

Women's knowledge and attitudes regarding cervical cancer screening

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ABSTRACT

This study aimed to evaluate women's knowledge and attitudes regarding the importance of cervical cancer screening. This is a descriptive, exploratory, with a qualitative approach study, carried out with 14 women assisted at a health service in Mozambique. Data collection occurred with a semi-structured interview from February to March 2015. The results were analyzed using the content analysis technique. Although most women have heard of cervical cancer (CC) on television and in hospital lectures, they have little knowledge about prevention, are unaware of the importance of the screening and have the exam due to gynecological complaints. Women's knowledge is incipient and below the expectations about the importance of the screening.

Descriptors: Uterine Cervical Neoplasms; Primary Prevention; Primary Health Care; Nursing Care.

INTRODUCTION

Cervical cancer (CC) is a chronic-degenerative disease, considered a public health problem considering its high incidence, prevalence, morbidity, mortality and care demand for family members and health professionals⁽¹⁾.

More than 85% of the global burden and 88% of global mortality occur in developing countries due to CC, where more than 95% of women have never been examined for disease⁽²⁻³⁾. The CC incidence is considerably higher in developing countries, especially in underdeveloped countries, ranking first of all female cancers, while in developed countries it is only on the sixth place⁽⁴⁻⁵⁾.

In Mozambique, estimates for 2012 indicate that 5,622 new cases are diagnosed and 4,061 deaths occur annually due to CC, ranking as the first cause of female cancer and deaths among women aged 15-44 years⁽⁶⁾.

The CC prevention program in Mozambique showed that 93,500 women were screened for cancer in

the implementation from 2010 to 2013; 8,650 (9.2%) were women with visual inspection with acetic acid (VIA) with precancerous lesions, 14.8% were women with VIA positive and also HIV positive, 6,320 (73%) women with precancerous lesions were treated with cryotherapy, and 1,140 (13%) women with VIA positive were referred to lesions greater than 75% or on suspicion for CC⁽⁷⁾.

According to the performance in the Reproductive Health Consultation at the May 1 Health Center, some women refused the CC screening. Thus, it was necessary to recognize the symbolic universe that the CC and the examination have for women. As it is a theme not extensively explored in Mozambique and because of its social relevance, studying this subject is a challenge to its understanding and a social contribution.

The results of this study may become an instrument to inform women, the family and the community about the importance of the exam, clarification about the CC risk factors as well as to encourage their execution.

This study aimed to describe women's knowledge and attitudes regarding the importance of cervical cancer screening in a health service.

METHODOLOGY

This is a descriptive, exploratory, with a qualitative approach study, which aimed to know in depth the universe of meanings and attitudes of women in relation to the importance of the CC screening. Data collection occurred from February to March 2015 at the Reproductive Health Consultation of the May 1 Health Center. It is a primary-level health unit, located in the Maxaquene district "C", in the city of Maputo, Mozambique. It is a reference for the Maxaquene districts "B", "C" and "D", corresponding to 72,343 inhabitants.

The subjects in this study were 14 women assisted at the Reproductive Health Consultation who were having the test for the first time and others who were in control after cryotherapy. The inclusion criteria were aged between 30 and 49 years in the period of study and sexual activity already started. The exclusion criteria were women who did not attend the study period. The number of women who participated in the study was not previously established, considering that the inclusion occurred progressively, and interrupted due to the saturation criterion.

Data collection began after the women were informed of the importance and objective of the research and after they signed the Free and Clarified Consent Term (FCCT). A semi-structured interview was used as a technique for capturing the data and the interviews were recorded and transcribed in full after the women's consent, with a MP4 device as the instrument. An interview script was elaborated with the following guiding question: What are the women's knowledge and attitudes in relation to the cervical cancer screening? This instrument contemplated sociodemographic data for women in which the participants had the opportunity to talk about the subject, addressing aspects such as the importance of the CC screening.

For data analysis, the content analysis technique proposed by Bardin was used. For understanding and

preserving the secrecy of women's identity, they were identified by the letters "EN" plus the sequential interview number.

The Scientific Ethics Committee of the Higher Institute of Health Sciences (ISCISA) approved the research project under protocol number 21/14. The researcher responsible confidentially handled all information obtained during this study and stored it in a safe place with access only from the researcher responsible for the study. The principles of the declaration of Helsinki that settles criteria for research involving human beings were respected.

RESULTS AND DISCUSSION

In relation to the sociodemographic data regarding the interviewed women, most of the 14 women were in the age group between 30 and 49 years old; the average age was 38 years. They were mostly married or lived martially, with primary schooling level. Moreover, who had the first sexual intercourse before 18 years of age.

The incidence of this type of cancer is evidenced in young women, from 20-29 years old; the highest risk is the 45-49 age group⁽⁸⁾.

