

RESEARCH ARTICLE

FACTORES SOCIOCULTURALES QUE INFLUYEN A LA NO TOMA DE CITOLOGÍA EN MUJERES DEL ÁREA RURAL Y URBANA DEL MUNICIPIO DE SAN GIL.

SOCIOCULTURAL FACTORS THAT INFLUENCE THE FAILURE TO TAKE CYTOLOGY IN WOMEN FROM THE RURAL AND URBAN AREAS OF THE MUNICIPALITY OF SAN GIL.

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RESUMEN

Introducción: En Colombia el cáncer de cuello uterino es una de las patologías con mayor incidencia y mortalidad. **Objetivo:** Determinar los factores que influyen en a la no toma de citología del área rural y urbana del municipio de San Gil. **Metodología:** Es un estudio de tipo cuantitativo con un diseño analítico, descriptivo y transversal, con una muestra de 175 mujeres del municipio de San Gil, se aplicó la encuesta nacional de demografía y salud (ENDS-2010) de Profamilia, es una investigación sin riesgo, donde se escogieron por variables como mayores de 18 años, residentes del área rural y urbana, que no se han realizado la citología y que firmaron el consentimiento informado. **Resultados:** se encontró que los factores que influyen a la no toma de citología son los factores psicológicos como miedo/temor (10,9%) y factor educativo haciendo referencia al no tener vida sexual activa con (5,1%) y debido a su edad creían que no era necesario y porque nunca les explicaron que era importante (3,4%). Encontrando así un (56,6%) de mujeres que se realizaron la citología y un (43,4%) que nunca se la han realizado. **Conclusiones:** Se determinaron diversos factores predisponentes a la no toma de la citología como lo son factores psicológicos, educativos, en la relación a estos factores, las mujeres del área rural tienen menor asistencia sanitaria, en las cuales se puede evidenciar la falta de conocimientos y en las mujeres del área urbana hay mayor

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asistencia sanitaria, la mayoría cumplen con el esquema 1-1-3 que es debidamente planteado en el sistema de salud.

PALABRAS CLAVE: cáncer de cuello uterino, citología, factores de riesgo, servicios de salud

ABSTRACT

Introduction: In Colombia, cervical cancer is one of the pathologies with the highest incidence and mortality. **Objective:** To determine the factors that influence the non-taking of cytology in the rural and urban areas of the municipality of San Gil. **Methodology:** It is a quantitative study with an analytical, descriptive and cross-sectional design, with a sample of 175 women from the municipality of San Gil, the national demographic and health survey (ENDS-2010) of Profamilia was applied, it is a risk-free research, where variables such as over 18 years old, residents of rural and urban areas, who have not had a cytology and who signed the informed consent were chosen. **Results:** it was found that the factors that influence the non-taking of cytology are psychological factors such as fear (10.9%) and educational factor referring to not having an active sexual life (5.1%) and because of their age they believed it was not necessary and because they were never explained that it was important (3.4%). Finding 56.6% of women who had a cytology and 43.4% who had never had one. **Conclusions:** Various predisposing factors were determined for not taking a cytology, such as psychological and educational factors. In relation to these factors, women in rural areas have less health care, in which a lack of knowledge can be seen, and women in urban areas have more health care, most comply with the 1-1-3 scheme that is duly established in the health system.

Keywords: cervical cancer, cytology, risk factors, health services

Introducción

In Colombia, according to the Ministry of Health (Minsalud, 2019) cervical cancer is one of the pathologies with the highest incidence and mortality, as it ranks first in causes of cancer death in women aged 30 to 59 years. Due to this information, the purpose of this research is to determine the different factors that

influence the non-taking of cytology, in accordance with the fulfillment of the Millennium Development Goals (2020) for the expansion of economic and social inequalities, threats and health problems, guaranteeing in Colombia broad coverage of affiliation to the SGSSS (Decree 2353, 2015) for greater access to health services for the general population.

