

ACCESS AND KNOWLEDGE OF QUILOMBOLA WOMEN ABOUT CERVICAL CANCER SCREENING



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ABSTRACT

Introduction: The main form of prevention of cervical cancer is the periodic performance of the Pap smear, however many women in vulnerable situations, especially quilombolas, do not undergo it due to difficulties in accessing health services. **Objective:** To analyze the knowledge and access of quilombola women assisted by the Comprehensive Women's Health Care Policy on the preventive examination for cervical cancer, in the municipality of Vargem Alta, in the interior of Espírito Santo. **Method:** This is a cross-sectional, descriptive study with non-probabilistic convenience sampling. Data collection was carried out with the quilombola women through a semi-structured questionnaire. Subsequently, a descriptive analysis of the results was performed. **Results:** The mean age was 45 years. Most women are married (n=19, 61.29%), have a low level of education, income of up to one minimum wage (n=27; 87.09%) and the Unified Health System is the preferred way to seek health services (n=29; n=93.54). Low knowledge and provision of guidance on cervical cancer was identified. The main difficulty encountered in performing the test was the distance from the Basic Health Unit (n=27; 87.09%). **Final considerations:** It was possible to identify that the main barrier that hinders the access of these women to the preventive exam is the distance from the health unit. Thus, it is essential to propose public policies that promote equity of access and education on this topic.

Keywords: Health Care. Equity in Access. Women's Health. Pap smear.

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INTRODUCTION

Cervical cancer (CC) is a chronic disease originating from intraepithelial alterations that can be modified in an invasive process (WHO, 2014). This disease is one of the leading causes of cancer death among women living in developing countries. Worldwide, CC is the fourth most frequent type of cancer diagnosed and the fourth leading cause of death in women, behind breast, lung, and colorectal cancer (Sung et al., 2021).

The Pap smear is the main method for the early detection of cervical cancer, known for being a powerful instrument, offered free of charge in Brazil, responsible for reducing the morbidity and mortality of Brazilian women. Brazil was one of the first countries to offer the preventive exam, in the mid-40s, to women over the age of 25 who had not undergone the preventive exam (Brasil, 2013; INCA, 2016).

The Pap smear is quick, painless, simple and makes it possible to diagnose in the early stage of the disease, before the appearance of symptoms. It is offered by the public health network and performed by qualified and prepared health professionals (Silveira et al., 2018). In addition, it has a low unit cost and is considered useful for long-scale use. In view of so many benefits, it is pointed out as an effective means of prevention due to its high particularity, reducing the chances of unnecessary interventions and treatments (Tomasi et al., 2015).

With regard to access to health services, especially the preventive examination for cervical cancer, some groups of women may be more vulnerable, such as quilombola women. Quilombola women are considered a group in social vulnerability, which among the many barriers experienced is the difficulty in accessing health services, mainly for reasons of geographic location, as it is basically rural, far from basic services (Prates et al., 2018; Oliveira et al., 2015).

The debates surrounding the health of quilombola women are constantly at the conference center, as it is not considered in the desired conditions, given the high number of illiteracy, which influences social and health determinants, and a lower accessibility of this population to gynecological care and obstetric care (Fraga; Sanino, 2015).

The research is justified by the need to understand the specific challenges faced by quilombola women in accessing cervical cancer screening, theoretically contributing to the deepening of knowledge about inequalities in access to health and, in practice, to the formulation of inclusive and equitable public policies.

Thus, this article aims to analyze the knowledge and access of quilombola women

assisted in the Comprehensive Women's Health Care Policy about the preventive examination for CC, in the municipality of Vargem Alta, in the interior of Espírito Santo.

METHOD

This is a cross-sectional and descriptive study carried out on the premises of the Basic Health Unit of Prosperidade, a municipal entity, located in the state of Espírito Santo, Vargem Alta. The unit serves a mixed territory composed of rural and urban areas with approximately 208 registered women.

The target population was composed of quilombola women registered in the Basic Health Unit, in the territory of Prosperidade, in the locality of Pedra Branca, in the municipality of Vargem Alta, State of Espírito Santo. This is a non-probabilistic convenience sample.

