



ORIGINAL ARTICLE

PERCEPTION OF THE WOMAN WITH HPV AND HER SELF-CARE

PERCEPÇÃO DA MULHER COM HPV E SEU AUTOCUIDADO

PERCEPCIÓN DE LA MUJER CON HPV Y SU AUTOCUIDADO

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ABSTRACT

Objective: to describe the perception of women with human papillomavirus (HPV) in relation to their health situation and types of practices for self-care, based on Orem's Self-Care Theory. **Method:** this is a descriptive, qualitative study of 12 women diagnosed with HPV in two Basic Health Units from September to October 2017. Data were collected through a semi-structured interview containing the guiding questions, and a questionnaire to characterize this woman in relation to age, marital status and educational level. The Data Analysis method of Strauss and Corbin was used to present the results. **Results:** it was stated that the majority are young, single and have Elementary School. Two categories emerged: 1 - Woman diagnosed with HPV: knowledge about the pathology and the negative feelings experienced after the discovery; 2 - HPV and the woman's self-care. Knowledge about the pathology and the use of condoms as the only form of prevention was identified. **Conclusion:** there were conditioning factors for the requirements of self-care due to health diversion, with the support-education system as a conduit to strengthen the relationship between nurses and women. **Descriptors:** Human Papilloma Virus; Woman; Self-care; Nursing Theory; Nurse; Basic health Unit.

RESUMO

Objetivo: descrever a percepção das mulheres acometidas por Papiloma Vírus Humano (HPV), em relação à sua situação de saúde e aos tipos de práticas para o autocuidado, baseando-se na Teoria do Autocuidado de Orem. **Método:** trata-se de um estudo descritivo, qualitativo, realizado com 12 mulheres diagnosticadas com HPV, em duas Unidades Básicas de Saúde, no período de setembro a outubro de 2017. Coletaram-se os dados por meio de entrevista semiestruturada contendo as questões norteadoras, e um questionário para fazer a caracterização dessa mulher em relação à faixa etária, ao estado civil e ao nível de escolaridade. Empregou-se o método de Análise de Dados de Strauss e Corbin, para apresentar os resultados. **Resultados:** levantou-se que a maioria é jovem, solteira e possui Ensino Fundamental. Emergiram-se duas categorias: 1 - Mulher diagnosticada com HPV: conhecimento sobre a patologia e os sentimentos negativos vivenciados após a descoberta; 2 - O HPV e o autocuidado da mulher. Identificaram-se o desconhecimento sobre a patologia e o uso do preservativo como única forma de prevenção. **Conclusão:** verificaram-se fatores condicionantes para os requisitos de autocuidado por desvio de saúde, tendo o sistema de apoio-educação como conduta para fortalecer a relação entre o enfermeiro e a mulher. **Descritores:** Papiloma Vírus Humano; Mulher; Autocuidado; Teoria de Enfermagem; Enfermeira; Unidade Básica de Saúde.

RESUMEN

Objetivo: describir la percepción de las mujeres acometidas por Papiloma Virus Humano (HPV), en relación a su situación de salud y a los tipos de prácticas para el autocuidado, basándose en la Teoría del Autocuidado de Orem. **Método:** se trata de un estudio descriptivo, cualitativo, realizado con 12 mujeres diagnosticadas con HPV, en dos Unidades Básicas de Salud, en el período de septiembre a octubre de 2017. Se recolectaron los datos por medio de entrevista semiestructurada conteniendo las cuestiones orientadoras, y un cuestionario para hacer la caracterización de esa mujer en relación al grupo de edad, al estado civil y al nivel de escolaridad. Se empleó el método de Análisis de Datos de Strauss y Corbin, para presentar los resultados. **Resultados:** se levantó que la mayoría es joven, soltera y posee Enseñanza Fundamental. Se han emergido dos categorías: 1 - Mujer diagnosticada con HPV: conocimiento sobre la patología y los sentimientos negativos experimentados después del descubrimiento; 2 - El HPV y el autocuidado de la mujer. Se identificaron el desconocimiento sobre la patología y el uso del condón como única forma de prevención. **Conclusión:** se verificaron factores condicionantes para los requisitos de autocuidado por desvío de salud, teniendo el sistema de apoyo-educación como conducta para fortalecer la relación entre el enfermero y la mujer. **Descriptores:** Papiloma Virus Humano; las Mujeres; Autocuidado; Teoría de Enfermería; Enfermera; Unidad Básica de Salud.

