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WOMEN'S ACCESSION TO THE PROGRAM OF CERVICAL CANCER CONTROL IN PRIMARY CARE

ADESÃO DE MULHERES AO PROGRAMA DE CONTROLE DO CÂNCER DE COLO UTERINO NA ATENÇÃO BÁSICA

LA MUJER JUNTA AL PROGRAMA DE CONTROL DE CÁNCER DE CUELLO UTERINO EN ATENCIÓN PRIMARIA

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ABSTRACT

Objective: analyzing the membership of women in the preventive-gynecological program in a Family Health Unit. **Method:** an exploratory and descriptive study of a quantitative approach. The sample consisted of 192 women registered in a FHS in the countryside of Bahia, in 2013. Data were tabulated in Microsoft Excel 2010 and analyzed using SPSS 16.0. The research project was approved by the Research Ethics Committee, Opinion nº 084/2011. **Results:** the study population was predominantly of childbearing age 25-49 years old, with higher prevalence in the membership survey women who have given birth 93,5%, and those women who reported ever having kids 95,5%. **Conclusion:** it is necessary to rethink the existence of own spaces to spread the improved quality of health care and the accessibility of women to preventive gynecological exam, extending the practices aimed at health care of women. **Descriptors:** Membership; Primary Care; Nursing; Prevention of Cervical Cancer.

RESUMO

Objetivo: analisar a adesão das mulheres no programa de preventivo-ginecológico em uma Unidade de Saúde da Família. **Método:** estudo exploratório e descritivo, com abordagem quantitativa. A amostragem foi constituída de 192 mulheres cadastradas em uma USF do interior da Bahia em 2013. Os dados foram tabulados no Microsoft Excel 2010 e analisados no SPSS 16.0. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer nº 084/2011. **Resultados:** a população estudada foi predominantemente em idade fértil de 25 a 49 anos, com maior prevalência na adesão do exame mulheres que já pariram 93,5%, bem como aquelas mulheres que informaram já ter filhos 95,5%. **Conclusão:** faz-se necessário repensar a existência de espaços próprios para difundir a melhoria da qualidade de atenção à saúde e a adesão das mulheres ao exame preventivo ginecológico, ampliando as práticas voltadas para a atenção à saúde da mulher. **Descritores:** Adesão; Atenção Básica; Enfermagem; Prevenção do Câncer de Colo de Útero.

RESUMEN

Objetivo: analizar la membresía de las mujeres en el programa preventivo y ginecológico en una Unidad de Salud de la Familia. **Método:** un estudio exploratorio y descriptivo con enfoque cuantitativo. La muestra consistió en 192 mujeres registradas en una USF del interior de Bahía, en 2013. Los datos fueron tabulados en el Microsoft Excel 2010 y analizados con el programa SPSS 16.0. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Dictamen nº 084/2011. **Resultados:** la población del estudio fue predominantemente en edad fértil 25-49 años, con mayor prevalencia en la membresía al examen por mujeres que ya hayan parido 93,5%, y las mujeres que reportaron ya tener hijos 95,5%. **Conclusión:** es necesario repensar la existencia de espacios propios para difundir la mejora de la calidad de la atención de salud y la membresía de las mujeres al examen ginecológico preventivo, extendiendo las prácticas destinadas a la atención de salud a las mujeres. **Descriptores:** Membresía; Atención Primaria; Enfermería; Prevención del Cáncer de Cuello Uterino.

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INTRODUCTION

Cervical cancer (CCU) is a serious public health problem, the second most common tumor in the female population, second only to breast cancer is the fourth leading cause of cancer death in women in Brazil.¹ According to the data from INCA in Brazil, in 2012, the CCU made 4.800 fatalities and 18.430 new cases presented.² The northeast region ranks second in incidence of regional analysis in Brazil, with a rate of 18/100 thousand cases.²

The CCU is characterized by the uncontrolled replication of epithelium tissue, compromising the underlying tissue (stroma) and may invade adjacent structures and organs or distant. There are two main categories of invasive cervical carcinomas, depending on the origin of the affected epithelium: squamous cell carcinoma, the most common type, affecting the squamous epithelium, represents about 80% of cases, and adenocarcinoma, rarest type and affects the glandular epithelium.¹

