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## **WOMEN DON'T NEED A PREDICATE: WOMEN WITH ALTERATIONS IN THE CYTOPATHOLOGICAL EXAMINATION OF THE CERVIX IN THE CITY OF MANAUS**

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**Abstract:** This research intends to give visibility to issues related to the integral health of women, with the purpose of tracing the path of the realization of the rights to the prevention of Cervical Cancer. It is known that the epidemiological scenario of the COVID19 pandemic had a negative impact on the number of indicators of cytopathological exams of the cervix in women aged 25 to 64, since the demand for exams was hampered by the increase in the pandemic curve in the period of 2020 to 2022. It is noteworthy that the human papilloma virus (HPV) is present in 99% of cases of cervical cancer. In terms of mortality, in 2019, there were 6,596 deaths from this neoplasm, and the rate was 5.33/100,000 women, according to information from the National Cancer Institute (INCA). In Manaus, cervical cancer, with 1,406 deaths from cervical cancer being recorded in the period from 2013 to 2019. In the years 2013 to 2019, the rate of cytopathological examination of the cervix recorded an average annual increase of 0.9%. Therefore, the objective of this research was to analyze the services offered for the prevention of cervical cancer in Primary Care in Manaus. It is believed that prevention through carrying out cytopathological examinations for women who meet the organized and timely screening criteria is the best way to implement the right to life.

**Keywords:** Health Unic System; Primary care; Cervical cancer

## INTRODUCTION

I, female matrix.

I, driving force.

I, woman

Conceição Evaristo (2017).

Women's health evolves as information is discovered. It is necessary for this woman to

be able to perceive the changes that occur with her body, understanding both her anatomy and her physiology, without failing to perceive the sociocultural changes regarding health promotion and prevention practices. Among the changes that most affect women's health is cervical cancer, which, according to INCA (2022), is associated with infection by the Human Papilloma Virus (HPV) virus, with a predominance of HPV-16 and HPV-18, of high oncogenic risk.

About 291 million women in the world are carriers of HPV (SANJOSE et al, 2007). According to the World Health Organization, about 80% of sexually active women will come into contact with the virus at some point and possibly develop cervical cancer. It is noteworthy that cervical cancer is the fourth most common cancer worldwide and in Brazil, cervical cancer is the fourth most common type of cancer among women.

The problem on screen raises the following questions, namely: what are the services offered in the prevention of cervical cancer in Primary Care services in Manaus? What is the sociodemographic profile of the women who attend the health units who undergo the cytopathological examination and the cases with alteration? How is the referral/counter-referral process carried out for women with alterations in the Pap smear? What are the information/communication strategies on screening for health unit professionals and users?

Considering that the present research emerges from a scientific initiation project, complemented by an extension action under the prism of the "principle of inseparability between teaching, research, extension", as recommended by article 207 of the Federal Constitution of 1988, it is a condition essential to this report, to answer some of these questions within the scope of a particular health unit, the USF Leonor de Freitas located

in the Midwest zone of the city of Manaus.

In addition, the research has academic and technical support linked to the Study and Research Group on Work Process and Social Service in the Amazon (GETRA)<sup>1</sup> and the Center for Research in Public Policies and Health in the Amazon - NPSAM, of the Municipal Health Department of Manaus, specifically in the lines of research: social policies and Primary Health Care.

Furthermore, this study outlines and reflects on the scientific initiation research PIBIC/PAIC 2020/2021- entitled: CHANGED WOMEN: Cervical Cancer Prevention in Primary Care in Manaus <sup>2</sup> – linked Pro-Rectory of Research of ` ` Universidade Federal do Amazonas ` ` , approved by CAAE, number: 63041922.4.0000.5020.

The choice of theme was not spontaneous or random, since, during the pandemic period, GETRA/PRODECA developed health education actions focusing on the comprehensive health of women and adolescents with successful experiences at the USF in question: Follow-up Family Planning - USB Leonor de Freitas; Preventive in your Hands; Monitoring of Women with altered Pap smears (2021); and SERMÃE Pregnant Women's Group: Welcoming with Responsibility.

