Analysis of women's knowledge related to cervical cancer

Análisis del conocimiento de las mujeres relacionado con el cáncer de cuello uterino

Análise do conhecimento de mulheres relacionado ao câncer de colo uterino

ABSTRACT

Cervical cancer is the second neoplasm that causes more deaths in women worldwide and its incidence is relatively higher in peripheral countries such as Brazil. The objective was to analyze the knowledge and sociodemographic profile of women, at UBS Vila Nova I in Porto Nacional-TO, related to cervical cancer. Methods: Descriptive, exploratory study with a qualitative and quantitative approach. Data collection took place at UBS Vila Nova I, through a semi-structured questionnaire. Results and Discussion: 110 women participated in the study. The sociodemographic profile showed that most of them were aged between 46-58 years old, 47% completed high school and 33% occupied the home. Regarding knowledge, it was evidenced that most of them have information on the subject. Conclusion: The knowledge was satisfactory, however, when related to other variables, the results suggest that this understanding is empirical, as they know in a minimized way and it is necessary to enhance this knowledge.

DESCRIPTORS: Knowledge; Cervical neoplasms; Epidemiological profile.

RESUMEN

El cáncer de cuello uterino es la segunda neoplasia que causa más muertes en mujeres a nivel mundial y su incidencia es relativamente mayor en países periféricos como Brasil. El objetivo fue analizar el conocimiento y el perfil sociodemográfico de las mujeres de la UBS Vila Nova I, en Porto Nacional-TO, relacionado con el cáncer de cuello uterino. Métodos: Estudio descriptivo, exploratorio con abordaje cualitativo y cuantitativo. La recogida de datos se realizó en la UBS Vila Nova I mediante un cuestionario semiestructurado. Resultados y discusión: 110 mujeres participaron en el estudio. El perfil sociodemográfico mostró que la mayoría de ellos tenían entre 46 y 58 años, el 47% completó el bachillerato y el 33% ocupaba el hogar. En cuanto al conocimiento, se evidenció que la mayoría de ellos cuentan con información sobre el tema. Conclusión: El conocimiento fue satisfactorio, sin embargo, al relacionarse con otras variables, los resultados sugieren que esta comprensión es empírica, ya que conocen de manera minimizada y es necesario potenciar este conocimiento.

DESCRIPTORES: Conocimiento; Neoplasias cervicales; Perfil epidemiológico.

RESUMO

O câncer de colo uterino é a segunda neoplasia que mais ocasiona óbitos em mulheres no mundo e sua incidência é relativamente maior nos países periféricos como o Brasil. Objetivou analisar o conhecimento e o perfil sociodemográfico das mulheres, na UBS Vila Nova I, em Porto Nacional-TO, relacionado à neoplasia de colo uterino. Métodos: Estudo descritivo, exploratório com abordagem qualiquantitativo. A coleta de dados ocorreu na UBS Vila Nova I através de um questionário semi-estruturado. Resultados e Discussão: 110 mulheres participaram do estudo. O perfil sociodemográfico evidenciou a maior parte constituída de idade entre 46-58 anos, 47% ensino médio completo e 33% ocupação do lar. Em relação ao conhecimento, evidenciou-se que a maioria possui informações sobre o assunto. Conclusão: O conhecimento foi satisfatório, contudo, quando relacionado a outras variáveis, os resultados sugerem que esse entendimento é empírico, pois conhecem de maneira minimizada e é preciso engrandecer esse saber.

DESCRITORES: Conhecimento; Neoplasias do colo do útero; Perfil epidemiológico.

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INTRODUCTION

Neoplasms are linked to the disordered growth of cells that have undergone some mutation. Some are correlated with anatomy, which specifically affect a portion of the population. Evidencing the anatomical relationship, currently a high number of women have been suffering from cervical cancer; the advance of this pathology is worrying, as it causes significant damage to society, in addition to a health system that sometimes does not support the demand. [1]

Cervical cancer is the second neoplasm that causes the most deaths in women in the world and its incidence is relatively higher in peripheral countries, such as, for example, Brazil. The incidence of this type of cancer in women becomes more evident in the age group of 20 to 29 years old and the risk rises rapidly until reaching a peak during the age group of 45 to 49 years old; [2] increasing mainly during the climacteric, as hormone replacement may be present and thereby accentuate the risk of developing this neoplasm. [11]