In women with early diagnosis and proper treatment, the cancer of the cervix have virtually 100% chance of cure.² Thus, 44% of cases are precursor lesions of cancer, called in situ, which is a localized injury; it is more readily identified, and therefore there is a favorable prognosis.³

The preventive gynecological exam is an extremely important tool for the detection CCU, generating a favorable prognosis because of early diagnosis. This test is used in public health programs, to be safe, effective and inexpensive. The use of this colpo Pap examination enables the prevention of cervical cancer; it also identifies lesions in earlier stages of neoplasia.¹

Because of the magnitude of cervical cancer, the National Health System seeks prevention and control of this cancer through the Basic Health Care Units with cytopathology laboratories, histology and specialized hospitals.⁴ To controlling such data Colo Cancer Uterus Information System (SISCOLO) stores demographic and epidemiological information of these tests in SUS.⁵

The Ministry of Health Brazil determined that women aged 25 to 64 and women with active sex life even before that age group should perform preventive gynecological examination, and the examination should be performed once a year, with no change in income two consecutive years the woman just need to repeat the survey every two years.¹

Regarding risk factors for cervical cancer, infection ontogenetic subtypes of Human

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Papilloma Virus (HPV) are responsible for 70% of the cases,⁶ and other factors related to immunity, genetics, early start of sexual activity, multiple partners, smoking, immunosuppression, low socioeconomic status, prolonged use of oral contraceptives and intimate improper hygiene.⁷

OBJECTIVE

- Analyzing the membership of women in preventive-gynecological program in a Family Health Unit.

METHOD

It is an exploratory and descriptive study of a quantitative approach, developed with women over 18 years of age enrolled in a Family Health Unit in a city in the countryside of Bahia, in 2013. The data are part of the study conducted by the Women's Health Group, of the Education Program for Working for Health (PET-Health), of the State University of Southwest Bahia. (Opinion 084/2011 - CEP/UESB).

There were held searches in medical files in the Primary Care Information System (SIAB) of the said FHU, being identified 474 women over 18 years old. Interviews took place in the home of the FHU coverage area using a semi-structured questionnaire with objective and subjective questions. These interviews were conducted by the PET-Health Women's Health Group team.

The variables were categorized as follows: age (18 to 24 years old, 25-49 and 50 and over); parity (already calved or never given birth); abortion (since aborted and never miscarried); number of children (1 to 4, 5 to 8, 9 or more); marital status (with partner and unmarried); religion (with religious beliefs and no religious belief); self-refered skin color (dark skin color and others); schooling (low education and high education); family income (0-1 minimum wage and more than 1 minimum wage). It was considered with fellow interviewees who reported being married with religious belief those participants who reported being Protestant, Catholic and spiritualist; low education from the illiterate to elementary school, and color of skin categorized as dark and others.

Data were tabulated in Microsoft Excel 2010 program and analyzed using the Statistical Package for the Social Sciences SPSS version 16.0. The chi-square test (χ^2) of Pearson was used to identify factors associated with periodically performing or not the preventive gynecological exam. Level of significance was adopted $p = 5\%$.

RESULTS

◆ Socio-Demographic characterization of the study participants

As shown in Table 1, prevailed women of childbearing age, unmarried, who gave birth, who have children, who have not miscarried, who declared themselves dark skin, with religious belief, and highly educated, with incomes between 0 and 1 minimum wage.

In the sample studied 82,8% have littered with average parity equal to 2,7 of which 81,2% have children, with an average of 2,3 children; 30,7% aborted already at a

frequency of from 1 to 5 events. These women reported mostly 58.3% are dark skin, 97,3% claim to have any religious belief and concerning the marital status 43,8% live with a partner and 56,2% did not live with a partner.

Most of the total sample reported having high education for a total of 57,3%, as family income of these women 52,4% were between 0 and 1 minimum wage; 38,5% of the sample receive government benefits and among them 66,2% are enrolled in the Bolsa Família Program (family allowance).

Table 1. Frequency distribution according to demographics of study participants (n = 192). Municipality in the countryside of Bahia, Brazil, 2013.

