

"I feel like invaded": Experiences with the paper screening and nursing care

RESUMO | Objetivo: compreender vivências e sentidos atribuídos pelas mulheres ao exame Papanicolau e ao cuidado de Enfermagem. Métodos: um estudo com abordagem qualitativa do tipo retrospectivo realizado entre os meses de outubro e novembro de 2019 na Atenção Primária à Saúde de Fortaleza, Ceará. Foram entrevistadas 24 mulheres, tendo como critérios de inclusão ter idade igual ou superior a 18 anos, usuárias da Unidade Atenção Primária em Saúde há pelo menos um ano e que tenham realizado prevenção anteriormente com a(o) enfermeira(o). Os dados foram coletados pela entrevista semiestruturada tiveram seus conteúdos analisados em categorias. Resultados: com base nos dados, foi possível perceber que as mulheres tinham idade de 20 a 66 anos, ensino fundamental à pós-graduação. Realizaram o exame há um ano. Buscaram-no para prevenção de doenças e atendimento a queixas. Desconheceram a relação com prevenção do câncer de colo uterino. Destacaram a invasão do exame ao corpo. Relataram ansiedade, nenhum esclarecimento, dificuldades de vínculo, conforto e segurança. Para elas a Enfermagem não possui competência para realização do exame. Conclusão: o estudo possibilitou o conhecimento dos motivos e sentimentos sobre o exame. Recomendam-se estudos avaliativos na Atenção Básica que produzam evidências necessárias à melhoria da gestão do cuidado à mulher.

Descritores: Exame Papanicolau; Cuidados de Enfermagem; Educação em saúde.

ABSTRACT | Objective: to understand experiences and meanings attributed by women to the Pap smear and nursing care. Methods: a retrospective study with a qualitative approach carried out between October and November 2019 in Primary Health Care in Fortaleza, Ceará. 24 women were interviewed, with the inclusion criteria being 18 years of age or older, users of the Primary Health Care Unit for at least one year and who had previously performed prevention with the nurse. Data were collected through semi-structured interviews and their contents were analyzed in categories. Results: based on the data, it was possible to notice that the women were between 20 and 66 years old, from elementary to graduate school. They took the exam a year ago. They sought him for disease prevention and complaints. They did not know the relationship with the prevention of cervical cancer. They highlighted the invasion of the body by examination. They reported anxiety, no clarification, bonding difficulties, comfort and security. For them, Nursing does not have the competence to carry out the exam. Conclusion: the study enabled the knowledge of the reasons and feelings about the exam. Evaluative studies are recommended in Primary Care that produce evidence needed to improve the management of care for women.

Keywords: Pap test; Nursing care; Health education.

RESUMEN | Objetivo: comprender las experiencias y los significados atribuidos por las mujeres al Papanicolaou y al cuidado de enfermería. Métodos: estudio retrospectivo con abordaje cualitativo realizado entre octubre y noviembre de 2019 en la Atención Primaria de Salud de Fortaleza, Ceará. Fueron entrevistadas 24 mujeres, siendo el criterio de inclusión tener 18 años o más, usuarias de la Unidad Básica de Salud hace al menos un año y que hayan realizado previamente prevención con la enfermera. Los datos fueron recolectados a través de entrevistas semiestructuradas y sus contenidos fueron analizados en categorías. Resultados: con base en los datos, fue posible notar que las mujeres tenían entre 20 y 66 años, desde la enseñanza básica hasta la posgrado. Hicieron el examen hace un año. Lo buscaban para prevención de enfermedades y denuncias. Desconocían la relación con la prevención del cáncer de cuello uterino. Destacaron la invasión del cuerpo por examen. Refirieron ansiedad, falta de aclaración, dificultades de vinculación, comodidad y seguridad. Para ellos, Enfermería no tiene competencia para realizar el examen. Conclusión: el estudio permitió conocer los motivos y sentimientos sobre el examen. Se recomiendan estudios evaluativos en Atención Primaria que produzcan las evidencias necesarias para mejorar la gestión del cuidado a la mujer.

Palabras claves: Prueba de Papanicolaou; Cuidado de enfermera; Educación para la salud.

