


**WOMEN'S SELF-PERCEPTION ABOUT THEIR BODY: THE RELATIONSHIP BETWEEN
THE LEVEL OF KNOWLEDGE AND PELVIS PROLAPS**

**AUTOPERCEPÇÃO DE MULHERES SOBRE SEU CORPO: A RELAÇÃO ENTRE O
NÍVEL DE CONHECIMENTO E O PROLAPSO DE PELVE**

**LA AUTOPERCEPCIÓN DE LAS MUJERES SOBRE SU CUERPO: LA RELACIÓN
ENTRE EL NIVEL DE CONOCIMIENTO Y EL PROLAPSO PELVIS**

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ABSTRACT

Pelvic organ prolapse is a condition commonly seen in aging women, with a higher incidence in the 70-79 age group. Characterized by clinical signs where the condition has affected women's quality of life. It seems that the group in evidence has limited knowledge about their own body and regarding the muscles that structure the pelvis, perhaps this is the reason why the search for preventive methods and correction of disorders remains insufficient and becomes a potential risk. For this purpose, the study carried out will evaluate women's level of knowledge when asked about pelvic prolapse, aimed at the female population that is monitored by the Unified Health System (SUS). Initially, the authors used literature in the Virtual Health Library (VHL) database to structure knowledge pertaining to the topic. The research will be qualitative and descriptive carried out with women, in two units in Lins in the interior of São Paulo. Through semi-directed interviews based on a semi-structured script about self-perception of your body. The method of analyzing data from the interviews will be through content analysis, in the thematic modality. All participants will sign the informed consent form and will keep a copy of it. Understand women's level of knowledge to support future health promotion, prevention and rehabilitation actions.

Keywords: Pelvic Prolapse. Feminine Knowledge. Diagnosis and Treatment.

RESUMO

O prolapso de órgãos pélvicos é uma condição comumente percebida no envelhecimento feminino, em maior incidência na faixa etária de 70-79 anos. Caracterizada por sinais clínicos onde a condição tem afetado a qualidade de vida das mulheres. Parece que o grupo em

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evidência possui conhecimentos limitados acerca do próprio corpo e referente aos músculos que estruturam a pelve, talvez, seja este o motivo em que a procura por métodos preventivos e de correção dos distúrbios seguem insuficientes e se tornando um risco potencial. Para este, o estudo realizado vai avaliar como encontra-se o nível de conhecimento das mulheres quando questionado o prolapso de pelve, destinado a população feminina que realiza o acompanhamento pelo Sistema Único de Saúde (SUS). Inicialmente os autores utilizaram literaturas em base de dados da Biblioteca Virtual em Saúde (BVS) para estruturação do conhecimento pertencente ao tema. A pesquisa será qualitativa e descritiva realizada com mulheres, em duas unidades de Lins no interior de São Paulo. Por meio de entrevistas semidirigidas a partir de um roteiro semiestruturado sobre a autopercepção acerca de seu corpo. A forma de análise de dados das entrevistas será mediante a análise de conteúdo, na modalidade temática. Todas as participantes assinarão o termo de consentimento livre e esclarecido e ficará com uma cópia do mesmo. Compreender o nível de conhecimento das mulheres para subsidiar futuras ações de promoção, prevenção e reabilitação da saúde.

Palavras-chave: Prolapso de Pelve. Conhecimento Feminino. Diagnóstico e Tratamento.

RESUMEN

El prolapso de órganos pélvicos es una afección frecuente en mujeres mayores, con mayor incidencia en el grupo de edad de 70 a 79 años. Caracterizada por signos clínicos, esta afección ha afectado la calidad de vida de las mujeres. Parece que este grupo tiene un conocimiento limitado sobre su propio cuerpo y los músculos que estructuran la pelvis. Esta podría ser la razón por la que la búsqueda de métodos preventivos y correctivos para estos trastornos sigue siendo insuficiente y representa un riesgo potencial. Para ello, este estudio evaluará el nivel de conocimiento de las mujeres al ser preguntadas sobre el prolapso pélvico, dirigido a la población femenina monitoreada por el Sistema Único de Salud (SUS). Inicialmente, los autores utilizaron la literatura de la base de datos de la Biblioteca Virtual en Salud (BVS) para estructurar el conocimiento sobre el tema. La investigación cualitativa y descriptiva se realizará con mujeres en dos unidades de Lins, en el interior de São Paulo. Las entrevistas se realizarán mediante entrevistas semiestructuradas basadas en la autopercepción de sus cuerpos. Los datos de las entrevistas se analizarán mediante análisis de contenido temático. Todas las participantes firmarán un consentimiento informado y conservarán una copia. Este estudio tiene como objetivo comprender el nivel de conocimientos de las mujeres para informar futuras iniciativas de promoción, prevención y rehabilitación de la salud.

Palabras clave: Prolapso Pélvico. Conocimiento Femenino. Diagnóstico y Tratamiento.

1 INTRODUCTION

Pelvic organ prolapse (POP) is a condition commonly perceived in aging females, symptomatic complaints usually occur among the age group over 60 years, with a higher incidence in women aged 70-79 years. Characterized by a sensation of falling or heaviness of the vagina involving the organs, bladder, uterus, rectum, and part of the small intestine (BRITO, CASTRO AND JULIATO, 2019).

The pelvic floor is the set of muscles and ligaments founded to bone structures that support the organs of the pelvis, its dysfunction is due to several factors and it is a common and relevant problem, where its disorders have affected the quality of life of women. However, most people seem to have limited knowledge about pelvic floor function and, therefore, there is insufficient demand for care (LOPES, 2019).

The pelvic floor muscles play the role of ensuring that proper control of urination and defecation occurs, they help with sexual function, breathing, postural support, and the pelvic organs so that they work properly. However, there are several ways to detect the loss of pelvic muscle strength, and the information is very important, especially to notice the signs early. However, precisely the lack of knowledge has been one of the main risk factors for not recognizing the signs and obtaining late or non-existent diagnosis (MELO, ANGELIS, AND JÚNIOR, 2022).

Therefore, it is important to raise awareness among women at all stages of their lives, so that they can know the physiological events and notice in advance the possible pathological changes and consequently early and effective treatment occurs. In view, it is essential that the group in evidence receives information about the function and dysfunction of the muscles of the pelvic organs (MELO, ANGELIS, AND JÚNIOR, 2022).

The lack of knowledge about one's own body becomes a risk factor for pelvic organ prolapse and greater consequences related to it. Pelvic floor dysfunctions (PAD) are considered important public health problems. In Brazil, the prevalence of POP was observed in a cross-sectional study including 432 women with a mean age of 41 years, corresponding to 52.3% (HORST et al., 2016).

