



## UNVEILING KNOWLEDGE AND PRACTICES OF BRAZILIAN COMMUNITY HEALTH AGENTS ON UTERINE CANCER

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### ABSTRACT

**Objective:** to analyze the knowledge and practices of Brazilian community health agents on the prevention of uterine cancer.

**Method:** convergent assistance research, with a qualitative approach. Thirteen community health workers participated in the interview stage. The analysis of the information was based on the Bardin content analysis.

**Results:** there was recognition of the importance of cytopathological examination for the prevention of cancer and doubt about the recommended interval for the examination. We also identified a gap related to the promotion of educational lectures as an incentive to the oncology cytology.

**Conclusion:** the knowledge of the community agents presented diversities involving the scientific base and the empirical knowledge and they use a suitable and comprehensible language. It was highlighted the need for training of professionals to promote the prevention of this type of cancer

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### INTRODUCTION

The Primary Health Care (PHC) in Brazil consists of essential elements such as actions of health education; basic sanitation; maternal and child care; prevention of endemic diseases; appropriate treatment to the most common diseases; basic pharmacy; healthy eating promotion and dispensation of micronutrients; and the appreciation of the complementary practices, in conformity with the perception of health as expression of human right (MENDES, 2012). In 2011, by means of the National Primary Health Care Policy (PNAB, acronym in Portuguese), a reorientation of the Health Unit System's (HUS) care model took place in the country. In this perspective, the Family Health Strategy (FHS) was

fundamental to contribute to the reformulation of the work processes of professionals and of the routine of the Basic Health Units (BHU). The FHS is recognized as a strategy of expansion, qualification and consolidation of primary care by favoring the reorientation of the work process with greater influence from its principles and guidelines, expanding the resolutiveness and the impact in communities' and people's health situations, in addition to propitiating an important cost-effectiveness ratio (BRASIL, 2012). In this case, the Community Health Agent (CHA) is the professional that acts in promoting the transformation of problem situations that affect the quality of life of people, families and communities, favoring changes. In order for the CHA's work to be effective, every person in the territory must be monitored by him, by means of home visits. Its performance, however, is not restricted to the home, taking place in the various community areas, such as churches, schools or in the BHU itself, appreciating the cultural issues of the community and

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integrating the common knowledge and the technical knowledge (CRUZ, 2014). The home visits are moments in which the CHA may develop with families, among other activities, actions on health education. This space gives opportunity collaborative intervention in every health change that may be prevented and/or treated in the Primary Health Care, among which we emphasize the Cervical Cancer (CC). This type of cancer stands out for high morbidity and mortality rates; it is the third most frequent tumor in female population (BRASIL, 2011), although, upon early detection of neoplasm, cure is obtained. The main strategy recommended by the Ministry of Health to prevent CC, is the provision of the Papanicolaou test, to track cervical lesions (BRASIL, 2001). Acting in prevention and early detection of this pathology is part of the set of actions of the Health Policies for Women's Health in Brazil. In this context, the FHS team must step in and the CHA has a fundamental role, since it is constantly in touch with the community. The present research assumes that the success of the team's action, in the search for the prevention of the CC, includes significantly the work of the CHA. Thus, this study aimed to analyze the knowledge and practices of the community health agents on the prevention of cervical cancer.

## MATERIALS AND METHODS

The methodological support used in this research was the Convergent Care Research (CCR), mediated by the qualitative approach. In the CCR, the convergence is the essential, that is, junction points of assistance actions and scientific research, in continuous dialogical action, in order to produce commitment actions between the work of the researcher and the group of assistance professionals, giving opportunity to produce new information, to structure knowledge and delineate actions (TRENTINI, 2014). The locus of the study was the city of Caxias, located in the State of Maranhão. Two BHUs were selected, one from an urban area and another from the countryside. In the study were included the CHAs that acted on the FHS of the municipality for at least one year and were fully performing their activities. Therefore, the study did not include professionals that acted on the FHS for a shorter duration, in vacation, or with diseases that prevented their locomotion, or on leave at the moment of the research. The first meeting, held at a public university, aimed to make explicit the intentions of the research and the proposals for the other meetings. In the end, those accepting to participate in the research signed the Consent Form (CF). Later, in March, interviews were conducted in the Health Units themselves. Thus, by prior invitation on the conduction of the research, 13 CHAs participated of the study in the interview stage, eight being from the urban area and five from the countryside. The data collection happened through an individual meeting in the BHUs to perform a half structured interview.