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All this is based on the implementation of preventive measures for cervical cancer proposed by the WHO and PAHO (2019) for the timely and effective identification of the disease, through activities or screening in which the HPV vaccine is administered to women from 9 years old until 18, since, unlike other cancers, It has a causative agent such as HPV, with two types, 16 and 18, which are responsible for 70% of cancers and precancerous lesions of the cervix as reported by the National Institute of Cancer in the epidemiological bulletin (2019) and SIVIGILA (2019). As another preventive measure is the taking of cytology or test of papanicolaum, this being the main one in women in fertile age, The World Health Organization and the Ministry of Health of Colombia promote this examination as an important technique and its periodic implementation, since it has a positive impact on the early detection of cancer.

Based on the fact that cytology is a free and easily accessible examination, in the municipality of San Gil, according to the Epidemiology and Demography Group of the Santander Health Secretariat (2020)

in 2019 there were 283 cases of cervical cancer and 153 cases of breast cancer registered in the department. The municipalities with the highest incidence of these diseases are: Bucaramanga 37.46%, Floridablanca 9.19%, Barrancabermeja 9.19%, Girón 5.30%, Piedecuesta 5.30%, El Socorro 3.18% and San Gil 2.47%. Therefore, this research raises the problem and justifies the importance of its analysis for the nursing profession, based on the background of other research and the objectives set in the research, as they guide this process and allow generating very useful and highly significant information by identifying the various predisposing factors to the non-taking of cytology and the barriers to timely cancer detection as stated in the article by Aldave and Apolaya (2019), since by determining these limitations, it would help both service providers and the health system in general to find the reason for the absence of this screening in women residing in the municipality of San Gil and thus, these same entities can implement timely activities and interventions until a large percentage of women are involved in performing this

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test on time, as implemented by the National Cancer Institute (2021) for the early detection and pertinent management of precancerous lesions of the cervix, which also includes the partner and family, so that they can easily understand their situation and the process they must follow for a definitive diagnosis and treatment of their lesion.

Materiales y métodos.

Type of study: Analytical, descriptive, and cross-sectional; for the determination and identification of psychological, sociocultural, economic, and educational variables that influence the non-taking of cytology.

Population and sample: The population analysis was carried out using the database of the Municipal Mayor's Office of San Gil, which included 175 women from the urban and rural areas of the municipality of San Gil, Santander, who met the inclusion criteria: signing informed consent, being adult women, and residing in the municipality of San Gil.

Data collection instruments

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The instrument used for data collection was the national demographic and health survey (ENDS – 2015), which is divided into two sections; starting with a sociodemographic sheet where age, occupation, socioeconomic status, marital status, religion, and educational level are sought. On the other hand, questions were asked to evaluate knowledge, use, and frequency of cervico-uterine cytology, reasons for not having performed this examination, why results are not claimed, costs, and care sites.

Data analysis.

Statistical processing and analysis were performed using SPSS version 24. First, a univariate analysis was performed to



describe the sociodemographic variables of the women included in the database. Qualitative variables are presented in terms of percentages and frequencies, while quantitative variables are presented in terms of means, medians, and standard deviation. The information is shown in tables.

This research will be supported by Resolution 8430 of 1993, which indicates

Results

Sociodemographic variables: With respect to age, the average age was found to be 29 years, the median 25, and the mode 20, with a deviation of 10.259, a range of 43, a minimum of 18, and a maximum of 59. In terms of origin, 68.6% were from urban areas; regarding marital status, 55.4% are single women; 76.0% belong to the Catholic religion; in terms of educational level, 50.9% are university

that it is a risk-free investigation, as according to the Ministry of Health, these are studies that employ retrospective documentary research techniques and methods and those in which no intentional intervention or modification of the biological, physiological, psychological, or social variables of the individuals participating in the study.

women; 44% are in stratum 2; 40.6% are students; 47.4% belong to the subsidized regime. (Table 1).

Tabla 1.

