



Perceptions and Attitudes of Women of Childbearing Age Diagnosed with Human Papillomavirus in Leon, Nicaragua

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Summary

The objective of the research was to explore the perceptions and attitudes demonstrated by women of childbearing age diagnosed with Human Papillomavirus, during the year 2024. This research is a qualitative, phenomenological, and cross-sectional study aimed at exploring the perceptions and atti-

tudes of women. To this end, an in-depth structured interview was conducted with five women receiving care at the Hospital's Comprehensive Care Program. The instrument was previously field-tested to validate its effectiveness.

It was identified that women have knowledge about the

human papillomavirus disease, but experience feelings, attitudes, and emotions of sadness, depression, anguish, anxiety, fear, guilt, dread, anger, isolation, worry, and concern when they are diagnosed with HPV, due to the possibility of imminent death if they develop cervical cancer, societal prejudices, and the changes they face in their daily and sexual lives.

The women interviewed began their sexual lives around age 20, and most practiced the Evangelical faith. They experienced sadness and fear, guilt and shame, as well as fear of developing cervical cancer and the possibility of imminent death. They faced substantial changes in their daily lives and marital or partner relationships, expressing a degree of mutual isolation due to doubts about their partner's fidelity and feelings of disappointment.

Summary

The objective of the research was to explore the perceptions and attitudes shown by women of child-bearing age diagnosed with Human Papillomavirus, during the year 2024. This research constitutes a study with a qualitative, phenomenological and cross-sectional approach with the objective of exploring the perceptions and attitudes presented by women for which a structured in-depth interview was applied to 5 women served in the Comprehensive Care Program for Women, with prior field testing for validation of the instrument.

It was identified that women have knowledge about the Human Papillomavirus disease, but experience feelings, attitudes, and emotions of sadness, depression, anguish, anxiety, fear, guilt, dread, anger, isolation, worry, and unease when they are diagnosed with HPV, due to the possibility of imminent death in case of developing cervical cancer, societal prejudices, and the changes they face in their daily and sexual lives.

The women interviewed began their sexual lives around 20 years old, and many of them practiced the evangelical religion. They experienced feelings of sadness and fear, guilt and shame, as well as fear of developing cervical cancer and the likelihood of imminent death. They faced substantial changes in their daily lives and in their marital or partner relationships, expressing a certain mutual isolation due to doubts about the fidelity of the other and feelings of betrayal.

Introduction

According to the World Health Organization (WHO), sexually transmitted infections have increased in variety and incidence in recent decades, linked to social, demographic, and migratory trends observed in various countries. Among these infections is the Human Papillomavirus (HPV), a disease primarily transmitted through sexual contact with an infected person, which can cause warts on the genitals, anus, mouth, or throat.

It is estimated that 291 million women worldwide are affected by the Human Papillomavirus. HPV infects skin and mucous membranes, presenting more than 200 subtypes, 40 of which can affect the genital tract. These are divided into two groups: high-risk oncogenic types and low-risk oncogenic types [1].

In Latin America, the prevalence of HPV infections in women is 15.6% (Pan American Health Organization, 2008). Brazil registers an annual HPV infection rate of 140,000 women, Mexico's incidence rate in 2008 was 19.2 cases per 100,000 women, while in Peru, 80% of sexually active women will be exposed to HPV during their lifetime.

In Nicaragua, three new cases are detected every day, and we are the leading country in Central America in prevalence and the third in Latin America with the highest number of HPV victims, after Bolivia and Haiti. There are completely unnecessary and unjustifiable losses of human life, since this disease is considered 100% preventable and, if detected early, can be cured (WHO, 2010) [2].

In the department of León, the Human Papillomavirus (HPV) has a higher incidence among young, sexually active women between the ages of 18 and 30, who demonstrate a lack of awareness regarding the issue. This immediately impacts their roles as partners, wives, mothers, and daughters. Their daily lives are completely disrupted.

