

USERS' PERCEPTION OF SCREENING TESTS FOR PREVENTING CERVICAL CANCER

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ABSTRACT: The present study aimed to describe the perception of users of the test for early detection of cervical cancer. Descriptive study conducted in five Basic Health Units in a city in the inland of the state of Ceará, from January to April 2015. Fifteen women who underwent routine screening tests for early detection of cervical cancer were interviewed. The data produced underwent content analysis and was classified into the following categories: user's perception of the test, frequency of screenings, feelings experienced by the respondents and reasons for refusing cervical screening. The participants are aware of the purpose of the test and periodically undergo the screening. One reason for some women refusing cervical screening is that they do not want it performed by male doctors. Adherence is influenced by a relationship of trust with health professionals. It was concluded that the respondents perceive the test as important and that any possible reasons for refusing cervical screening can be avoided by improving provider-patient relationship in health care.

DESCRIPTORS: Quality of health care; Women's health; Sexual and reproductive health; Pap smear test; Cervical neoplasias.

PERCEPÇÃO DE USUÁRIAS ACERCA DO EXAME DE DETECÇÃO PRECOCE DO CÂNCER DE COLO UTERINO

RESUMO: Objetivou-se descrever a percepção de usuárias acerca do exame de detecção precoce do câncer de colo uterino. Trata-se de pesquisa descritiva desenvolvida em cinco Unidades Básicas de Saúde de um município do interior do estado do Ceará, de janeiro a abril de 2015. Foram entrevistadas 15 usuárias que realizaram exame ginecológico. Os resultados foram submetidos à análise de conteúdo e classificados em categorias: significado do exame, frequência de realização, sentimentos vivenciados e motivos para recusa. As entrevistadas conhecem o objetivo do exame e o realizam periodicamente. A realização por profissional de saúde do sexo masculino pode constituir motivo de recusa do exame. A adesão é influenciada pela relação de confiança com o profissional. Conclui-se que as entrevistadas percebem o exame como importante e que eventuais motivos para a recusa podem ser evitados por meio do fortalecimento de vínculos no serviço.

DESCRIPTORES: Qualidade da assistência à saúde; Saúde da mulher; Saúde sexual e reprodutiva; Teste de papanicolaou; Neoplasias do colo do útero.

PERCEPCIÓN DE USUARIAS ACERCA DEL EXAME DE DETECCIÓN PRECOZ DEL CÁNCER DE CUELLO DE ÚTERO

RESUMEN: Fue objetivo del estudio describir la percepción de usuarias acerca de la prueba de detección precoz del cáncer de cuello uterino. Es una investigación descriptiva desarrollada en cinco Unidades Básicas de Salud de un municipio de interior del estado de Ceará, de enero a abril de 2015. Quince usuarias que realizaron prueba ginecológica fueron entrevistadas. Los resultados fueron sometidos al análisis de contenido y clasificados en categorías: significado de la prueba, frecuencia de realización, sentimientos causados y motivos para recusación. Las entrevistadas conocen el objetivo de la prueba y la hacen periódicamente. La realización por profesional de salud del sexo masculino puede constituir motivo de recusación de la prueba. La adhesión es influenciada por la relación de confianza con el profesional. Se concluye que las entrevistadas perciben la prueba como importante y que eventuales motivos para recusación pueden ser evitados por medio del fortalecimiento de vínculos en el servicio.

DESCRIPTORES: Calidad da asistencia a la salud; Salud de la mujer; Salud sexual y reproductiva; Prueba de papanicolaou; Neoplasias del cuello del útero.

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Received: 17/03/2016

Finalized: 07/10/2016

● INTRODUCTION

Getting regular screening tests for early detection of cervical cancer is essential, since this neoplasia is considered the second leading cause of cancer death in women in Brazil. According to the Brazilian National Cancer Institute, 16,340 new cases are expected to occur in 2016 with an estimated incidence of 15.85 cases per 100,000 women, second only to breast cancer, which characterizes the situation as a public health issue ⁽¹⁾.