Variable	Frequencies	Porcentaje
Origin		
Rural	55	31,4
Urban	120	68,6

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Marital status		
Single	97	55,4
Married	40	22,9
Free union	25	14,3
Widow	4	2,3
Separated	9	5,1
Religion		
Catholic	133	76,0
Christian	29	16,6
Jehovah's Witness	6	3,4
Other	7	4,0
Educational level		
Primary	4	2,3
Incomplete primary	4	2,3
Secondary	39	22,3
Incomplete secondary	7	4,0
Technical	30	17,1
University	89	50,9
None	2	1,1
Socioeconomic level		
Stratum 1	32	18,3
Stratum 2	77	44,0
Stratum 3	59	33,7
Stratum 4	7	4,0
Occupation		
Employed	36	20,6
Self-employed	31	17,7
Housewife	26	14,9
Unemployed	11	6,3
Student	71	40,6
Afiliation		
Subsidized	83	47,4
Contributory	83	47,4
None	8	5,1

Fuente: authors

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Use of the Pap smear:

According to the data obtained after the surveys, 96.6% have had sexual relations; 80% have heard of the Pap smear; 32.0% of them learned about Pap smear through a health institution, 56.6% of these women have undergone Pap smear; 28.6%; 34.9% undergo Pap smear annually. (Table 2).

Tabla 2.

Variable	Frecuencia	Porcentaje
Have you ever had sexual relations?		
Yes	169	96,6
No	6	3,4
Have you heard of the Pap smear?		
Yes	140	80,0
No	35	20,0
How did you find out about the Pap smear?		
Family	45	25,7
friends	13	7,4
School	7	4,0
Radio	1	,6
Television	4	2,3
Health institution	56	32,0
Meetings	5	2,9
Don't remember	9	5,1
Have you ever had a Pap smear?		
Si	99	56,6
No	76	43,4

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How often have you had it done?		
More than a year	6	3,4
Every year	61	34,9
Every three years	4	2,2
More than five years	5	2,9
Only once	23	13,1

Fuente: authors

Sociosanitary factors:

Of the 99 women who have had a Pap smear, 74.7% had it done in a hospital or clinic; 62.6% was fully paid by the health entity; for 54.5%, the place where the examination was performed was moderately close; 89.8% claimed the cytology result; 79.7% had a normal result; 5.0% had to undergo colposcopy or biopsy due to an abnormal result; 5.0%

reported not having claimed the result because the institution where the examination was performed did not deliver it. Similarly, a lack of humanization was found in 48.7%; finally, among the main reasons for not having cytology are lack of time, too much paperwork, not trusting doctors, fear, and dread. (Table 3).

Tabla 3.

Variable	F	%
Where was your last Pap smear performed?		
Hospital or clinic	74	74.7
Private medical office	25	25.2
Was your last Pap smear paid for by the institution you are (or were) affiliated with?		
Yes, fully	62	62.6
Yes, partially (copayments, moderate fees)	16	16.1
No, it was private		

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	21	21.2
How far is the location where the Pap smear is done?		
Distant	21	21.2
Moderate close	54	54.5
Close	24	24.2
Did you claim the results of your last Pap smear?		
Yes	89	89.8
No	6	6.0
You have not received it yet	4	4.0
If you claimed it, what was the result of your last Pap smear?		
Normal	79	79.7
Abnormal	10	10.1
If your result was abnormal, did you have to have a colposcopy-biopsy?		
Si	5	5.0
No	4	4.0
Don't remember	1	1,1
If you did not claim your Pap smear result, what was the main reason?		
Fear of being told you have cancer	4	2,3
You felt mistreated/offended when the exam was done	1	1.0
The institution where the exam was performed did not provide you the results	5	5.0
If you have not had a Pap smear (never/more than 3 years ago), what is the main reason?		
Lack of time	5	6.6
Service is far away	2	2.6
Very expensive transportation	2	2.6
Poor quality service	3	4.0
You went, but you weren't attended	1	1.3
You don't trust doctors	6	8.0
Too much paperwork	4	5.3
You don't know where the service is provided	1	1.3
Consultation hours don't work	2	2.6
They didn't explain you it was important	2	2.6
Fear/Dread	6	8.0

