ORIGINAL ARTICLE

WOMEN’S KNOWLEDGE AND PRACTICES ON THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES

CONCEHIMIENTOS E PRÁCTICAS DE MUJERES ACERDA LA PREVENCIÓN DE ENFERMEDADES SEXUALMENTE TRANSMISIVAS

ABSTRACT

Objective: to identify the knowledge and practices of women users of a Basic Health Unit regarding the prevention of Sexually Transmitted Diseases and Acquired Immunodeficiency Syndrome. Method: this qualitative, descriptive and exploratory study was conducted from September to November 2012 at a Basic Health Unit. 12 women were interviewed using semi-structured interviews. Data analysis was thematic in nature. The research project was approved by the Research Ethics Committee, protocol 58422. Results: two categories emerged from the interviews: women’s knowledge and practices on Sexually Transmitted Diseases and Health Education as a strategy for the adoption of safe practices. Conclusion: we hope that this study will instigate the intervention of the healthcare team - specially of nurses - in the implementation of preventive and educational actions for women and their partners. Descritores: Women’s Health; Sexually Transmitted Diseases; Nursing.

RESUMEN

Objetivo: identificar los conocimientos e as prácticas de mujeres usuarias de una Unidad Básica de Salud acerca de la prevención de Enfermedades Sexualmente Transmisibles y de la Síndrome de la Inmunodeficiencia Adquirida. Método: estudio cualitativo, descriptivo e exploratorio realizado en una Unidad Básica de Salud, por medio de entrevistas semiestrururadas con 12 mujeres, en meses de setiembre a noviembre de 2012. Utilizóse a análise de contenido temático para el tratamiento de los datos. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, protocolo 58422. Resultados: emergiram duas categorias: conocimientos e prácticas de las mujeres acerca de las Doenças Sexualmente Transmisíveis e Educación em Saúde como estratégia para adóción de prácticas seguras. Conclusión: esperase com este estudio instigar a intervención da equipe de saúde e, em especial, dos enfermeiros, quanto a importancia das ações preventivas e educativas, que incluam não só as mulheres, mas tambéem seus parceiros. Descritores: Saúde da Mulher; Doenças Sexualmente Transmissíveis; Enfermagem.
INTRODUCTION

Despite the efforts of agencies committed to providing reproductive and sexual healthcare services, the incidence of Sexually Transmitted Diseases (STD) has increased in Brazil and become an important healthcare problem. This issue causes concern among the scientific community and government agencies, specially due to the infection with Human Immunodeficiency Virus (HIV).

STD comprise a wide range of diseases that may be acquired by sexual activity, both during coitus itself and during the events that surround it. The most common STD are: syphilis, gonorrhea, chancroid, donovanosis and Acquired Immunodeficiency Syndrome (AIDS). Its main consequences are female and male infertility, vertical transmission, miscarriages and congenital diseases, and increased risk for HIV infection.

With regard to HIV, transmission among heterosexuals shows an increasing trend. A high incidence of the disease in women -called feminization of the epidemic- is observed. Regarding the ratio of the number of cases among males to the number of cases among females, we found that incidence in women has steadily increased: from a ratio of 38 men to every woman in 1983, to 1.7 men for every woman in 2011.

According to the epidemiological data, women in heterosexual relationships who do not use condoms or use them improperly are the population that currently has the highest HIV infection growth rate. Married women or women in consensual unions are also part of this population.

Several factors contribute to making women more vulnerable to STD, including unequal relations between men and women, lack of opportunity to talk about sexuality and get to know her body, difficulty in negotiating safe sex with their partners and incorrect use of condoms, socioeconomic and cultural conditions that may limit access to health services, lack of adequate information, among others.

A study conducted among women who experienced a stable relationship revealed that the event of contamination with STD encompasses culture and gender issues, which are intertwined. This becomes evident in the inefficiency of women’s bargaining power regarding the use of condoms, as well as in the female submission, which makes women neglect the prevention of STD due to the overvaluation of the partner’s desire for sex and the idea that STD are women’s problems. Such concepts are culturally rooted in the relationships between men and women, who take active and passive roles, respectively, in the sexual and reproductive health care process.

The lack of knowledge with regard to STD, as well as the embarrassment of exposing their sexuality lead some women to seek health care only in case of illness. Thus, the research problem that guided this research was: what are the knowledge and practices of women users of a Basic Health Unit (BHU) regarding the prevention of STD/AIDS? In order to answer this question, this study aimed to identify the knowledge and practices of women users of a BHU regarding the prevention of STDs /AIDS.

The relevance of this study is based on the high global incidences of STDs, especially in women. We hope that our results will contribute to the implementation of health education actions for women and their partners, and the introduction of new care models that promote a different view of women’s sexual and reproductive rights.

