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ORIGINAL ARTICLE

DISCOURSE AND PRACTICE OF COMMUNITY HEALTH AGENTS IN THE PREVENTION OF CERVICAL CANCER

DISCURSO E PRÁTICA DAS AGENTES COMUNITÁRIAS DE SAÚDE NA PREVENÇÃO DO CÂNCER DE COLO UTERINO

DISCURSOS Y PRÁCTICA DE LAS AGENTES COMUNITARIAS DE SALUD EN LA PREVENCIÓN DEL CÁNCER DEL CUELLO UTERINO

Roberta Lima Gonçalves¹, Anyssa de Oliveira Barbosa², Nathália da Cunha Henriques³, Sheila Milena Pessoa dos Santos⁴, Lizziane Aparecida Silva de Macêdo⁵

ABSTRACT

Objective: to evaluate the self-care practice and the perception of community health agents (ACS) about the prevention of cervical cancer. **Method:** descriptive and exploratory study with a qualitative approach, conducted with 19 ACS in the city of Campina Grande/PB/Brazil. The data collection was through semi-structured interview script, between October and December 2013. The results were analyzed by content analysis technique. The research project was approved in Ethics Committee in Research, under the CAAE nº 19750813.0.0000.5182. **Results:** three categories emerged << The discourse and practice of ACS about the prevention of cervical cancer (PCCU)>>, <<The (lack of) knowledge about self-care practices related to PCCU>> and << Knowledge headquarters versus information sources>>. **Conclusion:** although performing Pap smear examination periodically, most of the ACS have incipient knowledge and under than expected about this topic, which echoes in self-care practice and, possibly, in the information given in the community assisted. **Descriptors:** Cervical Cancer Prevention; Community Health Agents; Professional Education in Public Health.

RESUMO

Objetivo: avaliar a prática do autocuidado e a percepção das agentes comunitárias de saúde (ACS) em relação à prevenção do câncer do colo uterino. **Método:** estudo exploratório e descritivo com abordagem qualitativa, realizado com 19 ACS no município de Campina Grande/PB/Brasil. A produção de dados foi realizada através de roteiro de entrevista semiestruturado, entre os meses de outubro e dezembro de 2013. Os resultados foram analisados pela técnica de análise de conteúdo. O projeto de pesquisa foi aprovado em Comitê de Ética em Pesquisa, sob o CAAE nº 19750813.0.0000.5182. **Resultados:** emergiram três categorias << O discurso e a prática das ACS em relação à Prevenção do Câncer de Colo Uterino (PCCU) >>, << O (des)conhecimento sobre as práticas do autocuidado relacionadas à PCCU >> e << Sede de conhecimento versus fontes de informação>>. **Conclusão:** a maioria das ACS, embora realize o exame citopatológico periodicamente, tem conhecimento incipiente e aquém do esperado sobre essa temática, o que repercute na prática de autocuidado e, possivelmente, nas informações repassadas na comunidade assistida. **Descritores:** Prevenção do Câncer de Colo Uterino; Agentes Comunitários de Saúde; Educação Profissional em Saúde Pública.

RESUMEN

Objetivo: evaluar la práctica del autocuidado y la percepción de las agentes comunitarias de salud (ACS) en relación a la prevención del cáncer del cuello uterino. **Método:** estudio exploratorio y descriptivo con enfoque cualitativo, realizado con 19 ACS en el municipio de Campina Grande/PB/Brasil. La producción de datos fue realizada a través de guía de entrevista semi-estructurado, entre los meses de octubre y diciembre de 2013. Los resultados fueron analizados por la técnica de análisis de contenido. El proyecto de investigación fue aprobado en Comité de Ética en Investigación, sobre el CAAE número 19750813.0.0000.5182. **Resultados:** surgieron tres categorías << El discurso y la práctica de las ACS en relación a la Prevención del Cáncer del Cuello Uterino (PCCU) >>, << El (des)conocimiento sobre las prácticas del autocuidado relacionadas a la PCCU >> y << Sed de conocimiento versus fuentes de información>>. **Conclusión:** la mayoría de las ACS, aunque realice el examen cito-patológico periódicamente, tiene conocimiento incipiente y bajo de lo esperado sobre este tema, lo que repercute en la práctica de autocuidado y, posiblemente, en las informaciones repassadas en la comunidad asistida. **Descriptores:** Prevención del Cáncer del Cuello Uterino; Agentes Comunitarios de Salud; Educación Profesional en Salud Pública.