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laziness/carelessness	19	25.3
The doctor did not order it to you	5	6.6
At your age, you don't think it's necessary	3	4.0
You don't have an active sex life	6	8.0
You don't feel sick	9	12
If you have already had the cytology, when you went to the health center, did you notice any of the following?		
Long queues	8	8.0
Consultation hours don't work	10	10
Delay in care	21	21.2
Lack of humanization	48	48.4
Others	12	12.1

Fuente: authors

Discussion.

cervical cancer is the leading cause of cancer death among women aged 30 to 59, unlike other cancers. Approximately 3,800 women suffer from cervical cancer each year, with an adjusted annual rate of 15.3 cases per 100,000 inhabitants. (National Cancer Observatory, 2024). Cervicovaginal cytology is the most recommended way for early identification of cervical lesions or prevention of the appearance of lesions according to PAHO/WHO (2017), therefore, health services propose to reduce the high incidence and mortality rates of this cancer through early detection. According to PAHO, the Global Strategy

for the Elimination of Cervical Cancer is framed in three pillars: prevention, detection and treatment of precancerous lesions, early diagnosis of cancer and invasive cancer management programs, which cover a comprehensive approach. (PAHO, 2018).

The study involved 175 women, divided into urban population with 68.6% and rural with 31.4% from the municipality of San Gil, aged between 18 and 59 years. According to the data obtained from the surveys, the majority of women, 56.6%, have undergone cytology, and on the other hand, 43.4% have never undergone this test. These data are concerning since this test is available to

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all users in the municipality of San Gil, and this allows analyzing that there is a high probability of an increase in the non-performance of cytology and, therefore, possible complications.

In the study, the main factors preventing cytology were fear/dread, laziness, neglect, and educational factors, not feeling sick, not having an active sex life, and little knowledge about it. Likewise, in the study by Saldaña Téllez M, Montero M, López L (2017) actors such as a low educational level were present, which is associated with poor knowledge and a negative attitude towards undergoing cervical cytology.

According to (Urdaneta et al., 2018) in their study they found that the psychological factors affecting women for not undergoing cytology were fear/dread, embarrassment, shame, and forgetfulness on their part, due to lack of knowledge of this examination and because some of them reported having bad experiences when undergoing cytology.

On the other hand, Beltrán & Guzmán (2023) identified that women in urban

areas have a higher proportion of having undergone cytology compared to women in rural areas who have never had it. However, unlike this, women in urban areas, despite showing a higher number in attendance, also present a lower number in continuity with the 1-1-3 scheme due to limited knowledge and concern about this exam.

Regarding the patients' experience when attending the health center after cytology, 48.4% of those surveyed stated that the care lacked humanization. Humanization in health is essential to guarantee quality of care and patient satisfaction, so this finding is alarming. The lack of humanization in health services is an important factor that contributes to user dissatisfaction; this affects their perception of the care received and their adherence to treatments, according to Beltrán et al. (2020).

On the other hand, 21.2% reported delays in care, which coincides with studies showing that delays in health services are a problem in many health institutions. In the study by Castillo et al. (2019) delays in care were also observed. This indicates that patients

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may feel frustrated and that prolonged waiting times can affect the effectiveness of treatments and diagnoses. These delays, together with inconvenient consultation hours (10%) and long queues (8.0%), show deficiencies in the organization of the health system that require immediate attention to improve accessibility and user satisfaction.

The humanization of care and the optimization of logistics to reduce waiting times and better adapt to patients' needs, despite 12.1% of those surveyed mentioning other problems, confirm the need for improvements in health services.

Conclusion.

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Various predisposing factors for not undergoing cytology were determined, such as psychological factors like fear/dread of the examination being painful or the result being abnormal, and educational factors such as not having an active sexual life and believing it is not necessary at their age. In relation to these factors, women in rural areas have less healthcare access, where a lack of knowledge can be evidenced, while women in urban areas have greater healthcare access, as 70% comply with the 1-1-3 scheme that is properly established in the health system.

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desarrollo sostenible.
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