



THE VIEWPOINT OF WOMEN ON CYTOLOGICAL CERVICAL UTERINE EXAMINATION

O OLHAR DAS MULHERES SOBRE A REALIZAÇÃO DO EXAME CITOLÓGICO CÉRVICO-UTERINO

EL PUNTO DE VISTA DE LAS MUJERES SOBRE LA REALIZACIÓN DEL EXAMEN CITOLÓGICO CERVICAL-INTRA UTERINO

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ABSTRACT

Objective: to investigate factors influencing cytological cervical uterine examination in women's viewpoint. **Method:** exploratory, descriptive and quantitative study, developed in a Family Health Unit in João Pessoa/PB/Northeast of Brazil, with 200 women, in September 2011, by a semi-structured script, after the approval of the research project by the Research Ethics Committee, CAAE number 0138/2011. The data was analyzed statistically in the SPSS program, version 18.0 and presented in a table and two figures. **Results:** the main aspects that facilitated the realization of the cytological cervical uterine exam were: professional service, reception, prevention, receiving information and fear. **Conclusion:** there are weaknesses in the healthcare field, as regards the aspects that hampered the realization of cytopathological cervical uterine examination, showing the need for professional qualification for integral care to women's health, using the person as the center and not the procedure. **Descriptors:** Women's Health; Prevention of Cervical Uterine Cancer; Nursing.

RESUMO

Objetivo: investigar fatores que influenciam a realização do exame citológico cervicouterino na visão das mulheres. **Método:** estudo exploratório, descritivo, quantitativo, desenvolvido em uma Unidade de Saúde da Família em João Pessoa/PB/Nordeste do Brasil, com 200 mulheres, no mês de setembro de 2011, por meio de um roteiro semiestruturado, após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE nº0138/2011. Os dados foram analisados estatisticamente no programa SPSS, versão 18.0 e apresentados em uma tabela e duas figuras. **Resultados:** os principais aspectos que facilitaram a realização do exame citológico cervicouterino foram: atendimento profissional, acolhimento, prevenção, recebimento de informações e o medo. **Conclusão:** existem fragilidades no campo assistencial, no que se refere aos aspectos que dificultaram a realização do exame citopatológico cervicouterino, mostrando a necessidade de qualificação profissional para cuidado integral à saúde da mulher, utilizando a pessoa como centro e não o procedimento. **Descritores:** Saúde da Mulher; Prevenção de Câncer de Colo Uterino; Enfermagem.

RESUMEN

Objetivo: investigar factores que influyen en la realización del examen citológico cervical intrauterino en el punto de vista de las mujeres. **Método:** estudio exploratorio, descriptivo, cuantitativo, desarrollado en una Unidad de Salud Familiar en João Pessoa/PB/nordeste de Brasil, con 200 mujeres, en septiembre de 2011, mediante una guía semi-estructurada, tras la aprobación de un proyecto de investigación por la Comisión de Ética en Investigación, CAAE número 0138/2011. Los datos fueron analizados estadísticamente en el programa SPSS, versión 18.0 y presentados en una tabla y dos figuras. **Resultados:** los principales aspectos que facilitaron la realización del examen citológico cervical intrauterino fueron: servicio profesional, recepción, prevención, recibimiento de información y miedo. **Conclusión:** existen debilidades en el campo asistencial, en cuanto a los aspectos que dificultaron la realización del examen citopatológico cervical intra uterino, mostrando la necesidad de calificación profesional para la atención integral a la salud de las mujeres, utilizando a la persona como el centro y no el procedimiento. **Descriptores:** Salud de la Mujer; Prevención del Cáncer del Cuello Uterino; Enfermería.

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INTRODUCTION

The cervical uterine cancer (CUC) represents an important public health problem in the developing countries, coming to be in some regions, the most common type of cancer in the female population.¹

In the world incidence of neoplasms, the CUC is the third most common cancer among women. Every year, there are about 274 thousand deaths worldwide.²⁻³ Most of the deaths occur in countries considered poor or emerging, where nearly 60% of new cases of cancer appear, occupying a prominent place in the morbidity and mortality rates among the female population. It should be noted that in Latin America is the highest incidence rates of the disease, representing one of the most frequent causes of death among women.⁴

