Article submitted on 03/28/11, accepted for publication on 06/13/11

Cervical-Uterine Precursor Lesion Associated to Tobacco Smoking: A Study about the Knowledge among Women who Smoke

Lesões Precursoras do Câncer Cervicouterino Associado ao Tabagismo: um Estudo sobre o Conhecimento entre as Mulheres que Fumam

Lesiones Precursoras del Cáncer Cervical Uterino Asociado al Tabaquismo: un Estudio sobre el Conocimiento entre Mujeres que Fuman

Maria Cristina de Melo Pessanha Carvalho[1], Carmen Lucia de Paula[2], Ana Beatriz Azevedo Queiroz[3]

Abstract

Introduction: It is believed that a possibility to achieve results so as to favor the female population health concerning the high incidence of cervical-uterine cancer is the design of strategies for the prevention of risk factors, like tobacco smoking. **Objective:** To discuss the association between cervical-uterine cancer precursor lesions and tobacco smoking evidenced in women's talk who have these cervical changes. **Method:** Qualitative and descriptive research, carried out in a Federal Public Institution in the city of Rio de Janeiro. 40 women who were diagnosed with cervical-uterine cancer precursor lesion participated, divided in 22 smokers and 18 women with past history in smoking within the age group from 22 to 70. The data were collected by means of semi-structured interviews, and analyzed under the perspective of the Social Representation Theory and categorized according to Bardin's content analysis model. **Results:** In the women's talk, association between tobacco smoking throughout their lives and the development of cervical-uterine cancer precursor lesions is noticed, and 4 categories are highlighted: the relationship between the disease and tobacco, cigarettes; the disease and the attempt to change their life style; the media strength, contributing to the information process; the blame for keeping the tobacco smoking. **Conclusion:** It can be noticed the need of strategic actions based on the consensual universe of these women that contributes to the importance of fighting tobacco smoking as a preventable risk factor for developing cervical-uterine cancer.

Key words: Smoking; Cervical Intraepithelial Neoplasia; Women's Health

---

Part of a Master's dissertation submitted to the Post-Graduate Program of Anna Nery Nursing School, Federal University of Rio de Janeiro (EEAN/UFRJ/2008)

[1]Ph.D.c. in Nursing at the Post-Graduate Program EEAN / UFRJ. Specialist in Oncology Nursing. Nurse at Hospital Federal de Ipanema [Ipanema's Federal Hospital] and Píndaro Rodrigues de Carvalho CMS [City Health Center]. Rio de Janeiro Brazil. *Email:* mcrismelo4@hotmail.com.

[2]Nurse. Master's degree in nursing by the Rio de Janeiro State University (UERJ). Nurse at the Oncology Clinic of Brazilian National Cancer Institute (INCA) / Hospital do Câncer II (HC II) / MH. Collaborating Professor at the Post-Graduate Program of University Gama Filho (nursing in the operating room and sterilized material center). *Email:* carmenpaula@ymail.com

[3]Nurse. PhD in nursing. Associate Professor, Department of Maternal and Child Nursing, UFRJ. Coordinator of Multidisciplinary Residence in Women's Health at Hospital School São Francisco de Assis, UFRJ, Brazil. *Email:* anabqueiroz@oi.com.br. *Correspondence Address:* Carmen Lucia de Paula. Rua Jaracatiá, 174/103. Irajá, CEP: 21235-570 Rio de Janeiro (RJ), Brazil.

INTRODUCTION

In Brazil, cervical cancer is considered a public health problem, since it has the highest incidence and mortality among women. According to estimates by the Brazilian National Cancer Institute (INCA), for the years 2010 and 2011, 18,000 new cases are expected, and this type of tumor is the second most frequent and the fourth cause of death by cancer to the female population in Brazil[1].

Currently, 44% of cases of this disease are derived from cervical cancer precursor lesions (CCPL) called carcinoma in situ1. These lesions are distinguished by the presence of modifications of the original epithelium, giving birth to pre-cancerous manifestations that may develop into cervical cancer[2-3].

Cervical cancer, considered as invasive, evolves from cervical intraepitelial neoplasia I (CIN I); however, not all CIN will evolve into an invading illness. Nevertheless, it should be highlighted that all CIN must be considered as significant lesions and, as such, must be treated and be followed, because women early diagnosed and adequately treated have 100% possibility of cure[4].

