ABSTRACT
Objective: to analyze the users' knowledge about the preventive examination in a family health team. Method: a descriptive, cross-sectional, prevalence study with a quantitative approach, with 143 women, aged 25 to 50 years, from an interview with a questionnaire at home. The data were submitted to the analysis through descriptive statistics, with chi-square test and presented in figures. There was discussion with the literature. Conclusion: the users had the low level of knowledge due to the lifestyle, since most of them had low level of schooling and low income. Descriptors: Uterine Cervical Neoplasms; Neoplasms; Nursing.

RESUMO
Objetivo: analisar o conhecimento das usuárias acerca do exame preventivo em uma equipe de saúde da família. Método: estudo de campo, descritivo, transversal, de prevalência, com abordagem quantitativa, com 143 mulheres na faixa etária dos 25 aos 50 anos, a partir de entrevista com aplicação de questionário em domicílio. Os dados foram submetidos à análise por meio da estatística descritiva, com a realização do teste qui-quadrado e apresentados em figuras. Houve a discussão com a literatura. Conclusão: as usuárias tinham o nível de conhecimento baixo devido ao estilo de vida, pois a maioria tinha baixo nível de escolaridade e baixa renda. Descriptores: Câncer de colo uterino; Neoplasias; Enfermagem.

RESUMEN
Objetivo: analizar el conocimiento de las usuarias sobre el chequeo de un equipo de salud de la familia. Método: estudio de campo, descriptivo, transversal, de prevalencia, con un enfoque cuantitativo, con 143 mujeres, entre las edades de 25 a 50 años, en entrevista con cuestionarios a domicilio. Los datos fueron sometidos a análisis mediante estadística descriptiva, con prueba de Chi cuadrado y presentados en figuras. Hubo una discusión con la literatura. Conclusión: las usuarias tenían el nivel de conocimiento bajo, debido al estilo de vida, una vez que la mayoría tenía de bajo nivel de educación y baja condición social. Descriptores: Neoplasias del Cuello Uterino; Neoplasias, Enfermería.

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INTRODUCTION

Cervical cancer (UCC) is a serious health problem in Brazil and the world. This type of cancer deserves special attention, especially, in the field of public health, due to its frequency and its high potential for prevention and cure, especially, when detected in earlier stages. The main prevention strategy is to carry out screening programs through cytological examination, according to specific guidelines.¹

CCU is the second most frequent tumor among women, and is characterized by disordered replication of the lining epithelium of the organ, compromising the underlying tissue and may invade contiguous or distant structures and organs. There are two main categories of invasive carcinomas of the cervix: squamous cell carcinoma, the most incident type that affects the squamous epithelium, and adenocarcinoma, a rarer type that affects the glandular epithelium.²

The estimate for 2015 is about 320,000 cases worldwide. But despite the increased incidence of cervical cancer, there was an increase in early diagnosis and treatment.³ The evidence that the country advanced is that, in 1990, 70% of the diagnosed cases were of invasive disease, the most aggressive stage of the disease. Currently 44% of the cases are cancer precursor lesions, called in situ, localized lesions that, are diagnosed early and treated properly, have practically 100% cure.⁴

It is a slow-growing, silent disease characterized by a long period of approximately ten to 20 years between the onset of precancerous lesions (intraepithelial changes) and the actual cancerous site. Its early symptoms begin with the onset of intermittent or post-vaginal bleeding, abnormal vaginal discharge, and abdominal pain associated with urinary or intestinal complaints in more advanced cases.²,⁵ The disease is most prevalent in the 20-29 age group, slightly increasing the chance in the age group 40-49 years. As risk factors, are low economic conditions, early sexual initiation, multiple partners, early pregnancy, smoking, prolonged use of contraceptives, and, especially, human papillomavirus (HPV) infection.²,⁴

