

## LACK OF PERIODICITY IN THE PERFORMANCE OF PAP SMEAR SCREENING: WOMEN'S MOTIVATIONS

### FALTA DE PERIODICIDADE NA REALIZAÇÃO DO EXAME CITOPATOLÓGICO DO COLO UTERINO: MOTIVAÇÕES DAS MULHERES

### FALTA DE PERIODICIDAD EN LA REALIZACIÓN DEL EXAMEN CITOPATOLÓGICO DE CUELLO UTERINO: MOTIVOS DE LAS MUJERES

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#### ABSTRACT

The number of women who have never had a Pap smear (of the cervix) has decreased in recent decades. However, the recommended frequency of screening is still not followed, resulting in low coverage and persistence of this cause of morbidity and mortality. The aim of this study was to understand the motivations of women who do not perform the test regularly. This is a qualitative study with 14 women seen in a primary health care unit in Divinópolis, Minas Gerais, Brazil. Data were collected through semi-structured interviews and analyzed using thematic content analysis. The results show that motivations are related to feelings, little information, daily life issues, difficulties in the relationship between professionals and women, and institutional barriers. Thus, managers need to worry about the training of professionals responsible for this activity. There should be a reorientation of health services to be more supportive of health promotion, providing women with the necessary knowledge and awareness to be co-responsible for their health.

**Keywords:** Cervix Neoplasms Prevention; Nursing; Women's Health; Family Health Program.

#### RESUMO

Nas últimas décadas vem diminuindo o número de mulheres que nunca fizeram o exame citopatológico do colo do útero. No entanto, a periodicidade preconizada do exame ainda não é seguida, resultando em baixas coberturas e persistência dessa causa de morbimortalidade. O objetivo deste trabalho foi conhecer as motivações de mulheres que não realizam de forma periódica o exame. Realizou-se estudo qualitativo com 14 dessas mulheres atendidas na atenção primária à saúde de Divinópolis, Minas Gerais, Brasil. Os dados foram coletados por meio de entrevistas semiestruturadas e analisados pelo conteúdo, modalidade temática. Os resultados mostram que as motivações estão relacionadas a sentimentos, pouca informação, sobrecarga do cotidiano, dificuldades na relação profissional-usuária e barreiras institucionais. Assim, revela-se a necessidade dos gestores se preocuparem com a capacitação dos profissionais que desenvolvem essa atividade, com a reorientação dos serviços de saúde, proporcionando às usuárias conhecimento e sensibilização para atuarem como corresponsáveis da sua saúde.

**Palavras-chave:** Prevenção de Câncer de Colo Uterino; Enfermagem; Saúde da Mulher; Programa Saúde da Família.

#### RESUMEN

En las últimas décadas ha disminuido el número de mujeres que no realizan el examen citopatológico de cuello uterino. Sin embargo, no lo efectúan con la frecuencia recomendada lo cual resulta en baja cobertura y su persistencia causa morbilidad y mortalidad. El objetivo de este estudio fue comprender por qué las mujeres que no realizan el examen regularmente. Se llevó a cabo un estudio cualitativo con 14 mujeres tratadas en la atención primaria de Divinópolis, Minas Gerais, Brasil. Los datos fueron recogidos a través de entrevistas semiestruturadas y analizados según su contenido temático. Los resultados muestran que los motivos están relacionados con sentimientos, poca información, sobrecarga cotidiana, dificultades en la relación profesional-usuaria y trabas institucionales. Se pone de manifiesto la necesidad de que los administradores se preocupen por la capacitación de los profesionales involucrados en esta tarea. Los servicios de salud deben ser reorientados para que las usuarias adquieran conocimiento y conciencia y compartan la responsabilidad de su salud.

