

CERVICAL CANCER PREVENTION: UNVEILING IMPERSONALITY IN PREGNANT WOMEN'S VOICE¹

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ABSTRACT

Understanding how women experience pap smear test during pregnancy represents a possibility to define the most appropriate intervention strategies in cervical cancer prevention and control. Heideggerian phenomenological study based in methodical steps of the phenomenological reduction, construction and destruction, in order to understand the sense of preventing cervical cancer in pregnant women's voice. The statements were obtained through phenomenological interviews, from 27 February to 25 April 2012, in a health public service in the State of Bahia. We included pregnant women who had undergone the pap smear, registered in Prenatal ambulatory (PA) and cared by nurses. In comprehensive analysis, it was unveiled that pregnant women experience the phenomenon of preventing cervical cancer experiencing impersonal relationship between health professional and client, which reveals the fragility and remoteness of the biomedical model for an understanding care. The gap that impersonality leaves in everyday relationships between professionals and clients in health services produces a negative impact in preventing cervical cancer in pregnant women.

Keywords: Primary Prevention. Uterine Cervical Neoplasms. Pregnancy.

INTRODUCTION

The limited number of studies with regard to understanding the impact of living with cancer during pregnancy, and the subjectivity of pregnant women, as well as epidemiological research on the subject, shows a lack of concern on the part of the scientific community. Subsidizing and encouraging the implementation of preventive practices in the care of pregnant women is an act of paramount importance to nurses that monitor the prenatal condition, considering the possibility of women's empowerment for the prevention/early detection of cancer⁽¹⁾.

The emergence of cervical cancer is associated with infection by one of the 13 oncogenic types of Human Papilloma Virus (HPV). Other risk factors are smoking, low intake of vitamins, multiple sexual partners, early sexual initiation, oral contraceptive use and co-infection by infectious agents such as Human Immunodeficiency Virus (HIV) and *Chlamydia trachomatis*⁽²⁾.

The HPV has been associated with cervical cancer since the 1970s, when the German infectologist, Harold Zur Hausen, found that

sexually transmitted etiologic agent could be associated with the appearance of warts and condylomas. After years of study, the virus was related to 100% of the occurrence of cases of cervical cancer⁽³⁾.

About 40% of Brazilian women have never been subjected to Pap smears, the examination tracker of cancer precursor lesions, in particular those caused by the action of HPV. Only 7.7% of women, the target audience of this action, have been effectively covered by government programs. As much as prevention efforts have increased in recent years, a high mortality trend is still observed in terms of this condition. There are women diagnosed with cervical cancer who never underwent the examination⁽⁴⁾.

Changes associated with pregnancy exist, and are caused by the action of estrogen. These are among the most classic changes that hamper the Pap smear test in terms of delaying the diagnosis of cervical cancer, can be cited the increase in cervical volume that, in some cases, could triple of size, causing eversion of the endocervical canal and trace striking, mainly in primiparous. The eversion, exposed to the natural acidity of the vagina and other factors, causes severe epithelial changes in the presence of HPV, and can initiate an atypical process, with progression

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to cervical cancer⁽⁵⁾.

In pregnancy, the estimated incidence of cervical cancer is 1:1000, which represents about 5% of the pregnant women population. The prevalence of this disease in pregnant women is 5.7%, although in Brazil, publications on the subject are scarce, and no updated statistics exist⁽⁵⁾.

One third of the cases of cervical cancer occur in the reproductive period, and about 3% of diagnoses are made during pregnancy. Pregnant women are more likely to be diagnosed with early lesions because the pregnancy is an excellent opportunity for screening for this neoplasm⁽⁶⁾.

Prenatal care is an important strategy for the early detection of cervical cancer, as well as a natural time to plan and implement educational activities on this theme, since the pap smear test is required as part of the medical routine during this period⁽⁷⁾.

In this context, this study is justified because there is evidence that the implementation of actions for the realization of cytology within the primary health care services, seems to be concerned only with the biological aspects of sexual and reproductive health. Consequently, there is a large gap in terms of the psychological, emotional, cultural and existential aspects related to the woman on whom the examination is performed⁽⁶⁾.

With the aim of contributing to the phenomenological debate on the prevention of cervical cancer in pregnant women, this study intended to answer the question: what is the women's perception of the meaning of the examination to prevent cervical cancer in pregnant women in a public health ambulatory care facility?

METHODOLOGY

This is a Heideggerian phenomenological study done with pregnant women in a city in the state of Bahia. In addition to the epidemiological aspect, the phenomenological approach is synonymous with advancement in the understanding of phenomena associated with health and existentialism. Phenomenology does not seek causal relationships, but rather describes the phenomenon of lived experience.

