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KNOWLEDGE, PERCEPTIONS AND EXPERIENCES OF WOMEN USERS OF THE FAMILY HEALTH STRATEGY REGARDING THE CYTOPATHOLOGICAL EXAMINATION

Conhecimento, percepções e vivências de mulheres usuárias da estratégia saúde da família frente ao exame citopatológico

Conocimientos, percepciones y experiencias de mujeres usuarias de la estrategia de salud de la familia sobre el examen citopatologico

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RESUMO

Objetivo: compreender a percepção de mulheres usuárias da Estratégia Saúde da Família frente ao exame citopatológico. **Método:** pesquisa qualitativa, descritiva-exploratória, desenvolvida com treze mulheres em um município do extremo oeste de Santa Catarina. A coleta de dados aconteceu por meio de entrevista semiestruturada, de caráter individual. Para análise dos dados, utilizou-se a Análise de Conteúdo do Tipo Temática. **Resultados:** da análise, emergiram três categorias temáticas: Conhecimento de mulheres sobre o exame citopatológico; Percepções e vivências acerca do exame citopatológico; e, Assistência dos profissionais de saúde frente ao exame citopatológico. **Considerações finais:** apreende-se que a adesão ao exame citopatológico envolve diversos fatores comportamentais, sociais, culturais e assistenciais, que podem interferir diretamente nas práticas de rastreamento do câncer de colo do útero. Assim, o acolhimento, a empatia, o vínculo e a comunicação efetiva entre profissional e usuária são essenciais para a ampliação da cobertura do exame.

DESCRITORES: Neoplasias do colo do útero; Teste de Papanicolau; Papillomavirus humano; Saúde da mulher; Estratégias de saúde nacionais.

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ABSTRACT

Objective: to understand the perception of women using the Family Health Strategy regarding cytopathological examination. **Method:** qualitative, descriptive-exploratory research, developed with thirteen women in a municipality in the extreme west of Santa Catarina. Data collection took place through semi-structured, individual interviews. For data analysis, Thematic Content Analysis was used. **Results:** from the analysis, three thematic categories emerged: Women's knowledge about the cytopathological examination; Perceptions and experiences regarding cytopathological examination; and, Assistance from health professionals in the cytopathological examination. **Final considerations:** it is understood that adherence to the cytopathological examination involves several behavioral, social, cultural and care factors, which can directly interfere with cervical cancer screening practices. Therefore, welcoming, empathy, bonding and effective communication between professional and user are essential for expanding exam coverage.

DESCRIPTORS: Uterine cervical neoplasms; Papanicolaou test; Human papillomavirus viroses; Women's health; National health strategies.

RESUMEN

Objetivo: comprender la percepción de las mujeres usuarias de la Estrategia Salud de la Familia respecto al examen citopatológico. **Método:** investigación cualitativa, descriptiva-exploratoria, desarrollada con trece mujeres de un municipio del extremo oeste de Santa Catarina. La recolección de datos se realizó mediante entrevistas individuales semiestructuradas. Para el análisis de los datos se utilizó el Análisis de Contenido Temático. **Resultados:** del análisis surgieron tres categorías temáticas: conocimiento de las mujeres sobre el examen citopatológico; Percepciones y experiencias sobre el examen citopatológico; y, Asistencia de profesionales de la salud en el examen citopatológico. **Consideraciones finales:** se entiende que la adherencia al examen citopatológico involucra diversos factores comportamentales, sociales, culturales y asistenciales, que pueden interferir directamente en las prácticas de tamizaje del cáncer de cuello uterino. Por lo tanto, la acogida, la empatía, el vínculo y la comunicación efectiva entre profesional y usuario son fundamentales para ampliar la cobertura del examen.

DESCRIPTORES: Neoplasias del cuello uterino; Prueba de papanicolaou; Virus del papiloma humano; Salud de la mujer; Estrategias de salud nacionales.

INTRODUCTION

Cervical cancer (CC), also known as cervical cancer, is a progressive disease with cervical intraepithelial alterations, which can progress to an invasive stage. CC is associated with the persistent infection of certain oncogenic subtypes of the Human Papillomavirus (HPV), in which 90% of the cellular alterations begin in the transformation zone and the other 10% in the endocervix.[1]

However, in addition to the necessary HPV infection, other risk factors contribute to the development of CC, such as multiple partners, early onset of sexual activity, multiparity, smoking, prolonged use of oral contraceptives, unfavorable socioeconomic conditions, among others. These factors, when associated with the individual already having HPV, increase the chances of it developing into a neoplasm.[2]

