



## Women perceptions on the comprehensive care in the context of prevention of cervical cancer

Percepções de mulheres sobre integralidade no contexto das ações de prevenção do câncer cérvico-uterino

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**Objective:** to know the perceptions of women on the comprehensive health care in the context of prevention of cervical cancer. **Methods:** this is a qualitative study with 34 women. A semi-structured interview for data collection and content analysis technique for organization and interpretation were used. **Results:** the categories listed were: Completeness relationship with comprehensive care in health promotion, Prevention and early detection of cervical cancer; Actions developed to prevent cervical cancer; Actions for the prevention of cervical cancer and its sufficiency; Evaluations of women on the care for the prevention of cervical cancer. **Conclusion:** women participants acknowledged the completeness as important for quality and effectiveness of prevention of cervical cancer.

**Descriptors:** Integrality in Health; Uterine Cervical Neoplasms; Women's Health.

**Objetivo:** conhecer as percepções de mulheres sobre a integralidade da atenção à saúde no contexto das ações de prevenção do câncer cérvico-uterino. **Métodos:** estudo qualitativo com 34 mulheres. Utilizou-se a entrevista semiestruturada para a coleta de dados e a técnica de análise de conteúdo para organização e interpretação. **Resultados:** são elencadas as categorias: Relação da integralidade com atendimento integral na promoção da saúde, prevenção e detecção precoce do câncer cérvico-uterino; Ações desenvolvidas para prevenção do câncer cérvico-uterino; Ações para prevenção do câncer cérvico-uterino e sua suficiência; Avaliações das mulheres sobre a forma do atendimento para prevenção do câncer cérvico-uterino. **Conclusão:** as mulheres participantes reconheciam a integralidade como importante para qualidade e eficácia das ações de prevenção do câncer cérvico-uterino.

**Descritores:** Integralidade em Saúde; Neoplasias do Colo do Útero; Saúde da Mulher.

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## Introduction

The comprehensive care is one of the principles of the Unified Health System and should guide health actions. Law No. 8.080/90, Health Organic Law, brings the meaning of comprehensive care as “an articulate and continuous set of actions and preventive and curative services, individual and collective, required for each case at all levels of complexity of the system”<sup>(1:4)</sup>.

The Ministry of Health of Brazil implemented the Family Health Program in 1994, now called the Family Health Strategy, with the proposal to reaffirm the principles and guidelines of the Unified Health System to facilitate access to health services and provide comprehensive care to the population<sup>(2)</sup>.

The Family Health Strategy reorganizes Primary Care, reorienting health actions to allow more warm and effective care in Basic Health Units, by the demands and needs of the population<sup>(3)</sup>.

The cervical cancer is presented as a public health problem. In Brazil, it is the third most common tumor in the female population, of breast and colorectal cancer and the fourth leading cause of death for women by cancer. For 2016, it is estimated 16340 new cases, with an estimated risk of 15.85 per 100 thousand women in the country. In the Northeast, the estimates point to 5,630 new cases of cervical cancer, the second most common tumor in women population in this region<sup>(4)</sup>.

The Primary Care is responsible for performing screening and early detection of precursor lesions of cervical cancer. The Pap smear test is a screening strategy recommended by the Ministry of Health in women aged 25-64 years old, and it should be done every three years to two negative results with annual range. Some guidance on the Pap smear testing are: the beginning of the exam should be at 25 years old for women who have had sexual activity; to be held up to 64 years old and be interrupted after this age if women submit two consecutive negative tests over

the past five years; and for women more than 64 years old and have never performed the Pap test taking two tests with an interval of one to three years if the two results are negative, further tests are not required<sup>(5)</sup>.

A significant portion of women does not adhere to the screening of cervical cancer for reasons such as lack of knowledge about the exam, difficulty of access, fear, shame, beliefs and health practices<sup>(6)</sup>.

In the above context, the nurse plays a key role in the awareness of women about the actions of prevention of cervical cancer because the activities performed by this professional are many, such as the nursing visits and Pap smear, and educational activities at individual and collective level, and managerial actions of a technical and care nature<sup>(7)</sup>.

Ignorance of the population on the operation and the principles of the Unified Health System becomes an obstacle to its consolidation, which indicates the existence of a deficit in educational activities in health care to service patients be able to effectively participate in the construction of the health sector<sup>(8)</sup>.