In healthcare, the existential attitude of describing the situation leads us to a network of thoughts and ethical ways that value the individual⁽⁷⁾.

Thinking in a Heideggerian philosophical context, with regard to the construction of an approach to women's health, in an existential sphere, represents development, and even further, the relationship between philosophy and health with a critical-reflective attitude. In this way it understands care as acceptance and a condition of possibility that fosters a complete understanding of the phenomenon of existence⁽⁸⁾. In this sense, we should appropriate ideas, concepts, frameworks and theories that allow us to take a more careful look at pregnant women in terms of the prevention of cervical cancer.

Data were collected from February to April 2012 in a Basic Health Unit (BHU) in the state of Bahia. To this end, we used phenomenological interviews, a form of access that the researcher has used to penetrate lived objects without masking the phenomenon that unfolds⁽⁹⁾. The instrument was an interview script that contained the following questions: How do you view the prevention of cervical cancer? What is the importance of conducting the screening test during pregnancy?

Access to interviewees was done by sampling from different shifts, to establish the encounter with the nurses in the unit and to make sure that all days were accounted for of prenatal service. 10 pregnant women over 18 years of age who had undergone a pap smear in the current or previous pregnancy, were enrolled in the outpatient prenatal clinic and were subject to consultation with nursing staff were included in the study.

The collection of interviews occurred within the UBS service. The women were interviewed individually in an environment that was conducive to good communication, with little possibility of interference and external interruptions. In presenting the results, we used the name of flowers to maintain the anonymity of the informants.

The Heideggerian hermeneutic method seeks an interpretation of data and is related to three components: reduction, construction and phenomenological destruction. At the phenomenological reduction⁽¹⁰⁾ stage, the first

methodical component in the form of a table was built to consolidate the statements, from which were extracted the ontic and the ontological elements.

In the second methodological stage, comes the phenomenological construction⁽¹⁰⁾, in a process that seeks to understand the sense of being based on user embracement. We found the mode to being of women in the prevention of cervical cancer. From this we got to know as the pregnant women showed, and how her acted on prevention.

In the third and last methodical stage - phenomenological destruction (10) - we arrived at the ontic/ontological truth and, availing ourselves of ownership of Heideggerian existential structures, we conceptualized about being, bringing to the fore a critical reflection on the possibilities of relationships between pregnant women and healthcare professionals in the prevention of cervical cancer.

All the participants signed an Informed Consent Form (TCLE, in Portuguese), in accordance with Resolution 196/96 of the National Health Council (CNS, in Portuguese). The study was approved by the Ethics Committee in Research of the Feira de Santana State University (UEFS, in Portuguese), under protocol nº. 125/2011 (CAAE No 0130.0.059.000-11).

RESULTS AND DISCUSSION

The pregnant women involved in the study were aged between 20 and 38 years. In terms of relationships, two were single, one was separated, three were married and four had stable partners. The onset of sexual activity occurred between 12 and 23 years of age.

The emergence of the results was done in terms of Heideggerian hermeneutic circularity and pointed to the construction of five units of meaning: suppression of the expression of cancer of the cervix: fear of illness and death?; Ambiguity in conjugal life like situation arose in the prevention of cervical cancer; Impersonality in the relationship between professional and client: impact on preventing cervical cancer in pregnant women; Expressions of solicitude on the relationship of pregnant woman and the fetus: implicit aspects in the prevention of

cervical cancer; Chatter: what happens to others in the prevention of cervical cancer?

In this paper, we address only the third aspect: impersonality in relationships between professional and client and its impact in preventing cervical cancer in pregnant women. We consider the professional approach used, in terms of impersonality, which, according to the women's comments, can significantly affect their understanding with regard to the prevention of this disease,.

In Martin Heidegger's existential analytic approach, one can find the description of the possible ways of being in the presence of the world. The improperly refers to the impersonality, and own way, the singularity. It is assumed, as a starting point in constructing the argument presented in this paper, that the impersonality that exists in everyday life is, according to this philosopher, the way in which, for the most part, we exist⁽¹¹⁾. Based on this understanding, it was possible to reveal the phenomenon of impersonality in the relationship between professional and client, and the prevention of cervical cancer in pregnant women. It is worth noting that these ways of interacting are not linked to moral conditions, but to the modes of existence and being in the world.

