



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

CERVICAL CANCER: KNOWLEDGE AND PRACTICES OF WOMEN USERS OF BASIC HEALTH CARE

CÂNCER DO COLO DO ÚTERO: SABERES E PRÁTICAS DE MULHERES USUÁRIAS DA ATENÇÃO BÁSICA

CÁNCER DE CUELLO UTERINO: CONOCIMIENTOS Y PRÁCTICAS DE USUARIAS DE ATENCIÓN BÁSICA

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ABSTRACT

Objective: to identify the knowledge and practices of women users of basic health units regarding the preventive examination for cervical cancer. **Method:** exploratory descriptive study with a qualitative approach, conducted with clients of the Family Health Strategy of the city of Parnaíba, State of Piauí, Brazil. The production of data was carried out by means of a semistructured interview script, using an MP3 player, between September and October 2010. The data were analyzed through content analysis. The research had the project approved by the Research Ethics Committee, certificate CAAE No. 27330.000.043-10. **Results:** three categories emerged: women's knowledge; determining factors; and frequency of the preventive examination. **Conclusion:** women understand the preventive examination in a superficial and wrong way, seeking it as a curative aspect rather than as preventive. They know the correct frequency, but they only undergo it when they have physiological or pathological changes. **Descriptors:** Women; Cervical Neoplasia; Cervical Cancer Prevention.

RESUMO

Objetivo: identificar saberes e práticas de usuárias de unidades básicas de saúde quanto ao exame preventivo do câncer de colo do útero. **Método:** estudo exploratório-descritivo com abordagem qualitativa, com clientes da Estratégia Saúde da Família do Município de Parnaíba, PI. A produção de dados realizou-se por meio de um roteiro de entrevista semiestruturado, com uso de aparelho de MP3, entre os meses de setembro e outubro de 2010. Os dados foram analisados pela análise de conteúdo. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 27330.000.043-10. **Resultados:** emergiram três categorias: saberes das mulheres; fatores determinantes; e frequência em relação ao exame preventivo. **Conclusão:** as mulheres compreendem o exame preventivo de forma superficial e equivocada, buscando-o mais pelo aspecto curativo que pelo preventivo. Conhecem a frequência correta, mas, só o realizam quando têm alterações fisiológicas ou patológicas. **Descritores:** Mulheres; Neoplasia do Colo Uterino; Prevenção de Câncer do Colo Uterino.

RESUMEN

Objetivo: identificar los conocimientos y prácticas de usuarias de las unidades básicas de salud en relación con el examen preventivo de cáncer de cuello uterino. **Método:** estudio exploratorio descriptivo con un enfoque cualitativo, realizado con clientes de la Estrategia Salud de la Familia de la ciudad de Parnaíba, Estado de Piauí, Brasil. La producción de datos se realizó mediante un guión de entrevista semiestructurado, utilizando un dispositivo MP3, entre septiembre y octubre de 2010. Los datos se analizaron mediante análisis de contenido. La investigación tuvo el proyecto aprobado por el Comité de Ética de Investigación, certificado N° CAAE-27330.000.043-10. **Resultados:** surgieron tres categorías: conocimiento de las mujeres; factores determinantes; y frecuencia en relación con el examen preventivo. **Conclusión:** las mujeres entienden el examen preventivo de manera superficial y equivocada, buscándolo como un aspecto curativo más que preventivo. Conocen la frecuencia correcta, pero sólo lo realizan cuando tienen cambios fisiológicos o patológicos. **Descriptor:** Mujeres; Neoplasia Cervical; Prevención del Cáncer de Cuello Uterino.

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INTRODUCTION

Cervical cancer is a malignant neoplasm located in the epithelium of the uterine cervix arising from cellular changes that evolve imperceptibly, resulting in an invasive cervical carcinoma. This disease can occur in a period ranging from 10 to 20 years.¹ It has well-defined stages with slow evolution, which allows its interruption from low-cost early diagnosis and timely treatment. Prevention measures considered of paramount importance include tracking of injuries in symptomatic and asymptomatic population, identifying the degree of these injuries and their appropriate treatment.²

Over the years, measures have been adopted in an attempt to control and even eradicate this type of cancer. In 1986, the Integral Assistance to Women's Health (PAISM) program was created as a result of social policies targeting the implementation of programs of assistance to women's health. PAISM's actions include cervical cancer prevention, through the completion of the preventive Papanicolaou test as one of the basic actions for women's health care.³

