

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v14.11074

## PERCEPTIONS OF EDUCATORS TO THE PAPANICOLAU INTERLATED TO BODY ISSUES

*Percepções de educadoras ao Papanicolau entrelaçadas às questões de corpo*  
*Percepciones de los educadores al Papanicolau interlados con temas corporales*

Edijania Neto Silva Brito<sup>1</sup>   
Mônica Cecília Pimentel de Melo<sup>1</sup>   
Ana Dulce Batista dos Santos<sup>1</sup>   
Ramon José Leal de Moraes<sup>1</sup>   
Bruna Cristina de Araújo Lima<sup>1</sup>   
Letícia Raíza dos Santos Ribeiro<sup>1</sup> 

### ABSTRACT

**Objective:** to apprehend the perceptions of educators about Pap smears associated with body issues. **Method:** qualitative, exploratory and descriptive carried out with 18 educators from a public school in Petrolina-PE, after approval by the Ethics Committee, opinion n° 4.048.369. The graphic resource was used, together with the semi-structured interview, treated by the semiological image analysis and the thematic content analysis. **Results:** the educators know the importance of the exam, but they were superficial about the purpose and materials used, in addition to negative feelings such as embarrassment, pain, discomfort, among others. Therefore, the health professional needs to consider women's specificities when choosing the material, as well as valuing what each body can feel and say, regardless of the complaints. **Conclusion:** thus, from a reductionist perspective, it is perceived that a speaking body is silenced by the dimensions of carelessness and not health care.

**DESCRIPTORS:** Women's health; Pap test; Education.

---

<sup>1</sup> Universidade Federal do Vale do São Francisco, Petrolina, PE, Brasil.

Received: 10/11/2021; Accepted: 11/10/2021; Published online: 06/06/2022

**Corresponding Author:** Mônica Cecília Pimentel de Melo, Email: monquinamelo@gmail.com

**How cited:** Brito ENS, Melo MCP, Santos ADB, Moraes RJL, Lima BCA, Ribeiro LRS. Perceptions of educators to the Papanicolau interlated to body issues. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11074. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v14.11074>



## RESUMO

**Objetivo:** apreender as percepções de educadoras sobre o *Papanicolaou* associadas às questões de corpo. **Método:** qualitativo, exploratório e descritivo realizado com 18 educadoras de uma escola pública em Petrolina-PE, após aprovação pelo Comitê de Ética, parecer nº 4.048.369. Empregou-se o recurso gráfico, juntamente, à entrevista semi-estruturada, tratados pela análise semiológica de imagem e pela análise temática de conteúdo. **Resultados:** as educadoras conhecem a importância do exame, mas apresentaram superficialidade sobre o objetivo e materiais utilizados, além de sentimentos negativos como constrangimento, dor, desconforto, dentre outros. Logo, o profissional de saúde precisa considerar as especificidades femininas para a escolha do material, assim como, valorizar o que cada corpo pode sentir e falar, independente das queixas. **Conclusão:** assim, sob uma perspectiva reducionista percebe-se que um corpo que fala é silenciado pelas dimensões de descuido e não de cuidado em saúde.

**DESCRIPTORIOS:** Saúde da mulher; Teste de *Papanicolaou*; Educação.

## RESUMEN

**Objetivo:** comprender las percepciones de los educadores sobre las pruebas de Papanicolaou asociadas a problemas corporales. **Método:** cualitativo, exploratorio y descriptivo realizado con 18 educadores de un colegio público de Petrolina-PE, previa aprobación del Comité de Ética, dictamen nº 4.048.369. Se utilizó el recurso gráfico, junto con la entrevista semiestructurada, tratado por el análisis de imagen semiológico y el análisis de contenido temático. **Resultados:** los educadores conocen la importancia del examen, pero fueron superficiales sobre el propósito y los materiales utilizados, además de sentimientos negativos como vergüenza, dolor, malestar, entre otros. Por tanto, el profesional de la salud debe tener en cuenta las especificidades de las mujeres a la hora de elegir el material, así como valorar lo que cada cuerpo puede sentir y decir, independientemente de las quejas. **Conclusión:** así, desde una perspectiva reduccionista, se percibe que un cuerpo hablante es silenciado por las dimensiones del descuido y no del cuidado de la salud.

**DESCRIPTORIOS:** La salud de la mujer; Prueba de Papanicolaou; Educación.

## INTRODUCTION

In 2020 cervical cancer (CCU), also called cervical cancer, was the third most constant type of malignant neoplasm in women and the fourth cause of female cancer death in Brazil. The number of new cases, estimated for Brazil, was 16,590, and for Pernambuco, the forecast was 930 new cases per 100,000 women.<sup>1</sup>

With the contribution of feminist social movements, the evolution of programs, and in 2004, the creation of the National Policy for Integral Assistance to Women's Health (PNAISM), a new approach to women's health was announced that incorporated integrality, promotion, and humanization of health as guiding principles, encompassing women, previously excluded, in the various female contexts of insertion in society, emphasizing the importance of women's empowerment.<sup>2</sup>

Among the objectives and strategies of the policy, the expansion of the coverage of the Pap smear, considered the most simple and effective form of screening for precursor lesions and that implies in the reduction of mortality from this neoplasm, is pointed out.<sup>2</sup>

The exam is recommended for women who have started sexual activity, especially those between the ages of 25 and 64. It is recommended that two exams be performed in consecutive years, and if both tests are negative, the procedure will be repeated every three years.<sup>3</sup>

From the point of view of those who have their bodies manipulated, there are several perceptions associated with the exam, from feelings entangled with taboos and female vulnerability, to

the loss of control over the body due to the position required for the collection of material.