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INTRODUCTION

Cervical cancer (CCU), also known as cervical cancer, is considered the third most common malignant tumor in the female population (behind breast and colorectal cancer), and the fourth cause of death of women by cancer in Brazil. Its main cause is persistent infection by some types of Human Papillomavirus - HPV (called oncogenic types).¹

In 1994, the Family Health Program (PSF - Programa Saúde Família) was implemented, renamed the Family Health Strategy (ESF - Estratégia Saúde Família) since 1996, with the Pap smear throughout the national territory being the care model that offers CC prevention. Primary Care, considered the main gateway to the Unified Health System (SUS), develops individual and collective actions aimed at promoting, preventing and rehabilitating health. In this context, it seeks the early detection of percussive lesions through the Papanicolaou test.² As an effective tool used in the screening of asymptomatic women, the Pap smear allows diagnosing cases at an early stage, reducing morbidity and mortality in women who adhere to the test regularly. However, a study shows that there is still low adherence to the exam.³

The examination can be performed by duly trained physicians or nurses. It is recommended by the Ministry of Health for all women between the ages of 25 and 64 who have already started their sexual life. The periodicity is that every two consecutive normal exams with an interval of one year, the exam should only be performed

every three years. Although it is a painless and free test, there are still several factors that lead women not to perform it, such as the absence of sexual intercourse and the absence of symptoms.⁴

High incidence rates of the disease are still observed in the country, since there are subgroups that demonstrate low coverage in terms of adherence to the exam, associated with present factors that must be considered in order to have an ideal coverage.² Such as poverty, younger ages (between 20 and 30 years), low level of education, high body mass index (BMI), inequities in relation to health services, lack of knowledge, exposure, fear of feeling pain or even fear of the test result reinforce women's vulnerability to the disease.⁴

Other factors positively interfere with the search for and adherence to the exam, such as: the beginning of sexual life, the obstetric situation, the presence of gynecological signs and symptoms, encouragement from family members and community health agents (CHA).⁴

The lack of guidance represents a major obstacle in the process of early detection of CC, also contributing to the non-return of women and access to results. This makes follow-up, comprehensiveness and continuity of care difficult, as well as intervention in the early stages of the disease.⁵

Because it is an invasive test, it is necessary to clarify to women about the importance of performing it to maintain their overall health, with emphasis on sexual and reproductive health. In this way, it is also up to the nurse to act in the clarification of these women, guiding them about the whole procedure, providing the necessary knowledge so that they can reflect on the need to diagnose diseases through examination and early treatment.

The nurse is the professional who has a strong bond with the community in Primary Care and is one of those responsible for actions aimed at women's health. Therefore, it is configured as the fundamental professional in carrying out educational practices (individual and collective), aiming to keep women informed about attitudes on how to

take care of their health, which can provide them with a better quality of life.⁶

As presented, the research questions which meanings are attributed and experienced by women during the Pap smear with nursing care? Given the above, the present study aims to understand the meanings and experiences attributed by women during the Pap smear and nursing care.

METHODS

This is a study with a qualitative retrospective approach carried out between October and November 2019, in a Primary Health Care Unit (UAPS) of the Regional Health Coordination VI (CORES VI), located in the Passaré district, in Fortaleza, Ceará.

The study included women who were waiting to undergo the preventive cytological test and who met the following inclusion criteria: age equal to or greater than 18 years, UAPS users for at least one year and who had previously performed prevention with the nurse. The choice of users was intentional, while waiting for the test, seeking to cover all dimensions of the investigative process and listing dysphonia, dysarthria or space-time disorientation as exclusion criteria.

A total of 24 women were interviewed during the months of October and November 2019, a semi-structured interview script with questions was used for data collection, whose contents were related to sociodemographic data, follow-up time by the UAPS, last year the test was carried out, complaints, knowledge, motivation and feelings during the test. In addition to these, women were also encouraged to comment on the consultation and examination by the nurse. All data collection was carried out in a reserved place, preserving the participants from the curiosity of those around them and as a way of preserving their anonymity, the identification of the statements of the participants in this study was carried out by the letter "E" followed by a number that corresponds to the order in which the interview was carried out (E1 to E24).