In 1997, the Ministry of Health (MH) launched the National Program for Control of Cervix and Breast Cancer (Viva Mulher), aiming to reduce substantially the number of deaths caused by cervical and breast cancer, through more effective access to early diagnosis using the Papanicolaou test and clinical breast examination.⁴

It is known that the emergence of cervical cancer is associated with infection by one of the 15 oncogenic types of HPV, as well as other risk factors like smoking, low intake of vitamins, multiplicity of sexual partners, early sexual initiation, and the use of oral contraceptives.⁵ It is possible to reduce the mortality caused by this cancer by up to 80% from the tracking of women aged between 25 and 65 years old with the completion of preventive examination for cervical cancer, as well as with the treatment of precursor lesions that have high potential for malignancy or *in situ* carcinoma.⁶

Cervical cytology has played an important role in tracking and clinical management of cervical lesions in some parts of the world. The absence of comprehensive tracking programs causes limited impact of actions taken for reducing mortality from cervical cancer.⁷

In Brazil, although this procedure is conducted in basic health units (BHU)—which facilitated the access of the female

population to its completion—many women are still reluctant to cytological collection and sometimes they undergo the examination in a late phase. Factors like embarrassment, shyness, fear, lack of information, prejudice of the companions, and other cultural concerns relate to a low demand on the part of women who seek health units for the completion of this examination.

Women's attitude toward undergoing citopathological examination is a determining factor in the incidence of cervical cancer.⁸ Thereby, taking into consideration the fact that these women often conduct their care practices from cultural conceptions and own knowledge—which in most cases are linked to a disease and not to preventive practices—the goal of this study was to know women's knowledge and practices related to preventive examination for cervical cancer.

It is important to consider that prevention does not depend only on technical aspects, but on other factors, including health education. The Family Health Strategy (FHS) includes multidisciplinary teams acting not only in cytological collection, but especially in health promotion. The team must be a health educator par excellence and must be prepared to act in the dimension of health care, including prevention and early detection of cervical cancer.⁹ Nursing has a fundamental role in this process, identifying risk populations, working in planning, execution, control, and supervision of cervical cancer education and prevention programs.

OBJECTIVE

- To identify knowledge and practices of users of basic health units regarding the preventive examination for cervical cancer.

METHOD

This is an exploratory descriptive study with a qualitative approach, conducted in a BHU of the FHS of the city of Parnaíba, State of Piauí, Brazil. The subjects of the research were 17 women who sought spontaneously the BHU to undergo the preventive examination for cervical cancer. The participants were chosen after being taken the following criteria into consideration: (a) accepting to participate voluntarily in the study; (b) being user of basic health care through proof of prior registration in the BHU; and (c) being aged from 18 to 65 years old.

In the present study, the age group of 18 to 65 years old was chosen because female sexual initiation happens increasingly early, which entails a predisposition to the

development of cervical cancer, and also because it is the age limit determined for the target population by the MH in order to undergo the examination.

The data collection was carried out from September to October 2010 applying a semistructured interview form containing open questions with the following aspects: sample characterization; women's knowledge about the preventive examination; purpose and ideal frequency of the examination; and reason(s) and frequency of the examination underwent by these women.

The analysis of the data was performed using the content analysis technique in its thematic mode, which aims to unveil the different nuclei of meaning which constitute communication. Three categories emerged after the analysis of the data: (a) women's knowledge about preventive examination; (b) determining factors for undergoing the preventive examination; and (c) frequency of preventive examination.

The confidentiality and anonymity of participants in the study were provided, as well as free access to all data and the freedom to quit the research at any stage. The subjects of the research were previously informed about the goals, purposes and importance of their collaboration. In addition, they were requested to sign an informed consent form authorizing their participation in the study.

The research followed the Resolution No. 196/96 of the National Health Council of the MH. The research project was approved by the Ethics Committee of the College of Health, Human Sciences and Technology of Piauí (NOVAFAPI) under certificate CAAE No. 27330.000.043-10.

RESULTS

◆ Characterization of the sample

The sample consisted of 17 women ranging from 18 to 65 years old. The number of subjects was defined on the basis of saturation of the data obtained. With regard to education, three of them had incomplete elementary school, one had complete elementary school, two had incomplete high school, seven had completed high school, and four had incomplete higher education.

