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RESEARCH

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The Elderly Women's Perception of Cervical Cancer Prevention Examination

A Percepção das Mulheres Idosas Sobre o Exame de Prevenção de Câncer do Colo de Útero

La Percepción de las Mujeres de las Mujeres Sobre el Examen de Prevención del Cáncer del Colo de Útero

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ABSTRACT

Objective: To describe the perception of elderly women about cervical cancer screening (PCCU). **Method:** Descriptive study with a qualitative approach. The subjects were 12 elderly women enrolled in the Family Health Strategy (ESF) Vila Anália in the Municipality of Montes Claros / MG. The data were collected in the 2015, by semi-structured interview, transcribed in full and analyzed by the Thematic Content Analysis technique. **Results:** Most of the interviewed women have the empirical understanding of the preventive examination, considering it important, but many of them admit feelings of shame and fear when they undergo the examination. The orientation regarding the frequency of preventive exams is shared by health professionals, but many do not follow it. **Conclusion:** It is necessary to elaborate educational actions on the subject with a focus on the elderly women, in order to clarify the importance of the preventive examination and to stimulate women's proactiveness in the prevention of possible diseases.

Descriptors: Papanicolaou, Health Of The Elderly, Prevention Of Cervical Cancer, Family Health Strategy.

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RESUMO

Objetivo: Descrever a percepção das mulheres idosas sobre o exame preventivo do câncer de colo de útero (PCCU). **Método:** Estudo descritivo com abordagem qualitativa, cujos sujeitos foram 12 idosas cadastradas na Estratégia Saúde da Família (ESF) Vila Anália no Município de Montes Claros/ MG. Os dados foram coletados no ano de 2015, por entrevista semiestruturada, transcritas na íntegra e analisadas pela técnica de Análise de Conteúdo Temática. **Resultados:** A maioria das idosas entrevistadas possui o entendimento empírico sobre o exame preventivo, considerando-o importante, todavia muitas delas indagam sentimentos de vergonha e medo ao se submeterem ao exame. A orientação quanto à periodicidade da realização do preventivo é feita pelos profissionais de saúde, porém muitas não o realizam. **Conclusão:** Torna-se necessária a elaboração de ações educativas sobre a temática junto às idosas, no intuito de esclarecer a importância do exame preventivo e estimular o protagonismo da mulher frente à prevenção dos possíveis agravos.

Descritores: Exame papanicolau, Saúde do Idoso, Prevenção de Câncer de Colo Uterino, Estratégia Saúde da Família.

RESUMEN

Objetivo: Describir la percepción de las mujeres mayores sobre el examen preventivo del cáncer de cuello de útero (PCCU). **Método:** Estudio descriptivo con abordaje cualitativo, cuyos sujetos fueron 12 ancianos registrados en la Estrategia Salud de la Familia (ESF) Vila Anália en el Municipio de Montes Claros / MG. Los datos fueron recolectados en el año 2015, por entrevista semiestruturada, transcritas en su totalidad y analizadas por la técnica de Análisis de Contenido Temático. **Resultados:** La mayoría de las ancianas entrevistadas tienen el entendimiento empírico sobre el examen preventivo, considerándolo importante, sin embargo muchas de ellas indagaban sentimientos de vergüenza y miedo al someterse al examen. La orientación en cuanto a la periodicidad de la realización del preventivo es hecha por los profesionales de salud, pero muchas no lo realizan. **Conclusión:** Se hace necesaria la elaboración de acciones educativas sobre la temática junto a las ancianas, con el fin de esclarecer la importancia del examen preventivo y estimular el protagonismo de la mujer frente a la prevención de los posibles agravos.

Descriptorios: Examen papanicolau, Salud del Anciano, Prevención de Câncer de Colo Uterino, Estrategia Salud de la Familia.

INTRODUCTION

Global elderly population is increasing. In Brazil today, the elderly represent approximately 15 million people, with projections to 32 million in 2025 and majority are females, as women constitute more than 50% of this population¹.

