

Level of knowledge of women of childbearing age, about cervical cancer in a city in the interior of Pernambuco

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Abstract: Cancer causes a high rate of morbidity and mortality in the world, following the second etiology of deaths in several countries. To evaluate the knowledge about cervical cancer of women of childbearing age registered in a Basic Health Unit of a city in the interior of Pernambuco. Cross-sectional descriptive study, with quantitative approach conducted with women of childbearing age registered in a Basic Health Unit. Most of these women 52.5% (n=31) are unaware of the concept of cervical cancer. With regard to the knowledge of uterine cancer, the analysis shows an unfamiliarity on the part of women, and it is evident that there is a failure in professional-patient communication at the time of consultation of the cytological examination, and it is then up to the nurse to perform health education, since the consultation period is a great opportunity to instruct these women.

Keywords: Women's Health; Neoplasms of the Cervix; Knowledge

1. Introduction

Cancer causes a high rate of morbidity and mortality in the world, following the second etiology of deaths in several countries, resulting from several origins such as: smoking, eating and sexual habits, alcoholism and solar radiation. The estimate in 2016/2017 was above 57,000 cases (BARBOSA *et al.*, 2015; OLIVEIRA, 2015; STUR, 2017).

Attributed as a public health problem of vast importance, cervical cancer (CC) covers a high mortality rate, and is classified as the fourth most common neoplasm in women. In Brazil, 16,340 new cases were awaited in 2016; with a risk of 15.85/100,000 women. Based on the incidence of Brazilian regions, the Northeast ranks second with 19.49/100,000, and the state of Pernambuco was 20.23/100 women (INCA, 2015).

Some risk factors have a great influence on the development of this neoplasm: initiation of early sexual activity, several partners, long-term use of contraceptives, immunosuppression, smoking and human papilloma virus (HPV) infection. HPV is a sexually transmitted virus that causes intraepithelial lesions, it is the main risk factor for triggering cervical cancer, when the infection is persistent, and there is no early intervention (LEITE, 2014; BRAZIL, 2015).

Human Papillomavirus infection is common worldwide and individuals with active sex life will at some times have contact with the virus. There are hundreds of HPV types, of which 12 are oncogenic; however, the most common are 6, 11, 16, 18 that cause warts and cervical cancer (INCA, 2015).

HPV vaccine is a method to regress cases of uterine neoplasms that causes high morbidity and mortality in Brazil. With an emphasis on the prevention of uterine cancer against the high and low risk types of HPV, the Ministry of Health (MS) launches in 2014 the tetravalent vaccine against subtypes 6, 11, 16, 18 protecting from lesions and warts in both women and men and bivalent for types 11 and 18 protecting against carcinogenic forms of the virus (AYRES, 2015; BASIL, 2015).

Prevention of HPV infection is carried out through the use of condoms during sexual intercourse; and the detection of cervical cancer is made from the pap smear in basic health units in women aged between 25 and 64 years; is an effective and accessible analysis for women to perform the prevention, screening and treatment of uterine neoplasms (MS, 2015; RIBEIRO *et al.*, 2016; Zardo *et al.*, 2014).

In the event of a decrease in HPV contagion and development of cervical cancer, nursing must intervene by providing health education; identifying failure of self-care, knowledge and prevention of pathology, emphasizing prevention and health promotion to avoid injuries in the future (GOOD LUCK; BIRTH; FERREIRA, 2016).

Cervical cancer is a neoplasm that plagues several women worldwide; and Brazil is a country that still has high incidences and mortality of this tumor, this is worrisome, since we have strategies to detect lesions previously in family health units, performing free of charge the pathological cytostest, to

diagnose and thus increase the chances of cure, control and prevention of cancer (THULER; BERGMANN; MARRIED, 2012).

In view of the above it is understood that cervical cancer has been highlighted because of the high mortality and morbidity rate in women of childbearing age, for this reason it is important to survey the knowledge of these women regarding this disease, since it is the knowledge that will make them adhere to prevention and health promotion measures, referred to by a given disease, in this case the preventive examination causing this woman to have a better support the practices that will aim at improving her health status, thus, this research becomes important in the scenario that she will make a survey of the knowledge of these women and may direct health education activities in the unit researched, there is an increase in women's knowledge about the thematic reference.

2. Methodology

This is a descriptive cross-sectional study, with a quantitative approach carried out with women of childbearing age properly registered in a Basic Health Unit located in the district of Massauassu, rural area of the city of Escada, a Brazilian municipality located in the interior of the state of Pernambuco. Located 60 km² from the capital of Pernambuco, containing 68,448 inhabitants, according to the 2018 census.