The impersonality identified in this study is indicative of the ignorance and misinformation that the pregnant woman has about the importance of completing the pap smear. Thus it was noted that some of the women involved had been examined by health professionals in primary care. These professionals advocate disease prevention and health promotion through education and health, but are unaware of the importance of the same:

In fact, we know they do it at least once a year as a preventive, but we do not know exactly why they do it. (Daisy)

[...] We also do not know what cancer of the cervix is. [...] We do not know what it is. (Sunflower)

Oh! I cannot explain it right [...] the preventing pregnancy prevents various kinds of diseases that can be due to the baby. (Rose)

In practice nursing care, we encounter, daily, the impact in terms of morbidity that cancer has on the health of the population, as well as the difficulties of ensuring adherence to the preventive behavior on the part of individuals as a means of avoiding it. Cancer is undoubtedly a public health problem⁽¹²⁾.

Recognition of this problem motivated this study. The aim is to elicit reflections on the part of nurses on the impersonal way that prevails in the care of pregnant women in undertaking the pap smear test. This raises the possibility that women do not adhere to taking the test during pregnancy because of ignorance and misinformation.

In Lily's testimony, viewed in the light of Heidegger's thinking, it is understood that this impersonal approach also affects the pregnant woman/ health service professional when they meet because, in these conditions, when it comes to the care of the pregnant woman, she does not understand the importance of completing the pap smear test, undergoing the examination without, however, understand the importance of performing it.

[...] We lack a lot of information. We know that there is cervical cancer, but we do not know how to prevent it. Often, I think the information is still very limited, mainly with regard to pregnant women. We've been doing prenatal, but we do not know. (Lily)

The impersonality viewed in this testimony indicates that the patient who answered, requested the pap smear test but she does not make the connection between the examination and the prevention of cervical cancer. She said that information is scarce, especially for pregnant women, which can characterize the lack of the subjective approach that should permeate the prenatal nursing consultation.

The impersonal mode isn't named, isn't deepens, which does not create roots⁽¹³⁾. The involvement with things and with others is superficial, without obligation or liability, because "...encounters the presence in the trend of superficiality and facilitation"⁽¹¹⁾.

Is owner of the impersonal presents themselves in anonymity, identified with comprehensive and abstract concepts. The presence, in the impersonal mode, disclaims responsibility, and decisions are transferred, so

that their actions are just repetitions and reproductions. Acting in the impersonal mode is done because everyone else does it, is tell because everyone says. It goes through life without even knowing why⁽¹³⁾.

The comments made by the respondents then, makes the importance of the prenatal consultation apparent, since the pregnant woman had never performed the pap smear, and, in the query, it has become possible to perform it, although without the understanding that the examination has the function of screening and offering an early diagnosis of cervical cancer.

I will not lie [...] I had never done preventive test in my life, but thank God nothing came of it (emphasizing the words "thank God"). I did the preventative test when I was pregnant. (Daisy)

Understanding existentially as the pregnant woman experiences the prevention of cervical cancer, means covering their ways of being in everyday life that can otherwise be masked, veiled or hidden by the service routine, and especially by the impersonal attitude of prenatal care staff. She should be seen as a being of possibilities, with unique characteristics, not as an object of campaigns or public health policies, and this understanding should prompt us to reflect upon our care and devotion in caring for this woman⁽¹⁴⁾.

In testimony, Lily unveiled that the co-presence, the meeting between mother and nurse, happened in the mode of impersonal and may represent the fragility in the professional commitment of being with the pregnant woman, and represents the feeling of not being touched by another. The patient explained the deficiency and indifference that characterizes being with nurses in the prevention of cervical cancer:

[...] They ask you to do the preventive test, but they do not explain why you have to do the preventative test [...] (Lily)

In everyday life, the presence is what it is impersonally. Without realizing it, it is conducted by others; the others are anyone who aren't herself. So, assumes for themselves which is not his own⁽¹³⁾. The impersonal promotes leveling of all the possibilities of being. The others are "co-pre-feel" in daily life. All are the others and no one is himself⁽¹¹⁾.

Therefore, it is essential for professional staff to adopt innovative propositions in their professional life, with a view to strengthening the work they do, and understanding the women who seek the prevention of cervical cancer.

The comments below reveal, once again, the misinformation about the purpose of the prevention of cervical cancer with the realization of the pap smear test, because they associate the examination with the risks of birth complications or any other pathology:

[...] To not feel very much ... To giving birth not being at risk, I think so. I understand that. (Jasmine)

I think it's important because (pause to think), if we have some sort of ... of ... disease, we need to know before, right? (Wonder)

Such statements allows us to think of the feasibility of providing support to health service professionals, by introducing and offering training that promotes reflection and changes professional attitudes. This is necessary in order to provide a comprehensive care of women, which makes possible the understanding of the importance of healthcare, especially in the prevention of cervical cancer, as a process of thinking and doing, while existential possibilities and equiprimordial of human beings, overlap each other⁽¹¹⁾.