As the population ages, the disease profile of Brazilians has changed and the emphasis is on the prevention and treatment of Noncommunicable Chronic Diseases (NCDs). Studies show that in the major Brazilian cities, the most common diseases affecting the elderly are cardiovascular diseases, diabetes mellitus and cancers.²

Cancer is a collection of over 100 diseases that have disordered cell growth in common. Such cells rapidly divide and tend to invade tissues and organs, leading to the formation of malignant tumors. Although resources are available for its prevention and control, it remains the second leading cause of death in Brazil.³

For 2016, the National Cancer Institute has estimated 596,070 new cancer cases worldwide, of which 300,870 would occur in the female population and 16,340 would be cervical cancer cases.³ This estimate confirms the magnitude of the problem and makes room for discussion on cancer prevention, screening, early detection, and treatment.⁴

There are two methods of preventing this type of cancer: primary prevention, which are sexual practices protected by barrier methods and immunization; and secondary prevention, which occurs through early identification of lesions through the analysis of the ectocervic and endocervic cells removed by cervical scraping through the colposcycological examination, also known as the Pap smear, and popularly as a preventive examination⁴.

In Brazil, the Ministry of Health prioritizes cervical cancer prevention (PCCU) in women 25 to 64 years old who have already started active sex life,⁴ however, women aged 60 and over have rarely attended for this exam.⁵

Despite female longevity and advances in education and medicine that have provided better quality and increased resources for maintaining sexual life⁶, the prejudices and taboos related to this population, associated with the difficulty of implementing public policies and the lack of incentive practices, contribute to the development of cervical cancer.⁷

It is a fact that the aged organism is evidently more exposed to the risk of developing chronic degenerative diseases, such as cancer. Thus, older women are more prone to the development of diseases of various kinds, including neoplasms related to sexuality, which represent a significant cause of morbidity and determinants of mortality in old age.⁷

The PCCU exam is offered by the Unified Health System (SUS) in the Family Health Strategy (FHS), the gateway for the SUS user. The FHS is constituted of a multidisciplinary and interdisciplinary team that includes a doctor, a nurse, community health agents, nursing assistant, dental surgeon and oral health technician or assistant, responsible for attending the population enrolled in the levels of promotion, prevention and rehabilitation of health.⁸

Working for healthy aging is the responsibility of all FHS professionals. Professional nurse stands out because of his/her conduct as an educator and counselor and for using in his/her work process, tools that promote more humane care, such as sensitivity, empathy and continued guidance⁹.

The role of nurses in the prevention of cervical cancer includes: assisting users in a comprehensive manner; performing nursing consultation and collection of cytopathological examination; performing nursing consultation and clinical examination of the breasts; request examinations in accordance with protocols or technical standards established by the local manager; examine and evaluate patients with signs and symptoms related to cervical and breast cancers; evaluate the results of the tests requested and collected and, according to the protocols and clinical guidelines, re-

fer them to the referral services for diagnosis and / or treatment of breast and cervical cancers.⁴

Considering the increase in life expectancy, female longevity in the elderly population, the low adherence of these women to the PCCU examination and the importance of CCU prevention, this study aimed to describe the perception of older women about the preventive cancer examination. of cervix.

METHODS

This is a qualitative field research, with a descriptive approach of theoretical and methodological grounding in phenomenology, by which one can recognize and analyze how people find themselves demonstrating their anxieties and concerns, emphasizing the specific characteristics of human subjectivity.

The research subjects were elderly women registered and attended by the Vila Anália Family Health Strategy in the municipality of *Montes Claros-MG / Brazil*. To participate in this research it was considered women aged 60 years or older, residing in the FHS coverage area where the research was carried out and wishing to contribute to the study. The identification of the subjects was made by consulting the family records and information from the community health agents, which resulted in the survey of the 12 elderly participants in this study. As an instrument for data collection, we used the individual semi-structured interview recorded at the home of each elderly woman, from August to September 2015.

For data analysis, interviews were transcribed and the content analysis technique with thematic categorization was adopted. To maintain the anonymity of participants, their names were replaced by codes using flower names. This study was approved by the Research Ethics Committee of the Educational Association of Brazil-SOEBRAS and obtained a favorable opinion of No. 1,157,283.

RESULTS AND DISCUSSION

Characterization of participants

Twelve elderly women aged 65 to 93 years participated in the study. The participants were mostly widows, illiterate and retired. The analysis of the results allowed the construction of three categories, namely: Cervical cancer prevention examination: importance attributed to the health of elderly women; Feelings and experiences of elderly women regarding the examination of PCCU and New patterns of sexuality of elderly women: an issue to be considered by public policies on women's health in the FHS.

