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## PERIODIC REALIZATION OF PAPANICOLAOU: A CONTRIBUTION TO THE EMPOWERMENT OF WOMEN

*Realização periódica do Papanicolaou: uma contribuição ao empoderamento de mulheres**Realización periódica de Papanicolaou: una contribución al empoderamiento de la mujer***Maria Vitória Bezerra dos Santos<sup>1</sup>** **Mônica Cecília Pimentel de Melo<sup>2</sup>** **Ana Dulce Batista dos Santos<sup>3</sup>** **Lucineide Santos Silva Viana<sup>4</sup>** **Maria Eugenia Lima Dantas<sup>5</sup>** 

### ABSTRACT

**Objective:** develop a workshop as a way of contributing to the empowerment of women to carry out regular Pap smears.**Method:** qualitative, exploratory and descriptive, participant research type, in a health unit, with women between 25 and 59 years old, through collective semi-structured interviews, during a workshop, analyzed through Thematic Content Analysis.**Results:** the workshop proved to be a device that enhances female empowerment, interfering in the health-disease process. It also revealed itself as a tool for dialogue and active listening, in understanding the determinants that constitute obstacles in the periodic performance of the Pap smear. **Final considerations:** as a way of breaking down barriers, when it comes to the frequency of the Pap smear, the workshop is an efficient and encouraging tool to promote active participation, autonomy, self-esteem and social empowerment through the educational process.**DESCRIPTORS:** Pap smear; Empowerment; Women's health; Basic care;

<sup>1,2,3,4,5</sup> Federal University of the São Francisco Valley, Pernambuco, Petrolina, Brazil.

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**Corresponding Author:** Mônica Cecília Pimentel de Melo monica.cecilia@univasf.edu.br

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## RESUMO

**Objetivo:** desenvolver uma oficina como forma de contribuição ao empoderamento de mulheres para a realização periódica do Papanicolaou. **Método:** qualitativo, exploratório e descritivo, tipo pesquisa participante, em uma unidade de saúde, com mulheres entre 25 a 59 anos, através de entrevista semiestruturada coletiva, durante uma oficina ocorrida em fevereiro de 2023, analisada por meio da Análise Temática de Conteúdo. **Resultados:** a oficina mostrou-se como um dispositivo que potencializa o empoderamento feminino, interferindo no processo saúde-doença. Desvelou-se ainda como ferramenta de dialogicidade e escuta ativa, na compreensão dos determinantes que se configuram como empecilhos na realização periódica do Papanicolaou. **Considerações finais:** como forma de romper barreiras, ao tratar-se da periodicidade do Papanicolaou, a oficina é uma ferramenta eficiente e incentivadora de promoção à participação ativa, à autonomia, à autoestima e ao empoderamento social por meio do processo educativo.

**DESCRITORES:** Papanicolaou; Empoderamento; Saúde da mulher; Atenção básica;

## RESUMEN

**Objetivos:** desarrollar un taller como forma de contribuir al empoderamiento de las mujeres para la realización periódica de Papanicolaou. **Método:** investigación cualitativa, exploratoria y descriptiva, tipo participante, en una unidad de salud, con mujeres entre 25 y 59 años, a través de entrevistas colectivas semiestructuradas, durante un taller, analizadas mediante Análisis de Contenido Temático. **Resultados:** el taller resultó ser un dispositivo que potencia el empoderamiento femenino, interfiriendo en el proceso salud-enfermedad. También se reveló como una herramienta de diálogo y escucha activa, en la comprensión de los determinantes que constituyen obstáculos en la realización periódica del Papanicolaou. **Consideraciones finales:** como una forma de romper barreras en cuanto a la frecuencia de la prueba de Papanicolaou, el taller es una herramienta eficiente y alentadora para promover la participación activa, la autonomía, la autoestima y el empoderamiento social a través del proceso educativo.