As for the marital status, nine of the participants were married and eight were single. Regarding children, 11 women had children and six did not. There was a predominance of the Catholic religion with thirteen Catholics, followed by three Evangelicals, and one woman stated that she

had no religion. With respect to family income, eight of the respondents stated that they earned a minimum wage, seven earned over a minimum wage, and two earned less than a minimum wage. Regarding occupation, seven of the women interviewed were students, six were housewives, three were retired, and one was a self-employed worker. All the women were identified by the letter M followed by the number of the order in which they were interviewed. The data obtained were organized into three categories as follows:

◆ Knowledge about preventive examination for cervical cancer

This category describes the knowledge that women had about preventive examination for cervical cancer. It also assesses the knowledge that these women had about the purpose of the examination. It was observed that there was a lack of appropriate knowledge about preventive gynecological examination, which sometimes became vague with a distortion regarding the real purpose of the examination, as expressed in the following statements:

It's a test that is done to see how it's inside of us. (M. 01) (Ipsis litteris)
Basically, I'm going to undergo it to prevent some diseases, such as scratches, something like that, that's why I undergo it. (15) (Ipsis litteris)
As far as I know, it is a test that is underwent to avoid many diseases if they are at early stages. (10) (Ipsis litteris)

However, some women stated that they did not have any knowledge about the examination, which may represent a factor indicative of women's lack of information, or very limited knowledge on the subject. This is reflected in the following statements:

I can't even tell you, I just know that I take care, because there are cases in my family, the family is always pushing us, even my mother has recently died from cancer (m. 07) (Ipsis litteris)
I'm not really sure what this exam is, I only come to undergo it because the doctors ask. (M. 04) (Ipsis litteris)

When questioned about the purpose of the survey, most women responded that it was prevention. However, it was observed that there was no specification with regard to the word "prevention", since most of the interviewees used it broadly without making reference to cervical cancer. This fact suggests that many answers were influenced by the name of the examination, as can be observed in the following statements:

It is to detect a disease that the person can already have, or not. In this case, just preventing, as the name of the exam that is prevention. (M. 16) (Ipsis litteris)

Prevention, to see if there's a more serious disease, as that is, what can be done so that it doesn't last. (M. 12) (Ipsis litteris)

Preventing and also detecting. (M. 08) (Ipsis litteris)

Through the answers presented, it could be observed that few of the interviewees had knowledge about the real purpose of the preventive gynecological examination. This knowledge was mostly succinct and not related to cervical cancer. However, it was observed that a small part of the sample was able to express the purpose of the preventive gynecological examination clearly and objectively. This is what the following statements express:

Precisely, it is to find out whether there is any serious disease such as cervical cancer, so we can start immediately undergoing the treatment in such a case. (5) (Ipsis litteris)

It is preventing against the most serious forms of cancer in the future, a more serious disease, more severe. (11) (Ipsis litteris)

◆ **Determining factors for undergoing preventive examination for cervical cancer**

This category sought to identify which factors determine undergoing preventive gynecological examination by women. When questioned about the reason that led them to undergo the examination, it was observed that many of the respondents associated the preventive examination with a healing procedure, since its implementation is related to some physiological change or even to a pathological manifestation, as can be seen in the following statements:

Because I have vaginal discharge and itching, this is why I came to undergo prevention. (D. 17) (Ipsis litteris)

I feel a lot of pain in the lower stomach, cramps daily, I can't have sex, it hurts a lot, so I came here to undergo it. (10) (Ipsis litteris)

It is worth mentioning that the women interviewed that had appropriate knowledge about the purpose of the examination underwent it routinely in a preventive way, as is shown in the following statements:

It is really routine, and just to know whether there is a problem, something that might have happened before. (D. 14) (Ipsis litteris)

Routine because it is something that every woman has to undergo at least once a year,

it is my health that comes first. (M. 09) (Ipsis litteris)

Health education is one of the elements that can change the perception about the examination and raise the awareness of the target public in order to undergo it, as quoted in the following statement:

I have been undergoing this examination since a long time ago, it is precisely as I said, to prevent, the television is always showing, raising awareness, the reason is that, prevention. (M. 07) (Ipsis litteris)

◆ **Frequency of preventive examination**

From the statements analyzed, it is possible to observe that most women interviewed knew how often the preventive gynecological examination should be performed, as is expressed in the following statements:

I think once a year, if the woman takes care of herself, I think once is fine. (15) (Ipsis litteris)

Annually, because the doctors told me. (M. 07) (Ipsis litteris)

However, it should be noted that although most interviewees were aware of the recommended interval for completion of the examination, they did not undergo it with adequate frequency. When asked why they did not undergo the examination with adequate frequency, most women cited obstacles such as the fear of pain caused by the examination and shame, feelings which in some cases are intensified when the professional performing the collection for the examination is a man, as expressed in the statements below:

Oh! For fear of the examination itself, people say it hurts, and it really hurts indeed, this is why I only come when I think it's necessary. (M 05) (Ipsis litteris)

Because we get embarrassed! And it's embarrassing, you know, I am terribly ashamed, even being a woman who makes it, we get embarrassed. (10) (Ipsis litteris)

Oh! We know it's important, but it's embarrassing. And I just undergo it because it is a female nurse, if it were a man, I don't think I would had the courage to undergo it. (M. 12) (Ipsis litteris)

DISCUSSION

The preventive examination for cervical cancer is one of the most important tools for the early detection of this type of cancer. For this reason, despite the discomfort that the examination can cause, it is still one of the most reliable methods for detecting cervical cancer. Preventing the emergence of this disease means reducing the chances a person has to develop the disease through actions

that decrease the risk factors and increase health care quality. It is important to highlight that cervical cancer has characteristics that allow detection in early stages, or while being pre-malignant, through the preventive gynecological examination.⁵ Therefore, preventive gynecological examination constitutes an efficient means capable of detecting a lesion in early stage, offering subsidies to early intervention.

The sensitivity of the preventive examination effectiveness is high, i.e., the literature has described the accuracy in diagnosing correctly the true cases of pre-neoplastic and neoplastic lesions with percentage rates of about 90% of cases. The examination will rarely give a negative result in the presence of the disease, resulting in a low rate of examinations with false-negative results.¹⁰

Based on the participants' answers, it can be observed that there was a lack of "appropriate knowledge" on the part of most women about preventive examination for cervical cancer and its importance, resulting in an erroneous attribution to the examination purposes. This reality implies the need for correct and clear guidelines provided by health professionals about the preventive gynecological examination. This study also showed that since these women did not have appropriate knowledge about the gynecological exam, they underwent it with a different purpose from the true essence of the preventive examination, which is the early detection of cervical cancer. Most of them regarded it as a palliative treatment to cure a gynecological disease.

Rather than being out-of-date, popular knowledge is considerably elaborated, with rich survival strategies and ability to explain part of reality. Therefore, women's knowledge is reflected in the absence or deficiency of basic health information that understands and values their life experiences.¹¹

Most women interviewed related the purpose of preventive examination for cervical cancer; however, they could not even express what it was preventing from, making clear the difficulty in understanding the real goal of undergoing this examination. A similar study conducted in a public hospital of the Federal District with 80 female health professionals—including physicians, nurses, and nursing techniques—revealed the professionals' negligence regarding adhesion to measures related to cervical cancer prevention. That research highlighted that even though these professionals had

knowledge about the disease, they subjected themselves to the risks arising from such carelessness with their own health. It also emphasized the concern about the kind of health education that was being offered to the users of the services, especially with respect to habits and behaviors harmful to their health.¹²

The provision of better health services is one of the fundamental issues for cervical cancer prevention. It is important to stress that the prevention mentioned does not refer only to preventive gynecological examination, but also to other aspects involved in the control of the disease, such as: the adoption of recommended healthy life habits; access to information about the disease and the importance of undergoing preventive examination; the feasibility of access to health services; and the guarantee of integral, humanized, resolute, and quality health care.

It is worth noting that in the present study some users were able to express precisely the real goal of undergoing the preventive examination. This fact can demonstrate the existence of a work, although shy, in terms of results, i.e., health education geared specifically toward cervical cancer prevention. That way, it can be observed that when the educational measures are effective, they contribute to the adoption of prevention strategies for that disease. In this case, health education can be present both in the campaigns for prevention for cervical cancer reported in the media and also in the various activities in which health professionals and users are involved.