Therefore, the data and information expressed come from an exploratory study, of an applied nature, which aims to build knowledge for practical applications in the search for solving specific problems, and will

1. In addition, the study has as academic and technical support being linked to the Study and Research Group on the Work Process and Social Service in the Amazon (GETRA), specifically the line of research: social policies and the Observatory Program for the Rights of Children and Adolescents – PRODECA, which aims to disseminate, promote, defend, protect and guarantee the rights of children and adolescents in Amazonas, which is financed by the Fundação de Amparo a Pesquisa do Estado do Amazonas – FAPEAM, Notice 005/2022/Humanitas.

2. It is argued that the reflection carried out comes from a PIBIC/PAIC 2022/2023, as well as from an extension action carried out at the USF Leonor de Freitas with women from 24 to 70 years old; 71% of women are brown; 41.5% single, and 39.6% married; Data on the users' past life: Has access to some health service: Public Network (88.7%); Does not have access (11.3%); When was your last preventive: Prior to 2018 (26.4%); 2019 (26.4%); 2020 (26.4%); 2021 (1.9%); and I never performed the Preventive (18.9%); As for changes in the preventive: No change (43.4%); With change (7.5%); Don't remember (1.7%); and did not perform (20.8%). The project has been taking shape since, in 2022, we have a percentage of 267 women who easily accessed the cytological exam.

be anchored in a quantitative and qualitative approach in a complementary and non-excluding way.

Finally, "diving" into this theme requires objectivity on the part of the subjects involved in the analysis and action, in view of the reality posed, with the intention of remedying or resolving some questions posed by society. We believe that by qualifying a public policy, here in question health, the university responds in a scientific way to the improvement of policies with an emphasis on women's health.

## DEVELOPMENT

[...] the deceitful-hope of tying time.

Conceição Evaristo (2017)

It begins with the assertion of the poet that sometimes we women have the deceitful - hope to tie the time, which leads us to neglect, or rather, to leave for later the women's health issues, and this makes the precocious diagnosis of pathologies that surround our reproductive health that constituted a fundamental human right.

Sustaining health with rights from the perspective of universality is a great achievement for society, since the 1980s were marked by profound struggles and social inequalities, but it was also a period of achievements and democratic recognition. The union of the Brazilian people for a common interest was strong and, with that, managed to expand the movements and conquer their

rights, Bravo (2009, p.78) states that: “[...] techniques to assume a political dimension, being closely linked to democracy”. The 1988 Constitution was a major milestone for changing the perspective of Health in Brazil, starting from Article 196, which provides for the organic nature of Health and the SUS (Unified Health System):

**Art. 196** - Health is everyone's right and the State's duty, guaranteed through social and economic policies aimed at reducing the risk of disease and other injuries and universal and equal access to actions and services for its promotion, protection and recovery.

The Federal Constitution/1988 brought implications that had a positive impact on the life of citizens, since they now have guarantees and rights to their basic needs. It is noteworthy that health as a fundamental point for its effectiveness, establishes Law 8.080/1990 in September 1990, which governs the Unified Health System (SUS), the principles and guidelines art. 7, which are: 1. Universality – welcome and guarantee health to all, without excluding differentiation; 2. Equity – offering care according to the individual needs of each user; 3. Comprehensiveness – recognizing the patient as a whole and promoting care beyond the health area. (Law 8.080/1990).

The legislation affirms the State's commitment to society, aiming at the operation and development of health actions and services, with equal, free and quality access to health care. This way, and in order to facilitate the entry into the health system, the National Policy for Primary Care and Primary Health Care (2017) are implemented as equivalent terms, and complement each other, where the PNAB – is the effective policy and the APS is the effectiveness of health services. That said, Primary Care is the main space for communication between Health Care Networks - RAS:

[...] that “are defined as organizational

arrangements of actions and health services, of different technological densities, which, integrated through technical, logistical and management support systems, seek to guarantee comprehensive care” (BRAZIL, 2014).

That is, the Health Care Networks respond to specific health situations, which makes care a complete cycle of care, implying the continuity and comprehensiveness of health care at its different levels of Care: Primary, Secondary and Tertiary and, thus, contributing to the effectiveness of compliance with Law 8080/90. In the thematic health care networks, we have the following areas: a. Mother and Child; B. Attention to emergencies; w. People with Chronic Conditions; d. Psychosocial Care; It is. Disabled people.

RAS has marked differences in its organicity. Mendes (2010) points out unique characteristics, namely: a. organized by a continuum of attention; B. organized by a polyarchy network; w. oriented to care for chronic and acute diseases; d. aimed at the population; the subject is a health agent; proactive; It is. comprehensive care; f. multidisciplinary care; g. population-based management and funding through funding.

