




ORIGINAL


## Knowledge and feelings of quilombola women about cervical cancer

Saberes e sentimentos de mulheres quilombolas acerca do câncer do colo de útero  
Conocimientos y sentimientos de mujeres quilombolas sobre el cáncer del cuello uterino


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### ABSTRACT

**Objective:** To identify the knowledge and feelings of quilombola women about cervical cancer. **Methods:** A descriptive study with a qualitative approach, mediated by the action-research methodology, in which 12 quilombola women participated. Data collection was carried out through semi-structured interviews, analyzed using the Collective Subject Discourse technique. **Results:** It was evidenced that women have a perception of the severity of the disease, although they demonstrate some difficulty in defining its basic characteristics; demonstrate some knowledge when talking about some of the risk factors, that already have scientific evidence of cervical cancer, however, superficiality was noticed in their speeches. In addition, there was a predominance of negative feelings linked to a possible diagnosis, as well as the consequences of the treatment, evidencing a certain vulnerability to coping with the disease. **Conclusion:** Gaps were observed in the knowledge of quilombola women about cervical cancer, as well as the specificities of their preventive methods and their consequences in the quality of life of quilombola women, such as fear, shame and the consequence of self-neglect in the way these women deal with the disease and their preventive methods.

**Descriptors:** Cervical Cancer. Health Education. Group with Ancestors from the African Continent. Qualitative Research. Nursing.

### RESUMO

**Objetivo:** Identificar os saberes e sentimentos das mulheres quilombolas acerca do câncer do colo de útero. **Métodos:** Estudo de natureza descritiva com abordagem qualitativa, mediado pela metodologia da pesquisa-ação, do qual participaram 12 mulheres quilombolas. A coleta de dados foi realizada através de entrevistas semiestruturadas, analisados pelo uso da técnica do Discurso do Sujeito Coletivo. **Resultados:** Evidenciou-se que as mulheres possuem percepção da gravidade da doença, embora demonstrem certa dificuldade em definir as características básicas da mesma; demonstram certo conhecimento ao falar de alguns fatores de risco, que já possuem evidências científicas do câncer do colo uterino, porém, percebeu-se superficialidade em suas falas. Além disso, observou-se a predominância de sentimentos negativos vinculados a um possível diagnóstico, assim como as consequências do tratamento, evidenciando certa vulnerabilidade para o enfrentamento da doença. **Conclusão:** Observou-se lacunas no conhecimento das mulheres quilombolas acerca do câncer do colo do útero, assim como as especificidades diante de seus métodos preventivos e seus desdobramentos na qualidade de vida das mulheres quilombolas, como o medo, a vergonha e a consequência da autonegligência no modo como essas mulheres lidam com a doença e seus métodos preventivos.

**Descritores:** Neoplasias do Colo do Útero. Educação em Saúde. Grupo com Ancestrais do Continente Africano. Pesquisa Qualitativa. Enfermagem.

### RESUMÉN

**Objetivo:** Identificar los saberes y sentimientos de mujeres quilombolas sobre el cáncer de cuello uterino. **Métodos:** Estudio descriptivo con enfoque cualitativo, mediado por la metodología de investigación-acción, en el que participaron 12 mujeres quilombolas. La recolección de datos se realizó a través de entrevistas semiestructuradas, analizados mediante la técnica del Discurso del Sujeto Colectivo. **Resultados:** Se evidenció que las mujeres tienen una percepción de la gravedad de la enfermedad, aunque presentan alguna dificultad para definir sus características básicas; demostraron cierto conocimiento al hablar de algunos factores de riesgo, de los cuales ya se tiene evidencia científica del cáncer de cuello uterino, sin embargo, se notó superficialidad en sus discursos. Además, hubo predominio de sentimientos negativos vinculados a un posible diagnóstico, así como a las consecuencias del tratamiento, evidenciando cierta vulnerabilidad para el enfrentamiento de la enfermedad. **Conclusión:** Se observaron lagunas en el conocimiento de las mujeres quilombolas sobre el cáncer de cuello uterino, así como las especificidades de sus métodos preventivos y sus consecuencias en la calidad de vida de las mujeres quilombolas, como el miedo, la vergüenza y la consecuencia del autocuidado en el forma en que estas mujeres enfrentan la enfermedad y sus métodos preventivos.

**Descritores:** Neoplasias del Cuello Uterino. Educación en Salud. Grupo con Antepasados del Continente Africano. Investigación Cualitativa. Enfermería.