Quilombola women in the age group of 25 to 64 years who agreed to participate in the research were included. The criterion for choosing the age group participating in the study is in accordance with Brazilian recommendations, in which screening by the Pap smear is recommended in the target population of women between 25 and 64 years old, who have already had sexual intercourse (Oliveira et al., 2018). As an exclusion criterion, we considered those quilombola women who did not fully answer the questionnaire.

For data collection, all quilombola women who attended the Basic Health Unit during the data collection period and met the inclusion criteria were approached and invited to participate in the research. Those who agreed to participate in the research and signed the Informed Consent Form (ICF) were invited to answer the questionnaire, which was conducted through an interview with the main researcher, in a private room located in the unit itself, to guarantee privacy and minimize embarrassment.

Data collection was carried out through a semi-structured questionnaire with questions that answer the research problem and meet the proposed objective, which are: questions related to socioeconomic characteristics, sexual and gynecological profile and women's knowledge about the Pap smear.

Regarding the socioeconomic variables: age, education (incomplete elementary school, complete elementary school, complete high school, incomplete higher education, complete higher education), family income (up to 1 minimum wage, 1 to 2 minimum wages, 2 to 3 minimum wages), marital status (single, married/stable union), occupation (paid work, absence of paid work), main source of support for the family (yes, no) and place of

residence (urban, rural).

As for the gynecological profile: Preventive gynecological examination (Knows, does not know and or/never aroused interest), what is your frequency of performance (once a year, every two years, every three years), what is the frequency of performance that you consider ideal (annually, two consecutive years, every three years), Pregnancies: (No; 1 or 2; 3 or 4; 5 or more) and number of Children (None; 1 or 2; 3 or 4; 5 or more). Uses contraceptive methods (yes, no, doesn't know).

The research variables of the women's knowledge include: Which place do you perform or have already performed the exam (Basic Health Unit, private, hospital), when you performed it for the first time (before the age of 25, never performed, after 25 years), From what age should the exam be performed (when intercourse begins, when you feel something, after 25 years), Which place do you perform or have you already performed the exam?; Have you heard about the CC prevention exam?; How old were you for the first time?; If you have never done it, what is the reason?; Have you heard about the importance of the exam for what purpose?; From what age do you think you should take the exam?; What leads you to take the exam?; Have you had a breast examination before the speculum examination?; What do you think of the Pap smear and why?; Could you say two necessary precautions that the woman should take to perform this exam?.

The collected information was organized in a Microsoft Excel© spreadsheet and analyzed using descriptive statistics, with absolute and relative frequencies, in IBM SPSS Statistics for Windows, version 22.0.

The project was presented to the municipality's Health Department for approval. After that, it was submitted to the approval of the Research Ethics Committee (CEP) of the School of Sciences of Santa Casa de Misericórdia de Vitória, in accordance with Resolution No. 466/2012 that approves the guidelines and regulatory standards for research involving human beings and Resolution No. 510/2016 determines specific ethical guidelines for the human and social sciences (CHS), both from the National Health Council. The project was approved by the CEP of the School of Sciences of Santa Casa de Misericórdia de Vitória under opinion No. 5.969.848 (CAAE 67200823.0.0000.5065).

All participants were explained about the study and signed the ICF. They were informed that they can withdraw their consent at any time during the research.

RESULTS

The present study investigated 31 quilombola women in the municipality of Vargem Alta, Espírito Santo State, Brazil, who lived in rural areas, with a mean age of 45 years (max: 64; min: 25) (Table 1).

Most women were married (n=19; 61.29%) and had a low level of education, with a predominance of incomplete high school (n=14; 45.16%), complete and incomplete elementary school (n=6; 19.35% and n=7; 22.58%, respectively) (Table 1).

The predominance of family income was one minimum wage (n=27; 87.09%) and women were the main source of income in 48.38% of the sample (n=15). As for the main form of health care, SUS was mentioned by 29 (93.54%) women and private by two (6.45%) (Table 1).

Regarding the sexual and gynecological profile, Table 2 shows that most of the quilombola women investigated in this study had their menarche before the age of 15 (n=22; 70.96%).

Among the 31 interviewees, only one reported never having had the preventive exam. Regarding the last performance of this test, 13 (41.93%) reported not knowing or not remembering, 8 (25.80%) less than three years ago and 9 (29.03%) more than three years ago.