The collected material was transcribed

and organized according to the need to discuss the results. Initially, the thematic categorical content analysis was carried out, going through its three operational stages: pre-analysis, analysis and exploration of the collected material and treatment of results and interpretation. Thus, a survey of the collected material was carried out, with a first empirical reading. Then, a floating reading with a closer look, seeking understanding and deepening the content in order to build the categorization. Finally, the analysis and understanding of the meanings and meanings attributed and experienced by women during the Papanicolaou test and its relationship with Nursing care were carried out. 7

This process made it possible to interpret the participants' speeches into two thematic categories: "representations, motivations and feelings experienced by women during the Pap smear" and "Recognition of Nursing care in performing the Pap smear".

Data were collected after approval by the Research Ethics Committee (CEP - Comitê de Ética em Pesquisa) of Centro Universitário Christus (UNICHRISTUS), such approval was given on October 28th, 2019, under number 3,666,577. It is also important to highlight the authorization of the Coordination of Management of Work and Health Education (COGETS - Coordenadoria de Gestão do Trabalho e Educação em Saúde) of the city of Fortaleza and the Coordination of the UAPS to carry out the research. The participants also signed the Free and Informed Consent Term (FICT).

RESULTS

Women aged between 20 and 66 years old, with complete primary education (03), incomplete (07), secondary education (07), incomplete (03), higher education (02), incomplete (01) and postgraduate were interviewed (1). Regarding the frequency of the examination, the majority underwent the examination in 2018 and reported being users of the unit for a long time.

These data are important, as advanced age, low socioeconomic status, being sin-

gle, separated or widowed and belonging to certain ethnic groups, such as African descent, are considered intervening factors in the performance of the test. The women participating in this study reveal in their testimonies the reasons, feelings and a universe of meanings related to the exam. In addition, they reveal their understanding about the care offered by Nursing before



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and during the procedure. It is also worth mentioning that the participants' speeches transcend their understanding of the exam and bring representations about the whole performance of the nurse in primary health care.

Thus, in order to present and problematize such evidence, the findings present in the women's testimonies were grouped into

two thematic categories. The first highlights the reasons and feelings experienced by the women when taking the exam and the second brings the recognition of these women about nursing care and its implications for adherence to the exam, as shown below.

Motivations and feelings experienced by women during the Papanicolaou exam

This first category highlights the intentions, factors and feelings experienced by women when performing the test. When analyzing the women's speeches, it is noticed that they are aware of the importance of the exam. This can be evidenced by the search for the examination for the prevention of diseases and the treatment of their complaints, such as bleeding, pelvic pain, discharge, dyspareunia and severe cramps, as can be seen in the speech excerpts below.

[...] I came because of the time, because it's been almost a year since I had the test and because I had my period now and there was heavy bleeding, like, out of the ordinary. (E8)

[...] really prevent certain diseases and know how my uterus is doing, because of the pain I feel and the discharge, because that worries me. (E4)

[...] I'm feeling pain in my stomach during intercourse. (E9)

[...] this problem I have, right? I'm in constant pain. (E12)

[...] the motivation that brought me to take the exam was precisely to have felt these abnormal menstrual cramps, right? And also because of the pain during the sexual act. (E21)

Despite recognizing the importance of the test to "know how the uterus is doing", they are unaware of the relationship between the test and the prevention of cervical

cancer. The participants associate the exam only with the diagnosis of Sexually Transmitted Infections (STIs), which demonstrates weaknesses in the health education offered by the health service scenario of this research. Faced with this reality, attitudes that can reduce these factors are educational strategies that offer knowledge to these women and improve the construction of the professional-client bond. The following excerpt shows this reality.

[...] I also have discharge, and also because I think I have to prevent myself, because there are so many diseases, right? That appears every year in women and I have to do the prevention. (E9)

This lack of knowledge about the true purpose of the test can result in women's lack of interest and lack of concern about the test, thus making them more susceptible to cervical cancer. When the woman has adequate knowledge and information, there is a significant contribution to the performance of self-care and the approximation with health services.

