

Women's Feelings and Perceptions about Cervical Cancer Preventive Practices: Integrative Literature Review

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Sentidos e Percepções das Mulheres acerca das Práticas Preventivas do Câncer do Colo do Útero: Revisão Integrativa da Literatura
Sentidos y Percepciones de las Mujeres sobre las Prácticas Preventivas del Cáncer del Cuello Uterino: Revisión Integradora de la Literatura

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ABSTRACT

Introduction: The Pap smear, if performed periodically, allows the identification of cellular changes that can progress to cancer. Low adherence to preventive care is one of the causes that makes cervical cancer the fourth most frequent cause of death in women by cancer in Brazil. They have multiple perceptions about the preventive exam and may be directly related to the adherence to the exam. **Objective:** To identify studies about women's feelings and perceptions about cervical cancer preventive exam. **Method:** Integrative literature review in MEDLINE and LILACS databases, without time limit. **Results:** The studies showed that most women are unaware of the main purpose of the preventive exam, they report fear in relation to a possible diagnosis of cancer and the physical discomfort from the exam, in addition to feelings such as embarrassment in exposing their own body, associating with sexuality. Institutional and social barriers and unacceptance by the professional compromise women's adherence to the exam. **Conclusion:** Women attribute negative feelings as embarrassment and fear of the preventive, and ignorance of the importance and main objective of the test, contributing to the low adherence to screening. Therefore, it is necessary for professionals to know women's fears and doubts, considering their sociocultural and economic aspects, to enhance the therapeutic bond and favor a better understanding of the meaning and importance of the exam.

Key words: perception; uterine cervical neoplasms; Papanicolaou test.

RESUMO

Introdução: O exame do Papanicolaou, caso seja realizado periodicamente, permite identificar alterações celulares que podem evoluir para o câncer. A baixa adesão ao preventivo é uma das causas que transforma o câncer do colo do útero na quarta causa mais frequente de morte de mulheres por câncer no Brasil. As percepções que elas têm sobre preventivo são variadas e podem ter relação direta com a adesão ao exame. **Objetivo:** Identificar estudos sobre sentidos e percepções das mulheres acerca do exame preventivo do câncer do colo do útero. **Método:** Revisão integrativa da literatura nas bases de dados do MEDLINE e LILACS, sem delimitação de tempo. **Resultados:** Os estudos mostraram que as mulheres, em sua maioria, desconhecem o objetivo principal do preventivo, referem medo em relação a um possível diagnóstico de câncer e ao desconforto físico decorrente do exame, além de apresentarem sentimentos como vergonha em expor o próprio corpo, associando à sexualidade. Barreiras institucionais, sociais e a falta de acolhimento por parte do profissional comprometem a adesão da mulher ao exame. **Conclusão:** As mulheres atribuem sentimentos considerados negativos como vergonha e medo do preventivo, bem como desconhecimento da importância e do objetivo principal do exame, contribuindo para a baixa adesão ao rastreamento. Portanto, torna-se necessário que os profissionais saibam quais são as dúvidas e os receios das mulheres, considerando seus aspectos socioculturais e econômicos, para potencializar o vínculo terapêutico e possibilitar melhor compreensão do significado e da importância do exame.

Palavras-chave: percepção; neoplasias do colo do útero; teste de Papanicolaou.

RESUMEN

Introducción: La prueba de Papanicolaou, si se realiza periódicamente, permite la identificación de cambios celulares que pueden progresar a cáncer. La baja adherencia a los cuidados preventivos es una de las causas que convierte al cáncer de cuello uterino en la cuarta causa más frecuente de muerte en mujeres por cáncer en Brasil. Las percepciones que le dan al preventivo son variadas y pueden estar directamente relacionadas con la adherencia al examen. **Objetivo:** Identificar estudios sobre los sentidos y las percepciones de las mujeres sobre el examen preventivo del cáncer de cuello uterino. **Método:** Revisión integrativa de la literatura en las bases de datos MEDLINE y LILACS, sin límite de tiempo. **Resultados:** Los estudios mostraron que la mayoría de las mujeres desconocen el propósito principal del preventivo, reportan miedo en relación a un posible diagnóstico de cáncer y el malestar físico derivado del examen, además de presentar sentimientos como vergüenza al exponer los propios. cuerpo, asociándose con la sexualidad. Las barreras institucionales y sociales y la falta de aceptación por parte del profesional comprometen la adherencia de las mujeres al examen. **Conclusión:** Las mujeres atribuyen sentimientos negativos como la vergüenza y el miedo al preventivo, así como el desconocimiento de la importancia y objetivo principal de la prueba, contribuyendo a la baja adherencia al cribado. Por tanto, es necesario que los profesionales aprendan a recoger las dudas y miedos de las mujeres, considerando sus aspectos socioculturales y económicos, para potenciar el vínculo terapéutico y así posibilitar una mejor comprensión del significado e importancia del examen. **Palabras clave:** percepción; neoplasias del cuello uterino; prueba de Papanicolaou.