In Brazil is the second most incident disease in the female population and the fourth cause of death of women for cancer. There are 4.800 fatalities per year and it presents around 18.000 new cases.⁵ On regional analysis, the cervical uterine cancer is highlighted as the first more incident in the northern region, with 23 cases per 100 thousand women, followed by the southeast region (21/100 thousand), Midwest (20/100 thousand), Northeast (18/100 thousand) and south region (16/100 thousand).⁶

The epidemiology of the disease is directly related to the multiplicity of the partners, history of sexually transmitted diseases; early age at first sexual intercourse and multiparity.² The main factor associated with the occurrence of the CUC is the infection by the human papillomavirus (HPV).⁷

The WHO believes that if 80% of the target population would be traced to take the cytological examination, in an organized network for the diagnosis and appropriate continuity, that would make the reduction on average from 60% to 90% in the incidence of cervical uterine cancer.⁸

The cytological examination is a proven effective and efficient technique to decrease the rates of morbidity and mortality, its coverage is still insufficient due to socioeconomic, cultural, sexual and reproductive factors, in addition to the factors relating to health care. It is also emphasized that the feelings and attitudes in relation to the CUC and to the cytological examination also influence as factors on women's adhesion to the examination.⁴

In this sense, it is necessary to redefine the activities in the area of women's health, based on the life experiences of women, considering

the uniqueness of each one and at the same time, building a link relationship and a reception, discussing the needs of health and self-care. In this context, the basic care is the gateway of the patient to the service, characterized by a set of individual and collective actions, including in the programming: protection, prevention of diseases, diagnosis, treatment, rehabilitation and health maintenance. Therefore, as being one of the main strategies for prevention of cervical uterine cancer, by detecting early lesions and thus, increasing the chance of cure, the cytological examination should be performed on the primary health care.⁹

Based on the exposed the objective of this study is:

- Investigar fatores que influenciam a realização do exame citológico cervicouterino na visão das mulheres.
- To investigate factors influencing cytological cervical uterine examination in the women's viewpoint.

METHOD

This is an exploratory, descriptive study, with a quantitative approach in the Timbó II Family Health Unit, located in the "Bancários" district, in the city of João Pessoa/PB/Northeastern Brazil.

The population was composed of women who sought care on that unit, with sample of 200 women. The inclusion criteria were: to be registered in the adscript territory of the health unit; having performed the cytological examination in the year 2010 and to sign a free and clarified consent statement. For sample exclusion, all the criteria not presented previously were used.

The data were collected during the month of September 2011, with a semistructured script, presenting nuclear issues on socio-demographic data and issues that contemplated aspects that facilitate and hinder the realization of cytological examination.

The obtained data were analyzed statistically in the SPSS program, version 18.0 and presented by a table and two figures.

The survey was conducted respecting the ethical aspects in research involving human beings, recommended by Resolution 196/96 of the National Health Council, and it was approved in the ethics and research committee of the University Hospital Lauro Wanderley, under number of CAAE 0138/2011.

RESULTS

◆ Socio-demographic characterization of women

With regard to the identification data of the sample, the following variables were explored: age group, religion, education and family income.

Table 1. Frequency distribution according to socio-demographic data of the women in the study (N = 200). João Pessoa-PB, 2011.

Socio-Demographic Data		
Age group	n	%
14 to 24	56	28,0
25 to 59	133	66,5
60 or more	11	5,5
Total	200	100,0
Color/ Race	*	*
White	62	31,0
Black	46	23,0
Brown	92	46,0
Total	200	100,0
Marital status	*	*
Consensual Union	88	44,0
Married	46	23,0
Single	52	26,0
Widow	9	4,5
Separated	5	2,5
Total	200	100,0
Religion	*	*
Catholic	150	75,0
Evangelic	30	15,0
Spiritualist	1	0,5
Without practice	19	9,5
Total	200	100,0
Education	*	*
Illiterate	14	7,0
1 st phase of Elementary School Incomplete	37	18,5
1 st phase of Elementary School Complete	36	18,0
2 nd phase of Elementary School Incomplete	58	29,0
2 nd phase of Elementary School Complete	18	9,0
High School incomplete	18	9,0
High School complete	15	7,5
Higher Education incomplete	04	2,0
Total	200	100,0
Family income	*	*
Less than 1 minimum wage	94	47,0
From 1 to 2 minimum wage	105	52,5
From 2 to 4 minimum wage	1	0,5
Total	200	100,0