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INTRODUCTION

It is known that Human Papilloma Virus (HPV), also known as condyloma acuminata, genital wart and Gallic crest, is one of the Sexually Transmissible Infections (STIs) with high prevalence in the world.¹ Brazil is among the world leaders, with more than 130 thousand new cases of HPV registered annually, being responsible for 90% of cases of cervical cancer.²

Despite the media coverage and encouragement of the vaccination campaign against HPV, the lack of knowledge about the pathology and its relation to cervical cancer is evident, and such situations make the woman with HPV misconceived about the pathology, interfering in the development of its self-care, considered important therapy of any disease.³⁻⁴

It should be emphasized that, in this context, nurses play a fundamental role in actions that stimulate self-care. This study is based, therefore, on the scientific knowledge of Dorothea Orem's General Theory of Nursing, composed of three theories (self-care, self-care deficit and Nursing system) that focus on the patient and have been developed to individuals in several clinical conditions, both in primary and tertiary care.⁵ Through the self-care practices of women with HPV, it is possible to encourage drug and non-drug treatment. Women need to be discouraged from inappropriate habits of life, however, without impositions, because they must have a self-care behavior that contemplates their own needs.⁶

In this way, the research becomes relevant on the importance of knowledge of the pathology, biopsychosocial changes and the practice of self-care for the prevention and minimization of the effects caused by the virus. It is questioned, thus: "How does the woman affected by HPV perceive her health situation and the practices of self-care?". The objective of this study was to describe the perception of women affected by HPV in relation to their health situation and the types of practices for self-care developed by women, based on Orem's Theory of Self-Care.

OBJECTIVE

- To describe the perception of women affected by Human Papilloma Virus (HPV) in relation to their health situation and types of practices for self-care, based on Orem's Self-Care Theory.

METHOD

This is a qualitative, descriptive study carried out in two Basic Health Units (BHUs) in the city of Belém / PA, with twelve women diagnosed with HPV, from September to October 2017. The sample was delimited from of the saturation technique, in which data collection is interrupted

when messages become repetitive⁷. As inclusion criteria, women over 18 years of age with HPV-positive oncocyctic colpotiology were defined as diagnostic criteria for more than six months. Women with other diagnoses of pathology and with communication difficulties were excluded.

The data was collected through a semi-structured interview containing the guiding questions: How do you feel about being sick? What kind of discomfort does the disease bring? What do you know about HPV?; What are the consequences of HPV in your life?; After you confirm the presence of HPV, how have you been careful?; How has your sexual relationship been after the illness? For you, what is the importance of taking care of your own body?; What kinds of care have you taken in relation to your body?; What obstacles do you have to take care of your body?

A questionnaire was used only to characterize this woman in relation to age, marital status and schooling level. We used the Data Analysis method of Strauss and Corbin, which allows the analysis by conceptual ordering in which the data are organized into categories and subcategories, from the open encodings (code formulation and then grouping into categories) and axial (related to categories and subcategories in their properties and extensions).⁸ The study was approved by the Ethics and Research Committee of the Metropolitan University of Amazonia, under the Ethics Committee opinion 2.387.408 / 17, CAAE: 73833817.2.0000.5701. It should be noted that the research guaranteed the confidentiality of the information collected, in compliance with resolution 510/2016 and 466/12 of the National Health Council (NHC). The participants were identified by the codename "E", being enumerated according to the number of participants (E1...E12).