It is worth highlighting that the main risk factor to cause this type of cancer is human papillomavirus, HPV, and this virus has some oncogenic subtypes, which are related to malignant tumors, such as viral subtypes 16 and 18[1].

However, it is noteworthy that less than 1% of women with HPV infection with cancer risk will develop cervical cancer, but this risk is intensified when the viral infection is associated with smoking, thus highlighting that the frequent use of cigarettes is a proven cause of the evolution of this pathology[5].

Tobacco significantly diminishes the level of function of Langherans cells, which are responsible for defending the epithelial tissue, and, besides, cigarettes contain over 300 carcinogenic substances[6].

It should be noted that the number of smokers among women has increased worldwide, influenced by many social, cultural and economic factors, especially in developing countries, making tobacco one of the biggest causes of this type of tumor[7]. Confirming this fact, a study that addressed the cytological and risk factors illustrated that 48% of a total of 65 women with cervical abnormalities were smokers[8].

Thus, the issue of this study emerged from the practice of assistance to women with CCPL when it was empirically identified that some of them linked smoking to the situation they were in; however, other segments besides not doing so, sometimes did not believe there was a connection between these variables.

This was reflected in the different ways of thinking and acting towards the experience of smoking and cervical changes, which are permeated by rules established in social and cultural environment that subjectivate and individualize themselves in each person.

It is believed that one of the possibilities to achieve different results, so as to promote health of the female population against the development of cervical cancer, is the formulation of strategies for prevention of avoidable risk factors such as smoking, but strategies that take into consideration the psychosocial aspects that are involved in this phenomenon, and not only informative or prescriptive conditionants.

Prevention and control of cervical cancer are among the most important scientific and public health challenges of our time, which must pervade both the use of condoms in all sexual relations, and the fight to smoking among women.

The need to review, design and propose new approaches at different levels of expertise in health should be seen as a priority in the fight against smoking, so as to mobilize not only the professionals to work effectively, but the population itself.

Under this view, this study aims to discuss the association of smoking with CCPL evidenced in the speech of those women with cervical abnormalities.

METHOD

This is a study with qualitative approach and descriptive typology, because the research requires a deeper understanding of the reality experienced by these women.

Regarding the problem described, to support the interpretation and the subjectivity of the data produced by the study subjects, the Theory of Social Representations was used, as the theoretical framework, which provides elements to give basis to cultural approaches, values and beliefs of this group of women. This theory is seen as the one that studies the common, popular and naive thought of people about a particular thing or event that causes individuals to act according to what they think[9-10].

The survey was conducted in a Federal Public Institution in the city of Rio de Janeiro, a prominent place considered as a reference in dealing with the cervical pathology. This service receives women from Basic health units for treatment of cervical abnormalities.

The survey consisted of 40 subjects, divided into two groups: one group with 22 smoker women and precursor lesions and another with 18 women with history of smoking.

Inclusion criteria were: diagnosis of CCPL demonstrated by results of cervical cytology and/or colposcopic; undergoing treatment at that institution, self-declaration of being a smoker with history of smoking and accepting to take part in the study.

Exclusion criteria were delimited as women who did not declare themselves smokers, even smoking one to three

cigarettes per day, and those who were in the process of diagnosis confirmation.

Data were collected from February to June 2008, through interviews, having in mind the need to understand the information that circulates at different times such as interaction, habit and social imaginary.

It is noteworthy that the data collection in a study of social representation requires long semi-structured interviews. Thus there was an average of 30-45 minutes per interview[11]. A portable recorder was used to record the speeches with prior permission of the interviewees.

The interview had a script with open questions that were designed to explore the main speeches and statements of the subjects about the causal factors of CCPL and its relation to smoking, and revealing the respondent's perceptions of the world, observing, evaluating and understanding the common knowledge phenomenon.

The interviews were conducted in a private room after medical appointment and with prior scheduling, thus respecting the availability of the respondends. Subsequently, data were transcribed to facilitate the stage of analysis.

With regard to ethical aspects, we followed the recommendations of the Resolution Nº196/96, which deals with standards for research involving humans. Participants signed an informed consent form, stating the purpose of the study, with guaranteed anonymity and confidentiality of information provided.

The study was approved by the Research Ethics Committee of Anna Nery Nursing School / Hospital School São Francisco de Assis / Federal University of Rio de Janeiro under the Protocol number 02/2008.