The present study will contribute to highlight the importance of knowledge of pelvic function and its prolapse, highlighting how women who are knowledgeable about the subject and everything that underlies the nature of prolapse have greater effective results and qualified treatment.

2 THEORETICAL FRAMEWORK

In accordance with the facts that pelvic organ prolapse is a condition associated with several factors and concomitantly negatively impacts women's lives over the years, it was observed that lack of knowledge was highly related as a risk factor. Knowledge about the functionality of the pelvic organ muscles is essential for women to have knowledge of their own bodies, enabling a greater understanding of the symptoms and treatment proposed by health professionals. Despite this, Melo, Angelis, and Júnior (p.3, 2022) found in a study that 81% of women have never received information about the pelvic floor and few know about the role of pelvic floor anatomy in sexual function (6.2 – 64.3%).

2.1 RISK FACTORS

The triggering factors of prolapse are multifactorial, the relaxation of the pelvic muscles in contrast to their sliding is associated with genetic issues, aging, multifaceted women and even obesity. Normal deliveries with the use of forceps, the ethnicity, as white and Latino women have greater susceptibility, and also, families in which there are predispositions to prolapse are considered risk factors that increase the incidence of cases (BRITO, CASTRO AND JULIATO, 2019).

Regarding ethnic origin, it is known that white and Asian women have a lower risk than Hispanic women. Black women have an android or anthropoid pelvis more often. This protects them from prolapse compared to white women, who mainly have a gynecoid pelvis (HORTS AND SILVA, p.93, 2016).

Pregnancy is understood as one of the possible triggering factors, since a complex structural change occurs in the woman's abdomen, in order for a life to be generated. It is suggested that in the next 30 years, the number of women seeking treatment for POP will double, due to increased life expectancy and the current female tendency to become pregnant at older ages (HORST et al., 2016).

For women who gave birth to their children via vaginal delivery, the same may or may not occur, which means that cesarean delivery does not indicate that it is enough to prevent this condition from happening. But, as reported in the literature, the predisposition to natural births is still increased. However, the macrosomic fetus above 4,500 grams distends and injures pelvic structures and increases the risk of POP (MELO, ANGELIS, and JÚNIOR, 2022).

According to Queiroz and Rego (p.1, 2022), POP is commonly associated with pregnant women with more than two births, but it can still be identified in women in their first pregnancy, to these, the cause is fully evidenced by anatomical factors, pelvic floor functions and/or related to collagen diseases and bladder exstrophy characterized by a congenital malformation in which the bladder is externalized to the abdomen region.

Age, as already described in several conditions, being a non-modifiable risk factor, is fair and has a part in pelvic prolapse, the reduced hormonal decrease in menopause and hypoestrogenism increase the possibility of POP, however, treatment with hormonal doses may not add to the reduction of risks (HORTS AND SILVA, 2016).

However, according to Melo, Angelis and Júnior (p.4, 2022), factors external to these, such as healthy suggested physical activity and strenuous work, may be associated with prolapse, excessive and daily work that requires efforts is considered a risk factor and problematic condition. This is since lifting heavy loads increases intra-abdominal pressure (MELO, ANGELIS AND JÚNIOR, 2022).

Lifting heavy loads increases intra-abdominal pressure and can increase the chances of prolapse of the female internal genital organs, and is also a risk for other dysfunctions, such as urinary symptoms and fecal incontinence, since there is an association between them. (LOPES, 2019).

The arrival of senescence is natural to physiological changes in relation to the physical changes, significant numbers point out that one of the main causes of this condition being part of the problem of population inequality, the lack of necessary knowledge and the long working hours with different social conditions directly reflect on health with the passage of time and the arrival of old age (MELO, ANGELIS AND JÚNIOR, 2022).

It is thought that the prevalence rates described are underestimated, since a considerable number of women, out of shame or because they accept it as a natural process of aging, do not seek health services, generating opportunities for dysfunctions to influence the increase in depression, embarrassment and social isolation. This is related to the fact that among the justifications, the main reasons behind this choice were the sporadic leakage and the belief that urinary incontinence (UI) is a common problem. (LOPES, 2019).

2.2 SYMPTOMATOLOGY

POP usually appears with variable symptoms among women, which can be described as mild and asymptomatic, so there is no concrete data that estimates the number of women who seek medical help. However, it is known that only about 10-20% will seek assistance. Thus, it is through the physical examination performed by a doctor, in which the patient places herself in a lithotomy position, that the prolapse is confirmed (MELO, ANGELIS, AND JÚNIOR, 2022).

Still among the symptomatic conditions, the clinical for each patient addresses different aspects, but still the most common are related to pelvic pain, urinary incontinence (UI), low back pain, vaginal bulge and sexual dysfunction capable of reflecting negatively on the quality of life of both. The need to reduce prolapse is constant and in some situations it can be done manually (MELO, ANGELIS AND JÚNIOR, 2022).

In some cases, UI is reported, which should be highlighted due to being a more prevalent and difficult-to-resolve storage symptom, which negatively affects the quality of life of millions of people. According to Rett et al. (2016), UI is more common in women, at a ratio of two women for every affected man. Among all the symptoms, difficulty in sexual activity was also reported and this is, however, one of the signs that the nurse should pay attention to and, together with a deeper anamnesis, be aware of the suspect about the possibility of POP.

Among the anorectal dysfunctions presented, anal incontinence (AI) is the most debilitating symptom, having the greatest psychosocial impact on a woman, bringing with it: constipation, incomplete bowel evacuation, urgency, frequency and painful defecation, including Fecal Incontinence (FI). In addition to anal incontinence, constipation has a high prevalence among the world population and has been considered a population problem. As well as known by LOPES (2019, p.19), the information that the presence of fecal incontinence is associated with the presence of genital prolapse and urinary incontinence.

2.3 DIAGNOSIS AND TREATMENT

The diagnosis of POP consists of the symptoms and clinical condition of each patient, in order to obtain confirmation and be guided about the stages and treatments necessary for each case, it is essential that the diagnosis is made by the doctor. It consists of data collection and physical examination, followed by palpation, with the patient lying in the supine position,

with legs extended, known as the gynecological or lithotomy position (MANUAL UROGYNECOLOGY, DR. LUIS GUSTAVO M. TOLEDO, 2017).

In relation to nursing, nurses are not often described when looking for POP, which raises the question of how they can act in this condition. However, it is known that awareness is a fundamental tool in their performance, creating a bond of trust and empathy in the care provided. In addition, empathy encourages patients to adhere to treatment (MATSHAKA, 2023).

