

WOMEN'S PERCEPTION ABOUT PRIMARY HEALTHCARE WITHIN THE SCOPE OF CERVICAL CANCER POLICIES IN THE STATE OF SERGIPE

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ABSTRACT

The goal of the present study was to access the perception of women users of health services about primary healthcare regarding cervical cancer prevention in the State of Sergipe, Brazil. This is an exploratory descriptive research with qualitative and quantitative approach conducted with users of the seven regional health centers of this state. We used semistructured interviews and the focal group technique with a convenience sample comprising 840 women aged 25 to 59 years, who had undergone Papanicolaou tests. We obtained the frequency distribution of the quantitative data and performed content analysis which determined five categories: access and difficulties to undergo a Papanicolaou test; techniques for attracting target individuals; structure for patient referral; scope of the centers; women's behavioral aspects; and guidance provided for cervical cancer prevention. The qualitative analysis indicated differences between user's reports regarding access and difficulties in undergoing the examination and techniques for attracting target individuals. There were important reports about behavioral aspects and, in particular, difficulties in patient referrals and treatments of detected cases. A profound rethinking becomes necessary on the part of the health team and, especially, managers on the basis of the principles governing the concepts of primary healthcare.

Keywords: Primary healthcare. Cervical cancer prevention. Cervical cancer.

INTRODUCTION

The strategies for implementing the various policies for cancer control in the world considerably depend on the development stage of the countries and their territorial, sociocultural, and economic particularities⁽¹⁾. In this context, world health has been discussed in the sense that it should be reached by all individuals⁽²⁾.

In Brazil, the territorial dimension, the structure of the healthcare network, and the socioeconomic factors are conditioning factors for an own strategy that should be adequate for the national conditions and characteristics⁽¹⁾. According to the National Cancer Institute, the estimates for 2016 in Brazil indicated the occurrence of 16,340 new cases of cervical cancer, with a risk of 15.85 cases per 100,000 women. Without considering non-melanoma skin tumors, cervical cancer was the first incident in the northern region, with 23.97/100 thousand cases, and the midwest and northeast regions were in the second position⁽³⁾.

The population coverage of preventive strategies is a crucial factor in this process. In Brazil, aspects related to the provision and access to health systems have been widely studied and pointed out as a limiting stage for the control of cervical cancer in various regions. The knowledge of the scope of a preventive program and the factors related to low adhesion to the proposed model can assist in the development of more effective public policies in line with the territorial reality^(4,5).

With the implementation of primary healthcare, the National Oncology Care Policy has been proposed as a strategy for reorganization of the healthcare model. This model depends on its transformation into high-level healthcare effectiveness, quality, and ability to be integrated with the other levels of the system⁽⁶⁾.

In search of this structure, in order to achieve early detection of cervical cancer and optimize the service, the Ministry of Health assigned responsibility to each healthcare level. The primary level performs clinical gynecologic examinations, material collection for cytopathological examination, and provides

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information on health promotion, disease prevention, and early diagnosis. The secondary level performs the diagnosis and/or treatment of a detected lesion using colposcopy and high-frequency surgery when indicated. Finally, the tertiary/quaternary level performs the treatment of surgical lesions that cannot be treated at the secondary level⁽⁷⁾.

The production of knowledge geared toward the analysis of health services from the perspective of users' perception is not yet so expressive in Brazil. Due to such panorama and the growing need to assess the services, studies conducted in health units and administrative spheres become crucial in order to contribute to the reorganization of services, in addition to being a tool for public participation⁽⁸⁾.

In this sense, due to the need for detecting and monitoring new cases of cervical cancer, the goal of the present study was analyze the primary healthcare service assessing users' perception about prevention and monitoring of cervical cancer.

METHODOLOGY

The present study was exploratory and descriptive with a qualitative and quantitative approach conducted in 2016 in the seven regional healthcare centers of the State of Sergipe, Brazil, namely: Aracaju; Nossa Senhora do Socorro; Estância; Itabaiana; Lagarto; Nossa Senhora da Glória; and Propriá. We applied semistructured interviews to users and nurses of the Family Health Strategy using the focal group technique.