It is essential to clarify the Levels of Health Care, Let's see:

It can be seen from the table above that the levels are complementary to each other, and need articulation, because where one cannot respond to immediate needs or other levels must provide answers for the effectiveness of health services and actions. According to Mendes (2015), the pyramidal and hierarchical conception must be replaced by the polyarchy view of health care and characterizing a horizontal network.

In this model, Primary Health Care – APS, also called Primary Health Care, assumes a fundamental role as one of the “gateways” of health services. This level of care has in the Basic Health Units (UBS) and in the Family

<b>Basic complexity</b>	This is the first level of health care, according to the model adopted by the SUS. It is, preferably, the “gateway” of the health system. The population has access to basic specialties, which are: internal medicine (general practice), pediatrics, obstetrics and gynecology. Studies show that primary care is capable of solving about 80% of health needs and problems.
<b>Medium complexity</b>	It aims to address the main health problems of the population, with specialized procedures and care. These are services such as hospital and outpatient consultations, exams and some surgical procedures. It consists of outpatient and hospital procedures located between basic care and high complexity.
<b>High complexity</b>	Procedures involving high technology and/or high cost. Examples of highly complex procedures are: traumatoorthopedics, cardiology, renal replacement therapy and oncology. The main areas are organized into networks, such as heart surgery and oncology care.

Table 1: Levels of Health Care.

Source: BRAZIL, National Council of Health Secretaries. To understand SUS management. Brasília: CONASS, p. 2003.

Health Units the strategic space for the development of actions for the promotion, prevention, protection and well-being of the population's health.

It is understood, therefore, that it is the responsibility of Primary Care to provide essential services to the population, following its principles and work guidelines, which will promote the quality of health of the population in focus and its well-being, with the continued attention of all this quality health assurance process.

It must be clarified that it is in the PHC, that is, at the "gateway" of the SUS that the prevention, promotion, recovery and rehabilitation services take place in an articulated and objective way, since these services: 1. Promotion (Encompasses health education, good eating patterns, adoption of a healthy lifestyle, specific advice, etc.); 2. Prevention (Includes epidemiological and health surveillance, vaccination, sanitation, etc.); 3. Recovery (Includes diagnosis and treatment of illnesses, accidents and damage to health in general, as well as limitation of disability). 4. Rehabilitation (Includes partial or total recovery of capabilities, the health-disease process and reintegration of the individual into the social environment).

It is in this perspective that the PHC tends to organize its actions and services using the Family Health Strategy (ESF) as a basis to promote the quality of life of the Brazilian population and intervene in factors that put health at risk, such as lack of physical activity, poor diet and tobacco use. With comprehensive, equitable and continuous care, the ESF is strengthened as a gateway to the Unified Health System (SUS). The ESF as a mechanism for the population's participation and guarantee of access to health services in the Health Units - UBS, since the ESF is conceived as the entrance to the SUS; place that promotes multidisciplinary care; enabling the

coordination of care and comprehensive care, being responsible for 80% of the resolution of the population's health issues, since it favors the approach of the UBS with the families, safeguarding the SUS guidelines regarding the longitudinality of care, universality, equity and completeness of the population, through the provision of continuous services.

In addition, the ESF guidelines: Territorialization; Enrolled population; Person-Centered Care; Resolutivity; Longitudinality; Coordination of care; Network Sorting; and Community Participation aim to boost the services and actions that must be produced within the APS and ESF.

It is important to emphasize that the service must be humanized and welcoming, since every citizen must be respected, enabling, in an effective and accessible way, their participation in the construction of their own autonomy with regard to health. And all this organicity around Primary Health Care in the city of Manaus is the responsibility of the Municipal Secretary of Health - SEMSA, which according to Guedes (et al. 2020, p.49):

[...] from its strategic planning it finds that the health of the population is one of the critical and often limiting factors for the economic growth and quality of life of a society. Thus, it becomes necessary to adopt measures to strengthen the process of restructuring and expanding PHC coverage, focusing on the decentralization of actions to ensure access to services by the population, and in particular those of greater social vulnerability, in search of a resolute and higher quality health.

The Manaus Basic Health Care Network seeks to improve health services and actions, according to data managed by the Manaus City Hall in the year 2022, more than 2.5 million individual consultations were carried out, guaranteeing the 1st place in the Prevention ranking Brazil being a program that evaluates



the quality of health services throughout the country.