RESULTS

It was pointed out that the majority of the women surveyed are young, aged between 30 and 33 years old, single and presents, as a level of education, Elementary School. From the conceptual ordering of Strauss and Corbin emerged two categories and their respective subcategories:

CATEGORY 1 - Woman diagnosed with HPV: knowledge about the pathology and the negative feelings experienced after the discovery

Women's knowledge about HPV and its identification of forms of transmission and clinical manifestations

It is about the woman's knowledge about HPV.

I do not even know if I have this. (E1)

What I know is very little. I know we get it by having sex without a condom. It was what happened to me and I did not do the treatment correctly either. (E2)

Well, I do not know how to say why, when I do the tests, it gives everything normal, does not give the cancer, I'm even in doubt if this I have is even HPV or just a real wart. (E5)

I do not know, that's what I wanted to know. (E6)
Nothing (risos). (E8)

It is presented, despite the little knowledge about the disease, understanding that there is a correlation with cancer.

I know you can, it does not mean that you're going to get cancer (Laughs). (E5)

I know it can lead to a cancer and those wounds that looks like the crest of a rooster. (E7)

I only know that can lead to cancer, but I will not have it, God willing. (E10)

It is associated, by the participants, the transmission of the virus only with the lack of use of the condom.

Maintaining intercourse without a condom. (E2)
I think it was with my partner, these women on the street. (E3)

The doctor said that it could have been through sex without a condom, and I would do without a condom with the "ficas". (E4)

There are only three clinical manifestations.
Of course, I feel pain and it bothers me, I feel sick. (E3)
I feel very ardent and even bleed. (E4)

The nuisance is that sometimes a yellowish discharge appears, then I get: "I do not know if it's normal". (E6)

Emotional appearance of HPV-infected women

Feelings of sadness and regret are perceived by carelessness with their own health.

Sad [silence] for not using a condom that I neglected, I was contaminated. (E3)
At the moment, I'm fine, but I feel a deep sadness. (E4)

Look, at the beginning, I got really depressed, I suffered a lot, I cried, I did not like having contact with anyone. (E5)

The possibility of being infected by the virus is denied.

I never said [to the companion], I'm ashamed. (E4)
Yes, shame, a lot of shame and fear. (E12)

Women's fear and concern about the presence of a cancer due to HPV and the discomfort of being embarrassed are portrayed.

I am worried about any embarrassment because it has happened to me that I have odor and secretion. (E2)
Fear, very scared, I was even hospitalized. (E10)
From the body, I think it's okay, from the head that does not. (E11)

Current health situation

Well [laughs], I think. (E7)
I think so. I'm not feeling anything. (E8)
I think it's normal, I have not felt anything. (E9)
Normal [laughs]. (E10)
Well, I'm good. (E10)
Good [laughs]. (E12)

CATEGORY 2 - HPV and the self-care of women: ways of caring for women with HPV and obstacles to the development of self-care

Women's HPV Care Practices

I take care, bath, cleanliness, these things, yeah, I always clean, I'm very scared, sometimes I feel hot and itchy in my business, I'll clean up soon; You know, I'm scared to death. (E1)
The hygiene I have done more often, in relation to the panties, the products that we use, intimate soap, daily protector. (E2)
My baths have become more and more [...] I try to take at least three baths [...] I do cleanliness, I use ointment. (E3)

Obstacles to the development of self-care

Health neglect of participating women.

With my husband, I said that I had given change [...] I did not go back to the doctor. (E1)
I can not tell you, I know the treatment was done, but I do not think it worked because it continues to secrete, the pain continues and it rarely has the odor. (E2)

Submission in the conjugal relation and source of transmission of the virus is verified.