Regarding civil status, the sexual behavior of married and stable women is associated with HPV infection⁽⁹⁾. However, single women with no permanent partners, even if exposed to a greater number of sexual partners, show low relation with the virus infection because they use condoms, which is not the case with married women and consensual unions due to a stable sex life, thus using contraceptives for birth control. In addition, most women had primary schooling. The screening is less valued and performed in women with lower schooling level⁽¹⁰⁾.

In relation to the age of the 1st sexual intercourse, a study shows that women who had the first intercourse between 10 and 19 years old can develop uterine cervical neoplasm three times more than women who had the first sexual intercourse between 20 and 30 years⁽¹¹⁾.

Women's knowledge and attitude regarding CC screening

Women's perception about CC was divergent. Some interviewees mentioned CC as a disease in the uterine cervix. Others described it as a wound that appears in the uterine cervix or an infection of the uterus.

Eish, uterine cancer is a disease that causes wounds in the uterine cervical. They develop and sometimes there is blood, eish, I don't know, wounds. EN05

Uterine cancer is a disease obtained or acquired from the uterus itself that it happens because of changes due to sexual abuse without condom with different men, with each having their disease. EN09

CC is an avoidable disease that evolves slowly from pioneer wounds (high-grade squamous intraepithelial lesions and adenocarcinoma *in situ*), which can be diagnosed early and treated properly, preventing the progression to cancer⁽¹²⁾. Study results indicate that most of the interviewed women (9) are unaware of the CC definition. A similar study found that most women are not aware of CC, the examination

and its importance⁽¹³⁾.

When asked about the source of CC information, most women (8) reported having heard on television and in hospital lectures. Some women mentioned having obtained the information through conversations with friends, at schools and social networks.

I have heard of uterine cervical cancer in several lectures in hospitals, books (...) EN02

I heard about it in several places, television, conversations with friends, yes! EN07

The nurses emphasize as a contributing factor in the establishment of dialogue with women the fact that they are nursing professionals, that is, prepared to the development of educational practices, and there may be influence of the female gender⁽¹⁴⁾.

In order to encourage women to have screenings, the communication adopted as a strategy to approach campaigns should be careful not to convey messages that reinforce historically constructed values about female sexuality, such as those that weaken and hold them accountable for their sexual practices and caring for their body⁽¹⁵⁾. In addition, it is not enough to guarantee access to the preventive examination in health services, nor to give information about it since it is necessary to ensure that women have access to correct information, so that they seek the prevention exam to prevent cancer with no problems.

Regarding the main CC cause, although most of the interviewed women (8) did not know how CC occurs, some women mentioned the cause, but they did not know the virus name, and others (2) cited human papillomavirus as the main cause.

Cancer is caused by a virus (...). EN07

The main cause of uterine cervical cancer is human papillomavirus (HPV). EN011

The results indicate that most of the women are not informed of the main CC cause. There is consistent epidemiological evidence that human papillomavirus (HPV) is a necessary cause of cervical cancer. Natural history clearly shows that HPV infection precedes the development of cervical cancer in several years, and confirms that sexual transmission is the predominant way of virus acquisition. It is estimated that HPV 16 and 18 cause 70% of all cervical cancers in the world⁽¹⁶⁾.

The perception regarding the transmission routes of the human papillomavirus was diverse. Although more than half of the women (10) reported sexual contact as a means of transmission, some did not know how to respond and others were aware of the transmission routes, as the following reports illustrate.

But the virus is transmitted through sex and, unprotected sex (...). EN07

The main transmission route is sexual; the others are during delivering, kissing, sharing contaminated clothing (...). EN02

Most women are aware that the main transmission route of human papillomavirus is through sexual contact. A similar study states that HPV is transmitted primarily through sexual intercourse with direct contact with infected skin or mucosa⁽¹⁶⁾. About 40% of sexually active women are infected with HPV, which is predominantly transmitted through genital contact with the infected person, including oral sex, blood,

mother to child at delivery (maternal-fetal), or through non-sterile gynecological instruments, as well as by trauma, contaminated objects (towels, underwear, bathrooms, saunas)⁽¹⁷⁻¹⁸⁾.

When asked about CC risk factors, half of the women (7) correctly mentioned multiplicity of partners and poor diet as risk factors for CC.

That appears for having many partners, 1 sometimes 3 partners, [it should be] avoided because it harms my life (...).

EN014

Those who have many children, who started having sex early, who has many partners and someone with HIV, yes! (...).

EN06

Based on these results, half described the multiplicity of partners and poor diet as the main risk factors. Studies indicate that the main risk factors for CC are early sexual activity, low sociocultural level, multiparity, multiplicity of partners, smoking, contraceptive pills for long periods and HPV virus infection that is present in more than 90% of CC cases⁽¹⁹⁻²⁰⁾. It is of great relevance that women associated only two risk factors to CC, because, in order to adhere to preventive strategies, it is necessary for women to know the risk factors for CC.

