ABSTRACT

Objective: to characterize the women who underwent the Papsmear exam and presented a result with pre-malignant or malignant alteration. Method: a descriptive study, with a quantitative approach, with 61 women selected from the Cervical Cancer Information System. We analyzed the simple frequencies of the variables, presented in tables. Results: 31.1% of the women were 29 to 38 years old; 78.7% declared themselves black/brown; 60.7% had the sex between 15 and 19 years; 60.7% were married/stable union; 65.9% did not use condoms; 57.4% performed Papsmear annually. Conclusion: unfavorable social characteristics and sexual practices, coupled with misleading knowledge of health practices, were important characteristic factors found among women with pre-malignant and malignant alterations, being these important risk factors for the development of cervical-uterine cancer. Descriptors: Uterine Cervical Neoplasms; Knowledge; Primary Prevention.

RESUMO

Objetivo: caracterizar as mulheres que realizaram o exame Papanicolaou e apresentaram resultado com alteração pré-maligna ou maligna. Método: estudo descritivo, de abordagem quantitativa, com 61 mulheres selecionadas a partir do Sistema de Informação do Câncer do Colo do Útero. Foram analisadas as frequências simples das variáveis, apresentadas em tabelas. Resultados: 31,1% das mulheres tinham de 29 a 38 anos; 78,7% se autodeclararam pretas/pardas; 60,7% tiveram a sexarca entre 15 e 19 anos; 60,7% eram casadas/união estável; 65,9% não usavam preservativo; 57,4% realizavam anualmente Papanicolaou. Conclusão: características sociais e práticas sexuais desfavoráveis, juntamente com conhecimento equivocado de práticas em saúde, foram fatores importantes nas características encontradas entre as mulheres com lesões pré-malignas e malignas, sendo estes importantes fatores de risco para o desenvolvimento do câncer cervical. Descritores: Câncer do Colo do Útero; Controle do Câncer; Prevenção Primária.

RESUMEN

Objetivo: caracterizar a las mujeres que realizaron el examen Papanicolaou y presentaron resultado con alteración pre-maligna o maligna. Método: estudio descriptivo, de abordaje cuantitativo, con 61 mujeres seleccionadas a partir del Sistema de Información del Cáncer del Cuello Uterino. Se analizaron las frecuencias simples de las variables, presentadas en tablas. Resultados: 31.1% de las mujeres tenían entre 29 y 38 años; 78.7% se auto declararon negras / pardas; El 60.7% tuvo la sexarca entre 15 y 19 años; 60.7% eran casadas / unión estable; El 65.9% no usaba preservativo; el 57.4% realizaba anualmente Papanicolaou. Conclusión: características sociales y prácticas sexuales desfavorables, junto con conocimiento equivocado de prácticas en salud, fueron factores importantes en las características encontradas entre las mujeres con lesiones pre-malignas y malignas, siendo estos importantes factores de riesgo para el desarrollo del cáncer cervicouterino. Descritores: Neoplasias del Cuello Uterino; Control de Cáncer; Prevención Primaria.

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INTRODUCTION

Cervical Cancer (CC) is considered a serious problem in world public health, being the second most common type of cancer among women.1 This disease has an incidence of 500,000 new cases per year in the world and is responsible for approximately 230 thousand deaths each year.2 In Brazil, in 2014, its incidence was 15.3 cases per 100 thousand women, with an estimated risk of 16 thousand new cases. It is the type of neoplasm that most causes deaths in young women (15 to 44 years of age).3

The main risk factor for developing cervical dysplasia and, consequently, CC, is Human Papillomavirus (HPV) infection, which occurs through sexual contact. There are now 13 types of HPV recognized as oncogenic, of these, the most frequent are HPV16 and HPV18.4

HPV, alone, is not a sufficient cause for the development of the neoplasm, and other factors are associated with its development, maintenance and progression, such as: smoking, age, multiparity, early onset of sexual activity, Sexually Transmitted Infections(STI), Multiple sexual partners, and prolonged use of oral contraceptives.5 An unfavorable socioeconomic condition is also associated with the chance of developing CC.6 The incidence of this neoplasm is twice as high in developing countries, as in first-world countries.1

Among the main alterations associated with the pre-neoplastic or malignant processes are: Atypical of Indeterminate Significance in Squamous Cells; Glandular Cells and / or Cells of indefinite origin; Low-grade and high-grade cervical intraepithelial lesions characterized as mild, moderate to severe dysplasia; Adenocarcinomaine in situ and Invasive Carcinoma, that refer to cytopathologic changes.7