My partner does not like a condom, he says that I'm going to betray him, but I know he has to use it, he even showed up with some warts on his parts, only he does not go with me, bro, he took the medicine and says he's cured. (E3)
My husband did not care much about the case as he did not appear in it, right. (E7)

DISCUSSION

CATEGORY 1 - Woman diagnosed with HPV: knowledge about the pathology and the negative feelings experienced after the discovery

It is believed that understanding the patient diagnosed with HPV depends on how information is passed on and, in this context, in view of the need for treatment and control of this pathology, the health professional needs to take responsibility for clarifying pathology, however, research has identified that only one-third of women present knowledge about this sexually transmitted infection.

It is common for women to have knowledge about HPV when it begins to be diagnosed and begins treatment⁹, however, it is observed in the research that, even with the confirmed diagnosis, the knowledge is fragile, a fact that was seen, mostly, in the lines. It is evident from this situation that these women may become susceptible to persistence, infection progression and recidivism. Attention is drawn to the report of E5, since the respondent states that she has a wart, but she is doubtful if she really has the disease. It is known that the main manifestation of the virus is the presence of genital wart, also known as condyloma acuminata.¹⁰

It is suggested, in no evidence, that the available treatments eradicate or compromise the

history of natural HPV infection; however, if the woman does not undergo treatment, or leaves her, the condylomata may disappear, remain unchanged, or increase in size or number.¹¹ It has been found that the woman understands that HPV can lead to cancer. HPV is one of the main factors for the development of cervical cancer, especially HPV 16 and 18, which are considered to be at high risk for the development of high-grade cervical intraepithelial neoplasia.¹²⁻³ In Brazil, a survey was conducted on the prevalence of HPV in a population composed of 5,812 women and 1,774 men. Overall, 54.6% of the positive cases were HPV, with a high risk of HPV the development of cancer present in 38.4% of those surveyed.¹⁴

The predominant result of the research was the association of virus transmission with lack of condom use alone. It is known that the virus is transmitted through sexual, nonsexual and maternal-fetal routes, and the most frequent and most effective route is sexual, but this route is not only related to the sexual act, that is, and for this reason the use of the condom alone should not be considered the only form of protection, since the contamination is also related to the finger-digital contact of people who have genital warts.¹⁵ The possibility of contagion of the virus through sexual intercourse is reduced by the use of condoms, both male and female, but it is not completely avoided.¹⁶ It should be noted that, among the types of condoms, the female, because it covers the region of the vulva, avoids, more effectively, the transmission, if used since the beginning of sexual intercourse.¹⁷

The E3 participant's testimony on the responsibility of contamination is attributed to the companion. It is necessary, through this discourse, to clarify that it is not possible to determine the partner responsible for the transmission of an original infection, that is, it can not be affirmed that the presence of HPV happens because the partner maintains sexual relation outside the relationship.¹⁸ Clinical manifestations in HPV women should be identified and guided by health professionals, including nurses, because although HPV has some clinical manifestations, such as pruritus, burning of the sexual act or abnormal discharge, it is common HPV is considered asymptomatic.¹⁹ This is confirmed when observing that only three participants described the clinical manifestations.

The importance of the care given to asymptomatic women, identified in the research as the majority, is highlighted here, as this may result in interference in women's prevention practices and transmission of the virus to others, as the asymptomatic woman understands that the absence of clinical manifestation is related to the absence of the pathology. It is recalled that, according to the Ministry of Health, HPV infection,

when there are no visible clinical manifestations, is considered difficult to identify and presents a high risk of recurrence after adequate treatment.²⁰

Changes are needed not only in sexual behavior but also in extra care due to the easy contagion due to the non-capped virus.⁸ The nurse needs to find, in this context, strategies to accompany this woman, with the use of a system of women control in their area of coverage, both for the conduct of the tests, as well as for the correct diagnosis and appropriate treatment, using the system of reference and effective counter-referral in the different levels of health care.²¹