Considering that the acceptance and the demand to have the screening occur in particular to women's understanding of the importance of this act to maintain their health, it is important to understand the influence of social behavior in the face of CC prevention⁽²¹⁾. However, more than half (9) were uninformed about the importance and purpose of the CC screening as it appears in the following statements:

I think it is very important because it can be prevented and it is easy to prevent; if possible, detecting the disease in the initial phase is easy to treat (...) if it is discovered too late, when the disease manifests, it may already be late. EN02

I think so, because I feel pain and I do not know what it is! EN014

Considering also that, for the most part, women are unaware of the purpose of the CC screening, despite the disease presenting high potential for prevention through opportunistic screening, there are still women who develop and die from this type of cancer, for not being aware of the cytopathological examination of CC⁽²²⁾.

When asked regarding the reason for CC exam, eight women mentioned that they undergo the examination for several gynecological complaints. One woman mentioned heredity as the reason for the exam. Another woman claimed the desire to have a healthy child at the age of 30 as a reason to have a CC exam.

Among other testimonies, we highlight two because of the peculiarity of the reasons that led them to the exam:

Because of the pain I feel, sometimes my belly looks like I'm six months pregnant, sometimes I feel pain, sometimes a little discharge, sometimes when I walk the uterus complains. EN010

I came to do it because I have some weird symptoms in the uterus, that's why I came, I rather know what it is; pain, sometimes strange discharges. EN09

These women do not adequately distinguish the material collection and the gynecological screening, associating it in a healing way, often derived from gynecological complaints with specific symptoms, or even to the lack of symptoms. These statements are similar to those found in another study⁽⁸⁾.

Regarding the age to perform the CC screening, more than half of the interviewed women showed not being aware of the recommended age for the CC examination. Only six women demonstrated knowledge of the recommended age for CC examination. For them, the recommended age is starting at 30.

(...) that from the moment the person starts having intercourse I think they can have the screening. EN02

(...) any age, it is only necessary for the woman to feel pain. EN05

The results show that women are unaware of the age to have the CC screening. The Ministry of Health in Brazil recommends as a priority group to perform the CC screening (Papanicolaou) for women between 25 and 64 years. However, the incidence of this type of cancer in Brazil is evidenced from the 20-29 years; the highest risk is the age group of 45-49 years⁽⁸⁾.

Given the preventive measures, the interviewed women mentioned the use of condoms in sexual intercourse and screening as one of the ways of preventing CC.

With condom I think. We who are already married I do not know, the problem is that same, we are already married and living with our husbands is not easy hahaha (laughs)! EN06

First we should have the screening also reduce the number of partners; if the person is very active and (...) be very hygienic above all. EN02

The interviewees reveal little knowledge regarding CC prevention. A similar study indicates that disinformation, erroneous or insufficient knowledge cause barriers to preventive measures for CC, such as screening⁽⁸⁻²³⁾.

Lesions, when they exist, are contagious and in some cases condom use alone does not ensure protection. However, although these lesions may be asymptomatic and transient, their evolution is closely related to the persistence of viral DNA. Some women develop persistent infections and may result in precursor lesions of CC⁽¹⁶⁻¹⁹⁾.

The interviewed women did not attend the gynecological consultation in the last 12 months for various socioeconomic reasons. Unsurprisingly, all of them reported that they sought the appointment when they felt any discomfort. Here is the extract of some interviewees:

I did not have any gynecological consultation, because I have no time due to work, I have no money to come to the hospital for this consultation without feeling anything. EN09

I did not have a gynecological appointment because I work hard and I do not have time to lose with these consultations. I need this money to take care of my children; I am a widow, I have no help. EN014

The low socioeconomic status of the interviewed women contributes as a barrier to the realization of preventive measures for CC, since, as the socioeconomic level decreases, the prevalence of women without coverage by the preventive examination increases significantly⁽²³⁻²⁴⁾.

FINAL REMARKS

Despite the existence of the CC exam, women seek the examination when there is some inconvenience, delaying the early diagnosis of the disease.

Most women, although they have heard of CC and are aware of the CC's main transmission route, lack knowledge about the importance of screening and its risk factors. This fact contributed to the fact that they only have the exam when they present gynecological signs and symptoms.

In this context, it is necessary to strengthen programs aimed at education, dissemination and guidance about the disease and its preventive measures, so that there is a reduction in morbidity and mortality indicators by this type of cancer, positively affecting the women's quality of life. Further research on CC is necessary, with both women who underwent the screening as well as those who, despite having information, ignore the CC screening.

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