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GYNECOLOGICAL AND OBSTETRIC PROFILE OF USERS WHO PERFORM THE PAP SMEAR

PERFIL GINECOLÓGICO E OBSTÉTRICO DE USUÁRIAS QUE REALIZAM O EXAME PAPANICOLAU

PERFIL GINECOLÓGICO Y OBSTÉTRICO DE LAS USUARIAS QUE REALIZAN LA PRUEBA DE PAPANICOLAOU

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ABSTRACT

Objective: To identify the gynecological and obstetrical profile of women who undergo the Pap smear in a population in Northeast Brazil. **Methods:** Descriptive study with a quantitative approach, carried out in basic health units between 2014 and 2018. **Results:** Of the total of 724 women assisted, 33.7% (n=244) were aged ≥48 years and 64.2% (n=465) self-declared brown. The most prevalent age group at menarche was 13 to 15 years old, with 46.1% (n=334), and that of coitarche was 16 to 18 years old, with 39.1% (n=283). The data also showed that 58.6% (n=424) had 1 to 5 pregnancies and 32% (n=232) reported their first pregnancy between 18 and 21 years old. **Conclusion:** Knowing the profile of this population is of paramount importance for identifying the main vulnerabilities of the group, so that health promotion, protection and recovery strategies are consistent with the reality experienced by these women.

Descriptors: Uterine Cervical Neoplasms; Women Health; Nursing.

RESUMO

Objetivo: Identificar o perfil ginecológico e obstétrico de mulheres que realizam o exame Papanicolau em uma população do Nordeste, Brasil. **Métodos:** Estudo descritivo com abordagem quantitativa, realizado em unidades básicas de saúde entre os anos de 2014 e 2018. **Resultados:** Do total de 724 mulheres atendidas, 33,7% (n=244) tinham idade ≥48 anos e 64,2% (n=465) se autodeclararam pardas. A faixa etária mais prevalente da menarca foi de 13 a 15 anos, com 46,1% (n=334), e a da coitarca foi de 16 a 18 anos, com 39,1% (n=283). Os dados ainda evidenciaram que 58,6% (n=424) tiveram de 1 a 5 gestações e 32% (n=232) relataram a primeira gestação entre 18 e 21 anos. **Conclusão**: Conhecer o perfil desta população é de suma importância para identificação das principais vulnerabilidades do grupo, de modo que as estratégias de promoção, proteção e recuperação da saúde sejam condizentes com a realidade vivenciada por essas mulheres.

Descritores: Neoplasias do Colo do Útero; Saúde da Mulher; Enfermagem.

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RESUMEN

Objetivo: Identificar el perfil ginecoobstétrico de mujeres que se realizan el Papanicolaou en una población del Nordeste de Brasil. **Métodos:** Estudio descriptivo con abordaje cuantitativo, realizado en unidades básicas de salud entre 2014 y 2018. **Resultados:** Del total de 724 mujeres atendidas, 33,7% (n=244) tenían edad ≥48 años y 64,2% (n=465) marrón autodeclarado. El grupo etario más prevalente de menarquia fue de 13 a 15 años, con 46,1% (n=334), y el de coitarquia fue de 16 a 18 años, con 39,1% (n=283). Los datos también mostraron que el 58,6% (n=424) tuvo de 1 a 5 embarazos y el 32% (n=232) reportó su primer embarazo entre los 18 y los 21 años. **Conclusión:** Conocer el perfil de esta población es de suma importancia para identificar las principales vulnerabilidades del grupo, para que las estrategias de promoción, protección y recuperación de la salud sean acordes a la realidad que viven estas mujeres.

Descriptores: Neoplasias del Cuello Uterino; La salud de la mujer; Enfermería.