¹Nurse, Master degree Professor, Nursing Course, Federal University of Campina Grande/UFCG, Campina Grande (PB), Brazil. E-mail: berttalima@gmail.com; ²Nurse, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: nyssa.oliveira@gmail.com; ³Undergraduate Psychology, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: nathaliahenriques1@hotmail.com; ⁴Nurse. Master degree Professor, Nursing Course, Federal University of Campina Grande/UFCG, Campina Grande (PB), Brazil. E-mail: sheila.milena@gmail.com; ⁵Nurse. Specialist in Family Health, Municipality of Campina Grande /PMCG. Campina Grande (PB), Brazil. E-mail: lizzianelasm50@gmail.com

INTRODUCTION

Cervical cancer (CCU) is the second cancer that affects more women worldwide.¹ In Brazil, it was estimated about 18,510 new cases to 2014, with the estimated risk of 18.20 cases every 100 thousand women. However, there is a regional difference in incidence, since the highest incidence is in the Northeast and Southeast region, with 6,340 and 5,740 cases respectively, followed by South with 3,000 cases; North with 1,860 cases; and the Midwest with 1,570 cases.²

Thus, the primary and secondary prevention strategies are essential to improve indicators. With regard to primary prevention, the decreased exposure to specific risk factors are associated, mainly relating to infection with Human Papillomavirus (HPV), early sexual activity, multiple sexual partners and multiple births.³

Similarly, it is known that CCU affects women of low socioeconomic levels and socially vulnerable, and the exposure to these risk factors can be related from the low knowledge to cultural, religious, psychological and socioeconomic barriers.⁴ Studies also suggest that smoking and contraceptive use may be related to risk of developing cervical cancer.⁵

In Brazil, another primary prevention was also introduced: immunization against HPV. There are two types of vaccines: the quadrivalent (HPV4) and the vaccine against oncogenic HPV (HPV2). Both are available on the market. They should be administered preferably between 11 and 12 years old. However, to achieve maximum effectiveness of the vaccine, it is important that the woman has not been previously infected by HPV virus subtypes.⁶

Regarding the secondary prevention, Pap smear exam is proposed, also called Pap test or Prevention of Cervical Cancer Examination (PCCU). This is most known prevention by the population. This examination is responsible for detection of carcinoma in situ or precursor lesions in the pre-clinical phase. Due to this neoplasm having slow progression, 15 years to reach the advanced stage on average; the chances of cure are very high, with proper prevention or early detection.⁴

According to the Ministry of Health and the National Cancer Institute José Alencar Gomes da Silva (INCA), the frequency for this examination should be annual. After two consecutive negative results, it happens to be held every three years. In addition, it is also recommended that the age group of women to

CCU prevention examination is 25-64 years old if the woman has sex activity.³

It is essential for women to understand how the population perceives the CCU and how the information about this neoplasm are given by health professionals involved in primary health care for the control of morbidity and mortality from cervical cancer.⁷

Community health agents (ACS) responsible for conducting health information approaching the popular health knowledge and technical-scientific knowledge, among other things, are important links between the health team and women in disease prevention activities, as with cervical cancer.⁸

How ACS understand the problems of public health and experience self-care, regarding prevention of cervical cancer should be analyzed because, in general, health workers tend to prioritize others care than their own care.⁹

This attitude of ACS professionals working in the Family Health Strategy (ESF), especially in the Family Health Units (USF) in Malvinas neighborhood, in the city of Campina Grande/PB, was perceived during the work being carried out in partnership with the Municipal Secretary of Campina Grande (SMS - CG) and the Federal University of Campina Grande (UFCG), by the National Program of Vocational Training Reorientation Health/Labor Education Program for Health (Pro-Saúde/PET-Saúde). These programs are guided by the Ministry of Health and promote university extension activities and the integration of education and health service.

In the extension actions taken by the academic with the ACS, it can be seen a gap in self-care practices, since some of these professionals resist the examination of CCU prevention, with different justifications. On the other hand, they are also incentive of women so that they adhere to the practice of performing it by following the technical recommendations given by doctors and nurses involved in the ESF.