HPV is a sexually transmitted disease considered to be at high risk for progression to CCU. There are more than 100 HPV subtypes, but there are some considered oncogenic, which are more likely to progress to cervical cancer. The main ones are the 16 and 18. Studies show that HPV is present in approximately 90% of cases of CCU. 31.3% of women who progressed to cervical cancer had HPV and did not undergo adequate treatment, rising to 50.3% among women who persisted without treatment in the subsequent 24 months. This risk falls to 0.7% in women who have been adequately treated.¹²

It is important to report that, although HPV infection is a high risk factor, it is not sufficient for the development of cervical cancer, and it is necessary that there be a link with other risk factors for evolution to occur. These facts demonstrate the importance of the diagnosis and appropriate treatment of these patients, highlighting the potential of prevention of this type of cancer. The main form of prevention of HPV is the use of condoms (condoms) in all sexual relations, from beginning to end.¹³

The HPV vaccine is an important strategy for reducing cases of cancer in women. The HPV vaccine is a quadrivalent type, since they have, in their formulation, a combination of four types of HPV. It prevents infection and consequently cases of cervical cancer caused by types 16 and 18 and genital warts by types six and 11. There is evidence that the vaccine gives greater protection and indication to people who have never had contact with the Virus, inducing the production of ten times more antibodies than a natural HPV infection.⁶

The preventive examination is known as Colpohysterology, Papanicolaou or Cytology. It started in Brazil in 1940, and implanted in the public network in 1999. It originated this denomination due to the system used, which consists of the collection of cellular material by scraping the external regions (ectocervix), With the help of a spatula called Ayre spatula, and the inner part (endocervix) with a brush called brush fields of peace.⁴

In Brazil, the actions to control the CCU are represented by the Viva Mulher Program, which constitutes a national program aimed at the control of cervical and breast cancer. The screening strategies outlined by the program consist of offering the Pap smear test for women between the ages of 25 and 65, and those who have already begun sexual activity, regardless of age. The orientation is that after two negative tests for dysplasia or neoplasia, the periodicity can be triennial.³

In order to obtain the benefits of this examination in the scenario of cervical cancer prevention, all steps of the procedures related to it, from collection to results are considered extremely relevant. This is because early diagnosis is fundamental. Illness and reactions to treatment can physically and psychologically compromise women, lead to
distortions of their female identity and image, and the suffering of their family members due to insecurity and fear. The later the detection, the less likely it is to reduce its damage.7-8

If there is a change, this woman should be referred for colposcopy. Positive Colposcopy, with lesion restricted to the cervix, not extending beyond the first centimeter of the canal, is the result of removal of part or all of the transformation zone (EZT). When this method is not possible, you should refer the woman to the tertiary unit for treatment, as well as extend it to the periphery of the cervix or to the vagina. All patients who undergo treatment should be followed up for two years and repeat the cytological examination every six months.7-9

Conventional medicine lays out three main approaches to cancer treatment: surgical excision, radiation therapy, and chemotherapy. However, in the last decades, relevant changes have been observed. There was a considerable request (60%) for the search for phytotherapy, which is a complementary method, which uses preventive, diagnostic and treatment practices apart from the dominant medical model, whose actions are predominantly based on complaint / behavior and on the prescriptive valuation of allopathic.7,9,10

Basic health services, involving the family health strategy, are responsible for providing preventive actions for CCU. The primary unit is the primary site for CCU screening and detection in Brazil.11 The Family Health Strategy (FHS) nurse plays an important role in the prevention and detection of this cancer, since it is responsible for identifying women with Risk assessment, guides them regarding the importance of the examination, through educational actions and collection of the material through the Pap smear.4,12

It was found that, in recent years, the goal of coverage of colpocytological exams has not been reached. Due to this scenario, the current perspective of CCU’s national control program is to consolidate the monitoring of actions in the three levels of management, thus increasing the coverage of the target population to the minimum level of 80%. The plan is to improve the quality of actions in primary and secondary care, and ensure the adequate follow-up of women, with the effective treatment of precursor lesions in tertiary action.2,5,7

Some obstacles are observed regarding the acceptance of the preventive examination. The main ones are: for being a shameful examination, due to exposure of the body; for they find a type of violence due to the brutality as certain professionals realize it; for fear of the result of the examination; and due to the delay in marking the exam in the basic unit, preferring to perform a particular task.3,13 In view of the context presented, the guiding question and main objective of this research was reached, which was to know the level of knowledge of the users in a family health team on the cervical cancer screening.

