

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Representações sociais sobre a doença de mulheres acometidas do câncer cervico-uterino

Social representations about the disease of women with cervico-uterine cancer

Representaciones sociales acerca de la enfermedad de las mujeres con cáncer cérvico-uterino

Silvio Eder Dias da Silva ¹, Jeferson Santos Araújo ², Miriam de Oliveira Chaves ³, Esleane Vilela Vasconcelos ⁴, Natacha Mariana Farias da Cunha ⁵, Rebeca Conceição dos Santos ⁶

ABSTRACT

Objective: understanding the social representation of women about cervical cancer and its implications for care of themselves. **Method:** this is a qualitative study of a descriptive approach that used as a theoretical role the social representations, taking the interview as a technique for data collection of information. We worked with 35 outpatient women of a referral public hospital in oncology. **Results:** within the dialogs it was observed that the concept of cervical cancer was closely related to the feeling factor, leading fear and sadness. The evidences also showed that women focused on sexuality and treatment as a life change along the disease. **Conclusion:** cancer of the cervix produces a great change of life in women who passed through the problem, not just by the physical factors, but quite by the subjective side in fighting the disease. **Descriptors:** Uterine cancer, Social psychology, Nursing.

RESUMO

Objetivo: compreender a representação social de mulheres com câncer de colo de útero e suas implicações para o cuidado de si. **Método:** um estudo de natureza qualitativa e abordagem descritiva que utilizou como aporte teórico as representações sociais, tendo a entrevista como técnica de coleta de dados das informações. Trabalhamos com 35 mulheres do ambulatório de um hospital público de referência em oncologia. **Resultados:** dentre os discursos observou-se que o conceito de câncer de colo de útero foi muito relacionado com o fator sentimental, imperando o medo e a tristeza. Os depoimentos mostraram também que as mulheres focaram a sexualidade e o tratamento como mudança de vida no decorrer da doença. **Conclusão:** o câncer de colo de útero gera uma grande mudança de vida nas mulheres que passam pelo problema, não apenas pelo fator físico, mas muito pelo lado subjetivo no enfrentamento da doença. **Descritores:** Câncer uterino, Psicologia social, Enfermagem.

RESUMEN

Objetivo: comprender la representación social de las mujeres acerca del cáncer cervical y sus implicaciones para el cuidado de sí mismas. **Método:** este estudio cualitativo de enfoque descriptivo utilizó como aporte teórico las representaciones sociales, tomando la entrevista como técnica de recolección de datos de la información. Trabajamos con 35 mujeres del ambulatorio de un hospital público de referencia en oncología. **Resultados:** entre los discursos se observó que el concepto de cáncer cervical de útero estaba realmente relacionado con el factor sentimental, que reina el miedo y la tristeza. Los testimonios también mostraron que las mujeres se centraron en la sexualidad y el tratamiento como un cambio de vida ya que la enfermedad avanzaba. **Conclusión:** el cáncer del cuello del útero produce un gran cambio de vida en las mujeres que pasan por el problema, no sólo por factores físicos, sino todo el aspecto subjetivo en la lucha contra la enfermedad. **Descritores:** Cáncer uterino, La psicología social, Enfermería.

◆ Professor, Associate of the Nursing School of the Federal University of Pará (UFPA), Belém, PA, Brazil. E-mail: silvioeder2003@yahoo.com.br 2 Doctoral Student of Sciences at the Ribeirão Preto School of Nursing, University of São Paulo (USP), Ribeirão Preto, SP, Brazil. 3 Nurse, UFPA, Belém, PA, Brazil. 4 Assistant Professor of the Nursing School of UFPA, Belém, PA, Brazil. 5 Master's Student of the Postgraduate Nursing Program at the UFPA, Belém, PA, Brazil. 6 Nursing Academic at UFPA, Belém, PA, Brazil.