**Palabras clave:** Prevención de Cáncer de Cuello Uterino; Enfermería; Salud de la Mujer; Programa de Salud Familiar.

## INTRODUCTION

Cervical cancer (CC) is the second most prevalent cancer in women worldwide. In developing countries, it is the most prevalent type of cancer, being responsible for thousands of deaths every year.<sup>1</sup>

In Brazil, CC is the second most common cancer among women, behind breast cancer, and the fourth leading cause of death.<sup>2</sup> There are 4,800 fatalities and 18,430 new cases per year. It was estimated that there would be 17.54 million new cases in 2012.<sup>3</sup>

Cervical cancer (CCU) takes many years to develop.<sup>4</sup> This type of cancer has a high potential for prevention and cure, reaching a near 100% cure rate if detected early. Moreover, in about 80% of cases it can be treated on an outpatient basis.<sup>2</sup>

For its detection, is important to perform a Pap smear test (PAP) - also known as Papanicolaou smear or Pap test - every year. With this test, it is possible to detect changes that may trigger cancer. The test is simple, easy to perform and inexpensive. The key factor in cervical cancer causation is infection with human papillomavirus (HPV). HPV high-risk subtypes such as HPV-16 and HPV-18 account together for about 70% of cervical cancers.<sup>2</sup>

Considering these figures, CC has to be recognized as a public health problem of great relevance. It is therefore important to carry out actions for its prevention and early detection.<sup>5</sup>

The Brazilian Ministry of Health (MOH) recommends that all women who have or have had sex should perform PAP periodically. Initially the test should be performed every year. If two consecutive annual tests were negative, it can be performed every three years.<sup>3,6</sup>

Despite the effectiveness of the Pap test, the coverage of this procedure in Brazil is still low. According to the World Health Organization (WHO), there should be a 85% coverage rate of the female population, in order to produce an epidemiological impact on the frequency and distribution of cervical cancer.<sup>7</sup>

Due to the low coverage of the PAP in municipalities of Minas Gerais, the Municipal Health Services (MHS) are setting as a goal in the 'Health at Home' Program a 33% rate of annual preventive examinations in women aged 25-59 years.<sup>8</sup>

According to the State Department of Health of Minas Gerais, only 308 municipalities (36.1% of the total) ended 2011 with a 30% rate of coverage for this test by the Unified Health System (SUS) in the target population. This rate is 37.5% lower than the one recorded in 2007. Even adding up the rates of all municipalities, the state only achieved a 23% coverage rate.<sup>9</sup>

Divinópolis, located in the midwestern region of the state of Minas Gerais, also belongs to the group of municipalities which show low coverage rates for the PAP. According to the Municipal Health Department of Divinópolis (SEMUSA), there

was again a low coverage rate for this test in the NHS in 2011. The target number of cervical screening tests in the age group 25-59 years was 19,577. However, by the end of the year, only 9,434 tests had been performed, i.e. 48% of the targeted value; and 16% of the target population in this year.<sup>10</sup>

In Divinópolis, we also found a low coverage for this test in one of the Family Health Strategy (FHS) units. In 2011, this unit was supposed to perform 416 tests in order to achieve the goal of 33% coverage in the age group 25-59 years. Nevertheless, only 206 (16%) tests were performed.<sup>10</sup>

Therefore, to reach the set target, it is necessary to see beyond coverage figures for PAP tests. It is of paramount importance to have a broader, deeper and more sensitive vision of this problem, so that the women registered at the health care unit continue to perform the Pap tests.

If the prior concern was the lack of access<sup>4</sup> or never having had<sup>7</sup> a Pap test, today it is vital to achieve continuity, to get women to perform the test periodically. It is essential to promote the periodicity of examination, because when the woman does not regularly perform the test, she compromises the prevention of the disease and the possibilities of early diagnosis decrease.<sup>11</sup>

Previous studies<sup>7,12,13</sup> focused more attention on women who had never had the test, rather than on the continuation of this care. Thus, this study sought to answer the following question: what are the reasons why women do not perform the Pap smear test on a regular basis?

We believe that this paper is justified due to the possibility of identifying the challenges to the continuation of women's adherence to examination and of consequently increasing the coverage rates for this procedure. Other municipalities facing a similar situation to the one in Divinópolis may also benefit from the findings of this study, which may thus collaborate to a better planning of cervical cancer control programs worldwide.