**OBJECTIVE**

- To analyze users’ knowledge about preventive screening in a family health team.

**METHOD**

A descriptive, cross-sectional, prevalence study with a quantitative approach was carried out in a Family Health team from the city of Maceió, Brazil, from July to October 2015.

The selection of the women was census based on the records of the unit, which contained the number of fertile women in each micro area, whose population was 400, where the sample was calculated, totaling 143 women. The interviews were carried out in their homes. The questionnaire was elaborated by the authors, which contained 19 semi-structured questions related to the main risk factors for the evolution of cervical cancer and the women’s knowledge on the subject.

The inclusion criteria used were women in the 25-50 age group, independent of race and color, due to the higher incidence of CCU being in this age group, gradually decreasing from 60 years; who were enrolled in the study team. The exclusion criteria were men, women outside the age group, and women who did not agree to respond to the proposed questionnaire.

The study was approved by the Research Ethics Committee Involving Humans (CEP Opinion 042/04) and, at the time of the interview, all the women signed the Free and Informed Consent Form, according to Resolution nº96 / 96, of October 10 1996, which establishes the Health Research Standards involving human beings. The theoretical reference was consulted in books, database and virtual library (LILACS, SCIELO, VHL), where articles and dissertations of the last three years were found, based on the following topic: Oncotic Colpocitology exam; Cervical cancer; Importance of nurses in CCU prevention; Awareness of cervical cancer prevention and cervical cancer screening; among others.
After the application of the questionnaire, the data were entered in a database of the Excel program, version 2010, and, later, submitted to analysis through descriptive statistics, with the chi-square test in the same program. This test is used to check for evidence of association between two or more variables. A cross-table of the variables of interest was calculated, calculating the "expected" table without association, but with the observation that all values in the "expected" table should have a number greater than five for the test to be valid. The tables that had a number did not enter the test. After that, the Excel TEST function was used .QUIQUA, where the final value of the test was found.

The degree of freedom was realized, which is the product of (number of lines - 1) x (number of columns - 1). With the result, it is enough to look only at the table of Distribution of chi-square-x² in which column the number of the result of the test x² is, thus, finding, the percentage of association between the crossing the variables, called p-value. If the p-value is less than or equal to 5%, then there is a statistical relationship between these variables. If it is greater than or equal to 5%, then this association was by chance.

Considering ethical principles, this study was carried out after authorization from the research site, submitted to the Plataforma Brasil and approved by the Committee of Ethics and Research (CEP) of the CESMAC University Center, based on the guidelines of the Resolution of the National Health Council No. 466, Of 2012, and has the consubstantiated opinion of number 1,141,019..019.

**RESULTS AND DISCUSSION**

According to the results found, the number of women aged 25-29 who underwent cytology was 33 women, equivalent to 23%. This index increases in the age group of 40-49 years, where 32 women were found, equivalent to 23% of the sample. According to the Ministry of Health, the age group that initiates the risk of cervical cancer (CCU) is 25-29 years.²

The majority of women were in the age range of 50-59 (33%) where this index decreased, remaining 19% in the age group of 30-39 years, with 27 women. The women who most need the Pap smear are the ones who least expect it. This could explain the number of late diagnoses and high mortality.¹⁵

In addition to the age group, there were other important risk factors for CCU development. They include: low economic conditions, early sexual initiation, multiple partners, early pregnancy, smoking, prolonged contraceptive use, and, especially, Papillomavirus infection (HPV) .²,²,⁴ Based on these risk factors, the research questionnaire was developed so that one can know the risk factors that most influence the health of the women in this health team, and which factors Prevent the knowledge about the prevention of this type of cancer.