## INTRODUCTION

The quilombola population is considered a population segment within the black population, being understood as a minority group, which suffers from social invisibility, evidencing the importance of health care aimed at this population<sup>1-2</sup>.

In Brazil, it is estimated that Cervical Cancer (CC) is the fourth most common malignant neoplasm among women, being surpassed only by breast, thyroid and colorectal cancer. In the world ranking, CC occupies the fifth place<sup>3-4</sup>.

The lack of knowledge and representations about CC and the preventive examination (Pap smear) reduce the demand for health services and minimize the chances of screening. In the case of quilombola women, studies on preventive health care are minimal and, when related to CC, the numbers decrease even more<sup>5-6</sup>.

Due to the existence of a higher prevalence of some health problems in this group, such as type II diabetes mellitus, fibroids, arterial hypertension and sickle cell anemia<sup>4</sup>, and because they fit into indices such as low socioeconomic level and low education, quilombola women have lower access to good quality health services, which leads them to a higher risk of morbidity and mortality compared to white women<sup>7-8</sup>.

Therefore, in view of the above, the following question arises: “What are the knowledge and feelings of quilombola women about cervical cancer?”

It is known that the study of factors associated with the knowledge of a population about cervical cancer is very useful for the recognition of deficits that can be reversed with the performance of strategic actions by the family health team and the creation of more inclusive public health policies.

Therefore, the present study aimed to identify the knowledge and feelings of quilombola women about cervical cancer. Thus, surveys like this become important tools in order to increase adherence rates to CC screening and prevention, as they provide important data to health professionals, managers and researchers, which may represent the need to start or improve educational actions, of support and encouragement to carry out the Pap smear, while contributing to the increase of knowledge on the subject among quilombola women and the population in general.

## METHODS

This is a descriptive study with a qualitative approach, mediated by the action-research methodology. The research was carried out in the remaining quilombola community called “Os Quarenta”, which is located in the city of Triunfo, in the state of Paraíba. The black community “Os Quarenta” is a remnant of a quilombo located in the community “Mãe D’Água”, in the city of Pombal, in the Paraíba backcountry of Brazil.

Women who live in the quilombola community “Os Quarenta”, which currently has about 56 families, participated in the research. All 26 women from the quilombola community between 25 and 64 years old,

Knowledge and feelings of quilombola women.. with no previous experience with the CC, were adopted as inclusion criteria. As exclusion criteria, there were women hysterectomized totally for a benign cause, not related to HPV, with normal previous exams, and women who had a confirmed diagnosis of CC at the time of the research, as it is understood that these women had already been guided by health professionals regarding the whole process of prevention, diagnosis and treatment of the disease.

The choice for the community in question was made for convenience, since the community has women in the age group prioritized in the study, in addition to having noticed, during visits and meetings with women belonging to this community, the interest and need for clarification and debate on cervical cancer and its means of prevention.

A priori, the situational diagnosis was carried out, with interviews to obtain data and information that were later analyzed in order to identify the problem on the subject. The initial approach took place through telephone contact and a visit to the women’s residence, in which it was possible to schedule the meeting for the interviews. The information related to the address and telephone contact were obtained through a previous visit to the headquarters of the quilombola community “Os Quarenta”.

The study consisted of semi-structured interviews, which took place at the women’s homes, through audio recording, upon request for an authorization term and in a single meeting, with an average duration of 35 minutes. The interviews took place following a structured script based on the theme of the disease, such as the concept, risk factors, CC prevention measures, feelings and/or sensations experienced when thinking or talking about the disease, problems or difficulties in the environment where lives and that are directly related to the non-early diagnosis of the disease.

Twelve women participated in this stage. This amount occurred as a result of the theoretical saturation of the data, in which there was no addition of new elements or information, ending the data collection. From the set of ideas obtained with the conclusion of the interview by the participants, the topics were specified and later the categories were elaborated, with the purpose of deepening the emerging themes.

For the analysis and structuring of the data found in the interviews of the situational diagnosis and the evaluation of the actions by the participants, the Collective Subject Discourse (CSD) was used as a methodological process. The CSD makes it possible to empirically express the opinion or collective thought through the association of opinions with similar meaning present in different statements, making it possible to form a succinct statement, composed of the collective idea<sup>9</sup>.