The focal group technique made it possible to obtain data in a collective and consensual manner through discussions in which the participants could express their ideas, beliefs, and attitudes about the Papanicolaou test. Therefore, we used a convenience sample and the participants were selected by criteria of interest for the qualitative research. After four visits in each of the seven regional health centers, we obtained a sample of 840 women aged 25 to 59 years. In each center, we interviewed 120 women collectively, composing 12 groups of 10 participants. Three focus group interviews were conducted in each of the four visits by trained interviewers. All the women signed an informed consent form.

The visits to the women of the regional centers took place on the days in which the Papanicolaou tests were performed, and the focal group technique was applied in a private space of the waiting rooms. The women who agreed to participate in the study signed

an informed consent form. Collective interviews were performed with a random number of women until data saturation.

The qualitative data were analyzed by content analysis using the information collected with the collective interviews. After listening attentively to the interviews, the data were organized into five categories: access and difficulties in undergoing the Papanicolaou test and obtaining the results of the test; techniques for attracting the target public; structure for patient referrals; scope of the centers and women's behavioral aspects; and guidance provided to the target public about the cervical cancer prevention.

The quantitative data were tabulated into categories with frequency distribution and percentage of responses according to the participants' reports. Subsequently, we extracted the meaning of the participants' reports.

The research project was submitted to the Research Ethics Committee of Tiradentes University and received approval under Protocol No. 010612R.

RESULTS AND DISCUSSION

We interviewed 840 women aged 25 to 59 years, and each regional health center of the State of Sergipe provided care to 120 of them. Table 1 shows the different opinions with respect to access and difficulties in undergoing the Papanicolaou test, delivery of the results of the tests, and patient referrals. Among the 840 users interviewed, 176 reported difficulties in scheduling preventive examination over the Internet, and 184 stressed the delay in obtaining the results of the tests. While 176 users reported that there were no infrastructure and materials problems, 88 did not find problems in patient referrals.

The difficulty experienced by users to have access to the Unified Health System to collect material for the cytopathologic examination can be one of the reasons for non-fulfillment of the goals of the health centers. Many women find it difficult to schedule an appointment with a healthcare professional.

Another aspect that goes beyond the performance of preventive examinations, but which is of fundamental importance, concerns the training of primary healthcare professionals on early diagnosis of lesions that lead to cervical cancer. This specific training can considerably facilitate the treatment and increase the chance of success in fighting against this type cancer⁽⁹⁾.

Table 1. Difficulties, patient referrals, and delivery of the results of the tests after undergoing the Papanicolau test in the seven regional healthcare centers of Sergipe (2012 and 2013).

MORE FREQUENT ISSUES	Number	%
Institutional problems		
Delay in delivery of the results of the tests.	184	22
No problems with infrastructure and materials.	176	21
Difficulty in scheduling (Internet) or delay in the delivery of the previous results of the tests for scheduling an appointment.	176	21
No problems with patient referrals.	88	10
Personal problems		
Users' financial difficulties.	42	5
Difficulty in undergoing the test performed by male professionals.	92	11
Demotivation, embarrassment, or fear of undergoing the test.	46	5.5

The provision of services, availability, quality of human and technological resources, funding mechanisms, healthcare model, and information about the system are characteristics that affect the abovementioned access, mainly to schedule the

appointments and receive support and therapeutic diagnoses services⁽¹⁰⁾. Table 2 shows that there was a diversity of opinions with respect to the technical aspect for training the target public and evaluation of the healthcare provided.

Table 2. Observed strategies for access to the target public to perform the Papanicolau test in the seven regional healthcare centers of Sergipe (2012 and 2013).

MORE FREQUENT ISSUES	Number	%
Talks and leaflets.	23	3
Satisfactory healthcare and guidance.	88	10
No motivational activities.	59	7
Dissatisfaction with the healthcare provided.	92	11

To improve women's access to these services, strategies such as healthcare provided without prior scheduling, alternative schedules (nighttime or weekends), and active search of women in the age group of the program—especially those who have never undergone cytological examination—should be evaluated and implemented. The challenge is to implement population tracing with a range of at least 80% of the target population, a condition able to reduce morbidity and mortality⁽¹¹⁾.