Table 1. Socioeconomic profile of quilombola women. Vargem Alta, Espírito Santo, 2023. (N=31)

	n	%
Age	Media 45 (H64 – min 25)	
Marital status		
Single	8	25,82
Married woman	19	61,29
Widow	1	3,22
Separate	2	6,45
Other	1	3,22
Schooling		
Illiterate	1	0,32
Incomplete elementary school	7	22,58
Complete elementary school	6	19,35
Incomplete high school	14	45,16
Complete high school	1	0,32
Complete technical education	0	0,00
Incomplete higher education	1	0,32
Complete higher education	1	0,32
Postgraduate studies	0	0,00
Income		
Two salaries	4	12,90
A salary	27	87,09
Women as the main source of income		
Yes	15	48,38

No	16	51,61
Place of residence		
Rural	31	100,0
Preferred form of health care		
THEIR	29	93,54
Health insurance	0	0,0
Particular	2	6,45

Source: prepared by the authors, based on data available in the SUS: Unified Health System, 2024.

Regarding the frequency of Pap smears, most reported that they have them annually (n=12; 38.70%), followed by 6.3% (n=8) that they have them done in more than 3 years and 19.35 (n=6) every two years. The preferred location for the test is the Basic Health Unit (n=29; 93.54%) (Table 2).

Table 2. Sexual and gynecological profile of quilombola women. Vargem Alta, Espírito Santo, 2023. (N=31)

	N	%
Age of menarche		
< 15 years	22	70,96
15 to 18 years old	9	29,03
Underwent a preventive exam		
Yes	30	96,77
It never aroused interest	1	3,22
When was the last time you had a preventive exam		
Don't know or don't remember	13	41,93
< 3 years	8	25,80
> 3 years	9	29,03
I never did it	1	3,22
How often to perform		
I never did it	1	3,22
< 1 years	2	6,45
Annually	12	38,70
2 in 2 years	6	19,35
3 in 3 years	2	6,45
> 3 years	8	6,3
Place of the exam		
Basic Health Unit	29	93,54
Private clinic	1	3,22
Other	1	3,22
Pregnancies		
No	4	12,30
1 or 2	11	35,48
3 or 4	13	41,93
5 or more	3	9,67
Offspring		
No	4	12,30
1 or 2	11	35,48
3 or 4	13	41,93
5 or more	3	9,67
Contraceptive method		
No	16	53,33

Yes	13	43,33
Don't know	1	3,33

Source: prepared by the authors, based on data available in the SUS: Unified Health System, 2024.

Regarding pregnancies and children, four (12.30%) women indicated that they did not become pregnant. Of those who had previously been pregnant, 13 (41.93%) had three or four; 11 (35.48%) had one or two and three (9.67%) reported five or more pregnancies. The same gestation pattern found was followed for the number of children (Table 2).

Still in the sexual and reproductive profile, in relation to the use of contraceptive methods, 16 women (53.33%) do not use any method and one (3.33%) does not know what they are (Table 2).

Regarding the women's perception and knowledge about the preventive exam, as shown in Table 3, 83.87% (n=26) reported never having heard about cervical cancer and 61.29% (n=19) had not received previous guidance on performing the Pap smear. Of those who reported receiving some guidance, there was a predominance of cervical cancer prevention (n=7; 58.33%).

The main motivation for the performance reported was prevention (n=21; 67.74%) and health problems (n=9; 29.03%), and what most think of the test is that it means health care (n=30; 96.77%). Age under 25 years was considered ideal for the first time by 22 women (70.96%) (Table 3).

Regarding breast examination, commonly performed in the preventive exam consultation, three (9.67%) women reported that they did not offer it and 14 (45.16) reported only that they did not undergo it (Table 3).

The fact of not having menstruated (n=18; 58.06%) for the test was the main precaution identified by the interviewees, followed by not having sexual intercourse in the last 24 hours (n=12; 38.70) prior to the Pap smear. None of the interviewees reported being careful not to use douches or vaginal creams during the 48 hours prior to the examination, and only one reported not knowing any specific care (Table 3).