INTRODUCTION

Cancer is a public health problem worldwide, especially in developing countries. The breadth and severity demonstrated by records and estimates of cancer worldwide give an idea of how neoplastic diseases have become a major global public health problem, where in 2018 9.6 million deaths were recorded, of which 70 % occurred in low- and middle-income countries.[1] In the 2014 World Cancer Report of the International Agency for Research on Cancer (IARC), of the World Health Organization (WHO), it is pointed out that more are expected for the year 2025 of 20 million new cases of cancer.[2]

The main cause of cervical cancer (CCU) is the antecedent infections of the Human Papilloma Virus (HPV). Prior infection with this virus as the main risk factor for this neoplasm has been evidenced in several epidemiological studies and by the Pan American Health Organization (PAHO).[3] Only a few types of this virus lead to cervical cancer, the so-called oncogenic. The Papanicolaou test, in Brazil and in many countries, is the main technique most adopted for screening and early detection of CC. Also known as a preventive exam, cytopathological exam, in addition to being a low-cost exam for the Health System, it is a simple exam that allows the tracking of up to 80% of cases of Cervical Cancer. Studies show that in countries where the coverage of this test is more than 50%, the mortality rates per 100,000 women are around three women per year, when this coverage increases by 70%, the rate fell to two or less per 100,000 women per year.[4]

It is known that the prevalence of HPV infection and the occurrence of precursor lesions of CC are connected. However, positive associations have been verified between the infection, the lesions and some peculiarities of this woman's life. These peculiarities, also called risk factors,

can be divided into those documented experimentally and epidemiological or clinical ones. Among these risk factors, immunological factors, life style, age, marital status, educational level, use of contraceptives, reproductive health, sexual history, and Sexually Transmitted Infections (STIs) can be mentioned. Women who undergo the Pap smear, contributes to portray the sociodemographic and obstetric factors in order to track previously influential susceptibility to cervical cancer.

However, in view of the problem of cervical cancer for public health, it is necessary to develop strategies to improve health promotion and to plan these strategies, it is essential to know the characteristics and needs of this public. In this way, knowing the aspects related to the sexual and reproductive health of women who undergo the Pap smear is pertinent to collaborate with the elaboration of public policies focused on the local reality, knowing the real needs of the target population, as well as the main existing problems. Given the context presented, this work aims to describe the gynecological and obstetric profile of users who perform the Papanicolaou in a population in the Northeast, Brazil.

METHOD

This is a descriptive cross-sectional study, with a quantitative approach, carried out with users of primary care, who attended the gynecological nursing consultation for the Pap smear, between 2014 and 2017, in the city of Arapiraca, Alagoas. The final sample consisted of 724 women who sought the service to undergo the Papanicolaou test, these women were invited to participate in the research, where information about the research was presented: objective, importance, risks and benefits and delivered to each study participant the Free and Informed Consent Form – TCLE, which were read and signed to start data collection. The study consisted of women selected according to the following criteria: being at the UBS and health centers to undergo the Papanicolaou test,Free and Informed Consent (TCLE). As for the exclusion criteria: women under the age of 18 and women who were in the pregnancy or menstrual period.

Data collection was carried out through a semi-structured questionnaire, containing 301 questions, 22 of which included this study. The contemplated variables were questions about sociodemographic characteristics, gynecological and obstetric history and frequency of performing the Pap smear among women. In this research, data were entered into Microsoft Excel 2010

spreadsheets, and descriptive analysis was performed using SPSS version 22.0. According to Resolution 466/2012 of the National Health Council (CONEP), this study was carried out considering respect for human dignity and the special protection owed to participants in scientific research involving human beings. The study was previously approved by the National Research Ethics Committee of the Federal University of Alagoas (UFAL), under opinion No. 739.

RESULTS

According to the results found, it was evident that of the 724 research participants, 33.7% (n=244) were aged ≥48 years, 97.7% (n=707) lived in the urban area and 64.2% (n=465) self-declared brown. It is worth adding that 50.7% (n=367) of the participants were married, 42.3% (n=306) had not completed elementary school and 6.2% (n=45) had completed higher education. Table 1 describes the aforementioned data.

Table 1. Sample distribution according to the sociodemographic variables of the women participating in the study. Northeast, Brazil, 2018.