Regarding the screening and cure, of all types of neoplasias, CC is the one that has the greatest potential of prevention and cure, in approximately 100% of the cases, when diagnosed early. The evolution of this cancer, most often, occurs slowly, ranging from ten to 20 years, passing through several pre-clinical stages (pre-invasive), curable in almost all cases, to the most advanced stage of the disease (invasive stage), where healing becomes more difficult.1

The morbidity and mortality of women from cervical cancer can be avoided. As a detection strategy, the main method of tracking and controlling this neoplasm is the cytopathologic exam of the uterine cervix, popularly known as the Papsmear, indicated to be a safe, simple, low-cost, high-effectiveness exam.8

This exam is also offered in the Basic Health Units, and nurses have a relevant role in the accomplishment of cytopathology in basic care.8 The offer of the examination, within the Family Health Strategy, aims, to make it more feasible for the women living in different locations. However, despite the ease of access, low membership is still a challenge to be overcome. The main reasons related to non-compliance are in women's belief in being healthy, because they do not present gynecological complaints; fear of cancer and the procedure itself; feelings of embarrassment or embarrassment; physical discomfort during the procedure; lack of knowledge of the importance and purpose of the examination; and difficulties in accessing it. These aspects make it difficult and, sometimes, even nullify women's demand for this type of service, resulting in low coverage.5

Knowing the characteristics of women affected by injuries to the uterine cervix is extremely important for identifying the most vulnerable groups and structuring measures for this public.

OBJECTIVE

- To characterize women who underwent pap smear examination and presented a result with pre-malignant or malignant alteration.

MÉTODO

Descriptive study, with a quantitative approach, carried out in the municipality of Senhor do Bonfim-BA. Among the inclusion criteria are: women over 18 years of age; which performed the cytopathological examination in the years of 2012 and 2013; which have resulted from pre-malignant or malignant lesions in the cervix; were still registered in the Cervical Cancer Information System (CCSIS), due to cytopathologic alterations.

The exclusion criteria were: women less than 18 years of age; residents in another municipality; Without change of cytopathological examination; were not registered in CCSIS.

After applying the inclusion / exclusion criteria, 76 women were found. From the support of the Community Health Agents, home visits were made to locate and, subsequently, interview such women. There were 15 losses, 12 of which were due to inconsistencies in the addresses contained in

...
Characterization of women with pre-malignant...

...the results of the exams. Three other possible participants declined to participate in the survey. Thus, the sample made up a total of 61 women.

A semi-structured form containing 34 questions was used, as a data collection instrument, which was elaborated from a literature review on the subject. The form was divided into the following thematic blocks: Socio-demographic data; Gynecological antecedents; Obstetric Background and Sexual Practice; Knowledge about Pap smears and Injuries presented.

Data collection was performed between September 2013 and May 2014. Data were stored in a database, analyzed and processed in the Statistical Package for Social Sciences (SPSS), version 9.0. In the first step, with the objective of evaluating the typing quality, the bank consistency analysis was performed with the listing of the simple frequencies of the variables and, the typing errors were corrected. Next, an exploratory and descriptive analysis of the sample, was performed according to socio demographic, gynecological, obstetric, sexual practice, knowledge about the pap smear and aspects related to the results of the examination.

The research project was forwarded to the Ethics and Research Committee (CEP) of UNEB and approved with the opinion nº 332.761 and CAAE nº 04294312.0.0000.0057.

It should be noted that the study followed the specifications of Resolution 466/2012, of the National Health Council/Ministry of Health, that regulates research involving human beings. Including, the beginning of collection only after reading and signing the Informed Consent Form (ICF).

RESULTS

The age of women ranged from 19 to 59 years. There was a predominance in the age groups of 29 to 38 years (31.1%) and 39 to 48 years (24.6%). Regarding the color variable, women predominantly declared themselves black and brown (78.7%). Regarding schooling, 36% had attended high school (1st to 3rd year) and 16.4% never attended school (they did not know how to read and write or just signed their name). For the variable marital situation, there was a predominance of married or stable women (60.7%). The highest proportion of participants had monthly family income less than or equal to a minimum wage (72.2%) and (49.2%) had some paid activity (Table 1).

Table 1. Sociodemographic characteristics of women who presented premalignant or malignant changes in Pap smear. Senhor do Bonfim (BA), Brazil, 2012-2013.

