

## Feminine identity: the representation of the uterus for women undergoing hysterectomy

Martins, Caroline Lemos; Pinto, Bruna Knob; Soares, Marilu Correa; Muniz, Rosani Manfrin; Pickersgill, Mirela Farias; Antonioli, Liliana

Veröffentlichungsversion / Published Version  
Zeitschriftenartikel / journal article

### Empfohlene Zitierung / Suggested Citation:

Martins, C. L., Pinto, B. K., Soares, M. C., Muniz, R. M., Pickersgill, M. F., & Antonioli, L. (2013). Feminine identity: the representation of the uterus for women undergoing hysterectomy. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5(4), 574-582. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-54971-0>

### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>



## RESEARCH

## FEMININE IDENTITY: THE REPRESENTATION OF THE UTERUS FOR WOMEN UNDERGOING HYSTERECTOMY

IDENTIDADE FEMININA: A REPRESENTAÇÃO DO ÚTERO PARA AS MULHERES SUBMETIDAS À HISTERECTOMIA

IDENTIDAD FEMENINA: LA REPRESENTACIÓN DEL ÚTERO PARA MUJERES SOMETIDAS A HISTERECTOMÍA

Caroline Lemos Martins<sup>1</sup>, Bruna Knob Pinto<sup>2</sup>, Marilu Correa Soares<sup>3</sup>, Rosani Manfrin Muniz<sup>4</sup>, Mirela Farias Pickersgill<sup>5</sup>,  
Liliana Antonioli<sup>6</sup>

## ABSTRACT

**Objective:** To identify the representation of the uterus for women who underwent hysterectomy and experience of sexuality in this period. **Method:** Qualitative survey conducted in October 2008 in a teaching hospital in southern Brazil, with five women hysterectomy. It was used as a tool to semi-structured interview. For data analysis we used the thematic content analysis. **Results:** For women the uterus was identified as an organ useless, having already played their reproductive role and its removal did not appear to interfere with the way they view their sexuality and femininity. **Conclusions:** Providing information to women who undergo hysterectomy may assist in understanding that this procedure does not interfere with female identity. **Descriptors:** Women's health, Hysterectomy, Uterus, Femininity.

## RESUMO

**Objetivo:** Identificar a representação do útero para as mulheres submetidas à histerectomia e a vivência da sexualidade neste período. **Método:** Pesquisa qualitativa realizada no mês de outubro de 2008 em um hospital de ensino no sul do Brasil, com cinco mulheres histerectomizadas. Utilizou-se como instrumento a entrevista semiestruturada. Para análise dos dados empregou-se a análise de conteúdo temática. **Resultados:** Para as mulheres o útero foi identificado como um órgão sem utilidade, pois já havia desempenhado seu papel reprodutivo e sua retirada pareceu não interferir na maneira como elas encaram a sua sexualidade e feminilidade. **Conclusões:** Proporcionar informação às mulheres que se submetem a histerectomia pode auxiliar no entendimento de que este procedimento não interfere na identidade feminina. **Descritores:** Saúde da mulher, Histerectomia, Útero, Feminilidade.

## RESUMEN

**Objetivo:** Identificar la representación del útero de las mujeres que se sometieron a histerectomía y la vivencia de la sexualidad en este período. **Método:** Estudio cualitativo realizado en octubre de 2008 en un hospital universitario en el sur de Brasil, con cinco mujeres histerectomía. Fue utilizado como una herramienta para la entrevista semi-estructurada. Para el análisis de los datos se utilizó el análisis de contenido temático. **Resultados:** Para las mujeres el útero fue identificado como un órgano inútil, que ya ha jugado su rol reproductivo y su retirada no parece interferir con la manera en que ven su sexualidad y feminidad. **Conclusión:** El suministro de información a las mujeres que se someten a histerectomía puede ayudar en la comprensión de que este procedimiento no interfiere con la identidad femenina. **Descriptor:** Salud de la Mujer, la histerectomía, el útero, Feminidad.