In relation to the profession, the majority of the women work in their residence (of the home), totaling 83 (58%) women. Of those who work outside the home, most are employed in local commerce, 16 (11%) women, being owners or employees; ten (7%) are day laborers; nine (6%) are students, nine (6%) are already retired; six (4%) did not work and one (0.7%) did not want to answer this question.

The other nine women had fixed work, such as: safety (1.4%), nursing (1.4%), fireman (0.7%), event promoter (1.4%); (0.7%); and caregiver (0.7%). It can be noticed that most of them had low economic condition, which perhaps explains the low level of knowledge about cancer and its prevention through the examination of Colpocitologia and the appropriate treatment, since the unit studied accomplishes already many years the referred one Examination on alternate days and times.

In relation to schooling, the majority had incomplete primary education, accounting for 65 (46%) women, or were illiterate, 24 (17%) women, that is, low educational level. Among the women interviewed, 11 (8%) had a complete basic education, 19 (13%) had a high school diploma, 17 (12%) had an incomplete high school diploma. Only five (4%) had incomplete higher education and one (0.7%) complete higher education, but did not work in their training area. None had master's or doctorate.

A study with 81 women aged between 20 and 85 years, aiming to verify the knowledge about the preventive examination of the Cancer of Uterus (CCU). The majority of the sample (55.6%) had the first grade of education, followed by the second grade (38.3%) and the third grade (4.9%). One study with that of Ferreira and Oliveira (2006) found that both samples had the majority of women with low educational level, and, consequently, low index of information about the CCU and its preventive examination, which may explain the low demand for health services. So, they are not Correctly screened and / or treated.
Regarding marital status, 82 (58%) of them were single, widowed or divorced, while the other 60 (42%) women were married. Regarding oral contraceptive use, the vast majority of women interviewed did not use it, totaling 127 (89%) women, while those using oral contraceptives accounted for 18 (13%). Of those who used it, ten (56%) of them used it for more than two years, four (22%) of them for one year and three (17%) for less than one year. There was one (6%) who did not want to answer this question.

It was then realized that, the majority of women using oral contraceptives were single (Figure 1). Long-term oral contraceptive use is considered one of the risk factors for CCU, which disappears after the woman stops using this medication for a while. A study shows that there are other types of contraceptives that tend to increase the chance of developing CCU, such as the Intrauterine Device (IUD).³

Another risk factor was the early onset of sexual intercourse, because the sooner sexual contact, the more likely the human papillomavirus (HPV) is transmitted, thereby increasing the risk of developing cervical cancer.¹ Among the women interviewed, The majority began sexual life in the age group 16 to 20 years old, totaling 73 (51%) women; followed by the age group from ten to 15 years old with 42 (30%) women, nine (6%) had this beginning in the age group of 20 to 25 years, and 13 (9%) over 25 years. There were six (4%) women who did not agree to answer this question.

In addition to the early onset of sexual life, another important factor is the number of sexual partners women have had in life, which also influences the increase in HPV transmission and, consequently, also increases the likelihood of developing cervical cancer.¹ Among women Who entered the survey, most said they had one to two partners in life, adding up to 87 (61%) women. While 42 (29%) reported having had three to five partners, four (3%) had six to ten, four (3%) reported being virgins, four (3%) did not want to answer this question, and two (1%) had more than ten partners, including one who reported being a program girl and having more than 100 partners in their sex lives.

Smoking is also one of the risk factors, since women who smoke are twice as likely to develop CCU as non-smokers. Smoking exposes the body to many carcinogenic chemicals that affect other organs, besides the lungs. These harmful substances are absorbed by the lungs and transported throughout the body in the bloodstream, and smoking makes immune system defenses less effective in combating HPV infections.⁵ Among the women included in the study, 90 (63%) did not smoke, 41 (29%) quit smoking approximately two years ago, and only 12 (8%) smoked, and started in adolescence.

