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ORIGINAL ARTICLE

PROFILE OF WOMEN UNDERGOING TO CERVICAL CYTOLOGY EXAMINATION AT THE BASIC HEALTH UNIT - NURSING CONTRIBUTIONS TO HEALTH PROMOTION

PERFIL DE MULHERES SUBMETIDAS AO EXAME DE CITOLOGIA CERVICAL NA UNIDADE BÁSICA DE SAÚDE - CONTRIBUIÇÕES DA ENFERMAGEM PARA A PROMOÇÃO DA SAÚDE

PERFIL DE LAS MUJERES SOMETIDAS A LA CITOLOGÍA CERVICAL EN UNIDAD BÁSICA DE SALUD - CONTRIBUCIONES DE LA ENFERMERÍA A LA PROMOCIÓN DE LA SALUD

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ABSTRACT

Objective*:** this work aimed to characterize the profile of women undergoing to cervical cytology examination in the basic health unit situated in Morro da Liberdade in the city of Manaus, Amazonas State (AM), Brazil. ***Method*:** exploratory study of quantitative approach. Questionnaire was used to collect data prior to cervical cytology examinations. Forty-one women were selected randomly and interviewed from April/May, 2009. ***Results*:** predominant sociodemographic characteristics were age between 20 and 29 years old (62.71%), unmarried (34.15%), daily activities within the family (48.78%), income from two to four minimum wages (51, 22%), and complete high school (50%). Related to behavioral and cultural characteristics, 80% of women knew the exam importance; 58.54% conceptualized cancer as a wound; 36.59% were examined for over two years; 29% used oral contraceptive; 13.2% did not present gynecological pathology; 98% were not smokers; 73.16% initiated sexual activity between 15 to 19 years old; 70,73% performed the examination for controlling/prevention; 4,88% had undergone chemotherapy and radiotherapy to treat any other cancer type. ***Conclusion: By data analysis, it was noticed the importance of knowing the women profile for strategies development of health education, in order to sensitize them to adopt attitudes and behaviors for a healthy life. ***Descriptors*:** nursing, cervical cancer, primary attention.

RESUMO

***Objetivo*:** caracterizar o perfil das mulheres submetidas ao exame de citologia cervical na unidade básica de saúde do Morro da Liberdade, na cidade de Manaus/AM. ***Método*:** estudo exploratório de abordagem quantitativa. Utilizou-se um questionário para coleta de dados antes do exame de citologia cervical. Foram entrevistadas 41 mulheres, escolhidas aleatoriamente, no período de Abril/Maio 2009. ***Resultados*:** como características sociodemográficas predominaram, idade entre 20 e 29 anos (62,71%), solteiras (34,15%), atividades diárias no âmbito familiar (48,78%), renda de 2 a 4 salários mínimos (51,22%), nível médio completo (50%). Quanto às características comportamentais e culturais: sabem a importância da realização do exame (80%) e conceituam o câncer como uma ferida (58,54%), realizaram o exame há mais de 02 anos (36,59%), usam anticoncepcional oral (29%), não apresentam patologia ginecológica (13,2%), não são tabagistas (98%), iniciaram a relação sexual entre 15 a 19 anos (73,16%), realizam o exame por controle/prevenção (70,73%) e já haviam realizado quimioterapia e radioterapia para tratamento de qualquer outro tipo de câncer (4,88%). ***Conclusão*:** com a análise dos dados percebeu-se a importância do conhecimento do perfil das mulheres para o desenvolvimento de estratégias de educação em saúde, a fim sensibilizá-las para adoção de atitudes e comportamentos para uma vida saudável. ***Descritores*:** enfermagem; câncer de colo uterino; atenção primária.