<sup>1</sup>Nurse. Master's Program at the Graduate School of Nursing, Federal University of Pelotas. Demand Social CAPES Scholarship. Member of the Center for Chronic Conditions and its Interfaces (NUCCRIN). Address: Rua Frederico Trebbi nº 137; Bairro Porto; Pelotas; RS; CEP 96075-650; (53) 84037817 e (53)39211527. E-mail: kroline\_lemos@hotmail.com. <sup>2</sup>Nurse. Master's Program at the Graduate School of Nursing, Federal University of Pelotas. Demand Social CAPES scholarship. Member of the Center for Chronic Conditions and its Interfaces (NUCCRIN). E-mail: brunaknob@hotmail.com. <sup>3</sup>Nurse Midwife. PhD in Public Health Nursing - EERP-USP. Teaching Assistant III, School of Nursing, Federal University of Pelotas. Member of the Center for Research in Nursing and Health - Nepen. E-mail: enfmari@uol.com.br. <sup>4</sup>Nurse. PhD in Nursing. Assistant Professor at the School of Nursing, Federal University of Pelotas. Researcher, Center for Chronic Conditions and its Interfaces (NUCCRIN). E-mail: romaniz@terra.com.br. <sup>5</sup>Nurse. Professor of Public Health at the School of Education Professional Style - Unit Pelotas. E-mail: mirelapick@hotmail.com. <sup>6</sup>Academic School of Nursing, Federal University of Pelotas. Member of the Center for Chronic Conditions and its Interfaces (NUCCRIN). E-mail: l.antonioli@hotmail.com.

## INTRODUCTION

The conception of female identity may be related to the performance of the social role of women, including aspects related to motherhood, the conjugal and family relationships and the performance of domestic activities and labor.<sup>1</sup> Thus, it is understood that this conception of identity is constructed through the relationship between their perception of the world and the influence of society on their thoughts and actions.

One of the aspects responsible for the woman's satisfaction includes the functionality of your body and biological function projected on their bodies, such as the social representation of the uterus<sup>2</sup>, while figurative aspect of confirmation being female.

The uterus, considered a symbol of femininity and fertility, is surrounded by myths and beliefs are culturally constructed by society.<sup>3</sup> In this context, besides the biological functions related to sexuality and reproductive roles, their presence and functionality influence the perception that a woman has the body itself.<sup>2</sup>

As an important part of the female anatomy, this body, in non-pathological conditions, reaffirms, monthly, its presence in the body of the woman, through the menstrual cycle. However, many women only become aware of its importance when they wish to become pregnant, or when the uterus is sick and needs to be removed. Thus, the woman when faced with the removal of the organ may feel diminished; because it believes that with surgery lose important parts of the body, considered responsible for its value as a woman.<sup>3</sup>

Hysterectomy - removal of all or part of the uterus and / or attachments - is one of the most performed surgeries female. Its indication is generally associated with benign causes such as fibroids (59.5% of cases) and to malignant cancers such as uterine a lesser percentage.<sup>4</sup> According to J. res.: fundam. care. online 2013. out./dez. 5(4):574-82

the Department of the Unified Health System (DATASUL), in Brazil, only in the year 2011, there were 103,510 hysterectomies, which may mean, for some women, a procedure permeated by questions about his identity and sexuality.<sup>5</sup>

Considered a mutilating surgery, hysterectomy may trigger emotional distress to women, such as anxiety and uncertainty related to the body itself, since the uterus is historically associated with female identity, sexuality and motherhood.<sup>3,6</sup>

The relevance of this study lies in the fact that, based on the perceptions of women facing hysterectomy - including their feelings, doubts, anxieties and fears - nursing and other health professionals can act in promoting care strategies based on active listening and exchanging information, seeking the formation of a bond that allows the care provided to this woman is really qualified.

Thus, to rethink their practice, health professionals can act so as to enable women, informed and enlightened towards the procedure to be performed, to experience a hysterectomy in a less traumatic and safer as to what the future holds.

Thus, this article aims to understand the meaning of the uterus for women subjected to hysterectomy and understand how this woman experiences her sexuality in this period.

