis of the natural history of cervical cancer that due to its slow progression, allows early identification of precancerous lesions and its treatment.³⁰

Health services have performed cervical smear tests annually, semi-annually or even no fixed time interval. The effectiveness of this type of "spontaneous" screening is often questioned.³¹

Of all the women surveyed, 93.3% said that they knew about the care required before the examination. Among these are: abstaining from sex for three days before the exam, perform hygiene, do not use creams and be on a regular menstrual cycle.

Women in general have some knowledge about the care required before the exam. Among the care, stand out in the literature: not having sex on the eve of the exam in most cases, do not use vaginal cream or tablet and not be menstruating. Given the above it appears that there is a great need for educational intervention directed to women in relation to the previous care sample collection, since when not performed they interfere with the examination and also in its outcome.

When asked if they had received some information about the exam somewhere or professionally, 86.67% answered yes, which is the predominant profile. The means of information about the Pap smear reported by women were diversified. They said they received information more frequently from a unit nurse, followed by the doctor, then comes the Radio/TV, Community Health Agents and last of all friends / family.

It is essential to highlight the role of the Family Health Teams in the implementation of active search of women because, by acting closer to family and collective contexts, such as family and community where they live, favor the formation of bonding, establishing means not only to prevent cervical cancer, but to ensure a better quality of life for women in the context of the whole of care.³²

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All respondents consider this necessary to perform the test. As for the difficulties/barriers encountered that prevented them from taking the exam, 86.67% of women reported having no problem with that, 6.67% stated that they had difficulty for the arranging of consultation and 3.33% reported lack of professional availability.

These reasons differ from the study Fernandes et al, ¹⁰ who found that the main reasons given for not performing the examination were careless in most cases, starting then to not request the doctor and the feeling of shame. All professionals working in primary care making the collection of material for preventive examinations for cervical cancer should be aware of their responsibility in carrying out this activity, as the correct technique is essential for an accurate diagnosis and to obtain this result is also necessary that unsatisfactory samples are descarded.²⁷

CONCLUSSION

This study revealed that there was a great demand of women for the health service to undergo the preventive examinations for cervical cancer. Thus, we see a greater concern for women in the prevention and detection of disease and cervical cancer itself. We note that despite the superficial knowledge, some interviewees reported that from that examination this tumor can be detected.

When interviewed most of the women reported taking the exam every six months, which is not being done in a satisfactory manner, it is shown in the literature that after every two negative annual exams is only required to perform the test every three years since the progression to cancer is slowly reaching up to ten years or more. Given the above it is necessary to establish strategies aimed at the examination at the appropriate times according to the needs of the patient and also for further studies in this regard.

The work of nurses in the prevention of cervical cancer is very important because it has the function of developing activities aimed at education, guidance, research, and also to seek to identify high-risk populations, doing screening and early detection. In health education nurses have the ability to understand what learning strategies should be used by the particular community aimed, above all, at the pursuit of health services by users, even those who do not show signs and symptoms.

Before it was found, was considered of great importance to education to public

health and professional health education that it is the best way to obtain a favorable result of the actions carried out and is of great importance to the existence of partnerships between health services and universities, schools and organizations that deal with this subject. The government prioritizes campaigns to increase awareness of breast cancer and frequency of the examination, especially in the television media, which would also cover spouses who do not always realize the need for this prevention.

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