Therefore, based on the assumption of those who experience the manipulation of this body, entranced by the need for early screening of CCU in women who work in the field of education and, theoretically, with a greater range of knowledge about the disease and its prevention, we ask ourselves: What are the perceptions of educators about Pap smears, entangled to body issues? Thus, the objective is to understand the perceptions of educators about the Pap smear associated with body issues.

The relationship of the exam with the body brings the intertwining of an immeasurable reality, therefore, the study becomes relevant, due to the link established with the self-knowledge in relation to the female body. Therefore, it is possible to contribute to a deeper understanding of more subjective issues that permeate this theme, identifying the most unique meanings that each being develops in relation to their body and their culture.

## METHODOLOGY

Qualitative, exploratory and descriptive, in a School of Reference in High School Clementino Coelho in Petrolina-PE selected because it has 39 educators, a considerable number for the development of the research.

Eighteen educators took part in the study according to the inclusion criteria: age between 20 and 49 years old, in teaching activities, or in another function in the school (management and support). Age was justified because this test should be offered

to women between 25 and 65 years old and to those who had started their sexual activity before this age group.<sup>1</sup>

The 18 educators were invited and agreed to participate in the research according to the availability of their daily workload. Therefore, a non-probabilistic sample was used, of the intentional type, with sample closure defined by exhaustion, since the importance of approaching all eligible subjects was considered.<sup>4</sup>

Thus, obeying the eligibility criteria and after they had given their consent, the design and interviews were carried out in the school itself, in a calm environment and with privacy so they could talk about their experiences.

The graphic resources technique was used.<sup>5</sup> It is an investigative resource that aligns drawing with language, understanding that drawing itself is a discursive manifestation. By using this resource it is possible to extract the mental and discursive manifestations from the association between the figure and the meanings in front of the subject's own life story.<sup>5</sup>

Consequently, with a blank sheet of paper and pencil, a representative drawing was requested, in response to the question: Could you, through a drawing, demonstrate what you and your body feel before, during, and/or after the Pap smear? The application of drawings is an interactive tool that can complement another collection instrument. When confronted, it allows the apprehension of meanings, experiences, or perceptions which, in this case, were about the body at the time of the exam.<sup>5</sup> Next, the collection was continued with the use of a semi-structured interview,<sup>6-7</sup> consisting of: 1. can you tell me what the exam is for? 2. how was the experience (constraints, fears, ...) of the Pap smear for you during the times you performed the exam?

The drawings were submitted to semiotic image analysis, which allows the identification of symbols and decoding supported by the application of semi-structured interviews, thus making it possible to apprehend how the participants feel and experience the Pap smear exam. This type of analysis studies the entire signifying outline as a system of signs, seeking a scientific approach to the social practice being researched.<sup>8</sup>

For the analysis of the empirical material from the interviews, the thematic content analysis technique was used, from which four thematic categories emerged.<sup>9</sup> This type of analysis is developed in three operational phases and focuses on the descriptions, meanings, and experiences obtained, as it interprets the particularities of the interviewees' perception to broaden the understanding of the reality experienced.<sup>9</sup>

The first phase used is pre-analysis, in which the first contact with the documents is made, reading, organizing, assembling schemes, and transcribing the material that, in the future, will be the body of the analysis. The second phase is the material exploration phase, in which the coding units are chosen, due to common characteristics, and then, the treatment of the acquired results, through inference and interpretation, in which the empirical material found will have meanings and validation.<sup>9</sup>

The ethical procedures in research were followed according to Resolution No. 466 of December 12, 2012, of the National Health Council. The research project was approved by the Research

Ethics Committee on May 26, 2020, under opinion 4.048.39 and CAAE 29879720.0.0000.8052, but the data were only collected in December 2020, after the reopening of schools in the state during the pandemic period. As a guarantee of preservation of anonymity, the interviewees were identified by the initial E and enumerated according to the order of application.

## RESULTS AND DISCUSSIONS

Because they were educators, it was verified that 07 were graduates, 10 were specialists, and only 01 had a master's degree.

### Submission of bodies to the Pap smear

When referring to the purpose of the exam, it was perceptible a certain hesitation when answering and the demonstration of a superficial knowledge about the real purpose of the exam.