This study was designed from a problem detected in the extension experience of Pro-Saúde/PET-Saúde. Their results are important for a close look at self-care practices of ACS, which are at the same time, residents of assisted community and health professionals responsible for the dissemination of information on the CCU. Thus, this study aims to:

- Evaluate the self-care practice and the perception of the community health agents (ACS) about the Prevention of Cervical Cancer (PCCU).

METHODOLOGY

Article elaborated from the research project << **The self-care practice and the perception of community health agents about the prevention of cervical cancer** >> linked to the National Program of Vocational Training Reorientation Health - Pro-Saúde (established by the Interministerial Ordinance MS/MEC No. 2,101, of November 3, 2005, and expanded by the Interministerial Ordinance MS/MEC No. 3019 of 26 November 2007) and the Education Program for Working for Health - PET-Saúde, of the Ministry of Health (regulated by Ministerial Decree No. 421 of March 3, 2010).

Exploratory and descriptive study with qualitative approach.¹⁰ It was held in five USF integrating Pro-Saúde/PET-Saúde and, specifically, the line of action *Prevention of cervical cancer and breast cancer*. These USF are located in the urban area of the city of Campina Grande/PB/Brazil.

The subjects were all ACS involved in the line of action and who met the inclusion criteria: professional experience as ACS for at least six months, not be absent from their activities during the period of data collection, being female, being in the age group 25-64 years old, have initiated sexual activity and accept to take part in the study by signing the Informed Consent Term (TCLE). Thus, there was a sample of 19 ACS.

Data production occurred in the period from October to December 2013, from a semi-structured script.¹¹ The interviews were recorded and transcribed in full after the consent of the interviewees. Additional information was recorded in a field diary in order to contribute to the analysis of the experienced situation.

Data analysis followed the methodological approach of content analysis technique, which uses systematic procedures and description of the objectives of messages content. In the pre-analysis stage, briefing reading was performed, allowing the researcher raising first impressions. Then, the material exploration was performed, where the messages were coded so that, later, categories were certain emerging. Finally, in the last step, there was the treatment of the results, processing the analysis and discussion of the data collected throughout the stages.¹²

The research was the project approved by the Ethics Committee in Research of the University Hospital Alcides Carneiro, of the Federal University of Campina Grande, in the Presentation Certificate for Ethics Assessment

(CAAE) No 19750813.0.0000.5182 and the Opinion No. 408 273, and following the recommendations arising from the Resolution No. 466/12 of the National Health Council.

For understanding and preservation of the confidentiality of participants' identity, the community health agents were identified by the letters "ACS" plus the serial number of the interviews.

RESULTS

◆ Participants characterization

The age average among the participants was 40.2 years old, the youngest was 25 and the oldest was 57 years old. Among the total number of ACS, 14 (73.7%) were between 30 to 49 years old, fitting both in the risk age for the incidence, which is 35 years old, as for mortality, which is 45 to 64 years old.¹³

As for the race, eight ACS (42.1%) declared they were brown, six ACS (31.5%) declared they were white, and finally five ACS (26.4%) declared they were black. Regarding vulnerability to CCU, it is observed that the Pap test is less done by women of brown or black race.¹⁴ In this perspective, the respondents of this research are exposed to a higher risk of acquiring the CCU.

Regarding education, 15 ACS (78.9%) have high school degree as higher level of education. However, three ACS (15.8%) have incomplete higher education and only one ACS (5.3%) with incomplete secondary education. With regard to family income, the lower income declared was one minimum wage, and the highest income was four times the minimum wage. However, twelve ACS (63.1%) reported family income of three minimum wages. Otherwise, these values are different compared to ASC from other regions of the country, where the average income is less than the minimum wage.⁸

The ACS interviewees in this research, for most of them not having a low economic and educational level, they have a lower risk of incidence¹⁵, since examination of CCU prevention is less valued and performed in women with lower education level¹⁴ and low economic level.¹⁵

In this study, 18 ACS (94.7%) reported not currently be a smoker, and only one ACS (5.3%) reported making sporadic use. However, when asked if they made use of cigarettes previously, 13 ACS (68.4%) reported never having smoked, five ACS (26.3%) said they were smokers, with an average use of 11.7 years, and one ACS (5.3%) reported have been passive smoker. Thus, these information is relevant because smoking contributes to an

increased risk for the suppression of cellular immunity, favoring persistent infection of HPV.¹⁶

As for the time of experience as ACS, the average was 10.2 years. The ACS with shorter experience was working for four years. The most experienced ACS was working for 18 years. This finding is important because the experience of time is directly linked to a higher level of knowledge and excellence practices.¹⁷

With regard to the practices of PCCU self-care, it was not perceived among some ACS in this research.