The sample was composed of women with age between 14 and 85 years old. Analyzing the data from Table 1, it is observed that the age range of the interviewed women has their highest frequency mainly between 25 and 59 years old, which corresponds to 66.5% of the sample. With regard to religion, 90% of the women claimed to have bonds to some religion (catholic, evangelic or spiritualist). As

regards to education the study showed that 29% of the women had the 2nd grade of elementary education incomplete, reflecting the degree of information from participants about the issue. As regards to family income, 99% of women survive with up to two minimum wages. Only 0.5% claimed to have an income between 2 and 4 minimum wages.

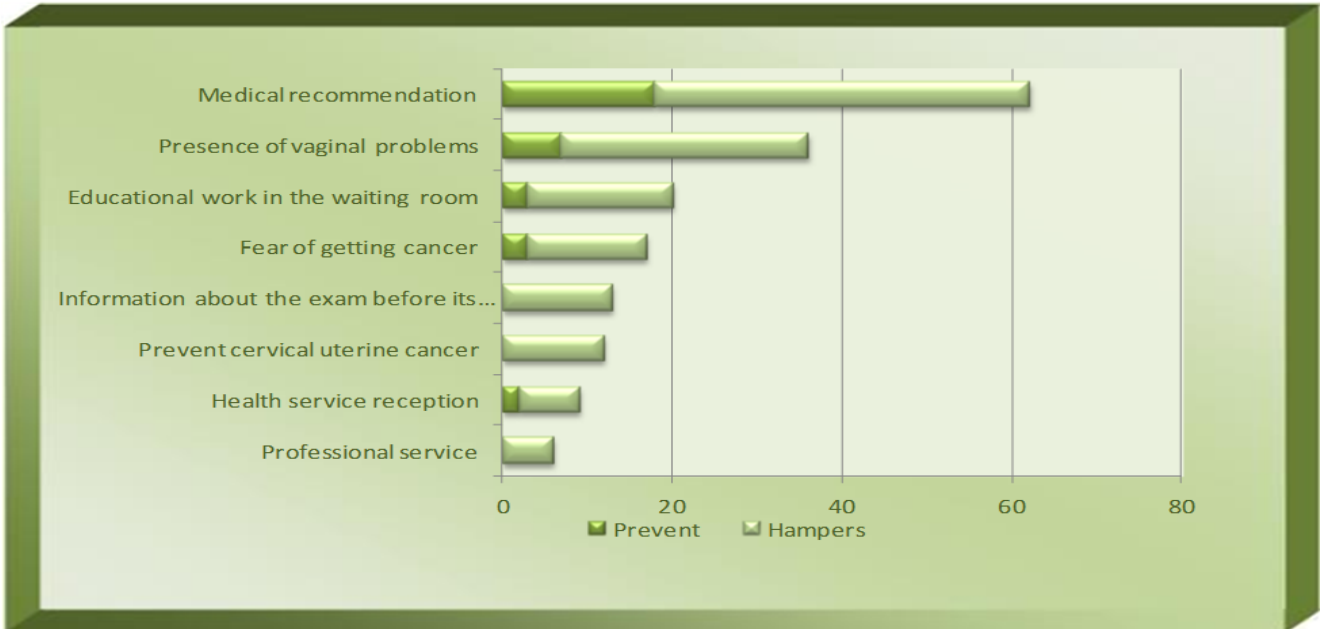


Figure 1. Frequency distribution, according to facilitators aspects in performing of the cytological examination of women of the study (N = 200). João Pessoa-PB, 2011.

When the interviewed women were questioned about the aspects that facilitate the realization of the cytological examination, they cited: the professional service (164; 82%), the health service reception (126; 63%), the prevention of cervical uterine cancer (123; 61.5%), information received about the

exam before its completion (98; 49%), fear of getting cancer (97; 48.5%), educational work in the waiting room (91; 45.5%), presence of vaginal problems (87; 43.5%), medical recommendation (24; 12%) and routine service of health unit, that is the schedule intended for the completion of examination (6; 3%).