Thus, even if there are public policies that promote preventive actions against CC, the persistence of the biomedical model still occurs, in which the focus is on curing the disease, since what is perceived is the woman's search for care, when there is a sign or symptom that can produce damage to health.

Regarding the feelings experienced by women regarding the practice of the exam, many women point out the procedure as uncomfortable, revealing discomfort and pain, and this influences non-adherence to the exam. This nuisance generates anxiety, fear and nervousness. For them, these are situations related to the procedure itself. These feelings are also present in the women's speeches.

[...] I feel very embarrassed, I don't like to do it, I think this exam is the most horrible exam for women. (E11)

[...] it's uncomfortable, it hurts (laughs), it's both uncomfortable and it hurts, I was ashamed, before entering I'm very nervous. (E16)

[...] it's very painful (laughs), it's really painful, because in a way, when you go for the exam, you already have that embarrassment thing, but it still becomes a little sore. (E21) (E21)

[...] I'm embarrassed (laughs), very embarrassed, but I only come because the fear of the disease is greater than the shame, so I come because I know I have to prevent myself, but I don't like it. (E9)

It is noticed that from this perspective, the examination is considered invasive to the woman's body. In addition, they associate it with pain, the fear of discovering some disease, the shame of the professional, especially when male, and the exposure of their body during the procedure. Below, we can see in the reports how these women describe these factors:

[...] I feel like I've been invaded, but with a purpose that is my health, right? It's a very intimate thing, but it's necessary. (E3)

[...] fear! Of having some disease. (E18)

[...] well, my feelings are that we do the exam to prevent it, you hope everything goes well, I am a little embarrassed if it is a male nurse or doctor, I feel more comfortable with women. (E7)

However, in other reports, as in the statement below, regardless of whether the examiner is male or female, the woman cannot feel comfortable. This may be asso-

ciated with the fact that she has to undress and expose her body and the moralizing background she has had since birth. Thus, exposure is considered a relevant factor, which justifies many of the reported feelings, as described in the following excerpt.

[...] it's not a very good feeling, we end up not being comfortable, because it doesn't matter if it's a man or a woman, but it's something you're going to undress, you're going to expose yourself, so it's not a very good feeling [...] because it makes us feel ashamed to be there, right? [...] I find it very difficult for a woman to say that she feels "super well" doing it. (E10)

As can be seen about the reasons and feelings described by these women, the shame of submitting to the examination is one of the most recurrent feelings, the exposure of the body refers not only to individual issues, but also to sociocultural issues, which can trigger negative feelings of blockage and conflict for some women. These resistances are usually externalized as fear, shame and embarrassment.

Recognition of Nursing care in performing the Papanicolaou test

The second category addresses the recognition of nursing care and the implications for and during the examination. The speeches presented here describe a deficiency in the credibility of the nurse's performance. The women report that the Nursing professional does not have the competence to carry out the exam, also ignoring its importance in society. They claim to feel a lack of clarification during the consultation, bond difficulties, comfort and security, which also enhances negative feelings.

However, even in the face of the competence and preparation of the nurse, it can be seen that there are difficulties in recognizing their work, when one perceives the insecurity of these women in relation to the

knowledge and autonomy of this professional to carry out the examination, according to the following excerpt.

[...] is it with the nurse? I don't particularly like it! Because like, if there's something you have to talk about, they can't solve it, if you want to pass an exam, they don't have the authority to pass it, right? [...] like that but in relation to that because there are things I wanted to clarify with him and he said "no! You have to make an appointment with the doctor because she will answer your questions". So, we come to be able to solve the doubt and you leave with the same doubt, because you didn't get what you wanted, right? (E8)

When analyzing the speeches, it is also noticed that some of these women are unaware of the role of the nurse in the clinical care provided individually and collectively to society, from healing to health promotion and prevention of diseases and injuries. The speeches highlight the nurse's knowledge, but deny their skills to perform tests, identify an action based on procedures such as "dressing and helping the doctor" and point out the absence of a consultation with further clarifications and investigations, as the following reports suggest.

