

WOMEN'S PERCEPTION ABOUT HEALTH PROMOTION DURING THE NURSING CONSULTATION

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ABSTRACT

This study aimed to identifying the perception of women regarding the health promotion activities undertaken during the nursing consultation in actions of preventing gynecological cancer in a Health Centre of Florianópolis. As methodology, it was used Paulo Freire's Itinerary Research, through the development of Culture Circles. Four culture circles were performed from March to June 2012. The study subjects were women belonging to three Family Health Teams, aged 26-59 years, who had performed the nursing consultation in the unit. The analysis of the research topics were conducted in the light of the theoretical framework of the Health Promotion. It is necessary to understand the importance of dialogue at the moment of interaction between the nurse and the woman, taking into account their biological, environmental, social, emotional and spiritual dimensions.

Keywords: Health Promotion. Uterine Cervical Neoplasms. Health Family. Family Nursing.

INTRODUCTION

Health is a major resource for social, economic and personal development, as well as to the scope of the quality of life. The political factors, economic, social, cultural, biological and behavioral factors can act both in favor and in injury to health. Thus, health promotion actions arise so that the conditions cited are increasingly favorable to health⁽¹⁾.

From the Ottawa Charter for health promotion, resulting from the 1st International Conference on Health Promotion in Canada, in 1986, health promotion has been defined as the process which seeks to enable individuals and communities to increase control over the determinants of health can improve your health, representing a unifying concept, which recognises the need for change in the modes and living conditions seeking health promotion. As axes of their strategies and actions, recommend the creation of favourable environments, strengthening community action, creating healthy public policies, the development of

personal skills and re-orienting health services⁽¹⁾.

Under this perspective, the Sistema Único de Saúde (SUS) represents a new concept of health in our country. Earlier health was understood only as the absence of disease, making the health actions geared solely to the interventionist practice. This logic gave way to a new concept, focusing on health promotion and prevention of diseases. His philosophical and political guideline is based on the principles of universality, integrality and social participation⁽²⁾.

In September 2005, the Ministry of Health established the Schedule of commitment to health, which consists of three axes: the Covenant in defense of SUS, the Covenant in defense of life and the management Pact. Highlights include the Covenant in defense of life, composed by a set of commitments that health should become priorities of the three levels of Government (Federal, State and municipal), each of which has its responsibility set⁽³⁾.

In this sense, was implemented the national policy of Health promotion, in order to address

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the challenges of producing health in a complex scenario that requires constant reflection and sanitary practices and qualification of the health system⁽³⁾.

Inside the axis of Health promotion in 2004 was created by the Ministry of health the National Policy of Integral care to women's health, which was formulated on the basis of the previous policies, aiming to fill in some gaps in the context of women's health, such as: climacteric/menopause, mental health, occupational health, gynecological complaints, infertility and assisted reproduction, women's health in adolescence, chronic degenerative diseases, infectious diseases, in addition to attention to rural women, women with disabilities, black, indigenous, women and homosexuals. In this program the woman is seen in its entirety, as subject and participatory public policies, where inside is guaranteed the attendance of their real needs, thus increasing the quality of its assistance⁽⁴⁾.

It is worth noting also the establishment of the national programme for the control of Cancer of the cervix, deployed in June 1998, which aims at structuring the health care network, development of an information system for monitoring and management of these stocks, as well as defining the responsibilities of each of the three spheres of Government. Currently, the program has focused on consolidating the tracking and monitoring of preventive and curative actions in all three spheres of Government. In the framework of prevention it aims to covering at least 80% of the target population. The goal of the program is on the decrease in the incidence, mortality and improving the quality of life of women with cervical cancer⁽⁵⁾.

Cervical cancer is the second most frequent type of cancer in the female population in Brazil, excluding nonmelanoma skin cancer, possessing high mortality rate in Brazil, compared with developed countries. This reinforces the need for early identification of actions, giving almost 100% chance of cure if proper treatment⁽⁵⁾. On the national scene, the southern region appears in featured, emerging as the third highest incidence of the disease in the country.

The high levels of incidence and mortality from cervical cancer in Brazil demonstrate the

need for the implementation of strategies for the control of the disease, which include not only prevention and early detection, but also health promotion actions. It is of fundamental importance for the implementation of public policies in the basic attention to the comprehensive care to women's health⁽²⁾.