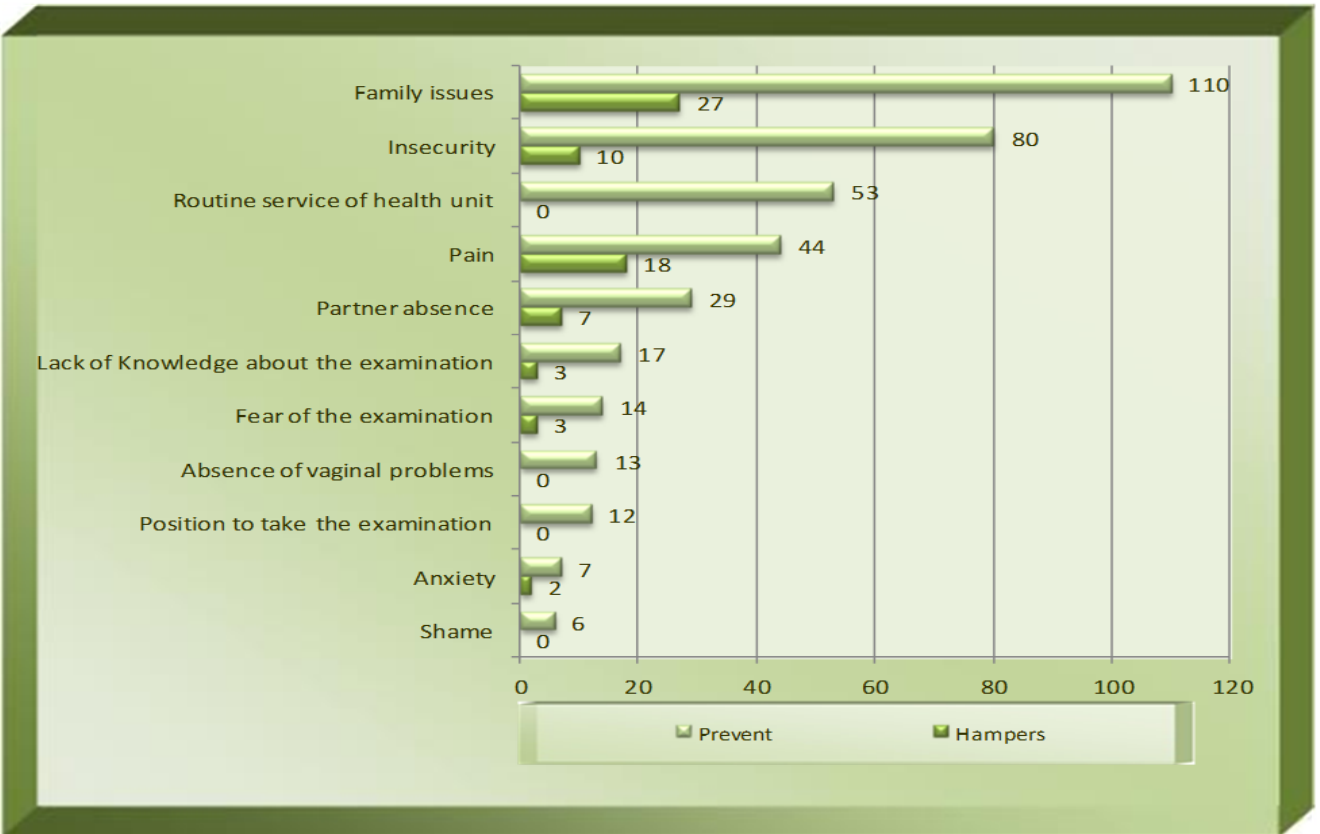


Figure 2. Frequency distribution, according to the aspects that may hinder the achievement of cytological examination (N = 200). João Pessoa-PB, 2011.

As regards to the aspects that hinder the realization of cytological examination the interviewed women cited: shame (110; 55%) with great expressiveness, anxiety (80; 40%), position to take the examination (53; 26.5%), fear of examination (29; 14.5%), considering also the fear about the result, lack of knowledge about the exam (17; 8.5%), partner absence, that is, not having a sexual partner (14; 7%), pain at the time of completion of

examination (13; 6.5%), routine service of health unit (12; 6%), as regards the time destined for examination, insecurity (7; 3.5%), family issues (6; 3%), as in the case of elderly caregivers.