<table>
<thead>
<tr>
<th>Sociodemographic characteristics (N=61)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Age (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 to 28 years</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td>29 to 38 years</td>
<td>19</td>
<td>31.1</td>
</tr>
<tr>
<td>39 to 48 years</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>49 to 58 years</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>59 years and over</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Race / Skin Color (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black / brown</td>
<td>48</td>
<td>78.7</td>
</tr>
<tr>
<td>Others</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>Education (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never attended school</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Elementary School I (1st to 4th grade)</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Elementary School II (5th to 8th grade)</td>
<td>20</td>
<td>32.8</td>
</tr>
<tr>
<td>High School (1st to 3rd year)</td>
<td>22</td>
<td>36.0</td>
</tr>
<tr>
<td>Marital status (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married / stable marriage</td>
<td>37</td>
<td>60.7</td>
</tr>
<tr>
<td>Single</td>
<td>11</td>
<td>18.0</td>
</tr>
<tr>
<td>Separated / divorced / reclusive / Widowed</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>Monthly family income (61) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a minimum wage</td>
<td>44</td>
<td>72.2</td>
</tr>
<tr>
<td>More than one minimum wage</td>
<td>17</td>
<td>27.8</td>
</tr>
<tr>
<td>Has any gainful activity (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>50.8</td>
</tr>
</tbody>
</table>

* SM: Minimum wage in force in 2014: R $ 724.00.

Table 2 presents the gynecological, obstetrical and sexual history of the study participants. It was verified that, 60.7% of the interviewees had the first intercourse between 15 and 19 years of age. With regard to the number of sexual partners, 62.3% had one to three partners. The highest proportion of women reported using contraception...
Of these, 68.3% denied the use of combined oral contraceptives and 65.9% said they did not use a condom.

Regarding the variable Sexually Transmitted Infection, except HPV, 9.8% of the women affirmed this experience and, of these, 83.3% reported that they had been treated. Regarding the treatment of the partner, 50% of these did not carry out the therapy.

Concerning table 3, the highest proportion of respondents had children (88.5%), and 66.7% had one to three children. Regarding the variable age of the first birth, 35.1% were 14 and 17 years old and between 18 and 21 years. Regarding the number of births, 57.4% of the women had three births or less. Regarding the variable abortion, 44.3% of the interviewees refer to this experience.
Table 4 describes the knowledge and practice regarding the performance of Papsmear: 49.2% of the women interviewed said that this procedure is used to prevent diseases in general. Regarding the age of the first exam, 50.8% did between 16 and 24 years. Regarding the periodicity of the examination, 57.4% stated that the examination should be performed annually, followed by 36.1%, who thought that it should be done every six months. 57.4% reported an interval of one year or less between the penultimate and the last exam. Regarding the age they had when they presented the alteration in the last exam, 32.8% were between 28 and 37 years old. Regarding the reason for the last examination, 54.1% said they had performed the last exam because it was a routine procedure.

Table 4. Knowledge and Practice regarding the Papsmear of women who presented Papsmear or pre-malignant or malignant alteration. Senhor do Bonfim (BA), Brazil, 2012-2013.

<table>
<thead>
<tr>
<th>Knowledge and Practice (N=61)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the Papsmear (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent cervical cancer</td>
<td>27</td>
<td>44.3</td>
</tr>
<tr>
<td>Prevent cancer in general</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Prevent diseases</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>Do not know / other</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Age at first Pap smear (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 to 24 years</td>
<td>31</td>
<td>50.8</td>
</tr>
<tr>
<td>25 to 33 years</td>
<td>9</td>
<td>14.7</td>
</tr>
<tr>
<td>34 to 42 years</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Do not remember</td>
<td>18</td>
<td>29.6</td>
</tr>
<tr>
<td>Papsmear’s Routine (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each six months</td>
<td>22</td>
<td>36.1</td>
</tr>
<tr>
<td>Every year</td>
<td>35</td>
<td>57.4</td>
</tr>
<tr>
<td>Every three years</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>There is no right period</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Time between the penultimate and the last exam (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One year or less</td>
<td>35</td>
<td>57.4</td>
</tr>
<tr>
<td>Between two and three years</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Four years or more</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Do not remember</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Made an examination so far</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td>Age at the moment that presented the alteration in examination (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 27 years</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>28 to 37 years</td>
<td>20</td>
<td>32.8</td>
</tr>
<tr>
<td>38 to 47 years</td>
<td>14</td>
<td>23.0</td>
</tr>
<tr>
<td>48 to 57 years</td>
<td>5</td>
<td>8.2</td>
</tr>
<tr>
<td>58 years and over</td>
<td>9</td>
<td>14.7</td>
</tr>
<tr>
<td>What is the reason for the last exam (61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prevent cervical cancer</td>
<td>5</td>
<td>8.2</td>
</tr>
<tr>
<td>Physician / nurse recommendation</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>Because it is a routine exam</td>
<td>33</td>
<td>54.1</td>
</tr>
<tr>
<td>Recommendation from friends or relatives / Other</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Gynecological complaint</td>
<td>9</td>
<td>14.8</td>
</tr>
</tbody>
</table>

Table 5 presents the types of cervical intraepithelial lesions described in the Papsmear exam reports of the study participants, being diagnosed in the following...
order: Low Grade Intraepithelial Lesion, with 37.7%; Atypical Glandular Lesion Cells of Undetermined Significance, when High Grade Intraepithelial Lesion, with 19.7% can not be excluded; Atypical Squamous Cells of Indeterminate Significance, possibly non-neoplastic, presenting 18%.