SEMSA coordinates its actions through the Health Districts (DISA) which are responsible for coordinating the actions for the assigned population, below the health districts: East Health District located at Rua das Rosas, without number – Jorge Teixeira II Stage; B. North Health District, located at Avenida Max Teixeira, number 12 – Cidade Nova; West Health District located at Rua Comandante Paulo Lasmar, without number, Conjunto Santos Dumont – Bairro da Paz; d. Rural Health District, located at Rua Comandante Paulo Lasmar, without number, Santos Dumont complex – Bairro da Paz; It is. South Health District located at Avenida Umberto Calderaro, number 300 – Adrianópolis.

The research and experience space took place at Disa Oeste, which is responsible for the USF Leonor de Freitas, located in Bairro da Compensa, West zone of the City of Manaus, located at Avenida Brasil, Bairro Compensa, whose characteristics: “UBS has with a differential, its opening hours are extended from Monday to Friday, from 7 am to 9 pm. On Saturdays from 8am to 12pm. By increasing the daily hours of the UBS, citizens who are unable to go during business hours will have an easier time accessing the service”.

Regarding the Family Health Unit - Leonor de Freitas, we can say that it is a reference USF for the community, among the services offered are: community care; attention to maternal and child health; adolescent/adult/elderly care; oral health and procedures. It is important to point out that there are 05 (five) - Family Health Strategy linked and inserted to this UBS, namely: O18, O20, O21, O22 and O43. The services and actions carried out at the UBS include the following: medical, nursing, dental consultations, pregnant women, men's health, women's health, health for the elderly, children and adolescents, immunization,

care for diabetics and hypertensive patients, tuberculosis care and Leprosy, Home visits and Health Promotion and Prevention.

The Leonor de Freitas Family Health Unit currently has a team of: Clinical physician (6); Gynecologist (2); Pediatrician (2); Nurse (9); Social Worker (02); Dentist (5); Pharmacist (4); Nursing assistant/technician (44); Community Health Agent – ACS (1); Administrative (8), making a total of 83 professionals who work in the aforementioned UBS. These professionals are divided into 3 (three) shifts, the USF is part of the Saúde na Hora Program launched by the Secretariat of Primary Health Care of the Ministry of Health (Saps/MS) in May 2019, and underwent updates with the publication of the Ordinance Number: 397/GM/MS, of March 16, 2020.

The program enables the funding of municipalities and the Federal District for the implementation of extended hours of operation of the Family Health Units (USF) and Basic Health Units (UBS) throughout the Brazilian territory. This way, the Saúde na Hora program now has the possibility of joining four types of extended hours: USF with 60 hours a week, USF with 60 hours a week, hours with Oral Health, USF with 75 hours a week with Oral Health and USF or UBS with a simplified 60-hour week.

That said, it is emphasized that every citizen has the right to be attended at the Health Units - UBS, understanding that the services are given from pregnancy to the end of life, the figure below shows in a didactic way when the SUS user must seek UBS services and actions for: a. vertical tube exchange (catheterization); B. hypertensive and diabetic; w. removal of stitches and dressings; d. family planning; It is. dentist (urgency and emergency); f. preventive; g. prenatal care and childcare; H. foot test; i. emergency appointments; j. flu syndrome; l. evaluation of exams; n. vaccines. These services and actions carried out at

the UBS are linked to the respective Health Networks mentioned above, which seek to verticalize the activities for care.

According to the Primary Health Care Service Portfolio (CaSAPS):

The services are organized and separated as follows: “Health Surveillance”, “Health Promotion”, “Attention and Care Centered on the Health of Adults and the Elderly”, “Attention and Care Centered on the Health of Children and Adolescents”, “Procedures in the PHC” and “Attention and Care Related to Oral Health (BRAZIL 2020, p.10)

Among these services, we will focus on the issue: Attention and Care Centered on Adult and Elderly Health, delimiting women’s health item 30, since the investigation and intervention will take place with this public. It is argued that screening for cervical cancer and follow-up of women diagnosed with cervical cancer must be one of the focuses of women’s health.

