ORIGINAL ARTICLE

PERCEPTION OF PREGNANTS FROM A COMMUNITY ABOUT CERVICAL CANCER

PERCEPÇÃO DAS GESTANTES DE UMA COMUNIDADE SOBRE O CÂNCER DO COLO DO ÚTERO

Percepción de embarazadas de una comunidad sobre el cáncer del cuello del útero

RESUMO

Objetivo: avaliar a percepção das gestantes sobre o câncer de colo do útero e sua prevenção. Método: estudo descritivo, exploratório, de abordagem qualitativa realizado em uma Unidade Básica de Saúde de Campina Grande/PB/Nordeste do Brasil. A coleta de dados procedeu-se por meio de entrevista semiestruturada, após a aprobación do pliego de pesquisa pelo Comité de Ética em Pesquisa, protocolo n. 2874.0.000.405-10. Os dados foram avaliados por meio da Técnica de Análise de conteúdo. Resultados: após a análise dos dados identificou-se três categorias << (Des) Conhecimento sobre o CCU >>, << (In) definições sobre o exame de prevenção >> e << Obstáculos para realização do exame de prevenção durante o pré-natal >>. Conclusão: as gestantes demonstraram desconhecimento sobre o câncer de colo do útero e não realizaram a prevenção. Essa lacuna evidenciada suscita argumentos para valorizar e repensar o pré-natal e qualidade de apoyo materno fetal para transmitir información sobre la atención integral a la salud. Descriptores: Cuidado Pré-Natal; Neoplasia cervical; Prevenção do Câncer de Colo do útero.

ABSTRACT

Objective: to evaluate the perception of pregnant women about cervical cancer and its prevention. Method: a descriptive, exploratory, of qualitative approach study performed in a Basic Health Unit of Campina Grande/Pará/Northeastern Brazil. Data collection was conducted through semi-structured interviews, after approval of the research project by the Ethics Committee in Research, protocol n. 2874.0.000.405-10. Data were analyzed by content analysis technique. Results: after data analysis, there were identified three categories << Knowledge (Ignorance) about UAC >>, << Definitions (Indefinitions) about prevention examination >> and << Obstacles for the exam prevention during pre natal >>. Conclusion: patients showed ignorance about cancer of the cervix and did not execute prevention. This gap raises evidenced arguments to rethink the value and quality of prenatal care, as a moment of listening and transmitting information about the comprehensive health care. Descriptors: Prenatal Care; Cervical Neoplasia; Prevention of Cervical Cancer.

RESUMEN

Objetivo: evaluar la percepción de las embarazadas sobre el cáncer cervicouterino y su prevención. Método: un estudio descritivo, exploratorio, de abordaje cualitativo, realizado en una Unidad Básica de Salud de Campina Grande (PB), Brazil. La recolección de datos se realizó a través de entrevistas semi-estructuradas, tras la aprobación del proyecto de investigación por el Comité de Ética en Investigación de Protocolo n. 2874.0.000.405-10. Los datos fueron analizados mediante la técnica de análisis de contenido. Resultados: tras el análisis de los datos de configuración son identificadas tres categorías << (Des) Conocimiento acerca de UC >>, << (In) definiciones del examen de prevención >> y << Obstáculos para la prevención del examen durante la prenata >. Conclusión: las pacientes mostraron desconocimiento sobre el cáncer del cuello del útero y no hizo la prevención. Esta brecha evidenciada plantea argumentos para valorizar y repensar la atención prenatal de calidad, como momento de escucha e repasse de informações sobre o cuidado integral à saúde. Descriptores: Assistência Pré-Natal; Neoplasia Cervical; Prevenção de Câncer Cervical.

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J Nurs UFPE on line., Recife, 7(7):4655-62, July., 2013
INTRODUCTION

On the world stage the cancer Cervical (CCU) is a neoplasm that determines approximately 275,000 deaths annually, representing the largest number of deaths among gynecological cancers worldwide. Being those LDCs have most of these cases. In Brazil, for example, for year 2012 it was estimated that the appearance of approximately 17,540 new cases and to the state of Paraíba 15,96 cases per 100,000 women. Although this estimate is a slowly progressing malignancy and has a high potential for cure when diagnosed and treated in the preclinical stages of the disease, during which changes can be detected by Pap smear also known as a Pap smear or preventing cancer of the cervix - PCCU.