To organize the data, the tapes were transcribed and fluctuating readings occurred. After exhaustive reading of all the material, it was classified into themes that structured the empirical categories for analysis according to Bardin's thematic orientation[12]. Category is a classification system of the constituent elements of a set by differentiation grouped into thematic categories[12] .

Given view, the categories were grouped together by bonds which illustrated the correlation between cervical change and smoking. Finally, the data were analyzed under the psychosocial perspective of the social representations theory.

RESULTS AND DISCUSSION

The categories pointed to the relations that the interviewees made between smoking and the results of cytology and change in women's lives after learning the test results.

Therefore, four categories emerged and were defined as: *1) The relationship of the disease with tobacco, 2) Cigarette, disease and attempt to change lifestyle, 3) The strength of the media in contributing with the information process, and 4) The guilt for keeping smoking.*

The relationship between the disease and tobacco

In this category, the relations the subjects made between cervical abnormalities and smoking were analyzed. Of the 40 respondents, 35 acknowledged the existence of some kind of association between smoking and cervical changes. However, the value or weight of this association presented itself quite diverse, and none pointed the cigarette as the effective cause of CCPL.

> I have always heard that smoking is harmful, that it causes cancer! I don't know. I've always smoked. I smoke about ten cigarettes a day, and I've always wanted to quit [...]. Because I was supposed to have quit, because I never quit (pause). Ah whatever. I'm always in hospitals. I have always done preventive exams, it was always negative. I keep wondering: has my partner got an illness, did he pass me? I keep brooding it in my head. But it is obvious that smoking worsens the problem. (Interviewee No. 16 -48 years - smoker for 16 years - CIN I)

> I cannot explain, smoking may have helped, worsened the situation. But it was my husband. I won't put my neck on the line for him. I think that he's the cause. I know that smoking helped, but he was the one who was transmitted me this. (Interviewee No. 31 - 58 years - a former smoker - CIN III)

> I think it's the cigarette, the cigarette because it harms you continuously, making you ill till you have cancer. But I have smoked for a long time, never quit, but I will try now. But in fact I do think that sex was the cause, because men never undergo treatment, thus, because of that they give us, which must cause some lesion, to cause in women, I think men's secretion causes this on us. I think sex is first and then cigarettes. And obviously for those who smoke is worse, the cure, the treatment is more difficult. (Interviewee n. 9 - 51 years old - 8 smoker for 8 years - CIN III).

In this category, it has become clear that most interviewees link the source of the problem to the sexual unfaithfulness from the partner and not to smoking. This, in turn, was represented as a contributing factor to the development of the disease and even being able of causing cancer.

It is observed that they are aware that tobacco is harmful to their health, and therefore perceive themselves as more vulnerable to serious consequences, for smoking, than those women who are not smokers.

The various aspects of the association between smoking and the cervical cell changes experienced are actually coming from what they see in their daily life, in the media and even in the hospital environment that are placed due to treatment.

This influences the way they think, not only on the way they got the problem, but mainly on coping and decision making, such as whether quitting smoking or not. In face of these facts, most people interpret what happens to them, form an opinion about their own conduct or that of relatives / people and guide their actions in accordance with this interpretation[9].

In contrast, there was a small segment of respondents who did not believe there was any relationship between smoking and the plight, questioning the actual existence of the bad influence of smoking with this problem. See the statement below:

> I don't know. I don't know, is it because of cigarettes? I question it a lot [...]. For me cigarettes have no connection with it. This thing is something that women catch and smoking has nothing to do with it. Therefore, I don't quit smoking. I have to take care of it somehow else. (Interviewee n. 17 - 32 years old - smoker for 17 years - CIN II)

We emphasize the position of Moscovici9 with respect to individuals acting according to their guidelines and interpretations, i.e., if the cigarette for this group of respondents is not represented as one of the causes or enhancers of CCPL, the decision to want to face it and quit smoking will not be something a priority in their lives, or even be part of their plans.

Cigarette, the disease and attempt to change lifestyle

This category reveals the attempt to change lifestyle when you discover the diagnosis of CCPL and, within these attempts, there is the possibility of quit smoking.

The acknowledgement of smoking as a factor in the development of cervical abnormalities, causes emotional distress, and contributes significantly to the development of cervical cancer.