The research was conducted with women aged between 25 and 64 years and who duly signed the Informed Consent Form (TCLE); women who were not registered in the BHU and those who lived in the region for less than four months were excluded. The interviews were conducted at home with the support of community health agents (CHA). After clarification of the research and signature of the TCLE; the women answered a structured questionnaire in order to obtain sociocultural, socioeconomic and knowledge about cervical cancer. The research was approved by the Research Ethics Committee of the Integrated Colleges of Vitória de Santo Antão (CEPVISA), under opinion no. 3,279,432. The collected data were processed on a computer in the Microsoft Office Excel 2010 program, presented in graphs and tables.

3. Results and Discussion

After analyzing the inclusion and exclusion criteria, it was possible to select 59 women, and this was the total number of the sample (100%) available during the collection period, with no refusal of any of them. It is noteworthy that the participants were interviewed at home with the support of community health agents (CHA) to make the visit, a fact that made it difficult to expand the sample "n".

The women who were part of the interview were within the age group for cervical cancer screening (25 to 64 years) as recommended by the Ministry of Health, among which had a

predominance between 36-45 years corresponding to 35.6% (n=21), followed by age between 25-35 years, 30.5% (n=18) as shown in Figure 1.

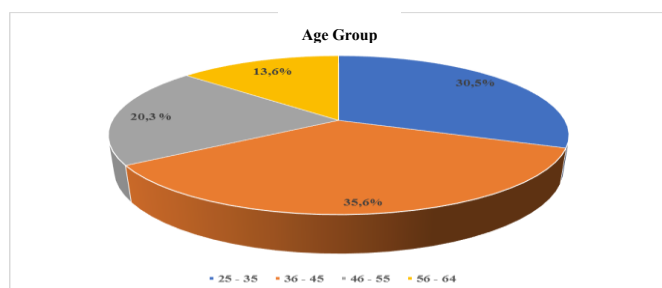


Figure 1. Distribution of the number of women according to age group. *Source:* Own elaboration

Tiensoli presents in his study a divergent quantitative, a greater total of women aged 25 to 34 years (TIENSOLI, *et al.*, 2017).

As shown in Table 1, the present study explains the sociodemographic variables of the sample, where it was analyzed that 39% (n=23) of the women lived in a stable union and 37.2% (n=22) were married. In a similar study by Oliveira *et al.* there is a predominance equivalent to the current study, and 45.3% of the women have a stable union and 39.8% of the interviewees claim to be married (OLIVEIRA *et al.*, 2016).

As Teixeira shows, cervical cancer is directly related to human papillomavirus (HPV) infection, which is acquired through the sexual act, thus inferring that the sexual act unprotected or performed with multiplicity of partners increases the risk of incidence of cervical cancer, causing married women to remain with a single number of partners and who make use of protective methods, as a condom, they decrease exposure to cervical cancer (TEIXEIRA, 2015).

It is observed that most women had a low level of education, being 59.3% (n=35) with incomplete elementary school and 27.1% (n=16) had incomplete high school education, referring to economic conditions a large amount was low income, aiming that 42.4% (n=25) had less than one minimum wage, and 25.4% (n=15) reported not having an income, considering that 91.5% (n=54) mentioned not working. Also, the socioeconomic situation was found to be about the home situation that 78% (n=46) had their own home and 18.6% (n=11) lived in a rented house, according to Table 1.

Studies report that low level of education and economic becomes a determinant for the development of uterine cancer, schooling is an intermediary between the economic situation and the healthier lifestyle, aiming that there is more access to health services and a greater knowledge about the disease and its prevention (OLIVEIRA *et al.*, 2016; TIENSOLI, FELISBINO-MENDES, VELASQUEZ-MELENDZ, 2017).

Table 1. Sociodemographic characteristics of women of childbearing age in a city in the interior of Pernambuco

Sociodemographic Variables		
Marital status	N	%
Single	8	13,6
Married woman	22	37,2
Widow	2	3,4
Divorced	4	6,8
Stable Union	23	39
Total	59	100
Education Level N %		
Illiterate	2	3,4
Incomplete Elementary School	35	59,3
Complete Elementary School	1	1,7
Incomplete Medium	16	27,1
Full Medium	5	8,5
Superior	0	0
Total	59	100
Income		
Less than one salary	25	42,4
A salary	12	20,3
Up to two salaries	6	10,2
Above two Salaries	1	1,7
No income	15	25,4
Total	59	100
Works		
Yes	5	8,5
No	54	91,5
Total	59	100
Home situation		
Own	46	78
Rented	11	18,6
Courtesy	2	3,4
Invasion	0	0
Total	59	100

Source: Own elaboration

Regarding women's knowledge about cervical cancer, in analysis of the interviews, it was certified that a large part of these women 52.5% (n=31) are unaware of the concept of cervical cancer, which can be mentioned in studies that claim low knowledge on the part of women (CHICONELA; CHIDASSICUA, 2017).