This test is offered to women due to the Basic Health Unit by professionals qualified doctors and nurses working in primary care to Health2nd and is considered essential in tracking the CCU and its precursor lesions as it is safe, sensitive and has low cost. Evidence points that cover 80% of the sexually active female population aged 25-64 years with annual periodicity and after two consecutive negative results with the three-year interval, can significantly reduce mortality rates of this malignancy.

Another important tool in the fight against cervical cancer is the health education as a way to meet the social context of women and reorient health practices, to promote clear information about their risk factors, which include early first sexual intercourse, multiple sexual partners, prolonged use of oral contraceptives, immunosuppression, inadequate hygiene, low socioeconomic status, smoking, and infection with Human Papilloma Virus (HPV), which is considered the most responsible for the CCU. In addition, information about PCCU and a welcoming attitude of health professionals to the woman also facilitates the adhesion of the same for self-care, which added to a network service hinged diagnosis and treatment are necessary to improve the conditions current picture of cervical cancer in the country. However, what is evident is the persistence of the high incidence of cervical cancer especially in developing countries, due to poor living conditions, lack or weakness of health promotion strategies (INCA, 2011) and mainly due to non-realization of PCCU or inadequate realization with frequency.

In this perspective for several decades to control this malignancy is already being discussed nationally and is incorporated as one of the priorities of the Ministry of Health (MOH) in order to ensure access to quality completion of PCCU. However, there are barriers highlighted for this to occur, relating to multiple factors inherent in women, services and practices of professionals. Thus, knowledge about these factors and intervention are essential to control the CCU, to promote women's access to information and health services quality, for what is observed in practice is that even women who are pregnant and therefore, is more present in health services is not aware of the necessity of the realization of PCCU.

There is even a lack of studies that evaluate the quality of health services in Brazil, especially the actions that must performed during pregnancy. The quality assessment at this stage of a woman's life, especially considers the number of prenatal visits and the type of delivery that was performed, excluding thus the evaluation of the realization on the part of the mother of PCCU. This reality is the gap in care, because the cervix cancer is the most diagnosed during pregnancy.

Thus, considering the frequency of the CCU during reproductive life, and prenatal care can serve as an opportunity for early detection of lesions, thereby aiding in the improvement of the indicators of this malignancy, the need to understand through the Education Program by Work for Health-PET Family Health, with the inclusion of academic Nursing Course which perceptions of pregnant women in a Basic Family Health (UBSF) in a poor community in the city of Campina Grande on the CCU and its prevention. For this, the study was motivated by the following goals:

- To identify the vulnerability of pregnant women about the risk factors for cervical cancer
- To evaluate the perception of the women on the CCU and the PCCU
- To identify factors that help or hinder the examination during pregnancy.

METHODOLOGY

Article compiled from research Outreach Program for Education Work for Health - Family Health PET line of Women’s Health, funded by the Ministry of Health

Qualitative and descriptive study, it aims to provide an interpretation of the deeper
aspects allowing the understanding of subjective aspects inherent to the topic in question. Moreover, as this type of study seeks intentionality of acts, it is essential to understand the factors involved in Pap smear testing during pregnancy.

The research site was a Basic Family Health (UBSF) of the poor in the city of Campina Grande - PB, which includes two Family Health Teams. The sample was determined from inclusion criteria comprised women who were pregnant and enrolled in UBSF, and seek the health service to perform the pre-natal period of data collection that occurred in January 2012.

Data were collected using semi-structured interviews. The delimitation of the sample is given by saturation of information, which totaled 14 pregnant women. These interviews were undertaken and recorded after information given to pregnant women about the research and its objectives through the Term of Free and Informed Consent Form (ICF), then the acceptance of them participate in the study.

