



SEXUALITY FEMALE: PERCEPTION OF USERS AT A BASIC FAMILY HEALTH UNIT

SEXUALIDADE FEMININA: PERCEPÇÃO DE USUÁRIAS DE UMA UNIDADE BÁSICA DE SAÚDE DA FAMÍLIA

LA SEXUALIDAD FEMENINA: PERCEPCIÓN DE LAS USUARIAS DE UNA UNIDAD BÁSICA DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to know the perception of women, users of Family Health Basic Units - *Unidade Básica de Saúde da Família* (UBSF), about sexuality and female pleasure. **Method:** it has been carried out a study with quantitative and qualitative approach with 100 women, who attended the Family Health Basic Units selected during the data collecting period, from April to June 2010, after met the following inclusion criteria which were: to belong to the area served by UBSF selected; to be between 18 and 50 years; maintaining an active sex life, and sign a Free and Informed Consent Form (FICF). Data were collected by applying instrument containing open and close questions. Quantitative data suffered statistical and descriptive analysis and qualitative data suffered thematic analysis. The study was approved by Research and Ethic Committee in Health Area, under report n. 13/2010. **Results:** the participants of the study were, mainly, women with low income and education. The perceptions about sexuality are reported to feelings such as affection, understanding and attention. The biggest sexual difficulties in women are related to desire, pleasure and satisfaction during sexual relation. The number of women who went to see a health professional is low in order to clarify doubts or to talk about difficulties referring to sexuality. **Conclusion:** it is highlighted the necessity of health professionals to approach the sexuality issue in different attention areas and health services to the population. **Descriptors:** sexuality; woman's health; nursing; family health.

RESUMO

Objetivo: conhecer a percepção de mulheres, usuárias de uma UBSF, acerca da sexualidade com enfoque no prazer. **Método:** estudo de abordagem quantitativo e qualitativo com 100 mulheres, que compareceram à Unidade Básica de Saúde da Família, as quais foram selecionadas durante o período de coleta de dados nos meses de abril a junho de 2010, após atenderem os critérios de inclusão os quais foram: pertencer à área atendida pela UBSF selecionada; ter entre 18 e 50 anos; manter vida sexual ativa, e assinar o Termo de Consentimento Livre e Esclarecido (TCLE). Os dados foram coletados mediante aplicação de instrumento com questões abertas e fechadas. Os dados quantitativos sofreram análise estatística descritiva e os dados qualitativos foram submetidos à análise temática. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa na Área da Saúde, sob parecer n° 13/2010. **Resultados:** as participantes do estudo eram, em sua maioria, mulheres com baixo poder aquisitivo, e baixa escolaridade. As percepções acerca da sexualidade se reportaram a sentimentos como: carinho, compreensão e atenção. As maiores dificuldades sexuais nas mulheres dizem respeito ao desejo, prazer e satisfação durante a relação sexual. É baixo o número de mulheres que já procurou um profissional de saúde para sanar dúvidas ou falar sobre dificuldades referentes à sexualidade. **Conclusão:** destaca-se a necessidade dos profissionais da saúde em abordar a temática sexualidade nos diferentes espaços de atenção e assistência à saúde da população. **Descritores:** sexualidade; saúde da mulher; enfermagem; saúde da família.

RESUMEN

Objetivo: conocer la percepción de las mujeres que usan una Unidad Básica de Salud de la Familia sobre la sexualidad y el placer femenino. **Método:** se realizó un estudio cuantitativo y cualitativo con 100 mujeres, que comparecieron en la Unidad Básica de Salud de la Familia seleccionada durante la recolecta de datos en los meses de abril a junio de 2010. Los datos fueron recolectados mediante aplicación de un instrumento conteniendo cuestiones abiertas y cerradas. Los datos cuantitativos sufrieron análisis estadística descriptiva y los datos cualitativos fueron sometidos a análisis temático. El estudio fue aprobado por el Comité de Ética en Investigación en el Sector de Salud, en el Dictamen n° 13/2010. **Resultados:** las participantes del estudio eran, en su mayoría, mujeres de bajo poder adquisitivo y baja escolaridad. Las percepciones sobre la sexualidad se reportaron a sentimientos como afecto, comprensión y atención. Las mayores dificultades sexuales en las mujeres dicen respecto al deseo, placer y satisfacción durante la relación sexual. Es bajo el número de mujeres que han buscado un profesional de salud para responder a preguntas o hablar acerca de las dificultades relacionadas con la sexualidad. **Conclusión:** se destaca la necesidad de los profesionales de salud abordaren la temática sexualidad en los distintos espacios de atención y asistencia a la salud de la población. **Descriptores:** sexualidad; salud de la mujer; enfermería; salud de la familia.