Table 5. Lesions described in the Pap smear. Senhor do Bonfim (BA), Brazil, 2012-2013.

<table>
<thead>
<tr>
<th>Description of Injury</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraepithelial Lesion of Low Degree (LSIL)</td>
<td>23</td>
<td>37.7%</td>
</tr>
<tr>
<td>Lesion by Atypical Glandular Cells of Undetermined Significance (AGC), when it is not possible to exclude High Grade Intraepithelial Lesion</td>
<td>12</td>
<td>19.7%</td>
</tr>
<tr>
<td>Atypical Squamous Cells of Undetermined Significance, possibly non-neoplastic (ASC-US)</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Atypical Squamous Cells of Undetermined Significance, that can not exclude high-grade intraepithelial lesion (ASC-H)</td>
<td>6</td>
<td>9.8%</td>
</tr>
<tr>
<td>High Intraepithelial Lesion (HIL)</td>
<td>5</td>
<td>8.2%</td>
</tr>
<tr>
<td>Atypical Glandular Cells of Undetermined Significance (AGC), possibly non-neoplastic</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>High-grade intraepithelial lesion not being able to exclude microinvasion or invasive squamous cell carcinoma</td>
<td>2</td>
<td>3.3%</td>
</tr>
<tr>
<td>Low Degree Intraepithelial Lesion (LDIL)</td>
<td>23</td>
<td>37.7%</td>
</tr>
</tbody>
</table>

DISCUSSION

In the face of the characterization of women with intraepithelial lesions in the cervix, the results showed that the majority of participants (31.1%) were between 29 and 38 years old, which is according to the target age group for the examination Papsmear, recommended by the Ministry of Health (MH), which is between 25 and 64 years old.7

This finding is a positive factor because, as the literature shows, cervical cancer progresses slowly, presenting pre-invasive and invasive phases.8 Invasive cancer occurs more frequently in women from 40 to 60 years of age and around 30% to 71% of untreated in situ carcinomas may progress within ten years to something more serious, such as invasion. Thus, a large part of the diagnoses of lesions in the preinvasive phase is identified around the age of 20 to 30 years.2

Regarding race/color, 78.7% of the women described themselves as black/brown, in agreement with IBGE data9, which indicate that the largest part of the population in Bahia is self-declining black. A study conducted with 846 women to characterize the profile of women screened with intraepithelial lesions on the pap smear revealed that 92.9% of the participants were brown or black. In addition, the study showed that the association of lesions with black skin.10 The risk of these women developing CC is twice as frequent when compared to the risk of white women.11

Concerning the economic class, the majority of the participants belonged to the lower social classes and with high school education, with emphasis on participants who never attended school (16.4%). Inequality, be it economic or social, is a factor in differentiating the health conditions of the population, since this population has difficulties in access to health and quality education.12

With regard to the marital situation, a greater percentage of women who live with their partners (60.7%) can be perceived. On this issue, in the face of sexual behavior, both married women, and those living in a stable union, are prone to not using the condom, which leaves them deprived of protection against STIs.10 On the other hand, single women, or without fixed partners, have a low relation to STI because they have a greater adherence to the condom.10

This discussion converges with the findings of this study, where 65.9% of the interviewees did not use the condom. The same habit was found in a study conducted in women residing in Cuiabá-MT13, where all participants did not use it either. With this result, there is still a low adherence to condom use among the female population, predisposing them to contact with STI / HIV, including HPV, and increasing the female vulnerability to these infections.