Table 3. Perception and knowledge of quilombola women about preventive examination. Vargem Alta, Espírito Santo, 2023. (N=31)

	N	%
Heard about cervical cancer		
No	26	83,87
Yes	5	16,12
Received guidance on preventive exam		
No	19	61,29
Yes	12	38,70

What guidelines (n=12)		
Prevent cervical cancer	7	58,33
Other purposes	3	25,00
Don't know/Don't remember	2	16,67
Age you should perform for the first time		
Over 25 years old	9	29,03
Under 25 years old	22	70,96
Motivation to take the exam		
Health problems	9	29,03
Prevention	21	67,74
Other	1	3,22
Breast examination performed before speculating		
Yes	14	45,16
No	14	45,16
Not offered	3	9,67
What do you think of the Pap smear		
Health care	30	96,77
Unnecessary for health	1	3,22
Necessary precautions to perform the exam		
Not having sex in the 24 hours before	12	38,70
Not being on your period	18	58,06
Do not use douches or vaginal creams in the 48 hours before the exam	0	0
Don't know	1	3,22

Source: prepared by the authors, based on data available in the SUS: Unified Health System, 2024.

In Table 4, in relation to access, most women reported difficulty due to distance and/or lack of transportation (n=27; 87.09%). The mean distance reported between the health unit and the home was 12 km (max.: 16 km; min.: 9 km). Regarding the delay in scheduling, four women (12.90%) reported the problem.

Table 4. Access to health services for preventive exams by quilombola women. Vargem Alta, Espírito Santo, 2023. (N=16)

	n	%
Greater difficulties for care in health services		
Difficult access to the site (distance and/or lack of transportation)	27	87,09
Waiting time for scheduling	4	12,90
You have health insurance		
Yes	1	3,22
No	30	97,77
Preferred place of service		
Basic Health Unit	25	80,64
Other	6	19,35

Source: prepared by the authors, based on data available in the SUS: Unified Health System, 2024.

The Basic Health Unit is the main form of access to the preventive exam for 25 (80.64%) women participating in the study. Regarding health insurance, 97.77% (n=30) of the interviewees reported not having it (Table 4).

DISCUSSION

The results of this study indicated a low supply of information by health professionals about CC and low knowledge on the subject on the part of quilombola women. It was found that the preferred form of access to health services is the SUS and the place to perform the exam is the Basic Health Unit.

The study, developed in the interior of Espírito Santo, a predominantly rural location, found women aged between 25 and 64 years, married, with low education and income, corroborating another study carried out in a quilombola community, located in Bahia (Fernandes et al., 2018).

Black women, quilombolas, are commonly found in contexts of extreme social vulnerability with low education and salaries (Berquó; Lago, 2016; Domingues; Saints; Leal, 2013). Social inequity, together with discrimination based on race/color, can contribute to the worst health outcomes in this population (Berquó; Lago, 2016; Domingues; Saints; Leal, 2013). This fact makes it essential to promote public policies of equity in health services for these women (Cruz, 2004).

Given the socioeconomic context and the absence of health insurance, the women reported that the SUS is the main form of access to health, as well as the Basic Health Unit the preferred place to perform Pap smears. The social differences and inequities experienced by the black and quilombola population provide many limitations that directly interfere with the use of health services that can cause the illness of this population (Pereira; Mussi, 2020). The limitation of economic resources influences the non-adherence to health plans and private health care services, causing this population to seek preferential care in the SUS (Arruda; Mayan; Alves, 2018).

Given the issues of difficulty in accessing health services, the main point reported by the interviewees was the high distance and lack of transportation to travel to the Basic Health Unit. Since the quilombola population is predominantly rural, the difficult access to health services by this population corroborates the literature found (Arruda; Mayan; Alves, 2018; Silva; File; Hamann, 2010; Barroso; Melo; Guimarães, 2015). Thus, the rates of low use of health services by this population are lower when compared to the general population (Barroso; Melo; Guimarães, 2015), even when in equal economic situations (Arruda; Mayan; Alves, 2018).