Among the risk factors, the main one is infection with a sexually transmitted disease (STD), mainly by HPV, a precancerous lesion of the cervix that can progress to invasive cancer faster than expected.² Among them The women interviewed, 13 had or had some STD, and of these, eight were by HPV (Figure 2). Of these eight, only six completed treatment. Because it is present in 90% of cases of CCU, it is essential to perform the complete treatment of HPV, because the index reduces almost completely when it is performed, totaling only 0.7% chance of developing this type of cancer.¹²
It was noticed, from the analysis of the data that women who had or already had HPV started the sexual life between 12-19 years, that is; the probability of infection by HPV increases when one has longer time of sexual contact. It was also observed that, among the total number of women who had or had HPV (8), 63% were from the home and 88% did not finish the first degree, so, they had low schooling, which may explain the lack of knowledge about cervical cancer and its Preventive examination.

Parity was also an important observation factor, since women who had three or more pregnancies had a higher risk of developing cervical cancer. Many of these women are believed to have unprotected sex, making them more prone to HPV. Some studies say that hormonal changes during pregnancy may make women more susceptible to HPV infection or cancer development. Another study points out that pregnant women may have weaker immune systems, allowing HPV infection and disease development.1,3

Among the interviewed women, 58 had 1-2 pregnancies (40%), followed by those who had 3-5 pregnancies totaling 51 (36%) women; 16 (11%) had six to ten pregnancies; five (3%) women had more than ten pregnancies; one (0.7%) woman did not want to answer this question, and 12 (8%) never had children. Of the 130 women who became pregnant, only five (4%) had no abortions, 82 (63%) had one or two abortions and 43 (33%) had three to five abortions.

Through the analysis of the data, it was observed that the woman who had the greatest number of abortions was domestic, former smoker, started the sexual life with 19 years, and had 11 pregnancies, including four abortions, ie had five risk factors, which greatly increases the likelihood of developing CCU. Of course, it should not have enough knowledge on this subject to prevent itself and thus prevent these factors from happening.

When asked about the age of the first gestation, 51 (36%) of the women were between 16-20 years of age, followed by the age group of 21-25 years with 37 (26%) women; 19 (13%) had age group ten to 15 years of age; nine (6%) between 26-30; and seven (5%) between 31-35 years. There were four women who did not want to answer the question because they did not remember the exact age, and 16 did not have a child.

The presence of some chronic diseases are also considerable risk factors, since they depress the woman’s immune system, which makes the defenses less effective in combating infections, such as HPV, and, consequently, in the development of cervical cancer. Some of these chronic diseases are HIV / AIDS, Lupus, Cancer, and Diabetes.1 Among the women who participated in the study, only one (0.7%) reported having developed lung cancer and 20 (14%) reported having diabetes.

There were other diseases mentioned: 44 (31%) with hypertension; 13 (12%) with osteoporosis and / or arthrosis; five (3%) with neurological disease, among others. The use of corticoid also depresses the immune system. In the study, only 16 (11%) reported having had corticoid treatment, while the remaining, 127 (89%) never had any.

The cytology or pap smear test is the primary measure in the prevention of CCU. The dissemination of this information regarding the importance of this examination is crucial for the reduction of the cervical cancer index, especially in areas of low schooling, such as the study site. Among the interviewed women, most knew what the preventive exam was, but, they did not know how important this exam was (Figure 3).10
In an evaluation of the knowledge of women, between 25 and 50 years of age, with a variable level of schooling, who spontaneously sought PSF for Papanicola, it was evidenced that 32.14% had heard Pap smear, while That 21.43% had never heard of this examination. Comparing the mentioned study with this research, it is concluded that in both the amount of women who did not know what the Papanicola protective exam was considerably large for the days The importance of this information.