Cervical cancer prevention examination: importance attached to the health of elderly women

This category sought to understand the knowledge and importance that the elderly attributed to the PCCU exam. When asked about this subject, it was observed that the interviewees, even empirically, understand what the test means and its purpose and always relate it to cancer prevention. It can be inferred that the educational level of most interviewees is mainly responsible for this type of knowledge, since the educational level is directly related to knowledge and adherence to the exam.¹¹

“What I understand is that it is to prevent, see if there is no problem, right ?!” (Glass of milk, 72)

“Prevention is preventing got it? Preventing why it is, you may already have the disease or not.” (Chrysanthemum, 70)

“Prevention is to prevent cancer, right ?! Then the more we do the prevention we get more inside, right ?!” (Cra-vo, 78)

This result is in line with other research involving older women about their knowledge of the PCCU test, 12 but differs from other studies where most interviewees are unaware of the true purpose of the test or report little or no knowledge of the meaning of prevention. of cervical cancer.⁷

A point that should be highlighted is that, although the studies that support this theme, attribute the lack of knowledge to the low educational level, in the present study, most participants were illiterate, which allows us to infer that other factors besides the educational level influence in the knowledge of the CCU.

It is noteworthy in some studies, an important finding referred to the knowledge of the exam as a form of self-care, which was not evident in the present study.¹³ It is noteworthy that in this study, the average age of the participants was 35 years old. age group in which body worship is almost a religion, unlike most participants in this study, where for centuries body care, health and sexuality were imposed on them as if they were wrong or sin. Thus, the woman side and the sexual issue as pleasure were, for many years, relegated.¹⁴

It is believed that the way elderly women interpret their world, according to their knowledge and preventive practices, acquires meaning in the way of cervical cancer control and prevention.¹⁵

Feelings and experiences of the elderly woman about the PCCU exam

Despite the knowledge about the importance of the exam, in abstracting the feelings experienced by the elderly when they remembered to undergo this exam were highlights: the fear of the test result, nervousness, anxiety and discomfort to perform it.

“I get nervous, especially when I go to the nurse or the doctor.” (Flor de Liz, 66)

"We get embarrassed, right ?! It gets very shy." (Carnation, 78)

"It's like that, that feeling of fear, it's not fear, but it's like that anxiety." (Rosa, 77)

"I don't really like doing this exam, you know, it's too bad, right ?!" (Margarida, 73)

Even knowing the PCCU exam, most of the interviewees mentioned the unpleasant aspect that causes it.¹⁶ It is known that the way in which the PCCU exam is performed, because it involves exposure of the genitalia, taboos and the lack of knowledge about its gynecological cancer, produces emotional discomfort and other feelings.⁷

It should be considered that the particularities of the elderly woman's genital physiology, characterized by dryness and vaginal atrophy, intensify the discomfort in the elderly.¹⁷

The context in which many women lived, were raised to be mothers, housewives, wives, taught to act as such, without performing the function of women, without opportunity to know their own body (characteristics of the participants in this study) may interfere with How Women Face the Preventive Screening.¹⁴

Feelings such as shame and fear of performing the CCP examination, as well as the fear of the results act as obstacles that concern the difficulties faced by women during the examination.¹⁸ For some authors, this feeling is directly related to the impersonality of the patient. examination, with exposure of the body to the professional, inadequate or non-existent sex education, lack of information about the exam, the idea that the exam hurts.¹⁹

The nurse, as a member of the FHS team, must act in a technical and humanized manner, with the health unit team, promoting and organizing educational practices that can welcome women from the assisted community, managing as a facilitator the overcoming of taboos and related prejudices. the preventive examination.²⁰

New patterns of sexuality in elderly women: an issue to be considered by women's public health policies in the FHS

In view of the age range recommended by the Ministry of Health for performing the PCCU⁴ test and, considering the female longevity and the new patterns of sexuality among elderly women, this category aimed to reflect on the importance of performing this test in elderly women.