The Brazilian Ministry of Health recommends screening for cervical cancer for women aged 25-60 years, or sexually active women. Annual screening should be done initially, and after two normal (negative) tests, every three years ⁽²⁾.

Although cervical cancer screening has been routinely performed for many decades, many women experience some embarrassment. They often perceive the procedure as invasive, as it exposes private body parts. This type of test may raise negative feelings, from physical discomfort to the embarrassment of exposing their bodies to other individuals ⁽³⁾.

In order to overcome these barriers and improve adherence to cervical cancer screening, it is necessary to pay more attention to the reports and experiences of patients who have undergone the tests. Thus, understanding how women perceive the screening and the feelings experienced by them during these tests contributes to the planning of health services ⁽⁴⁾.

The present study aimed to describe perception of cervical cancer screening among users. The results may contribute to the dissemination of information that can be useful to the establishment of strategies to improve provider-patient relationship in health care, increasing adherence to the referred test.

● METHOD

Descriptive and qualitative study conducted at the Basic Health Units (UBS) of a city in the inland of the State of Ceará. The city has 11 UBS. Of these, 6 were excluded for the following reasons: four were located in the mountain region, of difficult access, one was located in a dangerous neighborhood and the staff of one UBS refused to participate in the study. Thus, the research field was composed of five UBS.

The study was conducted from August 2014 to July 2015. At the UBS units, data was collected from January to April 2015, on the days of availability of cervical cancer screening at the units. At each one of the UBS, gynecological examinations where Pap tests are taken are available during one shift per week, which makes eight patients per week.

The study population was composed of all the users who underwent cervical cancer screening during their gynecological examinations. All women aged 18 years or over who underwent at least one Pap test before data collection were included. Users who had some kind of cognitive impairment were excluded from the study. Based on these criteria, 15 women were selected.

The first contact with the users occurred at the UBS when they were invited to participate and were informed on the purpose, procedures and benefits of the study and the Free Informed Consent Form (TCLE) was signed.

Data collection was performed through individual semi-structured interviews. The results were collected and recorded by the researchers with the use of an audio recorder and a field diary.

The interviews were discontinued after information saturation to avoid redundancy or repetitions. Saturation is usually adopted in qualitative studies where the quality of subjective data is more important than the quantity ⁽⁵⁾. At least three users were interviewed at each UBS.

The data obtained was subjected to content analysis according to the following steps: pre-analysis, exploration of material (coding), treatment of results, inference and interpretation ⁽⁶⁾. The results were presented in the following categories that emerged from the statements of the respondents: users'

perception of the test, frequency of screenings, feelings experienced by the respondents and reasons for refusing cervical screening.

All the study steps are compliant with Resolution no 466/2012, of the National Health Council regarding studies with humans⁽⁷⁾. The present study was committed to respect the dignity, freedom and autonomy of the participants, protecting them from any harm, ensuring their privacy.

This study was authorized by the Municipal Department of Health and approved by the Research Ethics Committee of Universidade da Integração Internacional da Lusofonia Afro-Brasileira (UNILAB), under no 1.269.145. Anonymity was assured to the subjects that were identified by letter P (participants) followed by a cardinal number and letter U (from health Unit) also followed by a cardinal number.

● RESULTS

The results obtained were arranged and grouped in four previously established categories. The first category concerns the user's perception of the preventive test; the second category concerns the frequency of the screening; the third is related to the feelings experienced by users during the screening and the fourth category addresses the possible reasons for women to refuse cervical cancer screening.

The respondents were aged 22-69 years. Of the 15 participants, 11 were married and four were single. Regarding the educational level, six had only completed primary education. Other six women had completed secondary education and three were illiterate.

