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ORIGINAL ARTICLE

PROFILE OF WOMEN UNDERGOING UTERINE CERVICAL COLLECTION IN A BASIC HEALTH UNIT

PERFIL DAS MULHERES QUE REALIZAM A COLETA CERVICOUTERINA EM UMA UNIDADE BÁSICA DE SAÚDE

EL PERFIL DE LAS MUJERES SOMETIDAS A LA COLECCIÓN DE CUELLO UTERINO EN UNA UNIDAD BÁSICA DE SALUD

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ABSTRACT

Objective: to identify the profile of women undergoing Pap test at a health facility. **Method:** descriptive exploratory study, with a quantitative approach. Data were collected from interviews with 71 women at a Family Health Unit of the Health District VI, located in the district of Brasília Teimosa in Recife/PE. Data were analyzed using descriptive statistics and presented in figures and tables. **Results:** most women were 46 years old or older, married, completed high school, menarche between 11 and 14 years, initiated sexual activity between 15 and 19 years, were not using contraceptives or tobacco. **Conclusion:** the success of tracking uterine cervical collection will depend on the training of health professionals, on the quality and continuity of prevention and disease control. **Descriptors:** Pap Test; Women's Health; Family Health Strategy.

RESUMO

Objetivo: identificar o perfil das mulheres que realizam o exame Papanicolaou em uma unidade de saúde. **Método:** estudo descritivo exploratório, com abordagem quantitativa. Os dados foram coletados a partir de entrevistas com 71 mulheres, em uma Unidade de Saúde da Família do Distrito Sanitário VI, localizado no bairro de Brasília Teimosa do Recife/PE. Os dados foram analisados pela estatística descritiva, e apresentados em figuras e tabelas. **Resultados:** a maioria das mulheres tinha 46 anos ou mais, casadas, ensino médio completo, menarca entre 11 a 14 anos, tiveram início da atividade sexual entre 15 e 19 anos, não faziam uso de contraceptivos e nem de tabaco. **Conclusão:** o êxito do rastreamento da coleta cervicouterina dependerá da capacitação dos profissionais de saúde da qualidade e continuidade das ações de prevenção e controle da doença. **Descritores:** Exame Papanicolaou; Saúde da Mulher; Estratégia de Saúde da Família.

RESUMEN

Objetivo: identificar el perfil de las mujeres sometidas a la prueba de Papanicolaou en un centro de salud. **Método:** estudio exploratorio descriptivo con un enfoque cuantitativo. Los datos fueron recogidos a partir de entrevistas con 71 mujeres en una Unidad de Salud de la Familia del Distrito de Salud VI, en el distrito de Brasília Teimosa en Recife/PE. Los datos fueron analizados utilizando estadística descriptiva y se presentan en las figuras y tablas. **Resultados:** la mayoría de las mujeres tenían 46 años de edad o más, eran casadas, terminaron la escuela secundaria, la menarquia ocurrió entre los 11 y los 14 años, iniciaron la actividad sexual entre los 15 y los 19 años, no estaban usando un método anticonceptivo o tabaco. **Conclusión:** el éxito de lo rastreo de la colección de cuello uterino dependerá de la formación de los profesionales de la salud, de la calidad y continuidad del control y la prevención de la enfermedad. **Descriptor:** Prueba de Papanicolaou; La Salud de la Mujer; Estrategia de Salud de la Familia.