The research participants' speech, recorded in the interview, was transcribed in full for further analysis. The content analysis proposed by Bardin was taken as theoretical basis, consisting of the detailed reading of the entirely transcribed material; the identification of words and sets of words that made sense for the research; and the classification in categories that presented similarity regarding the syntactic or semantic criteria. (BARDIN, 2011). The research was conducted in conformity with the recommendations contained in the resolution n°466/2012 of the National Health Council (CNS, acronym in Portuguese), regarding ethical and legal

aspects of research involving human beings. The study was forwarded to the Research Ethics Committee of the University Hospital/UFMA, and approved under the Opinion n° 1.308.448.

## RESULTS AND DISCUSSION

Thirteen CHAs participated in the interviews. Of these, five were young adults ranging in age from 31 to 35 years old; four ranged from 36 to 40 years old; two in the range of 41 to 45 years old, one ranged from 25 to 30 years old and one older than 46 years old. Seven were female, whereas six were male. As for schooling, those with complete high school and complete higher education protruded, totaling five respectively; two with basic education and one with incomplete higher education. As for the amount of years of professional activity, seven of the participants confirmed a period ranging from 11 to 15 years, and six a period from 5 to 10 years. More than one decade of professional activity demonstrates the possibility of bonding with the community, both for the continuity in the assistance provided during the whole period as well as the low alternation of professionals working in the micro area, participating and being a faithful connoisseur of the peculiarities of these families.

### Categorization of the CHAs' knowledge regarding cervical cancer

Two categories emerged, the first: *Diversities of the CHAs' knowledge regarding cervical cancer*, originating two subcategories: the knowledge with scientific background regarding the CC and the empirical knowledge regarding the CC. The second category was denominated: *Actions of the CHAs for preventing the CC*. The participants at this stage of the interview were encoded by the initials CHA, followed by an ordinal number, in ascending order, according to the occurrence of the interviews that were transcribed preserving the original speech, read exhaustively.

### Category I: Diversities of the CHAs' knowledge regarding cervical cancer

It was identified that the CHAs' perceptions regarding CC exhibited a certain fragility when conceptualizing the disease. Most of them commented that the cytopathological examination is important for its prevention, however, the allocutions revealed unfamiliarity regarding the recommended time interval for examination. Only one participant explained in detail what would be an adequate frequency for its realization, evidencing a fragmentation of knowledge on the adequate age and the care prior to the examination.

### Subcategory: The knowledge with scientific background regarding CC

The following speeches indicate that most of the interviewees possess a knowledge permeated by scientific conception, oriented by instruction substantiated in the literature regarding CC. Furthermore, based on their answers, it is inferred what they may explain to the women in the everyday of their welfare practice.

The following reports can be captured, regarding cervical cancer:

[...] they are alterations in the cells that constitute the uterus, to change its cells, which performed their normal

*functions and this cancer leaves them with other functions, such as inflammation, deterioration of other cells and so on. (CHA 3). It is the increase of the cells in a disorderly manner which will bring other disturbances; in this case, this increase will happen in the cervix. (CHA 6)*

It is noted from the answers that the interviewees relate the concept of CC to the existence of alterations, at the cellular level, of the cervix, insinuating certain knowledge regarding the cancer's origin. They demonstrate notion about the subject by outlining essential aspects, using a language that is both simple and easy to understand. The use of a language that is accessible and capable of sensibilizing the women on this neoplasm makes itself present in the everyday of the work process of the CHA, which requires a basic understanding on the disease, allowing the perpetuation of secure and accurate information. The CC is identified when there are cellular alterations and a dissemination of abnormal cells in a progressive and gradual manner in the cervix (BRASIL, 2013a). Thus, it can be identified in the CHA a conceptual basis based on scientific aspects and appropriate to this professional category, taking into consideration its degree of schooling.