According to Roza (2011) in 1936, pelvic floor muscle (PPM) training was reported in medicine, through an article written by Margaret Morris, in which she described the contraction and relaxation of this muscle group as a form of prevention and treatment of UI and fecal.

Thus, the treatments performed in order to relieve symptoms and discomfort, and ensure a positive quality of life for patients who developed POP, are basically composed of conservative and surgical, varying according to the need and stage in which the prolapse is characterized (MANUAL UROGYNECOLOGY, DR. LUIS GUSTAVO M. TOLEDO, 2017).

Vaginal pessaria, which are silicone devices inserted into the vagina in order to provide support to the pelvic organs in stages III and IV, for situations in which the surgical procedure is contraindicated due to advanced age and/or associated diseases, are excellent tools used in POP.

The application of a vaginal pessary can be beneficial and its best size is the one that will not fall off the patient. Reducing uterine prolapse protects the cervix from local trauma and prevents the possibility of incarceration (QUEIROZ AND REGO, 2022).

Performing the preventive test does not only identify neoplasms, but any possible gynecological alteration. That is why it is necessary for the professional to know how to guide from the physiological to the indications of pathologies, providing safety and adequate guidance. Patients demonstrate adherence to treatment because they feel valued and understood. Complying with treatment becomes easy because patients feel recognized and that their point of view is not ignored (MATSHAKA, 2023).

3 JUSTIFICATION

This study sought to understand how women's perspective on self-knowledge of their bodies or the lack of this factor favors the understanding of health professionals in relation to the female reality and how this interferes in the issue of women's health.

It is known that women still face several factors, such as the oppressive society itself, which often neglect and hinder them, for example, in being able to achieve information and goals during their lives, with health being one of those important topics in which many times several subjects such as sex education are underestimated.

The project sought to provide concrete data about pelvic prolapse through the knowledge of women and their possible relationships.

4 GOAL

4.1 GENERAL

To evaluate women's knowledge about their bodies and pelvic prolapse, aimed at the female population that is monitored by the Unified Health System (SUS).

4.2 SPECIFIC

To identify how women's levels of knowledge and self-perception influence and relate to pelvic organ prolapse.

5 MATERIALS AND METHODS

5.1 METHODS

The present work, after the defined theme, title and objectives, triggered the authors' sensitivity and stimuli to develop the qualitative research method, which emphasizes the social interaction between the researcher/interviewer and interviewee, in order to experience the quality of the research processes and the intimacy between the researcher and the research.

Qualitative research that approximates and values the search for experiences in a complete, deep way and rescues the needs of the actors. Thus, it refers, according to Pucci, et al., (p.4, 2020) in the form of appropriate questions, due to the evolution of the conversation, the interviewer will request the production of answers that interest him, that is, his intention to obtain those that are pertinent to meet his objectives.

5.2 MATERIALS AND METHODS

Initially, the authors used literature in the Virtual Health Library (VHL) database to structure knowledge on the subject. The qualitative and descriptive research carried out with women in two cities in the interior of São Paulo. Through semi-directed interviews based on a semi-structured script about the self-perception of their body.

The form of data analysis of the interviews was carried out through content analysis, in the thematic modality. All participants signed the term of and kept a copy of it.

For the research to be carried out in the field, units in Lins-SP were chosen. They are, respectively, the Ribeiro Health Unit - Dr. Péricles da Silva Pereira and the Santa Terezinha Family Health and Strategy Unit - Dr. 13 Douglas de Souza Carvalho. A term of request has been designated and must be authorized as signed and stamped by the manager of the unit.

6 RESULTS AND DISCUSSION

Subsequently, data collection through interviews in two health units in the city of Lins, Dr. Péricles da Silva Pereira (Ribeiro) and Dr. Douglas de Souza Carvalho (Santa Terezinha) were respectively answered by women users of the Unified Health System (SUS) who eventually attended the unit on a certain day on which the interview would take place.

The answers of the interviewees were carefully analyzed, composing the analytical analysis of the qualitative research, which emerged the themes and categories according to the answers. First, for the analysis of 'basic knowledge and self-perception', the categories 'basic knowledge' and 'self-perception' emerged.

In the second analytical theme, he evidenced the 'capacity for recognition' which encompassed the following categories, 'the ability to recognize changes in one's own body' and 'the lack of opportunity to learn the basic fundamentals of a healthy body'.

The last theme, numerically named 3, received the theme 'hindering factors' with the category 'hindering factors for the treatment of women'. Below is described in the form of a table the themes and analytical categories and then presented the results and discussions.

Table 1

Themes and analytical categories

THEMES	CATEGORIES
1- Basic knowledge and self-knowledge	1.1 Basic knowledge 1.2 Self-perception
2- Capacity recognition	2.1 The ability to recognize changes in your own body 2.2 The lack of opportunity to learn the basic fundamentals of a healthy body
3- Factors Hindering	3.1 Factors that hinder the treatment of women

6.1 BASIC KNOWLEDGE AND SELF-PERCEPTION

In this first theme, the basic knowledge of women and self-perception was analyzed and concluded that, even today, access to information has been leveraging among people, but when the subject concerns one's own body, it is certain that there are desires, and sex education continues to be taboo for some people and families and among them, when it comes to the knowledge of the female body.

It is considered that in this present study, it is about female knowledge for the adult age group, and there was thus some resistance by elderly women to participate in the research when it was discussed about what the research theme was about.

Furthermore, for young women, comfort was observed in participating, and what draws attention is that both have knowledge about the body and what covers it in the vast majority, highlighting only educational teaching or when during pregnancy. In this sense, it is possible to observe in the following statements:

P16 - "During my pregnancies". P17 - "Yes, I had guidance from teachers in elementary school". P18 - "At school, yes, when you become a mother". P19 - "Yes, school and technical course".

In contrast to those who had access to information during school and during the pregnancies, reported that they learned about the female body and natural changes through the 'graduation', although she graduated as a nurse:

P23 - "Yes, I'm already a nurse".

These answers show that the exhausting family and professional routine often hinder the basic recognition and self-perception of one's own body, taking care of oneself is often given as a second option and the wishes of other members are prioritized, and in this case, the relationship between the lack of information cited by the MELO authors, ANGELIS AND JÚNIOR (2022): "81% of women have never received information about the pelvic floor and few know about the role of pelvic floor anatomy in sexual function".

Thus, evidently, it clarifies that knowledge can be based on two ways: level of education and family structure. The school transcends the information that, however, should be presented by parents, family and/or guardian, it prepares the student for society so that he socializes regardless of the subject addressed and performs self-criticism.