After analyzing the material collected in the testimonies of the participants, it is necessary to create the Central Ideas (CI) and their appropriate Key Expressions (KE) for the production of the CSD. The CI describe and name, in a synthetic and precise way, the meanings present in each of the analyzed responses and in each homogeneous set of KE. The KE, on the other hand, are literal excerpts from the

statements that indicate the main contents of the answers, revealing the essence of the discourse<sup>10</sup>.

For the analysis of the content of the women's interviews, a speed-reading of the speeches was initially carried out, in order to understand the set of transcripts. Subsequently, successive readings were necessary so that it was possible to identify the nuclei of meaning related to the guiding questions that composed the interview script. Then, the KEs were identified in each answer, represented by the literal speeches of the women. From these expressions, the CI were built, which were organized into categories for the construction of the CSD.

Therefore, the CSD is constructed through the KEs that have the same meaning, which are extracted from the speeches of the research participants. The expression that represents this meaning is the CI represented by each participant, so it is possible to notice that certain women expressed the same CI and others did not, varying the number of participants in each category.

The first CI worked from the understanding of the severity to not knowing the characteristics of the disease; the second addressed the risk factors expressed by women; the third revealed the vulnerabilities for possible coping with the disease, and finally, the fourth CI analyzed the knowledge about the preventive possibilities for cervical cancer.

This research is a clipping focused on the situational diagnosis that composes one of the stages of the action-research of an undergraduate nursing course conclusion work, carried out with the approval of the project by the mentioned Committee of Ethics in Research of the Center of Formation of Professors of the Federal University of Campina Grande (UFCG), with opinion number 3,438,187. Data collection began after reading and understanding the terms. The Free and Informed Consent Term was prepared and signed in two copies with the same content, both by the researcher and by the research participants. In addition, to maintain the anonymity of the participants, M codes were assigned followed by the numbering according to the order of interviews.

## RESULTS

The first CI emerged from the analysis of the questioning from the situational diagnosis interview, which asked about the understanding of CC, highlighting the problem arising from the understanding of the inherent characteristics of the disease. Twelve women participated in the construction of the CSD01: M01; M02; M03; M04; M05; M06; M07; M08; M09; M10; M11 and M12.

### CI 1 - Duality in the discourse: from understanding the severity to the lack of knowledge of the characteristics of the disease

*CSD01: It's a serious disease, which usually happens in the cervix, but then it can affect another organ, I imagine it's a terrible disease because it must be very painful... I know it's a type of cancer that affects many women and many of them are careless, I don't understand anything, anything at all... I think it's a wound, like a scratch in the*

*Knowledge and feelings of quilombola women.. uterus. I've heard about it, seen it on TV, and if you don't take care of it, the worst happens, the person has to be treated. Like all types of cancer, it's dangerous, I know that cervical cancer is one of them, I can't say exactly what it is, no, I know it's a serious disease, if it has a cure I don't know, but it's serious, because if it is not discovered at the beginning, it even kills the person. I don't even like to talk about this disease... But I don't know what it really is, a very complicated disease, it's not that easy to understand the forms of cancer, but it's something that people can't avoid, they don't know how to act at the moment, the complicated thing is that!*

The second CI emerged from the guiding question that asked about women's understanding of CC risk factors. For the construction of this CSD, ten women participated: M01, M02, M03, M04, M05, M06, M07, M08, M09 and M12.

### CI 2 - Slips in the speech: risk factors expressed by women

*CSD02: If the woman doesn't take care of herself, doesn't do prevention, if she doesn't eat right, if she doesn't clean her parts, bad intimate hygiene. A woman can't go long without taking a shower, a woman quickly smells, then it gets infected, there's a discharge. Ingesting some substances, inflammation caused by bacteria, some disease of the uterus, myoma, cyst in the uterus. I think a change in the uterus, a wound, a bruise. If it hurts then it becomes a wound and the person gets sick, then there are the consequences, it's cancer... It's this wound that causes, syphilis can happen, sexually transmitted diseases, which are contagious, which are even passed on by the partner; from them you can develop cervical cancer, from unprotected sexual intercourse, you have to use that condom, you have to know who you are going to have a relationship with; dating several people at the same time, the partner; I think that genetics causes, something already hereditary that we have that passes from mother to daughter and so consequently... Isn't it a bacterium?*

The third CI originated from the questioning about what feelings/sensations the woman experiences from talking or thinking about cancer. According to the results of the interviews, it was possible to create the CSD in question from the participation of twelve women: M01; M02; M03; M04; M05; M06; M07; M08; M09; M10; M11 and M12.