As smoking is seen in the reified universe of science as a major risk factor for the development of cancers, because it has more than 67 carcinogens, increasing the risk of disease onset up to 15 times[13], it is comprehensible that there is an hegemonic transfer to the universe of consensus, thus influencing the social understanding of the harms of tobacco to individuals.

Historically, women took up smoking as a social advancement and gender equality issue. However, the relationship between cigarette use with women today is conflicting, comprised by emotional disorders, due to the fact that they usually smoke in response to negative situations of life, stress and the prospect of moderating the low motivation to live[14].

But when they see themselves in situations of danger, or fear of worsening a disease or even death, as is the case of cancer, which still today is represented with a load of ideas that are part of common sense, shared by social environment, where information that circulates and crystallizes finiteness show themselves as motivators to quit smoking.

Some women see a need to change habits, especially leaving behind harmful habits such as smoking, drinking, eating poorly. It is worth noting that when it comes to health itself, a social result of construction of comfort standards for one's health is settled[15]. This can be identified in the following statement:

> Smoking, I was not able to stop smoking yet. I've tried, but could not yet. In terms of food, I've been eating better. I've been eating certain things that I once did not eat, plenty of fruit and many vegetables. We hear that cauliflower is very good for the uterus, so I quite like cauliflower, my hygiene is more rigorous now, all this stuff changed a lot. The only thing I could not quit was smoking, but I'll try. (Interviewee Nº 23 - 32 years - smoker for 15 years - CIN II / CIN III)

The practices of habit change are guided by a logic that results from social experience[16]. Before this statement, these women try to produce actions that will restore their health, they recognize the need to change their way of thinking and acting as to their well-being and body.

The role that the representation has to guide the practices of the individual allows us to understand why some problems are more evident in a society[17]. In this case, as to women with CCPL, they raise decisions, such as trying to quit smoking and changing lifestyle, which are events that put precursor lesions in smoker women in the role of guiding representations about these injuries and that have been built and developed by the social environment in which they live.

The power of the media contributing to the process of information

Media influences the behavior and lifestyle of people who often idealize living what a character or product shows: be nice, beautiful, interesting and enjoyable. The quest for acceptance in society and, often, self-assertion, can lead people to acquire habits without a prior questioning whether that can cause damage, including damage to health. Thus, for many years, cigarettes were strongly advertised in the media as a source of glamour and charm, making much of its strength even among the female group. The tobacco industry conveyed,

through marketing, that smoking was synonymous with pleasure and adventure, and that this compensated any possible health risks, because the socioeconomic and cultural conditions also interfere with the acquisition and maintenance of smoking. In face of this picture, one realizes that the association between smoking and an adventurous lifestyle and seduction is common in cigarette advertising[18].

Currently, there is a strong movement against the tobacco positive cultural tradition, such as state and local laws against smoking in certain places, as well as efforts of the Ministry of Health (MH) against advertisement and encouragement of tobacco consumption. Considering this scenario, it becomes clear that the actions for tobacco control depend on the articulation of different types of strategies in the social, governmental and nongovernmental sectors[19].

Thus, the reference of care that one has is based on the media discourse, emphasizing the value of health, without tobacco, within a communication circuit. The contribution of the population's greater access to information and knowledge about the disease and prevention of risk factors for cervical cancer should also be emphasized.

The role of the media, especially television, is relevant in the construction of subjectivity and common sense, influencing the transformation of habits such as smoking and cervical cancer prevention[20]. Representations that have a direct influence of what one hears about the problem, either by the media, or by the social environment in which we live, or by the medical discourse. Thus, some women in the study acquire such information and try to quit smoking.

However, we know that quitting does not depend solely on the information on the hazardous effects of smoking.

There are other factors involved, such as addiction, willpower, continuous treatment, access to health services, but as noted in the statement below, no doubt, awareness seems to be the first step:

> I used to smoke 10 cigarettes per day, then I started to hear on television they say that smoking is not good, it causes problems. But I only quit after I started to feel tired, and the physician said "quit it, woman, stop smoking, if not you will get worse". I quit after 15 years and soon after this thing started, this disease. I heard on television one advertising saying this... this saying comforted me a lot. The girl in the ad would say: "See, this disease is dangerous, but it is for people who do not take care of themselves. While it is a little thing, and the person takes care of it, it won't become anything". She said this on television, then I thought, I have to take care of myself and stop smoking. It was hard but I managed. Thank god! (Interviewee 14 - 62 years - a former smoker - CIN III / carcinoma *in situ*)

Added to this fact, one can also quote the massive presence of television as a source of information, not counting the circle of friends, which undoubtedly contributed to the formation of social representations of CCPL by women who use tobacco. Thus, one can understand how social knowledge is constructed, because it is a knowledge linked to the context of a relationship with the social environment in which we live.