OBJECTIVE

● To identify the knowledge and practices of women users of a Basic Health Unit regarding the prevention of Sexually Transmitted Diseases and Acquired Immunodeficiency Syndrome.

METHOD

This field study had a descriptive, exploratory, qualitative design. It was conducted at a Basic Health Unit (BHU) in Uruguaiana/RS, where women at different life stages are weekly seen. The site of this study was chosen because at this BHU women’s healthcare services are performed by the Nursing team. This facilitated the monitoring of these women, the identification of the study scenario and, hence data collection.

12 women users of the studied BHU aged between 19 and 54 years were selected to participate in this study. In this research, the number of subjects was defined according to the data saturation criterion. Data saturation is characterized when no new information is added to the research process. This criterion denotes the knowledge formed by the researcher in the field, evidencing that he/she could understand the internal logic of the group or collectivity under study.

Women were contacted and invited to participate in the study before or after their Nursing consultations, were approached at the waiting rooms or at other times when they
sought care at the studied unit. The purpose of the study was explained to the women and after they agreed to participate in it, the interviews were scheduled according to the availability of each woman. The onus of choice regarding location and time of the interview was mainly with the respondents.

The inclusion criteria were: women who had an active sex life, who were users of the BHU at which the study was conducted and who signed the informed consent form. In order to preserve the identity of the participants included in the study, they were identified with the letter “E” for interview in Portuguese, followed by a number from one to twelve.

Data collection was performed between September and October 2012. We used the semi-structured interview, which included a previously defined script with guiding questions. The latter served as a guideline to prevent the interview from diverting from the study objective. The interviews had an average duration of 20 minutes. They were conducted at the BHU, recorded with a digital MP3 recorder and transcribed short after their conclusion.

Data analysis was conducted through thematic analysis, which consists of the following phases: pre-analysis, material exploration and processing of results and interpretation.7

This study followed the ethical guidelines of Resolution No. 466/12 of the National Council of Health of the Ministry of Health, which regulates research involving human subjects. It was approved by the Research Ethics Committee of the Federal University of Pampa, under Opinion number 58422.

RESULTS

The 12 women participating in the study were aged between 19 and 54 years. They reported being sexually active and 90% of them had steady partners. Only one of the respondents had completed high school, while the remainder only had elementary school education. All women lived with relatives and most lived with a partner and children.

Two categories emerged from thematic analysis of the data, namely: “Women’s knowledge and practices on Sexually Transmitted Diseases” and “Health Education as a strategy for the adoption of safe practices regarding Sexually Transmitted Diseases”.

1. Women’s knowledge and practices on Sexually Transmitted Diseases

With regard to knowledge of women regarding STD, we found that they show preoccupation with self-care to prevent such diseases:

[...] It’s all about taking care of yourself, if you do not take care of yourself, if you do not love your life, no medicine can cure it. (E1)

I believe one should take great care of oneself, choose her partners wisely. (E5)

In my opinion, it’s relaxing, you’ve gotta be careful, you have to use a condom. (E8)

Another issue that was evidenced was the fact that some women showed misunderstandings about STD prevention, which was associated with the use of pills and vaccines:

I think in order to be able to go to bed with someone, we have to use condoms, take the pill, take all vaccines, because if it’s not HIV, there are a lot of diseases you may acquire. I know a girl who has it [HIV], it does not mean that you will acquire it at the first time, sometimes you don’t, that’s why it’s important to always prevent. (E3)

With regard to the practices for the prevention of STD, we found that women are concerned about their prevention, even when they have a stable relationship with a partner:

Ah, this is dangerous, I take great care of myself, and I know that my husband has to be careful too, always, because if our spouse betrays us, we are in great danger [.]. (E2)

Oh thank God I never had that [STD], I’ve done several tests, I do the preventative test every year, I even asked the doctor to make that test, for a disease that is transmitted from men to women, I forgot the name of the disease [...] he [the physician] asked me why I wanted to do it and I did not wanted to say that it was because I do not trust my husband. (E4)

Other women, however, reported not using methods to prevent STD. They explained that this decision is associated with the fact of being in a lasting relationship, in a trust relationship with a steady partner:

[...] not with my husband, I trust him. (E5)

I do not protect myself because I live with my husband, we have been married for 35 years. (E9)

• Health Education as a strategy for the adoption of safe practices regarding Sexually Transmitted Diseases

In this study, women were asked about the best way a healthcare professional could discuss issues related to STD and AIDS, in their view. Moreover, we asked them which professionals had already provided them with this kind of information. Analyzing the
statements, we observed the need for the implementation of a dialogic model of health education:

I think they have to call our attention with interesting and current topics, make jokes, it should be more amusing than that boring stuff, just talk, talk and talk. (E11)