Emotional support is needed because research has shown feelings such as sadness, denial, fear, and concern. Sadness is the feeling most commonly aroused by this circumstance, mainly related to the unknown, to the presence of prejudice and to the judgment of the woman herself, as well as of the family, friends and society, hindering emotional stability and impairing treatment. In addition, there may be clinical manifestations of depression.²² It also leads to psychological impact, to the manifestation of shame about their health situation and to deny the possibility of being infected by the virus both for themselves and for their companions.¹⁶ It is believed that denial of disease is a form of defense in the face of circumstance. This process is reinforced, above all, when the woman is married and has had only one relationship throughout her life, and the fear is between the feelings that are most commonly aroused by her new reality and the construction of the idea of acquiring a cervical cancer.²¹ The idea of stigmatization of this woman diagnosed with HPV arises because, unfortunately, society is still prejudiced and, for this reason, women become more vulnerable to looks and negative statements about their situation.²³

It is added that, despite the manifestations presented, the participants consider their health situation to be good, however, from the expressions revealed by these women about the emotional environment and their health situation, the researchers bring a question: *What do women understand about being healthy?* It is noticed that the speeches express contradictory ideas when affirming that, in relation to their current health situation, they feel good, but present negative feelings like sadness, shame and fear.

It is evident in the statements that being well for women is synonymous with feeling nothing at the physiological level, since it is true that each individual understands their health-disease process differently and, for this reason, one must know the patient to understand their level of understanding and thus act according to their needs.²⁴

It should be taken into account, however, that health permeates other areas, such as the psychological and social aspect, the state of health, which are not being fulfilled in its entirety. It is noted that mental health is complex and deserves prominence because it involves the maintenance of self-awareness, the ability to make assessments of the thoughts, feelings and actions that are chosen. It is important to identify what affects the health of the individual,²⁵ and, thus, the professional should evaluate biopsychosocial aspects. In the face of this situation, another question arises: *What actions are being taken with this woman aiming at an integral reception?*

The woman with HPV should initially be accommodated, allowing a comfortable environment that stimulates confidence and well-being. The role of the nurse in the use of the STI management protocol is highlighted here, which should be developed in accordance with the order of No. 2,488, of October 21, 2011. She becomes the nurse responsible for the supply of condoms and gel HIV testing guidelines and other STIs (syphilis, hepatitis B, gonorrhea and chlamydia), where available, emphasizing adherence to treatment, vaccination for hepatitis B and HPV as established, treatment of sexual partnerships (even if asymptomatic), among others.¹⁶ It should be noted, in addition, the problems generated that affect the emotional and the social, because all are related to better health. Such need is justified by the negative feelings found in the participants, and the qualified listening of the feelings referred by the patient allows a plan of care.

It is suggested that, as one of the strategies that can be used by the nurse in the follow-up of the woman with HPV, the stimulus to the coping strategies, since the coping allows to control potential stressors so that the physical, psychological and social aspects remain stable²⁶. In the case of women infected with the HPV virus, coping strategies that focus on emotion (family approach and partner help in treatment and religious practices), as well as in their own problem (taking care of the body, proper treatment, medication use correctly, conducting the preventive exam and using a condom).

It is understood that the use of coping allows the application, in practice, of the support and education system of Orem, for the woman who has a health diversion because she already has the disease installed. In these conditions, the nurse involves a mutual interaction between professional, client and family, together with the search for incentives to learn to practice self-care.

It is considered the lack of knowledge about the disease, the presence of multiple partners and the

understanding that prevention occurs only through the use of a condom, besides the emotional shock and the lack of a psychological attention of the situation of women's health, associated to a low level of schooling and young age, as conditioning factors for the requirements of self-care with health diversion. The health deviation requirement is associated with conditions in which the individual is already ill, presenting pathological disorders and the presence of this requirement by the patient must be identified by the professional, as it determines the care that must be performed.²⁷

It should be put into practice by the nurse, based on the understanding that the woman has the capacity to develop her self-care, but needs to be oriented to acquire knowledge and capacity, the support-education system described by the System Theory Orem Nursing.²⁸

CONCLUSION

In the research performed with the woman diagnosed with HPV, still incipient behaviors and attitudes were identified. It can be noticed that if the woman receives the diagnosis, she undergoes multiprofessional follow-up, that the negative responses about her knowledge about her health situation and self-care practices should not be so obvious. The women's perception of the need to implement educational programs that are closer to the community and the awareness of health professionals, including nurses, about their attitudes towards the individual need of women, with a view to promoting, maintaining health and appropriate treatment.