Regarding the cytology, of the total number of women, 131 (92%) had already had it, while 12 (8%) never had it. Of those who had it, 55 (42%) were in less than one year; 37 more than two years (28%); 21 (16%) women at two years; and 18 women had it at one year (14%). In a study whose sample was 120 women, it was verified that most of them (60%) know the importance of the exam, performing it annually. About 40% of this sample is not knowledgeable about the exam, and the authors report that fear of the result, and the embarrassment of taking the exam are the main causes attributed to their non-achievement.

Regarding the cytology results, the results of the women who did not have abnormalities in the result and those who had had little difference, but, the majority (47%) had abnormal results in the preventive exam (Figure 4). Of the women interviewed, ten did not want to answer this question. Of the abnormal results, we found 29 (43%) cases of candidiasis, 22 (33%) cases of local inflammation (33%); eight (12%) women with HPV infection; seven (11%) bacterial infections and one (1.5%) case of genital herpes.

About the abnormal cytology results, 56 (84%) underwent treatment and 11 (16%) did not. It can be noticed that due to the lack of information, a high number of women who never had the cytology is still found, and if they had it and it gave altered results, never treated. It was noticed, then, that in this area did not reach the goal of the Ministry of Health, which is to achieve 80% of annual cytology achievement.
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Cervical cancer prevention: the knowledge...

Cervical cancer is one of many cancers little known to women, especially those with low income and schooling. At the site of this research, there were 102 (71%) who knew what the CCU was, while 41 (29%) never heard of it. Of those who knew what the CCU was, 44 (43%) said they did not know how to explain, and those who said they knew how to explain (57%), only 21% managed to pass what is really the CCU because most talked about the symptoms, but did not know the forms of prevention and correct treatment of this type of cancer.

The Chi-Square statistic test was used to verify if there was evidence of association between the qualitative variables found or whether the result was due to chance alone (p-value). To determine if there is an association, the p-value must be less than or equal to 5% in the Chi-Square distribution table. After reaching the p-value result of each crossing, we concluded that none of these had a p-value less than or equal to 5% (0.05), and that the majority was greater than 100%, with 38% (51%). Crosses, followed by 10-90%, with 27 (37%), while less than or equal to 5% there was no crossing (Figure 5). That is, all the crosses performed had no statistical association, being considered only by chance.

CONCLUSION

Although cervical cancer is one of the cancers that most affects women in Brazil and the world, there is a large percentage of women who do not know it, especially those who live in low-income places, and those with low education due to lack of information and poor access to health facilities. Because of this lack of information, the number of risk factors for CCU development has increased.

The results obtained in this research allowed us to observe that the level of knowledge of the women of this family health team, the Cancer of the Uterus and the Preventive examination of Oncology Colpocitology, is significantly low, and that this low information may be due to their lifestyle, since most of them have low level of education, some are illiterate or have incomplete primary education. It is also possible to notice that they presented some important risk factors for CCU, since they had sexual intercourse and the first gestation with less than 20 years of age, and has a current age greater than 50 years.

Another important point observed in the research was that the index of women who had STDs, especially HPV, is significantly high, and that of those who had some, did not perform the correct treatment until the end. These women said they did not know how important the correct treatment is, and the percentage that HPV has to develop CCU. The Ministry of Health through family health teams should increase actions aimed at correct treatment of HPV so that the CCU rate will decrease and future health and emotional problems will not happen.

The Ministry of Health estimated that the annual coverage of the Pap smear should be 90% per year, but what was found in this study were women who did not know what this exam was and / or its importance, and those

Figure 5. Crossings of the search results in the chi-square test. Maceió (AL), Brazil, 2015.
Notice. Percentage result of the cross between all questions of the questionnaire carried out with the women regarding their lifestyle.
who knew, some had never had it, or had it more than two years ago, thus increasing the likelihood of having STDs or CCU.

Due to the lack of information and knowledge on the subject in this area in which the research was carried out, it is suggested that the professionals who make up the team meet these women, always taking into account their needs, especially the local, disseminating information accessible To carry out the Oncology Colposcopy examination, and its possible results, advising them to seek the health unit, so that, they become active and responsible for their health care.

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