## METHODOLOGY

This is an exploratory qualitative approach, extracted from the monograph entitled "Hysterectomy: the meaning of uterus removal for women", presented to the Faculty of Nursing, Federal University of Pelotas in December 2008, performed by one surgical clinic of a teaching hospital in a city in southern Brazil.

The study population consisted of five women hysterectomy that consented to join the study by signing the informed consent and met the

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

following inclusion criteria: having undergone the hysterectomy procedure with at least 24 hours after surgery, being hospitalized in the unit, be 21 years and allow recording of the interview.

Data collection took place in October 2008, through semi-structured interviews, audio-recorded and later transcribed. The interview was conducted in two stages: first, data regarding sociodemographic characteristics such as age, marital status, and number of children, education, occupation and family income. After the semi-structured interview was conducted with issues relating to the representation of the uterus to the woman, the feelings towards the pre-and post-operative hysterectomy and uterine relationship with female sexuality.

The data were subjected to thematic content analysis, which had the following pre-analysis, material exploration and processing of results, inference and interpretation.<sup>7</sup>

Ethical principles employed for the construction of this research are supported by Resolution No. 196/96 of the National Health Council, Ministry of Saúde.<sup>8</sup> Such research was approved by the Ethics Committee in Research of the Catholic University of Pelotas under Opinion No. 2008/63. To maintain anonymity, participants were identified by the initial letters of their names, plus the age and marital status, e.g. A.B, aged 59, married.

## RESULTS AND DISCUSSION

The women participating in this study were between 37 and 60 years old. With regard to marital status, four were divorced and one married. The number of children ranged between one and three. The school has remained between elementary school and high school. Regarding occupation, a woman said to be cleaner, a cook, a pastry, a pensioner and another home. Family income ranged between one and two minimum wages. The indications for performing  
J. res.: fundam. care. online 2013. out./dez. 5(4):574-82

hysterectomy were bleeding, uterine prolapse, fibroids and cysts in the ovaries.

The analysis of the interviews allowed the development of two themes: The representation of the uterus in women's identity and the uterus and female sexuality, which are presented below.

### **The representation of the uterus in women's identity**

Historically, every woman attaches to the uterus significance, relating it to both the maternal role, regarding the sexual ability.<sup>9</sup> For most, the main function of the uterus is to generate an organ is considered beneficial and useful, as it performs its reproductive function, showing no significance outside the design pregnancy. When asked about the representation of the uterus, women report:

*In my view, the uterus was made to procreate. I, as I had my breedings, had already ended. To me, he no longer had any use. (H. R., 43, divorced)*

*[...] I think I would only miss if I would want to have children, but as I already had two, I wanted more. For me, I've always wanted to take it all. Since I knew I had to do this, I wanted to take everything. (L.L., 57 years, married)*

The representation of the uterus for women, this study is related only as an organ for procreation, and no longer has the desire to get pregnant; its withdrawal is regarded as natural and apparently without any interference in what they think is the identity of the woman.

It is believed that women who have experienced the social function of motherhood, tends to perceive as hysterectomy without interference in their feminine identity. However, this surgery can be felt differently by women who are not mothers and idealize motherhood as a project of life.<sup>10</sup> Thus, upon receiving the news of removal of the uterus, some experienced feelings of fantasy about the procedure, how to be "less of a woman" and "stay cool" after surgery. Feelings about the unrealistic representation of the uterus and its relationship to femininity and sexuality are identified:

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

*Yeah, I was afraid to take the uterus, because I was afraid of getting well, less of a woman, but after I explained everything right. (I.H.S., 37 years, divorced)*

*What is much talk that the woman "gets cold". I think this is all nonsense, think nothing changes. (H. R., 43 years, divorced)*

Realize the association relationship uterus-femininity sexuality by women, generating mixed feelings and creating in his imagination, the myths related to the procedure, such as becoming less attractive, since the uterus is closely linked to the ability reproductive.

The need for hysterectomy is surrounded by beliefs, myths and taboos, originating from common sense, and are reported by women in the form of stereotypes, as a woman empty, cold and hollow. These representations can cause suffering and insecurity for the woman who experiences hysterectomy.<sup>10</sup>

The process of building myths is generating anxiety that precedes surgery, may arise in the minds of women derogatory feelings by removal of the uterus, affecting their self-esteem. Thus, there is a very important role of health professionals in the process of deconstructing myths, as many women suffer from these thoughts, especially in the pre-operative, which is more susceptible.