INTRODUCTION

Cervical cancer corresponds to approximately 15% of all cancers occurring in women. The World Health Organization (WHO) predicts an increase in the estimate of cervical cancer around 320.000 new cases in 2015 and 435.000 in 2030. In Brazil, the number of new cases estimated for 2012 was of 17.540, with a risk of 17,49 cases per 100.000 women.¹

It is estimated that 11 women in Brazil die for each group of 100.000 because of the disease.² The peak incidence is between 40 and 60 years of age, being uncommon under 30.³ It is estimated that about 40% of Brazilian women have never been submitted to the Pap smear test.⁴

This research has as object of study “the social representation of a group of women about Colo Cancer of the Uterus”. The choice of subject has to observe the sad trajectory of women who treat cervical cancer (CC) and realize that some of these even experiencing the disease knew little about its peculiarities. With this vision appeared curious about the representativeness of this cancer and also analyzing the implications of this representation in relation to care of themselves, trying to understand the change of lives of these women.

This study uses as theoretical framework the social representations, which provide theoretical knowledge to obtain information on how to think and act against cervical cancer, therefore we sought to understand the relationship established by the population studied with this act.⁵ Consensual framework of the theory of social representations allows clarifying how the process of assimilation of facts that occur in the middle is, as they are understood by individuals and groups and how knowledge built on these facts are expressed through its communication and in their behavior.⁶

This data is intended to provide the care given and nursing actions for women who go through the experience of a cervical cancer and thus improve the individualized care provided to these women.

Describing the social representation of women on cervical cancer and analyzing the implications of these social representations to care for oneself.

METHOD

We opted for a qualitative study of a descriptive approach using as theoretical support the social representations, having the interview as data collection technique of information.

The study included 35 women experiencing illness in the presence of cervical cancer and who were in the clinic of a public hospital with reference in oncology care in the State of Para. Women were included in the age group from 25 to 65 years old, with at least elementary school, with a diagnosis of cervical cancer. The number of participants is justified by the fact that all objectives have been answered and no new information was being added to the study, thus reaching its saturation point.

To work the contents it was used the Social Representation Theory, trying to understand the relationship established by the population studied with living with cervical cancer⁵.

The interviews were conducted from 23rd to 30th of August 2013, with the help of a semi-structured script that was composed of the following questions: What is cervical cancer for you? How to prevent cancer of the cervix? What are the risk factors for cancer of the cervix? You can recognize the signs and symptoms of cervical cancer? What happened to your routine day-to-day after diagnosis of cervical cancer? The speeches were transcribed according to the testimony.

To proceed with the analysis of the material it was used thematic content analysis technique which is understood as a set of analytical techniques of communication that seeks, by systematic procedures and description of objectives of the message content, the inference of knowledge concerning the conditions production/reception of these messages.⁶⁻⁷

To perform the processing of text it was used in subjects break operations, ie different decoding cores which form the communication sense, and subsequently performing the regrouping in subjects.⁷

The study complied with the principles of Resolution 466/2012 of the National Health Council being appreciated and approved by the Research Ethics Committee in Human Beings of the Ophir Loyola Hospital on the advice of number 333684. I emphasize that all the subjects were instructed about the study and adhered to the study by signing the Informed Consent, considering that resolution.

RESULTS AND DISCUSSION

To better understand the study discussion it is necessary to characterize the subjects, as in the case of a study involving the cultural image of certain strata of society, it is necessary a more accurate knowledge of the socio-demographic context of the subjects of search, so we sought to characterize the research subjects of the environment with data relating to the identification related to age, marital status and education.

The subjects are not only personal recipients of dominant ideas produced and disseminated by social class, or through social institutions such as schools, state, church, among others. They have separate options, so they are often producing and communicating representations they share with their groups. These rather have decisive influence on their relationships and choices about their lives.

TABLE I - Distribution of interviewed women with cervical cancer of uterus, according to the age, HOL - Belém - Pará, 2013.

AGE	FREQUENCY	%
25 - 34	00	00
35 - 44	04	11,42
45 - 54	12	34,28
55 - 64	16	45,72
65	03	08,58
TOTAL	35	100

The subjects were thirty-five (100%) women affected by cervical cancer, and of these, four were in the age of 35-44 years old (11,42%), twelve at the age of 45-54 (34,28%), sixteen at the age of 55-64 (45,72%) and three aged 65 (8,58%).