Regarding preventive measures to be adopted by women, the following answer was obtained:

*Always be seeking the doctor, doing your routine tests, within the year, I guess around twice a year, routine tests in general and also the tests aimed at the woman, such as cytology. (CHA 1)*

The reports show that the prevention bases for the CC are the oncotoc cytology examination and the search for medical care, evidencing the appreciation of secondary care measures. None of the interviewees mentioned primary measures, aimed at the use of condoms, smoking cessation, adoption of healthy living habits and knowledge about warning signs and symptoms. These actions intend to reduce the risk of HPV infection and, consequently, prevent the uterine cancer (BRASIL, 2013a). It is worth noting that the effective vaccination of girls ranging from 11 to 13 years of age against the subtypes 6, 11, 16 and 18 of HPV is considered an important primary preventive measure (BRASIL, 2013b).

Concerning the appropriate frequency for examination, one can point out the only answer, based on the recommendation by the Ministry of Health (MH):

*Also, in my point of view, if she was examined and the test result was negative, she must do it again in one year because the result was negative. I think that in these two intervals from one year to another everything was ok and if she is caring, I suppose she should wait about three years to continue and keep testing every three years until [...]. (CHA 10)*

The provided answer demonstrated appropriate knowledge about the recommendation of the oncotoc cytology every triennium, correlating it to the negative results for dysplasia or neoplasm for each examination carried out. In this regard, studies suggest that there are no significant differences in the incidence of CC when performing annual or triennial examination. However, when it comes to costs, an annual screening program would require much larger investments due to the higher number of required cervicovaginal material

collections. This practice would be contrary to the cost-benefit logic that permeates health policies, especially in developing countries, as is the case of Brazil (FALCÃO *et al*, 2014).

When asked about the care that women should take before being examined, the participants replied:

*She should know [...] she is not on her period, right? Not having intercourse, 24 hours, previously, would be the basic care [...]. (CHA 3). You may not have had intercourse the day before the test, must not be menstruating or close to menstruating. There's a period in which pregnant women may be tested. (CHA 6)*

It is verified that there is knowledge on the part of the participants with regard to the previous care for examination. These guidelines are essential for the woman to present herself in an adequate condition for the examination, ensuring the acquisition of adequate material and the reliability of the result.

#### **Subcategory: the empirical knowledge regarding the CC**

In this subcategory the answers denoted a misrepresented and improper knowledge regarding the cervical cancer. The conceptual answers were:

*It is a disease caught through bacteria, beginning by the inflammation that women think is a normal inflammation, but in reality when they find out it may be a more advanced disease, I don't know how to explain the words properly. (CHA 4). To me, what the cervical cancer is, it begins with a wound, right? For lack of care regarding the cervix. A wound in the cervix. It is the cervical cancer. (CHA 8)*

In this sense, the CC is confused for the presence of phlogistic signs. They believe that women should be treated immediately and, then, directed to the collection for the preventive examination. It is worth mentioning that ectropion is a physiological condition and, therefore, the denomination *wound on the cervix* is inappropriate. It is also inappropriate to use the colpo-cytological examination to detect ectropion, although, on several occasions, it is possible to identify the agent or the cytopathologic effects that suggest its presence. The preventive examination is not intended to identify STDs (BRASIL, 2016).