The aim of this study was to understand the motivations of women who do not perform the Pap smear test regularly.

## METHODS

This is a qualitative study, which, according to Minayo,<sup>14</sup> aims at an in-depth understanding of a certain reality through direct contact between the researcher and the subjects involved in the study.

This study was conducted at a family health unit located in southwest Divinópolis, MG. The unit encompasses five micro-areas, totaling 3,795 registered inhabitants. The total female population is 1,951 and 1,222 women are aged 25-59 years.<sup>15</sup>

Inclusion criteria were: women aged 25-59 years who do not regularly have the Pap smear test performed. We used an instrument developed by the team. It is used by community health agents (CHA) and aims at identifying test performance

status. This instrument makes possible an active search of the target female population. 592 (48.4%) women aged 25-59 years met the inclusion criteria.

The interviews were performed between January and February 2012, through a semi-structured script. They were scheduled according to the availability of the interviewees. The location of the interview was the unit where the subjects worked. All participants previously signed an informed consent form.

We concluded data collection when data saturation occurred, i.e., no new information was identified. Thus, interviewing stopped when we perceived a recurrence of similar speech content. This occurred after 14 interviews. Therefore, the total sample of this study was composed of 14 subjects.

12 (86%) of the 14 women were aged between 30 and 59 years and were married. At the time of the interviews, five (35.7%) women did not use any contraception, one (7%) reported using oral contraceptives and five (35.7%) had had tubal ligation. Hysterectomy had been performed in 3 (21.4%) subjects and none of them used contraception. Regarding the frequency of examination, five (35.7%) women reported never having had a preventive examination performed, three (21.4%) had not had the test for more than eight years, five (35.7%) had not had the test performed for five years and only one (7%) had had the test three years before the interview.

With these characteristics, the study participants proved susceptible to cervical cancer, given that they are adult, sexually active women and that a considerable number of them does not use contraception, i.e., they are at highest risk of HPV infection. Studies estimate that about 80% of sexually active women who do not use condoms during sexual intercourse will acquire the virus throughout their lives.<sup>3</sup>

In order to protect the identity of participants, each participant was named by the letter M followed by a number from one to 14, according to the chronological order of the interviews.

All interviews were recorded and transcribed. The data collected then underwent thematic content analysis, which allowed the identification of categories. This analysis seeks a deeper understanding of the phenomenon, going beyond the mere description of the manifest content of the message.<sup>16</sup>

This study complied with Resolution 196/1996, which deals with research involving human beings. It was previously evaluated and authorized by the Municipal Health Department responsible for the institution and by the responsible Research Ethics Committee, under opinion number 130/2011.

## RESULTS

We found that poor adherence to period Pap test screening is influenced by various motivations. Thus, six thematic categories were identified. They are discussed below.

## FEELINGS OF SHAME AND FEAR, AND CULTURAL ISSUES

Feelings are frequent motivations for the non-performance of the test.

*[Laughs] shame, I die of shame, I think my blood pressure rises, my heart beat rises, feel here [shows her chest]. I find it embarrassing. I already did it, but that was a long time ago, and it was not easy for me, and that was also the only time. The problem is really with me, it's here inside, I almost die (M1).*

The following quote shows the wish to perform the examination. However, the woman feels that there is something inside her that does not let her have the test: "[...] so, I would like to, but I feel ashamed, but I take good care of myself" (M4).

Association of shame with cultural issues are also reasons for not performing the test:

*I did not use to have it because of shame, you know? I am a person with old ideas, I was terribly embarrassed to be naked around someone, for me that was absurd. I did not had the courage to do it, but as my son was arrested and I had to be naked in front of the prison officers... I thought, why not have the test now? (M11).*

The quotes also evidenced the fear of discovering cancer:

*I think ... [pause] I don't know, each person has his/her own ideas, the more you look the more you will find. When you discover that you have something, you suffer before, during and after, and when you don't know, you don't suffer. Each person has a way of thinking, right? "Oh, there is cure, there is treatment... ah, very little, before that the person dies of grief, heartbreak, agony, anxiety, ah of everything, right? Think about it, in my mother's time, no one ever did it, nor hormone replacement therapy, mammography, nor prevention and, however, they did not die of it, you don't have to go searching for things, you know? Leave it, just leave it asleep, if you wake it up, then it's over, if you start looking for it, mess with it, this cancer thing. I don't know ... we leave many things in God's hands, you know?! Each person has a way of being (M13).*

## LACK OF UNDERSTANDING OF MEDICAL RECOMMENDATIONS AND LACK OF PROFESSIONALS' KNOWLEDGE ABOUT THE TEST

The lack of understanding of medical guidelines can be perceived in the following statement: "I don't have the preventive test because the last time I did it, the doctor said that ev-

everything was fine and I have no symptoms, then it's fine, I never did it again, the doctor said everything was fine" (M2).

We also found that medical professionals lacked knowledge regarding special situations for the performance of the preventive test:

*I did it many years ago and a doctor performed it. I don't do it anymore simply because the doctor said that, since I removed the uterus, I don't need to do it. I have no prejudices; I always used to do it. I follow all medical recommendations I need to follow, because I have an autoimmune disease, I can't get sick. I no longer do it just because he said so (M3).*

### LACK OF INFORMATION ABOUT THE PAPER SMEAR TEST AND THE 'WAIT FOR SYMPTOMS'

The lack of information about the performance of the Pap test is evidenced in the following statements:

*This test is meant for older people (M4).*

*Regarding the preventive test, I know a little about its importance (M6).*

Some women believe that, in order to do the test, it is necessary to display symptoms. This is confirmed by the fact that respondents believed they were healthy (because they had no gynecological complaints), and therefore saw no need to do the test:

*I've done it twice. Then what happens, everything is fine, normal, I feel nothing, I have no vaginal discharge, no itching, I have nothing ... Thank God, I'm clean.... so that's it... I have no worries (M7).*

*Look, I'll tell you why I don't do it, I've had five children, never had menstrual cramps, vaginal discharge ... I think I am very healthy, that's why I never wanted to do the test. I believe I don't need to do it, because if I had cramps, vaginal discharge, or felt something different, then I had to take a look ... so I guess I'm healthy, I don't need to do it (M8).*

*But both times I did do the test, a long time ago, I had nothing, thank God (M10).*

### WOMEN'S DAILY LIVES

We found that the burden of day-to-day life, such as work and child care, makes women become victims, hindering their health.

*Oh don't do it... I don't look for it, because I work, I have no time, always leave it for later, I'm sloppy. It has nothing to do with shame, the problem is actually time, I always leave it of later. For me, I can do it with anyone, the only reason why I don't do it is because of lack of time and because I am only free on Mondays (M6).*

*I didn't do it for lack of time. I even scheduled it twice, but the first time it they canceled because the unit was not working on that day and the second time it was because I had to stay with my grandson (M10).*

There is also a certain disinterest, carelessness or discouragement in relation to the non-performance of the Pap test:

*I just never did it, for no reason. I know I have to do the test every year, but don't, for no reason, I just leave everything for tomorrow (M2).*

*It's because we're disinterested (M4).*

*I no longer do the test ... for no reason, really (M7).*

*It's been a long time since I last did it, because I'm careless, that's all (M12).*

*It's been a long time since I last did it, because of carelessness, I always used to do it... lately I leave everything aside in my life, I feel anguish, dismay ... (M14).*

### WOMEN'S MISPERCEPTION OF THE PROFESSIONAL PERFORMING THE PROCEDURE

The quotes below reveal women's ignorance about nurses' ability to perform the Pap test:

*My daughter, because there is never a doctor here, there is no gynecologist. I always ask my daughter to take a look, but she always says that there is nothing. The community agent never comes here to ask things, she is always running, does not come to give information ... sometimes it's hard to keep going to the health care unit. Whenever I ask, they say "ah, there is no doctor, the doctor is vacation, left," I have never seen him/her. I said that I will schedule a test at another unit, with the gynecologist there. Ah, if I had to do it with the nurse I wouldn't want to do it, I wanted to do it with the gynecologist, I feel more safe, with the nurse I don't trust, I don't like to lie. Women trust doctors, there's no use in saying that we will trust the nurses because we don't. The nurse wasn't specifically trained to perform this test like the doctor was, was she ??? (M5).*