RESUMEN

***Objetivo*:** caracterizar el perfil de las mujeres sometidas a exámenes de citología cervical en la unidad básica de salud del Morro de La Libertad en la ciudad de Manaus / AM. ***Método*:** estudio exploratorio de enfoque cuantitativo. Se utilizó un cuestionario para recopilar los datos antes del exámen de citología cervical. Se entrevistaron a 41 mujeres, escogidos al azar de abril a mayo de 2009. ***Resultados*:** como características sociodemográficas se observo el predomínio de edad entre 20 y 29 años (62,71%), solteras (34,15%), actividades diarias dentro de la familia (48,78%), el ingreso 2 a 4 salarios mínimos (51, 22%), y la escuela secundaria completa (50%). De las características de comportamiento y culturales: conocen la importancia del exámen (80%) y conceptualizan el cáncer como una herida (58,54%), fueron examinadas hace más de 02 años (36,59%), utilizan de anticonceptivos orales (29%), no muestran ninguna patología ginecológica (13,2%), son fumadoras (98%), iniciaron su actividad sexual entre 15 a 19 años (73,16%), realizan el exámen para el control / prevención (70, 73%), y se habían sometido a quimioterapia y radioterapia para tratar otros tipos de cáncer (4,88%). ***Conclusión*:** el análisis de los datos permitió darse cuenta de la importancia de conocer el perfil de la mujer para el desarrollo de estrategias de educación para la salud, con el objetivo de sensibilizarla a adoptar actitudes y comportamientos de vida saludable. ***Descriptores*:** enfermería; cáncer del cuello uterino; atención primária.

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INTRODUCTION

With high mortality index due to cervical cancer in Brazil, it is necessary to implement humanized and effective strategies aimed at early detection of cervical cancer.[1]

The Pap smear is the classic method of screening for cancer of female lower genital tract and became the isolated method of more effective cancer screening.[2]

As developed nations, oncotic cytology has been used in this country as the primary screening test for the detection such cancer. The high specificity of the test allows the inclusion of a low number of women without the disease among the suspected cases, preventing the demands overloading on the public healthcare system.[3] According to World Health Organization (WHO), about one third of cancer cases can be avoid with effective strategies of primary prevention.[4]

The Ministry of Health clarifies the importance of changing the strategy to combat cancer by combining preventive actions to promote and protect the health with diagnostic and therapeutic measures, especially for early diagnosis.

Health education is a key factor for cancer control, because in most cases the disease is related to factors such as nutrition, prolonged use of drugs, smoking, alcohol, household products, behavior, and bad life habits. The main risk factor for developing cervical cancer is related to infection with human papillomavirus (HPV) and the main risk factors related to the development of this infection are early onset of sexual activity, multiple sexual partners, sexual male partner with multiple female partners, smoking, and recurrent genital infections[5]. These risk factors are potentiated by longer life expectancy and population aging, a determining factor in the increased incidence of chronic degenerative diseases such as cancer.[5-6]

Based on these data, this study is justified for knowing the women profile cared by the basic health unit. Knowing the women profile undergoing the Pap smear in a given geographical area is very important, because it enables the development of public policies directed to local realities.

METHOD

This is an exploratory study and quantitative-descriptive of quantitative approach developed in a basic health unit (BHU), located in the city of Manaus/AM. The sample population consisted of forty-one women randomly selected among those who underwent to cervical cytology exam. To delimit the sample, we used the technique of saturation, i.e., when informations began to be repeated, interviews were stopped.

Data collection was performed using a questionnaire with fifteen open and closed questions from April to May, 2009, applied to women who spontaneously sought the basic health unit to perform the Pap smear. The interviewees were asked about the study and agreed to participate in it and signed the Statement of Clarification Free Consent, in which the research objectives were described, while respecting the ethical aspects of Resolution n. 196/96 of the National Health Council.[7]

The results were presented and analyzed in a descriptive way and organized into tables. The data were compiled in Excel 2007, in spreadsheet form.

RESULTS AND DISCUSSION

The data were analyzed quantitatively, according to demographic and socio-cultural variables and the risk factors that predispose the development of cervical cancer.