Through the Self-Care Theory of Dorothea Orem, the identification of conditioning factors for the requirements for self-care due to health diversion, such as knowledge deficit in relation to pathology, emotional instability, insufficient identification of self-care, abandonment of treatment and submission of the woman to her partner. It was made, through Orem's model, that the researchers identify the support-education system as an obligatory behavior to strengthen the relationship between nurses and women, since Nursing interventions will enable them to develop their self-care. The orientation and activity of health education are necessary, mainly because the majority of participants had a low level of education. It is understood that the research was only an initial analysis on the woman diagnosed with HPV and its actions of self-care delineated by Orem. It is hoped, therefore, that more studies can be instigated to offer subsidies to the nurse on the improvement of the care of this woman and leave, as a reflection, the need of the Nursing theory aiming at a wholesome care.

REFERENCES

1. Teixeira LO, Viera VC, Germano FN, Gonçalves CV, Soares MA, Martinez AMB. Prevalence of Human Papillomavirus types in women attending at University hospital in southern Brazil. *Medicina* (Ribeirão Preto. Online). 2016 Apr;49(2):116-23. Doi: <https://doi.org/10.11606/issn.2176-7262.v49i2p116-123>
2. Luz NNN, Lustosa IR, Machado KC, Pacheco CL, Peron AP, Ferreira PMP. Academics, perception about the human papillomavirus and its correlation with cervical cancer *Semina ciênc biol saúde*. 2014;35(2):91-102. Doi: <http://dx.doi.org/10.5433/1679-0367.2014v35n2p91>
3. Libera LSD, Alves GNS, Souza HG, Carvalho MAS. Human Papillomavirus infection evaluation in cytopathological exams. *Braz J Clin Anal* [Internet]. 2016 [cited 2017 Mar 22];48(2):138-43. Available from: <http://www.rbac.org.br/artigos/avaliacao-da-infeccao-pelo-papiloma-virus-humano-hpv-em-exames-citopatologicos-48-n2/>.
4. Oliveira LMPP, ANDRADE VA. A contribution of science education for discussion and HPV prevention in the context of the program of adult and youth education. *Rev práxis* [Internet]. 2016 [cited 2017 June 10];8 (15): 119-34. Available from: https://www.arca.fiocruz.br/bitstream/icict/18164/2/viviane_eluciaoliveira_IOC_2016.pdf
5. Neiva, GR, Correia MD, Braga LM, Silveira TV, Santos WG. Histórico de enfermagem pautado no referencial teórico-filosófico de Dorothea Orem. In: França AP, Ribeiro CI, Pinto CB, Segadães F, Carvalho L, Santos MR, et al. organizadores. *II Congresso Internacional de Supervisão Clínica: Livro de Comunicações & Conferências* [Internet]. Porto: Escola Superior de Enfermagem de Porto;2015 [cited 2017 Sept 04];251-5. Available from: http://www.esenf.pt/fotos/editor2/i_d/publicacoes/978-989-98443-6-0.pdf.
6. Souza MGG, Santos I, Silva LA. Health education and self-care actions as determinants for cancer prevention and control *Educación en salud y acciones de autocuidado como determinantes para la prevención y el controle del cáncer*. *J res fundam care online*. 2015 Oct/Dec;7(4):3274-91. Doi: <http://dx.doi.org/10.9789/2175-5361.2015.v7i4.3274-3291>
7. Falqueto J, Farias J. Saturação Teórica em Pesquisas Qualitativas: relato de uma Experiência de Aplicação em Estudo na Área de Administração. *CIAIQ 2016* [Internet]. 2016 July [cited 2018 June 15];3(2016):560-9. Available from: <https://proceedings.ciaiq.org/index.php/ciaiq2016/article/view/1001>