Recognizing that the promotion of women's health is a current theme and of great relevance, our proposal was to observe how this being experienced and which conduct reflects on women's daily life. Before the exposed it raised the following questioning base to conducting our research: "As health promotion is being perceived by women during nursing consultation on prevention of gynecological cancer of a health centre of Florianópolis. In this health promotion perspective, we conducted our study aiming to identify the lack of women regarding health promotion activities carried out during the nursing consultation on prevention of gynecological cancer

METHODOLOGY

It is a research of qualitative approach, articulated with the methodological referential of Paulo Freire⁽⁶⁾. The Freirean Itinerary consists of the following steps: Thematic Research or survey of generators, Themes and Critical Unveiling encoding and decoding.

This type of approach seeks to investigate and respond to issues related to the problems of human existence, which cannot be quantified or translatable into numbers, having a focus on language and in its various forms of expression⁽⁷⁾. In other words, this research works with the universe of people, their meanings, motivations, aspirations, beliefs, values and attitudes.

The qualitative research articulates with the Freirean thinking when they both care about the unveiling of social reality, unveiling what is hidden, allowing the reflections of participants lead them to unveil new proposals for action on the lived realities⁽⁶⁾.

Thematic research started from the perception of women about Health promotion, by means of crop circles, being this a dynamic method that seeks to promote the teaching and learning process of a multitude of issues, issues of daily

life such as work, citizenship, feeding, health, politics, religion, culture, among others, being a place conducive to the exercise of dialogue⁽⁶⁾. Through it is possible to raise, discuss and unveil the topics, which may be conflicting or positive situations for the consolidation of health promotion⁽⁷⁾.

For the realisation of the crop circles, made the pursuit of women aged 25 to 64 years old, considering the recommended age range of preventive examination of the cervix, established by the Ministry of health of Brazil, in 2011, and that they had already carried out at least once, the nursing consultation on prevention of cancer of the cervix in CS. was prepared invitation to women during the consultations and in your residence inviting to participate in crop circles. Altogether there were selected 80 (eighty) women who fit the profile of the survey, of these 14 (fourteen) participated in this study.

The investigation of the issues occurred between period from March to June 2012. During these four months were carried out the steps of thematic research, coding and decoding and the unveiling critical, addressed in four Circles of culture, lasting approximately an hour and a half. Participated on average, 08 (eight) women, ranging in age from 26 to 59 years old.

For the record the themes were held notes and important notes related manifestations and expressions of the subjects, as well as organization and development of the next steps of the method in crop circles. It was used as a sound recorder, previously authorized by the participants, with the aim of recording the meetings in their entirety

In step of thematic Research of the Freirean Itinerary occurred the lifting of themes from the reality generators of the subjects of the research. To assist in the identification of themes, were performed questions raised about what is health, as it is possible to promote it, especially in preventive consultation. In the circle of Culture were raised 48 themes generators, many of them being mentioned by more than one woman. From this, the themes were generators encoded and decoded through dialogue in which the themes raised generators were reduced to 17 main themes, these being dialogadas during the circles, encoded and decoded for the second and third circle of culture, be desveladas, allowing

women a perception of health promotion activities carried out during the nursing consultation on prevention of gynecological cancer.

These themes encoded and decoded by the women in the study were written in tarjetas, glued on panels and later read in the group meetings, so there is no influence on lines of the participants. In individual encounters, some women chose to only speak the answers, which were recorded and transcribed then. In this way, the main topics were highlighted, which expressed the perceptions of health promotion during the nursing consultation on prevention of gynecological cancer.

The unveiling of the themes investigated was performed with all subjects involved in the study as suggested by the Itinerary of Paulo Freire, which provides the analytical process and under the gaze of researchers and guidance according to the theoretical foundation of health promotion and the national program for control of cervical cancer.

The project followed the recommendations of the resolution 196 National Health Council (1996), was approved by the Committee of ethics in research with Human Beings at the Federal University of Santa Catarina, under process nº 21524, in May 14, 2012 and by the Commission of ethics of the health Secretariat of Florianópolis City Hall. The women signed an informed consent form, in two copies, in which one stayed with the researchers and the other with his own end. To ensure anonymity in accordance with the ethical principles of research changed the names of the participants, identifying them with names of flowers.