The profile of forty-one respondents women as described in Table 1, 43.90% were between 20 and 29 years old and 21.95% were between 40 and 49 years old. The Ministry of Health recommends that the examination be performed in women of childbearing age, between 25 to 59 years old. We observed in our study that younger women have a greater concern in cancer prevention. Studies have reported that cervix cancer is uncommon in women less than 25 years old; its highest incidence occurs in women from 40 to 50 years old. We observed a decrease in demand for the cervical cytology examination of women at greatest risk age; only 31.71% of respondents were from 40 to 59 years old.[2]

Table 1. Sociodemographic women profile who went to BHU.

Age	%	Marital status	%	Education	%
< 19	4,88	Stable	21,95	Can Read and Write	4,88
20-29	43,90	Divorced	19,51	Incomplete Elementary School	14,63
30-39	14,63	Widow	4,88	Complete Elementary School	2,44
40-49	21,95	Married	19,51	Incomplete High School	14,63
50-59	9,76	Unmarried	34,15	Complete High School	51,22
Total	**100**		**100**		**100**

Source: Chaves, 2010

In Brazil, it is observed that most of the preventive cervix examinations is performed in women less than 35 years old, probably those who attend to health care related to childbirth. This fact leads to severely under-utilizing the network, since women at greatest risk age are not being met.[5]

When asked for their marital status, we found that most of them did not have stable family relationships, 34.15% single and 19.51% divorced. We consider relevant the multiple partners as a predisposing factor, since, according to Instituto Nacional do Câncer – INCA - (National Cancer Institute), several partners can generate an increase in sexually transmitted diseases (STD), characterizing a potential cause for cervical cancer. This perceived situation in this study group potentiates the risk for the development of cervical neoplasia.[5]

Regarding education, 51.22% had completed high school, an important point for the early detection and cancer prevention, since the low schooling interferes significantly, because the information and understanding lack about the implications of this neoplasia difficult its prevention.

In relation to socioeconomic characteristics, as shown in Table 2, we find that 48.78% of the women developed their daily activities home within the family, taking care of housework and family structure; others were employees in public service, industrial companies, autonomous, or student. The monthly income for 51.22% of them was between 2 and 4 minimum wages. Although most interviewed women carried out their daily activities within the family, the economic power is not low, thus decreasing the risk factors for disease development.

Table 2. Socioeconomic and behavioral characteristics of women who went to BHU.

Occupation	%	Income Minimum Wage (MW)	%	Onset of sexual activity	%
Autonomous	9,76	< 1 MW	2,44	13 years old	2,44
Housewife	48,78	1-2 MW	36,59	14 years old	12,20
Retired	7,32	2-4 MW	51,21	15 years old	14,63
Student	7,32	> 4 MW	9,76	16 years old	19,51
Formal work	26,83			17 years old	14,63
				> 18 years old	36,59
Total	**100**		**100**		**100**

Source: Chaves, 2010.

As for behavioral traits, 73.16% of the women reported that started the sexual activity early, between 15 and 19 years old. This information is worrisome because this situation is a predisposing factor for cervical cancer.

This study showed that only 9,76% had never performed the examination of cervical cytology and 36,59% had carried out it for more than two years, accordin to Table 3. The schedule for cytology exam recommended by Ministry of Health is that every woman in woman in sexual activity should undergo the screening test every year; and every three years, after two consecutive annual negative cytopathology.[6]

Table 3. Health characteristics of women who went to BHU

Reason	%	Examination interval	%	Defining Cancer	%
Routine	46,34	1st Time	9,76	Tumor	21,95
Prevention	26,83	< 1 year	12,20	Wound	58,54
Leucorrhoea	7,32	1 year	41,46	Inflammation	2,44
Pain	19,51	2 years	26,83	Cell dysfunction	2,44
		> 3 years	9,76	Infection	2,44
Total	**100**		**100**		**100**

Source: Chaves, 2010.