♦ Analysis of the discourses of the interviewees

♦ The speech and the practice of ACS in relation to the means of CCU prevention

When the ACS were asked about means of CCU prevention, they only relate it to the examination of PCCU. When questioned about this test performance, 15 ACS (78.9%) have performed the CCU examination in the last year, three ACS (15.8%) had not performed it in the last year, and one ACS (5.3%) did not report about it. In cases where the tests were not in day, it was possible to observe embarrassment and shame during interviews.

The interviewees who perform the CCU prevention examination routinely claim that it is important to have a positive impact in the community women attitudes to the prevention of this neoplasm, as they are considered professionals being examples in the community.

Because if I work with prevention, we have to match. I cannot tell my patients that I'm visiting there, knocking on the door every day, we have to do to prevent if I do not [...]. (ACS 17)

[...] If you guides and you do not care, what am I doing? I have to be careful too, so I can also serve as an example for people [...] So if we do not take care too, how will I (pause) ... What is attitude to take care of others? (ACS 18)

In ACS patients not undergoing the CCU prevention examination in the last year, it was observed that the gap in self-care causes them to experience moments of contradiction between theory and practice.

[...] I do this education work of my micro area. However, I do not act the way that is right. [...] So my job is this: to bring that person to do [...] so I should be the first to put my name and do the exam. [...] (ACS 4)

From this perspective, in every speech of ACS about performing or not the CCU prevention examination, it is clear that they value a self-care approach, because they are

often seen as behavior references in the community. Thus, this responsibility with work has a positive aspect, since they can see themselves as role models to be followed, and this is related to existing thin line between being user and the fact of working in the community.¹⁸

There were also two ACS who highlighted that the self-care through the PCCU examination, is essential. However, they justified that the multiplicity of roles that women occupy in society today makes self-care not being prioritized. Thus, it is clear that professionals working in the health area, although training or guidance to take care of others, they do not care of themselves.⁹

It is essential that self-care. Every day, we have to take care of other things: I study, I work, I take care of my family, husband, son, mother, so time is passing, accommodation process [...]. (ACS 4)

Among the ACS who were not with the PCCU examination in line with the frequency recommended by the Ministry of Health, one has performed it only once in life, despite being 39 years old and have received prenatal care of three pregnancies. This fact shows failures of these prenatal because the CCU screening is the same for pregnant women and women outside the pregnancy cycle, including its realization should be held in prenatal consultations.^{3,19}

Thus, it can be seen that the inharmonious discourses found in the PCCU exam practice can be related to the low level of education required, which has been shown to be fragile to achieve effective health practices related to the CCU prevention.

♦ PCCU The (lack of) knowledge of self-care practices related to PCCU

Although the ACS being fundamental to CCU screening process in the community they attend, they showed incipient knowledge about the topic. During the interviews, there were moments of silence, showing insecurity in some questions and sometimes distorted knowledge.

When asked about the risk factors related to CCU, it was observed that only six ACS (31.6%) described them properly, citing multiple partners and HPV infection. Only one interviewee who has an incomplete higher education level in the health area, but still doing the course was able to mention these factors.

The multiplicity of partners is considered a significant risk factor, as it increases the chances of transmission of sexually transmitted infections (STIs), including HPV.³

Protection during intercourse with condom use [...]. Nothing better than prevent cancer of the cervix, because HPV virus is a virus that is a causative factor of cervical cancer [...] (ACS 19)

It is of great importance that small number of ACS who associated only two risk factors to CCU. Therefore to adhere self-care to the practice and to disseminate accurate information to the community, it is necessary for ACS know the CCU risk factors.