On the other hand, the representation of the uterus for women in the study, it was understood as a diseased organ and needs to be removed, since the symptoms are seen as a nuisance<sup>11</sup>, generating anxiety and desire for surgery, as can be seen in testimonials below.

*One bad thing (womb), I liked, I wanted to get rid! I do not advise anyone to stay well. Who has this problem, in my thinking, have to take. (L.L., 57 years, married)*

*I did not have any symptoms, you know? Just what bothered me was out, it was well out, seemed an egg [...] represented the maximum surgery; I will not get over that thing bothering me in the crotch. (M.G.M., 60 years, divorced)*

In their testimonies, one realizes the anxiety of women in getting rid of a body that brings you very uncomfortable and sometimes, though not causing symptoms, promotes physical discomfort associated with change.

The body, suffering from the symptoms, conveys to women that there is something wrong. The pain, both physical and mental, is the woman who has the response rate with the removal of the uterus, and thus undergo surgery can generate a feeling of relief.<sup>12</sup>

It is believed that the manifestations of uterine changes may limit daily activities, so the removal of the uterus is regarded by the women as the beginning of a new life.

Bleeding and cramping are highlighted in the statements, as barriers to maintaining a healthy lifestyle by interfering in the development of daily activities and work.

*It (the uterus) too bothered, I felt sick to work. I had horrible cramps and bleeding. (M.H.B.N., 53 years, divorced)*

*I lost a lot of blood, I had bleeding and pain. I am a day laborer, then I climb on the ladder, I was always weak know? Menstruating twice per month. There was one more month. (I.H.S., 37 years, divorced)*

Women in the context of the century, various roles, besides motherhood and housework, a significant portion accumulates also function as a provider of home and symptoms of impairment of the functions of the uterus significantly interfere in the daily lives of women, since they prevent or hinder the performance of remunerated activities.

Symptoms referenced before surgery originate physical discomfort for the woman, causing her emotional fragility and conferring permanent impression of feeling sick and unwell.<sup>13</sup>

The testimony of HR, it is observed that cessing of menstruation is a relief, since every month the symptoms bother her, representing a discomfort.

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

Represented a relief, I will no longer menstruate, have no more danger of getting pregnant, just do not menstruate, have no more headaches, no colic, will not have any more of that. I will not swell; every month before menstruation I was bloated with a belly. (H. R., 37 years, divorced)

Symptoms are reported by the women as uncomfortable and interfere with daily activities, and the surgery, the feeling of loss of femininity is overlapped by the desire to have a healthy life. It is interesting to note that most women do not put impaired or decreased by the removal of the uterus, a relationship found in the bibliographies studied.<sup>3,14</sup> The participants see no relationship between the uterus and their femininity, because for them, the uterus has performed its function - since they are mothers - and its withdrawal is regarded as natural and beneficial.

Thus, the representation of the uterus for women in this research is related to procreation, identifying him only as useful as you develop your reproductive role. Since this paper already made, most women find an organ such as the uterus useless.

### The uterus and female sexuality

Hysterectomy delimits the end of a reproductive potential, being a predictive factor for the emergence of doubts about the possibility of future sexual relations and ignorance of how you feel after using this procedure can be exacerbated in many forms, such as the emergence of feelings of being fanciful with an "empty" or "hollow".<sup>3</sup>

Sexuality can be described as a set of emotions, feelings, fantasies, desires and interpretations that human experiences throughout life. The pursuit of pleasure includes desire, arousal and physical comfort.<sup>15</sup> The women in this study, when asked about what could change in their lives with the removal of the uterus, suggest different ways of tackling this new period

of their lives, when it comes to sexuality and living with a partner.