According to statistics from the reference Health Center in this sector, an average of 250 primary care consultations is provided monthly for comprehensive women's health, of which 20% are gynecological in nature, related to some sexually transmitted infection [3].

This research topic addresses Sustainable Development Goal (SDG) No. 3 – “Ensure healthy lives and promote

well-being for all at all ages.” Its focus is on general health care and prevention, as well as the duty and responsibility to lead a healthy lifestyle [4].

Goals

General Objective

To explore the perceptions and attitudes of women of childbearing age when diagnosed with HPV in a health center in the west.

Specific Objectives

- To characterize the study population socio-demographically.
- Describe the perception of women of childbearing age when diagnosed with HPV in a health center in the west.
- To investigate the attitudes of women diagnosed with HPV in a health center in the west.

Methodological Design

Type of Study

This study is qualitative, phenomenological, and cross-sectional.

Qualitative: Because it aims to explore, describe and understand the common experiences regarding the perceptions and attitudes experienced by women of childbearing age diagnosed with HPV from a subjective point of view.

Phenomenological: Because it focuses on the essence of the shared experience, exploring the lived experiences of the participants in order to study reality within its natural context. It explores, describes, and understands what women have in common based on their perceptions and attitudes upon being diagnosed with HPV.

Cross-Section: Because it studies the variables simultaneously at a given moment by taking a cut in time.

Area of Study

The research was conducted at a western health center that met the specific characteristics of the target population.

Universe and Study Population: The study universe corresponds to all female patients who are treated in the Comprehensive Women's Care Program of the health center under study

The study population was determined by all women of childbearing age diagnosed with HPV and who are treated at the Western Health Center for a total of 50 patients.

Initial Sample: The initial sample consisted of 10 women of childbearing age diagnosed, treated and under treatment for HPV at the Health Center.

Sampling Type: The sampling method was Non-Probability Convenience, since it is necessary to collect very special data related to the problems and experiences of women with HPV.

Inclusion Criteria

- Being a female patient of childbearing age diagnosed with HPV regardless of the time with said diagnosis.
- Women's willingness to collaborate with the study through the interview.
- Visit the Western Health Center

Data Collection Method

- The Health Center was visited to request authorization or permission from the representative parties.
- Contact was initiated with the head of the Comprehensive Care Program for Women to find out the number of related cases and to select the women who will be interviewed.
- The interview was conducted individually in the home of each of the women included in the sample.
- Once Informed Consent for participation in the study was obtained, the structured interview was carried out.
- The women interviewed were asked for permission to use audio recorders in order to capture truthful information and avoid distortion of the information provided.
- The women interviewed were thanked for their support of the research project.

Data Collection Technique and Instrument

For the collection of information, an in-depth interview guide with open questions is used as an instrument, prepared individually by the researchers, which will guarantee the privacy and confidentiality of the information. The guide began with the sociodemographic data of the women interviewed, followed by open-ended questions. In addition, observation and audio recording will be used during the interviews to capture elements

of verbal and nonverbal communication.

Tabulation and Analysis Plan

For the processing and analysis of the collected information, the Microsoft Office suite will be used to digitize the information in chronological order, including each of the responses obtained in the interview, and subsequently decode and categorize the information according to the fundamental theory of the research.

Ethical Aspects

Informed Consent

- Consent will be requested from the management of the health center by means of a letter indicating the objectives of the research.

- Respect will be maintained for the different participants included in the research, avoiding the issuance of judgments or criticisms by the researcher.

Autonomy

The women who will be surveyed will be informed that their participation will be voluntary and that they can choose not to participate in the study.

Anonymous

- Each woman in the study will be informed that the information provided is purely confidential and anonymous, and will only be used for research purposes.
- The confidentiality of the information will be respected and maintained.