Due to its high morbidity and mortality rates, CC has been considered a public health problem. Worldwide, there are approximately 570,000 new cases of CC every year, making it the fourth most common type of cancer among women, responsible for around 311,000 deaths annually, mainly in middle- and low-income countries. In Brazil, there were around 16,590 new cases each year between 2020 and 2022, which points to high rates of the disease. In terms of deaths, in 2019 there were 6,596 deaths of Brazilian women affected by CC.[3]

Despite the increase in the incidence of cases, CC has a high probability of being cured when detected and treated early. The cytopathological test, also known as the Pap smear or preventive test, has been the main early screening strategy in Brazil, due to its effectiveness with up to 85% sensitivity and specificity, low cost, safety and easy execution, as well as being offered in Primary Health Care (PHC), free of charge.[4]

Through the Brazilian Guidelines for Cervical Cancer Screening, the Ministry of Health recommends that the cytopathological test be carried out by women aged between 25 and 64 years, at an interval of three years after two consecutive normal tests carried out within one year.[1] The aim of the test is the early identification of lesions and cellular alterations, which enables a diagnosis in the early stages of the disease and timely treatment.[5,6] With coverage of at least 80% of the target population, it is believed that the incidence of CC can be reduced by an average of 60 to 90%.[1]

Although the test is available in PHC, there are still women who don't take it, and often the disease is detected at an advanced stage, reducing their chances of a cure. In this sense, knowing the importance of CC screening for reducing the morbidity and mortality caused by the disease, it is essential to develop studies that identify women's knowledge about the cytopathological exam, as well as their perceptions and experiences of the exam. In this way, it is possible to review strategies that make it possible to increase adherence to this preventive practice and, consequently, to the detection and treatment of CC, with the aim of increasing the chances of a cure and a good prognosis for the disease.

In this context, the study sought to answer the following guiding question: "What is the perception of female users of the ESF regarding the cytopathological examination?". In order to answer this question, the aim of the study is to understand the perception of women who use the ESF regarding cytopathological examinations.

METHOD

This was a qualitative, descriptive and exploratory study carried out with women in the catchment area of two FHSs located in a municipality in the far west of Santa Catarina. In terms of inclusion criteria, the women included were those in the screening age group for CC, i.e. between 25 and 64 years old, with an active sex life, regardless of whether or not they had already been tested. The study had no exclusion criteria.

Data collection took place between November and December 2023 and January 2024, using semi-structured interviews with open-ended questions, developed and applied by the researchers. To begin with, there was a sociodemographic and clinical categorization of the participants, which included the following variables: age, marital status (regardless of civil registration), schooling, occupation, number of children, having already had a cytopathological test and the last time it was done.

The semi-structured interview script asked the following questions: Do you know the purpose/importance of the cytopathological/preventive exam and how it is carried out? Can you talk about that? Have you ever been advised by the health team about the cytopathology test? If so, who was the professional and what was the advice? How do you feel about being welcomed by the health professional while having the preventive exam? How do you feel about having a preventive exam or the possibility of having one if you've never had one? How long ago did you have your last exam? If it was recent, why do you take this precaution? If it was longer ago, why the delay in having it done? If you've never had it, is there any reason or what has influenced your decision to postpone the test?

The participants were informed and invited to take part in the study when they arrived at the health unit seeking any kind of care. For the women who agreed to take part, the interviews took place individually, on the premises of the ESF itself, in a room that guaranteed their privacy. The average length of each interview was around 15 minutes.

The interviews were recorded using a digital smartphone recorder, with the participant's consent, after she had been provided with an Authorization Form for Voice Recording. The criterion of thematic saturation was used to interrupt data collection and include new participants, i.e. until the answers were too repetitive and did not contribute to new understandings and reflections.

Once the interviews were completed, the researchers transcribed and analyzed the data using Thematic Content Analysis[7], which consists of three stages: 1) pre-analysis - organizing the material for later analysis, based on listening to the recordings and floating reading; 2) exploration of the material - cutting out common and significant information, creating thematic categories; and, 3) treatment of the results obtained and interpretation - interpretation of the results, based on the objectives of the study.[7]

The study report was prepared in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide. The research respected the ethical and legal precepts established by Resolution 466/2012, and was approved by the Research Ethics Committee of the Universidade do Oeste de Santa Catarina, under opinion no. 6.481.746. The participants are supported by the Free and Informed Consent Form (FICF), which they signed voluntarily. To preserve the identity of the participants, their names have been replaced by their flower names.

RESULTS

Thirteen women took part in the study, aged between 29 and 62, 69.2% of whom live with a partner, 53.8% have completed high school and all of whom are in paid work. With regard to motherhood, the participants have between one and three children. All of them had undergone a cytopathology test before, and the time interval since their last test ranged from three months to three years, considering the date on which the interviews were collected.

Three thematic categories (TC) emerged from the analysis: TC1 - Women's knowledge of the cytopathology test; TC2 - Perceptions and experiences of the cytopathology test; and TC3 - Health professionals' assistance with the cytopathology test.