Based on the above, the study aimed to understand the perceptions of women on the comprehensiveness of health care in the context of prevention of cervical cancer.

## Methods

It is a qualitative study that allows deepening the theme with an emphasis on the subjectivity. There were 34 women who agreed to participate in the study, among those who sought care for prevention and early detection of cervical cancer conducted in the Basic Health Units, located at the Headquarters of the municipalities of Acarape, Aracoiaba, and Redenção, belonging to Maciço de Baturité region, Brazil.

Data collection took place from May to July 2015. Semi-structured interviews to collect data addressed questions about care in primary care in the context of comprehensive care to Women's Health, the organization of services and offering

prevention cervical cancer. There were interviews in the Basic Health Units of the municipalities already mentioned in days for the prevention gynecological consultations carried out by the professional nurse. It was opted for the direct transcription of the speeches, without the use of previous recordings, respecting the choice of participants and for not recording their lines. The guiding question of the study was: what is the understanding of women attending the Family Health Strategy on comprehensive care in actions for prevention of cervical cancer?

The study had the participation of 34 women of the health services in the age group of 19-59 years old. As for the education of women, most of them completed high school, followed by primary and not completed Secondary education.

Initially, the women were asked about the meaning of the term comprehensive. They were unaware of the full meaning of this term. There was the need of the interviewers present some clarifications regarding the principle comprehensive and linking the actions of the National Health System. After the clarification, they were able to relate the meaning of comprehensive to their experiences during the gynecological prevention care, and health promotion actions, prevention and early detection to cervical cancer offered in Basic Health Units in the municipalities participating in the study.

The sample through the technique of theoretical saturation and repetition of the techniques for sampling in a qualitative research was established, which is to stop the data collection when there is no new relevant information that can complement categories<sup>(9)</sup>.

Throughout the data collection, the organizational stages of the speeches, data analysis, and literature review were held. The information based on the transcription of the interviews and subsequent reading of the speech were organized, in which the central ideas, that is those more obvious that described synthetic and accurately the meaning of the lines have

been identified and recorded. The Content Analysis Technique for organization and analysis of the speeches. The categories identified were later discussed based on the literature on the subject.

The Content Analysis technique has three stages: pre-analysis; material exploration; treatment of results, inference, and interpretation. The first step is described as the phase of organization, in which procedures can be used, such as floating reading, assumptions, goals and development of indicators to substantiate the interpretation. In the second stage, there is the encoding of data due to previously formulated rules. In the third step, there is the categorization that is to sort the elements according to similarities and differentiation, with later reassembly, following common features<sup>(10)</sup>.

The speeches were identified by the code "Usu" which means user, followed by a serial number.

The study complied with the formal requirements contained in the national and international regulatory standards for research involving human beings.

## Results

Based on the organization of the speeches, four categories emerged: Completeness relationship with comprehensive care in health promotion, prevention and early detection of cervical cancer; Actions developed to prevent cervical cancer; Actions for the prevention of cervical cancer and its sufficiency; Evaluations of women on the care for the prevention of cervical cancer.

### **Completeness relationship with comprehensive care in health promotion, prevention and early detection of cervical cancer**

Women related the comprehensiveness to the dialogue with the nurse when asking about the complaints, and opening space for guidance and clarifi-

cation of doubts. Comprehensiveness was perceived by women as a factor that favors the effectiveness of prevention of cervical cancer by creating the environment in which they can express themselves. As expressed in the statements: *The nurse explains, asks what we are feeling and other things (Usu-2). It helps because the nurse asks questions and explains what can happen and that we women have to know our body, she always says that (Usu-10). The woman ends up having more dialogue and intimacy to talk to the professional what you are feeling (Usu-26).*

It was identified in the statements of the women that the comprehensiveness was perceived as an element that contributes to an enlarged consultation in which other conditions can be identified, expressed in the speeches: *It makes all the difference at the time of consultation, she observes you in the consultation and can discover more things to be treated (Usu-30). It is very important because she can detect in addition to cervical cancer, other types such as breast, skin, etc. (Usu-23). I think it is important the same way as in other consultations, to prevent what I do here, the Nurse observes us, it is better because then she prevents breast cancer as well, and skin (Usu-32).*