Perception of the test

For appropriate cervical cancer control, it is essential that women understand the reason and importance of the gynecological examination. All the respondents were aware that the purpose of cervical cancer screening is to identify abnormalities that may lead to cervical cancer. Regarding the importance of this practice, they made the following statements:

The test is important for health because it provides early detection of the disease. Many women only seek the health service when it is too late (P1U3)

The Pap test should be taken every year. All women should do it. I undergo cervical cancer screening every year because women of all ages are being diagnosed with this cancer. (P1U4)

The test is important because it identifies possible pre-cancerous changes (abnormalities) that may lead to cancer development, as observed in some statements:

It is important because it detects diseases. Today I will get the Pap test because I had a consultation with her [nurse]. (P1U2)

The test detects the presence or absence of a disease at an early basis, so that we can start treatment soon. (P3U2)

[...] prevention of cervical cancer... it is good to know what is going on inside our bodies. (P2U3)

Frequency of screening

Of the 15 respondents, 10 reported being screened annually. Those who did not take Pap tests with this frequency explained that this was due to change in staff (there was another nurse at the UBS), difficulty in scheduling appointments and other situations.

I used to have Pap smears every year, but later I changed my habits and stopped taking the tests, which I regretted [...] I became careless and no longer took the tests (P3U1)

I had my last Pap test in 2008, because there was another nurse at my UBS, and I only wanted to be

examined by the previous nurse [...].She is very kind and respectful. (P2U2)

I haven't taken the tests for the last four years because It has been difficult to schedule the appointments. Before that, I took the tests every year. (P3U3)

Feelings experienced

Although cervical cancer screening is an important preventive health care measure, it may also involve feelings of embarrassment.

Regarding the feelings experienced by respondents associated to the exam, 10 participants reported feeling comfortable with the screening and five reported some sort of embarrassment. The patients who felt comfortable explained that the nurse that performed the examination contributed to this, by providing a relaxing atmosphere.

I feel nervous, I don't like it, although the nurse made me feel quite comfortable; the test makes me feel uneasy. (P2U3)

Although the nurse is kind and makes me feel comfortable, I can't help feeling uneasy [...].(P3U3)

The doctor[nurse]makes us feel comfortable[...] I only take my Pap tests with her(P2U2)

[...] I have been taking my tests with the same nurse for 10 years because she treats me well.(P1U4)

Reasons for refusal

Of the 15 respondents, 12 reported that they had no reasons for refusing to take the tests, and that taking care of their health is what really matters. Two patients said that the nurse responsible for the gynecological examination contributed to make them feel at ease. Two other patients expressed their views on being examined by a male health professional. One said she would refuse to have the screening performed by a man and the other says that despite feeling uncomfortable she would not refuse to take the test.

I would refuse to take the Pap smear performed by a male professional, because I would feel uneasy to have to be touched by a man other than my husband. (P3U2)

If I had to have the test performed by a male doctor I would not feel comfortable but would not refuse to take it. (P1U4)

● DISCUSSION

Cervical cancer is the third most common cancer among women. Approximately 530 thousand new cases of cervical cancer are diagnosed annually in the world, and more than half of the patients die. Invasive cervical cancer occurs when cancerous cells in the epithelium cross this membrane and invade the stroma, the underlying supportive tissue of the cervix, and may also reach adjacent and distant structures and sites⁽²⁾.

As shown in the statements of the participants, information on cervical cancer is key to adherence to cervical cancer screening. When patients undergoing the screening are not informed on its importance, they may experience negative feelings, which make it difficult to create a space for woman's knowledge of their body and sexuality⁽⁶⁾. This may have a negative impact on adherence to the test, preventing early diagnosis.

The users recognize the importance of cervical cancer screening for health preservation, which contributes to facilitate adherence to the test. Although it is accepted that awareness of the importance of the Pap test does not imply that users will take the test, it is a positive factor for adherence⁽⁹⁾. This adherence seems to result mainly from reflection on the need to perform gynecological examination of asymptomatic lesions, since they can be aggravated if diagnosis is delayed.

The respondents said they took the Pap test because it allows early detection of cervical cancer, reassuring them with respect to their health. The statements also suggested that the participants had some basic knowledge on the test and its importance. The health services provided to the community and health professionals, particularly nurses, must provide guidance on the nature, importance and benefits of cervical cancer screening, since regular Pap tests may reduce mortality⁽¹⁰⁾.