When questioned about the time of the last PCCU examination, it was observed that most of them performed it from 3 to 10 years and one never did it, being the reason for this delay the lack of information given by health professionals about the importance its realization, as evidenced in the fragments:

"It's about 2 to 3 years old, which I don't do, I really don't because the doctor right here at the health center told me that I didn't have to do more." (Margarida, 73)

"The last time I did it was four years old or more." (Harpsichord, 78)

"Nurse said you don't have to do it anymore." (Orchid, 68)

"The doctor said I didn't need to do it." (Tulipa, 96)

This result is in agreement with other studies.⁷ It is believed that a possible justification for the conduct of FHS professionals not to encourage the examination of PCCU in elderly women is the fact that the Ministry of Health / National Cancer Institute establish screening interruption for women over 64 years of age who have had at least two consecutive negative tests in the last 05 years, or who have no history of cervical disease, since the risk of developing cervical cancer from this age onwards decreases due to its slow evolution.⁴

Some elderly women do not undergo the PCCU exam because they do not consider it necessary, others are unaware of the purpose of the Pap smear, others because of their lack of active sex life, fear or shame, and fear of having serious illness and near death in which they find themselves. Worrying result not only for the non-adherence of the elderly to the PCCU, but also for the neglect of self-care, which negatively interferes with women's health and quality of life.¹⁸

However, one fact that should not be overlooked is that with the new patterns of sexuality in old age, due to technological progress that include availability of drugs to improve sexual performance, hormone restitution for women, adherence of erectile dysfunction prosthesis to women. men, older people feel safer in establishing love relationships and increasingly have an active sex life, and thus an improvement in their quality of life.²¹ However, sexuality is not just about The sexual act itself has a broader meaning, involving caresses, feelings, and caring for one's health.¹⁷

It is noteworthy that the incentive to safe sexual practices is not directed to the elderly population, since such citizens are almost always considered as asexual individuals, therefore, not recognized as a risk population.²¹

Also of note are the behaviors often noted in old age as compromised intimate hygiene, smoking, lack of condom use, the withdrawal of gynecological follow-up, early sexual initiation in which, due to cultural determination, many elderly women were married in adolescence,⁷ which reinforces the need for PCCU examination in this population.

In Brazil, the number of cases diagnosed at an advanced stage of cervical cancer is still very high, confirming the data from other developing countries, which show the low efficacy of early detection campaigns.³ It is noteworthy that most women who attend the PCCU examination are below 35 years of age, but it is from this age that the risk of UCC increases.⁴

Considering that cancer is one of the diseases that most affects women and has increased with female longevity,

the importance of this test is emphasized, especially by the specific programs for women's health.⁵ With regard to the prevention of diseases that may affect women To insert the genital tract, the elderly woman should also be treated with the same care as younger women.¹⁵

It is noteworthy the importance attributed by the Ministry of Health to the professional nurse to point out as being his competence, actions aimed at the prevention of cervical cancer.⁴ The Primary Health Care nurse plays an important role in the dissemination of information about cancer of cervix, as this professional performs actions such as groups, waiting room that focus on the theme and approach of women when they seek the FHS.^{20,22}

To maintain the sexual health of the elderly, it is necessary to invest in educational activities that clarify what is HPV and its complications in the body of elderly women, developed in such a way as to enable them to be co-responsible for their health and, consequently, reduce the morbidity and mortality caused. by cervical neoplasms and other STI.⁷

It is pointed out that the objective is not simply to prevent the mortality of elderly women from cervical cancer, but also to combat mortality and guarantee years of quality health¹⁵. It is very important to rethink public policies for women's health regarding cervical cancer prevention in the elderly female population.

CONCLUSIONS

This study allowed to describe the perception of elderly women about the preventive examination of cervical cancer. The testimonies of the participants made it possible to understand that, although the elderly women expressed fears, fear of the test result, they recognize it as important to their health and that the reasons for the delay or even not performing this test, in most cases, They are attributed to the attitude of health professionals, who, guided by governmental public policies, discourage their continuity over the years.

In this context, it is essential that health professionals, especially nurses, constantly develop health promotion actions, valuing health education, focused on guidance and clarification of possible doubts regarding the health status of users, in order to to reduce inequalities and stimulate women's protagonism in the prevention of cervical diseases.

It is concluded that there is still much to work with the elderly population regarding the contribution of the periodic Pap smear, mainly due to the new patterns of sexuality experienced by the elderly. Changes are needed, both at the micro level of the FHS, as they represent multipliers of information in their community, both at the macro level, of public policies aimed at the health of elderly women, in order to truly allow female longevity with quality.

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