There is a need to incorporate, in this introduction, factors involving the prevention of cervical cancer, involving the subjectivity of the female body, existentialism, psychoaffective factors and relationships that women lay in their way of being and life.

To believe in a process of comprehensive care is to permeate the facticity with the mode of provision that allows us to understand, because understanding leads us to the notion of existence, the exercise of listening, power-being, and reveals the projective character that health practices may have. This is necessary to project a system of healthcare that should be based on the existence so that the veiled phenomena that involve health and disease can be revealed and become the target reception⁽⁴⁾.

Angelica's comment, highlighted below, alerts us to the ignorance associated with the importance of the prevention of cervical cancer in pregnancy:

During pregnancy? (repeats the question to herself) I do not know! (soft voice ... head down, a few seconds in silence). (Angelica)

It isn't an impersonal invitation to others to listen attentively, just to be content to take for granted what has already been talked about, and replay it in a movement of repetition and certainty⁽¹³⁾.

The ignorance revealed by Angelica admits the possibility of impersonal relationships being established in the health services in which, possibly, the nurses do not listen to the women and their questions when they need clarification about their health status, or even about the pap smear test during pregnancy. This approach favors a vicious circle of appearance, in which what was said in the consultation shows that the woman understood, leaving the illusion that, professionally, they have fulfilled their role to just ask about the exam.

The care that the women need isn't for them to hear, but for them to be heard, from its opening to the existence of their lives and "like" it comprises I the prevention of cancer. It is considered that, when doing the listening exercise in the prevention of cervical cancer in pregnancy, possibly the opacifications may be removed. and in that sense, the ontic/ontological structures of the phenomenon of such prevention will be unveiled, meaning that the nurses and the health service can provide a contribution with integrity, and offer assistance as desired by all⁽¹⁵⁾.

The comments of Violet and Orchid reveal, once again, that pregnant women are unaware of the importance of the pap smear test and the prevention of cervical cancer during pregnancy, and how much the clearer dialogue is far from care. It was observed that these pregnant women had performed the pap smear test in pregnancy but, nevertheless, claimed that they didn't know the point of the examination, or the relationship thereof with the development of the pregnancy and fetal growth:

[...] I know so little ... I cannot answer. (Violet)

[...] I do not have much experience in the matter. I do not know if something harms the child, right? [...]. (Orchid)

Therefore, with a look attentional, we defend the dynamics of dialogue, the not fragmentation

and commodification of a person who needs to be careful, since it is embedded in a context of experiences that should and must be redeemed when establishing a contact for the promotion of health and disease prevention.

At this level of discussion, the approach fits the phenomenological philosophy for healthcare. With this approach, the health network, represented by the professionals who work in this sector, should seek to improve the search for a body of knowledge that is innovative and that strengthens the attitudes of those who care and those who are cared for, in view of the strengthening of liberators knowledge⁽⁸⁾.

To establish a dialogue, one should take into account the importance of listening. Without it, it is not possible to establish a relationship of openness with one another. Talking to one another is a condition to closing of presence to the world, because it obscures what is the primordial human being, his very existence. It covers a relationship of respect and acceptance, while dialogue is one condition of possibility when it comes to liberating individuals to think and to offer a healthcare process that values human existentialism and offers the prospect of understanding the health and disease process⁽¹⁶⁾.

Thus, it is important a look for a comprehensive system of care, since the meaning of things, to the individual, is expressed by the use of language so that you can appear and manifest⁽¹⁷⁾.

The understanding of an approach that values the uniqueness of the human being can lead to the production of knowledge, the investigation of the relationships between the health-disease process and the human being, in order to uncover ways of being of women living with the need to prevent cervical cancer, bringing, then, the possibility of health education that be liberating⁽¹⁸⁾.

CONCLUSION

The Heideggerian phenomenological approach leads us to view a degree of comprehension about the act of experiencing the prevention of cervical cancer from the voices of pregnant women. The comments obtained give rise to a belief in the possibility of a direct relationship with the care impersonal in the light

of the incidence of cervical cancer being so high in our country, given that some women reported not knowing the purpose of completing the pap smear test in pregnancy.