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INTRODUCTION

Cervical cancer is a critical health problem affecting women worldwide. However, developing countries account for 80% of these cases and Brazil shares a substantial portion of these cases¹. New 16,710 cases of cervical cancer are anticipated for each year of the triennium 2020-2022 with estimated odds of 16.35 cases per 100 thousand women².

In 2019, 6,596 deaths by cervical cancer occurred in Brazil, with mortality rate of 6.10/100 thousand women and the third most incident type of cancer in the Brazilian female population, except non-melanoma skin cancer³. The rates of estimated national incidence and mortality are classified as average compared with developing countries but are high when developed countries with well-structured early detection programs are considered. According to the estimates of the National Cancer Institute José Alencar Gomes da Silva (INCA)², cervical cancer is the first more incident in the North Region (26.24/100 thousand), the second in the Northeast Region (16.10/100 thousand) and Midwest (12.35/100 thousand). It is the fourth in the South Region (15.38/100 thousand) and the fifth in the Southeast (8.61/100 thousand).

The persistent infection by the human papilloma virus (HPV) is closely associated with cervical cancer, further to other factors as sexually transmitted infections (STI), prolonged use of contraceptives and tobacco use⁴. This type of cancer has a long period of evolution with precursor lesions which can be detected early with elevated curability. For this to occur, nevertheless, routine and good quality preventive exams need to be made⁵. The lesions are highly curable if detected early but otherwise, develop to cancer, compromising other organs and changing the treatment course⁶.

Screening is the identification process of apparently healthy individuals who may be at risk of getting ill by cervical cancer, for example. Cervical cytology by Pap smear is the method for cervical and precursor lesions screening performed at health basic clinics by health professionals who should know the method, periodicity and target-population to guide and refer for diagnosis confirmation and treatment according to the results and ensuring the follow up⁷.

The exam, also known as preventive, allows the identification of precursor lesions (high-grade squamous lesions and adenocarcinoma *in situ*) which can be detected and treated, blocking the evolution to cancer⁸. According to INCA⁷, every sexually active woman between 25 and 64 years of age should submit to periodic Pap smear. After two consecutive tests (one-year apart) with unaltered results, it should be done every three years according to

the directive. It has been offered in family planning, prenatal and gynecological consultations, at health services, especially in Family Health Strategy (ESF)⁹

Cervical cancer prevention (PCCU) consists in Pap smear (Papanicolaou) and HPV vaccination. The vaccine should be applied in females from 9 to 14 years of age and males from 11 to 14 years old. Low adherence to vaccination and tests is challenging for public health and impact the reduction of survivorship indicators for this type of cancer. A study with 230 adult women from 25 to 64 years of age showed low adherence to Pap smear in illiterate women, with four or more children, four or more deliveries, who never used contraceptives and scarce knowledge of the test¹⁰.

The difficulty to test or because it is not offered at the clinic may be associated with how women perceive the exam¹¹. Low-education level, low family income, oral contraceptive, no gynecological problems, feelings like shame or fear of the test, difficulty to access medical care and poor information about its importance can be factors explaining the low adherence to the exam^{12,13}.

Cervical cancer affects an organ with a strong symbolic representation because involves sexuality, femininity and reproduction. Exposure and manipulation of this part of the body by a health practitioner may cause embarrassment and shame due to the association with sexuality^{14,15}.

Identify how women perceive Papanicolaou and feelings attached to the test based in their own experience may help to understand the difficulties in doing the test. The goal of the study is to detect the feelings and perceptions women have about cervical cancer Pap smear through integrative review.

METHOD

Integrative review summarizes the knowledge and promotes the applicability of significant experimental and non-experimental studies in practice to understand the phenomenon analyzed¹⁶. The stages of the review followed Souza et al.¹⁶

The first phase consisted in the elaboration of the research question: “How women perceive and what are the feelings they attribute to cervical cancer preventive test?”.