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INTRODUCTION

Sexuality is understood as a set of biological phenomena, social and psychological that permeates all aspects of our existence, and only understood when situated in the field and the rules of the society in which we live. Thus, female sexuality is influenced by political, economic and cultural factors, since it is closely linked to family customs, religion, beliefs, and even the characteristics of personality of each woman.¹⁻²

In the past, sexuality was governed by patriarchal power, the laws of the State and the Catholic Church. The social behavior expected for women, as well as the erotic practices were designed to repress female sexuality, in order to maintain the safety of home and the civil and ecclesiastical institutions. Thus, the sexual activity without reproductive purposes, performed as a form of pleasure, was regarded as sin, being morally condemned by the conservative society.³

Education that was applied to boys was differentiated if it is compared with the education to girls, as they were encouraged to exercise early processes of conquest and begin sexual life early as proof of masculinity.⁴ In contrast, the girls learned only what was necessary to the proper functioning of the home. Initially, the women lived under the guardianship of their father and then their husband; must always be submissive, control their impulses and stay virgin until marriage.⁵

Nowadays, despite the changes in behavior patterns of men and women, it is clear that many of the old values still prevail. Although, the feminist movement has provoked discussions about the interests, problems and needs of women, taking care of home and family, still appears to be an unquestionable attribute before great part of society.⁶

So, issues related to female sexuality still appear to remain veiled in many contexts, reinforcing beliefs and behavior patterns among women. It should highlight that the experiences of difficulties in intimate relationships may become in conflict situation, because most women stand on conforming to this condition and also disinterested in the subject, avoiding any sexual activity with its partner, while others relate to the partner only to fulfill their duty as wives.⁷

Nevertheless, it is believed that sexuality should be experienced equally by men and

women, providing to the couple sexual satisfaction, complicity and happiness. Discover the sensations that the body can provide, learn to enjoy itself and take pleasure in being together are essential elements to enable sexual desire.⁵

In an attempt to elucidate some of the issues that shape this problem, this search was justified because sexuality and female pleasure are issues still poorly explored in investigations involving women's health. We started from the assumption that a woman dissatisfied with her sex life may have a series of emotional impairments in her self-image and self-esteem, and uncertainties and afflictions, which directly affect the quality of her life and indirectly to her family.⁷

In this sense, from the observation that most users of a Family Health Basic Units - *Unidade Básica de Saúde da Família* (UBSF) had complaints about the lack of sexual desire, emerged the following research question: what is the perception of women, users of a UBSF, about sexuality with focus on pleasure? Thus, it had as objective to know the perception of women, users of a UBSF, about sexuality with focus on pleasure.

METHOD

It is a research of quantitative and qualitative approach, which was used as a possibility to better understand women's perceptions about sexuality and female pleasure, since it encompasses feelings and individual values.

The research was conducted in a UBSF, located in South of Brazil, covering the area comprised of residents who have low purchasing power. The informants were 100 women who attended the UBSF selected during the data collection, in the months April to June 2010. The criteria for selection of subjects were: belonging to the area served by UBSF selected; to be between 18 and 50 years; maintaining an active sex life, and consent to participate in this research after signing the Free and Informed Consent Form (FICF).

The data collection was performed by applying instrument with two open questions and more 31 others questions, which aimed to identify the women's perception on sexuality and female pleasure and outline the social and demographic profile of participants.

For quantitative analysis of data, we used the statistical software SPSS (Statistical Package for Social Sciences) version 17.0, facilitating the process of organization in

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tables that allowed a better visualization of results and their interpretation. The quantitative results concerning the research sample were obtained by means of descriptive statistics, and using averages and frequency distribution.

The open questions were submitted to thematic analysis, based on the objectives proposed, pre-analysis, exploration and coding, analysis and interpretation.⁸ Thus, after transcription of the interviews, successive readings of the material collected were conducted, in order to extract the speech, themes, whose presence or frequency show meaning and relevance to the research objective.⁸

The study followed recommendations for research involving human beings, being made after the assent of the Municipal Center for Continuing Education in Health, under Opinion n.º 49, and by the Research and Ethics Committee in Healthcare Area, under Opinion n.º 13 / 2010. The participants of this research were identified by the letter "M" followed by the number that represents the sequence of interviews, thus maintaining their anonymity.

RESULTS

• Social and demographic characterization of participants

The age of informants of this research varies between 18 and 50 years, with an average of 26 years. Most of the women claims to be white (76.0%), married (69.0%) have children (78.0%), resides with her husband and children (59.0%) and own property (76.0%). With regard to religion, there is a predominance of the Catholic (31.0%), followed by evangelical (26.0%), Umbanda practitioner and Spiritist (15.0%) furthermore, there were those who do not practice any religion (29.0%).