Cervical cancer (CC) is a serious health problem that affects women all over the world. CC is practically non-existent in women who have not yet started sexual activity, however, some risk factors for this cancer are evidenced, such as early sexarche, exposure to sexually transmitted infections, low purchasing power, smoking, nutritional deficiency, genetic and environmental factors. The natural development of an invasive cervical cancer may be relatively short, around ten years, although the average is around thirty years. [11, 12]

The prevention of CC is due to tests such as the Pap smear, a very effective screening method, as it achieves complete visualization of the vaginal canal and cervix, in addition, cytology of the cells of the cervix is performed. [3] The Pap smear method, more popularly known as preventive examination, detects neoplastic cells through laboratory analysis of the vaginal smear. The same is performed at the Basic Health Unit (UBS - Unidade Básica de Saúde), being a fast and highly effective method. [2]

Screening must be carried out from 25 years of age on in women who have already started their sexual life, and every three years, if the first two exams performed annually are normal; it is noteworthy that the Pap smear should also be started soon after the beginning of sexual activity, regardless of age. Exams must be followed up to age 64 or as needed. [3]

The existence of the National Policy for Integral Attention to Women's Health (PNAISM - Política Nacional de Atenção Integral à Saúde da Mulher) was created with the aim of meeting the demands of all stages of women's lives. Several aspects of health promotion and disease prevention are implemented. Women's Health is something comprehensive and delimits the typical

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day to take care of specifications arising from this context, with health education actions, consultations, Pap smears and breast exams. [3]

It is known that the prognosis of cervical cancer is usually good when diagnosed and treated early. A part of the female population undergoes periodic examinations several times, while others are not screened. Therefore, greater possibilities of access to information and guidance are needed, in order to sensitize them about the cytopathological examination of the uterine cervix. Primary Care has a fundamental role in the expansion of tracking and monitoring, in which an active search is important, as it has a positive impact on the reduction of morbidity and mortality caused by this pathology. [3, 12]

Given the above, the following issue emerged: Are women at UBS Vila Nova I, who are part of the Women's Health program, aware of the signs of cervical cancer?

The objective was to analyze the knowledge linked to the socio demographic profile of women who are part of the Women's Health programs, at UBS Vila Nova I, in Porto Nacional-TO, related to cervical cancer, in the second half of 2017.

METHOD

This study is defined as descriptive, exploratory with a quantitative approach. The selected sample consisted of 312 women registered in the Women's Health Program at UBS Vila Nova I. However, 110 women were interviewed for meeting the inclusion criteria: being between 18 and 59 years old, signing the Informed Consent Form (ICF) and participating in UBS programs; and those that did not fit the aforementioned criteria were excluded. Data collection took place in September and October 2017, on the day of care focused on women's health at the

UBS. And the data collection took place through the application of a semi-structured questionnaire formulated by the researchers, as variables related to the sociodemographic profile: age, education, profession; knowledge about cervical cancer: What test is used for prevention/ early detection? What is the symptom of cervical cancer? What is the material collected in Pap smears?. Data analysis occurred after insertion into an electronic spreadsheet, Excel software and calculation through the simple percentage of the data obtained. Then counted in tables and substantiated correlating to other studies. Completing according to the obtained percentages and arriving at a perception.

To carry out this study, authorization was granted through the Municipal Health Department, Primary Care Director of the municipality, Primary Care Coordinator in the Northern Region of the municipality and Coordinator of the Vila Nova I Family Health Strategy. In addition, it was submitted to the Ethics Committee of FAPAC ITPAC Porto, through Plataforma Brasil, being approved with the CAAE opinion number: 025868/2017, according to the rules established by Resolution 466/12 of the National Health Council.

RESULTS

Of the 312 women registered in the Basic Health Unit studied, 110 participated in the study, meeting the inclusion and exclusion criteria. Among the interviewees, it was found that the average age among them was 36.2 years and 27% are between 46 and 58 years old, with no significant variation between their intervals. Considering education, all answered that they were literate, of which 52 (47%) completed high school. About the profession, most reported being "housewives" represented by 36 (33%) of the survey and 44 (40%) other professions. The sociodemographic profile data are shown in Table 1.