In addition, compared to other ACS, only one interviewee noted an association between HPV and CCU, but with a distorted view, although acting for five years in the ESF. From this perspective, she is unaware that HPV is a virus known to cause lesions in the cervix.³

[...] I avoid sitting in public places for fear of HPV, to get it in bathrooms, in public places [...] Because HPV is a type of cervical cancer. All that small moles, that whole thing, if not treated, it evolves [...] (ACS 6)

Lack of knowledge about other risk factors significantly affects the CCU primary prevention, both by ACS as by the community, because the lack of knowledge of the topic makes health education of impaired public.

Regarding secondary prevention, it is observed that, in unanimity, the ACS related periodic collection of cervical cancer as a way to CCU prevention. This collection is the main strategy of screening recommended by the Ministry of Health.³

Always take the exam, right? The Pap smear examination [...] (ACS 9)

In most cases, considering that the ACS unaware primary prevention, but correctly described the secondary prevention, it is possible to say that there is a fragmentation of knowledge. This may influence the effectiveness of CCU screening, and may not achieve the desired or sufficient level to conduct a proper professional practice to the Ministry of Health prerogatives.²⁰

As regards the frequency of Pap smear, all ACS reported that the procedure should be performed annually. However, this is not the only recommendation of the Ministry of Health.³

[...] Where it is all right, I'm already used to doing, then I let a year passing, a year or so; then I do it again. (ACS 2)

Every year. Although she [nurse] says you do not need - you can do it every two or three years, but I prefer every year. (ACS 3)

The fact that ACS refer to annual exam and to conduct the examination in this time interval is not a wrong practice of self-care point of view. Despite this situation, it is common to find health professionals who

reported doing the exam each year, but without mentioning the frequency recommended by the Ministry of Health.²¹

In this sense, it was evidenced in a speech the distorted knowledge of screening intervals. According to the interviewee, she follows the recommendation information obtained from a health professional of ESF, but her understanding seems confused as to what, in fact, is recommended.

At least, the Ministry of Health twice or at least once a year recommends it. So, what I do, at least once a year. [...] Who usually does regularly once a year, the first three times, the fourth time, you spend three years without doing it. [...] In an interview that I saw a doctor speaking. (ACS 5)

It is also noted that knowledge of common sense remains erroneously in the speeches of most ACS, being repeated the quote to maintain vaginal hygiene in order to avoid the CCU. In addition, they reported that the menstrual phase and the sexual act inherent in the sexual life and the woman's body physiology in reproductive age, are related to dirt.

[...] Being cleaned, right? We have to be careful when you have sexual intercourse, when in menstrual period [...] (ACS 8)

Personal hygiene, right? The person doing the hygiene [...] Whenever you have intercourse, washing after, right? And not only in the relationship, always do your hygiene. (ACS 9)

In this perspective, the ACS considered sexual intercourse as a permeated with dirt action, and the use of condoms would reduce this feeling, as would prevent the contact of their bodies with the male semen. Thus, condom use to ACS was not related to PCCU - the use is restricted only to contraception, or to cases where women do not trust the partner. Indeed, 12 (63.1%) ACS do not currently use it.

[...] Because we rely much on the husband, we have seen many events between couples due to the trust, so I trust him and I imagine that he has no other person. (ACS 12)

[...] Both for reasons of disease and unwanted pregnancy. (ACS 9)

This shows that, when it comes to sexual experiences, the organs related to reproduction and sex, the daily actions are covered with cultural beliefs, prejudices and taboos.²²

In this sense, we can see in the speeches that the condom does not assume the role of preventing STDs and HPV, but a way of contributing to the health and contraception. This may be related to the idea explored over the years linking the issue of sex as taboo,

disease transmission vehicle and something permeated by the idea of a dirty place.²²

I preferred it when it was with a condom, because you end up, take a shower and you're clean, that's it. (ACS 7)

I think it is more hygienic, I do not like that gummy. I do not like it! And even when I used contraceptive, I wore a condom. (ACS 8)

Adding to this confused knowledge, there is the previously acquired knowledge to work as ACS and which remain stable. The speeches below show popular knowledge, but leading to reflection: even the ACS as community members for working in health and PCCU, it is expected that the technical knowledge to overcome the popular one when it is wrong, and therefore unhealthy to practice self-care and the guidelines that possibly are offered to the community.

I avoid sitting in public places for fear of HPV, to get it in bathrooms, in public places. (ACS 6)

Whenever I work, I place an absorbent, not to be sitting in any place. Because sometimes we sit some place where there are people with something, it might take, right? (ACS 11)

Thus, ACS being components of the ESF team, it is necessary a greater knowledge about national screening guidelines, as these are based on scientific¹ evidence and are part of the actions that can be helped by these professionals.