*[...] prevent and detect some diseases in the cervix, in the uterus itself. (E01)*

*[...] it serves to identify cancer cells, serves to detect syphilis, HPV, cancer, condylomas [...]. (E10)*

*To detect any kind of disease (E12)*

The Pap smear is considered the most effective strategy in the control of CC and one of the most important for women's health.<sup>10</sup> It is a simple test, performed both by doctors and nurses. Through a specific collection of the ectocervix and endocervix, it allows the identification of cells suggestive of pre-invasion, and even malignant lesions through the staining of slides.<sup>11</sup> However, the lack of knowledge is common. The drawing of educator 05 illustrates this lack of knowledge by showing, through it, doubts and uncertainties during the process of performing the exam (Figure 1).

Another relevant point is the relationship of this test with prevention through the early discovery of precursor lesions to CCU. For some participants, the speeches denote the potential for diagnosis rather than prevention, something that needs to occur in a timely manner to avoid aggravating situations. Many women only seek to perform the preventive exam when they have complaints and symptoms, proving the insipience of the importance of the exam.<sup>12</sup>

*[...] is to identify whether or not you will need some treatment [...]. (E05)*

*The exam is to detect if you have any disease in the internal part of the uterus, if you have any spot, and from there you can treat. (E06)*

It can be seen in these statements the lack of information related to screening or the initial strategy, because the Pap smear will screen women who have a higher risk of having premalignant lesions that need to be submitted to a biopsy and/or treatment, which if performed early and within the recommended time, tends to increase the chances of cure.

On the other hand, other educators recognized the preventive exam as necessary and important, elucidating that it is part of a natural process in a woman's life, just like the growth of a plant,

which evolves at each growth phase, as shown in the drawing of educator 18 (Figure 2).