The interviewed women, in addition to classify aspects that hinder the realization of cytological examination, also made reference to the aspects that come to prevent its accomplishment, as is the case of shame (27;

13.5%), anxiety (10; 5%), absence of vaginal problems (18; 9%), fear of the examination and the result (7; 3.5%), lack of knowledge about the exam (3; 1.5%), partner absence (3; 1.5%) and insecurity (2; 1%).

DISCUSSION

The results present the profile of women with age between 25 and 59 years old, which reinforces the advocated by the Health Ministry as regards to the coverage indicator of cervical uterine cancer prevention in women of fertile age. From this perspective, the incidence of the cervical uterine cancer becomes evident in the age group of 20 to 29 years old, and the risk increases rapidly until it reaches its peak, usually between the ages of 45 to 49 years old, a period that corresponds to the peak of incidence of the precursor lesions and precedes the peak of mortality by cancer.⁶

The religion was a representative variable in the study, although it is not a risk factor, the authors claim that the values, the culture, beliefs, lived experiences, the way to be and to feel is part of the construction of the world perception that each individual has reflecting on their observable behaviors to the various everyday situations, including those involving the health-disease process. With this, it is necessary to reflect that the search for cytological examination may depend on its meaning for the patients and the way the professional caregiver relationship leads to them.¹⁰

A procedure, simple in the professional point of view, can be perceived by the woman in the same way, or even as an aggressive experience, both physically and psychologically, because the woman who seeks the service carries their social, cultural, family and religious baggage. In addition, in our society, women's education has always been permeated with words full of prohibitions and inhibitions, composing a total annulment of the genitals.¹¹

The low education constitutes a risk factor for the CUC, the lack of information makes it difficult for the early detection and prevention of cervical uterine cancer. It is therefore important to have activities focused on health education, to be a primary factor for cancer control, because, in most cases, the disease is related to factors such as feeding, prolonged use of medications, smoking, alcohol, household products, customs and bad habits of life. But the main risk factor for the development of cervical uterine cancer is related to infection caused by the human Papillomavirus (HPV), which has

its development caused, mainly, by early onset of sexual activity, multiple of sexual partners, male sexual partner with multiple partners, smoking and genital infections. All these risk factors are enhanced by the extension of life expectancy and the aging population, constituting determinant elements in the increased incidence of chronic degenerative diseases, such as cancer.¹² In this context, the lack of understanding of the importance of the realization of the cytological examination (cervical smear) for a segment of women constitutes a challenge for health services, because it limits the access to tracing of cervical uterine cancer, especially those considered at most risk.

The family income variable points out the low socioeconomic status of women. Studies indicate association with the CUC, once it can negatively impact the living conditions and raise difficulties of diagnosis and early treatment, decreasing the chance of survival.^{13,14}

With regard to the factors that facilitate the realization of the women examination, it should be noted: the professional service (82%) and the reception within the health service (63%). The reception is a recent concept in health practice. It is a National Policy of Humanization guideline (NPH), which can be developed for any healthcare professional, without right time and place to happen. During the reception, the healthcare professional takes a real commitment to citizen's needs, giving appropriate answers to their reality and, consequently, making each patient having a higher level of satisfaction with the service, which results in a higher adhesion of that patient to the activities of prevention and health promotion.¹⁵

The moment that they made reference to those aspects that contributed for them to having the examination, some of the women reported that some of the aspects were facilitated it, but the search for the examination was something spontaneous, which explains the fact that 61.5% of women say that they look for the cytological to prevent cancer, with the awareness of the need and importance of this attitude to their health.

The presence of vaginal problems was contemplated by 43.5% women, who claimed to be one of the major reasons for the examination search, similar data to other studies.⁷

The guidelines on the cytological examination performed by the health professional are of significant importance for women to feel safe and to become aware of

the role of the examination in their health, increasing adherence to the examination, motivated by the prevention, and not only by fear of cancer, factor cited by 48.5% of the participants of the survey as a facilitator in the searching of cytological examination.¹⁶

In this study, 45.5% of women reported having participated in educational works in the waiting room of the health unit and cited as a facilitator in conducting the examination, confirming the great value in the existence of these works, being one of the aspects that explain the cytological examination by 86.5% of women who participated in the study.