However, obstacles are observed during healthcare provided to women, which make it difficult to maintain the privacy of the clients, namely: absence of a toilet in the doctor's office; doors of the doctor's offices without locks; and doctor's offices fitted with improvised partitions that allow listening the dialogues between the professionals and the clients⁽¹²⁾. Therefore, adequate infrastructure is a necessary condition for the quality of the services.

Education levels and incomes can lead to erroneous information about the disease and may also influence women's perception about the need to undergo the examination. Still, there is sometimes a devaluation of the public service and some women

choose to resort to private services. It is also believed that, in case the examiner is a man, the women can be afraid or embarrassed⁽¹³⁾.

With respect to feelings like embarrassment, fear of the examination, or objection on the part of women's partners, which are directly related to the search for the Papanicolau tests in basic health units, we observed that the feeling of embarrassment had the greatest impact when the test was performed by male professionals. Probably, this fact can be explained by a possible connotation of complicity between similar individuals, with the same anatomy and experiences of concealing the body, and from whom understanding can be expected. These negative feelings were exacerbated in the reports of 138 (15.5%) users:

[...] If it is a male nurse there, forget it; my husband won't let me [...] (JTH).

[...] my daughter does not do it with a male nurse, because she went there and her husband beat her [...] (VJN).

Demotivation and dissatisfaction regarding the waiting time for the appointments and delivery of the results of the tests were factors mentioned by the users.

[...] It takes too long to deliver the result of the test, there are results that have never been delivered, is it always the same conversation, it did not arrive [...] (MAH).

[...] trying to set an appointment can take several months; I find it very hard to undergo the examination; I'm going to show the result of the test today after three months [...] (MTM).

It is worth noting that the provision of services, availability, and quality of human and technological resources, as well as information, are features that affect access to public health services⁽¹⁰⁾.

The importance of access, including aspects of the organization and dynamics of the work process, and the importance of taking into account geographic and socioeconomic aspects was highlighted in different users' reports with respect to guidelines and services provided:

[...] the nurse always attends lectures; we also receive leaflets; you know, I don't have doubts [...] (ADF).

[...] there's no problem here; just the examination [...] (JUN).

[...] you know, I live too far away, I didn't come over here every day [...] (MJA).

[...] I can't leave my kids alone to come here and undergo the examination [...] (FAS).

[...] they don't distribute anything [...] (GSS).

Possibly, what caused the greatest dissatisfaction was that the users often go to health units in search of information with no success, in addition to the fact of not having their needs met.

To decrease the number of new cases of cervical cancer and ensure better quality of life for women affected by this disorder, it is critical that health workers provide healthcare following the referential framework of completeness with respect to individuality and meeting the specific needs of these women in their different life contexts. Such a concept could not be observed in the present study, as revealed in the following reports of dissatisfaction:

[...] it's complicated, you have to use the Internet and the problem starts; they scheduled my visit at a very distant location; the Reference Center is better; there are people dying and they don't do it [...] (FTR).

[...] everything depends on the Internet, when there's no vacancy we don't undergo the examination, we just stand in line, sleep and can't do it [...] (FTR).

On the other hand, some participants mentioned the importance of the examination and early diagnosis:

[...] we have to undergo the examination, yes, because we think that we have nothing and then we have a bad disease inside [...] (FRT).

[...] there are people who don't undergo the examination and, when they find out they have the disease, there's nothing to be done [...] (ASD).

In many cases, the failure in early diagnosis is explained by inadequate knowledge of the population about the disease and its asymptomatic condition, as well as the importance of the examination and the possibility of early treatment⁽¹⁴⁾.

It is worth noting that the integration of the health team has significant importance in the planning, implementation, and evaluation of health actions at its different levels of performance starting with primary healthcare. Finally, access and undergoing the examination of cervical cancer prevention constitute challenges in building integral care and elements of fundamental importance for the management and evaluation of services.

FINAL CONSIDERATIONS

In the present study, we found that the health regional centers of the State of Sergipe, Brazil, had a troubled trajectory with respect to the process of cervical cancer prevention. We observed lack of initiatives, materials, and physical structures in basic health units.