RESULTS AND DISCUSSION

1st Moment

The first step, called thematic research, had as its purpose to raise the issues, related to generators perception of women regarding health promotion activities carried out during the nursing consultation on prevention of gynecological cancer. Participants identified that to promote health, especially in preventive consultation, raised as relevant professional attention and guidance, treatment, security in

collecting the material, exchange of information with the professional and caring.

In relation to issues raised, we realize that most women highlighted the promotional actions of health that are performed by the nurse and what they expect to find during a consultation of prevention.

Despite my doubts, professional attention makes all the difference for me to return to make new preventive (Tulip). Well, in consultation with the nurse explanations clarifies many questions for me and helped me a lot (Rose). Citing important points to watch out for food and hygiene in all aspects (Jasmine).

These answers regarding who consider health promotion actions during a consultation of could demonstrate that relevance preventive attach to dialogue with the professional nurse, as well as other aspects involved with your health so wide, from cancer prevention to the care of hygiene and nutrition.

However, show still have doubts about the exam and related women's health, as brought up during this meeting, because besides the issues described above, there were some other questions brought by women during the meetings, which are: 1) Pain during sexual intercourse; 2) vaginal infections; 3) "Liquid coming out of her breasts"; 4) Orgasm; 5) hemorrhoid; 6) Reception and information provided during the consultation; 7) Culture; 8) Purpose of the consultation preventive. These themes emerged through dialogue with women who, by consensus, brought these issues for discussion in large group. We believe that by discussing these issues selected by women is possible to observe women's perceptions about the actions of the Promotion of Health in consultation with the preventative. Ie, there is an even naïve perception of the five fields of action for the promotion of health, which are: development and implementation of healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting systems and services health.

For the case of topics that aroused great interest of women, discussed that in addition to the 17 initially investigated these themes also were relevant and should be discussed in the next round of culture.

2nd Moment

At this stage Encoding, Decoding and Critical Unveiling was held. The themes were coded and decoded were returned to the debate on Culture Circle for critical reflection of the reality of women. This point came from dialogue of topics listed by them, which were deepened during meetings and appointed possible alternatives to overcome the limitations identified. Of eight (08) subjects who had been coded by the women, 04 were selected (four) topics for discussion in the Culture Circles: 1) "liquid coming out of her breasts", 2) culture, 3) pain during intercourse and 4) vaginal infections. The first two were chosen for discussion in this second circle and the remaining two in the last. These topics were chosen because they have greater relevance to the participants, as they showed by es-crito in tarjetas, their perceptions and doubts of how these issues can interfere with their living conditions and health. In addition the time was limited to dialogue all the issues raised giving priority to women selected for the circle of culture. Through dialogue, is problematized on the issues raised in the investigation, but through more accurate reflection of the themes identified was discussed that these are what were now interfering in the lives of women.

Initially we started discussing about the "liquids coming out of the breast", as it was a subject that was already being discussed by women before the election themes. One of the women questioned the fact of having produced milk if not pregnant, believing it to be for wishing that her daughter suckle her grandchild because the child's mother had mastitis, thus stimulated by the instinct of the newborn in breastfeeding, assigning to the psychological factor.

And when he touched near us, he kind of wanted to breastfeed and I started to produce milk [...] I think it was my subconscious, I wanted her to breastfeed (Freesia).

The output of papillary breast secretion was placed as a pathological situation, raising doubts among the participants and exchange of information, reporting the orientations taken during preventive nursing of the query.

The last time I did the preventive, the nurse swabbed the liquid the breasts, then she told me

that when it's dark has to take for the analysis and when of course there is sometimes hormonal problem (Violet).

Struggled also indicative of abnormality situations, as the output of fluid in one or both breasts; the color of the liquid; suspicion of pregnancy; mechanical stimulation; psychological factors and stressful and presence of axillary nodes and breast implants. Some women realized that this is a change that may or may not be pathological. During the conversation, it was reported the purpose of consulting the preventive and made a comparison of what was formerly query and how are held today, according to the experience I had.