**DESCRIPTORES:** Prueba de papanicolaou; Empoderamiento; La salud de la mujer; Atención básica.

## INTRODUCTION

Despite the fact that the Pap smear was introduced in Brazil in the 1950s, it is estimated that there is still a high rate of women who have never had it done or who do not have it done regularly, mainly due to economic, geographical and cultural difficulties, which involve fear, prejudice and embarrassment. There are also reasons related to service deficiencies, such as the fact that the units are open during working hours; a lack of supplies; difficulties in making appointments and the lack of speed in delivering the results.<sup>1-2</sup>

However, some habits and social concepts, such as the idea of not having a steady partner or maintaining homosexual relationships; forgetfulness; little information about the exam and not realizing its importance; use of contraceptive technologies; or absence of gynecological complaints, intertwined with the loss of control over one's own body during the procedure, contribute as barriers to the exam.<sup>3</sup>

As a way of minimizing this context, it is necessary to understand that health promotion and empowerment are closely related, since it allows individuals more autonomy in making decisions. This promotion can be encouraged through educational actions, such as conversation circles, the creation of groups and workshops aimed at self-knowledge and, consequently, the implementation of good health practices.<sup>4</sup>

Therefore, health education can be a strategic tool for reducing exposure to the conditioning and determining factors of

diseases, as it aims to provide knowledge and invest in people's care for their own health. In this regard, it is assumed that there are many gaps between technological advances and access to them when it comes to women's health, and it is necessary to adopt mechanisms that enable access to a network of quality services, capable of meeting needs and empowering women about their health and their bodies. Therefore, as a way of easing the obstacles that interfere with regular Pap smears, the following research question stands out: what possibilities does the workshop offer for contributing to empowerment with regard to regular Pap smears? Therefore, the aim of this study was to develop a workshop as a way of contributing to women's empowerment in terms of regular Pap smears.

The study is relevant because it highlights the need to give visibility to what compromises women's health when it comes to the reasons for not taking the test regularly and that health promotion as a tool for women's empowerment may be the way to mitigate and positively transform this practice of self-care.

## METHOD

Qualitative, exploratory and descriptive, participant research, carried out in a Basic Health Unit (BHUs) in Juazeiro, Bahia, using convenience sampling, which is done by selecting the elements to which the researcher has easy access at the chosen location.<sup>5-6</sup> The participants were women attending the unit, who had already started sexual activity and were

in the recommended age group for detecting cervical cancer (CC) - 25 to 59 years.<sup>7</sup>

We opted for a non-probabilistic, non-random/intentional sample, which included all the women in the catchment area who met the established criteria.<sup>8</sup> The use of workshops as the most appropriate intervention method for this study was carried out through group dynamics, aligned with the triggering questions of the semi-structured interview, applied collectively.<sup>9</sup> In this process, the workshop permeated the following main points: the participation of both the researchers and the participants involved; the reflective path encouraged throughout the workshop; the production of knowledge and the transformation of practices.<sup>10</sup>

A collective interview was used during the workshop, in which small groups of interviewees simultaneously answer questions drawn up in a script.<sup>5</sup> Eligible women were invited in advance by the BHUs Community Health Agents and others were selected because they were present at the BHUs and met the eligibility criteria, totaling 12 participants. The workshop was held on February 15, 2023, and lasted 1.5 hours, led by the researchers and the unit's nurse, with four moments: the first, welcoming the group; the second, launching the trigger questions for the collective interview, which were: 1. Do you know what this exam is for? 2. When did you have your last preventive exam? 3. How often do you usually have the exam? 3.1 If the periodicity is different from the Ministry of Health's recommendation, ask: What led you to not have the test regularly? 4) What is your first thought when a health professional tells you that you need to have a preventive exam?