The knowledge of the population about the real meaning of the Family Health Strategy, the importance of cervical cancer prevention, as well as the participation of users by interacting with the professionals is essential to high-quality healthcare⁽¹⁵⁾.

The analysis of users' reports about primary healthcare services provided by the regional health centers of the State of Sergipe indicated that there was lack of physical structure, materials, and human resources, since these centers only provided preventive examination of cervical cancer without due concern for high-quality healthcare. Therefore, it is possible to affirm that there were failures in the prevention and monitoring of this disorder. It is necessary to invest in more information and guidance to strengthen health education.

PERCEÇÃO DE MULHERES SOBRE A ATENÇÃO PRIMÁRIA NO ÂMBITO DA POLÍTICA DO CÂNCER DE COLO UTERINO NO ESTADO DE SERGIPE

RESUMO

Este estudo objetivou avaliar a percepção das mulheres usuárias do serviço de saúde sobre a atenção básica quanto às ações de prevenção do câncer de colo do útero no Estado de Sergipe. Trata-se de uma pesquisa exploratória e descritiva, com abordagem quali-quantitativa, realizada com usuárias nas sedes das sete regionais de saúde deste estado. Foram realizadas entrevistas semiestruturadas e técnica de grupo focal, com amostra por conveniência de 840 mulheres de 25 a 59 anos de idade que realizaram o exame Papanicolau. Foi realizada distribuição de frequências dos dados quantitativos e a análise de conteúdo apontou cinco categorias: acesso e dificuldades para realização do Papanicolau; técnicas de captação de público-alvo; estrutura para encaminhamento; abrangência das secretarias; aspectos comportamentais das mulheres; e orientações ao público-alvo quanto à prevenção de colo uterino. A análise qualitativa demonstrou divergências entre os relatos das usuárias quanto ao acesso e dificuldades na realização do exame e técnicas de captação de público-alvo. Houve relatos importantes sobre aspectos comportamentais e, principalmente, sobre dificuldades de encaminhamento e condições de tratamento dos casos detectados. Torna-se necessário um profundo repensar por parte da equipe e, especialmente, dos gestores tendo como base os princípios que regem o conceito da atenção básica em saúde.

Palavras-chave: Atenção básica. Prevenção de câncer de colo uterino. Câncer de colo do útero.

PERCEPCIÓN DE MUJERES SOBRE LA ATENCIÓN PRIMARIA EN EL ÁMBITO DE LA POLÍTICA DEL CÁNCER DE CUELLO UTERINO EN EL ESTADO DE SERGIPE

RESUMEN

Este estudio tuvo el objetivo de evaluar la percepción de las mujeres usuarias del servicio de salud sobre la atención básica en cuanto a las acciones de prevención del cáncer de cuello uterino en el estado de Sergipe. Se trata de una investigación exploratoria y descriptiva, con abordaje cuali-cuantitativo, realizada con usuarias en las sedes de las siete regionales de salud de este estado. Fue realizada entrevista semiestructurada y técnica de grupo focal, con muestra por conveniencia de 840 mujeres de 25 a 59 años que realizaron la prueba de Papanicolau. Fue realizada distribución de frecuencias de los datos cuantitativos y el análisis de contenido señaló cinco categorías: acceso y dificultades para la realización del Papanicolau, técnicas de captación, estructura para encaminhamento amplitud de las Secretarías, aspectos de comportamiento de las mujeres y orientaciones al público blanco acerca de la prevención de cuello uterino. El análisis cualitativo demostró divergencias entre los relatos de las usuarias en cuanto al acceso y a las dificultades en la realización de la prueba y técnicas de captación del público blanco. Hubo relatos importantes sobre aspectos de comportamiento, y principalmente dificultades de encaminhamento y condiciones de tratamiento de los casos detectados. Se vuelve necesario un profundo repensar por parte del equipo y, especialmente de los gestores, teniendo como base los principios que regulan el concepto de la atención básica en salud.

Palabras clave: Atención básica. Prevención de cáncer de cuello uterino. Câncer de cuello uterino.

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