Considering the knowledge of women

Table 1– Sample distribution of the sociodemographic profile of women in the Women's Health Program at UBS Vila Nova I in the second half of 2017.		
AGE GROUP	**N (110)**	**% (100)**
18 - 25 years		
26 – 35 years	24	22
36 – 45 years	27	25
46 – 58 years	29	26
RACE/COLOR	30	27
White		
Black	10	9
Brown	17	16
Yellow	76	69
MARITAL STATUS	7	6
Married		
Single	62	56
Widow	39	36
Divorced	02	2
EDUCATION	07	6
Incomplete Elementary School		
Complete Elementary School	22	20
Ensino fundamental completo	01	1

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Incomplete High School	12	11
Complete High School	52	47
Incomplete Higher Education	12	11
Complete Higher Education	08	7
Post-graduation	03	3
PROFESSION		
Community Health Agent	10	9
Autonomous*	20	18
Housewife	36	33
Others*	44	40
INCOME		
1 to 2 salaries	82	74
3 to 4 salaries	14	13
More than 4 salaries	01	1
Without income	13	12

Source: Built by researchers.
* In "Others" the following professions were included: Artisan. Administrative Assistant. Cafeteria Attendant. Athlete. General Services Assistant. Kitchen Assistant. Cargo Lecturer. Cook. Caregiver for the elderly. Unemployed. Student. Waitress Geographer. Professor. Receptionist. Nursing Technician. Esthetic Technician. Technical. Financial. Technologist and Pedagogue.
* In Autonomous the following professions were included: Artisan. Hairdresser. Beauty Consultant. Epilator. Individual Entrepreneur. Manicure. Microentrepreneur. Salgadeira (someone who makes Brazilian fried snacks, such as coxinhas, for example).

Table 2- Sample distribution of women's knowledge about cervical cancer from the Women's Health Program at UBS Vila Nova I in the second half of 2017.

VARIABLES	N (110)	%(100)
About the cause of cervical cancer		
Caused by a virus infection	69	63
Doença maligna para qual não existe cura	15	13
She's heard about it, but doesn't know what it's like	26	24
Relationship between HPV and cervical cancer		
HPV and cancer are the same things	17	15
HPV is unrelated to cancer	15	14
Risk factor for cancer	42	38
Appears when a woman has cancer	04	4
I don't know	32	29
Do you know how the preventive exam is performed		
Yes	99	90
No	11	10
Test used for prevention/early detection		
Pap smear	72	65.4
Transvaginal Ultrasound	28	25.4
Routine blood tests	01	1
I don't know	09	8.2
Which symptom of cervical cancer?		

about cervical cancer, it was observed that, regarding the preventive examination, most of them, 99 (90%) reported knowing how it is performed. When asked if they knew the symptoms of the disease, the majority 67 (61%) answered that it was vaginal bleeding after sexual intercourse and 32 (29%) did not know how to identify the symptoms. And over the material collected from the Pap smear prevailed those who responded to liquid in the vagina represented by 42 (38%). The data from the results described above are shown in Table 2.

DISCUSSION

Even though there is no great variation between age ranges, most women who participated in this study are between 46 and 58 years old. This age group is in the group of prioritizing actions related to screening against cervical cancer, which advocates being 25 to 64 years old.

According to the World Health Organization (WHO), the incidence of cervical cancer increases in women between 30 and 39 years old and reaches its peak between fifty and sixty years old. Before the age of 25, HPV infections and low-grade lesions prevail, and can only be followed up according to clinical recommendations. After 65 years of age, if the woman undergoes preventive exams regularly, with normal results, the risk of disease is reduced. [4]

Regarding skin color, brown predominated. It is believed to be related to the characteristics of the North region, specifically in the state of Tocantins. Similar results were also found in other studies that highlighted the high degree of miscegenation between races in Brazil. [11]

There was a significant number of married or cohabiting women in the study population. It is known that a previous history related to early sexarche and multiple partners are risk factors, however, this condition did not make it possible to evidence a relationship with women's knowledge about cervical cancer. The results of this study are similar to those

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Red spots on palms		3
Vaginal bleeding after sexual intercourse	67	61
Fever and hair loss	08	7
I don't know	32	29
Material collected in the Pap smear		
Vaginal Discharge	17	15
Blood	03	3
Vaginal Fluid	42	38
Cervical Cells	35	32
I don't know	13	12

Source: Built by researchers.
* Questionnaire questions regarding knowledge about cervical cancer, adapted according to the study by SANTOS-A et al. (2015). [10]

of Santos-B et al. (2015), which demonstrated that married women are the most representative sample. [5] Predisposing factors refer to sexual intercourse before age 19, associated with non-adherence to condoms, therefore more than two sexual partners during life, denote high risk for the pathology. [12]