### CI 3 - Positive diagnosis: vulnerabilities for possible copings with the disease

*CSD03: Woman, the name itself is already dark, "cancer", it's scary! It's a feeling like... of fear, we are afraid of acquiring the disease, of a result, of dying and leaving my children, they look like me, I'm very vain, if I have cancer and lose my hair, stay ugly, the issue of vanity, right... I see that many people die from fear, I don't even like to imagine, I think if that happened to me, I would be devastated, I would die before my time because fear, anguish and sadness would end with me, I don't know if I would have the courage to face this disease... So much so that when we go to take the*



*exam, we're already kind of like this, because it's something that is real, but nobody wants to know, to discover! So I believe that the impact of fear is this, it prevents me from going, because I know I have to go, but I'm not going to do it and that's why I'm really not going... It's not fear of going for the exam, it's fear of finding out.*

Finally, the fourth CI originated from the questioning about preventive measures for Cervical Cancer and, according to the results of the interviews, participated in the construction of CSD04 seven participants: M02; M03; M04; M05; M06; M08 and M12.

#### CI 4 - Preventive possibilities for cervical cancer: discourse of quilombola women

*CSD04: Always see a doctor, the younger ones annually. If you have a problem, you have to go more often, that's what the doctor recommends, do the exams regularly, because it's not just waiting and thinking that because you don't feel anything you're not sick, you have to keep consulting yourself, go to the health center and seek help; looking for the family health program is extremely important, participating in campaigns, there is Pink October, you have to take care of yourself too, participate in lectures, thus having more clarification on the subject, because from the moment you come to have information about a certain thing, then you will look for ways of not to acquire it. So, I think that getting informed would be a way to prevent, the person knowing, she does, without knowing, she doesn't. You don't prevent yourself because you don't even know what it's about. I think the most sensible way is to do prevention every year, this prevention I think is to avoid inflammation. I think that the relationship like, you have to know how to have a relationship, know the partners, prevent yourself with condoms. Women who are single, always try to have intercourse with a condom so that they do not get a disease and this disease, consequently, causes the CC.*

## DISCUSSION

As observed in the speech of CSD01, women have some perception of the severity of the disease, although they demonstrate some difficulty in defining its basic characteristics, evidencing a lack of knowledge about the CC.

Cervical Cancer is a disease caused by changes in the epithelial tissue that covers the cervix, these changes are caused by the disordered replication of epithelial cells, which lead to underlying tissue impairment, which may affect nearby or distant organs<sup>11</sup>.

According to a study<sup>12</sup>, the factors associated with the lack of knowledge about this disease are related to the level of education, socioeconomic status, access to health services, beliefs and perceptions of women about what health, disease and prevention are. The low access to knowledge about CC in quilombola communities is pointed out by research that highlights the precarious presence of health services, prejudice and lack of information as factors related to this lack of knowledge on the subject<sup>7,13</sup>.

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Corroborating the findings of this research, a study carried out in a quilombola community located in the state of Bahia, in which 26 women were interviewed, pointed to difficulties in understanding CC, including its etiopathogenesis, especially in relation to its location, as some expressed doubts and difficulties in distinguishing the nomenclature of female genital organs, referring to the uterus as a synonym for breasts or ovary, in addition to the difficulty resulting from the lack of information about this neoplasm<sup>14</sup>.

The lack of knowledge about the disease is also related to the low level of education, in which, according to a research<sup>15</sup> carried out, it was possible to observe that women with a higher level of education tend to seek health services more, in addition to having a better understanding of the disease, showing that women in the opposite situation have a certain degree of vulnerability and greater risk of being infected by the HPV, showing that this group of women gets sick more.

However, it can be seen that, although women do not understand how the pathophysiological process of the disease actually occurs, it is possible to observe in the CSD01 that they sometimes relate CC to the appearance of a wound or scratch, an injury that would give rise to the emergence of the disease.

This superficial knowledge about CC results in low awareness of the meaning, importance of the Pap smear and its adherence, in addition to limited access to health care. This fact, in part, is linked to the expressive number of women who have never undergone the test and end up discovering the disease at an advanced stage<sup>16</sup>.

Understanding the characteristics and magnitude of the disease becomes an important factor in building preventive habits, and the consequent detection of precursor lesions gives women the power to discuss and reflect on this information, making them able to make decisions about their lives and their health, consequently leading to an early diagnosis and a decrease in mortality. Thus, it is essential that when sharing information, the professional takes into account the factors related to the population's lack of knowledge about the CC, so that the actions become effective.