[...] I don't like nurses because for me the nurse is not a doctor, I mean it's not that he doesn't know because he also studied, but in my mind, the nurse is only there to bandage, help the doctor, so I don't like nurses [...] because if there is a cyst, there is something, he will not understand that he has a cyst, or he has a myoma, I don't think he goes deep to find out what's wrong, he'll have to refer him to a specialist, I think the nurse is not there to do pre-

vention. (E18)

[...] not at the time of the consultation, I think so because the nurse is there to help, I honestly prefer the doctor more, because the doctor knows more about the problem than the nurse, I don't like to consult myself very much, nor do anything with a nurse. (E13)

[...] the conversation, the dialogue, more clarification, for example, I hadn't done it in a while, that she spoke more, you know? (E16)

[...] I would like it to improve on this point, because we enter the room, talk, clear up some doubts, because after we sit down and spread our legs, you don't have the courage to ask anything else. "Do you have questions"? There are many, like several times I've left here with doubts, but I don't ask. Because? Because I'm embarrassed. (E12)

In view of the analyzed interviews, it is thus possible to observe weaknesses in the professional-client bond and the absence of adequate clinical management and welcoming care. It is important to highlight the need that the women participating in this study have to have access to clarifications during the consultation, which, in a way, hinders comfort and safety, thus enhancing the lack of knowledge and the negative feelings experienced during the exam.

Health education as nursing care is an important tool to raise awareness among these women about their responsibility for their health and the search for a healthy life. The excerpts from the speeches below highlight the need for educational processes with individual and collective approaches that provide information and help to address these women's doubts.

[...] for example, if I had time to

have a lecture with people beforehand, talk more, explain more, because there are many people who still don't understand. (E10)

[...] I think it's just doing what she does. Talking, right? So that we can relax a little more, feel more at ease, comfortable, I think this is one of the main difficulties, especially for me, and I am very... my God, right? (E21)

[...] having a preparation for the person, so that the person does not get tense at the time of the exam, the person is treated well by a professional who is qualified in this area, that's all I think. (E14)

In view of these statements, it can also be seen that the assistance provided by the nurses does not envisage comprehensive care, that is, fragmented assistance remains. This, in a way, may be associated with the lack of training of professionals, not only from the point of view of the technical and manual skills that make up clinical management, but also the subjective issues involved in the care process, which must seek sensitivities, bonding, co-responsibility, reception, resoluteness and autonomy.

There is, therefore, an urgent need for care management that addresses existing recommendations in the guidelines and protocols of the Ministry of Health. It is still necessary to organize agendas in the routine of Primary Care services, so that they can offer quality assistance to these women, with a comprehensive approach and, therefore, meeting their demands and needs.

DISCUSSION

The profile achieved by the exam is important to identify strategies to be drawn considering the population's risks and improving access for these users. Thinking about the findings that characterize the population, we have that the literature points out that in Brazil, the black population has

higher cancer mortality rates compared to the general population and may be associated with reflections of diversity in the social, economic, political and health spheres. With this, this population brings with it the recognition of barriers to not carrying out the preventive examination. 8

Considering what the participants of this study report about their reasons for having the test, the authors conclude that women who seek Primary Care for the test perform this procedure annually and that 88% of them consider it important. 9

Another study also highlights the lack of knowledge about the relationship between the test and CC prevention and associates it with the lack of clarification about the purpose of the test. As a consequence, women do not perceive themselves to be at risk and, therefore, do not consider themselves susceptible to developing cervical cancer, which implies low adherence to the test. 10

Women may have wrong information about the test, not knowing how to identify their real reason for prevention. When they seek to perform the exam, most of the time, they only seek it as a curative form, considering their gynecological complaints and specific symptomatology. 11

In view of this, it is stated that in order to move beyond the execution of solely medicalizing practices in gynecological care, it is necessary to incorporate a humanistic model that offers comfort and satisfaction to these women and recognizes them as subjects in this process. It is necessary to adopt humanized practices and the use of non-invasive technologies within the gynecological consultation. Thus, demedicalization provides women with other forms of care, guaranteeing their right to choose and autonomy, which moves away from biomedical rationality. 12

Fear is a difficult factor during the examination, as women associate it with the pain and discomfort caused during the procedure. The potentialization of feelings is also given by the gynecological position, exposure of her body related to organs and erogenous zones, making her associate her with her intimacy and sexuality. 12 It

is necessary to think of strategies that can facilitate the process of overcoming this fear and creating an environment that promotes bonds.