Are these things really changed huh? Once we arrived, was the preventive examination, arrived at the station opened the leg picking, his clothes and leaving. Actually we used to see if it had cancer, to see if there is any infection, something (Lotus Flower).

It is possible to score in the end the lack of communication and link between the professional and the user during consultation of preventive and focus only on the implementation of the procedure of collection of the cells from endocervix and ectocervix without proper guidance and without knowing the reality of the woman, detriment of prevention and health promotion. The misinformation was placed by women as a primary cause.

The culture arose in this context where women attributed as barriers to education that had parents and the vision of society, not addressing certain issues freely, especially those related to sexuality, which they believe interfere in the search for the nurse to perform the preventive exam. The shame of exposing the body and speaking about their own sexuality were enough difficulties addressed by women.

We also discussed the difficulty of working this cultural issue, because each person has their own way of being, being emphasized the importance of the link between the user and the professional, facilitating the relationship between the two.

It's hard isn't it? Each is one, is unique. Then you have to treat each one of different way [...] This is the link. Why has this color thing because you have your doctor, your nurse. For example, she

comes here with a problem, the doctor and the nurse already know all her history, it's a lot easier to deal with (Violet).

In addition to these themes, emerged the theme of self-esteem by one of the participants. After the report, the remaining women made and also spoke of their experiences, showing a need for discussion at that time.

It's experience. [...] I was horrible; I had to work my mood, because I don't like it. [...] I had to go doing a pretty good job with myself, because I did not accept some things at me, and I tell you, and today I love me (violet). [...] I felt like this, my self-esteem was really nil, I felt an ugly duckling (Orchid).

At the end, at the moment of unveiling of this encounter, the women concluded that the standard of beauty imposed by society influences on self-esteem, and sought to realize the importance of changing habits, such as the practice of physical exercise and healthy eating and work the mindset, if valuing and accepting yourself as they are, as well as strengthening the affective ties.

3rd Moment

This brought the missing themes selected democratically by the participants at the previous meeting, occurring the decoding and the unveiling critical, according to Paulo Freire research Itinerary, the last two themes-pain during sexual intercourse and vaginal infections.

After the presentation of the Group and of the proposals for this round, we began reflecting with the participants what they understood by pain during sexual intercourse. They attributed to: lack of lubrication; urinary tract infection; vaginal infection; "wound" in the cervix; grip; discomfort of menstrual period; Anatomy of woman; certain positions during intercourse; penis size; sex in a row; sexual intercourse against her will and psychological blocks.

We note that women comprised several factors that interfere during sexual intercourse and caused pain. The women managed to highlight various situations that can lead to dyspareunia, having an integral perception about this condition, as well as listing the cited issues with their own experiences.

Again, the cultural issue, by passivity of women vis-à-vis the partner and the lack of

dialogue, which were singled out as important causes that influence at the time of sexual intercourse. This is due to the fact that the woman did not feel encouraged to share their feelings and needs. In this way, the Group concluded that feel pain during the relationship should not be considered normal and that the woman should investigate why, in conversation with your partner and/or seeking guidance with the health professional.

Vaginal infections, also cited as a cause for dyspareunia, had as main trigger factors, according to the participants: poor hygiene; use of tampon and daily protector; douche; anal sex before vaginal without using a condom or proper hygiene; poor hygiene of the partner; "lycra" panties and tight pants.

In the account of women also realised many doubts concerning the transmission and manifestation of sexually transmitted diseases (STD), being conferred on the most common infectious agents, especially the human papilloma virus (HPV), for its oncogenic factor and syphilis, have emerged as a doubt of most participants.

One thing also, since we're talking about STD is syphilis of mouth, have you seen this? Transmitted by kissing (Belladonna).

Doubts emerged certain detection result of microorganisms in the citopatológico and on the guidelines during the consultation.

When you make the preventive HPV he is identified? (Belladonna).

It was noticed that users had some knowledge about care and prevention of vaginal infections. The condom was regarded as the main method of prevention of STDs. After the clarification of questions and exchange of experiences, deliver a newsletter about dyspareunia and vaginal infections for each participant.