The interviews were transcribed verbatim and analyzed by content analysis technique that consists of three steps. Were the pre-analysis of the data through reading of the entire material, then the information was organized to make them operational and systematic scheme to drive a need for development of other steps. Finally, there was the exploration of the material, by exhaustive reading that allowed the identification of emergent categories and cutout. These data were aggregated according to the similarities and thereafter classified into empirical categories and analyzed by means of inferences and interpretations provided in theoretical or suggested by reading the material.

The research was conducted according to the ethical aspects involving humans recommended by Resolution 196/96 of the CNS and started after approval of the Ethics Committee of the State University of Paraiba/UEPB second protocol CEP/UEPB No. 2874.0.000.405 -10. For purposes of understanding and ensuring confidentiality, women were identified with the letter “M” followed by the number for the sequence of interviews.

RESULTS

- Knowing the profile of pregnant women as vulnerable to risk factors for the CCU

The sample consisted of 14 pregnant women and characterized as shown in Table 1. It was found that 78.6% (11) were aged 15-25 years, followed by 21.4% (3) with 26 to 35 years. Although the peak incidence of cervical cancer occurs 40-49 years old and only a small percentage occurs with less than 30 years, the age of early detection should be 20 to 29 years, it is the period in which they arise precursor lesions and precedes mortality cancer. Thus, the timing of prenatal care is appropriate for your screening.

With regard to education, it was found that 64.3% (9) had completed elementary school, followed by 35.7% with secondary education (5). The family income below the poverty level accounted for 92.8% (13) and only one woman had up to two minimum wages.

This reality of low education and socio-economic complications the implementation of preventive measures such as PCCU and promotion of women's health and may negatively impact on the living conditions and hinder early diagnosis and treatment, thus decreasing the chance of survival. Moreover, the fact that users have a low level of education should be considered at the time of care, should predominate approach clear and simple.

Regarding marital most mentioned single and said first sexual intercourse 12-15 years of age, represented by 64.3% (9). Followed by 35.7% (5) reported that they were married or have a stable and first sexual intercourse 16-20 years. This finding takes more importance because of the interviewees have reported in 50% (7) more than one partner since first sexual intercourse and the absolute absence of condom use during sex 74.6% of the sample (11) and only 21 4% (3) are routinely use.

Considering the risk factors, women who begin sexual activity early, is more likely to have multiple partners, without the use of condoms, or with his sporadic use leave more exposed to HPV and more vulnerable to the CCU. Therefore, for the MS, the most important would be the number of children but the age that women start their sexual life.

Regarding gynecological and obstetric characteristics of the respondents, the predominant gestational age was included in the 3rd quarter with 42.8% (6), followed by the 2nd quarter 35.7% (5) and 21.5% (3) in 1st quarter. The PCCU is an examination encouraged by MS and should be evaluated by a health professional performs the need in him for obeying the frequency tracking.
From the description and analysis of the interviewees' reports:

**Category 1: (Un) Knowledge about cancer of the cervix**

On being questioned about the CCU, there was limited knowledge of the interviewees, where the majority had knowledge or distorted visions and confused, relating it to pathology and / or symptoms do not match.

*The people say that women who have these tumors, these ‘thing’ within the uterus, urinary tract infection gives mad.* (M9)

*I know that is transmitted by some abscess [...].* (M9)

*I do not hear much (silence) a know a'm not remembered.* (M9)

*Never had so to do consulting, nobody ever said anything to me there.* (M 12)

This lack of knowledge reflects that there are weaknesses in the information being transmitted in prenatal care. By reports, it is clear that professionals do not proffer sufficient guidance on the topic. Similarly, it is also possible to assume, that the recommendations are given when there is a lack of clarity probably causing these are incompletely understood by women or unintelligible.15

Health education on the CCU should be an inherent practical assistance offered to women as it is recommended by the Ministry of Health - MS.15 However, there are still women who are unaware of the CCU and this can be interpreted as a loss of opportunity for professional guide these women, because the gestational period is a phase that women are more present in the health service for consultations, examinations and of these, should be contemplated PCCU.7

Thus, prenatal nurses can work in educational activities to educate women about cervical cancer and sensitize them to carry out prevention and / or provide other information.13 In the present study, it is clear that even the sample presenting risk factors, and hence vulnerability to CCU guidelines were not given properly.