[...] I have no one in my life for a long time, [...] and do not miss [...] Oh, I do not know, because I too will not even try, do not intend to. I live with my mother, I take care of her. She has 91 years, so I do not even think about it. (M.G.M., 60 years, divorced)

I will not even worry about it. Only if there is any prince who knows? You never know what tomorrow (laughs) [...] I think it does not change anything; have a head so good that I do not think nonsense. What good thinking bullshit? Let's happen to see, no good things forward. (M.H.B.N., 53 years, divorced)

It is observed that, after performing the hysterectomy, apparently there is no change in sexual practices since the respondents did not maintain close contact with partners and not relevant for them to reflect on the matter at this time, although they think in resume his sex life find the ideal person.

From the thirty-eight years old, the woman begins a process of sharp decline of hormones such as estrogen, featuring the climacteric.<sup>16</sup> At this stage, the pattern of sexuality has changed due to ovarian failure, which causes loss of libido, causing a gap in the woman or the inhibition of desire for sexual activity.<sup>17</sup>

The passing years brings, in the lives of women, marks on the body that signal stages or passages, such as menarche and the last menstrual period or early menopause.<sup>18</sup> In this context, it is important for women to experience their sexuality naturally, in a healthy and pleasurable, with their subjectivity, thoughts, values and wishes respected in all social spheres.<sup>19</sup>

It is believed that the lack of incentive to keep the sexual practice, for women in this study, may be related to the stage where they are in transition to menopause, which somewhat diminishes the interest in having sex.

On the other hand, it is observed that the symptoms caused by the uterus sick were highlighted by women as an important factor for

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

decreased sexual interest, since the discomfort and pain interfere with a woman's ability to feel attractive and responsive to sex.

*When my husband was good (health problem - diabetes), I did not have a normal relationship because of what (prolapse), I no longer liked, now avoided. Because of that (prolapse), I felt bad. (L.L., 57 years, married)*

It is observed in the above statement, that the symptoms caused by uterine prolapse were the main factors for the respondent and her partner chose not to keep more sex, so why bother caused by the symptoms somewhat, decreased interest in sexual practice.

In sexual intercourse, women who suffer discomfort may feel embarrassed and diminished by failing to support this practice with her partner; so many come to understand it as a "bad thing" and uncomfortable, avoiding touching the subject or physical contact.

Other symptoms reported by women, which directly interferes with sexual intercourse is dyspareunia, that is characterized by recurrent or persistent genital pain associated coitus<sup>20</sup>, as can be seen below:

*For me, sex was only once a week, sometimes fifteen (15) 15 (fifteen) days, because I was in pain. I was married and my marriage, I think it ended up. I went to the psychiatrist, I was in a lot of place, and just what I was told that my channel was very low and that was why I was in pain. At that time I did not want to take the uterus, still wanted to have children. As he had no condition, I decided it was best to let it go. But now, who knows? Now, it will improve. (H. R., 43 years, divorced)*

Sexual intercourse is indicated in this statement, as a generator of high family stress, because the woman emphasizes that the end of her marriage has a direct association with the difficulty of maintaining their sexual activity. Therefore, it is stressed the need for health professionals seek to develop actions aimed at women's health, linking this companion care, to promote comprehensive care and problem-solving.

According to the reports presented, it is clear that women have left intercourse in the background, as suffered from symptoms caused by uterine sick. Thus, it was possible to realize that sexuality of these women was dropped due to disorders caused by their illnesses.

However, the return to sexual activity after hysterectomy is highlighted by IHS, with ambiguity of feelings:

*[...] This thing is head of us. Just because the uterus removed do not think you will feel more comfortable [...] I used to think, we can get that [...] is he enjoying it? Am I getting to pleasure are things that go in the head of the people. So get used to, I think I'll live it there. (I.H.S., 37 years, divorced)*

Understanding sexuality as closely linked to genital, as can be seen the affirmation of IHS may cause a crisis in female identity, leading to mixed feelings, and strengthening the myth that hysterectomy makes women unattractive and "cold".<sup>20</sup> This kind of thinking can lead to decreased self-esteem and feelings of worthlessness, when combined with relentless pursuit of pleasure.<sup>15</sup>

The uterus, due to the anatomy and the function it performs, is a route to the outside world. However, when it is removed, a woman may interpret that without access to the inner world (womb), vagina is not connected to anything and sexual activity no longer reach more intimacy and the meeting of two people, do not possess the most sense and meaning.<sup>21</sup>

It is essential to add the importance of clarifying the women who undergo hysterectomy in an attempt to decrease the stigma of mutilating surgery. Moreover, it is extremely important to inform women that, after a period of convalescence, may return to their sexual activities, thus improving their quality of life.