*I think there's a difference when the doctor does it and when the nurse does it. I've done with both of them, and yes, there is a difference, I personally prefer the doctor. Even when I scheduled here they told me that the nurse was going to perform it ... (M14).*

*Oh, I don't know, I think she was a nurse assistant, I'm not sure what's the word, so I was kind of unsure ... I didn't know if he was going or not. Oh, we are afraid that the person will do something wrong, I know it's silly, but... they have their hand inside of us... it's really silly, ignorance (M13).*

## INADEQUACIES OF THE HEALTH SERVICE

Lack of material resources, knowledge of service routine, as well as information and explanations during the gynecological consultation for the collection of the Pap test are some of the reasons reported by women for not doing the test periodically.

*It's not that I don't want to do it, I just find it hard to do it. I've already tried to do it here in the unit, but it was not possible because the devices are very big, we even bleed, it's not possible to do it. And for me to go to another service is very difficult (M9).*

*It's been a long time since I last did it. I did it here because I heard that they performed the test here, before I knew only that the other unit, in another neighborhood, did it, because I had to go early in the morning to do the test, to take a number, stand in line, it was really very difficult (M12).*

## DISCUSSION

This study shows various reasons for the lack of periodicity in performing the pap smear test in women from a FHS unit in Divinópolis.

Feelings of shame and fear, and cultural issues were identified in the interviews. These feelings may arise because women think that they are compromising their decency, honesty, modesty and pucency.<sup>12</sup>

The answer given by M1 shows that the feeling of shame is very strong and it is not related to an inherent factor of the test itself (which has already been done), nor to some attitude of the professional who performs it.

We can notice that M4 thinks that the test is no longer necessary if certain precautions are taken. In fact, no care can replace the performance of the Pap test. If she does not have the Pap test and does not use condoms, what exactly are the precautions that she takes? This reveals a misunderstanding about the necessity of Pap tests.

Education increases the awareness about the importance of preventive examinations and may help improve the way an individual understands information regarding assessments, communication with health care professionals and the interpretation of results.<sup>17</sup>

There are several barriers that impede the implementation of proper and effective prevention, and hinder the continuity of care. Among these barriers, the feeling of shame is directly related to the impersonality of the procedure, which involves exposing their body and also their sexuality.<sup>18</sup>

Interviewee M11 reports shame and cultural issues as reasons for not doing the preventive test. In her statement, we could notice that she felt less strongly about protecting her intimacy when it was related to maternal issues than when it had to do with her own female issues. Instead of getting naked and doing the test in favor of their health, they put the care of others first, as well as their concern for their children, although they are no longer dependent on them.

We cannot dismiss that the test is invasive and can directly affect women's beliefs and intimate feelings. Thus, cultural values may represent an obstacle for professionals working in health promotion and disease prevention.<sup>4</sup>

The data presented here show that, even though women live in a historical moment in which they deal differently with prejudice than other women did in the past, there are still feelings of repulsion that contribute to the non-adherence to this practice.

In this sense, we use the assumption that any preventive action should consider the values, attitudes and beliefs of those social groups at which the action is directed, i.e., its cultural aspects, including gender. The attitude of prevention is determined by women's beliefs and perceptions of what is health, disease prevention, and also by her experiences with prevention, and health maintenance or treatment.<sup>13</sup>

The fear of cancer detection and suffering is also evident. A study highlighted as the most relevant factors: the non-acceptance of the disease and the fear of prolonged suffering. This is a feeling that is connected to the social imaginary, in which cancer is seen as a disease that is associated with death.<sup>4</sup>

The feelings of shame and fear, both when doing the test and receiving the test results, are experienced differently by each woman, according to the worldview of each one of them. These feelings can be understood by women as a kind of loss of control over her own body, defenselessness and helplessness. This may be caused by the way the test is performed - gynecological palpation, introduction of the speculum and the use of light sources on their private parts - even though they recognize that these techniques are important for the performance of the test.<sup>19</sup>

Health professionals need to develop their sensitivity to identify these kinds of feelings in women and plan actions to minimize them. We believed that the starting point for this is

to strengthen bonds of trust between these women and professionals, performing group and individual consultations, offering user embracement and implementing other strategies to help these women see health professionals as allies for the achievement of a healthy life.<sup>11</sup>

We also observed a lack of understanding of the instructions received and the lack of professionals' knowledge about the need and indication of this test.