In this case, the media provides discourse and information with different ideas and information added to its social environment, i.e., the people who surround it. Women build and organize their representations of this phenomenon. Such representations are elaborations formed by the information circulating that renew and crystallize[9]. This way, women in this study take ownership of information, trying to put them into practice and quit smoking.

Guilt for keep smoking

Thus, the difficult task of quitting smoking involves feelings of failure, depression and guilt for not achieving the goal, especially when it is recognized that this factor is detrimental to the health problem that is experienced.

In this category, it was possible to identify this viewpoint of guilt in face of the current diagnosis and of what continuous tobacco use can cause in the future. The process of guilt developed due to actions not taken, due to care that was not practiced and habits that were not suppressed, such as smoking, as a means of preventing cervical cancer. Herebelow follows a statement:

> For I am a faineant, because I did not do preventive exams, I didn't quit cigarettes, I smoke a pack a day, I tried to cut it down, but I couldn't. It is addiction. I get depressed when I do not smoke. I use to stand barefoot, with my belly wet, I did not have any care, because women are sensitive, they must care for themselves, for example, if you fall and hurt if you do not put medicine in it, you leave a wound untreated, it will become infected, it may even turn into a disease, the same thing, the cigarette, if you know that's no good and continue, problems will show up. And inflammation of the cervix is like this, it begins like this, from little grain of sand, it grows up. I think I got this for not taking care of my health, not stop smoking, not going to the doctor every six months, I think so. I've tried to stop, but it is very difficult, I do not know how to quit smoking [...]. (Interviewee 27 - 31 years - smoker for 5 years - CIN III / carcinoma *in situ*)

It is known that, for any health treatment, human subjectivity, desires, limits of body and mind are present and should be taken into consideration, because the human being is not a machine that only obeys orders without judgment, interpretations and representations. And when it comes to smoking, there are several difficult barriers to transpose in order to quit smoking, such as: withdrawal, depression, anxiety and lack of concentration. About 80% of smokers that want to quit smoking, only 3% do it with no help[21].

Therefore, the support of the multidisciplinary team is necessary with these women, encouraging cessation. So it is very important to bear in mind the concern to bring us closer to this space, so one can better target and intervene in the decision of these women. It is important to define intervention practices, which will modify the behavior of subjects to review their practices of care and prevention as referenced by Jodelet about intervention[22].

CONCLUSION

We conclude that the results of this study showed that women believe in the association of smoking with the development of precursor lesions of cervical cancer and that this factor certainly could have been avoided.

It is observed that women recognize and understand that tobacco is harmful to health; however, the statements illustrate the subjectivity of the female population on tobacco and the conflict that is experienced due to the need to quit smoking.

The relationship of the disease with smoking was evident in the discourse of these women, which illustrates the strong social and cultural predominance anchored in the relationship between women and tobacco. Escape feelings, uncertainties, doubts and questions are part of the subjectivity of the female population through the social representations.

The relevance of this study is to contribute to the identification of psychosocial issues that affect the attitudes related to smoking cessation. Many women revealed that they could not quit smoking, even when acknowledging it to be harmful to their health.

In this sense, it is essential to have reinforcements and innovations in programs for non-adherence to smoking, as well as emphasizing clarification of the dangers of its use. It is possible the use of approaches, which, as to their tenets and beliefs, are understood by the multidisciplinary team, considering that there shouldn't be only a technical-scientific context, but the psychosocial, historical and cultural context of these women should also be taken into account.

The study set up subsides in the pursuit of knowledge of representations of women who smoke, suggesting an innovative tool in our daily practice, besides enabling the development of new strategies, because it is believed that, given the representations of women who smoke and who are suffering from precursor lesions, it will be possible to create high-impact interventions to non-adherence to tobacco by the female population.