In addition to obtain information on the test, women should also take it regularly. In this regard, the Brazilian Ministry of Health recommends annual screening for sexually active women⁽²⁾.

The respondents perceive periodical cervical cancer screening as essential for the monitoring of the evolution of abnormalities and adoption of timely treatment. The most efficient way to control this type of cancer is through early diagnosis and treatment of these lesions, which makes it possible to cure almost 100% of the cases⁽¹⁰⁾.

The users' perception of the test is subjective because it involves the feelings experienced by them during the test. Although the test often triggers negative emotions, some women have a more positive perception of the test and reported feeling comfortable during the screening, especially because the nurses who performed the test made them feel comfortable and were very kind and respectful⁽³⁾.

Improvement of provider-patient relationship is necessary for the development of an atmosphere of trust where health professionals, in addition to their technical skills, are also sensitive and focused on patient care. The establishment of this bond facilitates the dialogue with the users regarding knowledge of their own bodies, anatomy, functioning, contributing to breaking taboos about the female body⁽¹¹⁾.

The bond established between health professionals and clients also contributes to improve the process of health education that promotes, which empowers health professionals and transforms social reality⁽¹²⁾. Health professionals, particularly nurses who are close to the community, are responsible for elaborating actions and strategies aimed to unveil the fears of the Pap test. These actions contribute to the increased demands for gynecological examinations by these users⁽¹³⁾.

Although these women are aware of the importance of cervical cancer screening, their perception of their bodies can be influenced by social, cultural and economic aspects. Even competitive women who achieve success in their careers often play the roles of mother and wife. These roles appear to be directly related to body care, since women involved in many activities tend to neglect their own health. Rather than arising from a positive attitude towards well-being and better quality of life, this concern with health often arises as a consequence of a warning sign or symptom that arouse fear of disease, pain and death⁽³⁾.

Regarding the possible reasons for refusing cervical screening, some studies report unawareness of the importance of the test, embarrassment, fear of possible detection of cancer and of the test itself, socioeconomic level and cultural issues that may reduce adherence to the screening, since many women feel their personal privacy is intruded by perceive the Pap test^(7,14).

Exposure of the body, particularly to an opposite sex health professional was reported as a factor of embarrassment by the respondents. However, awareness of the importance of cervical cancer screening and the bond of trust established between user and health professional minimize negative feelings aroused by such exposure. The perceptions of women regarding exposure of their bodies during examination by a health professional reveals the influence of sexuality in their lives. After all, it is about touching, handling and exposing organs and erogenous zones, and women tend to associate genital display and manipulation during gynecological examinations to sexuality, which causes embarrassment⁽¹⁰⁾.

● FINAL CONSIDERATIONS

The present study revealed that women's perception of cervical cancer screening is essential to ensure adherence to the test. Understanding the perceptions and feelings of women who undergo gynecological examination provides guidance on the planning of actions aimed to improve adherence to cervical cancer screening.

The participants are aware of the importance of the screening and take the test at the intervals recommended by the Brazilian Ministry of Health. They also reported that they were promoting self-care and preventing diseases, and thus their perceptions and feelings about the test were positive.

Patient-health professional relationship proved to be crucial to the feelings of users during gynecological examination, emphasizing the importance of the establishment of a bond of trust between the women and the health professionals, since this factor may facilitate adherence to cervical cancer screening and contribute to its acceptance.

In this study, most women reported they had no reasons for refusing to take the Pap test, adding that they were more concerned with their health. This fact indicates that they had knowledge, though limited, about the benefits of preventive screening. Few users reported discomfort associated to the test, and this feeling was related to the hypothesis of examination by an opposite-gender health professional.

One limitation of the present study is the small sample size: it was limited to one city in the inland of the state of Ceará. Thus, further similar studies should be conducted in other cities, especially capitals, to determine whether these findings are associated to cultural issues or are also present in large cities.

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