The degree of education, 42.0% of respondents claim to have the elementary school and only 21.0% have completed high school. Most women say they do not work (58.0%), not having any kind of payment. Of women that work (42.0%), most are autonomous and have function of diarist (maid) / housekeeper and sales consultant, followed by that work with handcrafts or

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trade in home-cooked meals. Of the informants, 42.0% have family income between one and two minimum wages, while 23% said they get less of a wage (salary) and 23% said they receive between two and three minimum wages.

• The sexuality and female pleasure: love and enchantment

The perception of women about sexuality refers to feelings of affection, understanding and attention, highlighting the importance of the kiss, hug and companionship in everyday life, so that to establish a healthy sexual relationship and that provides satisfaction to the couple.

It is a companionship, a giving from the couple. It is love, affection, complicity. Thus have a healthy relationship. (M41)

It is a whole. Includes affection, friendship, to be good has to be so, I'm sorry that it is not always, lacking these caresses, kisses and such attention. (M46)

My husband is well mate, loving. He is not concerned only with him, but with we both. Sexuality is your day to day, care, companionship, the kiss until the final act (sex), not only did and gave. (M48)

Still, for most women, sexuality, pleasure and love require steady involvement with the partner:

[...] Can not be with anyone, has to be with someone who will live together. (M10)

Well, since it is with my partner, sex is good when you have a person beside you. If you do not have care, or love for a person, is not the same thing, no fun. (M28)

Moreover, for some women sexual pleasure and sexuality refer to a "satisfaction" and "pleasure," depicting the sexual act itself:

[...] It's the sexual act. It is a way of showing love for the partner. It is to be loved by another, is to satisfy your partner and be satisfied. (M62)

• Sexual Satisfaction

By investigating women's satisfaction with their sex life, we obtained the following results:

Table 1. The Women's satisfaction with regard their sex life - Rio Grande (RS), 2012.

Satisfaction with regard sexual life	n	%
Very dissatisfied	01	01
Dissatisfied	06	06
Neither satisfied or dissatisfied	21	21
Satisfied	53	53
Very Satisfied	19	19
Total	100	100

Table 1, it can be verified that most women claim to be satisfied with their sex lives. The reasons given by women to describe their level of sexual satisfaction are related to "understand and respect from the partner," it can be obtained through verbal communication between the couple. So, the dialogue is highlighted as essential to the understanding and satisfaction of the couple.

My relationship is healthy. He understands me when I do not want, when I'm tired. It is comprehension. (M11)

I found the ideal partner, he respects me, and we are friends and talk a lot. He always seeks to know if I'm satisfied if I have a problem and feel pleasure during sex. (M 13)

In addition to communication, women mention that love should be returned; explaining that for this there must be pleasure, will and sexual satisfaction of the couple. The desire consists in sexual fantasies and desire, and the partner's sexual satisfaction is essential and important to ensure their own pleasure.

He understands me, there is a dialogue when we are not satisfied, and we are sincere, why it lasts so long. (M41)

[...] It's being honest about feelings and satisfaction. It is seeking to fulfill the desire of the partner [...] do not need to pretend, we are complete, it is a reciprocal love. (M42)

We have pleasure together, he satisfies me and I do the same. (M51)

Although the number of women who claim dissatisfaction with their sex life is very low, according to the analysis of qualitative data, 36 of them reported complaints about their sexuality. This implies that many women stand on conforming to sexual dysfunctions present in the life of couples.

I do not have "will" anymore [...]. (M86)

[...] The will is not the same as before. (M37)

These words were spoken several times by the women studied, by assigning different causes to lack of desire such as: masculine betrayal, lack of care, age of wife or partner, time of marital living and health problems.

[...] I don't know, I think one day it becomes tiring, and also I'm getting old already, it is normal not to have more desire. (M 47)

[...] My husband did not miss it any longer, but he is old, he's 70 years old. (M 53)

[...] At the beginning of dating it is great, but then always ends up falling into the routine, from my own experience, I tell you this. (M58)

He does not give me much attention, affection. I want it, but he just wants sex. (M62)

He does not respect me, but as I have never worked and I have to sustain and support my family, keep the wedding. [...] Keep the relationship just by obligation to fulfill my role as a woman, my husband cheats me [...]. (M76)

Still, there are some women who have sex with their partners, although they do not feel desire for doing it, many say that has sexual relation only to comply with its obligation as woman; however, there are several strategies to circumvent the situation.