CT1 - WOMEN'S KNOWLEDGE OF THE CYTOPATHOLOGY TEST

This category sought to understand the knowledge and purpose that women attributed to the cytopathology test. It can be seen that the women interviewed, albeit in an empirical and incipient way, understand what the test means and recognize its importance.

> *[...] it's to try to discover cervical cancer before it's too advanced [...].* (Violet)

> *[...] it's to see if there's an infection or cancer in the uterus as well [...].* (Lily)
>
> *[...] I think it's to see how your uterus 'is' [...] To see if 'you' have any changes, from a wound, an infection, so that you can treat it as soon as possible.* (Amor-perfeito)

CT2 - PERCEPTIONS AND EXPERIENCES OF THE CYTOPATHOLOGY TEST

This category shows women's perceptions and practices regarding the cytopathology test, as well as their feelings about the test. It is possible to see that some women feel calm about the test because, over time, they have become accustomed to performing it, making it part of their self-care routine.

> *I'm very relaxed, because it's a normal, routine test that every woman should have [...] we don't need to be ashamed to have it."* (Violet)
>
> *[...] I think the first time we have it we feel ashamed. Nowadays, it's normal, it's a normal test that has to be done every year.* (Anthurium)

On the other hand, other participants said they didn't like it and tried to avoid having the test, although they did it anyway, because they understood its importance or because of other gynecological problems that led to the need for it.

> *[...] because, to tell you the truth, I don't really like doing* it [...]. (Lily)
>
> *[...] I don't like doing it, I even tried to get away from it a few times, but then, as I have a problem with infection, I was forced to do it. But I don't like it, I don't know, it's uncomfortable [...].* (Amor-perfeito)
>
> *I do it because I have to, I don't like it.*(Orchid)

Shame and embarrassment appear to be the main reasons for not liking or even not carrying out the exam in the recommended time. These feelings are heightened when it comes to a male professional. These feelings can be considered normal and acceptable, as they involve women's privacy and comfort, since the exam requires exposing their bodies to the professional who will carry it out. However, even with these implications, the participants understand that taking the exam regularly is a valuable step in their health care.

> *I don't think it's a very pleasant exam, but because it's so important, we're willing to do it.* (Rose)
>
> *[...] I feel a bit embarrassed [...].* (Sunflower)
>
> *[...] it's a bit embarrassing [...]. It's a bit uncomfortable, but it's necessary, so we go through it without wanting to, but we have to.* (Petunia)
>
> *[...] I felt a lot of shame, mainly because there were only doctors at the time [...] because it's something that's ours, talking to a man is different, it would be better if it was with a woman [...].* (Hydrangea)

Interviewee Violeta also mentions: "[...] now that I'm working, scheduling an appointment with him [the doctor] is a little more complicated [...]", reporting that it is difficult to find time to have the cytopathology due to work, which also becomes a barrier to adherence to the test.

CT3 - HEALTH PROFESSIONALS' ASSISTANCE WITH THE CYTOPATHOLOGY TEST

This category portrays, from the women's point of view, how health professionals assist them with the cytopathology test. It is essential that at the time of the consultation and the procedure women are welcomed, that they feel comfortable and safe, in order to reduce tension and discomfort during the collection, since some consider it invasive and embarrassing.

> *[...] she [the nurse] always explains everything before doing anything [...].* (Boca-de-leão)
>
> *[...] she [the nurse] welcomed me very well, she talked to me [...] When I told her I was having the IUD [Intrauterine Device] fitted, she was very careful, she talked to me, explaining how it was going to work [...].* (Amor-perfeito)
>
> *[...] I felt welcomed. They [the nurse and the doctor] explained what they were going to do before they did it, they put me at ease, because it's a very invasive test and I felt good about it.*(Anturio)

As shown in the speeches, the information about the exam was obtained mainly by the nurse working in the PHC, and one of the participants mentioned that she received guidance from the community health agent (ACS).

> *[...] Even the health agent tells us it's important to do it.* (Petunia)
>
> *Always the nurse in charge of the health center [...].* (Orchid)
>
> *I've already been given advice here at the health center, right here [in the municipality], by the nurses [...].* (Hydrangea))

DISCUSSION

Based on the responses obtained in this study, it can be seen that women are aware of the test and recognize its purpose, but only to a limited extent. Studies have shown that women have insufficient knowledge of cytopathology.[8-10] Some have never even heard of the test to prevent CC, or have heard of it, but don't know its purpose.[9] Furthermore, most are unaware of the care required to carry it out and/or the recommended periodicity[8-9] and only take the test because it is requested by health professionals.[9]