In the item referring to the age it can be seen that the age of the research subjects ranged from 35 to 65 years old, predominantly aged between 55-64 is sixteen (45,72%) of respondents. The prevalence in this age group made us reflect on the prevalence that of cervical cancer according to Bastos (1998) this type of cancer is still, in our country, the most common malignant tumors of the female genital tract, predominantly among women of low socioeconomic status in the age group 35-55 years old. This can prove this research because among those interviewed the higher prevalence was between 45 and 64 years old, showing that we still find more women in this age group experiencing the experience of cervical cancer.

Cancer as a public health problem in Brazil is therefore worthy of great attention from health professionals, especially nursing, which can help control the disease through health promotion, prevention and early detection, which are held in services. Educational initiatives developed with community participation in order to increase knowledge about risk factors, disease development and the importance of periodic having a cervical smear test, may allow achieving satisfactory results in reducing morbidity and mortality rates⁸.

TABLE II - Distribution of interviewed women with cervical cancer of uterus, according to the marital status, HOL - Belém - Pará, 2013.

MARITAL STATUS	FREQUENCY	%
Married	10	28,58
Stable union	07	20
Single	06	17,14
Widow	04	11,42
Divorced	08	22,86
TOTAL	35	100

On the issue of marital status, the thirty-five (100%) women interviewed, ten were married (28,58%), seven in stable relationships (20%), six were single (17,14%), four widows (11,42%) and eight divorced (22,86%).

With regard to marital status what most caught my attention was the factor related to reports related to risk factors, as most women reported the issue of having a fixed partner, safe sexual intercourse and this was contradictory to see that most women who are ill relied on their partners and are today affected by cervical cancer. This is well evidenced that most women patients is endowed with fixed partners, because 28,58% are married and 20% have stable relationships which can be considered a fixed partner.

An approach about the impact of cervical cancer on women's daily lives is important for the development of more effective interventions for assistance must be guided by the concept of completeness. From this statement it appears that it is not enough to identify the risk factors and preventive care, it is interesting and very important to address the individuality of each woman and here I address the attention to the search also partners as a way of inclusion in the treatment.⁸

TABLE III - Distribution of interviewed women with cervical cancer of uterus, according to the education, HOL - Belém - Pará, 2013.

SCHOOLING	FREQUENCY	%
Incomplete elementary school	22	62,86
Complete elementary school	07	20
Incomplete high school	01	2,85
Complete high school	05	14,29
TOTAL	35	100

The education factor, among the thirty-five (100%) women interviewed, 22 women had not completed primary education (62,86%), seven with complete elementary education (20%), one with incomplete secondary education (2,85%) and five with completed secondary education (14,29%).

At this point of the characterization we can only confirm what the authors say about the socioeconomic factor of women affected by cervical cancer that they are mostly of low socioeconomic status which leads us to think about the factor of education lower completion as confirmed in research among the thirty-five respondents 22 (62,86%) had incomplete primary education.

Low socioeconomic status contributes to a higher incidence of cervical cancer of the colon, being related to this fact the low standard of hygiene and poor nutritional status.

After the fluent reading of the interview statements, these were jointed and subjected to a form to better understanding of the research object by considered more meaningful content in each statement and so were made to consolidate to the formulation of topics. These were created based on repetitions of themes present in the responses of interviewees, leading to data saturation, which favored the consolidation of four thematic units, which are discussed below:

Unsafe sexual relationship: the focus of risk for cervical cancer of uterus.

We can infer the discourse of women that cervical cancer is linked to unsafe sex that predisposes to human papillomavirus virus (HPV) known as the main risk factor for this disease.

A study in which between 199 women with invasive cancer of the cervix and 225 women without cancer there were detected with HPV 84% of women with cervical cancer and 17% of women without cancer⁸, noting that the HPV for a long time is a risk factor of high prevalence in cancer of the cervix. But what can be seen is that women to the CCU prevent reporting anchor that unsafe sex can lead to cervical cancer, but do not aim the relationship with HPV, as can be seen in the speeches, that among the 35 women interviewed only one reported the HPV:

*Condom to prevent HPV, HPV vaccine, and health make awareness for young people.
(C 07).*

Speaking at safe sex women connect this achievement with steady partners and, in most cases, their husbands, but it points out here that is currently relevant to explain to women that even though with certain partners, they should make sure about practice these fellows out of marriage and also require periodically conduct tests to rule out the risk of STD's. This trust that women have on their mates and the fact that I related to connect securely fixed relationship with companions as below shows:

[...] We caught the disease from our partners who do not know who took the disease from other women [...]. (C15).