[...] I pretend I'm menstruating, with headache for not to have intercourse, sometimes I have 20 days in month without sex. (M 29)

If I had wish, it would be better, I often do sex under pressure from my husband, and then pretend to have an orgasm to end all at once. There are few times that I want to keep the intercourse. (M 72)

Moreover, many women when questioned about their sexual relationship emphasize moral characteristics of their companions: he is lovely, good for my children, very worker, respect me and understand me were the factors most cited by women, especially those who had any sexual abuse.

It is noteworthy that women consider like important, to prevent the relationship falling into the routine, the use of devices, among which were cited erotic movies and lingerie that make them feel more feminine(sexiest). Thus, they demonstrated search for ways to show pleasure and increase sexual desire of the couple, favoring the recognition of their own body, learning to like it, to touch and be touched by the partner.

Use lingerie, if you feel beautiful, feel

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good. Wear a kind of clothe that make you feel good. (M06)

If you care yourself, if you think sexy, so pass a cream if you like and feel satisfied and do it to the other too [...]. (M77)

You have to enjoy yourself and appreciate the other. Hence, you get new things, different. Make a good occasion. Watch a movie and if possible go to a motel from time to time. (M97)

● **Aspects related to sexuality and female pleasure**

Some aspects of female sexuality relate to the history of women in relation to age at menarche, which in this study varied from 9

to 16 years, and the average was about 12 years old, and age at first sexual intercourse ranged between 11 and 25 years, resulting in the average of 15 years.

Another factor that can interfere with sexuality and female pleasure refers to contraceptive methods. We could verify that the women interviewed have heard about different methods, and spermicidal was the least known, followed by natural methods, perhaps because it requires additional knowledge of reproductive physiology, the proper way to use it, and be less effective (Table 2).

Table 2. Contraceptive methods known by women - Rio Grande(RS), 2012.

Método	n	%
Intrauterine device (IUD)	91	91
Contraceptive Pill	98	98
Spermicidal	21	21
Interrupted intercourse(withdrawal)	40	40
Injectable	91	91
Tubal ligation	95	95
Condom for males	99	99
Condom for females	96	96
Morning-after Pill	90	90
Table(based on the menstrual cycle)	79	79
Vasectomy	91	91
Other method	06	06

About 85% of women claim to be using some contraceptive method, the most of them used oral contraceptives (pills). Although 96% of women have already heard about the condom for females and 99% on the condom for males, only 22% of women reported using this method in the sex with the partner. One reason for this risky behavior is related to "trust" placed in their steady sexual partners.

● **Sexuality: support networks**

We could verify that 79% of women claim to include in conversations with your partner, children and friends, topics on contraceptive methods, sexuality and sexually transmitted diseases (STDs), allowing to conclude that these conceptions circulate in the daily lives of these women and families that need to be considered by health professionals in planning their actions for health promotion and disease prevention.

The women were also asked if they talked about their love (sentimental) and sex life with friends and family, as result, 63% reported maintaining that communication, noting that dialogue occurs more frequently with friends, this item was followed by the sisters. When questioned if these women talk about sexuality with their partner, 77% answered "yes" and only 23% "no".

Still, it was possible to find that 90% of

women never sought a health professional to answer questions or talk about their problems related to sexuality and, 63% of them reported ever having participated in groups or conferences that addressed this issue.

DISCUSSION

In similarity to our findings, another study with women attending a Family Health Basic Unit⁹ also found that they perceive sexuality like something beyond the couple's conviviality, involving love, respect, dialogue, mutual understanding and companionship in everyday life. In another study in this context⁵, it was found that sex goes beyond the sexual act itself, the physical satisfaction and the sensation of pleasure, so that the bond strengthened by the bonds of love and respect is a key element to the satisfaction of the couple.

It should be noted that for most men, since the beginning of sexual activity, sexuality is a way to acquire self-confidence, but for most women it basically is part of relationships they want to be lasting. Thus, sexuality, which was a feature just for married people, became an interpersonal experience that is essential to the existence of the union.¹⁰

With regard to sexual satisfaction, it was found that some women have sex with their partners, although they do not have will for

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doing it, often keeping the sex just to comply with its obligation as woman. In this sense, the major sexual difficulties in women are related to desire, interest, pleasure and satisfaction during sexual intercourse.¹¹

At the beginning of a relationship, which corresponds on average two to three years of common life, the priorities elected by couples are related to sexual exclusivity, in addition, the romanticism and declarations of love are on the rise, the initiatives in relation to the sexual act are much shared by the couple. During this initial period, sexuality is entirely linked to the construction of the couple and sexual intercourse is too much valued. However, over the years, the couple tends to stabilize, and sexual activity becomes habitual, with a decline in relation to declarations of female desire and the shared desire.¹⁰