In the next line, it was shown that women when informed about the comprehensiveness they were able to perceive it in the care offered, and also identified when it was not present. *Nurses should look at everything, breasts, underarms, asking more than we feel, taking the doubts, looking at everything. Some of them does not even examine the breasts (Usu-20).*

### **Actions developed to prevent cervical cancer**

In this category, prevention (Pap smear test) was considered by most women as the only action developed to prevent cervical cancer, shown in the lines: *I only know prevention (Usu-3). Only prevention (Usu-5). Only prevention (Usu-9). Only prevention even if other actions, I have never heard nor participated (Usu-2).*

The other women also reported that in addition to the examination of prevention, individual and collective orientations are held, but the reports on the practice of health education in the context of primary care were scarce as evidenced in the statements: *Prevention and they give guidance (Usu-6). Besides examining, nurses make lectures (Usu-13).*

The individual and collective orientations conducted by nurses with women during gynecological consultations were not highlighted in the reports, such as the Pap smear.

### **Actions for the prevention of cervical cancer and its sufficiency**

The Pap smear was appointed as the main action for the prevention of cervical cancer offered in basic health units visited during research.

Women's speeches showed reduced the supply of places; there is also redial the examination for lack of material or for other reasons, which can discourage women to seek health services. *No. There are few preventions, and when you make an appointment, it is not (Usu-23). They are not enough, there is only once, and sometimes not even have (Usu-24). The actions are not enough because it is many women do not do it because of lack of material, then further reduces the amount of people (Usu-25). They are not enough because it has much press, and women also know that here takes longer to get the result, so they do not come (Usu-28).*

The rest of the women related to sufficiency of actions for prevention of cervical cancer, the importance given to Pap smear testing and its effectiveness to detect cytological abnormalities and allow treatment timely precursor of cancer lesions, as noticed in the speeches: *For me, it is enough, prevention, because after being ill is difficult and it can be treated if discovered at the beginning, to treat the disease (Usu-6). I think that is enough, because when you have a problem, it is discovered and treated (Usu-15).*

## Evaluations of women on the care for the prevention of cervical cancer

As for this category, women were asked how they classify the care provided in Basic Health Units that were met, as regards the way they were welcomed in the office during gynecological consultations by a professional nurse.

Most of them rated the service provided by the professional nurse as "good." They expressed that in the statements: *I think it is very good because it has been time to do the exam with the nurse, I was always treated well* (Usu-6). *The caring nurse is good, but other professionals do not meet well* (Usu-11). *It is good, the nurse is very cool, with conversation and leaves us free to ask* (Usu-14). *I think good service, sometimes there is not material, so they make another appointment with us* (Usu-20).

In the speech, they cited the service offered by other professionals other than nurses and make other appointments for lack of material.

## Discussion

The results presented here revealed the perception of women regarding the comprehensiveness principle, as well as actions in the Family Health Strategy for prevention of cervical cancer. They also highlighted the existing weaknesses in the health care of women, and difficulty of incorporating the principle by health professionals.

In the category Completeness relationship with comprehensive care in health promotion, prevention and early detection of cervical cancer, the women realized that the comprehensiveness contributes to the effectiveness of prevention of cervical cancer through dialogue with the health professional during the service. Comprehensiveness is not characterized only as a principle of the Unified Health System; it has the purpose of increasing the practices of care performed by different health professionals for assistance with a more subjective view of individuals

receiving health actions<sup>(11)</sup>.

In the speeches presented in this study, communication between women and healthcare professionals was highlighted as an exchange of information, so that such interactions in the daily lives of the actors and subjects carry the uniqueness of each with their worldview and society view<sup>(12)</sup>.

Regarding the category of Actions developed for the prevention of cervical cancer, women exposed the actions of prevention of cervical cancer offered in health services. The few reports on a health education proposal revealed a deficiency in the development of this type of action as conversation circles, support groups, production and distribution of educational materials, etc.

Health education is directly linked to health promotion process aimed at opening paths to health potential of individuals using elements that enable them to adhere to healthier habits and to control the determining health factors<sup>(13)</sup>.