During the workshop, the third moment was the use of images. The women chose the one that was closest to the meaning of the exam for them. The fourth and final moment was a demonstration of the exam on the prosthesis, using the mirror technique to empower the women in terms of body self-knowledge and the importance of having the exam periodically, inviting them to demonstrate what they had learned about the exam on the mannequin and how they felt after taking part in the workshop. The testimonies were recorded and transcribed and processed using Thematic Content Analysis.<sup>11</sup> The participants were identified only by "M1" (woman 1), and so on, listed in order of speech. The study was approved by the Research Ethics Committee under Certificate of Submission for Ethical Appraisal (CAAE) no. 66310522.3.0000.5201 and opinion no. 5.882.606.

## RESULTADOS E DISCUSSÕES

Three categories emerged which will be described and discussed on the basis of the literature.

### SYMBOLIC REPRESENTATION ABOUT THE Pap Smear: how do I feel?

When women go to the health services to have their Pap smears, they have feelings and expectations based on their life

experiences or on reports from others, often from their social circle, which are accompanied by negative emotions. With this in mind, the workshop proposed the triggering question "what is the first thought that comes to mind when the health professional tells you that you need to take the test?". At this point, the collaborators showed that this thought is surrounded by fear, anxiety and tension about the result that may come up.

*Something's gone wrong.* (M3)





*There might be a problem with my uterus.* (M9)

*I feel anxious or something's not right.* (M10)

*I'm afraid of discovering something serious.* (M12)

In addition to the answers to the trigger question, the participants represented their feelings with emojis:

**Chart 1** - Representation of feeling. Juazeiro, BA, Brazil, 2023

Emojis	Sentimento
	(A: sad)
	(B: confused)
	(C: worried)
	(D: happy)

Source: Images used during the workshop

As gestantes relataram a fragilidade na comunicação com o enfermeiro, considerando-a superficial:

During the workshop, most of the women chose the image that represented the worried face (C), in which 6 reported being afraid of the result and afraid of the pain; 1 chose the figure of the confused face (B), because she didn't know about the importance, the frequency of the exam and had doubts about the exam; 1 chose the sad face (A), because she didn't like having to take the exam and 4 chose the happy face (D), because they said it was an act of taking care of their health, combined with the relief of having done their duty, as shown in the following statement:

*Normal thought, since it's a routine exam* (M5)

Some said they could choose several images, because while they had doubts about the test, they also felt fear and tension at having detected a disease. The action of "not liking to do" the exam and the fear of pain were linked in the speeches as a result of the exposure of the intimate part and the loss of control over one's own body, generated by the position needed to collect the material. This contributes to the moment of the exam always being postponed, reducing adherence to the Pap smear and, together with this, the loss of opportunity to detect and treat any precursor lesions of CC early on.

The lack of a welcoming attitude on the part of health professionals is another point that can contribute to the increase in negative feelings generated and have a direct influence on the way women perceive the test. Individualized listening, generating empathy and safety, with the aim of valuing the subjects involved in the process, shaped by ethics and respect, can encourage better adherence to the exam.<sup>12</sup>

In view of this, measures to get to know one's own body could alleviate the feeling of discomfort during the exam, but it is still a taboo to be broken due to the remnants left by patriarchy, which, from a perspective of male domination, favors the paradigm that only other people - health professionals or partners - manipulate this body.<sup>13</sup>

From this perspective, there is a need for professionals to be prepared and sensitized to health promotion that empowers women, so that they feel comfortable inserting the speculum and viewing their own cervix, in a self-care and body knowledge approach. In addition to these behaviors, which break with the biomedical model and reinforce the autonomy of individuals, providing clear information and demonstrating the exam by making the materials available for women to handle and feel safe in performing the preventive exam, favors autonomy and confidence during the procedure.<sup>13</sup>

As an example and with a view to improving the regularity of the test, Leticia Fumagalli, a nurse from Santa Catarina, created a gynaecological collection method named after her - the Fumagalli Method of humanized preventive care.<sup>14</sup> It was developed so that women are attended to in an integral and humanized way, and to this end she uses demonstration materials to explain how the test works; she uses relaxing music and clothing with motivational phrases and scents, which can make the experience of having the test more welcoming.<sup>14</sup>

Many women enter health institutions unaware of the instruments used, answer a pre-prepared form, position themselves for the test and collection and return home with doubts and fears, as a result of a care model based on a clinical, complaint-conduct paradigm.