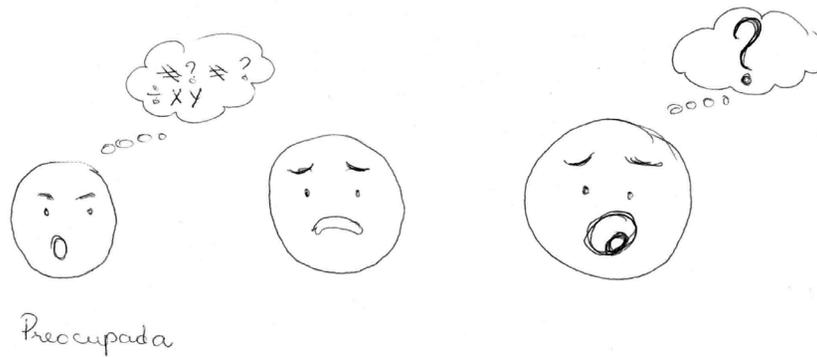


Figure 1 – Illustration of educator 05

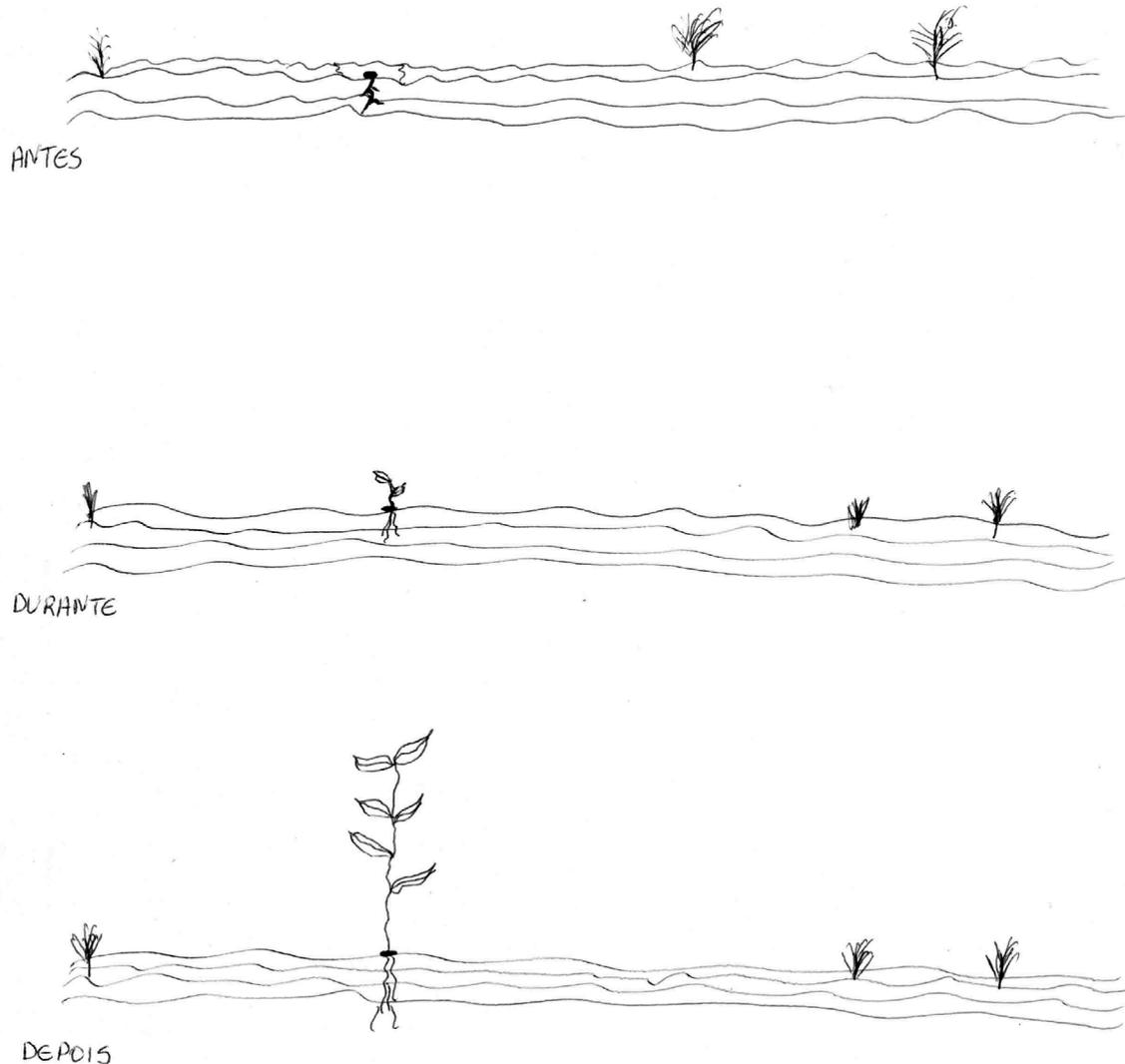


Figure 2 – Illustration of educator 18

The drawing alludes to the phases of a woman's life: childhood, adolescence, and adulthood. Just as plants have their adaptive peculiarities to last longer, so do women, who need to increase their life expectancy by investing in health care and education, even though it is an exam surrounded by internal and external factors such as plant growth.

The body can be as unique as the growth of a plant; it is the holder of experiences, life experiences, and transformations during life. But, unlike plants, the personal marks brought in this body and its relations and experiences with the world allow a dialogue with the culture and social context in which one lives.

In contrast to the above, the following statements point to the purpose of the exam according to what the literature brings.

*To prevent cervical cancer.* (E14)

*It is a preventive exam. In fact, it is one of the biggest contributions in relation to cervical cancer. [...].* (E16)

The effectiveness of the exam for early CCU screening and the indispensability of its periodic performance are well known.<sup>13</sup> Therefore, the speeches show the need for educational interventions, regardless of the level of education, aimed at changing attitudes and practices regarding the exam, stimulating its purpose and importance.

### **Perceptions of the exam and relations with the body**

No woman is the same as another. Each one has biological and behavioral characteristics, ways of acting, thinking, and facing situations in a unique way. Much of what each one represents, independent of genetic factors, is the result of the experiences developed throughout life.<sup>14</sup> Thus, associating all these individualities and pointing out that factors such as beliefs, religions, culture, media, intervene in the perceptions of each one facing various aspects of life, we reach the individual basis for decision making.<sup>11</sup>

The Pap smear in the perception of these women is seen as something uncomfortable, traumatic, embarrassing, painful, invasive, and for others, something necessary, although not so simple. This difference of feelings is related to the experiences that each one carries and in many of the speeches it is explicit the lack of knowledge about the exam and the instruments that are effectively part of this process. It is noteworthy that this type of knowledge could be obtained in a care approach in which the woman touches the instruments and receives clear information about the exam.

*[...] It bothers you, because it is the question of the device. It's like an iron inside you, like a screw. So, I really feel a discomfort.* (E02)

*Uncomfortable, because the "spectrum" (referring to the speculum) that they use is very large, it is assumed that the*

*woman that is going to do the exam, I even learned now, she doesn't pay admission, it is as if she already has the orifice open to put anything, of any size, of any diameter, and it is not like that, there are women and women.* (E06)

*[...] It is uncomfortable with that iron, with that equipment, that instrument there, it is uncomfortable, but, it is a moment when you are tense [...].* (E08)

These statements show how this procedure is plastered in a clinical viewpoint, of doctor-patient subservience, in which women often enter the offices, answer a pre-prepared anamnesis, lie down on the stretcher, perform the collection, and return to their homes with their doubts and fears.

According to the norms of the Ministry of Health, to perform the Pap smear, instruments such as vaginal speculum, Ayres spatula, and cervical brush are required.<sup>15</sup> Specula are available in three sizes (S, M, L), made of steel or disposable material. The choice of speculum size will depend on the perineal and vaginal characteristics of each woman, but in the speeches of the participants is referred to as if this choice has differences when it comes to the public and private sector.