Frequently, the indication for the test is poor. The real purpose and importance of this method seems to be forgotten by physicians themselves, which is not consistent with the consensus of prevention. It is noteworthy that this professional is often considered by women as the main, the best and the most reliable source of health information.<sup>20</sup>

It is true that physicians play an important role in the practice and coverage of Pap tests. However, it seems that the terminology and/or the methods used by these professionals to give instructions on the objectives and advantages of this procedure may not be adequate or clear enough to make women seek their care.<sup>20</sup>

In this study, the hysterectomy case portrayed this situation very well. It is worth remembering that, according to Ministry of Health, there are special situations for the performance of a preventive test. Among them are women who have undergone total hysterectomy (removal of the entire uterus, including the cervix) or subtotal hysterectomy (removal of the uterus only, not the cervix). In the first case, a vaginal fornix smear should be obtained, whereas in the second case the normal routine should be followed.<sup>20</sup>

The FHS is considered to be the gateway to the public health system. Because of this, professionals who work in these units have a responsibility to instruct patients about this gynecological examination in the best way possible, as this attitude contributes satisfactorily to the periodicity of the examination.<sup>21</sup>

Another obstacle reported was the lack of knowledge about the purpose of the test, which results in lower demand for and awareness of preventive care. Misinformation generates indifference and lack of concern about prevention. Not only prevention of CC, but also of other diseases that can be detected by this test. Sexual initiation nowadays occurs at a very young age and without protection against sexually transmitted diseases, which makes women vulnerable to these diseases.<sup>22</sup>

No CC control action will succeed without health education and information for the population. The presence of every woman who seeks health care services for any reason should be seen as an opportunity to give instructions, develop educational actions, and provide individual or group education on the benefits of prevention.<sup>23</sup> When women have adequate knowledge and information, the performance of self-care activities becomes more possible, as well as the formation of a closer relationship with health care services.<sup>5</sup>

Our study also revealed that women usually need to show symptoms before they do the Pap test. This was evidenced in three statements. Ignorance about asymptomatic disease conditions has been confirmed in other studies, showing that women usually recognize symptoms that are characteristic of a more advanced stage of the disease, e.g., abnormal vaginal discharge, bleeding and pelvic pain.<sup>12</sup>

Women may have misleading information about the test, not knowing to differentiate between the collection of material for the preventive test and the gynecological examination. Thus, some women see the test as a curative measure for gynecological complaints associated with specific symptomatology, instead of as preventive measure, which shows that they overestimate the Pap test.<sup>5</sup>

Even though there are public policies that implement action plans to control CC, interventions are still dominated by the biomedical model, which focus on curing the disease. Thus, women's demand for care occurs when they have health complaints.<sup>4</sup>

To change this situation, it is first necessary that health professionals change their conceptions, because despite advances in health care delivery, traditional curative practices still dominate. When this happens, they will be able to help change women's conceptions too, stimulating and encouraging the pursuit of health care service for health promotion and disease prevention.

Some women cited reasons such as work, children, grandchildren and depressive feelings. This shows how they put the needs of others first, even at the expense of their own lives and health.

These factors deter women from seeking health care services in order to perform health promotion and disease prevention actions, something which should actually be part of their daily lives.

The fact that women nowadays have several roles - from housewives, to mothers and active workers - reveals the need to strengthen instructions that enhance self-care habits, and to promote (together with health care units) the access of women workers to regular performance of Pap smear tests.<sup>13</sup>

After having the test performed by both a nurse and a physician, we found that women had some prejudice against the performance of the test by a nurse. They usually preferred that it was performed by a physician, although they did not report negative attitudes towards the nurses who performed the test.