Therefore, it can be inferred that the action of "doing" the Pap smear goes far beyond a simple act of following the entire ritual of the exam, as it reveals and brings to light the need for the professional to realize that there are subjective issues related to perceptions of the body and sexuality, highlighting the importance of dialogue and active listening, regardless of how many times the woman has already taken the exam.

## PAP SMEAR FREQUENCY AND DETERMINING FACTORS

Although the Pap smear was known and had already been carried out by the participants at some point in their lives, in some cases the regularity with which it was being done was not in line with what is established by the Ministry of Health, which is every three years, after two normal annual tests.<sup>15</sup>

*I don't know. I've been doing it for 16 years. (M1)*

*Yes, I've been doing it for 4 years. (M2)*

*No. I've never done it, I didn't think it was necessary. (M4)*

*Yes, for 4 years. (M12)*

On the other hand, there were participants who were aware of the need for the test and performed it periodically.

*Yes, to check for cancer. I do it every year, I've been doing it for 3 months. (M8)*

*Yes, I've been doing it for a month. (M9)*

*Yes, to detect cervical cancer. I've been doing it for a year. (M10)*

Adequate periodicity is widely unknown by the population, with lack of information being the main barrier to compliance, but it is not the only obstacle, since effective screening for CC is interfered with by social and subjective-cultural factors experienced by women. These factors range from the logistics of the service, through professional attitudes, such as welcoming and humanization, to the organizational barriers of public policies that need to be more effective, from access to examination to treatment.<sup>16-17</sup> Health education thus interferes in the health-disease process, guiding individuals towards a view of prevention, self-care and responsibility in the face of illness.

Another relevant point that also affects this process would be women's lack of knowledge about the relationship between the Human Papillomavirus (HPV) and CC, which can influence prevention and make it difficult to understand the importance of having regular preventive examinations. It is important to point out that primary prevention of CC occurs through the HPV vaccine and Pap smears, which are complementary actions and are available through the Unified Health System.<sup>17</sup>

In the meantime, in order to facilitate the diagnosis of the disease, the municipality of Recife-PE has implemented the uterus is life program, which is being developed by the Pernambuco State Health Department, in partnership with the Pan American Health Organization. The project will carry out a new type of test that allows for more assertive identification of HPV DNA, especially HPV 16 and 18, which cause this type of cancer.<sup>18</sup>

Despite their knowledge of the importance of the test and the recommended frequency, other barriers were fear, lack of knowledge, doubts and shame, which prevented them from taking it.

*Doubt and fear [...], I never thought it would be necessary, but I'll make an appointment to do it. (M1)*



*I don't know. Shame.* (M2)

*Doubt, I didn't think I needed it.* (M4)

*I forgot to do it.* (M12)

Among the main reasons for not having a cytopathology test, cited in another study, were fear and apprehension of finding a positive result for a neoplasm; embarrassment and shame, as well as cultural aspects, demographic adversities and access to health services, as well as difficulties in scheduling tests.<sup>19</sup>

Corroborating this assertion, a study interviewed nurses in order to find out what limitations prevented women from having regular cytopathological examinations and found that the invasive way in which the examination is carried out leads to fear and apprehension about going to appointments.<sup>12</sup> In Brazil, excluding non-melanoma skin tumors, cervical cancer is the third most common type of cancer among women. For the year 2022, 16,710 new cases have been estimated, which represents a risk of 15.38 cases per 100,000 women, reinforcing the importance of preventive examinations for early detection.<sup>20</sup>

In this context, it can be seen that the lack of information and the feelings reported by the participants are major barriers to accessing the service network, whose early detection and treatment of the disease and its precursor lesions, which are simple preventative health promotion measures, can lead to a more advanced stage of the pathology and, consequently, more complex treatment.