Currently, HPV is the STD that affects more women worldwide, and the largest precursor of cervical cancer⁹. Thus we can see that even women not reporting clearly that the primary risk factor for cervical cancer is HPV, they at least claim with confidence that safe sex is a commendable method to prevent disease.

[...] Right partner and use a condom [...]. (C5).

Here in this category I inferred that women already interviewed are well oriented in relation to the risk factor related to safe sex, noting that HPV is a very important risk factor, this makes it easy for prevention is disseminated by these women.

Living with cervical cancer of the uterus: total change of life as implication for self-care.

In this category it was observed that the interviewees, when they were asked about changes in day-to-day living with cancer of the cervix, women said too exclamation, "changed everything" and said they stopped working, keeping house, stopped having sex and some talk about depression. So, first, we must understand that caring for a cancer patient involves not only take care of the condition but skills to work the sentimental side of the patient involving their emotions in the face of disease, where the change of life becomes often fail to live as we can see in the following statement:

[...] Everything has changed, because before I was going to a party, drank, smoked and danced and now do not do that anymore. I'm very afraid of the disease come back [...]. (C14).

It is observed here that social life is over and that remains the fear of disease, so the nurses have to be there to understand and help the patient overcome their affliction, and this includes the multidisciplinary work, because when you realize a need is our role knowing provide appropriate professional to work each problem.

It was observed that the cancer has caused changes in the lives of the women interviewed. And these changes were caused by an awareness of the limits imposed after treatment because the physical inability to perform the day-to-day is expressed with great relevance for the majority of interviewees, as we can see.

[...] Changed a lot, because before I could stand to work and pick up the hoe and today I can no longer [...]. (C2).

[...] It changed many things, because the house chores I cannot do; I have no desire to have sex [...]. (C9).

Changes in daily chores or the simple fact of finding unable to accomplish what was once a common routine, may be linked not only to the fact that the body has lost the vigor that once had, but we must also take into account the psychological aspect in mind that many women are already monitoring process after treatment and still has a lot of fear that the disease comes back and therefore abstain from performing any activity that is considered a risk for them. And as we can see this is not referring only to the work factor, but also the sexual factor.

[...] My sex life stopped, my mind was frightened, any pain I have cause fear. I was in a panic [...]. (C3).

The quality of life is reflected in the satisfaction with life and subjectively based on meeting individual needs¹⁰. Therefore the quality of life of people with CCU must go beyond the biological, psychological and social factors, looking to work with the patient with regard to the return of her activities, and seek that person to have a minimum of autonomy and feel useful to society even having to live with changes imposed by the disease.

The professional nursing as an educator and facilitator, must interact with patients from the beginning of treatment, to work the dependence factor early and cause the person to accept this fact most naturally as possible, because changes in lifestyle causes much disorder in some people and the fact of needing someone to take care of themselves is even more complicated, as we illustrate below.

[...] I stopped doing the things from home and the bad was need someone else to do [...]. (C21).

Social representations emerged by a group constitute psychosocial processes that determine the production behavior and its relationship with the environment, initiating changes in the beings in a constant dynamic.⁵ Therefore nurses should always be alert to changes in patients' all coping period of the disease, with the aim of always working the unsatisfactory side sometimes depend on the other to make their activities.

It became clear in this category that really CCU is a total life change, since as someone goes through this surely experience her actions and outlook on life will never be the same again, let alone the next linked to this experience so difficult as loss of fellow exclusion of sexual, social and labor and traumas that most often women cannot overcome.

Representation of the cervical cancer of uterus: finitude, despair.

This category was noted that the interviewees while talking on cervical cancer directed his thoughts to the front despair disease. Here brings a reflection of how the work

in oncology management requires us to respect not only organic, but mainly to the psychological side. During the interviews we perceive as the eyes emitted suffering, pain, insecurity, leading us to see even more the great importance of portraying the representative side of cancer in these women.

First of all it must understand that the sick, the whole body turns to face the disease event. Upon entering coping action, each carrying the same disease can be expressed in different ways: physical, emotional or spiritual.¹¹

[...] It is a very thankless disease, the worst thing in the world, much suffering [...]. (C11).

