



RESEARCH ARTICLE

OPEN ACCESS

ACTION – RESEARCH AS AN HPV KNOWLEDGE STRATEGY

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ARTICLE INFO

Article History:

Received 03rd September, 2019

Received in revised form
22nd October, 2019

Accepted 08th November, 2019

Published online 30th December, 2019

Key Words:

Human Papilloma virus,
HPV, Action- research.

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ABSTRACT

The HPV is a virus sexually transmitted infection, that reaches both sexes, named also as condiloma acuminata, may cause injuries, and if unattended can cause cervical cancer, being the main cause of many women's death at Belém's Municipality, Pará. This study aimed to analyze the women's knowledge about the virus, answered in a health center. This study consists of the type descriptive with approach qualitative, developed with women answered in a health center at Bengui. The data were collected through of a questionnaire related to the HPV and developed in two moments, before and after the lecture. Before the action educational, the patients knowledge about the disease and way of transmission was considered basic but how to prevent and HPV signs a large part didn't show prior knowledge. Concludes that the patients hadn't information enough related to the virus, regarding the prevention, transmission, signs and symptoms, however it was observed with clarity after the action.

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Citation: Ingrid Aparecida Rodrigues Vieira; Glenda Klicia Silva Rodrigues; Karolayne Teles Costa et al., 2019. "Action – research as an hpv knowledge strategy", *International Journal of Development Research*, 09, (12), 32262-32265.

INTRODUCTION

Acuminate condyloma is a Sexually Transmitted Infection (STI) caused by Human Papillomavirus (HPV) that infects oral, genital and anal skin or mucosa of both men and women, which can cause divided lesions into clinical lesions and subclinical lesions, in addition to causing cancer, with cervical cancer being common. HPV is the most common STI estimated to infect more than 80% of people at least once in their lifetime. Over 42,000 cases of cancer per year are attributed to HPV infection in the US, causing 91% of cervical cancer and 70% of oropharyngeal cancer (Evans, 2019). Usually the HPV virus has no manifestations, remaining in the body for a while until its elimination. However, some types of HPV may persist for a period of time, enabling cellular modification, thus evolving into virus-related infections with the emergence of single or multiple acuminate condylomas, varying sizes and shapes.

In cases where the infection persists and especially is caused by an oncogenic viral type, the development of precursor lesions may occur, which if not identified and treated may progress to cancer, especially in the cervix (BRASIL, 2017). The main precursor of cervical cancer is HPV, papoviridae DNA - virus, genus papilloma virus, with a variety of subtypes, defined by DNA sequence analysis. There are currently more than 200 types of HPV described, which are classified as low risk and high risk according to their oncogenic potential. Types 6, 11, 42, 43 and 44 are considered low risk and types 16, 18, 31, 33, 35, 39, 45, 46, 51, 52, 56, 58, 59 and 68 are considered high risk for cancer. Types 16 and 18 are the types most associated with the development of cervical cancer, as well as pharyngeal, laryngeal, vulvar, vaginal, penile, oral and anal cancers (Abreu, 2018). HPV diagnosis is based on clinical and laboratory tests, depending on the type of injury. Subclinical lesions can be identified by laboratory tests, such as the Pap smear, which helps identify abnormal cells in the cervical tissue, but the exam is unable to diagnose the

presence of the HPV virus and is considered a resource for detect cervical cancer or any injury (Souza; Costa, 2015). Other possible exams are colposcopy, biopsy and histopathology (Rodrigues, 2015). Cervical cancer remains a major cause of morbidity and mortality in the female population worldwide, although it can be cured and detected early, with an estimated 16,370 cervical cancer cases per year and 5,000 female deaths, attributed by HPV infection, mainly by subtype 16 and 18 (INCA, 2018). It has been observed in population-based studies that HPV infection may predominate among young people, decline in the third decade and new peak around 55 years or older. Possible explanations for this second peak involve the reality of a latent infection due to the gradual loss of type-specific immunity, or changes in sexual behavior patterns in recent decades in both sexes, with the acquisition of new infections (Machado, 2017).

MATERIAL AND METHODS

This is a descriptive study with a qualitative approach, which was conducted at the Benguí II Municipal Health Unit of the Municipality of Belém - Pará, covering 13 women aged 16-45 years who were in the anteroom of the PCCU (Prevention Cervical Cancer), the research began after the approval of the Institution where we performed the research, by the Research Ethics Committee of the University of Amazonia, whose protocol of certificate 48895015.7.0000.5173, according to the Resolution 466/12 of the National Council of Health (NCH) and by the research advisor. The participation of the research subjects was conditioned to the signing of the informed consent form. In the collection was applied a questionnaire, with semi-structured questions, directed to research on HPV, in two moments, before and after the educational action, which was through a lecture with banner presentation and distribution of informative folders on the HPV theme. A date was set for the application of the questionnaire, where these women were invited to participate in this educational action at the time they attended the PCCU room, either to schedule or undergo the Pap smear. At first, the participants answered the questions with an average time of 15 minutes. Any questions regarding the data collection instrument have been answered except questions about STI's and HPV. The Questionnaire was conducted in the PCCU anteroom with individual answers, there was no collective interaction so that there was no bias in the research result. After analyzing the questionnaires, we highlight the most pertinent answers, so that the educational action was better focused, directing the lecture to clarify the main doubts that arose during the activity. And in the second moment, after the educational action, we applied the same questionnaire focused on the HPV subject.