In the prevention of cervical cancer, health professionals can perform guidelines on women's health habits individually or to the group of women at the different sites available in the basic health units<sup>(14)</sup>.

It is important the creation of structured environments that promote changes in lifestyle and empower women with information for making healthier attitudes for the education and promotion of sexual health and reproductive<sup>(15)</sup>.

The third category, Actions for the prevention of cervical cancer and its sufficiency presents women's discourse related to actions offered to cancer prevention and its sufficiency. Another issue addressed was the existence of a deficiency in providing these health services.

The women in this study relied on early detection capability of cervical cancer through regular Pap smear testing, but reported difficulties in carrying out this examination, as the little openings and lack of materials. In the fight against cervical cancer,

the inclusion of systematic screening programs in asymptomatic women in the age range recommended by health organizations and in an integrated manner at all levels of care, and the education of health professionals and women, in which are highlighted the benefits of examination allows detection of precursor lesions of the disease in early stages, even before the onset of symptoms<sup>(16)</sup>.

As shown in the statements of the participants, opening space for consultations prevention to expose doubts and establish a dialogue with the health professional was seen as favoring for prevention of cervical and related to the comprehensive care of cancer.

The nursing consultation is one of the times when the nurse can address the various issues involving women's health behavior, in which women can be informed about the purpose of the Pap smear testing and preparation for the meeting, with empathic approach and appreciation of patients subjectivity<sup>(17)</sup>.

For the screening for cervical cancer, guidance on the return of women to receive the test results and be reevaluated is of great value, as well as improvements to the flexibility of schedules for the examination and implementation of ways to evaluate the service from the satisfaction of the patients<sup>(17)</sup>.

It is noteworthy that the lack of understanding about the complexity of the operation of the National Health System hinders social control and the successful implementation of the health system<sup>(8)</sup>.

In the category, Evaluations of women on the care for the prevention of cervical cancer, women rated the health care offered in the health units in which they are met. Health professionals should be mindful of their practice and try to follow the guidelines proposed by the Ministry of Health, seeking to implement the principles and guidelines of the Unified Health System. It is important that these professionals develop actions covering educational, prevention and care aspects and directed towards maintaining health. These actions should enable the people to exercise ci-

tizenship consciously and contribute to the formulation, implementation, and consolidation of new health policies<sup>(18)</sup>.

Interdisciplinary work is important to build a care in more comprehensive health care. Among the common responsibilities to all professionals of primary care for control of cervical and breast cancers, there are: the provision of full and continuous attention to the health needs of women, linked to other levels of care, with a view the longitudinal care; that professionals know the lifestyle, cultural, ethical and religious values of the assisted families and the community; to perform a qualified hearing the needs of women in all actions, providing humane care and enabling the establishment of the link; highlighting the diverse knowledge and practices in the context of a comprehensive and resolute approach, enabling the creation of links with ethics, commitment and respect; and performing interdisciplinary and teamwork<sup>(5)</sup>.

As noted above, the responsibility to perform the full, longitudinal care, with the establishment of ties, aimed at valuing the individual does not stop a single professional, but the group of professionals that make up the health team. In this study, the figure of the professional nurse prevailed due to gynecological consultations in the units are under their responsibility.

The integral and humanized care depends on changes in the production of health care, from the actions carried out by professionals working in the Family Health Strategy, to strengthen the principles of the Unified Health System<sup>(19)</sup>.

The study was limited by the actions taken by the professional nurse in basic health units, as in the days intended for gynecological prevention, it was the professional responsible for this service, allowing the perception of completeness only in the care provided by this professional. Another limitation was the lack of studies that addressed the understanding of patients on the operation, the principles and guidelines of the Unified Health System.

## Conclusion

The results of this study showed that women understand comprehensiveness in the prevention of cervical cancer as important to the quality and effectiveness of care offered.

The women recognized the comprehensiveness in health practices to preventing cervical cancer, after the presentation of the meaning of this term. It is noteworthy that more studies are needed on the perceptions of patients about the functioning of the health system to further reflection on the theme.

## Collaborations

Rocha MGL participated in the collection, organization, and analysis of data, article writing and approval of the final version to be published. Linard AG contributed to the design and writing of the project, critical writing, and analysis of the intellectual content of the article and approval of the final version to be published.

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