Unfortunately, female submission to the male is still something still present in relationships. Many women do not use condoms for various reasons, such as: Fear of abandonment or sexual coercion or simply trusting the partner, as a factor of vulnerability. Thus, female empowerment, from health education, is essential for the promotion of self-imposed practices capable of provoking changes in the power relations in women's lives.
the daily lives of women with little control over their living conditions.14

Regarding the gynecological and obstetrical profile of the participants, the significant index (60.7%) of women who started sexual activities between the ages of 15 and 19 years stands out. The anticipation of sexual initiation can lead to complications, since the cervix anatomy of the cervix is not fully formed.15 It is also inferred that the development of an STI in this period of life, in addition to increasing the risk of contracting and Transmitting HIV, leads to the development of cervical mucous lesions earlier.8

The results also indicate that, although all the interviewees had ever taken the exam in their lifetime, only 44.3% knew what the Pap test is for.3 Similar to the dissemination of information about cervical cancer and its prevention measures, many women still die as a consequence of the late detection of this neoplasm, making the survey of women's knowledge about the preventive examination a great value for the prevention of CC.13

In this section, only 8.2% of the participants underwent the Papanicoulaou test in order to prevent CCU. Health professionals are necessary, since, for the caring process, it is a priority for this team to know the reality experienced by each woman in order to establish a relationship of safety and trust.16 It is noticed that health professionals need to invest mainly in health education, informing and clarifying issues that make it difficult to understand this type of examination, as well as to indicate the importance of the practice of this procedure.

In spite of the routine of the exam, it was verified that the greater part of the interviewed women (57.4%) takes the exam annually. When observing the time between the penultimate and last exam, the percentage repeats (57.4%). According to the Ministry of Health Papsmear should be performed once a year, and, after two annual tests with negative result for neoplasia, should be performed every three years.

This fact also deserves the attention of the health professionals in order to improve the work methodology, in order to allow a better understanding by the target public about the exam, its benefits and advantages for women's health, with a view to improving and facilitating adherence, in order to comply with the standards and requirements of the Ministry of Health.

In this study, it was possible to observe a significant value of women who presented Low Grade Intraepithelial Lesion (37.7%), followed by Lesion by Atypical Glandular Cells of Undetermined Significance when High Grade Intraepithelial Lesion (19.7%). A study carried out at BHUs in the southern area of the city of Natal / RN showed that, of the 134 women who presented an abnormality in the examination the majority (73.1%) had low grade lesions and 3.7% had a high grade lesion.1

A positive finding was that the majority of the participants had a low-grade intraepithelial lesion. This lesion presents a better prognosis of cure due to changes that are considered benign and frequently reversible, especially, in young adult women.17 On the other hand, a federal public university in the city of Rio de Janeiro, with the objective of knowing and analyzing the socioeconomic and demographic profile of women with cervical cancer precursor lesions, showed that 76.7%, of the 120 women interviewed had high grade intraepithelial lesions, with a lower percentage for the low grade intraepithelial lesion (23.3%).10

In relation to high-grade squamous intraepithelial lesion, about 70% of women with this type of lesion will present histopathological diagnosis and may present a histopathological diagnosis of invasive carcinoma.1 Thus, 8.2% of the women surveyed in this study would need to be immediately guided, to perform the procedures, according to clinical guidelines recommended by the Ministry of Health.

Faced with these data, it is important to highlight that the lesion does not necessarily have to go through all the steps to reach something more serious like the carcinoma. However, the high-grade lesions are, in most cases, identified as true precursors of cervical cancer, making it possible to develop an invasive cancer.18 The lesions considered to be preinvasive at the beginning of this type of neoplasia develop without any specific symptoms, and their diagnosis is confirmed by the Pap smear. Specific CC symptoms only occur when the tumor invades the cervical stroma, resulting in secondary bacterial infections, with foul-smelling discharge and bleeding.19

As cited, the most effective way to combat cervical cancer is through prevention in health and early diagnosis. However, early screening among the female population is not always possible due to the difficulty of access to health services. As a result of this problem, the possibilities of prevention are reduced and the risks of developing this pathology increase.
The prevention and detection of cervical cancer are extremely relevant, as this pathology can compromise the health and, consequently, the quality of life of these women, since the treatment of this disease can compromise the physical and psychological health of these women, which end up interfering in the way of life.  

CONCLUSION

It was possible to identify the characteristics of women with intraepithelial lesions. Among them, socioeconomic precariousness is a situation that was evident among women with injuries to the uterine cervix. It was also highlighted that certain aspects found are important risk factors for the development of cervical cancer, such as: the non-use of condoms and early sexual initiation. In addition, important distortions were observed in knowledge and practice, since most women do not know the purpose of the Papsmear and are unaware of the routine recommended by the Ministry of Health.

It is evident the need for preventive intervention, with a greater focus on educational strategies and actions, such as raising awareness of the importance of performing the Pap smear, as well as guidance on the objectives and advantages of performing this procedure periodically. The nurse, together with other health professionals, should be attentive to offer the best knowledge to identify risks and injuries, as well as give significant importance to the planning, execution and evaluation of health action programming, thus contributing to a reduction in the incidence of cervical cancer at different levels of health care.

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