The second phase addressed the database search at MEDLINE, via BVS (Virtual Health Library) Portal and LILACS, without time limitation and Boolean operators: “*câncer cervical*”, “*percepção*”, “*sexualidade*” and “*exame Papanicolaou*” in Portuguese, English and Spanish from April 2020 to January 2021. The descriptor “*sexualidade*” was utilized to investigate sexuality-related questions which discuss the feelings women have about

tests. Inclusion criteria were studies addressing perceptions and feelings women attribute to cervical cancer preventive test (Pap smear) and exclusion criteria were studies with non-Brazilian women.

The third phase comprehends data collection ensuring the accuracy and relevance of the information and avoid potential biases.

The fourth phase contemplated the critical review of the characteristics and rigor of the studies.

The fifth phase consisted in the discussion of the results based in the interpretation and synthesis of the results.

Finally, the sixth phase, with the presentation of the complete integrative review to allow the reader to critically evaluate the results.

RESULTS

In all, 11 articles were selected to be reviewed from initial 131 articles identified, 95 excluded due to exclusion criteria and 25 excluded after full reading as shown in Flowchart 1.

Qualitative approach was the methodology of all the articles (n=11). Most of the studies (n=9) concluded that women's perceptions about cervical cancer Pap smear create anxiety and fear because of the possibility of developing the disease. Many women reported they were not informed about how the test would be done at the consultation which created more anxiety and fear of feeling pain. Another aspect identified in eight studies was

the association of the test with sexual questions due to exposure and poor knowledge of the own body provoking shame and embarrassment. Chart 1 describes the articles reviewed.

DISCUSSION

Multiple and correlated are the feelings and perceptions women attribute to cervical cancer prevention as the results of the studies concluded. Rico and Iriart¹⁷ affirm that for some women, the test is associated with concepts of selfcare and femininity but for others, it is an obligation and guilt if they fail to submit periodically and eventually are diagnosed with cancer. For them, screening may bring the possibility to control their bodies, however, the ideas disseminated about prevention and individual accountability can expose the burden of caring for their own health¹⁸. The exam itself has a moral weight binding its performance to the idea of a woman being normal and obliged to it, rejecting those who fall short from this imperative^{18,19}.

Many women believe the disease is tainted, foul, a result of morally wrong acts associated with sex and feelings of shame depending on which organ was affected. The oscillation between neat and tainted assumes a moral aspect, potentially qualifying the experience the woman lives with her sexuality²⁰. It is common to say that the disease is "foul", something evil as it is associated with sexuality by myths, prejudice and fantasies²¹.