Results and Discussion

I. Sociodemographic Characteristics

Sociodemographic Data		Number of Women	%
Age	From 20 to 25 years old	2	40%
	From 26 to 30 years old	2	40%
	31 and over	1	20%
Total		5	100%
Number of sexual partners	One	3	60%
	two	2	40%
Total		5	100%
From 1 to 3 years 4 80% From 4 to 6 years old 1 20%	From 1 to 3 years	4	80%
	From 4 to 6 years old	1	20%
Total		5	100%
Schooling	secondary	1	20%
	University	4	80%
Total		5	100%
Marital status	married	4	80%
	common-law union	1	20%
Total		5	100%
Age of onset of sexual activity	From 15 to 20 years old	4	80%
	21 and over	1	20%
Total		5	100%
Religion	Catholic	2	40%
	evangelical	3	60%
Total		5	100%

It is relevant to highlight the sociodemographic characteristics of the women with a confirmed diagnosis of Human Papillomavirus: Five women were interviewed who are residents of the rural community of El Jicarito – Telica, aged between 20 and 25 years (two women 40%), 26 to 30 years (two women 40%) and 31 years and over (one woman 20%), of which 60% (3 women) have only had one sexual partner during their life and 40% (two women) have shared sexual life with two partners (men). Regarding the duration of the women's HPV infection: 4 women (80%) have had the disease for 1 to 3 years, and only 1 woman (20%) has had it for 4 to 6 years. Of the women interviewed, 20% (1 woman) have a secondary education, and 80% (4 women) have a university education. Among the women's marital status, the majority are married (4 women, 80%), and one woman is in a common-law relationship (20%).

The ages at which the women interviewed began their sexual lives ranged from 15 to 20 years old (4 women, 80%) and from 21 years old and older (one woman, 20%). Of these, 60% (3 women) professed the Evangelical religion and 40% (two women) belonged to the Catholic religion.

II. Women's Perceptions Upon Being Diagnosed with Hpv

Results Analysis Matrix		
1. Please explain what you know about HPV disease.		
Answers	Theory	Analysis
It is an STD that is acquired by having another partner without protection and that also has no cure.	HPV is the most common sexually transmitted infection, which is transmitted precisely through skin-to-skin sexual relations with a person who has the virus.	It is evident that the women interviewed have a marked knowledge about the Human Papillomavirus disease and its relationship with the acquisition of cervical cancer by not seeking timely medical assistance.
It is a sexually transmitted disease that has no cure and can turn into cancer.	HPV has no cure; a person carries the virus for the rest of their life and it can cause gradual cellular changes that have been associated with the possibility of developing cervical cancer [5].	Women are also aware of the pattern of contagion, which is sexual relations with another person infected with the virus without proper protection.
It's a virus, an STD from having multiple partners.		

Results Analysis Matrix		
Could you explain what your first reaction was when you were told that you had been diagnosed with HPV?		
Answers	Theory	Analysis
My first reaction was that I couldn't believe it, I was very scared, I didn't know how my husband, my daughter and my family were going to react.	Human papillomavirus disease is an extremely stressful experience and involves an enormous burden of anguish and suffering that causes psychological disturbances, such as the fear of dying, triggering in most women situations of anxiety due to the fear of contracting cervical cancer [6].	The statements of the women interviewed demonstrate that upon being informed of their HPV diagnosis they experienced emotions of sadness, fear, and dread.
At that moment I thought I had cancer, that I had a very serious illness.		Women express their concern and anxiety about the cure of the disease itself, which creates a dilemma for them, a despair about the future and the possibility of certain death in the face of the possible development of cervical cancer.
My first reaction was to cry and feel very scared, very afraid.		

Results Analysis Matrix		
Could you tell us what changes you have experienced since learning that you have HPV?		
Answers	Theory	Analysis
<p>Emotional change due to fear of rejection. Also, in marriage because there has already been infidelity and things are no longer the same.</p> <p>Physically thinner and emotionally sad, feeling guilty and crying out of sadness.</p> <p>With an emotional problem, sadness and worry persist.</p>	<p>Finding that sexual activity is what enables HPV infection, the psychological complication cannot be isolated, which generates conflicts in the biopsychosocial sphere and has repercussions on the daily lives of infected women. (sixteen)</p>	<p>After women are diagnosed with HPV, they experience substantial changes in their daily lives and relationships, marked by inner sadness, generalized worry, depression, feelings of guilt, and denial of their health condition.</p>