In contrast, HR puts hysterectomy as the beginning of a sexual life free of pain and discomfort she felt for twenty years, showing up

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

eager and curious to know how to be sexual intercourse without symptoms:

*Even my sexuality will improve; I think I'm going to marry. (Laughs) [...] If it do not hurt like it hurt, will get better, much better! Now I'll take my late twenties. 'll enjoy! (Laughs). (H. R., 43 years old, divorced)*

With surgery to remove the uterus, women expect their lives to improve, demonstrate optimism, because they understand that, after surgery, can resume their lives in all areas, returning to play their sexual and social roles.<sup>3</sup> With the completion of the hysterectomy, the benefits of surgical treatment are seen as the solution to the inconvenience experienced before.<sup>13</sup>

Another point highlighted, as will Sexuality after hysterectomy, is appointed by HR not want to talk to your partner about the removal of the uterus as it assumes that the partner will not miss and believes that after hysterectomy, sexual activity is best.

*My partner, I think he will not even notice, I'm not going to say. I think it will not change anything, I do not see any change, will be getting better. (H. R., 43 years old, divorced)*

It is observed in the affidavit, the concern for the partner's opinion regarding the removal of the uterus, which may be omitted due to the feeling that, after hysterectomy, will never be the same, and the companion will not feel sexual attraction el<sup>3</sup>. The anxiety to know the opinion of the partner, in relation to the surgical procedure is generating factor of insecurity for women, because in his mind it would be difficult for the partner to understand that your partner no longer has the uterus. In this perspective, the woman may feel devalued because of the loss of the uterus.<sup>13</sup>

However, the participants in this study had better acceptance for performing hysterectomy and were optimistic about a return to sexual J. res.: fundam. care. online 2013. out./dez. 5(4):574-82

activity and everyday. As identified in the previous study 3, for women, the conception of sexuality was limited to the achievement of sexual activities.

## CONCLUSION

The representation of the uterus to the study participants was reserved only for their functionality, and their withdrawal was seen as no interference in what they regard as feminine identity. In this perspective, the process of constructing myths about hysterectomy had less intensity because women believed that, after completion, would be best. However, the partner's opinion about hysterectomy was perceived as a contributing factor to generate uncertainty about its value as a woman.

The perception of sexuality was limited to the performance of the sexual act and, as most women did not have close contact with partners, hysterectomy did not influence the perception that they had about their femininity.

Given the above, it is concluded that hysterectomy for women in this study was seen with ease, since for them, the uterus had no more use and surgery was not felt as a blow to the feminine identity.

It is considered a major shortcoming of this study is the fact that most of the women studied was no longer of reproductive age, already had children and were divorced. Accordingly, it is believed that if the study participants were younger with no or few children, the perceived meaning uterus front of and feelings about hysterectomy are different, as most likely, this would represent something essential organ to maintain his identity as a woman.

Thus, to understand that every woman is unique and faces this new situation differently, it is necessary that health professionals understand the meaning that women have about hysterectomy, understand their particularities



Martins CL, Pinto BK, Soares MC et al.

and, on that basis, their costumer care practice in guidance and individualized care.

In this context, realizing the woman in his uniqueness, health professionals can develop, services, groups, and health education aimed at preventing health problems related to women's health through care guidelines with your body. Thus, the knowledge of the body and its sexuality allows observing any changes that may occur, making the woman, active subject of self-care.