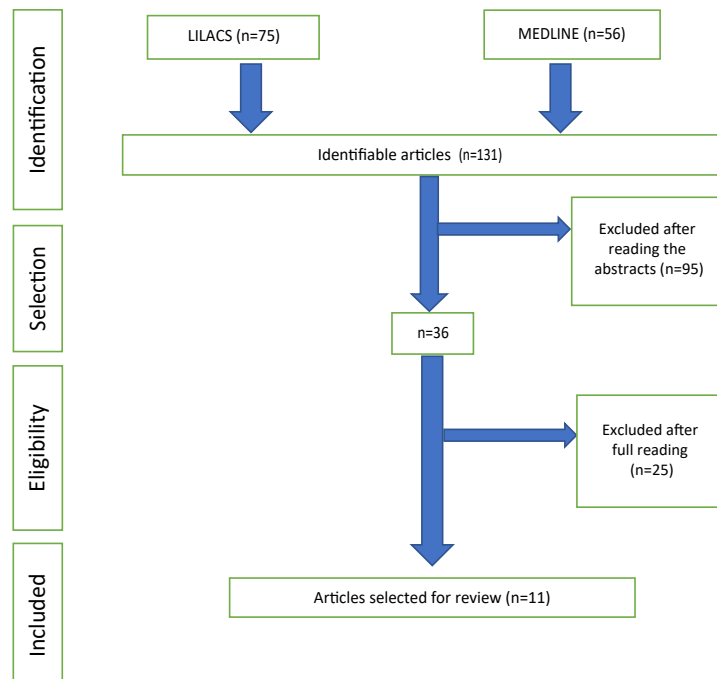


Figure 1. Flowchart of articles selection for integrative review

Chart 1. Articles analyzed in the integrative review

Authors/year	Method	Objectives	Main findings
Acosta et al., 2017	Qualitative approach descriptive study	Analyze women's perceptions about cervical cancer Pap smear at a Family Health clinic	Unfamiliarity with the objective of the test. Shame of exposing the body, fearing pain during specimen collection. Test is done based in gynecological signs and symptoms. Institutional barriers are obstacles to the exam
Souza et al., 2015	Qualitative approach action-research	Evaluate women's perception about cervical cancer through education as participative instrument	Social and institutional barriers. Shame and fear of showing the body and discomfort. Unaware of the necessity of doing the test
Rico and Iriart, 2013	Qualitative study with semi-structured interview	Understand the meaning of preventive practices of cervical cancer in women from poor neighborhoods of Salvador, Bahia, Brazil	Association of the test with femininity and maturity; moral and affective values permeated with sexuality. Submitting to the test routinely shows maturity and personal accountability with selfcare
Duavy et al., 2007	Case report with semi-structured interviews as information collection technique and observation	Describe women's perceptions of Pap smear for cervical-uterine cancer	Try to do Pap smear due to symptoms. Shame of exposing the body, fear of pain because is unaware of tests procedures
Ferreira and Oliveira, 2006	Open and closed questionnaires study	Investigate the knowledge about Pap smear cervical-uterine cancer and understand the feelings and meaning women attribute while being tested	Relief and safety after submitting to Pap smear (fear of death). Shame of exposing the body, fear of cancer diagnosis and physical pain. Scarce information about the importance of the test. Doing the test is to be a mother and be functional at the job. Assimilation of the practice of Pap smear means to understand the benefits of its efficacy and importance
Barbosa and Lima, 2016	Qualitative approach exploratory descriptive study	Assess how 25-69 aged women understand cervical cancer and prevention	Scarce information about the test and risk factors. Fear and anxiety with the diagnosis. Shame of body exposure. Poor acceptance by health caregiver. Medicine takes over the woman body. Barriers of the service
Santos et al., 2015	Descriptive, cross-sectional observational study	Evaluate women's knowledge of cervical cancer prevention and factors impeding the test	Little information about the aim of the Pap smear. Shame of the procedure and body exposure associated with sexuality. Pap smear based in gynecological signs and symptoms
Thum et al., 2008	Qualitative interview	Investigate women's knowledge about cervical cancer prevention	Shame associated with the impersonality of the procedure involving body exposure and sexuality. Agitation and fear with the exam and result. Preventive is seen as imperative to take care of itself (mandatory by the media). Scarce information about the preventive

to be continued

Chart 1. continuation

Authors/year	Method	Objectives	Main findings
Dias et al., 2015	Qualitative approach descriptive study	Evaluate the knowledge of cervical cancer prevention in women of a basic health clinic in the State of Minas Gerais	Discomfort and shame associated with the impersonality of the exposure of the body and sexuality mainly with men. They believe the exam is important but unaware of its meaning
Paula et al., 2019	Qualitative study with semi-structured interview	Understand women's knowledge about cervical cancer prevention through Papanicolaou	Vulnerability during the exam and feelings like pain, fear, discomfort and shame of the body and impersonality (importance of the bond) due to unawareness about Pap smear
Campos, 2018	Ethnographic approach qualitative study	Understand what Papanicolaou means for women who submitted to cervical cancer prevention	Papanicolaou has physical and moral aspects expressed clearly in the female body and reinforcing the relations among sociocultural and gender perspectives. Importance of health caregiver welcoming

In four studies, women expressed feelings of shame and embarrassment while exposing their bodies because many describe the exam as something private associated with sexuality^{9,22-24}. In addition, feelings of insecurity, shame and fear lived individually by each one of the interviewees were also addressed²⁴.

Expose the own body and have it manipulated and examined by a professional provokes feelings of shame, further to the possible perception of impotency, vulnerability and poor control of the body itself because these are parts of the body and erogenous zones associated with sexuality⁹. Unsatisfactory sexual experiences, lack of information about its own body and violence may also be associated with the theme²⁵.