Results Analysis Matrix		
Can you tell us if you have confided in someone about your illness and how they have helped you?		
Answers	Theory	Analysis
<p>To my husband, because he is the person I trust and I also wanted to investigate why this happened; if he was the bandit, then he has to support me.</p> <p>I had to tell my husband because it's sexually transmitted and he's the carrier.</p> <p>I felt very frustrated when I told my partner and my mom, but after telling them I felt a little relieved.</p>	<p>It is very important to tell your partner if you have a sexually transmitted infection to prevent transmission. Communication and honesty are fundamental in a relationship [5].</p>	<p>The women interviewed agree that when diagnosed with HPV, they should tell someone they trust, especially their sexual partner, so that they can support each other and maintain good sexual health.</p>

Results Analysis Matrix		
How do you feel about your family and friends knowing you have HPV?		
Answers	Theory	Analysis
<p>I feel very ashamed, I feel embarrassed to go out on the street knowing that maybe someone found out.</p> <p>I'm a little embarrassed because maybe people will think I was doing inappropriate things, I think people will say nasty things about me.</p> <p>I feel bad; it's a feeling of fear of being rejected by people for having this virus.</p>	<p>Sexuality and STIs are dimensions of the social imaginary that, as a cultural pattern, are subjected to public inquiry; intimacy and sexual life are thus stigmatized and monitored to ensure compliance with legitimized social norms.</p> <p>Patients diagnosed with HPV infection generally feel confused, dejected, fearful of the pain the virus may cause, and fearful of the rejection it may generate from society, based on their beliefs; therefore, they suffer emotionally, materially, and from a lack of information [7].</p>	<p>Women fear rejection in a prejudiced and sexist society because, even if they are not entirely to blame, they carry feelings of guilt, anguish, and fear that others will find out about their situation and label them as promiscuous and unfaithful.</p>

III. Attitudes Exhibited by Women Diagnosed with Hpv

Results analysis matrix		
Are you currently experiencing any problems due to living with HPV?		
Answers	Theory	Analysis
<p>My partner has distanced himself from me a bit; he doubts me and I doubt him; there is mistrust.</p> <p>I've fallen into depression, but we're trying to get through it.</p> <p>The emotional aspect has affected me the most; I don't know how to deal with this illness.</p>	<p>According to Mesa Rodríguez María del Pilar and Carrero Meléndez Jorge; depending on how women interpret HPV, their emotional state will be affected; the impact of the diagnosis can even be more damaging than the physical problems caused by the virus itself [8].</p>	<p>Managing women's emotional issues often leads to common situations such as anger, depression, isolation, anxiety, and shame, which also threatens their health and, especially, their relationships, given the history of infidelity.</p>

Results Analysis Matrix		
Consider that having contracted HPV is affecting your sexual relationships		
Answers	Theory	Analysis
<p>Of course, the relationship between us has changed a lot; now there is less trust and I am afraid that he will hurt me or make me sicker.</p> <p>It affects me because he refused to be intimate, and that's not pleasant for either my partner or me.</p> <p>Sexual freedom is no longer the same; there is more fear, now I use condoms, and there is distrust.</p>	<p>The couple's relationship is the most impacted by an HPV diagnosis, as it directly affects the female sexual and reproductive organs. These emotional effects can decrease sexual expression, leading to difficulties in their relationships. Having an STI, which is also associated with cancer, triggers fear of sexual relations [5].</p>	<p>The couple's relationship is the most impacted by an HPV diagnosis, as it directly affects the female sexual and reproductive organs. These emotional effects can decrease sexual expression, leading to difficulties in their relationships. Having an STI, which is also associated with cancer, triggers fear of sexual relations [5].</p>