CONTRIBUTIONS

Maria Cristina de Melo Pessanha Carvalho and Carmen Lucia Paula contributed to the conception and planning of the research project, in obtaining and/or analyzing and interpreting data, writing and critical review; Ana Beatriz Azevedo Queiroz helped in obtaining and/or analyzing and interpreting data and in writing and critical review.

Declaration of Conflicting Interests: Nothing to Declare

REFERENCES

1. Instituto Nacional de Câncer (Brasil). Estimativa 2010: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; c2009 [citado 2011 mar 11]. 98 p. Disponível em: http://www1.inca.gov.br/estimativa/2010/estimativa20091201.pdf
2. Longatto Filho A, Etlinger D, Gomes NS, Cruz SV, Cavalieri MJ. Freqüência de esfregaços cérvico-vaginais anormais em adolescentes e adultas: revisão de 308.630 casos. Rev Inst Adolfo Lutz. 2003;62(1):31-4.
3. Bosch FX, You-Lin Q, Castellsagué X. The epidemioly of human papilomavirus infection and its association with cervical cancer. Int J Gynaecol Obstet. 2006;94(supp. 1):s8-21.
4. Instituto Nacional de Câncer (Brasil). Coordenação de Prevenção e Vigilância. Nomenclatura brasileira para laudos cervicais e condutas preconizadas: recomendações para profissionais de saúde. Rio de Janeiro: INCA; 2006.
5. Coker AL, De Simone C, Eggleston KS, Hopenhayn C, Nee J, Tucker T. Smoking and survival among Kentucky women diagnosed with invasive cervical cancer: 1995-2005. Gynecol Oncol. 2009 Feb;112(2):365-9.
6. Queiroz AMA, Cano MAT, Zaia JE. O papiloma vírus humano (HPV) em mulheres atendidas pelo SUS na cidade de Patos de Minas – MG. Rev Bras Anal Clín. 2007; 39(2):151-7.
7. Horta RL, Horta BL, Pinheiro RT, Morales B, Srey MN. Tabaco, álcool e outras drogas entre adolescentes em Pelotas, Rio Grande do Sul, Brasil: uma perspectiva de gênero. Cad Saúde Pública. 2007;23(4):775-83.
8. Melo SCCS, Prates L, Carvalho MDB, Marcon SS, Pelloso SM. Alterações cito patológicas e fatores de risco para a ocorrência do câncer de colo uterino. Rev Gaúcha Enferm. 2009;30(4):602-8.

9. Moscovici S. Representações sociais: investigações em psicologia social. 4a ed. Petrópolis: Vozes; 2003.
10. Jodelet D, organizadora. As representações sociais. Ulup L, tradutora. Rio de Janeiro: EdUERJ; 2001. Representações sociais: um domínio em expansão; p. 31-61.
11. Spink MJ. Desvendando as teorias implícitas: uma metodologia de análise das representações sociais. In: Moscovici S, org. Representações sociais: investigações em psicologia social. Petrópolis: Vozes; 2003.
12. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2010.
13. Pinheiro SMS, Cardoso JP, Prado FO. Conhecimentos e diagnóstico em câncer bucal entre profissionais de odontologia de Jequié, Bahia. Rev Bras Cancerol. 2010; 56(2):195-205.
14. Eckerdt NS, Corradi-Webster CM. Sentidos sobre o hábito de fumar para mulheres participantes de grupo de tabagistas. Rev Latino-Am Enfermagem. 2010;18(n. espec):641-7.
15. Minayo MCS, Hartz ZMA, Buss PM. Qualidade de vida e saúde: um debate necessário. Ciênc saúde colet. 2000;5(1):7-18.
16. Ferreira J. Cuidado do corpo em vila de classe popular. In: Duarte LFD, Leal OF, organizadores. Doença, sofrimento, perturbação: perspectivas etnográficas. Rio de Janeiro: Fiocruz; 2001.
17. Herzlich CA. Problemática da representação social e sua utilidade no campo da doença. Physis. 2005;15(supl):57-70.
18. Giacomini Filho G, Caprino MP. A propaganda de cigarro: eterno conflito entre público e privado. UNIrevista. 2006;3(1):1-13.
19. Cavalcante TM. O controle do tabagismo no Brasil: avanços e desafios. Rev psiquiatr clín. 2005;32(5):283-300.
20. Medina CB. Corpo-necessário no telejornal: representações sociais sobre o corpo no discurso do risco. XXIX Congresso Brasileiro de Ciências da Comunicação INTERCOM; 6-9 set 2006; Brasília, BR. [local desconhecido: Intercom – Sociedade Brasileira de Estudos Interdisciplinares da Comunicação; 2006]. p. 1-15.
21. Meirelles RHS, Gonçalves CMC. Abordagem cognitivo-comportamental do fumante. Diretrizes para cessação do tabagismo. J bras pneumol. 2004;30(supl. 2):s30-5.
22. Jodelet D. Imbricações entre representações sociais e intervenção. In: Moreira ASPM, Camargo BV. Contribuições para teoria e o método de estudos das representações sociais. João Pessoa: Ed. Universitária; 2007.