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INTRODUCTION

The Family Health Strategy (FHS) focuses on the strengthening of Primary Health Care (PHC) in Brazil, being defined as a strategic area for action to eliminate Hansen's disease, tuberculosis control, control of diabetes mellitus, the elimination of child malnutrition, women's health, the health of the elderly, oral health and health promotion.¹⁻²

Regarding the actions for women's health, the FHS presents as a potential to add and qualify the prevention of cervical cancer (CC). A study on "Trends in mortality from malignant neoplasms in Rio Branco, Acre" reported that cervical cancer represented the neoplasm with the highest rates of incidence (36.7/100.00) and mortality (10.7/100.00) in 2009. Infection by oncogenic subtypes of human papillomavirus (HPV) is considered primary causal factor for the development of invasive cervical cancer and this virus is acquired through sexual transmission.^{1,3-4}

Cervical cancer is described as a disease that starts with progressive intraepithelial changes, and may progress to a cancerous invasive lesion in ten to 20 years. In this way, it may be considered a preventable malignancy due to the long pre-invasive stage, when its precursor lesions can be detected given the availability of the screening using the Pap smear (cervical uterine collection or preventive test), followed by the possibility of effective treatment of the injuries.⁵⁻⁶

The control of cervical cancer can be effective through prevention and early detection, using a painless and low-cost examination, called "Pap".^{2,4,7} In order to undergo this examination, women must first be advised not to use showers, intravaginal drugs or tests for 48 hours before the examination. They should also undergo the examination outside the menstrual period, as the blood makes reading the slide difficult, and may make the smear inadequate for cytopathology diagnosis.⁵

Since 1988, the Ministry of Health has adopted, as standard, the suggestion of the World Health Organization, which advises the realization of the cytological examination of the cervix every three years after two consecutive negative annual exams for women aged 25-64 years old, or who have already had sexual activity. However, the incidence and mortality rates are still confronting the strategies adopted so far, signaling possible failures to offer, access and in the quality of such actions.⁸⁻¹⁰

Thinking about the possibility of effective strategies in the coverage of prevention of the

cervical uterine collection (CUC), one must consider that social, economic and cultural aspects may affect the way women face the screening test, for this, it is important to examine factors such as age, education, marital status, gynecological data and obstetrical data.^{4,11-12}

The idea of such theme arose during the development of the Family Health Program discipline at the nursing course, when the authors perceived the importance of nursing given the CUC. In order to prioritize the 25-64 years age group recommended by the Ministry of Health, the health team can actively search women for the exam, guiding and properly encouraging those women who never underwent the examination or have some resistance to do it.

This study aims to identify the profile of women who undergo Pap smear at a health unit.

METHOD

Descriptive, exploratory field study, with quantitative approach. The study was conducted at a Family Health Unit of the Health District VI, located in Brasília Teimosa neighborhood in Recife, Pernambuco.

The population consisted of women registered to the unit and with the age according to the recommendations of the Ministry of Health to carry out the screening. Women under 18 were excluded. Thus, the intentional-type sample consisted of 71 women.

Data collection was carried out from a structured interview in November 2013 after users signed the Informed Consent Form (ICF), and approval of the research project by the Research Ethics Committee (CEP) of the Foundation of Higher Education of Olinda - FUNESO under CAAE No. 20542313.0.0000.5194. Data were analyzed using descriptive statistics and presented in the form of figures and tables.

RESULTS AND DISCUSSION

The study was conducted with 71 women aged 18-64 years who sought a Health Unit of Recife - PE to undergo the Pap smear and, from the results, we identified the profile of those women.

There were 23 (32.39%) of the 71 women surveyed who were 46 years old or more. Most women were single, accounting for 49.29% (35) and married 43.66% (31). Regarding the educational attainment, 39.43% (28) of the study women had completed high school (Table 1).

These data make us think over the fact that most women of the study are in the age group for the examination, from 25 to 64 years. The majority of HPV infections in women under 30 years spontaneously regress, while, above this age, the persistence is more frequent.⁹

Marital status also relates to cases of cervical cancer. Most women in the study were single, when multiple sexual partners without precautions correlates with increased incidence of cervical cancer. Regarding married women, one of the risk factors is the partner's sexual behavior, who does not use

condoms, since the transmission occurs by sexual contact.¹³

One expects that, the higher the educational level, the higher the care about their health. In the case of preventive screening of cervical cancer, which had the highest number of women with complete high school, with chances of early care intervention. Another situation occurred in a study in the city of Rio Branco - AC, since the deficiency of knowledge about preventive screening is common in poorly educated women, with a highest number of women who completed up to elementary school.³

Table 1. Characterization of women undergoing preventive examinations for cervical cancer at a FHU in the city of Recife, by age, marital status and education. Recife, 2013.