Age in years (n=192)	n	%
Young (18 to 24)	27	14,1
Childbearing age (25 to 49)	88	45,8
Non reproductive age (50 to 100)	77	40,1
Parity (n=192)		
Yes	159	82,2
No	33	17,2
Number of childbirths (n=159)		
1 to 5	137	86,1
6 to 10	16	10,1
11 to 15	6	3,8
Number of children (n=156)		
1 to 4	129	81,1
5 to 8	22	13,8
9 to 13	5	3,1
Has children (n=192)		
Yes	156	81,2
No	36	18,8
Abortions (n=192)		
Has aborted	59	30,7
Never aborted	133	69,3
Color/Ethnicity (n=185)		
Dark skin	108	58,3
Other	77	41,7
Religious belief (n= 186)		
With religious belief	181	97,3
Without religious belief	5	2,7
Marital status (n=191)		
With a partner	88	46,1
Without a partner	103	53,9
Schooling (n=192)		
Low educational level	82	42,7
High educational level	110	57,3
Family income (n=185)		
Up to 1 minimum wage	97	52,4
From 2 to 5 minimum wages	84	45,4
Over 6 minimum wages	4	2,2
Receives benefits (n=192)		
Yes	74	38,5
No	118	61,5

Source: Statistical Package for the Social Sciences SPSS, version 16.0

◆ Accession of the study participants to preventive gynecological exam

Among the respondents, 87% (167) has conducted the survey quoted, those who have never performed the preventive gynecological examination justify being out of laziness and shame, that I never felt anything, lack of time or the examination request, difficulty in marking, lack of Card Unified Health System (SUS).

Regarding the professional who requested the examination of preventive 58,8% (113) of the women reported that the medical professional was the applicant of its examination, while 19,8% (38) were asked by the nurse being only 8,3 (16) requested by other professionals, while 13% (25) did not remember professional who would have asked for their preventive gynecological exam, 78,4% (98) of women who reported annually

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perform preventive gynecological exam, 12% (15) of the respondents reported performing once every two years and 9,6% (12) conducted this examination only once in their life. However, only 35,9% (60) of those who underwent the screening test said that the last three years they have made three tests.

To investigating about the reason for the request of the preventive examination by the professional 76% (145) of the women who made said that the request was given as a routine examination and did not show any visible problem during the examination; however, there were only two of the participants the research that elucidated the diagnosis of myoma was the motivation for the request of screening.

When investigated about the results of tests performed, 81,3% (135) of women reported that no problems were diagnosed with the examination and 18,7% (31) stated that a problem was detected, those women who reported a problem in the income examination 82,4% (28) cited as a diagnostic exam: inflammation, fibroids, white patch on the cervix and ovarian cyst.

Women diagnosed 64,7% (22) said they had done some kind of treatment, and 75% (18) of these reported that treatment adopted was based on vaginal creams. Women who underwent other treatments said that these were based on oral medications.

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Women who underwent preventive gynecological examination 65,9% (110) reported that they used the SUS as a free public service; however, among women who did not use SUS for the exam rose the following reasons: for possessing health insurance; the waiting time for the exam; lack of availability and difficulty to the appointments; the practicality of carrying out a private consultation and by not considering the nurse of skilled health unit; 70,3% (135) elucidated that it was easy to mark the preventive gynecological examination, but among those respondents who had difficulties in labeling for the exam reported, delay in marking; lack of professional and a great demand in relation to the offered vacancies were reasons for those difficulties.

After labeling 87,3% (145) of women who underwent preventive gynecological exam claimed that it took 15 days between the mark and the exam; 84,9% (141) said they received the test results up to 30 days after its completion; 91,1% (175) of the women in the study reported no people who have or have had cervical cancer in their family; while only 8,9% of respondents reported there people in the family who have or have had cervical cancer, being the degree of kinship aunts and grandparents.

Table 2. Characterization of membership for preventive gynecological examination of the participants of the study (n = 192), Municipality in the countryside of Bahia, Brazil, 2013.