Resumo

Introdução: Acredita-se que uma das possibilidades para alcançar resultados de modo a favorecer a saúde da população feminina em relação à alta incidência de câncer cervicouterino seja a construção de estratégias para prevenção dos fatores de risco, entre eles o tabagismo. **Objetivo:** Discutir a associação das lesões precursoras do câncer cervicouterino com o tabagismo evidenciado na fala de mulheres portadoras dessas alterações cervicais. **Método:** Pesquisa qualitativa, do tipo descritiva, realizada em uma Instituição Pública Federal no Município do Rio de Janeiro. Participaram 40 mulheres com o diagnóstico de lesão precursora do câncer cervicouterino, divididas em 22 tabagistas e 18 com história pregressa de tabagismo entre a faixa etária de 22 e 70 anos. Os dados foram coletados por meio de entrevistas semiestruturadas, e analisados sob a perspectiva da Teoria das Representações Sociais, sendo categorizadas de acordo com a Temática de Bardin. **Resultados:** Na fala das mulheres, percebe-se a associação do ato de fumar ao longo de suas vidas com o desenvolvimento das lesões precursoras do câncer cervicouterino, sendo destacadas quatro categorias: a relação da doença com o tabaco, o cigarro; a doença e a tentativa de mudança de estilo de vida; a força da mídia, contribuindo no processo de informação; e a culpa por manter o tabagismo. **Conclusão:** Nota-se a necessidade de ações estratégicas baseadas no universo consensual dessas mulheres, contribuindo para a importância do combate ao tabagismo como um fator de risco evitável para o desenvolvimento do câncer cervicouterino.

Palavras-chave: Tabagismo; Neoplasia Intra-Epitelial Cervical; Saúde da Mulher

Resumen

Introducción: Se acredita que una de las posibilidades para alcanzar resultados de modo a favorecer a salud de la población femenina en relación a alta incidencia de cáncer cervical uterino, sea la construcción de estrategias para prevención de los factores de riesgo evitables, como el tabaquismo que entre otros, contribuye para el desarrollo del mismo. **Objetivo:** El objetivo de este estudio consiste en discutir la asociación de las lesiones precursoras del cáncer cervical uterino con el tabaquismo evidenciado en el habla de las mujeres. **Método:** La investigación es cualitativa, de tipo descriptivo, realizada en una Institución Pública Federal en el Municipio del Rio de Janeiro. Participaron 40 mujeres que tenían el diagnóstico de lesión precursora del cáncer cervical uterino, divididas en 22 tabaquistas y 18 mujeres con historia previa de tabaquismo entre la franja etaria de 22 y 70 años. Los datos fueron colectados por medio de entrevistas semiestructuradas, y analizados bajo la perspectiva de la Teoría de las Representaciones Sociales y se clasifican de acuerdo a la temática de Bardin. **Resultados:** En el habla de las mujeres se destaca la asociación del acto de fumar a lo largo de sus vidas con el desarrollo de las lesiones precursoras del cáncer cervical uterino, siendo destacadas 4 categorías: la relación de la enfermedad con el tabaco, el cigarrillo, enfermedad y la tentativa de mudanza de estilo de vida; la fuerza de los medios de comunicación contribuyendo en el proceso de información; la culpa por mantener el tabaquismo. **Conclusión:** En este aspecto, se observa que la necesidad de acciones estratégicas basadas en el universo consensual de estas mujeres contribuye a la importancia de la lucha contra el tabaquismo como factor de riesgo evitable para el desarrollo de cáncer de cervical uterino.

Palabras clave: Tabaquismo; Neoplasia Intraepitelial del Cuello Uterino; Salud de la Mujer