According to data from the National Cancer Institute (2022), estimates of crude and adjusted incidence rates per 100,000 women and the number of new cases of cervical cancer by region:

In the regional analysis, cervical cancer is the second most frequent in the North (20.48/100 thousand) and Northeast (17.59/100 thousand) and the third in the Midwest (16.66/100 thousand). In the South region (14.55/100 thousand) it occupies the fourth position and, in the Southeast region (12.93/100 thousand), the fifth position (INCA, 2022).

The regional analysis indicates that the North Region has stood out when the index of increase in the rates of new cases of cervical cancer, let’s see the table by state of the region:

North Region	Number of cases	Gross Rate	Adjusted rate
	1.980	20,48	16,77
Acre	70	15,23	15,41
Amapá	100	21,86	26,73
Amazonas	610	27,63	31,71
Pará	830	18,65	19,48
Rondônia	150	16,33	16,39
Roraima	40	10,91	13,25
Tocantins	180	22,00	16,77

Table 2: Statistical incidence rate of women – Cervical Cancer.

Source: INCA, 2022.

It is possible to see that Amazonas has the highest incidence of cervical cancer in the North Region, according to Inca (2022) the crude rate, which projects the number of cases per 100,000 women, is 16.35 for Brazil and 33.08 for Amazonas. When it comes to Manaus, the situation is even more serious, with a crude incidence rate of 51.94 for the same proportion of women. That is, most of the new cases are concentrated in the capital (Manaus).

The theme is analyzed based on the understanding that the prevention of the Cervix, as well as the situation of women who seek the services of Primary Health Care (PHC) with regard to the execution of the cytopathological examination aiming at, must have access to both to the exam as to its result and in case of change access to care in units of other levels of complexity

It must be noted that according to the Municipal Health Plan (2018/2021) which demonstrates the quantitative data about the cytopathological tests carried out at the Professor Sebastião Ferreira Marinho Specialty Laboratory from 2009 to 2016, which in 2009 were performed 30681 and in 2016 90114, the that there is a significant increase in the access of women to this exam in the city of Manaus. That is, in the aforementioned period, the production of Pap smears increased by



193.7%, with an average annual increase of 20.5%. These data are extremely relevant since the best way to prevent uterine cancer is the exam popularly called “Preventive”, that is, it is the Papanicolaou exam, performed with a sample collection of cells from the surface of the cervix, whose main function is to identify as early as possible precursor lesions of cancer in this region.

In compliance with Guideline Number: 02 expressed in the SEMSA/Manaus Annual Health Management Report (2021), Guideline Number 02 - Improving Care Networks and Promoting Comprehensive Care for people in the various life cycles, considering gender issues, sexual orientation, race/ethnicity and situations of vulnerability in Primary Care, as well as its objective Number: 2.1: “to improve health care networks, with emphasis on articulating the urgency and emergency network, the women’s and children’s health network, psychosocial care network and the health care network for people with chronic diseases”, it is revealed that from 2019 to 2012 (pandemic period) there was an increase in cytopathological tests in the city of Manaus, since in 2019 94 were reached % of PAS, already in 2020 (45.45%) and in 2021 (59.92%), among women aged 24 to 65 years. (SEMSA, Annual Health Management Reports, 2009 to 2021).

According to the 2021 Annual Report (SEMSA, 2021), Primary Health Care (PHC) has sought to implement and update the user registration on CADSUS WEB and oriented health teams on the increase in active search, in addition to other actions that aimed at increasing the rate of cytopathological examination, the indicators were, respectively, with the result of 0.37 below the expected for the year.

To this end, the main actions/Strategies to increase the achievement of the goal regarding the performance of cytopathological tests are:

1. Monitor the programming, performance and quality of the preventive collection;
2. Raise obstacles impeding the execution and qualification of preventive collection;
3. Elaborate an action plan for the execution of corrective actions in carrying out the preventive collection and in the quality of the sample (MANAGEMENT REPORT, 2021).

Faced with actions that enhance cervical cancer screening, as well as the increase in exams, much remains to be done, as low coverage of cervical cancer screening persists, one of the variables of difficulty in accessing and welcoming faced by women, will be due both to the rigidity in the teams’ agenda, which is not always open to women’s availability, and to the fact that they do not accept singularities.

According to Technical Regulation Number: 001/2018, actions and services within the Health Unit are defined as following a schedule of care schedules such as: Clinical care: consultations/care with higher-level professionals, carried out at the UBS, at home and/or community. And Actions in PHC: activities necessary for the functioning and coordination of care – administrative, collective, programmed, permanent education and team meetings.