Two respondents reported having information about the CCU via the media; however, had difficulty in speaking on the subject:

*I see so to speak, saw on television, but it's a small thing, a very not understand.* (M13)

*I see, not only do not care for such things, not that I do not think. I know there! It is important. I think it's important, just that I do not care no.* (M1)

It must be considered that only three respondents reported having knowledge even if restricted on the CCU and about HPV and its causative agent, thereby recognizing that there is a possibility of preventing this cancer, as reported the speech:

*That kills the cancer, which is in the womb, should always go to the gynecologist to take.* (M4)

*I know it is a bacterium, ne? HPV. I heard it was, that starts with a sore and if we do not treat cancer turns on the cervix.* (M8)

However, only one of those interviewed had done the previous year, or the other had never done or had done, but was higher than the recommended deadline for screening:

*The doctor did not pass, neither asked nor I did. And I had done last year, had already taken the exam.* (M8)

*Never did.* (M4)

*The last time I will make four years.* (M3)

Considering what is recommended by MS for the screening to be organized,1 the reality of the women walking in the opposite direction, leaving them vulnerable to the development of the CCU.

**Category 2: (In) settings about the prevention examination**

During the interviews when asked about PCCU, we used the terms that he is often described in the community in order to facilitate understanding of the question. Thus, it was observed that this has numerous classifications and definitions in the vision of a few individuals.

Women often call it often takes blade, prevention, and gynecological cytology, but demonstrate difficulty in speaking of it, knowing the purpose and importance of performing it during pregnancy, or even showing a little knowledge of it:
No, I know I have to do, just that I never did. Oh this is gynecological? I've done. (M13)

I know in these things, so I know I am not a very decorum. I know it is good to do cleaning right to prevent various diseases. I never did that when there was pregnant. (M3)

It's what you do, right? The cytologic? thus helping to know what you have, right? If you have an infection, it's all good inside. Only I never did not. (M6)

Other interviewees although not demonstrated knowledge of the CCU, reported on the prevention of this as a strategy to prevent diseases, not relating to the CCU:

I know that a woman has to do right, always you're doing, why so may prevent several things right, I know not, I know I have to do (silence). So, I do because I think if a person is going to have anything, find out right quick and so begins the treatment faster, but to know so well so deep, I do not know a. (M2).

These findings are worrying as the lack or limited knowledge are key factors for non-adherence to PCCU. Equally as important as doing it, it is necessary to adhere to the schedule recommended by the MS and the women interviewed, no is aware of the frequency required:

I know that it is okay to do every year or six months. Every six months. Practical know if you have any 'problem' or not. (M5)

Gynecological exam I know we have to do six a year, every year or so every six months to prevent. (M8)

This lack of periodicity also reflects the lack of investment in prevention and awareness, making the public service more costly and less resolution in these cases, since the age where they are if they were discovered lesions were in the early stages, improving the chance of cure. Encourage pregnant women to have a full attendance is also objective of prenatal care, so take advantage of the women coming to UBSF to perform PCCU, should also be a purpose during consultations.

Category 3: Obstacles for the exam prevention during prenatal

Among pregnant women in the study asked about the reason for missing the exam preventive mentioned several reasons to justify being the discomfort, shame and fear the main reasons reported:

Af! It's too bad to do that exam. Why bother and I'm ashamed. (M1)

I thought the good part and another part thought it was very bad, that I was ashamed then why I thought a little bad. (M11)

Oh, it's too uncomfortable, a good no. (M13)

Similar results were found in studies conducted in Minas Gerais, where most women describe pelvic examination as something painful and embarrassing, since each time a woman exposes her body may surface taboos regarding sex resulting from education received. Added to this, the lack of examination and cultural factors are also associated with not performing the same.