As well as the fact that social "conditions", family and financial environment interfere with the quality of information to which they are or are no longer exposed, this fact is also agreed by authors Melo, Angelis and Júnior (2022, p.1) who describe inequality as a compromise of women's health in aging "to the inequalities to which women are exposed throughout life, wage differences and double working hours often lead to social difficulties and health-related issues over time."

On the other hand, for situations in which there is a complete family structure, the child is oriented about the body, sexuality, bonds, relationships and structural and physiological changes. And this basic knowledge is carried over according to years and age, is passed down through generations and implies healthy individuals who are less prone to risks. In adulthood, information and health problems arise secondary to an existing condition, however, following the same basis of family structure, which also fits into the daily life of the woman, children, home, spouse, among others.

6.2 RECOGNITION CAPABILITY

Pelvic prolapse consists of the weakening of the pelvic floor, which within its functions, supports the organs belonging to this region, helping in their adequate and efficient functional capacities, without causing harm to the woman. When there is weakening, the descent of viscera, sexual dysfunction and incontinence can occur within their dysfunctions. As the author LOPES (2019, p. 17) agrees and specifies that there are types of UI but the three most

common are: Stress Urinary Incontinence (SUI), urgency (UIU) and mixed (MU) that can occur due to exertion or physical exercise, associated with urgency or both, respectively.

The etiology of POP is multifactorial, being associated with conditions such as obesity, genetic issues, and pregnancies. Age is also considered important if we highlight the aging factor and that the age factor plays a role in pelvic prolapse. Pregnancy, for example, brings with it layers and more etiological layers, in agreement with the study by QUEIROZ AND REGO (2022, p.246) who says that the etiology of prolapse in pregnancy is multifactorial and involves parity, malnutrition, race, history of vaginal delivery, short interpartum interval, physiological changes of pregnancy, and previous history of uterine prolapse.

Based on this thought, it is attractive to think about how SOP interferes in women's quality of life, which is important and constituent of the definition of health. This sensitive topic should be highlighted due to its significant "damages", which can be evidenced by the study by LOPES (2019, p.15), which shows us that in addition to having a considerable prevalence, dysfunctions affect women's quality of life, presenting significant associations with increased depression, embarrassment, and social isolation.

Later, after the information about the structures that make up the female pelvis, the hip was highlighted, because it is large and the main component structure in the pelvic floor, it is commonly known and is characterized by performing primary functions of movement, support, protection, etc.

P1 - "Support the body, the pelvis and the femur". P12 - "Mobility, bones, genitalia". P14 - "Hip is the connection of the femoral and bladder bones and where the pelvic organs are". P16 - "Yes, the hip is where the mmii fits and that is all and more movement of the body for you to walk, if you do not have injuries to the spine". P19 - "Yes, shelter for organs and bones and the importance of being a strong structure". P24 - "Yes, the hip houses the female internal organs and their appendages, as well as part of the intestine".

However, what has drawn attention is the occurrence of POP being little aware, even though it has been a somewhat recurrent condition in women nowadays, and it is interesting that the circumstance that sounds as known to them among this subject, is urinary incontinence and the so-called fallen bladder, the name discussed in pelvic prolapse implies ignorance of knowledge, This is reported by both statements:

P7 - "Yes, the bladder fell off, when I fell". P17 - "I heard it only roughly, I don't know for sure what it means". P18 - "Not by that name"

Consequently, the vague understanding of prolapse did not cover the expectations of the authors, in a way that fostered the anxieties and resistance and little willingness of women in the face of the above, it is known that the new can be reconciled with the sensations of astonishment and strangeness. And from then on, the outcome of the question was only between yes or no and resumed in two situations, one in which a family member had gone through such a condition presented and related to a post-hysterectomy and the other through medical advice of a possible "bladder prolapse".

In addition, a very variable and expansive question addressed the most common and previous symptoms of risk factors for POP, a significant fact was urinary incontinence and low back pain as usual, agreed by authors Melo, Angelis, and Júnior (2022, p.3) [...] "low back pain, urinary incontinence and/or urinary symptoms are some of the most prevalent symptoms" [...], Lopes (2019, p.17) "Urinary Incontinence (UI) should be highlighted as one of the most prevalent storage symptoms", Roza (2011, p.24) "UI being the most common dysfunction" is also explained by the Urogynecology Manual (2017, p.9) by Dr. Toledo and Matos "Urinary incontinence (UI) is an important public health problem 18. Its repercussion mainly compromises the quality of life of the affected population, since their physical morbidity is low".

Although many women suffer from the condition and that gradual treatment is essential to achieve a satisfactory result and invasive interventions are not necessary, the group interviewed was aligned and aware of seeking medical help in case of symptoms. The use of stretching and strengthening of the pelvic structure also becomes knowledge among them.

Still on the same basis of questions related to the female body, another point was sensitized during the research, in relation to the changes that occur over the years, many of the participants end up confusing a physiological change in the woman's body with a condition that is not necessarily natural as they age.

In view of this, an evident concern was highlighted when a symptom represents an alteration in the scale related to weight, and another important fact is that in addition to women feel conformed to anatomical and physiological changes and resemble them with aging and feel safe about them and describes mental health as the main positive agent to maintain good health conditions, As the participant reports:

P16 - "No, I don't have it very clear in mind and I'm very calm about life (being born, growing up, aging and dying) I think we have to have a good quality of life, mental health to age healthily".

But, even so, during some modification perceived by younger women, it is curious that the popular saying of "dialoguing" with a more experienced person or self-diagnosing through the google tool is also a means, this being an important factor for perhaps a late diagnosis or not being made an adequate diagnosis and treatment.

P15 - "Google". P17 - "I usually ask someone older and trusted, if the person can't help me, I look for a specialist".

Based on the same principle, the symptoms that cause changes in the female body have been discovered mostly by women with a predominance in the adult phase of life through the search for a doctor, and the search for a gynecologist is evident.

In this case, stated by the authors MELO, ANGELIS AND JÚNIOR (2022) "81% of women have never received information about the pelvic floor and few know about the role of pelvic floor anatomy in sexual function". In view of this, the idea of the authors of the research is similar to the opinion of the authors referenced and is based on the importance of raising women's awareness through information that should be highlighted in the basic health care networks.

6.3 HINDERING FACTORS

Among the factors that influenced the authors' choice of this research is the need to understand the difficulties that lead women not to recognize the pathological changes in their body, early diagnosis and consequently the search for effective treatment.