When asked about the cervical cancer, only 12.20% women could not explain it; the majority, 58.54% of the women said that cancer is a wound. According to National Cancer Institute (NCI), Cancer is the name of more than 100 diseases that have in common the uncontrolled growth (malignant) cells that invade the tissues and organs.[8] Asked why the

demand for the health service, 70.73% responded that they were taking the exam for control/prevention. The statements tend to show that most women are aware of the examination importance, adhering to the practice of performing it as a means of prevention. And 29.27% of them looked for examination due to pain, leucorrhea, and "IUD control" (intrauterine device), using the test as diagnosis for treatment of possible sexually transmitted diseases.

According to behavioral characteristics, as show in Table 4, 29% of the respondents used oral contraceptives. According to the National Cancer Institute (NCI), prolonged use of oral contraceptives is one of the main risk factors for cervical cancer. The indication for use of condoms should be increased as the human papillomavirus (HPV) plays an important role in the development of cervical dysplasia cells and their transformation into cancer cells. This virus is present in more than 90% of cervix cancers.[8]

Only 12.20% reported that they never had any kind of gynecological pathologies. Alarming factor, considering that infection by HPV (Human Papilloma Virus) is the major risk factor for developing cervical cancer and, if not treated properly and early, contributes significantly to this neoplasia formation. The situation deserves even more attention since HPV is one of the most common sexually transmitted infections throughout the world. Brazil is a world leader in HPV incidence and the primary victims of this virus are women between 15 and 25 years old.[9]

Table 4. Behavioral characteristics of women who have sought BHU.

Contraception Usage	%	Previous Gynecologic Problem	%
Yes	29,27	Yes	87,80
No	70,73	No	12,20
Total	**100**	**100**	

Source: Chaves, 2010.

Another factor investigated was the tabagism, according to Table 5, 98% of the women were nonsmokers. This is an important factor for the cervical cancer prevention, since smoking can affect Langerhans cells, which are the defense cells of the epithelial tissue5. Tabagism is the main avoidable risk factor not only of cancer but also cardiovascular and respiratory diseases, and is today considered one of the most serious public health problems in the world. And 30% of cancer deaths are assigned to tobacco products consumption.[6] Cervix cancer is much more frequent in women who smoke, because smoking has an immunosuppressive effect and contain more than three hundred substances with carcinogenic potential.[6]

Table 5. Behavioral characteristics of women who have sought BHU.

Smokers	%	Chemotherapy and Radiotherapy Treatment	%
Yes	2,40	Yes	87,80
No	97,60	No	12,20
Total	**100**		**100**

Source: Chaves, 2010.

Only two surveyed women underwent to previous treatment for other cancers type (colon cancer in 1998 and treatment of intraepithelial lesion of high-grade (cervical intraepithelial neoplasia-CIN III) in 2003). And 80% of the respondents claim to know the examination importance.

CONCLUSION

Health education must be in the practice field and be stimulated by nurses and leaders of the healthcare sector, transforming it into bonds. This more intimate relationship between nurse and population creates even conditions to redefine the criticism of technical practice, pointing to a more integrated model. Knowing the covered population by basic health unit is fundamentally important for that educational actions seek the participation and joint reflection of nursing with women about aspects related to diseases and efforts to control them in an attempt to sensitize the patients to adopt attitudes and behaviors compatible or consistent with a healthier life.

Unfortunately, the community still shows a view predominantly curative, complicating its accession to educational programs developed by the health team. Nurses must understand that this involves a change in habits, beliefs, and values ingrained throughout life, thus requiring that nurses work more dynamically, creatively, and interactively.

Professionals of Family Health Strategy, mainly nurses, can not only implement routines of prevention, accessibility, and active search, but encouraging and instilling more responsibility to the community for their own health care through the health education, and thus getting the best allies to address these barriers.

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