In total of 37.3% (n=22) of the interviewees, she addressed that the multiplicity of partners and the non-use of condoms in sexual relations are relevant for the onset of cervical cancer, thus tracing these as risk factors; it is important to highlight that 18.7% (n=11) of the women interviewed did not know how to classify what would be the risk factors for the neoplasm. (Table 2). Studies reveal that knowledge of risk factors is essential for the support of preventive methods (CHICONELA; CHIDASSICUA, 2017).

As shown in Table 2, of these women, 55.9% (n=33) obtained the discernment of uterine cancer prevention, performing the cytological examination, even so, 64.4% (n=38) of them were aware of the genetic relationship of developing cancer, since even with their risk factors, they could develop this disease.

Leite and his collaborators show in their study that a large number of women reported cytological examination as a prevention measure (LEITE, *et al.*, 2014).

The HPV vaccine, available by the Unified Health System (SUS), stands out for being an important prevention factor for cervical, vulvar, vaginal and anal cancer, since it provides protection from infections by viral types that are present in the vaccine, preventing precancerous lesions, dysplasia's and genital warts (BRASIL, 2014).

However, this research shows that women are the vast majority unaware of the benefits of the vaccine, since only 5% (n=3) of women emphasize the non-performance of the vaccine as a risk factor for the onset of cervical cancer and 13.6% (n=8) report vaccination as a prevention factor (Table 2).

Regarding the knowledge about HPV, 50.8% (n=30) reported not knowing what the virus is. A study indicates that there is a range of women without the knowledge of HPV and this lack of knowledge is associated with low schooling and low income, it is evident that the lack of understanding pertinent to this disease, can increase the severity of cases of infection, since this is a predisposing factor to trigger the neoplasm (SOUZA; COAST, 2015).

Table 2. Knowledge of women registered in the BHU on cervical cancer

Knowledge about cervical cancer		
Cervix concept	N	%
Yes	28	47,5
No	31	52,5
Total	59	100
Risk factors		
	N	%
Multi partners	22	37,3
Early sex life	01	1,7
I don't use condoms	22	37,3
Non-hpv vaccine	03	5,0
I couldn't answer	11	18,7
Total	59	100
Factors for prevention		
	N	%
Use of condoms	18	30,5
Cytological examination	33	55,9
HPV vaccine	08	13,6
Morning-after pill	0	0
Total	59	100
Having a lifestyle to develop cancer		
	N	%
Yes	38	64,4
No	21	35,6

Total	59	100
Knowledge about HPV		
	N	%
Yes	29	49,2
No	30	50,8
Total	59	100

Source: Own elaboration

Regarding the knowledge of cytological examination as a diagnostic measure for cervical cancer, it was found that 88.1% of the women interviewed (n=52) claim to know the test as a way to achieve the diagnosis, according to table 3 shows. A study mentions that women have a dimension of the importance of cytological examination, but has a low knowledge in relation to it (ARAÚJO; LIGHT; RIBEIRO, 2011).

It was also possible to identify that 71.2% (n=42) performed the cytological examination, these data are superior to that of the municipality of Bauru- SP, which presented 59.5% (LEITE *et al.*, 2014).

Table 3. Knowledge and practices related to cytological examination with prevention of cervical cancer by women registered in the Massuassú BHU.

Knowledge of cytological examination as a diagnostic mechanism		
	N	%
Yes	52	88,1
No	7	11,9
Cytological examinations		
	N	%
Yes	42	71,2
No	17	28,8
Participation in lectures		
	N	%
Yes	26	44,1
No	33	55,9

Source: Own elaboration

It is important to report that even knowing the importance of the test for detecting the disease, still a lower percentage of women stop performing it (about 17%), showing that health education measures need to be strengthened by health professionals, since 55.9% (n=33) said they had not participated in lectures at the BHU, nurses who are responsible for performing the exam in the Basic Health Unit (BHU), in addition to the capture of these women.

The cytological examination is safe, low cost and easy access for the female population; It is estimated that by 2020 Brazil will cover the exam in about 85% of women who are in the age group recommended by the Ministry of Health; the National Health Survey shows that currently the percentage of cytological examination coverage is low, less than 80%

(OLIVEIRA *et al.*, 2018).

4. Conclusions

The reference research points out a large number of women who perform the cytological examination, more with regard to the knowledge of uterine cancer, the analysis shows a ignorance on the part of women, and it is evident that there is a failure in professional-patient communication at the time of the cytological examination consultation, and then it is up to the nurse to perform health education, because the consultation period is a great opportunity to instruct these women.

There is a great relevance of this study for public health policies, considering that the lack of knowledge of women in relation to cervical cancer is of great importance, considering that, given the lack of knowledge about the disease, it enables the increase of neoplasia; it is necessary to promote actions aimed at disseminating information about the present neoplasm.

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