With the unveiling of the themes has been greatly discussed the low self-esteem, if showing a relevant demand of women, we carry out the dynamics of the mirror at the end of the circle. The dynamic consisted of a box containing a mirror, being told to women that it is the most important thing in the world, inviting them to observe what's inside and was subsequently discussed how they felt when they were considered the most important thing in the world.

It's true, I think the low self-esteem of the people is the worst thing in the world. I've felt this way before and it's horrible. To look in the mirror and think, what am I doing here? I have no interest for me, I have no interest in anyone. If you look like that, my body is ridiculous, I'm ridiculous, nobody likes me. [...] When you have a self-esteem, that person comes, "Oh, you're ugly," I don't give a damn what you're talking about, that's your problem, find what you want (Tulip).

The report of the participants was significant to highlight the importance of exchange of experiences and the creation of a support network to overcome obstacles, mainly related to low self-esteem.

I mean I liked the last date worked until 8 at night, I was more excited. We became more lively. We had the knowledge of things that we didn't know, we also help to explain. For me it was good (Freesia).

The participants perceived as agents of change and of support to the next, feeling they have the autonomy to your self-care. We concluded with group hug and thanks.

DISCUSSION

The perception of the world that each person presents is intimately connected with their culture, beliefs, values, experiences, expectations and ideas designed throughout his life. Thereby, each woman is unique and has its own understanding of the various everyday situations, among them the health-disease process⁽⁸⁾.

The concept of health should not be restricted only to their biological dimension, because it is closely related to the characteristics of the socio-cultural context and the meanings that each person attaches to your live process⁽⁹⁾.

Health promotion is understood as the process of community empowerment to promote improvement of quality of life and health, including a more significant participation in the control of this process⁽¹⁾. In this approach, health promotion, composes a set of strategies, encompassing public policy and creating healthy environments, community involvement and development of personal skills and reorienting health system⁽¹⁰⁾.

Under this parameter, it is important to analyse the perception of women about the health-disease process, which contributes to a more qualified assistance and Humanized, facing their real needs for the prevention of gynaecological cancer⁽¹¹⁾.

Through the inquiries conducted with women it was possible to identify a comprehensive concept of health sought to make a connection from your daily life with health promotion actions employed on preventive consultation. It highlighted the physical, mental, spiritual, emotional and relational well-being as conditions to remain healthy with quality of life.

In the account of women's sexuality has been strongly present, which reinforces that sexuality should not be disregarded when treating gynecological exam. The fact the woman exposing her body, especially the erogenous zones, the nurse can cause embarrassment and be one of the causes that lead to circumvention of the exam. As mentioned by participants in the cultural issue, involving the influence of the family, society and the own perception about your body, interfere in the way they see the preventive nursing of the query. In this way, we can see that when you perform the consultation of the preventive nursing professional should take into consideration the story of a woman's life, their way of living, thinking and acting.

The shame of exposing the body, according to the speech of women, is also associated with self-esteem based on already established social standards of beauty, worrying, too, with the image that other people have about their appearance. Self-esteem is a multidimensional construct which includes the relationship with which the people find themselves in psychological, social, philosophical dimensions (intellectuals) and physical^(12:60).

Self-esteem is based also on self-acceptance, which consists in the sense of satisfaction or disapproval with his body, being a subjective assessment that people create for themselves⁽¹²⁾. We can observe how the theme low self-esteem was present at the meetings, being referred to as something already experienced and overcome, as well as, a matter that still exists for some of the participants.

We realize that women have succeeded, after group discussion, assign to themselves and to

others qualities, creating a network of mutual assistance and aiding in the understanding of the issues involved with self-image.

Over the crop circles appeared doubts regarding the preventive consultation and situations related to women's health, such as: dyspareunia; vaginal infections, including STDS; and papillary breast secretions. The questions about these topics demonstrate that there is still need for better dialogue between nurse and user, making room for professional guidance during the consultation of prevention.

The nurse⁽¹²⁾ has a function of great importance when we talk about health promotion, because it is in direct contact with women seeking Health units, forming a bond of trust. This is the best way to create commitment among professionals and women, being also the fundamental dialogue at all times, enhancing the completeness and potentializing the care⁽¹³⁾. Corroborating, it is up to the professional to understand the human being as an individual and multidimensional, which is inserted in a real context and concrete⁽⁹⁾.