## REFERENCES

1. Marinho IB, Ferreira MJR. Os sujeitos do proeja: a participação da mulher no curso técnico integrado de segurança do trabalho no IFES - Campus Vitória. *Debates em Educação Científica e Tecnológica* (Impresso). 2011; 1(1): 76-84.
2. Porto D. O significado da maternidade na construção do feminino: uma crítica bioética à desigualdade de gênero. *Revista Redbioética/UNESCO*. 2011; Ano 2; 1(3): 55-66.
3. Sbroggio AMR, Osis MJMD, Bedone AJ. O significado da retirada do útero para as mulheres: um estudo qualitativo. *AMB rev Assoc Med Bras*. 2005; 51(5): 270-4.
4. Corleta HE, Chaves EBM, Krause MS, et al. Tratamento atual dos miomas. *Rev bras ginecol obstet*. 2007; 29(6): 324-8.
5. Ministério da Saúde (BR). *Sistema de Informações Hospitalares (SIH/SUS)*. [citado em 17 Mai 2012]. Disponível em: URL: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sih/cnv/qruf.def>.
6. Sebastiani RW, Maia EMC. Contribuições da psicologia da saúde hospitalar na atenção ao paciente cirúrgico. *Acta cir bras*. 2005; 20(1): 50-5.
7. Bardin L. *Análise de conteúdo*. São Paulo (SP): Edições 70; 2011, 279p.  
J. res.: fundam. care. online 2013. out./dez. 5(4):574-82
8. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos: Resolução nº 196/96. Brasília (DF); 1996. [citado em 17 Mai 2012]. Disponível em: URL: <http://www.bioetica.ufrgs.br/res19696.htm>.
9. Caliri MHL, Cunha AMP. A Experiência da mulher ao enfrentar a histerectomia. *Femina*. 1998; 26(9): 749-52.
10. Nunes MPRS, Gomes VLO, Padilha MI, et al. Representações de mulheres acerca da histerectomia em seu processo de viver. *Esc Anna Nery Rev Enferm*. 2009;13(3): 574-81.
11. Villar ASE, Silva LR. Os sentimentos de mulheres submetidas à histerectomia e a interferência na saúde sexual. *Rev pesqui cuid fundam* (Online). 2009; 1(2): 235-244.
12. Santa CR, Gomes ALH, Modelli A. Expectativa, ansiedade e imagem corporal em mulheres portadoras de miomatose uterina no pré-operatório de histerectomia. *Rev ginecol obstet*. 2004; 15(3): 141-7.
13. Silva CMC, Santos IMM, Vargens OMC. A repercussão da histerectomia na vida de mulheres em idade reprodutiva. *Esc Anna Nery Rev Enferm*. 2010; 14(1): 76-82.
14. Abreu MAL. Aspectos emocionais do pré e pós-operatório na histerectomia. *Femina*. 1995; 23(3): 260-4.
15. Salvador RT, Vargens OMC, Progianti JM. Sexualidade e histerectomia: mitos e realidade. *Rev gaúch enferm*. 2008; 29(2): 320-3.
16. Penaterim R. *Climatério feminino*. [citado em 02 Fev 2009]. Disponível em: URL: <http://raypenaterim.blogspot.com.br/2008/06/climaterio-feminino.html>.
17. Fernandez MR, Gir E, Hayashida M. Sexualidade no período climatério: situações vivenciadas pela mulher. *Rev Esc Enferm USP*. 2005; 39(2): 129-35.
18. Trench B, Santos CG. Menopausa ou menopausas? *Saúde Soc*. 2005; 14(1): 91-100.

Martins CL, Pinto BK, Soares MC et al.

*Feminine identity: the representation...*

19. Valença CN, Nascimento Filho JM, Germano RM. Mulher no climatério: reflexões sobre desejo sexual, beleza e feminilidade. *Saúde Soc.* 2010; 19(2): 273-85.

20. Cavalcanti AL, Bagnoli VR, Fonseca AM, et al. Sexualidade nas mulheres hysterectomizadas. *Rev ginecol obstet.* 2002; 13(3): 171-84.

21. Nosek L. O infinito e o corpo: notas para uma teoria da genitalidade. *Rev bras psicanál.* 2009; 43(2): 138-58.

**Received on: 17/07/2012**

**Required for review: 12/09/2012**

**Approved on: 29/01/2013**

**Published on: 01/10/2013**