In relation to fear, that yearning can be due to several factors, including the ignorance that consideration does not affect the pregnancy and can bring you benefits when done. Also, some women fear cancer by discovering strong stigma linking this disease to suffering and death, as observed in some clippings speak:

She said I had to do, then said, I'll make a not that I'm pregnant, then she said no, but do not have problems, is also pregnant, so I did. (M1)

Because when they were talking, I did not want to listen, because I'm afraid (M12)

Then I'm afraid to find any disease. (M4)

Contradictory to what the women interviewed think the exam should be done during pregnancy and harvested routinely regardless of pregnancy status. However, one should take into account that collection to take prevention should happen preferably until the 7th month which does not mean it is done in other periods when necessary, differing from other women, just because it's not done collecting endocervical, although there is disagreement about deleting this site, since this procedure does not increase the bleeding or miscarriage and its use increases the sensitivity of the method.

Another important factor that is seen as an obstacle to the examination noted by interviewees' discourse is the issue of accessibility to services.

So why, why still cannot get the post, because when I went to was closed holiday. (M2)

For the last time I scored was when the post went on strike, so I made a. (M2)

Oh woman! Why do things here is very difficult to see, Ave Maria [...] is that bad access is bad here. (M13)

The strike which the user has been reports of health of the city that lasted about four months and followed a reform in UBSF. In this period the attendance of professionals was directed to a health center in a neighboring
district, which became geographically more distant care. Return to UBSF took about five months before the period of data collection, but even so, most of the women interviewed had not realized the PCCU.

In UBSF in which the study was conducted, there are at least two specific times to perform the smear, which are performed with the professional doctor and the nurse, but it is evident that the greatest demand for this exam is usually women who annually do it.

This occurs in most of Brazil, for the information system for cervical cancer (SISCOLO) notes quantitatively tests being performed, so that women do not make the correct tracking scheme, or who never performed the examination, it is evident, leaving the health team health surveillance of these cases.4

In return what the reports showed was that several women reported that the test was not requested by the health professional:

*The doctor did not pass, neither asked nor I did.* (M6)

*Because no one, no doctor, nobody asked. I always did prenatal everything right, none asked me to do.* (M12)

*Why did not ask? Only she asked if it was necessary, but as I do not feel anything [...] Only if it comes to feel some pain, urinary tract infection, then you have to do, right?* (M5)

The request for review by the health care professional is the biggest incentive that exists for users to accomplish it, as most respondents adhere only guidelines that are received. Therefore, education in individual or collective health is one of the key strategies that can help to guide pregnant women about the importance of holding the PCCU, which must be permeated by pedagogical practices that allow the emancipation of women in the process of searching for the care, besides being an opportunity for professionals address relevant issues and answer questions from women.13,19

**CONCLUSION**

Even pregnancy is considered the phase in which the woman is more concerned about their health and therefore more present in service, carrying the PCCU during pregnancy still occurs infrequently. There is a lack of women on the CCU due to the lack of information provided during the prenatal period.

This lack of knowledge, associated with feelings of fear, shame and embarrassment resulting in barriers in achieving PCCU. Furthermore, most of the women believe that all guidelines and / or examinations necessary for the monitoring of prenatal care are offered by professionals. However, no request PCCU evident in this study contributes to perpetuate the lack of awareness of the women of the need to do it as well, does not contribute to the improvement of the indicators of this neoplasm.

Minority of women who have knowledge about the CCU noted that the information came from the media, which can be used as a tool to spread knowledge. However, this information was not sufficient to sensitize pregnant women in this study to perform the PCCU.

Unveiling these (un) knowledge of the women brings arguments to evaluate and rethink the prenatal quality as a time to look beyond the routine examinations of pregnancy, but as a moment of dialogue in which the pregnant woman give opportunity to clarify their doubts and receive guidance also necessary for health.

**REFERENCES**


5. Jorge RJB, Diógenes MAR, Mendonça FAC, Sampaio LRL, Júnior, RJ. Exame Papanicolaou: sentimentos relatados por.
Perception of pregnant from a community...


http://www.inca.gov.br/rbc/n_57/v04/pdf/0_4_artigo_itinerario_terapeutico_de_mulheres_cancer_colo_do_uteropdf


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