The discussion of how the woman perceives the test brings forward also the complexity and vastness of the theme which encompasses how she experiences it, immersed in myths, prejudices and fantasies about sexuality and loss of control of the body that the gynecological position might trigger²⁶. Studies concluded that in despite of recognizing the importance of the exam, it is believed that shame and fear could possibly be caused by the instruments utilized in the exam, by the gynecological touch, introduction of the speculum and light focused to the private parts^{26,27}.

How the woman perceives the test can be influenced by the wrong attitude of the health professional possibly increasing her feelings of shame and fear. The studies of Barbosa and Lima²⁸ and Campos²⁹ identified this aspect as potential causes of the woman disinterest for the exam.

Poor connection between the professional and the patient during the test may be the outcome of the type of scholar formation which does not consider the personal relation, only the traditional biomedical approach because

it compromises the quality of the dialogue and fails to address other essential aspects of the doctor-patient relation as active listening, respect for the individuality of each woman and therapeutic bond³⁰. This type of attitude can explain the low adherence to the test because of experiences of suffering and discomfort. The patient may feel accepted and well during the exam depending on how the professional conducts the procedures and addresses the woman to minimize the shame due to the exposure of the body^{28,31}.

The woman may feel physical discomfort during the exam because some professionals failed to explain which and how the procedures would be made^{6,9,17,28,32}. The study of Amorim²⁷ reports that women felt physical discomfort with the vaginal touch. Possibly, better awareness and adherence to the test is associated with how the caregiver understands that this is a unique moment for each woman^{26,28,30,31}.

Apparently, poor knowledge about what the disease is and its relation with HPV might reinforce the fact that as less women know about this virus, low will be their ability to understand the importance of Pap smear as cervical cancer prevention test. Most of the women in the studies reviewed were unaware of the main finality of the exam or had scarce information about its periodicity^{10,22-24,26,28,31-33}.

The study of Iglesias et al.¹¹ with 99 women concluded that women living in better socioeconomic conditions and younger had better awareness of the Papanicolaou, but many of them did not know the actual goal of the procedure. It was perceived that higher social vulnerability, low socioeconomic level, cultural and geographic aspects might be associated with poor information about the objectives and obstacles to access health services.

The studies of Duavy et al.⁹, Santos et al.²² and Acosta et al.³² found that the test was performed only when

gynecological signs and symptoms as bleeding, physical pains and vaginal discharge were detected. This fact may explain why women tend to associate the test with diseases and cure, in other words, the test is diagnostic and not preventive^{17,34,35}. If the woman is unaware of the disease's symptoms or does not understand its importance, it is more obvious the non-adherence^{36,37}, which may increase the incidence and mortality of women with cervical cancer diagnosed later.

Another difficulty to do the test is the poor access to health services, likely accounting for the disinterest^{17,28,32,33}. These barriers may cause indignation and dissatisfaction with the delay or scheduling the exam, which may discourage them to seek medical care and impacting their intent to regularly submit to the test^{9,17,35}.

The access to health services is critical for cervical cancer preventive actions as well as the organizational structure which can be seen as facilitators or obstacles for the woman who seeks care³⁸. It is expected that the clinics are able to meet the population necessities and accessibility for better understanding of the preventive.

Feelings, perceptions and ideas women have about cervical cancer prevention encompass moral, sociocultural and affective aspects but are also influenced by problems related to access to health services most likely resulting in low-adherence to the exam.

CONCLUSION

It was possible to identify that women's perceptions about cervical preventive practices are correlated to an array of factors as inadequate access to health services, poor welcoming by the caregiver and unawareness of the importance and goal of the exam.

Negative feelings as fear of being diagnosed with cancer and embarrassment of exposing the body associated with sexuality related issues account for women's disinterest towards preventive exam. It can be connected to lack of information and that few women attempt to be examined because of signs and symptoms perhaps with the disease already in advanced stages.

It is necessary that the caregiver shows an ethical, unjudgmental and welcoming posture during the exam to encourage the woman to express her doubts and fears about the preventive. Respect the individuality of each one is critical to potentialize that moment and know what she thinks the exam is.

Rethink and discuss the practices of preventive exam is necessary and how they are perceived by the women, typically imbued with moral, sociocultural, economic values, barriers to access health services and inadequate attitude of the health caregiver in charge of the exam.

CONTRIBUTIONS

Jeferson Nascimento dos Santos contributed substantially to the study conception/design, wording and critical review with intellectual input. Rosilene Souza Gomes contributed to the wording and critical review with intellectual input. Both authors approved the final version published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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