*[...] and she put what I think was not my size, [...] I was so upset, because it ended up hurting me. [...] this is a reason to have a health plan [...].* (E03)

*[the size of the speculum, they see that it is the smallest..., I never had any problem in this regard.* (E04)

*The first times it was bad, because it was done by SUS and always the issue of pain, the embarrassment is always there and I had never given anything in my exam, but then, one time I did a private procedure and I discovered that I had a wound in the uterus, but the wound was benign.* (E09)

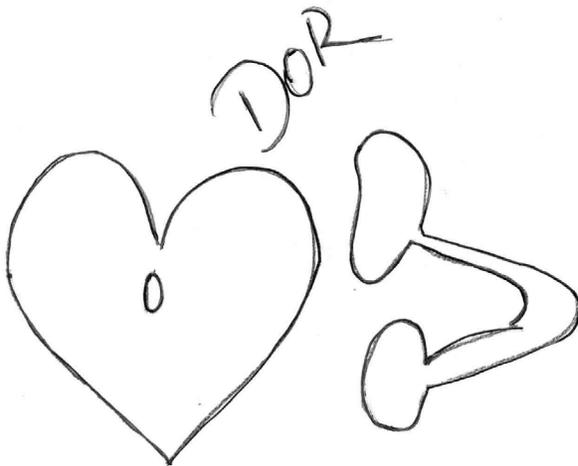
Because of these perceptions of difficulties, seeking the private sector represents reassuring the conscience about protecting their fragile bodies invaded by a material that can hurt the physical and emotional integrity of any woman. In view of this, the health professional, regardless of the health network, needs to consider the perineal and vaginal characteristics for the appropriate choice of speculum, as well as to value these bodies that feel and speak, regardless of complaints.

From the perspective of female empowerment and women's health, the practices of natural gynecology have been gaining strength, which address the importance of trained professionals to perform the Pap smear, encouraging women autonomously to participate and monitor their own gynecological examination, insert their own speculum, and even visualize their own cervix, in a broad approach to health, focusing on self-care, considering the emotional, social, and respect for the body.<sup>16</sup>

In this interim, many studies focused on the Pap smear have as central points the barriers related to the performance of this test, collection quality, adherence factors, and its importance to women's health, but the relationship of the test with the body

brings the intertwining of a reality that is able to express how the body is able to feel and interpret these experiences.

To exemplify, Figure 3 depicts the aspects exposed above, in which the participant believes how the size of the speculum and its introduction into the vaginal canal is accompanied by pain. It is explicit the need for a more individualized approach for each woman who seeks the service, providing clear information about what will be used, the process of the exam, making these materials available so that she can handle and feel confident when performing the exam.



**Figure 3** – Illustration of the educator 06

Knowing and touching one's own body can also ease the feeling of discomfort during the exam, which can be a taboo for many women, due to evidence of patriarchy and male domination over female bodies. Paradigms regarding these aspects have been deconstructed; however, the naturalization of the roles imposed on women and men reinforces how the place of women in society is less valued, even in current times.

The invisibility of women for centuries has brought as a consequence the feminine always associated to the reproductive, having in second place the care with their own health and the knowledge of their sexuality and pleasure, representing barriers that have repercussions on the relationship with the body.

Despite the fear and anxiety that permeate the phases of the exam, the importance of performing the Pap smear and the satisfaction of duty performed comes first in their perception, as verified in Figure 4 and in the following statements.

*[...] I go more for the benefit. I try to relax, you always have to think about other things [...].* (E04)

*In fact, we go in search of health. I always like to invest in my prevention, and then, we go with anxiety, facing so many cases.* (E10)

*It is a little uncomfortable to be exposed in front of another person, but the feeling that you are protecting yourself, it is an attitude of self love, [...].* (E17)

Thus, it is understood that the Pap smear goes beyond an exam, it reveals issues imbued with intimacy and sexuality, highlighting the importance of dialogue, regardless of the number of times that this woman has performed it.

The health professionals' performance process regarding the Pap smear

When women seek health services, they are armed with expectations and feelings that they carry with them from their life experiences. What they expect in a gynecological consultation is a welcoming service capable of clarifying their doubts.

The National Humanization Policy (PNH) corroborates this understanding by provoking changes in its guidelines and principles for communication among all those involved in health care, especially in the professional/patient relationship. It emphasizes the importance of individualized treatment, based on empathy and trust, in order to value the subjects involved in this process mediated by ethics and respect.<sup>17</sup>

The reception centered on qualified listening provides an opportunity to break preconceived ideas about the exam by means of a service that is not restricted to the technical procedure.<sup>18</sup> However, according to the statements, the lack of humanization permeates the health institutions they seek.

*[...] She was very unpleasant. I said: – Miss, you don't have a minor, do you? She said: – Ah... You've already put bigger things in there, .... Did you understand? [...] I was so upset, because it ended up hurting me. I left there almost crying... [...].* (E03)

*[...] when you get a gynecologist or nurse that treats you as a person and has a care, it is more humanized, it is more tranquil. Now, when you do it with someone that you are just a patient, technician, a machine, ... that you go there and put your hand and everything, we feel invaded [...].* (E13)

Educator 06 also explains how she would like this service to happen.