It is noticed that in CSD02, women demonstrate a certain knowledge when talking about some causes that already have scientific evidence of the CC, however, superficiality is still perceived and, sometimes, women contradict themselves in their speech with elements that are not related to science proof of the causes of the disease.

A risk factor is nothing more than any situation that increases the probability of a disease or health problem and, in the case of CC, these factors range from those related to the HPV to environmental factors<sup>17</sup>.

In CSD02, the risk factors mentioned by women, such as not performing the Pap smear, incorrect diet, poor intimate hygiene, sexually transmitted infections (STIs), in addition to unprotected sexual intercourse, multiple partners and genetic factors are in agreement with the scientific literature<sup>18</sup>.

However, according to some studies<sup>19-20</sup>, there are other factors associated with the emergence of CC,

such as HPV infection, the agent that causes cellular changes, in addition to low immunity, smoking, age over 30 years, use of oral contraceptives, multiparity, early onset of sexual activity, malnutrition, vitamin deficiency and low socioeconomic status.

The misconception that the causative agent of the disease would have a bacterial origin was evidenced during the analysis of the speeches that made up the CSD02. However, according to the National Cancer Institute, the main risk factor for CC is infection by HPV, after exposure, the virus colonizes the entire epithelium of the lower genital tract, and may vary in terms of clinical manifestations, which are likely to be regulated by the host's local or systemic immune response, in addition to the presence or absence of cofactors<sup>21</sup>.

The presence of the virus can trigger different responses and/or evolutions in the body, with spontaneous cure and total elimination of the virus in about 18 months, persistence of the virus in the body for several years without manifestation of symptoms or the virus multiplying and causing the appearance of lesions, such as genital condylomas, which are visible to the naked eye, microscopic lesions seen through colposcopy or cellular lesions, identified by cytology<sup>22-23</sup>.

Unprotected sexual intercourse, sexual promiscuity and early initiation of sexual activity are factors that increase the chances of contact with the virus, since the main route of transmission of this agent is sexual, allowing contact with lesions, fluids or secretions that contain the virus<sup>24</sup>.

Regarding the genetic factor, it is worth mentioning that the only genetic condition related to CC is alpha-1-antitrypsin deficiency, a rare condition, more common in the black population<sup>25</sup>.

The habit of smoking also influences cervical carcinogenesis, being directly related to the number of cigarettes smoked per day. This factor favors the persistence of HPV and, consequently, the appearance of pre-malignant and malignant lesions<sup>19</sup>.

Knowing the risk factors related to cancer is important for women in order to allow greater control over their quality of life, making them promoters of their own health, in addition to providing subsidies for planning control actions together with health services.

In CSD03, it is possible to observe the predominance of negative feelings linked to a possible diagnosis of CC, as well as the consequences of the treatment, showing a certain vulnerability to face the disease. Thinking and talking about cancer naturally arouses unpleasant sensations that influence the way of dealing with the disease or the attitudes that are linked to it, such as prevention and, consequently, early diagnosis.

In the respective speech, mainly three feelings emerged when thinking or talking about cancer: fear; sadness and anguish. Negative representations accompany cancer from its origin and, until today, this disease is related to suffering and death, although cancer currently presents a more advanced form of treatment, fear persists and the impact can cause changes in attitudes towards the disease<sup>26</sup>.

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Destabilized by the fact that the disease can lead to death, people start to fear a possible positive diagnosis, believing that, once affected by the disease, they would be doomed to a fatal outcome, in addition to the enormous challenge that this disease represents for individuals, their families and professionals<sup>27</sup>. These and other feelings, in addition to not allowing the preventive examination to be carried out, also influence those who did not seek the result.

Another aspect related to vulnerability to possible coping with the disease mentioned by women in CSD03 would be its impact on physical appearance. In this sense, according to a study<sup>28</sup>, for a woman who has cancer, the reference of body image is usually reached, as for example when she loses her hair. In this case, the woman does not feel as herself, she feels strange to herself and to others, losing her identity as a woman, feeling discriminated, afraid and ashamed.

Another factor that is even more related to CC and that can also psychologically affect the woman is the removal of her uterus, since in many cases in which the diagnosis is made late, it is necessary to perform a hysterectomy. The absence of this organ, which represents motherhood and, in a way, female sexuality, can bring psychological harm to women, especially when they are of reproductive age, leading to a reconfiguration of their social identity<sup>28</sup>.