Characteristics	Specifications	n=71	%
Age	18 - 24 years	7	9.85
	25 - 30 years	18	25.35
	31 - 36 years	7	9.85
	37 - 45 years	16	22.53
	46 years or more	23	32.39
Marital status	Single	35	49.29
	Married	31	43.66
	Others	5	7.0
Education	Illiterate	0	0
	Reads and writes	0	0
	Incomplete elementary school	17	23.94
	Complete elementary school	12	16.90
	Incomplete high school	14	19.71
	Complete high school	28	39.43

In 91.54% (65) of the interviewed women, menarche occurred between 11 and 14 years and only 1.40% (one), when 9 years old. Most women initiated sexual activity aged from 15 to 19 years, accounting for 66.10% (47); 32.39% (23) were using contraceptives - nine were using oral contraceptives and 14, injectable ones (Table 2).

The onset of menstruation usually occurs between 12 and 13 years.¹⁴ The menarche at earlier ages may trigger sexual practices at an early age and a greater number of sexual partners, facilitating HPV infection and action.¹⁵

The early onset of sexual activity is also a risk factor for contamination, since, in the study, most women had their first sexual intercourse between 15 and 19 years old.

Comparing to other study, in which most of its results were between 13 and 19 years, resulting in the need to strengthen the guidance for women to seek prevention from the beginning of their active sexual life.¹⁶

Regarding the use of contraceptives, most women do not use them, representing a good factor for the prevention of cervical cancer, since some studies indicate an association between the use of oral contraceptives and cervical cancer. Contraceptives contain hormones such as progesterone and estrogen that can enhance the expression of HPV, but such variable is difficult to assess, for it relates to greater sexual exposure.¹²⁻³

Table 2: Characteristics of women undergoing preventive examinations for cervical cancer at a FHU in the city of Recife, according to gynecologic data. Recife, 2013.

Characteristics	Specifications	n=71	%
Menarche			
	09 - 10 years	1	1.40
	11 - 14 years	65	91.54
	15 years or more	5	7.04
Beginning of sexual activity			
	12 - 14 years	14	19.71
	15 - 19 years	47	66.19
	20 - 25 years	7	9.85
	26 years or more	3	4.22
Use of contraceptives			
	No	48	67.60
	Yes	23	32.39
Contraceptive method			
	Pill	9	39.13
	Injectable	14	60.86

Table 3 shows that 49 (69.01%) women were multiparous and that 36 (50.70%) women had from two to three children; most 74.64% (53) had no history of abortion.

A largest number of pregnancies also indicates a risk factor for cervical cancer, prevailing multiparous in the study. Regarding the number of pregnancies, a study shows that the highest percentage of abnormal tests in Papanicolaou occurs among women who had

up to two pregnancies. Nevertheless, it is noteworthy that, during pregnancy, women undergo hormonal changes that may influence directly or indirectly the development of neoplastic changes.¹⁷

Studies have shown that the risk of developing cervical cancer increases five times in multiparous women,¹³ since, in this study, most had two or three children.

Table 3. Characteristics of women undergoing preventive examinations for cervical cancer at a FHU in the city of Recife, according to obstetrical data. Recife, 2013.

Characteristics	Specifications	n=71	%
Number of pregnancies			
	Nulliparous	7	9.85
	Primiparous	15	21.12
	Multiparous	49	69.01
Number of children			
	No children	10	14.08
	01 child	17	23.94
	02 - 03 children	36	50.70
	04 children or more	8	11.26
Number of abortions			
	No abortion	53	74.64
	01 abortion	13	18.30
	02 - 03 abortions	4	5.63
	04 abortions or more	1	1.40

A significant percentage of the interviewed women 92.95% (66) were non-smokers, and 7.04% (5) were smokers, on an average time between ten and 40 years and with a daily amount of five to ten cigarettes (Table 4).