Educational activities should also address nurses' ability and legal right to perform this procedure. The Ministry of Health states that the Pap test can be performed by a physician or a nurse during gynecological consultation.<sup>7</sup> However, it is important to have the necessary skills to perform it.<sup>22</sup>

As already discussed, the Pap test is a method applied to the Brazilian reality, not only because of its sensitivity and specificity but also because of its low cost. It is only necessary to invest in professional training at all levels and in a basic structure that allows wide use of these resources.<sup>24</sup>

Nurses acting in prevention programs for CC need to contribute to the expected impact on disease morbidity and mortality. Since mortality is observed in all age groups, primary and secondary prevention should be strengthened. Therefore, this professional must be alert for: identifying women who belong to groups at risk; actions that promote early diagnosis and immediate treatment of the disease; improved quality of life and survival; decreased cancer mortality; and proper collection of the test sample.<sup>23,25</sup>

Finally, we would like to mention the lack or inadequacy of material and human resources, the knowledge of the service routine, and information and explanations during gynecological consultation for the collection of the test.

Some of the factors that are responsible for the high rates of cervical cancer in Brazil are: lack of material and human resources in the health care system for disease prevention, diagnosis and treatment; inadequate use of existing resources; and lack of necessary information and clarifications passed on to the population.<sup>23</sup>

This situation demonstrates the need for planning actions to reorganize the service, in order to guarantee adequate material resources, strategies to make the population know the routine and purpose of the service, and a team prepared to deal with human beings and to deliver enough information.<sup>23</sup>

The reasons cited are limitations in access to health services which contribute to low coverage of Pap smear tests and, consequently, to the high incidence of cervical cancer.

So the first action that needs to be taken in order to plan and implement prevention services is to make professionals aware of the reasons and feelings that lead women not to perform the screening test, because these reasons limit access to health services.<sup>12</sup>

Therefore, the success of CC tracking will depend on the expansion of Pap test coverage, the reorganization of clinical and gynecological care to women in health care services, the training of health professionals, the quality and continuity of prevention and disease control actions, and the development of more humane interventions.<sup>23</sup>

## FINAL CONSIDERATIONS

This study aimed to understand the reasons that influence women to not regularly carry out preventive examinations for cervical cancer.

Some women have feelings of shame and fear the discovery of a malignant result when they undergo a Pap smear test. These feelings constitute barriers to preventive behaviors for cervical cancer. They are the main causes for the non-performance of the Pap smear test, despite the existence of disease prevention programs and the availability of this test to the population.

We found that the interviewees have superficial knowledge about the importance of gynecological consultations and collection of Pap smear samples, as well as a lack of understanding of the instructions received. Moreover, medical professionals lack knowledge about the need of and indication for the test, which hinders its performance.

However, the fragmented knowledge expressed by these women indicates the need for educational interventions directed at revealing the importance and purpose of the Pap smear test. It is also necessary that health professionals disseminate information and help build proper knowledge, given that this will later become contributions to a practice that is essential for adherence to preventive behavior.

It is noteworthy that the wait for the appearance of symptoms, lack of time, preference for a particular professional and inadequacies of the health care service are other reasons cited by women for not performing the Pap test regularly.

With the knowledge about these deterrent factors, we conclude that the main character who has the ability to help women change their approach to health promotion and disease prevention are health professionals, regardless of the professional category to which they belong. Health professionals should act as facilitators of access to the test, help women overcome these motivations, try to better understand their expectations in relation to the test and, finally, make them co-responsible for their health.

Knowing and understanding the views and feelings that affect prevention practices is of paramount importance for the planning and development of more efficient intervention strategies that are also more appropriate to the real needs of the female population.

Therefore, managers need to worry about the training of professionals responsible for this activity. There should be a re-orientation of health services to be more supportive of health promotion, providing women with the necessary knowledge and awareness to be co-responsible for their health.

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