With regard to education, this study shows that all are literate, however, a portion of the population reports having incomplete primary education, which may be one of the risk factors for the disease. Cervical cancer is more frequent in the population with a lower level of education, as reduced access to information on health care can directly reflect the demand for preventive exams, the understanding of information and the need for favorable attitudes to early detection of the disease. [12]

Identifying the level of education is necessary to determine which are the greatest susceptibilities that this population may be exposed to. In the meantime, health and education are concomitant aspects and must intertwine in the constant search for learning. It is necessary to routinely improve and update oneself in terms of caring for one's own health and helping the family network. [13]

With regard to the profession, the one that stood out was "the home". In addition to education, the profession is also a determining factor for cervical cancer, because women who work outside the home can seek more information in contacts with other workers and thus be encouraged to practice preventive health care. Women who work exclusively from home have less autonomy in making health-related decisions. [6]

Most women receive 1 to 2 minimum wages, this result is similar to other studies that report that low-income women are more vulnerable to sexually transmitted infections because they often have low power of argument and negotiation with their partner. In this context, there is culture, lack of access to reliable information, socioeconomic conditions and well-being, thus, it is associated with vulnerabilities with imminent risks. [11]

Cervical cancer is present mainly in women who have a lower socioeconomic level and who, consequently, have more difficulty in entering health systems due to overcrowding, outlining morbidity and mortality profiles that could be avoidable. [8,11]

Regarding women's knowledge about cervical cancer, it was evident that most of them have knowledge about issues related to the disease, however, it is noted that this understanding is superficial and this fact may be related to the way in which the information arrives and is understood by them. In the present study, most of them were able to answer that cervical cancer is caused by a virus, however, they could not relate HPV to cancer.

The Human Papilloma Virus (HPV) is one of the main factors that predisposes to cervical cancer, as this microorganism is associated with precursor lesions of this neoplasm, since HPV appears in 97% of cases of cervical cancer. Furthermore, this malignant neoplasm is the only one related to an infectious pathology, directly responsible for its onset. [7, 12]

When verifying the knowledge of women about the preventive Pap smear, the result was satisfactory with regard to how and which exam can detect cancer, however, most of them were unable to answer about the material that is collected in the exam. Knowledge related to the exam is important, as it is through it that the early diagnosis of the disease is possible and the chances of cure are obtained. This corroborates with LOBO et al (2018), referring to inadequate knowledge about the early detection test and inefficient in knowing its functionality. [12]

The results of Santos-B et al. (2015), are similar to this study, in which it was found that most women were also aware of the Pap smear. However, it is noteworthy that recognizing the importance of the exam is not a primordial or decisive factor for women to undergo this procedure. It takes willingness and conviction to meet prevention. [5]

When asked what symptoms could be identified for cancer detection, most of them knew how to answer correctly.

Cervical cancer in its initial stage may not present symptoms, with the evolution it presents continuous vaginal bleeding or soon after sexual intercourse, abnormal leukorrhea, and in more advanced cases abdominal pain may occur along with urinary or intestinal complaints. [8]

Cervical cancer is associated with HPV virus infection, especially HPV-16 and HPV-18, responsible for about 70% of cases, however, it is a necessary factor, but not sufficient for development. Other aspects can be associated with immunity, genetics, sexual behavior, smoking, early sexual initiation, multiple partners, multiple parity and the use of oral contraceptives. [4]

Cervical cancer is evidenced as the fourth cause of mortality among women

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in Brazil, there is a clear need for better knowledge of this pathology by women, in addition, policies aimed at control and prevention must be strengthened and redirected of this type of cancer. [9]

CONCLUSION

It is inferred, therefore, that through the results it was possible to identify that most women are between 46 and 58 years old, the predominant color/race was brown, married or cohabiting, they are literate, however, a portion of the population has education incomplete elementary school and earns between 1 to 2 minimum wages.

As for the knowledge about cervical cancer, it was satisfactory, however, when related to other variables, the results suggest that this knowledge is empirical and that it needs more subsidies to generate learning, as they know in a minimized way and it is necessary more elements that help to elevate and enhance this knowledge. It is known that the greater the knowledge, the more awareness they will have for prevention methods.

Health promotion is a fundamental part of this process, and strategies of the multidisciplinary team working in the family health strategy are essential to make women more aware and responsible about their health. More health education actions are suggested with the aim of expanding women's prior knowledge, since understanding and understanding about the subject is essential for prevention and/or early detection. ∎

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