By understanding that the comments made us aware of the fact that the professional/pregnant woman relationship, for the most part, was an impersonal one, this raises several questions: how can we contribute to changing attitudes in academia and in the health service? Why are we forgetting the unique relationships involved in healthcare? What can we do to get rid of this lack of a personal relationship?

We argue that nursing from a phenomenological perspective does not mean organizing care assistance and guiding the care standards and predetermined routines, because the problem is not the routine itself, but how it is being developed, from the perspective of a closure where there is no opportunity to question oneself. Everything will be naturalized, and this naturalization is what prevents an unveiling for us of a means of understanding the situations of health and illness as human possibilities.

The opening to the singular care based on the mode of understanding will enable launching a look of comprehensibility for women and for current public health policies that involve the prevention of cervical cancer. We should, therefore, proceed to the establishment of an existential encounter with pregnant woman in order to interpret their comments with regard to performing the pap smear test, because the discourse is a joint understanding and may allow the pregnant woman to understand the need for the examination as being necessary to maintain her health.

By introducing a gradual revaluation of the biomedical model that we use in healthcare, we believe that we can generate possibilities of prime care based on a structured model in the singularity, one in which the cared person has the freedom to ask questions that develop their understanding of disease prevention and health promotion, particularly in view of the completion of the pap smear test.

So the challenge is to recognize the fragility of the biomedical model in the academic training of nurses when it comes to taking care of women's health from a comprehensive perspective. This challenge can be coped with by

academics as part of their research, their learning and relearning and how they teach caregiving. Such a model of care with regard to prenatal care, should be based on a comprehensive

approach to care in which to turn to the other as other, centered on the existential dimension of women seeking health services.

PREVENÇÃO DO CÂNCER DO COLO DO ÚTERO: DESVELANDO A IMPESSOALIDADE NA VOZ DE GESTANTES

RESUMO

Compreender como as mulheres vivenciam a realização do papanicolaou na gestação representa uma possibilidade para se definir estratégias de intervenção mais adequadas na prevenção e controle do câncer do colo do útero. Estudo fenomenológico heideggeriano alicerçado nas etapas metódicas da redução, construção e destruição fenomenológica, com o objetivo de compreender o sentido da prevenção do câncer do colo do útero na voz de gestantes. Os dados foram obtidos por meio da entrevista fenomenológica, realizadas no período de fevereiro a abril de 2012, num serviço público de saúde no estado da Bahia. Foram incluídas gestantes que haviam realizado o papanicolaou, cadastradas em ambulatório de pré-natal e atendidas por enfermeiras. Na análise compreensiva, desvelou-se que as gestantes vivenciam o fenômeno da prevenção do câncer do colo do útero experienciando a impessoalidade nas relações entre profissional de saúde e cliente, o que revela a fragilidade e o distanciamento do modelo biomédico para um cuidado compreensivo. A lacuna que o modo da impessoalidade deixa nas relações cotidianas entre profissionais e clientes nos serviços de saúde produz um impacto negativo na prevenção do câncer do colo do útero em gestantes.

Palavras-chave: Prevenção Primária. Neoplasia do Colo do Útero. Gravidez.

PREVENCIÓN DEL CÁNCER DE CUELLO UTERINO: DESVELANDO LA IMPERSONALIDAD EN LA VOZ DE GESTANTES

RESUMEN

Comprender cómo las mujeres viven la realización de la prueba de papanicolaou en la gestación representa una posibilidad para definirse estrategias de intervención más adecuadas en la prevención y control del cáncer de cuello uterino. Estudio fenomenológico heideggeriano basado en las etapas metódicas de la reducción, construcción y destrucción fenomenológica, con el objetivo de comprender el sentido de la prevención del cáncer de cuello uterino en la voz de las gestantes. Los datos fueron obtenidos a través de entrevista fenomenológica, realizada en el periodo de febrero a abril de 2012, en un servicio público de salud en el Estado de Bahia. Fueron incluídas gestantes que habían realizado la prueba de papanicolaou, registradas en un ambulatorio de prenatal y atendidas por enfermeras. El análisis comprensivo reveló que las gestantes viven el fenómeno de la prevención del cáncer de cuello uterino experimentando la impersonalidad en las relaciones entre el profesional de salud y el cliente, lo que revela la fragilidad y el distanciamento del modelo biomédico para un cuidado comprensivo. La laguna que el modo de la impersonalidad deja en las relaciones cotidianas entre profesionales y clientes en los servicios de salud produce un impacto negativo en la prevención del cáncer de cuello uterino en gestantes.

Palabras clave: Prevención Primaria. Neoplasia del Cuello Uterino. Embarazo.

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