Regarding how the woman can prevent the CC, the selected allocation was:

*Get tested periodically, gynecological tests which by the way are very accessible in most cases which is in the Health Units, I think that it's a matter of, self love, a matter of hygiene, a matter of seeking information, but, in general, I think time is, it is [...] time, and wanting to take care of yourself because [...] and wanting to care of yourself for the examination, the test is simple and it is free in the Health Units, mainly. (CHA 7)*

The answer described above emphasized gynecological examination with the scope of preventing cervical-uterine neoplasm, but it did not refer to the examination which would have that purpose. It is observed that, despite not mentioning the examination, it was the only participant who emphasized the woman's care in the search for information that stimulates

self-care and, concurrently, the examinations offered in the HU, referring to educational and informative stimuli appropriate to the understanding that women need.

With regard to the care before the examination, it was possible to capture the following speeches:

*To not have intercourse the day before and also to not bathe, to not wash the region where the material will be collected from.*(CHA1). *No care is needed.* (CHA 5)

It is observed the lack of knowledge of the CHA for an essentially important care for the accuracy of the results of the analyses, the intimate hygiene prior to the collection. In this respect, it is noticed that its collaboration as an educator is totally weakened to work in places that may offer guidance regarding preparing for examination. Some women deny knowledge about pre-examination care, which increases the possibility of error in obtaining the sample or on outcome of the examination. The care of not being on the period, a misunderstanding, was confirmed by affirmations in the sense that one of the measures would be not to use talc and not to be pregnant (CEZARIO; PIMENTEL; OLIVEIRA; OLIVEIRA, 2014).

## Category II: Actions of the CHAs for preventing the CC

It was perceived a superficiality related to the promotion of educational lectures as an incentive for the accomplishment of the oncotic cytology, in groups and at home visits, which often focused only on information such as appointments established by the team or examination scheduling.

As for the prevention actions carried out by the interviewees, they are observed in the following statements:

*I advise on the home visit, I tell the day and the time that the examination is done and I forward [...].* (CHA 5). *[...] in addition we ask the main thing which is the examination, to come here at the center on prevention examination scheduling days, we schedule a day for them, we keep telling them that the examination is simple, fast, that it won't disturb, that it won't hurt [...].* (CHA 7). *Lectures, generally accompanied by the nurse because the health agent in the community, I think because he's seen everyday, we lose a little of the credibility of what we say [...].* (CHA10)

In the home visit, it is noted that health promotion happens at the individual or group level, articulating the instructive work of the team. Much information is pointed in the search for an appropriate meeting with the woman, however, the primary prevention measures, such as gynecological warning signs and symptoms, the practice of safe sex and incentives for vaccination against HPV, were not revealed among the subjects discussed, as well as the encouragement to carry out the preventive examination. About the practice perspective, the CHAs presented the need for more knowledge about women's health, so that it has arguments that clarify the hesitations of the community. Thus, they expressed their concerns about the quality of the information they provide, considering essential the knowledge of the subjects to better serve the population (LANZONI; PAGNUSSATTI; BRUM; KRAUZER, 2012). It was also realized that being and doing as a CHA blend in a mixture of everyday functions, since the issuance of essential

orientation was not verified, which are also necessary for the effective search for prevention..

## Conclusion

It was revealed that the CHA's knowledge regarding cervical cancer presents gaps and fragments. The results found in the research indicate that the knowledge of the CHAs on the CC presented diversities involving the knowledge with scientific background and the empirical knowledge and uses an appropriate and comprehensible language. It was found that the actions destined to the prevention of the cancer happen with the promotion of health with the encouragement for the oncotic cytology examination and that by means of the debate circle the participants expressed desire to learn and, thus, act in the most appropriate way to deal with everyday situations, since the strategies suggested by the CHAs to increase adherence from women to the preventive measures are feasible to reality and pass through the structure and the work process. It becomes opportune to point out that the strategies for preventing the CC must be planned from their organizational aspects, involving the management, the FHS and the users, requiring the training of professionals, who must observe the interventions directly and identify the fragilities, always looking for repairs.

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