◆ Knowledge headquarters versus information sources

For being representative of the community, ACS brings the technical knowledge of health teams to popular knowledge of different social groups and thus their work include technical dimension, which aims at assisting individuals and families through monitoring actions of specific groups, prevalent and risk diseases, home visits and health information, based on epidemiological and clinical knowledge.²³ However this practice was not found among the participants in this study.

The interviewees mentioned lack of technical information about CCU and its prevention. On the other hand, there is the desire for training to support their work in the community with women. This is related to the low level of education and technical training found in this study, where most of them have high school, but do not have specific training course for ACS.

According to the interviewees, the guidelines they have are everyday experience from the USF and especially the community. Therefore, there is no training strategies for

them, demonstrating that it is necessary to ensure continuing education to ACS in order to develop their skills and have incentive to participatory reflective and transforming community work.²³

I insist that we should have more preparation so we can pass it to the area and for women who are in the area. (ACS 2)

I should have also a certain degree of knowledge, because I'm in the area doing this quest of these people. [...] I had not access [to information], but I think this should always be recycled. Working, so that we were prepared to serve the community. (ACS 4)

The required continuing and applied education in most speeches reflects the possibility of a significant learning and able to transform the practices of professionals.²⁴ However, for lack of guidelines, it became clear that the ACS seek other sources of information in order to overcome the detected knowledge gap.

[...] I learned watching TV, watching documentaries [...] (ACS 8)

We have also books about STDs and on all venereal diseases. Then we read, right? And pass it for the community. (ACS 11)

Studying, searching in books, internet, orientation also from the gynecologist and nurse of the unit. (ACS 19)

It is necessary to reflect about these digital sources of information, because although the internet is one of the means to access information, and consequent education,²⁵ not all information coming from that place is safe, as noted only by one ACS.

[...] I go to the Internet, although not all search in the internet is from a reliable source. (ACS 5)

In this sense, it should be a bigger severity in access to information that ACS use in the acquisition of knowledge for the exercise of their functions. It is necessary to ensure that the means by which they obtain information are safe, given the diversity of content sources, mainly in internet.²⁶ Therefore, the isolated search and the lack of capacity of discernment between scientific truth and common sense can direct incorrectly practices related to the CCU prevention.

CONCLUSION

There was the persistence of incipient speeches related to knowledge about the oncogenesis of CCU and its relationship with HPV, to the ways of prevention and risk factors. It was also found that the popular knowledge in ACS distorted self-care practices, because they still think that the CCU, is an example of the belief that personal hygiene alone can avoid it.

In this way, there was the incident in the speeches of all of them recommending a Pap smear every year, even some not obeying it; others never performed this examination. In line with this, there was uncertainty and doubt in the discourse regarding compliance of the protocol recommendation of the Ministry of Health. This is something extremely important in this research, as evidenced by the lack of actions to be carried out under the SUS and have the potential to impact the high CCU rates in Brazil.

The way how the ACS get/got the information they put into practice in their personal and working routine may have a direct correlation in the lack of knowledge evidenced in this study because there are no moments of continuing education aimed at the topic. Information sources are therefore informal conversation with health professionals, manuals, media outlets and internet.

This knowledge gap was highlighted by the interviewees, when mentioned in several speeches the need for training about CCU for applicability in their actions directed to the community. Furthermore, it is believed that this knowledge could improve the self-care.

The ACS see themselves as role models for the community, especially in relation to regular Pap smear exams. However, it was not observed regarding the use of condoms for prevention of HPV infection, given that most do not use any type of condom and did not realize this vulnerability condition.

Therefore, it is a reflection of the need for actions related to ACS, since that they are important members of the community, not only for users of the service. Therefore, the results obtained in this study will be a guiding for training aimed at them, promoted by members of the Pro-Saúde/PET-Saúde action line of *Prevention of cervical and breast cancer* in order to provide ACS a connection between the speech and the self-care practice of these professionals regarding the PCCU.

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Corresponding Address

Roberta Lima Gonçalves
Av. Juvêncio Arruda, 795
Bairro Bodocongó
CEP 58411-120 – Campina Grande (PB), Brazil