8. Strauss A, Corbin J. *Pesquisa qualitativa: técnicas e procedimentos para o desenvolvimento de teoria fundamentada*. 2nd ed. Porto Alegre: Artmed;2008.
9. Panobianco MS, Lima ADF, Oliveira ISB, Gozzo TO. Knowledge concerning hpv among adolescente undergraduate nursing students. *Texto e contexto-enferm* [Internet]. 2013 Jan/Mar[cited 2017 Sept 22];22(1):201-7. Available from: <http://www.redalyc.org/html/714/71425827016/>
10. Vieira RC, Heninng JSL, Costa CCS, Prazeres PAP, Trindade JQ, Nascimento RN Ferreira, et al. Câncer de colo uterino: detecção precoce e ações educativas com mulheres universitárias. *Rev Ciênc Ext Internet*. 2017 [cited 2017 Nov 22];13(1):72-82. Available from: http://200.145.6.204/index.php/revista_proex/article/view/1339/1321
11. Pedrozo A, Medina LT. Incidence of Cervical Intraepithelial Neoplasia in Central Public Station of Tangará da SerraMT from 2009 to 2011. *J Health Sci* [Internet]. 2015 [cited 2017 Mar 14];17(1): 30-4. Available from: <http://www.pgsskroton.com.br/seer/index.php/JHealthSci/article/view/325/305>
12. Mattos CTD, Silva GSV, Oliveira TS, Souza MMT. Women's perception of the diagnosis and treatment of cervical cancer - Subsidies for nursing care. *Rev Pró-UniverSUS* [Internet]. 2014 Jan/June [cited 2017 Sept 24];5(1):27-35. Available from: <http://editorauss.uss.br/index.php/RPU/article/view/513/343>.
13. Caldas I, Teixeira SM, Rafael RMR. The Human Papillomavirus as a predictive factor of cervical cancer: updating study on the preventive nursing action. *J Nurs UFPE on line*. 2010 Apr/June;4(2):831-9. Doi: [10.5205/1981-8963.2010.237305](https://doi.org/10.5205/1981-8963.2010.237305)
14. Associação Hospitalar Moinhos de Vento. Estudo Epidemiológico sobre a Prevalência Nacional de Infecção pelo HPV (POP-Brasil): resultados preliminares. Porto Alegre: Associação Hospitalar Moinhos de Vento;2017. Available from: <https://sboc.org.br/images/downloads/LIVRO-POP.pdf>
15. Sabeena S, Bhat P, Kamath, V, Arunkumar G. Possible non-sexual modes of transmission of Human Papilloma Virus. *J Obstet Gynaecol* [Internet]. 2017 Mar [cited 2018 July 07];43(3):429-35. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/jog.13248>
16. Oliveira AL, Ferreira JB, Miranda VC, Morais KCS. Papiloma human virus: feminine knowledge about prevention. *Rev Pesqui Fisioter* [Internet]. 2017 [cited 2017 Mar 23];7(2): 179-87. Doi: [10.17267/2238-2704rpf.v7i2.1301](https://doi.org/10.17267/2238-2704rpf.v7i2.1301)

17. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis [Internet]. Brasília: Ministério da Saúde;2015 [cited 2018 Aug 15]. Available from: <http://www.aids.gov.br/pt-br/pub/2015/protocolo-clinico-e-diretrizes-terapeuticas-para-atencao-integral-pessoas-com-infeccoes>

18. Centers for Disease Control and prevention. Human Papillomavirus (HPV) Infection [Internet]. Atlanta: CDC; 2015 [cited 2017 Mar 22]. Available from: <https://www.cdc.gov/std/tg2015/hpv.htm>

19. Fonseca SC, Santos JDC, Santos SIS. Assessment of knowledge about hpv reported by customers of a drugstore of the municipality of natalidade da Serra-SP. Rev Ciên Saúde [Internet]. 2016 [cited 2017 Apr 20];1(2):21-7. Available from: <http://revistaeletronicafunvic.org/index.php/c14fd10/article/view/34/32>.

20. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Vigilância de Doenças Transmissíveis, Coordenação Geral do Programa Nacional de Imunizações. Guia prático sobre o HPV. Guia de perguntas e respostas para profissionais de saúde [Internet]. Brasília: Ministério da Saúde;2014 [cited 2018 June 15]. Available from: http://portalarquivos.saude.gov.br/campanhas/2014/hpv/Guia_perguntas_e_repostas_MS_HPV_profissionais_de_saude.pdf

21. Melo MCSC, Vilela F, Salimena AMO, Souza IEO. O enfermeiro na prevenção do câncer do colo do útero: o cotidiano da atenção primária. Rev Bras Cancerol [Internet]. 2012 [cited 2017 Apr 20];58(3):389-98. Available from: http://www1.inca.gov.br/rbc/n_58/v03/pdf/08_artigo_enfermeiro_prevencao_cancer_colo_uterocotidiano_atencao_primaria.pdf

22. Jacinto CS, Rodrigues MR, Medeiros MF. Role of the nurse in the confrontation of herpes papilloma virus infection and cervical cancer. Rev eletrônica Estácio Saúde [Internet]. 2017 [cited 2017 Jan 10];6(1):63-76. Available from: <http://revistaadmmade.estacio.br/index.php/sau-desantacatarina/article/view/3643>

23. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. 4th ed. Rio de Janeiro: LTC;2018.

24. Silva JLL. O processo saúde-doença e sua importância para a promoção da saúde. Informe-se em promoção da saúde. Informe-se em promoção da saúde [Internet]. 2006 [cited 2017 May 22];2(1):3-5. Available from: <http://www.uff.br/promocaodasaude/o%20process.pdf>

25. Balog JE. The Meaning of Health in the Era of Valuebased Care. Cureus. 2017 Feb;9(2): e1042. Doi: [10.7759/cureus.1042](https://doi.org/10.7759/cureus.1042).

26. Gonçalves CRA, Bubach S, Leite FMC. Breast Cancer: coping strategies and their relation with socioeconomic. Ciênc Cuid Saúde. 2014;13(4):690-6. <http://dx.doi.org/10.4025/cienccuidsaude.v13i4.20399>

27. Queirós PJP, Vidinha TSS, Almeida Filho AJ. Self-care: Orem's theoretical contribution to the Nursing discipline and profession. Referência. 2014 Dec;4(3):154-64. Doi: <http://dx.doi.org/10.12707/RIV14081>

28. Luz MHBA, Silva GRF, Luz ALA. Theory of Dorothea Orem: an analysis of its applicability in service ostomy patients. Rev Enferm UFPI [Internet]. 2013 Jan/Mar [cited 2017 Jan 24];2(1):67-70. Available from: <http://www.repositorio.ufc.br/handle/riufc/7892>

29. Castro EK, Peuker AC, Romeiro FB, Lima NB, Figueiras MJ. Predictors of Self-Care in Healthy Women against Cervical Cancer. Psico [Internet]. 2015 [cited 2017 May 22];46(3):331-39. Doi: <http://dx.doi.org/10.15448/1980-8623.2015.3.18330>

30. Andrade SSC, Zaccara AAL, Leite KNS, Brito KKG, Soares MJGO, Costa MML, *et al.* Knowledge, attitude and practice of condom use by women of an impoverished urban area. Rev Esc Enferm USP. 2015;49(3):364-71. Doi: [10.1590/S0080-623420150000300002](https://doi.org/10.1590/S0080-623420150000300002)

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