Of the total sample, 12% reported that the examination was a medical recommendation. Another facilitator aspect was cited by 3% of women, with respect to the routine of health unit, that is, the schedule available for the completion of the cytological examination. Studies portray this situation, in which women have cited the completion of cytological examination as a medical recommendation and contemplated the routine of health unit.⁷

This positive influence related to medical recommendation can be associated with gynecological complaints that take the woman to the appointment and in that moment, the doctor asks the cytological examination not only as preventive for cervical uterine cancer, but as a method to assist in the proper treatment of the women complaint.¹⁷

About the factors that hinder the realization of the cervical smear, the women reported feelings such as: shame, anxiety, fear and insecurity. These data corroborate the studies carried out,¹⁸ in the State of Minas Gerais, where 39.3% of the interviewed women responded that the shame is the main defiant feeling to perform the examination, while 32.1% said that the physical discomfort is a major barrier to the completion of the procedure. The shame is related to the impersonality of examination performance, with the exposure of the body, with the sexuality issues and taboos related to the theme and the fact that the woman notice that her body will be seen and understood as an object, leaving aside her human condition.^{10,18}

The fear is often referenced by the women in the procedure, and the expectation of the result, and the way in which they perceive health.¹⁹ The devastating effect generated by the cancer diagnosis brings the idea of approaching death, mutilation and pain, from the women treatment, causing the fear increases.²⁰

The absence of gynecological problems was also one of the factors cited as contributing to the failure of the examination. The lack of knowledge of asymptomatic condition of uterine cancer is something common among women, enough to make them not to perform the procedure, acting as an embarrassment that impedes the access to the examination and even its completion.¹⁷

These factors contribute as obstacles to preventive behavior in relation to cervical cancer, and may still persist within the family and social centers, preventing the establishment of effective actions to avoid the installation of the disease. The prevention is a multifaceted condition, with socioeconomic, political and cultural influences, whose responsibility involves not only the health care professional, but also the society.¹⁰

The position and physical discomfort to take the examination were also cited as bothersome in the study. It is not only associated with the discomfort, but also to the feeling of shame, the feeling of impotence, no protection and loss of dominion over their own body, that the gynecological position provides.^{18,21}

The participants also responded that the absence of a partner makes it difficult and even impede the accomplishment of the cytological examination. The indicator of cervical uterine cancer prevention coverage is greater among women who have a partner than those who do not live together with a partner. This occurs because they recognize in their partners the potential risk for the disease, not just related to the cancer, but other sexually transmitted diseases that can be detected through cytological examination.²²

The service routine of health unit was contemplated by 6% of women as a factor that hinders the implementation of the procedure, considering mainly the coincidence between the unit opening hours and the hours of work. The health service is the main route taken by women for completion of the examination, it is necessary to break with the cast on schedule to meet the needs and peculiarities of patients in general, aiming to the reception perspective.²³

Family issues were not representative in the present study, although it is a common aspect when dealing with factors that hinder the realization of cytological examination, since it is mainly associated to the role of women in the care of the house and the children, or even elderly who are under their care, most often their own parents.²¹

It is imperative to emphasize the role of Family Health Teams in the implementation of active women search, therefore, working closer to the family and collective contexts, such as the family and the community where they live, make it easier to create a link, building means not only to prevent cervical uterine cancer, but to ensure a better quality of life to the woman in the context of the completeness of the care.

CONCLUSION

The study data showed a positive attitude of women towards the search for prevention of cervical uterine cancer. The decentralization of the cytological examination conducted in basic health unit facilitated the access of women to the realization of the examination, but there are still many women who showed resistance to the cytological examination.

So, it is significant considering that the prevention depends directly on, among other factors, the health education. The Family Health Strategy relies on professionals acting not only on cytological collection, but especially in health promotion, with a favorable aspect, the proximity of reality that women experience.

In this perspective, it is necessary that health teams understand how women understand their health, to assess the actions taken in the daily services. It should be noted that sometimes the process of work is still centered on the disease, in a biologist and mechanistic attendance model, focusing on just to perform the technique and, in this way the patient becomes a job object.

For a qualified service, humanized and centered on the care, it is not necessary only that the woman be treated well and with kindness, it is essential that professionals reflect on their practices in relation to the examination and woman being seen holistically.

The survey results pointed gaps in the health care field, as regards the aspects that hinder the completion of the procedure and the need for production of other studies which assist in the expansion of knowledge and practices related to women's health, with a focus toward prevention and health promotion.

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