*Health professionals need to be sensitive enough to talk, to ask if the person has an active sex life, to observe if the canal has a peaceful orifice, if he will use the proper spectrum (referring to the speculum). I believe that there has to be an active listening and a very thorough observation to know if the person will feel well with the use of that "spectrum" or not.* (E06)

In view of this, the need for the NHP to actually happen is clear, so that women can receive comprehensive care as advocated by the National Program for Women's Comprehensive Care, which takes into account efficiency, humanity, and comprehensiveness in a positive way.<sup>19</sup>

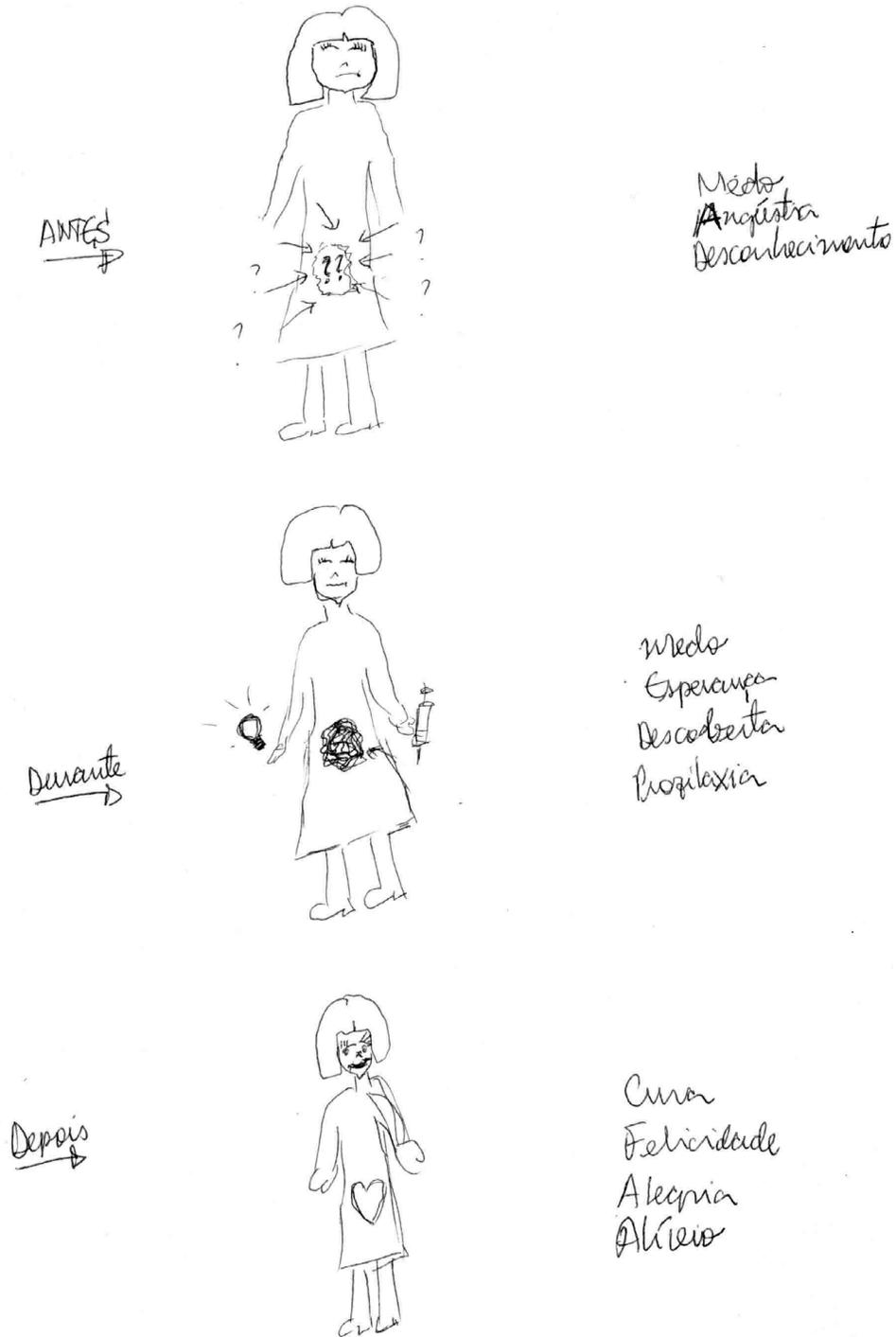


Figure 4 – Illustration of educator 11

It is important that women are able to establish a bond of trust with the professional that allows them to openly express their needs, particularities, anxieties, and doubts. The educator 04 expresses a situation that leaves her embarrassed in all consultations.

[...] the only thing that I still make a reservation during the exam is that I have vitiligo and it is exactly in the area of the vulva, so I always have to inform. This is much more embarrassing for me to say: "Oh, this spot is vitiligo [...]". (E04)

Regarding the gender of the professional responsible for the care, one can still see in the speeches a preference for the female sex, even though they have previously cited negative experiences with professionals of the same sex.

[...] *I always do it with a doctor, I never did it with a doctor, I find it extremely uncomfortable [...].* (E07)

[...] *I think that only the last one I did that I liked, it was a doctor, [...] it was the only one that I did not feel pain, and she made me very comfortable [...].* (E15)

These statements ratify data from a survey, in which only 2% of women prefer the male gender as professionals in gynecological consultations.<sup>20</sup> The fact is that, regardless of gender, a relationship of respect needs to be built between the parties involved and that new meanings are given to this examination so that the act of performing it is not shrouded by fear, anxiety, and tension, as educator 01 brings in the image (Figure 5).