Requesting professional (n=192)	n	%
Physician	113	58,8
Enfermeiro	38	19,8
Other professionals	16	8,3
Does not inform	25	13
Annual frequency of examinations (n=125)		
Annually	98	78,4
1 exam each 2 years	15	12
1 time in life	12	9,6
Conducted 3 exams in the last 3 years (n=192)	60	35,9
Reason of exam request (n=192)		
Routine exam	145	76
By previous diagnostic	2	1
Does not inform	45	23
Exam results (n=192)		
No problem detected	135	81,3
Some problem detected	31	18,7
Does not inform	26	
Use of SUS to the examination (n=167)		
Yes	110	
No	57	

Source: Statistical Package for the Social Sciences SPSS, version 16.0

As noted in Table 2 it appears that the major prevalence (93,8%) in the membership to preventive gynecological examination for women who have reported one or more parity events. Already those who reported never having given birth had lower membership to

preventive gynecological examination (57,5%), with statistically significant difference in both situations. It is notable that women who reported having children showed greater adherence to preventive gynecological examination (93,8%), since those who

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reported not having children had lower adherence to the quoted survey (57,5%),

which was different statistically significant for both situations.

Table 3. Prevalence of preventive gynecological examination according to socio-demographic variables of the study participants (n = 192), Municipality in the countryside of Bahia, Brazil, 2013.

Variables	n (%)	Prevalence %	P value*
Age (in years)			0,258
Up to 49	102 (59,9)	88,69%	
50 and older	65 (40,1)	84,41%	
Parity			<0,0001
Give birth	148 (77%)	93,8%	
Never gave birth	19 (9,8%)	57,5%	
Number of children			<0,0001
Has children	146 (76%)	93,5%	
No children	21 (10,9%)	58,3%	
Abortion			0,065
Aborted	55 (28,6%)	93,2%	
Never aborted	112 (58,3%)	84,2%	
Color/Referred ethnicity			0,402
Dark	95 (49,4%)	87,9%	
Other	72 (37,5%)	85,7%	
Religious belief			0,128
With belief	159 (82,8)	87,8%	
Without belief	7 (3,6%)	70%	
Marital Status			0,096
With a partner	80 (41,6%)	90,9%	
Without a partner	86 (44,7)	83,4%	
Schooling			0,083
Low educational level	75 (39%)	91,4%	
High educational level	92 (47,9%)	83,6%	
Family income			0,522
Up to 1 minimum wage	84 (43,7%)	86,5%	
More than 1 minimum wage	83 (43,2%)	87,3%	
Receives benefits			0,481
Yes	65 (33,8%)	38,9%	
No	9 (4,6%)	36%	

Source: Statistical Package for the Social Sciences SPSS, version 16.0
* P value of X² test

By analyzing the data it can be seen that for the sample studied women who reported having low education, have gone through abortion event (52,5%), but compared with women who reported "high" level of education (38,3%) which shows statistically significant differences (p value of 0,047 for testing x²).

From the results obtained, it is necessary to substantiate with authors, as these shows us similar results with the findings in this study.

DISCUSSION

The results of this study show that 59,9% of women aged 18 to 49, performed preventive examinations more frequently than women over the age of 50 years old. From this perspective the preventive gynecological exam that is the main way of tracking the CCU has the age range recommended between 25 to 64 years old, according to the Ministry of Health, with a greater emphasis among women 35-49 years old, because this is the period where CCU precursors to lesions reach their peak.¹ It is also observed that cervical cancer prevention practices are often aimed at women of childbearing age, not adequately

covering women who have risk of developing cancer of the cervix.⁸

Most young women in their reproductive stage performs preventive examinations more often at the Health Unit due to the fact they use programs such as prenatal or family planning or medical recommendations for gynecological complaints as discharge, pelvic pain, among others and not only for prevention of cervical cancer. The women above 50 who do not perform the screening test can be related to cultural, sexual and reproductive characteristics; it may be a reflection of the kind of society in which they lived.⁷⁻⁸

Another important factor for membership of preventive gynecological exam is their relationship with parity; we can see that there is significance when compared to women who never gave birth to women who have given. Of which have given birth 93,5% underwent the screening test, while those who never calved only 57,5% have performed the screening test. Studies show that this membership is due to the fact that pregnant women during that period perform vaginal examinations more frequently in the control visits of the prenatal

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and may even be the only contact that women have with the health service in their reproductive age.⁹⁻¹⁰⁻¹¹ During pregnancy there is a greater frequency by the woman at BHU and this is a form of adherence to preventive tests in the Family Health Units, given that preventive gynecological exam is part of the prenatal routine as one of complementary exams.¹²