Health education is closely linked to both the prevention of diseases and health promotion, since it essentially depends on the active participation of a well-informed population.¹³ When women are informed about the purpose of preventive examination for cervical cancer, they understand, accept and undergo the examination as a preventive measure, this way avoiding subsequent complications and assuming their roles with respect to self-care. It becomes apparent that the majority of the interviewees knew the frequency recommended for the examination; however, in practice, they did not undergo it with the correct frequency. Factors such as fear, pain and shame are highlighted in the discourses of the users, such as those associated with the delay undergoing the examination. These feelings are enhanced if the professionals who perform the collection are men.

According to the MH, the current programs for control of cervical cancer are based on the repetition of preventive examinations and the awareness that this phase of repetition is essential and becomes the only real possibility to avoid or reduce the incidence of the disease. This examination should be undergone once a year and, after two consecutive negative annual exams, every three years.⁵

Preventive gynecological examination is painless and quickly performed. Through bodies such as the National Cancer Institute (INCA), the MH commonly discloses this type of information in articles, books, brochures, Internet and other media. However, it seems that only the technical part of the professionals is taken into account, since it is an easy examination to anyone who carries it out, whereas women are not perceived in their entirety. At the time of the examination, health professionals must be aware that each woman has her own perception about the procedures that involve the handling of her body in the prevention of this type of cancer. This procedure, which is often regarded by professionals as a quick, simple and painless technique, can be perceived as something physically and psychologically intrusive and aggressive by women, because when these women seek health services, they bring social, cultural, family, and religious memory.¹⁴

The issue of shame is a result of a formal and religious education developed in a patriarchal culture, which restricted and still does many women only to worry about reproduction and caring their children and family. This repressor education that women received throughout the ages has repressed their sexuality and the discovery and exploration of the genitalia. This, in a way, contributes in issues related to self-care practices directed to that part of the body, thus creating negative feelings toward it and its exposure, a right that has been denied for a long time.¹⁵

A study conducted on this issue corroborates with the findings of the present study, since it also found that women prefer to be cared by female professionals, revealing the need to be heard and understood, this way unveiling the possibility of dialogue and feeling more comfortable to ask and talk with someone they identify with.¹⁵ Therefore, it is possible to infer that women need to receive comprehensive and humanized health care in order to perceive it as something positive. On some occasions, cytopathologic examinations performed by

female professionals can be more humanized for women, especially when that is their wish. This way, the possibility of choice should be offered to women; furthermore, they should be respected as an active being and protagonist of this process.

CONCLUSION

Women regard the preventive examination for cervical cancer wrongly. The lack of appropriate knowledge makes them have many doubts about the real value of this examination. They give importance to it as a curative aspect and not preventive, associating the examination with gynecological aggravations in a general way.

With respect to women's knowledge about the purpose of the preventive examination, it was found that despite the existence of programs and periodic educational campaigns about the importance of undergoing the examination, the number of women who is unaware of its true purpose is considerable. The statements of the participants showed a lack of appropriate knowledge about the importance of undergoing the examination, both for the detection of diseases—including cancer—and as a measure for prevention.

It was possible to observe that the meaning of the preventive examination for cervical cancer is associated with a procedure to avoid the appearance of diseases, or interrupting the process of a condition already existing, usually gynecological. This causes that the main determining factor for most women undergoing such an examination is the presence of any physiological change, or even a pathological manifestation.

It was noticed that most women interviewed were sure about the need for undergoing the examination annually; however, in spite of knowing the correct frequency, most of them did not undergo it as recommended. Some of the reasons that affect its completion were fear, pain caused by the examination, and shame. Thus, based on the foregoing, it is suggested that health professionals who perform the preventive examination for cervical cancer take into account what women think and expect from this procedure, performing preventive measures based on the development of a critical consciousness in this population, with a view to achieving solid changes in the epidemiological picture of female morbidity and mortality caused by this pathology, starting by a conscious adhesion of these women to the procedure.

It is also suggested that the nurses, who work in basic health care, use the nursing consultation as a tool for carrying out actions of health promotion and protection related to the prevention of this pathology, considering this type of health care as something that transcends the mere completion of the examination. This may be done through a humanized health care that create conditions for this population to rethink the meanings they attach to their bodies, as well as their rights and duties related to their own health.

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Silva VSC, Mochel EG, Lima SF et al.

Cervical cancer: knowledge and practices...

Submission: 2013/03/10
Accepted: 2014/04/05
Publishing: 2014/06/01

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