#### **WORKSHOP AS A TOOL FOR FEMALE EMPOWERMENT**

Health education is defined as fundamental to expanding knowledge and practices related to healthy behaviors in individuals, as well as promoting self-care. In primary care, the health team plays a transformative role in promoting care for individuals through physical contact, exchanges of experiences, knowledge and the transfer of scientific knowledge.<sup>21</sup>

In this sense, the control, screening and early diagnosis of CC can sometimes be effective when there is a greater commitment on the part of health professionals to carry out educational activities. Often, these professionals limit themselves to scheduled appointments, procedures and management activities for demands that already exist in the unit. As a result, the opportunity for qualified listening to women's demands is lost, as well as a space to speak and ask questions, to listen to other women's perceptions and experiences, thus reducing the most common obstacles to having the exam, which could easily be solved.<sup>21</sup>

The health education workshop is an efficient tool for promoting active participation, autonomy, self-esteem and social empowerment. Empowerment means taking hold of something, representing the acquisition of power or control over a given situation. In this sense, workshops are an important resource for providing elements such as self-affirmation, self-confidence, awareness and an increase in the individual's ability to feel influential in the processes that determine their lives, which

characterize empowerment. Its meaning is translated into the development of potential, increased information, perception and real participation of individuals in their health, who thus become subjects rather than objects of actions.<sup>22</sup>

The participants identified the role of the workshop as an important strategy for adherence to health guidelines. It was thus clear how the workshop could be configured as an important means of health education, through moments of interaction between participants and mediators, promoting the necessary ownership of health decisions involving safer and more informed choices.

*I like workshops like this, it's very important to always have them at the health center.* (M1)

*It's very good to take part in these moments so that we can learn more about the diseases.* (M5)

*I'm going to have the exam every year now.* (M7)

*This work is very important so that women know the importance of this exam.* (M8)

The empowerment dimension is made up of individual, collective and social class levels. At the individual level, the construction of knowledge is based on critical-reflective development that involves personal capacities to promote their health. At the collective level, the individual is capable of taking actions beyond self-care, such as mobilizing the community to take co-responsibility for collective health promotion care, considering the possibilities of interfering in the reality in which they find themselves.<sup>23</sup>

In this respect, empowerment arises from the social relationships in which individuals are built, working on their critical sense of the reality they experience. This enlightenment provides the power to transform social relations of domination, leading them to freedom. It is therefore up to nurses and other health professionals to encourage individuals to participate in critical decision-making about their well-being. To facilitate this participation, it is necessary to share knowledge through strategies that involve the community in favor of individual and collective health. However, each professional needs to recognize the weaknesses in health and use this knowledge in their know-how, through the praxis of dialogue, to seek actions to transform reality.<sup>24-25</sup>

The workshop proved to be a device for encouraging female empowerment in health, transforming practices from the biomedical model, based on the complaint-conduct approach, to a more dialogical, self-care approach, enhancing changes in behavior.

#### **FINAL CONSIDERATIONS**

It can be said that the workshop is an encouraging tool in terms of encouraging active participation, autonomy, self-esteem and social empowerment through the educational process, making it possible to fulfill the proposed objective, reaffirming the role of nursing in health education to overcome

barriers when it comes to the periodicity of Pap smears. The participants identified the workshop as a relevant strategy for adhering to health guidelines. It was also possible to assess the importance of welcoming women as a way of reducing the negative feelings generated by preventive care, as well as active listening and valuing individual needs in a group workshop proposal to transform practices and attitudes.

A limitation of the study is that it was not possible to assess the long-term impact. More extensive follow-up would be necessary to understand whether the changes revealed are lasting and sustainable over time.

However, despite the limitations, the merit of working on health education through workshops, a resource that does not require high technology and has several adaptations, was notable. In this way, it was possible to collaborate in the implementation of good health practices, with the aim of reducing exposure to factors that condition and determine diseases.

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