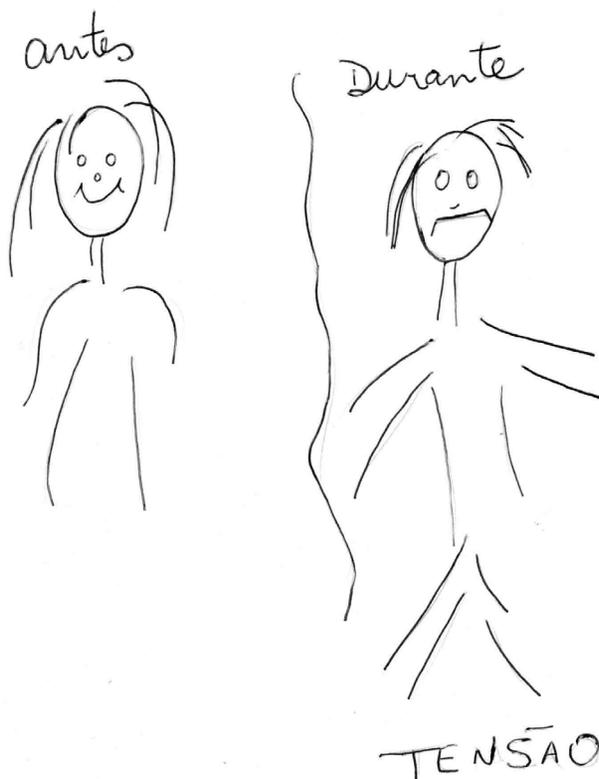


Figure 5 – Illustration of educator 01

Moreover, the role of medicine has always been present in women's lives, in the sense of dictating norms about their bodies or normalizing situations before them, with a focus on reproduction, regardless of the perspectives that women decide for themselves. However, even in current times the female body continues to suffer social pressures referring to fields ranging from beauty,

aesthetics, to how to give birth, among others. Sometimes, the macho conception qualifies and controls these bodies, a fact that is invisible in the consultations that persist in medicalizing them and transforming them into what is considered ideal for medicine and aesthetics.

However, it is worth pointing out the need for nurses to overcome the still current model of health care focused on the disease, diagnosis, treatment, technicism, and impartial relationships, and to strengthen the autonomy of the subjects, the creation of bonds with respect to differences, considering the real context in which people live, work, study... in a logic beyond the limiting actions of the biomedical model.<sup>21</sup>

## FINAL CONSIDERATIONS

The perception about the Pap smear showed that the educators know the importance, but are still unaware of its main objective, showing superficial information, and associated with this, negative feelings, for being a moment considered embarrassing, causing discomfort and tension. These feelings go through the procedure itself, the conduct of those who perform it, and the result.

On the other hand, one can also see how these bodies are manipulated and invaded by the exam, which subtly exposes a violence, in which, it is important that during a gynecological consultation there is an approach between the professional and the woman, so that a demystification about the body, sexuality, and care is established.

Still in this interim it is necessary to deconstruct and rebuild the current model of health care, valuing the demands and desires of women, attributes that go beyond the fragmented and mechanistic view, in which the pain and suffering associated with the examination are naturalized in a logic of reductionism in which a body that speaks is silenced by the dimensions of care and not health care.

It is of utmost importance that public policies prioritize postures that value the subjective, providing reflections on the place that these subjectivities and the illness of the body occupy in health institutions, so that women can get rid of this entanglement of negative expectations about something that aims to seek health promotion.

As limiting factors, we highlight the difficulty of collecting data in the current pandemic scenario, in which schools and other institutions had their activities suspended or maintained remotely. This limitation extends to the fact that there are few studies that approach the theme in a subjective way, and that go deep into experiences focused on the body as something unique, with complex feelings and experiences. Therefore, studies from a legitimate perspective of the body and women's demands are suggested.

## REFERENCES

1. Ministério da Saúde (BR). Tipos de câncer. [Internet] 2019. Brasília: Ministério da Saúde [acesso em 21 de março 2019]. Disponível em: <https://www.inca.gov.br/tipos-de-cancer>.