Every Culture Circle perceive satisfaction, interest and commitment of the participants to the group, creating a warm and friendly environment to share their experiences, concerns and doubts. Health promotion has been inserted in the speeches of these women to deal with the care they do every day, encompassing the biological, environmental, social, emotional and spiritual dimensions. Moreover, it is noticed that in the scene of national and global health health promotion remains as a challenge. While recognizing the importance of promoting⁽¹⁴⁾ actions based on the principles and guidelines of health promotion, still maintains a curative health care, individual and fragmented character. Through the Culture Circles spaces to perform and discuss the actions of health promotion were created, as well as nursing visits also enabled this done.

FINAL NOTES

At the end of this research we believe that we have achieved our main goal initially proposed, which had to meet women's perceptions about health promotion during the nursing consultation on prevention of cancer of the cervix of a health centre of Florianópolis.

The research approach and methodology contributed to there was a closer approximation of the participants, besides facilitating dialogue, exchange of information and the freedom for the participants to express themselves.

The strategy of health promotion brings in your line of thinking women's autonomy, causing these have greater control of your health (from your body and your life), as well as educational activities to stimulate your critical sense. In this way, during the consultations of nursing to prevention of cancer cervix of uterus professional should consider beliefs, taboos, the knowledge and the cultural, social and environmental values of the users, besides giving freedom to express yourself, making the bond and mutual trust.

The issues raised by means of crop circles revealed aspects related to sexuality, culture,

self-esteem, as well as fears, taboos and questions of women collaborators of this work. During the meetings we try to remedy the concerns raised by the participants and promote fitness debate regarding the matters addressed by the group. The space for the conversation between the professional nurse and the user and the attention that the same pay during the consultations proved to be something of great importance to them.

Despite facing some difficulties, such as reduced time for more crop circles and little women membership at the beginning of the survey, we are certain that with the passage of time was possible to overcome these adversities and promote pleasant moments and reflective, enabling the exchange of information and awareness about the issues dialogued.

PERCEPÇÃO DAS MULHERES SOBRE PROMOÇÃO DA SAÚDE DURANTE A CONSULTA DE ENFERMAGEM

RESUMO

Este estudo teve como objetivo identificar a percepção das mulheres a respeito das atividades de promoção da saúde realizadas durante a consulta de enfermagem nas ações de prevenção do câncer ginecológico no cotidiano de um Centro de Saúde de Florianópolis. Como metodologia utilizou-se o Itinerário de Pesquisa de Paulo Freire, através do desenvolvimento de Círculos de Cultura. Foram realizados quatro Círculos de Cultura, no período de março a junho de 2012. Os sujeitos da pesquisa foram mulheres pertencentes às três Equipes de Saúde da Família, na faixa etária de 26 a 59 anos e que já haviam realizado a consulta de enfermagem na unidade. A análise dos temas investigados foi realizada à luz do referencial teórico da Promoção da Saúde. Faz-se necessário entender a importância do diálogo no momento de interação entre o profissional enfermeiro e a mulher, levando em consideração suas dimensões biológicas, ambientais, sociais, emocionais e espirituais.

Palavras-chave: Promoção da Saúde. Neoplasias do Colo do Útero. Saúde da Família. Enfermagem Familiar.

PERCEPCIÓN DE LAS MUJERES SOBRE PROMOCIÓN DE LA SALUD DURANTE LA CONSULTA DE ENFERMERÍA

RESUMEN

Este estudio tuvo como objetivo identificar la percepción de las mujeres en lo referente a las acciones de promoción de la salud, realizadas durante la consulta de enfermería en las acciones de prevención del cáncer ginecológico en un Centro de Salud de Florianópolis. Como metodología se utilizó el manual de estudio de investigación de Paulo Freire, a través del desarrollo de Círculos de Cultura. Fueron abordados cuatro círculos de cultura, durante el período de marzo a junio de 2012. Los sujetos de la investigación fueron mujeres pertenecientes a los tres Equipos de Salud de la Familia, en la franja de edad de 26 a 59 años y que ya habían realizado la consulta de enfermería en la unidad. El análisis de los temas investigados fue realizado a la luz del referencial teórico de la Promoción de la Salud. Es necesario entender la importancia del diálogo en el momento de interacción entre el enfermero profesional y una mujer, teniendo en cuenta sus dimensiones biológicas, ambientales, sociales, emocionales y espirituales.