Over the years, information has become more evident and more accessible to people, but not all people have this access or have it easily. This is evident since even in the current digital and informational age, women, both young and older, show difficulty in identifying physiological changes and consequently, the symptoms of 20 change in pelvic physiology, as once questioned about these:

P5 - "No". P7- "Sometimes we confuse the pain and we don't know how to identify it, so I look for the doctor, nursing". P15 - "No". P17 - "I don't know how to identify it, but if I felt something I would run to the doctor". P25 - "I wouldn't know how to identify".

This difficulty becomes another risk factor, fitting into the etiologies, since the present question coincides with the idea of the authors Melo, Angelis and Júnior, that changes in the

female body have to be a considerable factor in the impact on women's quality of life, as well as symptomatic pelvic prolapse, which justifies the same discomfort for the highlighted group.

Prolapse, when symptomatic, negatively affects the performance of these women's daily activities, bringing discomfort and sometimes abdication of interaction with their social environment, directly impacting their quality of life and their self-perception in society (Melo, Angelis, and Júnior, 2022, p.5).

In addition, studies have proven that the number of women who will seek treatment for prolapse will double in about 30 years and related to these, aging generates anatomical, morphological and functional changes, among them, hidden pathologies/lesions are risk factors for women. As an example, one can obtain the findings of the literature, that UI is more common in females, in a ratio of two women for every affected man and generates a considerable impact on quality of life.

Thus, the reason for prevention and early diagnosis is evident, since many women end up seeking help from a health professional

Only after the appearance of symptoms and complications, that is, they only perceive some difference in the body when it appears as a disease or by the process of the "scare" of puberty or aging, in which they ask 21 someone what to do, as well as reported about the changes in their bodies:

P1 - "Yes, menstrual delay, when I find out that I have hormonal problems, acne and hair". P6 - "yes (thin, I was surprised by the 1st period, I never had information about it)". P8 - "Yes (joint pain, rheumatism, arthrosis, etc.". P13 - "Yes (increased hair, hair loss, loss of skin elasticity, wrinkles)" P14 - "Yes (when puberty)" P24 - "Yes (appearance of nodules)" P25- "Yes (when I menstruated for the first time)" P28 - "Yes (urge to urinate and not be able to hold it long)"

However, despite the difficulty of these women, at any sign of doubt or illness, they reported that they seek help and guidance from the health team, which, even if late, is a considerable point and is positive in relation to the resumption of health and quality of life. However, the team must be prepared to welcome them and ensure the integrality of their care and its effectiveness, even if it cannot have a curative purpose, as in chronic cases, but that it maintains them.

In contradiction, through the research it can be noted that among the hindering factors was the lack of correct passage of information to one of the interviewees, who reported the

diagnosis of urinary incontinence and others and who learned when seeking medical care that this was normal.

7 FINAL CONSIDERATIONS

This study allowed us to understand the dimension in which the item "women's knowledge" is 22, showing how society cultivates a flawed culture when it comes to ensuring that the female sex has basic access to who they are, how they function and how to take care of themselves.

The survey brought real responses from women belonging to basic units, in which each one brought with them their individualities, such as those who reported that they knew nothing about the subject; those who could not identify some topics discussed; those who were satisfied with some of the clarifications they received during puberty and even those who have an understanding due to their academic background.

However, regardless of the answers, the vast majority were detached in relation to the subject and even more so when they delved into Pelvic Organ Prolapse. This proves the sweeping effect of negligence on women, who are not able to recognize the beginnings of damage to their health.

Therefore, the present study allowed a relationship to be established with the proposal of the theme and the results found, evidencing a need for women's health, which needs greater primary care since before puberty. This generates an excellent proposal for care related to health promotion and disease prevention, consequently generating an opportunity to highlight one more topic in population health education, not only for the female sex.

REFERENCES

- Brito, L. G. O., et al. (2019). Prolapso de órgãos pélvicos. Protocolo Femina. <https://docs.bvsalud.org/biblioref/2019/12/1046488/femina-2019-471-42-45.pdf>
- Horsts, W., & Silva, J. C. (2016). Prolapso de órgãos pélvicos: Revisão de literatura. Arquivos Catarinenses de Medicina. <https://revista.acm.org.br/index.php/arquivos/article/view/79/75>
- Lopes, L. G. (2019). Disfunções do assoalho pélvico: Avaliação da prevalência e qualidade de vida dos profissionais de enfermagem [Master's thesis, Universidade Federal do Ceará]. <https://repositorio.ufc.br/handle/riufc/39770>
- Matshaka, L. (2023). Autopercepção dos estudantes sobre empatia no cuidar. PubMed Central. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10319933/>

- Melo, A. J. O., et al. (2022). Prolapso de órgãos pélvicos e envelhecimento feminino: Uma revisão narrativa. *Revista Eletrônica Acervo Médico*, 20. <https://acervomais.com.br/index.php/medico/article/view/11311>
- Pucci, V. R., et al. (2020). Técnica da entrevista discursiva em pesquisa qualitativa: Relato de experiência. *Revista Enfermagem UFSM*, 10(e97), 1–21.
- Queiroz, T. B. A., & Rego, A. D. (2022). Prolapso uterino na gestação: Relato de caso. *Femina*. <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1380698>
- Roza, T. H. (2011). Prevalência de incontinência urinária feminina e proposta de um protocolo de reabilitação funcional dos músculos do pavimento pélvico para mulheres atletas [Master's thesis, Universidade do Porto]. <https://repositorio-aberto.up.pt/bitstream/10216/56370/2/Dissertao%20de%20MestradoThuane.pdf>
- Secretaria Municipal da Saúde. (2017). Protocolo de procedimentos diagnósticos e terapêuticos do serviço de Uroginecologia (2nd ed.). <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1281731>

APPENDIX

DECLARATION OF THE CO-PARTICIPATING INSTITUTION TERM OF INSTITUTIONAL CONSENT

This institution: _____ -

Sector/Unit is aware of its co-responsibilities as a co-participating institution in this Research Project: WOMEN'S SELF-PERCEPTION OF THEIR BODIES: THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND THE PELVIC PROLAPSE, which is under the responsibility of the researchers: Julia de Oliveira Mandelli and Milena Noronha Munhoz, bachelor's degree students in nursing, with training scheduled for 2024, with the guidance of nurses and professors Sabrina Piccinelli Zanchettin Silva and Nilva Cristina de Oliveira Silva from the University Center of Lins (UNILINS) and their commitment to safeguarding the safety and well-being of the research participants recruited from it, having the necessary infrastructure to guarantee such safety and well-being. I hereby declare that the following activities will be allowed in the Institution: "Qualitative research within the following Lins Units: Ribeiro Health Unit - Dr. Péricles da Silva Pereira and Santa Terezinha Health and Family Strategy Unit - Dr. Douglas de Souza Carvalho, with women users of the Unified Health System (SUS), through semi-directed interviews based on a semi-structured script on self-perception about their body", according to the procedure described in the attached Research Project Method. The research will be evaluated by the Research Ethics Committee of FAMEMA- Faculty of Medicine of Marília.