2. Campos EA de, Castro LM de, Cavalieri FES. “Uma doença da mulher”: experiência e significado do câncer cervical para mulheres que realizaram o Papanicolau. *Interface (Botucatu, Online)*. [Internet]. 2017 [acesso em 26 de novembro 2019];21(61). Disponível em: <http://dx.doi.org/10.1590/1807-57622016.0159>.
3. Ministério da Saúde (BR). Portal de Boas Práticas em Saúde da Mulher, da Criança e do Adolescente. Coleta e Indicações para o Exame Citopatológico do Colo Uterino. [Internet]. 2019. Brasília: Ministério da Saúde [acesso em 12 de janeiro 2020]. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/>.
4. Minayo, MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev. pesq. quali*. [Internet]. 2017 [acesso em 04 de janeiro 2020]; 5(7). Disponível em: <https://editora.sepq.org.br/rpq/article/view/82>.
5. Fonseca EOS, Pedreira LC, Rodrigues AI, Pereira RG, Gomes NP. A imagem como ferramenta na pesquisa qualitativa em saúde: relato de experiência. *Rev. pesq. quali*. [Internet] 2020 [acesso em 2020 jan. 17]; 8(16). Disponível em: <https://editora.sepq.org.br/rpq/article/view/315>.
6. Lakatos, EM. Fundamentos de metodologia científica. São Paulo: Atlas; 2017.
7. Richardson, RJ. Pesquisa Social, métodos e técnicas. 4.ed. São Paulo: Atlas; 2017.
8. Terra IG, Nascimento ARA. Imagens e representações sociais: contribuições da análise Semiótica. *Psicol. Estud. (Online)*. [Internet]. 2016 [acesso em 17 de janeiro 2020]; 21(2). Disponível em: <https://doi.org/10.4025/psicolestud.v21i2.29783>.
9. Bardin L. Análise de conteúdo. Tradução: Luís Augusto Pinheiro. São Paulo: Edições 70; 2016Lisboa: Edições 70; 2016.
10. Santos FL, Sousa KMO, Camboim FEF, Lima CB. Exame citológico Papanicolau: analisando o conhecimento de mulheres na atenção básica. *Temas em Saúde*. [Internet]. 2017 [acesso em 28 de fevereiro 2021]; 17(1). Disponível em: <https://temasemsaude.com/wp-content/uploads/2017/05/17117.pdf>.
11. Moreira AS, Andrade EGS. A importância do exame papanicolau na saúde da mulher. *Rev. Inic. Cient. Ext*. [Internet]. 2018 [acesso em 28 de janeiro 2021]1(Esp.3). Disponível em: <https://revistasfasesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/94>.
12. Oliveira DS. Tendo que se submeter ao exame Papanicolau regularmente: uma análise sob a ótica da desmedicalização. [Mestrado em Enfermagem]. Rio de Janeiro (Brasil): Universidade do Estado do Rio de Janeiro; 2018. [acesso em 26 e janeiro 2021]. Disponível em: <http://152.92.4.120:8080/handle/1/11442>.
13. Lopes VAS, Ribeiro JM. Fatores limitadores e facilitadores para o controle do câncer de colo de útero: uma revisão de literatura. *Ciênc. Saúde Colet*. [Internet]. 2019 [acesso em 28 de janeiro 2021]; 24(9). Disponível em: <https://doi.org/10.1590/1413-81232018249.32592017>.
14. Campos EA, Oliveira RC. Valores e práticas corporais de mulheres sobre seus corpos: confiança, dor e vergonha no exame Papanicolau. *Nucleus*. [Internet]. 2019 [acesso em 21 de janeiro 2021]; 16(1). Disponível em: <https://doi.org/10.3738/1982.2278.3177>.
15. Ministério da Saúde (BR), Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA), Coordenação de Prevenção e Vigilância, Divisão de Detecção Precoce e Apoio à Organização de Rede. Diretrizes brasileiras para o rastreamento do câncer do colo do útero. [Internet] 2018. Brasília: Ministério da Saúde [acesso em 06 de janeiro 2020]. Disponível em: <https://www.inca.gov.br/controle-do-cancer-do-colo-do-utero/acoes-de-controle/deteccao-precoce>.
16. Souza, L, Jaqueline A, Luma F, Máira C. Manual de ginecologia natural e autônoma. 2ª ed. Salvador: 2018.
17. Azeredo YN, Schraiber LB. Autoridade, poder e violência: um estudo sobre humanização em saúde. *Interface (Botucatu, Online)*. [Internet]. 2021 [acesso em 20 de março 2021]; 25:e190838. Disponível em: <http://dx.doi.org/10.1590/interface.190838>.
18. Costa PCP, Garcia APRF, Toledo VP. Acolhimento e cuidado de enfermagem: um estudo fenomenológico. *Texto & contexto enferm*. [Internet]. 2016 [acesso em 06 de janeiro 2020]; 25(1):e4550015. Disponível em: <https://doi.org/10.1590/0104-07072016004550014>.
19. Santana TDB, Silva GR, Nery AA, Martins Filho IE, Vilela ABA. Avanços e desafios da concretização da política nacional da Saúde da mulher: uma revisão de literatura. *Rev. Aten. Saúde*. [Internet]. 2019 [acesso em 22 de fevereiro 2021]; 17(61). Disponível em: <https://doi.org/10.13037/ras.vol17n61.6012>.
20. Wanderley MS, Sobral DT. Gênero ob-ginecológico preferências de pacientes ambulatoriais de ginecologia e escolha da especialidade dos alunos. *Rev. bras. ginecol. obstet*. [Internet]. 2017 [acesso em 20 de fevereiro 2021]; 39(12). Disponível em: <https://doi.org/10.1055/s-0037-1606840>.
21. Souza ATM, Suto CSS, Costa LEL, Almeida ES, Oliveira JSB, Evangelista TJ. Exame citopatológico de câncer de colo de útero: acesso e qualidade no atendimento. *Rev. Pesqui*. (Univ. Fed. Estado Rio J., Online). [Internet]. 2019 [acesso em 17 de janeiro 2021]; 11(1). Disponível em: <https://doi.org/10.9789/2175-5361.2019.v11i1.97-104>.