Smoking has been reported as a risk factor for cervical cancer, in which the substances contained in the cigarette act inducing mutations and promoting uncontrolled proliferation of cells infected with HPV.³

Table 4. Distribution of women undergoing preventive examinations for cervical cancer at a FHU in the city of Recife, regarding tobacco use. Recife, 2013.

Variable	n=71	%
Smoker		
	Yes	5 7.04
	No	66 92.95

Most women, 60% (43), undergo preventive examination of cervical cancer annually, 31% (22) every two years and 9% (six), every three years or more (Figure 1).

The periodicity is not in accordance with the standards established by the Ministry of Health, every three years after two consecutive normal tests, with an interval of a

year.^{8-9,12} It is noteworthy that, even given the recommended examination repetition frequency, it is necessary to evaluate each case individually, taking into account risk factors, and the result of previous tests.¹⁸

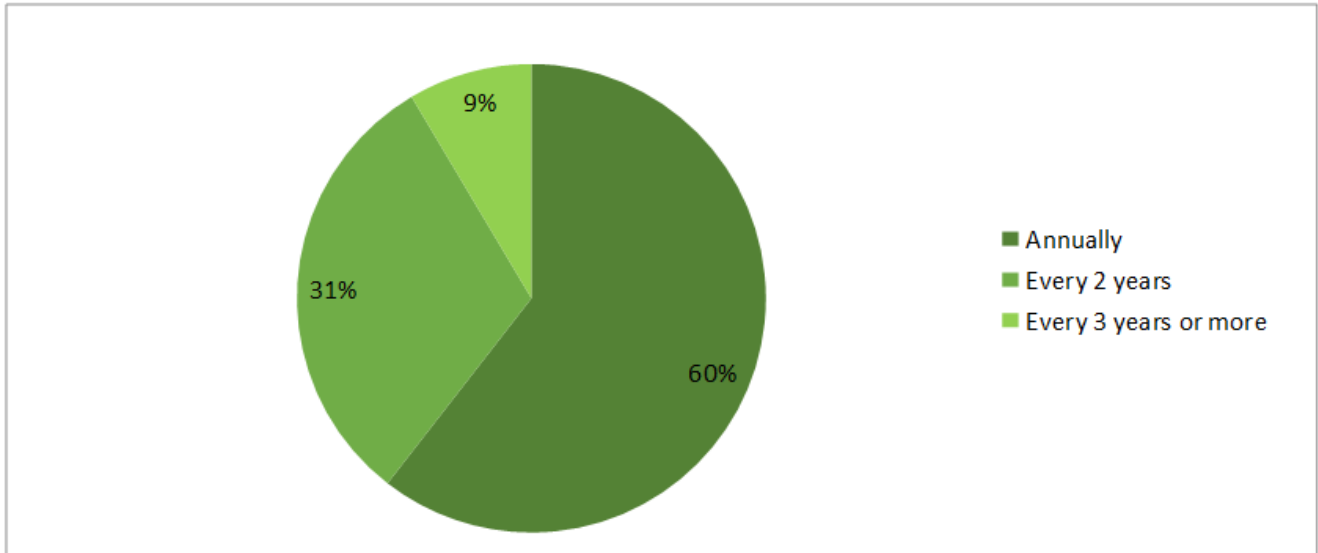


Figure 1. Frequency of realization of preventive examinations for cervical cancer. Recife, 2013.

Regarding gynecological problems, most women, 83% (59), reported having no gynecological problem and 17% (12) had, and, among those 17% (12), 67% (8) had vaginal discharge, 25% (3), itch, and 8% (1) pain in the lower abdomen (Figure 2).