RESULTS

Most of the women in this study were predominantly aged between 23 and 29 years old, equivalent to (38%) and 35 to 45 years old equivalent to (38%) of the total respondents, most of them being single. Not performing paid activities, attended or attending high school, with income below two minimum wages and sexually active life started between 12 and 18 years, but who perform the PCCU annually. Studies show that most women are infected with genital HPV in adolescence (period in which sexual activity begins), becoming evident in the youth phase between 20 and 29 years, reducing with advancing age, with the second disease peak between 50 and 60 years, the

latter can be explained by latent infections in which the virus remains "dormant" in the host cell for years, other factors considered as risk for HPV infection are the number of sexual partners during life and the age of the male partner in relation to the female, the larger this difference, the greater the risk [6]. HPV is the main agent responsible for the development of cervical cancer. However, only the presence of the virus is not a determining factor for the development of uterine cancer, which may be associated with risk cofactors such as early sexual activity, multiple partners, multiparity, inadequate genital hygiene, smoking, altered cellular immunity, nutritional deficiency, in addition to the presence of other STIs. Therefore, Human Papillomavirus should be considered as a Public Health problem because of its high incidence and its association with cervical cancer (Abreu, 2018). Prior to the educational action, a large proportion of respondents (45%) reported knowing that HPV is related to an STI, 15% related to cervical cancer and the other 15% said they did not know or never heard.

Before the action: Speaks01 - "I have never heard of" (Fleur-de-lis), "AIDS" (Gardenia), "disease prevention" (Magnolia), "cervical cancer virus" (Sunflower), "It is a contagious disease" (Calla Lily), "A disease" (Acacia). After the educational action, all women knew that it was a sexually transmitted disease, according to the answers given in the interview before and after the educational action.

After educational action: Speaks 02 - "communicable disease" (Magnolia), "are sexually transmitted diseases" (Fleur-de-lis), "It is a sexually transmitted disease, by sex or saliva, and if you have out caught if "(Acacia)," is a 'sexually transmitted disease' (Calla lily), 'sexually transmitted disease' (Sunflower). The lack of adequate information about HPV favors the development of misconceptions, most of the time, these conceptions are loaded with cultural elements, such as beliefs, myths and taboos, and when these cultural ones do not correspond with reality, they may represent barriers. for health promotion and disease prevention professionals (Abreu, 2018). The exploration of the answers after the educational action seems to us to be a clear advance in the knowledge of these women, even with all the limitations caused by low education, thus revealing the importance of health education work. Their positive response increases their ability to prevent other STIs and the ontogenic agent. Before the educational action, it is found that the vast majority of women, who correspond to a percentage of 77% of respondents show to have knowledge about the form of transmission of the virus, 23% could not answer. Comparing question # 1 with question # 2, women who had knowledge of pathology prior to educational action also knew about its transmission.

Before the educational action. Speaks 03 - "I don't know" (Acacia), "syringe, blood, relationship" (Gardenia), "by sexual intercourse" (Begonia), "through the" virus "(Veronica)," through intercourse / without a condom " (Lily).

After the educational action: Speaks 04 - "sex, saliva or lean skin to skin" (Acacia), "by sexual intercourse" (Begonia), "through sexual intercourse" (Fleur-de-lis), "is transmitted by sexual intercourse "(Hortência)," through sexual intercourse "(Lily). The exploration of the answers after the educational action showed a positive advance, because all the surveyed showed to have acquired knowledge about the forms of transmission. She drew attention to the speech of one of the

respondents, Acacia, for also citing the “skin-to-skin” contact, not only mentioning the sexual act, because the infection with HPV, which can occur even without penetration, because the virus is also in the skin of the genital region. Before the educational action, it was also found that most women (54%) did not know how to prevent HPV, which is a very significant percentage, 45% recognize condom use as the best prevention strategy. and among these 15% also cited the vaccine as one of the preventive ways against the virus. Comparing the 3 question with the 2 question, the total (77%) of the women who answered positively about the way HPV transmission, 30% of them could not answer how to prevent the virus.