In general, it can be seen that the diagnosis of cancer has a devastating effect on women's lives because it brings the idea of death, fear of mutilation and disfigurement caused by painful treatments, in addition to losses resulting from the disease, leading to the emergence of various emotional problems.¹² The author's position is well exemplified in the affirmation:

[...] It means death, that everything is done [...]. (C3).

It is observed that the word cancer always comes with death and this leads us to think that through this experience requires more than courage and strength, but also emotionally prepared, and this preparation comes not only from the person who is facing the disease, but also the professionals who follow the whole process, therefore this study made us realize that nurses should be well prepared to face the suffering of the patient and make this difficult time becomes tolerable for both the physical side as to the emotional.

[...] A very bad experience, hard, made my world ended [...]. (C7).

[...] It is a very thankless disease, the worst thing in the world, much suffering [...]. (C11).

It is very important that the action of the professional nurse is facing all phases of CCU, from prevention to the fact of their malignancy, because the patient must be well prepared to face every stage of her treatment. One should also respect the religious side and work as a way to improve customer adherence to procedures and disorders that can cause cervical cancer. This is described clearly in the next category.

Social representation of religiosity in fighting the disease.

This category was shown that the interviewees found the spiritual support as a strategy to fight the disease, thus achieving an expectation of healing not only the pathological factor associated with disease, but also the emotional factor related to the fear.

Religion is understood as the ability to experience religious experience, which brings with it another capacity, which is to produce or mobilize inner energy, modifying attitudes and behavior, different from the energy of a physical and therefore closely related to the spirituality.¹³

It is observed that confidence in God is for women the hope of cure for the disease. The presence of religion in the treatment of CCU was represented as a positive element in fighting the disease, and interpreted as a strategy found to deal with the uncertainties of the disease and overcome the experienced crisis situations.

[...] I was still more focused on my recovery and how not seen output looked closer to God [...]. (C7).

[...] In my routine I found myself much with God [...]. (C17).

Religiosity has been described as a source of support and comfort to individuals during the period of suffering for them to provide the serenity to face the adversities of the disease. It was a strategy as spiritual support often used in patients with malignancy.¹⁴

[...] When I'm in pain I read the Bible and sing praise [...]. (C13).

It appears, then, that faith is powerful force capable of leading women to face the illness grounded in hope of healing, or as a mitigating the possible impending suffering (12).

[...] For those who do not believe in God is the end of the world but for me it's a disease that only Jesus Heals [...]. (21 C).

Even women have experienced the disease and all its hardships, the nurse, in providing care for women with cervical cancer should encourage her to break free of fear and fight. For the moment that faith overcomes fear, guilt and negativity, we can see a human being able to overcome the obstacles of life.¹⁵

In this place the author reports us to be exempt from professional scientific factor only for healing and look view the religious factor as an adjunct of the health and disease.

CONCLUSION

The research is for describing and recognizing how the representativeness of cervical cancer for women and how the disease changed their lives with regard to care of themselves. Within the analyzes it was observed that cervical cancer is a disease that disrupts the person who is going through the problem because it was identified that the greatest difficulty of the respondents was living with the possible factor of death, leading some of them to cling to God. This was represented as a thankless, deadly, sad disease that alarms and often just clinging to God to confront it and achieve a cure.

With this it became clear that while working in oncology requires more than knowledge of pathology and technical procedures, requires knowledge and cultural respect, linked to religiosity and also psychology. Implicitly the results show the need for professionals to work comprehensive care before a woman with cervical cancer, as well believe that the research did much to help professionals as to broaden their vision of work, including its activities directions to perception of women regarding their fears, myths, insecurities and difficulties.

It is significant that in the process of screening and early detection of cervical cancer is important to break cultural barriers possible, particularly with regard to the nursing team that is one of the main characters of the art of care and promote health. The nurse should be a facilitator of the process involving health promotion, especially in the case of early detectable cancers, performing preventive exams by providing information and guidance to promote self-knowledge, trying to do his work always interactively in order to gain the trust and respect between process participants.

Regarding self-care there was a relationship with the routine of labor and sexual activity, as well as the inclusion of religion in the lives of these women.