Sociodemographic Characteristics	%	Frequency
Age		
18-23	11.6%	84
24-29	12.4%	90
30-35	15.7%	114
36-41	14.1%	102
42-47	12.4%	90
≥48	33.7%	244
Zone		
Urban	97.7%	707
Rural	2.3%	17
Ethnicity		
White	26.9%	195
Brown	64.2%	465
Black	6.8%	49
Yellow	1.9%	14
Indigenous	0.1%	1
Education		
Illiterate	8.5%	62
Elementary Incomplete	42.3%	306
Elementary Complete	7.2%	52
Medium Incomplete	9.9%	72
High School Complete	22%	159
Incomplete higher	3.9%	28
Graduated	6.2%	45
Marital status		
Single	20.4%	148
Married	50.7%	367
Widow	7.3%	53
Separated/divorced	10.2%	74
Consensual/stable union	11.3%	82

Source**:**authors' data.

Regarding the gynecological profile of women who underwent the Pap test, it was noted that 283 women had their first sexual intercourse between 16 and 18 years old and 178 women aged 21 or more. Representing 39.1% and 24.6% respectively. Regarding the number of sexual partners, most reported having had only one partner (47.7%) and 46.8% of 2 to 5 partners during life. When asked whether these women felt pain or another problem during sexual intercourse, the vast majority 59.9% denied that there was any discomfort in the relationship. Data on the beginning of menarche showed a higher frequency was found in the range of 13 to 15 years of age (46.1%), however, it is noteworthy that 45.6% had the beginning of menarche in the range of 10 to 12 years. As for the frequency of menstruation, 67% reported that their periods were similar. As for the presence of leukorrhea, 47.2% reported some vaginal discharge. Regarding contamination with a Sexually Transmitted Infection (STI), 88 (12.2%) reported having been infected at some point in their lives. Only 201 (27.8%) women were in menopause and 16 (2.1%) were unable to give an opinion on this variable. Table 2 presents the data found.

Table 2. Sample distribution according to the gynecological variables of the women participating in the study. Northeast, Brazil, 2018.

Gynecological variables	%	No
Age at first sexual intercourse (sixarch)		
≤12 years	3.6%	26
13-15 years	20.9%	151
16-18 years old	39.1%	283
19-20 years	11.9%	86
≥21 years	24.6%	178
Number of Partners		
1 partner	47.7%	345
2-5 partners	46.8%	339
6-9 partners	2.3%	17
10-13 partners	1.4%	10
≥14 partners	1.8%	13
Do you experience pain or other problems during sexual intercourse?		
Yes	40.1%	290
No	59.9%	434
How old were you when you had your first period (menarche)?		
≤9 years	1.2%	9
10-12 years	45.6%	330
13-15 years	46.1%	334
16-18 years old	6.6%	48
≥19 years	0.4%	3
Similar menstrual periods?		
Yes	67%	485
No	33%	239
Do you have any vaginal discharge?		
Yes	47.2%	342
No	52.2%	378
I didn't know how to answer	0.6%	4
Have you ever had an STI?		
Yes	12.2%	88
No	87.8	636
Are you in menopause?		
Yes	27.8%	201
No	70%	507
I didn't know how to answer	2.2%	16

Source: data from the authors.

As for the obstetric profile, it is noteworthy that the majority (58.6%) reported that they had 1 to 5 pregnancies and that the age of the first pregnancy, in 32% of the women, occurred between 18 and 21 years, followed by 21, 2% aged 14 to 17 years. It should be noted that 13.5% of the women who participated in the study never became pregnant. Regarding the number of abortions, 20.2% of women had at least 1 abortion. Data related to the mode of delivery and breastfeeding represented 40.6% of the women who had 2 to 5 vaginal deliveries and 27.3% had at