The principle of equity in access to health services is guaranteed through SUS legislation (Brasil, 1990), and the use of this service represents its way of functioning

(Travassos; Martins, 2004). Regarding the discussion of access, many authors (Travassos; Martins, 2004; Andersen; Newman, 1973; Dodabedian, 1973; Penchansky; Thomas, 1981) sought to explain its concept in health as a way of incorporating factors related to the individual, community and health service. However, it is important to highlight that the concept of access is not restricted only to the use or not of the service, but to the adequacy of resources to meet the needs of the individual (Travassos; Martins, 2004).

As a form of control of CC and comprehensive care of women's health, screening through the Pap smear test is recommended for anyone with a cervix in the age group of 25 to 64 years and who have already maintained sexual activity (INCA, 2016). According to data from the 2013 "Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey" (Vigitel), about 17.1% of women had not undergone the test in the last 3 years (Tiensoli; Felisbino-Mendes; Velasquez-Melendez, 2018). Data from the National Health Survey (PNS) 2013 and 2019 point to a reduction in the proportion of women who have never had the exam from 9.7% to 6.1%, respectively (Silva et al., 2023).

In our results, only one woman interviewed reported never having had the test before. However, we identified a low supply of information about the exam and a lack of timely breast exam in the Pap smear appointment. In health services, professionals need to be prepared for clinical practice and adequate transmission of health information. A study with primary care professionals, carried out in Minas Gerais, identified adequate knowledge about preventive examination and prevention of cervical cancer, but low attitude/practices in controlling the disease (Ferreira et al., 2022).

The preventive exam, in addition to diagnosing cervical cancer, also identifies human papillomavirus (HPV) infection, one of the main causes of this type of cancer (Nakagawa; Schirmer; Barbieri, 2010). Thus, limitations in access to health, poor knowledge about the prevention of CC, low income and schooling are worrying factors considering that Brazilian studies have found a high prevalence of human papillomavirus (HPV) in quilombola women (Lima Soares et al., 2003; Dias et al., 2021; Thuler; Aaron; Bergmann, 2014). In other countries, studies carried out with black women have identified a high risk for HPV and high rates of cervical cancer (Thuler; Aaron; Bergmann, 2014; Yoo et al., 2017).

In this context, the association between HPV infection and cervical cancer is a matter of concern, considering that one of the main prevention strategies, in addition to periodic Pap smears, is the use of condoms (contraceptive method) (Nakagawa; Schirmer;

Barbieri, 2010). The results of our study indicate that most women did not use contraceptive methods (53.33%), corroborating the literature (Dias et al., 2021).

Finally, in relation to knowledge about CC prevention and the performance of the Pap smear, it should be noted that allowing quilombola women access to information on the subject allows them to cope with fear and anxiety, and encourages care for their own bodies. In addition, social, cultural and access issues can influence the knowledge of preventive practices for CC, especially by quilombola women.

Among the limitations of our study, it is worth highlighting the sample size and the difficulty of access to women in the community. In addition, the scarcity of studies developed with quilombola women, specifically in relation to the theme worked, was a limitation for the discussion of the results found in our study. However, despite the limitations, it was possible to get to know the local reality of quilombola women in the interior of ES.

CONCLUSION

In this study, most quilombola women reported low income and dependence on government aid for family expenses. The great distance was the main difficulty for the preventive exam of most women. In addition, almost all of those investigated depended exclusively on public health services.

Although most women report having undergone the preventive exam a few times in their lives, they have limitations in their knowledge about the subject. The low supply of guidance reported by women about the preventive exam, as well as the low knowledge about it, are alarming situations that bring to light an urgent need to reformulate strategies for the effectiveness of public health actions.

Health professionals, especially professionals from the Basic Health Unit, are key players in the preventive actions of this type of cancer. Thus, it is up to the managers together with the Basic Health Unit teams, to formulate strategies and public policies, especially in Primary Health Care, to facilitate access and provide quality information and knowledge to these women.

This study has limitations, such as sample size and difficulties in accessing the participants, which may restrict the generalizability of the results. For future studies, it is recommended to expand the sample and explore different regions for more comprehensive comparisons.

Despite the limitations, the present study highlights the need for an equitable approach in the provision of health services, focusing on the barriers faced by quilombola women in accessing preventive screening for cervical cancer.

The results obtained in this study can help both society and academia to understand the unequal health conditions faced by quilombola communities and to reinforce the importance of public policies aimed at inclusion and equity in health care.

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