In addition, it is clear that the study will only be carried out after the presentation of the Substantiated Opinion – Approval of the CEP of the Proposing Institution.

(MUNICIPALITY), _____ from _____ from _____ --

Signature and stamp of the institutional responsible person - Identification of the Institution



REQUEST FOR AUTHORIZATION FOR ACADEMIC-SCIENTIFIC RESEARCH
PAULISTA FOUNDATION OF TECHNOLOGY AND EDUCATION REQUEST FOR
AUTHORIZATION FOR ACADEMIC-SCIENTIFIC RESEARCH

Through this instrument, we request from the Manager: Silvia Cristina Vasconcelos Cardoso, from the health department of the municipality of Lins-SP, the authorization to carry out the research that is part of the Course Completion Work (TCC) of the student(s); Julia de Oliveira Mandelli and Milena Noronha Munhoz, with the preliminary title: "WOMEN'S SELF-PERCEPTION OF THEIR BODIES: THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND THE PROLAPSE OF PELVIS" in the following unit in Lins: Ribeiro Health Unit - Dr. Péricles da Silva Pereira and Santa Terezinha Family Health and Strategy Unit - Dr. Douglas de Souza Carvalho.

Data collection will be done through the application of semi-structured interviews based on a semi-structured script on women's self-perception of their bodies, the form of data analysis of the interviews will be through content analysis, in the thematic modality. All participants will sign the informed consent form and keep a copy of it.

(MUNICIPALITY), _____ of _____ de _____

Profa. Ma. Guidance counselor.

Academic(s)

Manager's signature and stamp

INFORMED CONSENT FORM (ICF)

I INVITE you to participate in the Research Project entitled "WOMEN'S SELF-PERCEPTION OF THEIR BODY: THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND PELVIC PROLAPSE", which will be developed by Julia de Oliveira Mandelli and Milena Noronha Munhoz, students of the Nursing Course, with guidance from nurses and professors Sabrina Piccinelli Zanchettin Silva and Nilva Cristina de Oliveira Silva from the University Center of Lins (UNILINS).

The research aims to provide results that complement the work titled above and, consequently, for approval in the TCCIII subject. In order for us to obtain a result, at this moment we need to count on your participation in order to be able to reach answers based on real life stories. The survey does not pose any physical risk and if at any time you feel uncomfortable, you can go back on your decision to participate. In addition, you will answer a questionnaire that will take about 15 minutes in length.

At the end of the research, you will be able to answer any questions about the subject, which is part of our functions as future health professionals, and can be a benefit for you. In addition, our data will be on the next sheet, being available for you to ask your questions when you need them. Please be aware that your participation in this study is voluntary and that even after you have given your consent to participate in the research, you can withdraw it at any time.

This Informed Consent Form will be prepared in 2 copies of the same content, of which 01 copy will be delivered to you duly initialed, and the other copy will be filed and kept by the researchers for a period of 5 years after the end of the research. After all my doubts about this study have been resolved, I AGREE to participate voluntarily, being aware that all my data will be protected through the confidentiality that the researchers have undertaken. I am aware that the results of this study may be published in scientific journals.

(MUNICIPALITY), / /

Participant's signature

Researchers participating in the Survey

RESEARCHER DATA

Name: Julia de Oliveira Mandelli Address: José Maria Rosa- 586 Phone: (14) 99188- 5131
Email: mandellijulia01@gmail.com

Name: Milena Noronha Munhoz Address: Sebastião Ribeiro da Silva- 154 Phone: (14)
99809- 3887
Email: munhozmilena02@gmail.com

QUESTIONNAIRE RELATED TO THE FIELD RESEARCH: "WOMEN'S SELF- PERCEPTION OF THEIR BODIES: THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND PELVIC PROLAPSE"

Guiding Questions for the Interviewees

1. Identification Data

Name in acronym: Date of birth: / /

Mark with X:

Your color or race is:

1. White 2. Black 3. Yellow 4. Brown 5. Indigena

Level of education:

1. No instruction 2. Incomplete elementary school 3. Complete elementary school 4.
Incomplete high school 5. Complete high school 6. Incomplete higher education 7. Complete
higher education

Is your domicile?

1. Paid 2. Not yet paid, but own 3. Rented 4. Ceded 5. Other condition

Marital status:

1. Married woman 2. Separated/Divorced 3. Divorced 4. Widow 5. Single

What is the total family income:

1. Cash 2. It doesn't have .

1. Do you receive or have you received guidance at any stage of your life, in schools or
health units, for example, about changes in your body? R:

2. Have you ever felt confused about your body or any difference you've noticed in it
over the years?

() YES

() NO

Tell me about these changes.

3. When you notice a change in your body, what do you do? R:

4. Do you know what the hip is for and what is part of it? R:

5. Have you ever heard about what pelvic organ prolapse is? R:

6. Of the following symptoms: pelvic pain, urinary (UI) and fecal (FI) incontinence, low back pain, vaginal bulge, and sexual dysfunction, have you ever had or do you have any of them?

R:

7. If you have them, you have them or if you ever have them, do you know how to identify them and if you do, what would you do to relieve them?

R:

THANKS

STATEMENT FROM INSTITUTION CO-PARTICIPANT SIGNED AND
AUTHORIZED




PREFEITURA MUNICIPAL DE LINS
ESTADO DE SÃO PAULO

**DECLARAÇÃO DA INSTITUIÇÃO CO-PARTICIPANTE TERMO DE ANUÊNCIA
INSTITUCIONAL**

Eu Silvia C. de Vasconcelos Cardoso, Secretária Municipal de Saúde de Lins, portador da cédula de identidade nº 218.897-57, declaro estar ciente das co-responsabilidades do presente Projeto de Pesquisa: **AUTOPERCEPÇÃO DE MULHERES SOBRE SEU CORPO: A RELAÇÃO ENTRE O NÍVEL DE CONHECIMENTO E O PROLAPSO DE Pelve**, que está sob a responsabilidade das pesquisadoras: Julia de Oliveira Mandelli e Milena Noronha Munhoz, bachareladas em enfermagem, com formação prevista para 2024, com orientação das enfermeiras e professoras Sabrina Piccinelli Zanchettin Silva e Nilva Cristina de Oliveira Silva do Centro Universitário de Lins (UNILINS) e de seu compromisso no resguardo da segurança e bem-estar dos participantes de pesquisa nela recrutados, dispondo de infra-estrutura necessária para a garantia de tal segurança e bem estar. Declaro assim que serão permitidas, na Instituição, a realização das seguintes atividades: "Pesquisa qualitativa dentro das seguintes unidades de Lins: UBS Ribeiro – Dr. Péricles Da Silva Pereira e USF Santa Terezinha - Dr. Douglas De Souza Carvalho, com mulheres usuárias do sistema único de Saúde (SUS), por meio de entrevistas semidirigidas a partir de um roteiro semiestruturado sobre a autopercepção acerca de seu corpo", conforme procedimento descrito no Método do Projeto de Pesquisa em anexo.