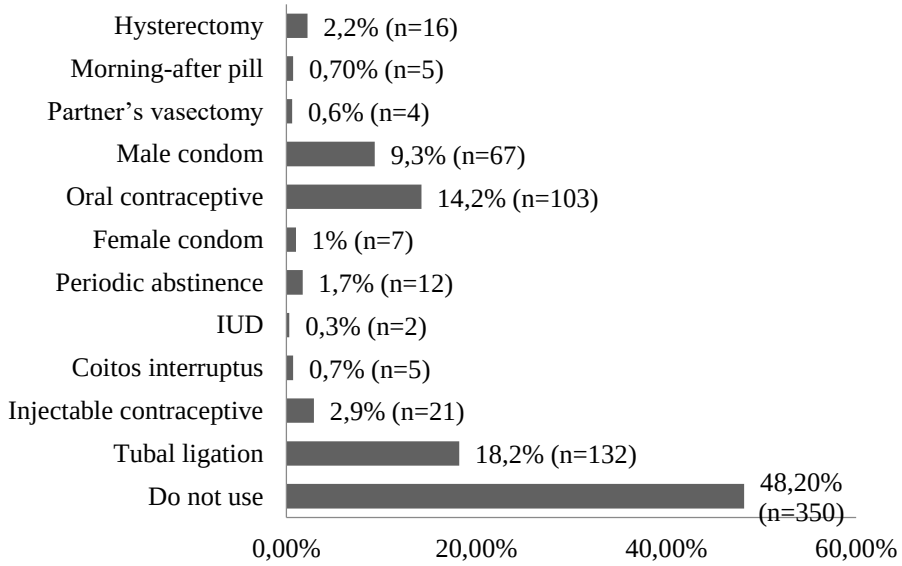
least 1 cesarean section and 75.4% of the women breastfed their children (Table 3).

Table 3. Sample distribution according to the obstetric variables of the women participating in the study. Northeast, Brazil, 2018.

obstetric variables	%	Frequency
Number of pregnancies		
1 pregnancy	15.9%	115
1-5 pregnancies	58.6%	424
6-9 pregnancies	8.8%	64
10-13 pregnancies	2.3%	17
≥14 pregnancies	0.8%	6
Never got pregnant	13.5%	98
Age of first pregnancy		
≤13 years	1.3%	10
14-17 years old	21.2%	153
18-21 years	32%	232
22-25 years	17%	123
26-29 years	9%	65
≥30 years	6%	43
Never got pregnant	13.5%	98
Number of abortions		
0 abortions	60.2%	439
1 abortion	20.2%	146
2-5 abortions	6.1%	41
Never got pregnant	13.5%	98
Number of normal births		
0 births	36.3%	263
1 delivery	15.5%	112
2-5 births	40.6%	294
6-9 births	5.9%	43
10-13 births	1.1%	8
>14 births	0.6%	4
Number of cesarean deliveries		
0 births	57.9%	419
1 delivery	27.3%	198
2-5 births	14.5%	105
6-9 births	0.3%	2
Did you breastfeed the children?		
Yes	75.4%	551
No	11.1%	75
Never got pregnant	13.5%	98

Source: data from the authors.

Regarding the contraceptive method used, it was noted that 48.2% did not use any type of contraceptive method, 18.2% reported having undergone tubal ligation, 14.2% and 2.9% used oral and injectable contraceptives, respectively, and only 9.3% use male or female condoms (1%). The other methods used are shown in Figure 1.



Source: authors.

Figure 1– Distribution of samples according to the type of contraceptive method used. Northeast, Brazil, 2018.

DISCUSSION

According to the results found, the age group of women who most sought Basic Health Units to perform the Papanicolaou test was greater than or equal to 48 years. Comparing with a study 6 that showed that in the age group of 25-34 years, the screening for CC is opportunistic and occurs when these women attend the Basic Health Units for care related to birth, corroborate with the data of this study where in the age group 24-29 and 30-35 years old who underwent the Pap test was 90 and 114 women, equivalent to 12.4% and 15.7% respectively. According to the Ministry of Health, the onset of risks for the appearance of cervical cancer (CC) begins in the age group between 25-29 years.

Considering the fact that cancer is more common in more advanced age groups, where 75% of neoplasms occur in individuals over 60 years of age,8 the women who most need the screening test are the ones who least seek it out. This justifies the high mortality rates and late diagnoses for cervical cancer.[9] In a survey carried out in the city of Vitória - ES, 70.9% of the women who took part in the survey were elderly, illiterate and with incomplete primary education, corroborating with the findings of this research. The authors of the research in Vitória justified the findings through a

bibliographic review that associated the low coverage of the Papanicolaou test and the non-treatment of precursor lesions with high age, low education, low socioeconomic status and brown skin color.