The hypoactive or inhibited sexual desire is common to both sexes, and in the context of clinical and psychology refers to a deficiency or absence of sexual fantasies and desire for sexual relations, causing afflictions and interpersonal difficulties.⁷

The lack or decrease of sexual desire related to advancing age of woman or the partner is seen by women as something normal.¹⁰ Contrary to this accommodation, researchers say that when a couple faces the fact of aging in a realistic way and adapts to this, there is no reason to speak about decrease in sexual pleasure, because they have more time and intimacy. So, they are prepared to emerge achievement and tenderness during the intimate contact.¹²

However, for women, the hormonal changes associated with menopause cause decreased levels of estrogen and cause vasomotor symptoms, like insomnia and nervousness, could also contribute to decrease self-esteem, lack of desire and sexual response.¹²

Moreover, the increasingly early ages of the women in the initiation of their sexual relations tells us that, nowadays, they have a pre-marital sex life, while in the 1950s and 1960s it was a privilege only for men.¹⁰

Another important aspect refers to the use of oral contraceptives by most women, since this medicament may provide decrease in libido and desire.⁷ Thus, it is necessary to discuss in the different areas of health care of women the existence of other non-hormonal contraceptive methods, which they can use, minimizing the effects over sexual desire.⁷

In another scenario, it was conducted a

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study which pointed out the lack of knowledge and opportunity for teenagers to discuss about contraceptive methods, most of them had never dialogued on the theme, looking for information in magazines, books, newspapers and television, among other sources of information.¹³ This situation makes it difficult to choose the best contraceptive method and, consequently, can generate anxieties and uncertainties that ultimately influence in the sexual intercourse.

In relation to support networks, we found that most women usually talk to the partner at home and alone, preferring to maintain their privacy. The fact that denotes the companion show interest and concern for the welfare of women is a positive point in a relationship. Knowing the complaints, exchange experiences are essential factors to healthy sexual living of the couples.

However, in another context, we identified factors that affect sexual communication among married women, finding that a majority had not yet talked about sex with the husband; therefore they feared that talking about sex in the beginning of their marriage might arouse suspicion, once the rules dictate that young women should not know or be interested in sex before marriage.¹⁴

Furthermore, dialogue and mutual understanding is not present in many relationships, which can increase the conflicts between the couple, who when not resolved may be a source of unhappiness.⁹ When there are dialogues between the couple, allowing the woman to express her lack of desire in sexual relations, the relationship can improve in many aspects, contributing to the strengthening of bonds between the couple.¹⁵

Another support network pointed by women was the dialogue with friends and family, that just as found in another study,¹⁵ is a source of exchange of experiences and learning, which may contribute to the emotional ripening, behavior change and the construction of their own values.

As for the low demand for health care professionals to answer questions or talk about problems related to sexuality, it should be noted the need for new methods of care that could go beyond rigid processes of investigation and diagnostic based only on clinical approach to problems. These processes should consider the individual, the human complexity, regarding their needs and expressions, from which the relationships and health actions should be developed.¹⁶

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In the training and in the professional practice of nurses in different areas of activity, the invisibility attributed to sexuality is still present, giving the connotation of taboo for this theme and helping to perpetuate this stigma.¹⁷ Thus, it is necessary to rescue sexuality in its totality as an object in the training of health professionals, since sexuality is still predominantly approached as an aspect of technical training and not to build inter-relationships and experiences that facilitate the overcoming of prejudices built by society.¹⁶

CONCLUSION

This study showed that woman's perceptions about sexuality and sexual pleasure is related to the need for the companionship, love, care, understanding and attention to, consequently, sexual intercourse become a satisfactory act, since sex is not seen by them as the highest priority in the relationship with the partner, but as a complement to the happiness of couple's life.

Regarding the sexual satisfaction of women, we identified that although some of them have reported do not feel sexual desire, even so they feel obliged to consent to the occurrence of sexual intercourse, by taking into account the moral aspects of the partner, they think "it is normal" do not feel desire or simply want to comply their roles as wives, showing that even today, sexual activity is seen by many women as a way to thank or punish the partner according to his behavior.

The findings of this study may serve as a subsidy for health professionals to better understand issues related to sexuality, to thereby develop more effective actions for the women with sexual dysfunctions. By careful observation of the complaints of women in times of both the individual consults, as in group activities will be possible to identify them and provide a therapeutic space, based on acceptance and trust, so they can talk about sexuality and its influence on quality of life of woman and its indirect influence in the family life.

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