A pesquisa será avaliada pelo Comitê de Ética e Pesquisa da FAMEMA- Faculdade de Medicina de Marília. Além disso, **fica claro que o estudo só será realizado após apresentação do Parecer Consubstanciado – Aprovação do CEP da Instituição Proponente.**

Lins, 22 de janeiro de 2024.


Silvia Cristina Vasconcelos Cardoso
Secretária de Saúde do Município de Lins

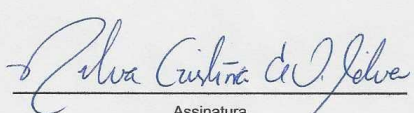

Prefeitura Municipal de Lins - Secretaria Municipal de Saúde
Avenida Nicolau Zarvos, 754 – Vila Clélia - CEP: 16401-300 – Lins/SP Fone (14) 3533-4250 – Ramal 4407
CNPJ/MF 44.531.788/0001-38 E-mail: saudecoletivalins@gmail.com Home page: www.lins.sp.gov.br

COVER PAGE FOR RESEARCH INVOLVING HUMAN SUBJECTS



MINISTÉRIO DA SAÚDE - Conselho Nacional de Saúde - Comissão Nacional de Ética em Pesquisa - CONEP

FOLHA DE ROSTO PARA PESQUISA ENVOLVENDO SERES HUMANOS

1. Projeto de Pesquisa: AUTOPERCEPÇÃO DE MULHERES SOBRE SEU CORPO: A RELAÇÃO ENTRE O NÍVEL DE CONHECIMENTO E O PROLAPSO DE PELVE			
2. Número de Participantes da Pesquisa: 20			
3. Área Temática:			
4. Área do Conhecimento: Grande Área 4. Ciências da Saúde			
PESQUISADOR RESPONSÁVEL			
5. Nome: NILVA CRISTINA DE OLIVEIRA SILVA			
6. CPF: 350.143.468-55		7. Endereço (Rua, n.º): PEDRO LEMOS GARCIA, 448 RESIDENCIAL SAN FERNANDO casa LINS SAO PAULO 16402601	
8. Nacionalidade: BRASILEIRO	9. Telefone: 14997337435	10. Outro Telefone:	11. Email: nicrisoli@yahoo.com.br
<p>Termo de Compromisso: Declaro que conheço e cumprirei os requisitos da Resolução CNS 466/12 e suas complementares. Comprometo-me a utilizar os materiais e dados coletados exclusivamente para os fins previstos no protocolo e a publicar os resultados sejam eles favoráveis ou não. Aceito as responsabilidades pela condução científica do projeto acima. Tenho ciência que essa folha será anexada ao projeto devidamente assinada por todos os responsáveis e fará parte integrante da documentação do mesmo.</p>			
Data: 26 / 02 / 2021		 Assinatura	
INSTITUIÇÃO PROPONENTE			
12. Nome: FUNDAÇÃO PAULISTA DE TECNOLOGIA E EDUCAÇÃO		13. CNPJ: 51.665.727/0001-29	14. Unidade/Órgão:
15. Telefone: (14) 3533-3200	16. Outro Telefone:		
<p>Termo de Compromisso (do responsável pela instituição): Declaro que conheço e cumprirei os requisitos da Resolução CNS 466/12 e suas Complementares e como esta instituição tem condições para o desenvolvimento deste projeto, autorizo sua execução.</p>			
Responsável: José Aparecido Silva de Queiroz		CPF: 161.980.898-60	
Cargo/Função: Reitor		 Prof. Dr. José Ap. Silva de Queiroz Reitor UNILINS-Centro Universitário de Lins	
Data: 26 / 02 / 2024		Assinatura	
PATROCINADOR PRINCIPAL			
Não se aplica.			

SUBSTANTIATED OPINION OF THE CEP



FACULDADE DE MEDICINA DE
MARÍLIA-FAMEMA



PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: AUTOPERCEPÇÃO DE MULHERES SOBRE SEU CORPO: A RELAÇÃO ENTRE O NÍVEL DE CONHECIMENTO E O PROLAPSO DE PÉLVIS

Pesquisador: NILVA CRISTINA DE OLIVEIRA SILVA

Área Temática:

Versão: 2

CAAE: 78399824.3.0000.5413

Instituição Proponente: FUNDACAO PAULISTA DE TECNOLOGIA E EDUCACAO

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 6.763.987

Apresentação do Projeto:

O presente trabalho posteriormente ao tema definido, título e objetivos desencadeou aos autores a sensibilidade e estímulos para ser desenvolvido o método de pesquisa qualitativa, esta que, ressalta a interação social entre o pesquisador/entrevistador e entrevistado, de forma para ser vivenciada a qualidade dos processos da pesquisa e a intimidade entre o pesquisador e a pesquisa. A pesquisa qualitativa que aproxima e valoriza a busca de experiências de maneira completa, profunda e resgata as necessidades dos atores. Assim, a mesma remete, dito por Pucci, et al., (p.4, 2020) sob a forma de perguntas adequadas, em razão da evolução da conversa, o entrevistador solicitará a produção de respostas que lhe interessa, ou seja, sua intenção em obter aquelas que são pertinentes para atender os seus objetivos. Inicialmente os autores utilizaram literaturas em base de dados da Biblioteca Virtual em Saúde (BVS) para estruturação do conhecimento pertencente ao tema. A pesquisa será qualitativa e descritiva realizada com mulheres, em duas cidades do interior de São Paulo. Por meio de entrevistas semi dirigidas a partir de um roteiro semiestruturado sobre a auto percepção acerca de seu corpo. A forma de análise de dados das entrevistas será mediante a análise de conteúdo, na modalidade temática. Todas as participantes assinarão o termo de consentimento livre e esclarecido e ficarão com uma cópia do mesmo. Para pesquisa ser realizada em campo, foram escolhidas unidades de Lins - SP. Sendo elas, respectivamente, a Unidade de Saúde do Ribeiro - Dr. Péricles da Silva Pereira e a

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Bairro: Fragata **CEP:** 17.519-030
UF: SP **Município:** MARILIA
Telefone: (14)3311-2929 **Fax:** (14)3422-1079 **E-mail:** cep@famema.br



Continuação do Parecer: 6.763.987

Unidade de Saúde e Estratégia da Família do Santa Terezinha - Dr. Douglas de Souza Carvalho. Para ambos um termo de solicitação foi designado e deverá ser autorizado conformemente assinado e carimbado pelo(a) gestor(a) das unidades.