During the study it became necessary to promote further researches on the subject, in order to elucidate characteristics as: the study of caregiver because at various times of the interviews were detected certain influences of these characters in the monitoring and treatment of patients, as well as the need to study at primary care level as is the promotion and guidance of health education about HPV.

Given the above, the analysis of the speeches of the participants provided a broaden vision of the nursing team about women facing the disease; therefore the survey can facilitate the actions of assistance and health education about cervical cancer.

REFERENCES

1. Freitas HG, Silva MA, Thuler LCS. Câncer do colo de útero no Estado de Mato Grosso do Sul: detecção precoce, incidência e mortalidade. *Revista Brasileira de Cancerologia* 2012; 58(3): 399-408.
2. Ministério da Saúde. Prevenção do câncer do colo do útero. Manual técnico. Profissionais da saúde. Brasília, 2002.
3. Fernandes LR. Representações sociais de mulheres indígenas terenas do complexo indígena da Cachoeirinha do município de Miranda/MS sobre o exame preventivo do câncer de colo de útero. Universidade Federal de Mato Grosso do Sul. Monografia de especialização em atenção básica em saúde da família. Miranda/MS, 2011.
4. Instituto Nacional do Câncer (Brasil). Diretrizes brasileiras para o rastreamento do câncer do colo do útero. Coordenação Geral de Ações Estratégicas. Divisão de Apoio à Rede de Atenção Oncológica. - Rio de Janeiro: INCA, 2011.

5. Moscovici S. Representações sociais: investigações em psicologia social. 6a ed. Rio de Janeiro: Vozes; 2009. p. 8-38.
6. Silva SED. História de vida e representações sociais: desvelando o universo do alcoolismo dos adolescentes [tese]. Florianópolis: Universidade Federal de Santa Catarina. Departamento de Enfermagem; 2010. 217 p.
7. Bardin, Laurence. Análise de conteúdo. Trad. Luís Antero Reto e Augusto Pinheiro. Lisboa: Edições 70, 2002.
8. Eluf-Neto J, Munoz N, Bosh F. X; Meijer, C. J; Walboomers, J. M. Human papillomavirus and invasive cancer in Brazil. Br. J. Cancer, 69(1):114-119, 1994.
9. Brasil, Ministério da Saúde. Cadernos de Atenção Básica nº. 13. Controle dos Cânceres do Colo do Útero e da Mama. Brasília. 2006, p. 23-24, 45-47, 50, 58(b).
10. Neri AL. Qualidade de vida e idade madura. Campinas: Papyrus. 1993. 285p.
11. Figueiredo NMA, et al. Cuidados fundamentais: princípios gerais na atenção ao cliente e questões e desafios do cuidar e ensinar. Cap3. 51-84p. In: _____. Enfermagem oncológica: conceitos e práticas. 1ed. Yendes: São Paulo, 2009.
12. Oliveira MS, Fernandes AFC, Galvão MTG. Mulheres vivenciando o adoecer em face do câncer cérvico-uterino. Acta Paul. Enferm, v.18, n. 2, p.150-155, abr.-jun. 2005.
13. Oliveira PAR. Religiosidade: conceito para as ciências do social. In: Salgado APA, Rocha RM, Conti CC. O enfermeiro e as questões religiosas. R. Enferm UERJ. Rio de Janeiro. 2005 abr/jun; 15(2):223-8.
14. Linard AG, Silva FAD, Silva RM. Mulheres submetidas a tratamento para câncer de colo uterino - percepção de como enfrentam a realidade. Revista Brasileira de Cancerologia, 2002, 48(4): 493-498.
15. Veras JMMF, Nery IS. O significado do diagnóstico de câncer do colo uterino para a mulher. Revista Interdisciplinar Nova fapi, Teresina. v.4, n.4, p.13-18, Out-Nov-Dez. 2011.

Received on: 15/04/2014
Required for review: 30/10/2014
Approved on: 17/09/2015
Published on: 07/01/2016

Contact of the corresponding author:
Silvio Eder Dias da Silva
Trav. Angustura, 2932 - Apto. 1903 Torre B. Cep: 66093-040; Bairro do
Marco. Belém, Pará, Brasil.
E-mail: silvioeder2003@yahoo.com.br