With regard to marital status, studies show that women who are married or have a stable consensual union are more susceptible to HPV infection, the main risk factor related to cervical cancer. This is justified by the fact that single women, even with a greater number of partners, compared to married women or those in a stable relationship, make more frequent use of male or female condoms, thus showing less association with HPV infection.[11] The onset of sexual activity (sexarche), is also a risk factor for the development of Sexually Transmitted Infections (STI) and consequently for HPV. Early sexual intercourse makes women more vulnerable to carcinogenic factors, since in adolescence hormone levels are not yet stabilized and the uterine cervix is not yet fully formed.[12]

As for the number of sexual partners, this study showed that 47.7% had only one sexual partner and 46.8% had between 2 and 5 partners. Women with more than three sexual partners have a 3 to 4 times greater risk of developing precursor lesions of CC secondary to HPV compared to women with only one partner.[13] This multiplicity of partners, associated with not using condoms, also increases the risk for the contamination of Sexually Transmitted Infections and consequently the Human Immunodeficiency Virus (HIV) that favors the development of cervical cancer.[14]

The earlier the sexarch, the longer the exposure to infectious agents will be. It is important that health professionals hold this information to subsidize work related to attention to sexuality with adolescents to reduce the risks of early sexual initiation, unwanted pregnancy, as well as the changes inherent in this phase of life. In the analysis of menarche age, an early onset of menstrual cycles was evidenced. Corroborating with a study conducted in Fortaleza where it was demonstrated that most women had the beginning of menarche between 12 and 14 years. It should be noted that the initial phase of adolescence occurs through the beginning of menarche, the earlier this fact happens, the greater the risk for the onset of early coitarca, due to the physical, emotional, sexual and hormonal development of adolescence.[15]

Research carried out in Rio Grande do Sul and Ceará showed that the reason that most stood out among women for the motivation to perform the Papanicolaou test was to have a complaint or health problem related to the lower genital tract.

It can then be seen that the curative health view still predominates in society and the search for health services only happens when there is a symptom and not with the aim of health prevention.[16] Likewise, with regard to questions about pain during sexual intercourse, frequency of menstruation, vaginal discharge (leucorrhoea) and menopause, found in this study. Among the risk factors for the development of CC, the main one is contamination by a sexually transmitted infection (STI), mainly HPV. With contamination, a precancerous lesion of the cervix can evolve faster than expected.[7] Among the women interviewed, 88 (12.2%) had or had had an STI.

The number of pregnancies is also an important risk factor for the development of changes in the cervix. In one study, 70.8% of women with five children or more had cervical injuries. The burden of family care on women ends up contributing to their health being in the background.[17] In addition, it is believed that many of these women have unprotected sex, increasing the risk of exposure to HPV. CC is the most common neoplasm associated with pregnancy, since during pregnancy there is an imbalance in the vaginal flora, favoring the appearance of HPV and other infectious agents.[18]

There are some factors arising from behavioral characteristics such as early initiation of sexual life, high number of partners and multiparity, mentioned earlier in this study, there are also other risk factors of great relevance such as abortion, the use of oral contraceptives and the use of condoms.[19] Oral contraceptives' use for a long time is considered one of the risk factors for the occurrence of CC. The women investigated in this study used a variety of contraceptive methods, but a worrying fact to highlight is that 48.2% of the women denied using any type of contraception. Only 1% reported using the female condom, corroborating with studies that demonstrate that the use of this device is still not adequately disseminated. Failure to use a condom contributes to vulnerability to STIs and the risk of developing cervical cancer.[20] Additionally, only 9.3% reported using a male condom, a situation that demonstrates the low prevention not only of an unplanned pregnancy, as well as the low prevention of STIs.

Our study presented as a limitation the absence of the findings described in the report of the Papanicolau examination of the investigated women. In addition, it is observed that the majority of the studied public presents important associated risk factors for cervical cancer, and our study for presenting a profile result, did not seek to investigate the reasons that trigger such vulnerability.

CONCLUSION

The analysis of the gynecological and obstetrical profile of users who underwent the Pap smear in a population in the Northeast shows that knowing the profile of this population is of paramount importance for identifying the main vulnerabilities of the group, so that strategies for promotion, protection and recovery of health are consistent with the reality experienced by these women. Given such information, it is important for health professionals, especially nurses, to promote health education activities with a focus on promoting the sexual and reproductive health of these women. It is expected that the analysis of the profile outlined in this research will enable the development of new research with this clientele, with a greater aim of improving health care in this group.

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