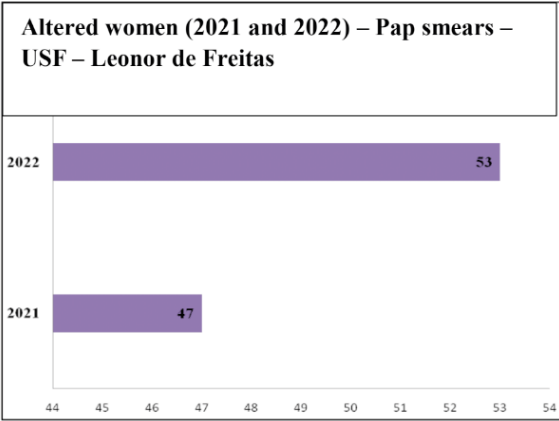
On the issue of women’s health, especially at the time of the “preventive collection”, at USF Leonor de Freitas, work is carried out with an open agenda and spontaneous demand, considering that the opening hours of the unit, which are extended from 07:00 to 21:00 assist women who are not available during the day. The team that works directly with the cytopathological test collection is: 09 nurses and 02 gynecologists.

Data taken from the Primary Care System (E-SUS) of the Municipal Health Department of Manaus – SEMSA and the Cancer Information System (SISCAN) (2022) reveal the number of tests performed between 2020 and 2022 at USF Leonor de Freitas were 5,728

(2020); 6290 (2021); 9,624(2022).

The data is clear, the growth from 2020 to 2022 is 60% in real numbers! That is, in 2022 the values doubled in terms of performing cytopathological tests at USF Leonor de Freitas. Primary Care, in particular the teams of the Family Health Strategy (ESF), have an important role in expanding the tracking and monitoring of the female population from 25 years old who have started sexual activity. Therefore, the work of education, guidance, active search and reception express their results in the figures shown above.

Complementing these data, the following graph demonstrates the number of women who had some alteration in the cytopathological examination at UFS Leonor de Freitas, let's see the data:



Graph 1: Historical Series 2020 to 2022 – USF Leonor de Freitas

Source: Cancer Information System (2022).

Corroborating the graph, SISCAN (2022) reveals that the number of women between 24 and 64 years old who underwent preventive care at USF Leonor de Freitas totals 100 with altered diagnoses between the years 2021 to 2022. of the women who had alterations in the exam and who are the focus of the active search and of the instructions given, the most recurrent precursor lesions of the cervix were: a. Squamous Cells Cannot Rule Out High

Grade Injury (ASC-H) (27); B. Low Grade Intraepithelial Lesion (LSIL) (17); w. High Grade Intraepithelial Lesion (HSIL) (13); d. Atypical Squamous Cells of Undetermined Significance (ASC-US) (10).

Finally, the data and classifications allow us to affirm the importance of the preventive exam or Pap smear in the identification of diseases such as: detection of cervical cancer, presence of the HPV virus; gynecological infections such as candidiasis, chlamydia, gonorrhea, syphilis, trichomoniasis and gardnerella, and the presence of nodules or cysts. In addition, investing in the examination being carried out in a welcoming environment that presents all the conditions for respectful and humanized care for women is one of the strategies for expanding cytopathology. The procedure for carrying out the preventive in a safe, dignified and welcoming way must be one of the strategies of the technical team in order to guarantee the safety and reception of women who seek the service.

### FINAL CONSIDERATIONS

Let nothing define us, let nothing subject us.  
May freedom be our very substance, since to live is to be free.

Simone de Beauvoir (2018).

We are women and we have rights! Therefore, it is argued that we cannot be defined as “women with alteration”, “women with cervical cancer”, when we enter a health unit to perform tests or seek our results and access to care, treatment. We don’t need predicates. We are women and we have the right to reproductive health and access to dignified and quality care.

For this reason, this research gives visibility to women’s health from the perspective of prevention, defends access to the preventive examination in its completeness of information and guidance, since the lack of information

about access to health goods and services leads women to lose their lives, to have denied the full enjoyment of the right to health. It is argued that it is the responsibility of Primary Care to provide comprehensive care and conduct health promotion actions, screening and early detection, as well as monitoring

the therapeutic follow-up of women in other levels of care.

Finally, understanding the role/meaning of Primary Health Care (PHC) in the Unified Health System (SUS) is vital to strengthen health and ensure the right to life of women in our society.

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