Before the educational action. Speak 05 - “I don't know” (Acacia), “the man has his wife, just stay with his wife, only the condom doesn't prevent” (Gardenia), “I don't know but I would like to know” (Hortência), “no I know ”(Flor-de-lis), “always doing all the precautions ”(Veronica), “condom and treatment ”(Margarida).

After the educational action: speaks 06 - “Always use condoms” (Acacia), “condoms” (Gardenia), “making“ CCP ”(preventive) every year” (Flor-de-lis), “sexual intercourse with condoms and especially taking exams like the PCCU and others ”(Lily), “can be prevented by using condoms ”(Hortência), “drug treatment or cauterization and condoms ”(Margarida). The most important preventive measures for the transmission of the virus are: condom use during sexual intercourse which decreases the possibility of contamination, however, it is important to emphasize that its use despite preventing most sexually transmitted infections (STI) does not prevent Totally contagion, other ways for prevention is to avoid multiple sexual partners in relationships and to perform personal hygiene (Burlamaqui, 2017). A combined approach of regular examinations such as oncotic cytology (Pap smear) is considered the best strategy for the prevention of cancerous lesions, as it is a simple, painless and inexpensive test able to identify changes early (Santana, 2017).

There is also HPV vaccination, which has been gaining ground as a form of prevention, being an alternative to reduce cervical cancer, being indicated for girls from 9 to 14 years, and for males in the age group from which 14 years is the best way to ensure the reduction of high rates of cervical. When we asked about the form of prevention, after the educational action, the women interviewed presented satisfactory answers, only one, Margarida, mentioned the types of treatment and not the forms of prevention. This means not only selecting and transmitting correct HPV information, but doing so according to the ability of different social statuses to access and process such information. The highest percentage of respondents (92%) were unaware of HPV signs, only one (8%) of women knew how to report. After the action survey, all women responded positively to HPV signals, even unclearly, but with extremely significant progress. Distribution of some answers before and after the educational action, regarding knowledge about the signs of HPV.

Before the educational action: speaks 07 - “I don't know” (Acacia), “first itches, then pain and odor” (Calla Lily), “I don't know, 'why' I never heard of HPV” (Fleur-de-lis), “inflammation and injury to the cervix” (Sunflower).

After the educational action: speaks 08 - “When maintaining relationship felt pain or bleeding may be the sign” (Acacia),

“the 'homemade' and 'berruga” (Calla lily), “are warts that appears on the intimate parts ”(Fleur-de-lis), “warts, sometimes bleeding when the stage is already advanced ”(Sunflower). The fact that the vast majority of women do not know the signs of HPV, as we can see in the answers before the educational action, is already quite worrying, because the lack of knowledge about the late signs and symptoms often the diagnosis which can later lead them. to a neoplasm causing them immense disorder, both psychologically and physically. It was verified in the answers of the research participants, before the educational action, that most of them could not inform about what it was “crista de galo”, even though this term is popularly denoted and most of the respondents had low education and 38%. age from 37 to 45 years. Distribution of some answers before and after the educational action, in relation to the knowledge about the disease “crista de galo”.

Before the educational action: speaks 09 - “I don't know” (Amaryllis), “already hear more I don't know what it is” (Gardenia), “wart in the genital area” (Sunflower).

After the educational action: Speaks 10 –“Crista de galo is also called HPV is a communicable disease” (Amaryllis), “is HPV” (Gardenia), “is one of the names given to the disease caused by HPV” (Sunflower). In previous studies, the main source of information about HPV was the health system, totaling 52% of the group. The Internet and TV were the source of information for 12% and 8% of respondents, respectively. This leads us to believe that the health service has the main role of obtaining information from the community [7].

Conclusion

Knowledge before the educational action showed that most women showed basic information about the subject and its form of transmission. However, with regard to the form of prevention, signs of HPV and what is “rooster crest”, a large portion of women showed ignorance. As proposed in the study, a dialogic and open educational action was carried out aiming at informing, transforming behaviors and practices associated with the disease, the production of knowledge that contributes so that people can take better care of themselves. The positive fact, concerns the obtaining of greater clarification, verified after the educational action, in which it was possible to evidence the increase of knowledge and the change in the conceptions regarding HPV.

This fact states that doing health education corresponds to a chain that begins in the focus group, extends the family, and ultimately the community. Reaching the partners of these women, especially when dealing with this STI, represents the possibility of breaking the virus transmission chain, thus closing the contagion cycle. It is hoped that educational actions can promote women's participation, based on knowledge and reflection on their social roles and the repercussions of their actions on health. And these actions should be personal, engaging and committed, without ignoring the individuality and culture of these women. Thus, the nurse, along with the other health professionals, has significant importance in the planning, execution and evaluation of the programming of health actions, in their different levels of action, in search of dissemination of information aimed at disease prevention, mainly in the basic health units.

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