In another study at a Family Health Unit in the city of Caibi - SC, most of the interviewees reported having a gynecological problem, with symptoms of itch, burning and

vaginal discharge. Women with sexually transmitted diseases (STDs) have precursor lesions of cervical cancer of the uterus five times more often, especially if there is HPV infection. The screening test does not aim to identify STDs, though it is often possible identifying them.¹³

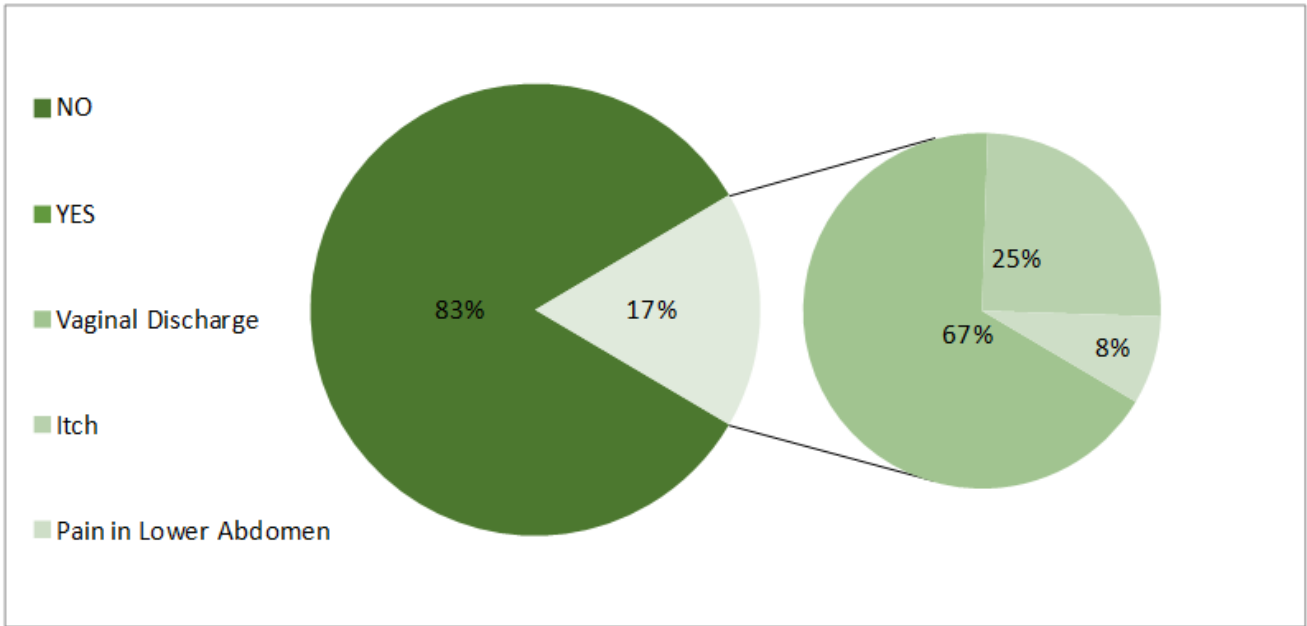


Figure 2. History of gynecological problems among women who underwent the screening test for cervical cancer at a FHU in Recife. Recife, 2013.

CONCLUSION

The study revealed that most women were 46 years old or more, married, and had completed high school; the menarche occurred from 11 years to 14 years, initiated

sexual activity from 15 to 19 years, and were not using contraceptives nor tobacco. Regarding obstetric data, most women had from two to three children, were multiparous and had no history of abortion. The frequency of the examination increased each year, and

they reported not having gynecological problems.

One recommends the adoption of educational practices in order to educate the female population about the importance of completing the exam on its schedule.

The study will guide future nursing actions at the mentioned Family Health Unit, expanding the coverage of the female population with the mass realization of the Pap test, reorganization of the gynecological clinical care to women in the health service, training of health professionals, the quality and continuity of prevention and control of the disease and the establishment of more humane and equitable interventions.

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