The consequences of negative feelings in women who are not affected by the disease are notorious. These feelings and sensations present themselves as determining factors for the absence of the search for health services intended for the screening of the disease, a fact that reflects the importance of breaking stigmas and beliefs that harm the quality of life of women, hindering the creation of opportune moments to bond with the health service and rescue self-care.

In CSD04, women cite some forms of CC prevention and the importance of information for prevention and understanding of the disease. In the same way that knowing aspects related to the emergence and cause of this disease is important, knowing how to prevent it is an even more important factor, especially when related to CC, a neoplasm that has great preventive potential.

It is noted that, although women cite the Pap smear as a form of prevention, it is not known how to express the real purposes, its periodicity, recommended age or the fulfillment of its main role of screening and early detection of CC, or secondary, which would be the diagnosis of vulvovaginitis. Therefore, there is a lack of knowledge about this exam, which is essential for women's sexual and reproductive health.

According to a research<sup>29</sup> carried out with 14 women on the knowledge and perception of women about the Pap smear, it was identified that most of the women surveyed had already heard about uterine cancer, however, when asked about the relevance of the exam, among the 14 women interviewed, most were unaware of the CC definition and, when asked about the importance of carrying out the Pap smear, more than half of the women showed a lack of

knowledge about the importance and purpose of the CC preventive exam.

It is a worrying fact that women are unaware of the importance and purpose of the exam, which can make difficult the search for it periodically. The main purpose of Pap smears is the early detection of pre-invasive lesions and CC in early stages, that is, when it has not yet become invasive. Prevention measures depend on the woman's interest and initiative regarding her own health. Furthermore, prevention is only possible when there is an understanding of how the disease works and its risk factors.

Consequently, ignorance leads to non-adherence to the exam, in addition to other factors, as found in a study<sup>18</sup> in which 20 women from a quilombola community in Bahia were interviewed. Thirteen of the twenty women said they had never had the preventive examination and, when asked about what they had been doing to prevent CC, some women said they did nothing, justifying either by carelessness or the lack of knowledge about the disease, absence of symptoms or of sexual partner.

The reduction in the risk of infection by HPV occurs from the use of condoms during sexual intercourse and vaccination against the disease, measures that were not mentioned by women in CSD04. In a research<sup>18</sup>, they interviewed quilombola women who said they did not use condoms because they were already using oral contraceptives, that is, they did not consider condoms as a preventive method for STIs.

In addition to the practice of the exam, they cite going to the health unit and participating in campaigns as a prevention method. With this in mind, attention should be paid to the safe transfer of guidelines and practices, understanding them as determining factors for knowledge about prevention, since the health professional is the main mediator between the correct information regarding preventive practices.

In this sense, Durand and Heidemann<sup>30</sup> carried out a survey with 10 quilombola women from the municipality of Garopaba, coast of Santa Catarina, in which during the Culture Circles, when realizing the discomfort and embarrassment pointed out by the participants when they discussed issues related to the health of the women and, mainly, when explaining the diseases related to being black/being a woman, such as, for example, a high rate of CC, it was noticed that there are countless times in which prevention is not effective due to the absence of education activities in health.

Health prevention actions are a fundamental strategy, not only to increase the frequency and adherence of women to exams, but also to reinforce warning signs and symptoms, which must be observed by users. In view of this, it is possible to affirm the importance of health education regarding preventive habits, in which it emerges as a strategy to strengthen and expand access to information about the CC for all women, especially black women, the population most likely to develop this disease.

## CONCLUSION

The present investigation achieved its objective by identifying the knowledge and feelings of quilombola women about the CC. It was possible to observe the gaps in women's knowledge about this type of cancer, as well as the specificities of its preventive methods and its consequences in the quality of life of quilombola women, such as fear, shame and the consequence of self-neglect in the way these women deal with the disease and its preventive methods.

Studies like this contribute positively to reducing the CC rates in the country, since they identify the knowledge deficits of a given population to enable the adoption of intervention measures on the problem encountered.

Taking into account that the CC is a public health problem and that, when related to black quilombola women, there are few studies about it, it becomes even more relevant to have a greater approach to this topic and the encouragement of preventive methods by the Secretariat of the municipality in question towards the remaining community "Os Quarenta".

It is also suggested new investigations of regional interventionist nature and the incentive for the formation of groups with women who are in situations of vulnerability, such as the quilombolas themselves, women sex workers, and women victims of violence, to establish more direct communication and a means for exchanging knowledge and experiences that favors health education and encourages the prevention of CC, intending to strengthen the control of this disease.

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