Objetivo da Pesquisa:

Avaliar o conhecimento das mulheres acerca de seus corpos e do prolapso de pelve, destinado a população feminina que realiza o acompanhamento pelo Sistema Único de Saúde (SUS).

Avaliação dos Riscos e Benefícios:

Riscos: A pesquisa poderá oferecer o risco de desconforto as entrevistadas, uma vez que por meio desta, apesar da orientação e de que será esclarecido que não precisarão responder as questões nas quais não se sentirem seguras/confortáveis, o simples fato de pensar sobre o próprio corpo e falar acerca dele pode lhes causar constrangimento a depender também de sua cultura, personalidade, criação, etc.

Benefícios: Mediante Aos Dados Futuramente Coletados Os Profissionais De Saúde Poderão Entender Se Há Relação Entre O Nível De Conhecimento Feminino E O Prolapso De Pelve

Comentários e Considerações sobre a Pesquisa:

Por meio de entrevistas semidirigidas a partir de um roteiro semiestruturado sobre a autopercepção acerca de seu corpo. A forma de análise de dados das entrevistas será mediante a análise de conteúdo, na modalidade temática.

Todas as participantes assinarão o termo de consentimento livre e esclarecido e ficarão com uma cópia do mesmo. Para pesquisa ser realizada em campo, foram escolhidas unidades de Lins - SP. Sendo elas, respectivamente, a Unidade de Saúde do Ribeiro - Dr. Péricles da Silva Pereira e a Unidade de Saúde e Estratégia da Família do Santa Terezinha - Dr. Douglas de Souza Carvalho. Para ambos um termo de solicitação foi designado e deverá ser autorizado conformemente assinado e carimbado pelo(a) gestor(a) das unidades.

Considerações sobre os Termos de apresentação obrigatória:

Adequados

Recomendações:

O CEP/FAMEMA APROVA os arquivos e autoriza os ARQUIVOS ATUALIZADOS para uso neste Projeto de Pesquisa, NÃO SENDO MAIS NECESSÁRIO A ASSINATURA DO COORDENADOR, a partir desta data, todos os documentos submetidos pelo pesquisador responsável, se adequam às normas éticas estabelecidas pelo sistema CEP/CONEP

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Continuação do Parecer: 6.763.987

Conclusões ou Pendências e Lista de Inadequações:

Aprovado

Considerações Finais a critério do CEP:

Diante do exposto, o CEP FAMEMA, de acordo com as atribuições definidas na Resolução CNS 466/2012 e na Norma Operacional Nº 001/2013 do CNS manifesta-se pela Aprovação do Projeto de Pesquisa.

Em atendimento a Resolução CNS nº 466/2012, cabe ao pesquisador responsável pelo presente estudo elaborar e apresentar ao CEP RELATÓRIOS PARCIAIS (semestrais) e FINAL.

Os relatórios compreendem meio de acompanhamento pelos CEP, assim como outras estratégias de monitoramento, de acordo com o risco inerente à pesquisa.

O relatório deverá ser enviado pela Plataforma Brasil em forma de "notificação".

Os modelos de relatórios (parciais e final) que devem ser utilizados encontram-se disponíveis na página eletrônica do CEP/Famema <https://www.famema.br/ensino/pos-gradu/cep.php>

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLE_NILVA.docx	11/04/2024 14:13:36	Maria José Sanches Marin	Aceito
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_2278194.pdf	10/04/2024 21:27:34		Aceito
Outros	QUESTIONARIO.docx	10/04/2024 21:26:19	NILVA CRISTINA DE OLIVEIRA SILVA	Aceito
Projeto Detalhado / Brochura Investigador	projeto.docx	10/04/2024 21:26:12	NILVA CRISTINA DE OLIVEIRA SILVA	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TERMO.docx	10/04/2024 21:25:43	NILVA CRISTINA DE OLIVEIRA SILVA	Aceito
Declaração de concordância	concordancia.pdf	10/04/2024 21:25:30	NILVA CRISTINA DE OLIVEIRA SILVA	Aceito
Folha de Rosto	anexo.pdf	09/03/2024 11:10:17	NILVA CRISTINA DE OLIVEIRA SILVA	Aceito

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Continuação do Parecer: 6.763.987

Situação do Parecer:

Aprovado

Necessita Apreciação da CONEP:

Não

MARILIA, 15 de Abril de 2024

Assinado por:

Maria José Sanches Marin
(Coordenador(a))

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Página 04 de 04

Apêndice E



UNILINS
Centro Universitário

Centro Universitário de Lins
Pró-Reitoria de Graduação
Pró-Reitoria de Pesquisa e Pós-Graduação

DECLARAÇÃO DE AUTORIA COM 02 AUTORES

I. Especificações:

- i) Tipo de produção intelectual: a. (☒) Artigo Científico; b. () Monografia
- ii) Quantidade de autores: 2 (dois) (☒); 3 (três) []; 4 (quatro) []

II. Identificação da obra:

Autor 1: Julia de Oliveira Mandelli
CPF: 443.989.518-22 Código de matrícula: 316540
Telefone: (14) 99188-5131 e-mail: mandellijulia016@gmail.com

Autor 2: Milena Noronha Munhoz
CPF: 491.698.888-41 Código de matrícula: 316304
Telefone: (14) 99809-3887 e-mail: munhoz.milena.02@gmail.com

Curso/Programa de Graduação: Enfermagem

Orientador: Milva Cristina de Oliveira Silva

Co-orientador: _____

Data da defesa: 12/12/2024

Título/subtítulo: Auto percepção de mulheres sobre seu corpo: a relação entre o nível de conhecimento e o prolápio de pelve.

Declaro, para os devidos fins, que o presente trabalho é de minha autoria e que estou ciente:

- dos Artigos 297 a 299 do Código Penal, Decreto-Lei nº 2.848 de 7 de dezembro de 1940;
- da Lei nº 9.610, de 19 de fevereiro de 1998, sobre os Direitos Autorais;
- do Regulamento Disciplinar;
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Apêndice F



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