Despite recognizing the exam as fundamental for the prevention and early detection of diseases, women refer to unpleasant aspects, such as pain, discomfort, shame related to the impersonality of the procedu-



[...] the feelings experienced, such as shame in exposing the body, embarrassment, fear of feeling pain and fear of the test result, reinforce the vulnerability of women to the disease, and the need for nursing care that addresses such difficulties.



re, since it is invasive. It is considered that nudity, vulnerability, loss of autonomy over the body, shyness, lack of knowledge and taboo are factors that generate embarrassment. 9

As a way of mitigating these negative feelings related to the exam, it is considered that the professional's conduct directly interferes with this behavior. Therefore, the Nursing professional is responsible for cla-

rifying doubts so that the woman feels more comfortable, which can reduce anxiety and nervousness. It is believed that a good professional-client interaction promotes peace of mind during the exam and allows the woman to feel more respected, regardless of the professional's gender. 4

The way of caring for health and illness is experienced by each one individually, based on their life trajectories. Negative feelings linked to certain health care practices, as well as the performance of the Papanicolaou test, also have such a link. 12

Restrictive experiences in the context of sexuality, lack of knowledge of one's own body, deficiency in care about sexual health, perceptions of cancer as synonymous with loss of control of one's own life and proximity to death. Experiences of violence, lack of access to health services and lack of information about the test are some of the factors that contribute to the externalization of negative feelings, such as shame, fear and embarrassment on the part of women in relation to the practice of the test. 8,12

Nurses working in Primary Care are in a relevant position, assuming an important commitment to women's health based on a gynecological approach that works to prevent cancer and reduce STI rates. It should also aim at the early detection of diseases and conditions related to the gynecological and reproductive function, discussing issues related to sexuality and family planning. With these contributions, the nurse is configured as a prominent professional in the prevention of diseases, protection and recovery of health, offering improvements to the individual's health. 13

In this regard, it is argued that the nurse, as a component of the multidisciplinary team working in Primary Care, has technical and scientific competence. According to her attribution, she performs the Pap smear in her daily care as a fundamental strategy for the early detection of cervical cancer, proposing to improve the quality of life of women. 14

When specifically analyzing the professional-woman relationship during and during the gynecological consultation, it

is important to emphasize that the lack of bond expresses the existence of hierarchical relationships and makes it difficult for women to verbalize, making them repressed about their feelings about the exam. The professional-client relationship is an indispensable factor during this process, as it is a strategy to reduce discomfort, which has a positive impact on the examination process and adherence to regularity. 10

CONCLUSION

This study made it possible to understand the motives and feelings of women about the preventive examination for cervical cancer. It was possible to identify a collective idea that the test has as its main purpose the detection of diseases, which shows the lack of clarification about other purposes and the importance of the preven-

tive test.

In addition, the feelings experienced, such as shame in exposing the body, embarrassment, fear of feeling pain and fear of the test result, reinforce the vulnerability of women to the disease, and the need for nursing care that addresses such difficulties. It was also noticed that the deficiency in the understanding of the nurse's performance associated with the lack of clarification during the consultation hinders the bond, comfort and security, and potentiates negative feelings related to the exam.

Faced with the researched reality, it is fundamental to implement new strategies in the service aimed at women, such as, for example, the qualification and updating of professionals, optimization of the care schedule, more effective care management, adaptation or construction of educational and participatory actions, clarifying women

about the test and questioning the feelings and beliefs surrounding it.

Among the limitations of this study, we highlight the participation of only women who seek and perform the Papanicolaou test. Therefore, evaluative studies on the gynecological assistance provided in Primary Care are recommended, which also have as participants the other social actors involved: family members, nurses, nursing assistants or technicians, physicians, community health agents and service coordinator managers. It is expected that, in this way, other factors related to the difficulty in preventing cervical cancer and the return of these women for the result will also be highlighted,

thus contributing to the advancement of primary and secondary prevention, with the promotion of individual and collective health, early diagnosis and better quality of life.

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