As a result of this incipient knowledge, a study found that more than 80% of the female users of a Basic Health Unit (BHU) in Juiz de Fora, Minas Gerais, had inadequate screening practices for CC, even though more than half of them had been attending the same BHU for more than ten years, enough time to have participated in health education activities.[8]

It is therefore clear that a lack of knowledge and inadequate or insufficient information directly affect women's choice as to whether or not to undergo the test, while generating a lack of concern and consequent lack of interest in the prevention and screening of CC.[11-13] This lack of interest ends up leading to an inadequate practice and may be related to a lack of knowledge about the benefits of the test and the beliefs of each woman.[9]

These findings suggest that information should be provided at the primary health care level, especially since the women with the least knowledge are those with little schooling and limited access to reliable information.[13] To this end, professionals must also have knowledge about the cytopathological exam in order to overcome the deficiencies found through effective strategies and quality information, showing themselves to be incentives for the practice and making clear the advantages of performing it at the recommended time.[10,13]

In addition to limited knowledge, many women experience feelings of shame, embarrassment and discomfort during the cytopathology test. These feelings emerge as barriers faced by women during the examination, as can be seen in this and in various studies in the national literature.[6,14-17]

Shame and embarrassment are often related to the impersonality of the test, the position and exposure of the woman's private parts to someone unknown, inadequate or non-existent sex education and the idea that the test hurts.[18] In addition, when there is no trust and bond with the professional who will carry out the procedure, especially if he is male.[14,16,19]

On the other hand, for some women it's natural to seek the exam, as they see it as a form of self-care and recognize its importance. It should therefore be emphasized that the positioning and empowerment of the female population with regard to promoting their health and self-care is essential, with a view to increasing cytopathological coverage and, consequently, reducing mortality from CC.[20]

Women's integration into the job market, in addition to the activities they carry out at home, is also a factor that makes it difficult for them to have a cytopathology test. The lack of flexibility in scheduling appointments, as well as the mismatch between the opening hours of the health service and their work, contributes to women distancing themselves from the health unit and to non-adherence to the test.[21] It is believed that when they contact the health unit and the times are already occupied, they have the idea that there are no vacancies for spontaneous demand, slowing down the organization of services and postponing this collection.[2]

Based on the above, the reasons highlighted in this study act as barriers that arouse emotional tensions related to the cytopathology test, but which can be overcome. Showing empathy and respect for each woman's privacy, as well as explaining the procedure in detail, contributes to a positive experience of the test. The lack of qualified listening and effective communication during consultations generates dissatisfaction and frustration with the service, which leads many women to rethink whether they will ever have the test again.[15,22]

It is therefore essential that professionals take a more humanized, welcoming and professional approach to breaking down taboos surrounding the exam, ensuring that these women feel comfortable and encouraged to take care of their health.[17] To do this, health professionals must take into account the subjective issues of each woman, debunking possible myths, since most women feel fear or embarrassment due to the lack of guidance.[13] The formation of a bond between professional and user is also essential to minimize these feelings and help with adherence to the exam.[9]

The nurse appears to be primarily responsible for providing guidance on the cytopathology test, followed by the CHW, who also plays a key role in increasing adherence to the test, since they have direct and frequent contact with users during home visits, facilitating the capture and active search for women of screening age. According to a study, women who receive information from health professionals have greater adherence to the exam when compared to those who have been informed by other sources.[9]

This fact highlights the importance of nurses in the health education process, encouraging social participation and women's autonomy, since by making them aware of the importance of the cytopathology test, it is possible to achieve positive results in terms of coverage. These actions are considered central elements in health promotion and, consequently, in the prevention and early detection of CC.[9,17]

FINAL CONSIDERATIONS

It is clear that adherence to the cytopathological test involves various behavioral, social, cultural and care factors, which can directly interfere with CC screening practices. Therefore, welcoming, empathy, bonding and effective communication between professional and user are essential for expanding the coverage of the test.

Thus, understanding the knowledge, perceptions and experiences of women regarding the cytopathological examination can contribute to the planning of health education strategies, the definition of goals to be achieved and the design of strategic CC control actions that are consistent with the needs of the female population using the ESF, as well as increasing and advancing knowledge on the subject.

To this end, it is necessary to develop new research on the subject in order to broaden our understanding of the health determinants involving adherence and non-adherence to the cytopathological exam and, based on the knowledge generated, to think of effective strategies and actions for the prevention, control and early detection of CC, remembering to monitor adherence indicators in order to analyze the effectiveness of the actions implemented and recognize the points to be improved.

As a limitation of this study, it is impossible to generalize the findings due to the small number of participants, as it is a qualitative study. On the other hand, this approach makes it possible to delve deeper into the subject, bringing important reflections and contributions on the knowledge, perceptions and experiences of women in relation to cytopathology.

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