Palabras clave: Promoción de la Salud. Neoplasias del Cuello Uterino. Salud de la familia. Enfermería de la Familia.

REFERENCES

1. World Health Organization – WHO. Ottawa: The Ottawa Charter for Health Promotion; 1986.

2. Linard AG, Chaves ES, Rolim ILTP, Aguiar MIF. Princípios do sistema único de saúde: compreensão dos enfermeiros da estratégia de saúde da família. Rev Gaúcha Enferm. 2011;32(1):114-20. Disponível em: <http://www.scielo.br/pdf/rgenf/v32n1/a15v32n1.pdf>. acesso em: 2014 mar 15.

3. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde. 3. ed. Volume 7. Brasília, DF: Ministério da Saúde; 2010. acesso em: 2012 mar 23. Disponível em: http://portal.saude.gov.br/portal/saude/profissional/area.cfm?id_area=1484.
4. Freitas GL, Vasconcelos CTM, Moura ERF, Pinheiro AKB. Discutindo a política de atenção à saúde da mulher no contexto da promoção da saúde. *Rev Eletr Enferm*. 2009;11(2):42-8. Disponível em: http://www.fen.ufg.br/fen_revista/v11/n2/v11n2a26.htm. acesso em: 2014 fev 15.
5. Ministério da Saúde (BR). Instituto Nacional de Câncer. Programa Nacional de Controle do Câncer de Colo do útero. Brasília, DF: Ministério da Saúde; 2009. Disponível em: http://www1.inca.gov.br/inca/Arquivos/PROGRAMA_UTERO_internet.PDF. acesso em 2014 mar 15.
6. Heidemann ITSB, Boehs AE, Wosny AM, Stulp KP. Incorporação teórico-conceitual e metodológica do educador Paulo Freire na pesquisa. *Rev Bras Enferm*. 2010;63(3):416-20.
7. Bosi MLM. Pesquisa qualitativa em saúde coletiva: panorama e desafios. *Ciênc Saúde Colet*. 2012;17(3):575-86. Disponível em: <http://www.scielo.br/pdf/csc/v17n3/v17n3a02>. acesso em: 2014 mar 15.
8. Jorge RJB, Diógenes MAR, Mendonça FAC, Sampaio LRL, Jorge Júnior R. Exame Papanicolaou: sentimentos relatados por profissionais de enfermagem ao se submeterem a esse exame. *Ciênc Saúde Colet*. 2011;16(5):2443-51. Disponível em: <http://www.scielo.br/pdf/csc/v16n5/a13v16n5.pdf>, acesso em: 2014 mar 15.
9. Dalmolin BB, Backes BS, Zamberlan C, Schaurich D, Colomé JS, Gehlen MH. Significados do conceito de saúde na perspectiva de docentes da área da saúde. *Esc Anna Nery*. 2011;15(2):389-94.
10. Cunha RR, Pereira LS, Gonçalves ASR, Santos EKA, Radünz V, Heidemann ITSB. Promoção da saúde no Contexto Paroara: possibilidade de cuidado de Enfermagem. *Texto Contexto Enferm*. 2009;1(18):170-6.
11. Santos MS, Macêdo APM, Leite MAG. Percepção de usuárias de uma unidade de saúde da família acerca da prevenção do câncer do colo do útero. *Rev APS*. 2010;13(3):310-9.
12. Egito M, Matsudo S, Matsudo V. Auto-estima e satisfação com a vida de mulheres adultas praticantes de atividade física de acordo com a idade cronológica. *Rev Bras Ciên e Mov*. 2005;3(13):59-66.
13. Oliveira SL, Almeida ACH. A percepção das mulheres frente ao exame de papanicolaou: da observação ao entendimento. *Cogitare Enferm*. 2009;3(14):518-26.
14. Heidemann ITSB, Boehs AE, Fernandes GCM, WosnyAM, Marchi JG. Promoção da saúde e qualidade de vida: concepções da carta de Ottawa em produção científica. *Cienc Cuid Saude*. 2012; 11(3):613-9.

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