The fact of whether or not a child is also a representative variable, showing a statistically significant association with the performance or nonperformance of preventive gynecological examination, the interviewed women who had children, 95,5% underwent the screening test for at least some time in their lives, while women who have never had children, only 58,3% were examined. This seems to reflect that when the woman becomes a mother she has a biological, cultural and social perception associating the need to cuddle up more so consequently look after their children.¹²

By analyzing the factors as abortion, color/ethnicity, religious belief, education and family income of this sample overall, it was observed that unlike some studies these variables did not affect the performance or nonperformance of preventive gynecological examination. Such an episode shows good test coverage in the study area; even surpassing the goal of the World Health Organization (WHO) recommends a minimum of 80% coverage, while the study reached 87% in the total number of women who have already performed preventive examinations⁷. When asked of how often performed the preventive gynecological exam 51% of participants reported it performs annually. The National Programme for Control of Cervical Cancer of the Uterus by the Ministry of Health of Brazil recommends that after two consecutive annual exams without any changes, a woman can repeat it every three years.¹ Of the respondents 13% of the sample never performed the preventive gynecological examination, most of these respondents claimed not to conduct the investigation quoted by never presented any symptoms.

In this perspective, we can infer that the welfare curative hospital-centered model is still present when that health shall be defined is understood to time do not feel pain, leaving the care focused only on the disease and not on health promotion.¹³ Teixeira says the program Family Health (FHP) established in 1994 is to restore this curative model developing strategies through a multidisciplinary team to improve health indicators acting in preventing.¹⁴ Through an

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erroneous thinking on the implementation of preventive gynecological exam, when a woman thinks the fact of the absence of apparent symptoms, causes these women consider this an insignificant examination, which most can develop any health problems related to the genital area and may eventually trigger cervical cancer. In this sense, the role of health professionals to sensitize them through information, as a prevention tool can create a significant learning space, making education on essential health in such cases, transforming them into co-responsible in the care of their health and quality Life.¹⁵

The study shows that the total number of women who underwent the screening test most 65.9% used the SUS, showing the completeness of the provision of that service and its effectiveness. According to the Ministry of Health of Brazil control of cervical cancer should ensure women humanized and full access because in addition to prevention should be screening lesions, early diagnosis and finally an adequated treatment.¹ Of the participants who not used SUS for realization of preventive gynecological examination, it reported that demand is too large for the number of offered vacancies, which leads us to think that the absence of these women to the health service, which means that these data are not enough until SISCOLO.

Moreover, there are those who reported problems in the system such as the interruption in receiving the result which prevents continuous care and the lack of confidence of users with the professional who performs the collection of gynecological material.

It is noteworthy that the insufficient access may discourage women in search of free public health service in addition to the feeling of indignation for the delay of care or schedule exam.¹⁶ It is necessary to happen actions aimed at achieving the population as reorganization of assistance ensuring equity of service by creating a link between the users and the Family Health Unit.⁷⁻¹⁷

CONCLUSION

There is a membership in the covering area of significant study with women above 18 years old, regarding the realization of preventive gynecological examination. Parity and the number of children were the main variables of the membership of this study with regard to the realization of preventive gynecological examination, showing that the Primary Care is able to mobilize the female audience during the Prenatal for membership of such an examination. In this context, to

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ensure compliance of those women who never gave birth, who never had children and over 50 years old, public policies must exist in order to sensitize them to the importance of having a gynecological screening.

The study had strengths and difficulties from the moment of data collection until analysis. Among the facilities we can highlight the receptiveness of users and their acceptability at the time of interview are contributing to a scientific study. Yet the difficulties were from the collection to find the participants of the inclusion criteria of the study in their homes, since most of them because they are young adults, were in their work environments. Thus, it is necessary that the staff of FHU plays efforts of a multidisciplinary way, not acting only in cytological collection, but especially the active search for women who have already started their sexual life, valuing more and more educational activities aimed at family background and the reality of their municipality.

The study met the proposed objective, which makes us rethink about the existence of own spaces to spread the improved quality of health care and membership of women with preventive gynecological examination; there should have more researches focused on the analysis of the factors that prevent them from seeking the service; expanding knowledge and practices turned to women's health with regard to prevention and health promotion.

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