Results Analysis Matrix		
How would you currently describe your marital or spousal relationship now that you know you have HPV?		
Answers	Theory	Analysis
<p>We just argue, there are conflicts, until we separate.</p> <p>There is no trust anymore, there are doubts about infidelity between them, there are many arguments.</p> <p>As a couple, we're in a very bad way, we could separate, the relationship is a mess.</p>	<p>HPV is not necessarily a sign that a partner is having sex with other people. It is important for sexual partners to talk about their sexual health and the risks of all STIs to avoid a seemingly pointless marital separation [8].</p>	<p>It is important to note that women diagnosed with HPV often face isolation from their partners or spouses. This situation can lead to doubts about their partner's fidelity and feelings of betrayal. Relationship conflicts can escalate, resulting in arguments and even potential separation.</p>

Results Analysis Matrix		
You can explain to us if you have any doubts about the treatment of your illness.		
Answers	theory	Analysis
<p>Yes, I wish the treatment were more effective; one lives traumatized thinking the disease will progress and there is no cure.</p> <p>I feel incredulous; I'm afraid that I could lose my life to this disease.</p> <p>My question is whether the treatment is effective, and if I will be more likely to develop cancer.</p>	<p>If treatments are used in people with HPV, the goals are not to eliminate the virus because there is no treatment that can achieve this, but they are indicated in order to control the symptoms and eliminate the skin lesions caused by the virus, or to strengthen the immune system [8].</p>	<p>The women interviewed expressed doubts about the effectiveness of their treatment. They feel powerless and experience anguish, fear, and dread at the prospect of developing cancer and losing their lives. The fear of dying from the disease prevents women from taking good preventative measures to avoid serious complications.</p>

Conclusion

Sociodemographic Characteristics

A qualitative investigation was carried out in women with a confirmed diagnosis of Human Papillomavirus in the community where the health center is located: 5 women were interviewed and most are between the ages of 20 and 30; who have only had one sexual partner during their life. Regarding the duration of the women's HPV infection, the predominant finding is that they have been living with the virus for 1 to 3 years, have a university education level, and are mostly married. The women interviewed began having sexual relations between the ages of 15 and 20, and most of them profess the Evangelical faith.

Women's Perceptions Upon Being Diagnosed with HPV

Regarding women's perceptions upon being diagnosed with HPV, the interviewees reported experiencing sadness and fear, feelings of guilt and shame, as well as fear of developing cervical cancer and the possibility of imminent death. These women feel compelled to confide in someone they trust deeply, especially their sexual partner, as they fear rejection in a society rife with prejudice and marked by machismo.

Attitudes Exhibited by Women Diagnosed with HPV

Within the framework of attitudes exhibited by women diagnosed with HPV, it was found that they face substantial changes in their daily lives and in their marital or partner relationships. They express a degree of mutual isolation due to doubts about their partner's fidelity and feelings of disappointment. These situations generate common emotions such as anger, depression, anxiety, and fear of continuing to have sexual relations, whether protected or unprotected. These conflicts within the couple escalate and lead to arguments at a concerning level, revealing patterns of marital separation.

Recommendations

Health Center Authorities

- Continue to promote alternative primary prevention strategies in the Comprehensive Care Program for Women that are always being implemented.
- Continue with health fairs in conjunction with the community for the early detection of new HPV cases through the performance of the Pap

test on all women of childbearing age and with an active sex life.

- Continue to provide ongoing follow-up to women diagnosed with Human Papillomavirus infection, so that they receive their appropriate and timely treatment until the final stage.
- Strengthen the psychological counseling approach aimed at women infected with HPV.

Healthcare Personnel

- Continue giving educational talks in the waiting room of the health center so that female patients can learn about the Human Papillomavirus and the importance of the Pap smear for its early detection.
- Promotion of health fairs for the recruitment and performance of Pap smears in sexually active women.
- Continue to provide medical advice and guidance for appropriate treatment and procedures to improve the health status of women living with HPV.
- Promote the use of condoms and the performance of the Pap smear as a control strategy in women diagnosed with HPV so that they carry out good preventive behavior in order to avoid further complications.

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