I always go to the information sessions at the BHU and the doctor talked about the diseases. […] when there are groups, they should offer a different stimulus, otherwise they [women] do not come. (E12)

Regarding the professional approach to this subject, we found that information and guidance are usually provided by physicians, rather than nurses. The latter were not mentioned by the respondents:

information? At the BHU is the physician who provides us with information. (E8)

Yes, I have received information at school from a doctor who was giving a lecture, and also at the BHU, I think. (E3)

I think it would be better to do it at the BHU, to start talking to children and adolescents, open their eyes […] because it does not help say afterwards: ‘what have I done?’ […] That’s why it is important that the physicians provide information during the medical consultations, that they warn about the dangers. (E9)

**DISCUSSION**

We found that most respondents only had primary education, and only one respondent had completed high school. A study on cervical cancer conducted with 20 women in Southern Brazil showed that 50% of respondents had low education levels. Another study on the prevalence of chlamydia among heterosexuals in Amsterdam also evidenced low education levels. Both studies pointed out that schooling influences behavior with regard to STD. The lower the educational level, the greater the negative aspects with regard to STD. These findings are similar to the results found in this study.

It was evidenced that the understanding of STD is directly related with self-care by these women, since they expressed concern about the prevention of STD and self-care. Self-care is associated with subjects' autonomy. It is the individual's ability to set his/her own rules and limits. Self-care happens is performed through human interaction and this behavior, too, is somehow a result of the relationship between health professionals and healthcare users, as well as between the user and his/her family and between he/she and several socio-cultural determinants.

Some of the women interviewed had an erroneous knowledge about the prevention of STD. They mentioned the use of pills and vaccines. Furthermore, they believe that it is not possible to acquire diseases at the first intercourse. This causes concern and partly justifies the increased incidence of STD in the female population.

Thus, the need for the health staff, and especially nurses, to implement health education actions for women and their partners becomes evident. In addition, health managers should be reminded about the importance of continued investment in public policies aimed at preventing and combating STD.

In Brazil, despite widespread information on ways to prevent STD, many individuals still do not adopt such practices. This indicates the dissociation between access to information and the transformation of this knowledge into everyday practices. In order to diminish this dissociation, it is necessary to provide effective access to information, so that favorable behaviors to promote health can be developed, also in their sexual and reproductive dimensions.

Some of the interviewees showed a progressive view of the aspects involving STD. They understand that even if they have a stable relationship with their partners, they should not discard the use of preventive methods. This reveals that they are aware of the vulnerabilities to which they are exposed. Thus, it was possible to see positive reports regarding women’s attitudes regarding the use of condoms. It is considered an effective means for the prevention of AIDS and other STD, in addition to preventing pregnancy and allowing safer sexual practices.

Conversely, other women reported not using condoms because they trust their husband and maintain stable relationships. It is known that STD are part of a topic that may usually cause conflicts, since it deals with an individual’s sexuality.

Sexuality, understood in its broadest sense, encompasses gender issues, intimacy, pleasure, trust, choices, among other issues. Furthermore, sexuality is a basic need which cannot be separated from other aspects of life. It is an energy that motivates us. It is integrated in the way we feel and influences our thoughts, feelings, actions and interactions.

Interfaced with the magnitude of the STD and HIV infection problem, the attitudes toward these diseases are often linked to the ignorance about the way such diseases are acquired, the signs and symptoms of infections, the relationship with the evolution
of these diseases and the ways of transmission.\textsuperscript{15}

The lack of adequate information regarding STD may favor the development of misconceptions which, in turn, may have a negative influence on the behavior of certain women, as well as on the behavior of those people who are part of their social and family context. These misconceptions are, in most cases, based on cultural elements, such as beliefs, myths and taboos, which have great meaning to the individual.\textsuperscript{6,15,16}

Due to the complexity of these topics, Nursing care in sexual and reproductive health needs to be broad. Patient care needs to be viewed beyond the biological aspects. It should also encompass the individual’s thoughts, feelings and cultural expressions. It is necessary, therefore, that the health professional - especially the nurse - is truly committed to the individual or community, in order to cover different aspects that may be involved in the context of health and disease, such as subjectivity and intersubjectivity aspects.\textsuperscript{15}

The women interviewed reported being interested in receiving more information on topics related to STD. This reveals the need for a dialogical and problem-posing education in health, in which "the subject who opens himself/herself to the world and to others inaugurates the dialogical relationship through his/her gesture. This action confirms the restlessness and curiosity of the human being, as his/her inclusion in permanent movement in history."\textsuperscript{17,51}

With regard to sexuality education, it is also necessary to consider that, in order for people to live fully in the world that surrounds them, it is necessary to have sensitivity to respect themselves and others, to relate to others, to acquire responsibilities, seeking to know their rights and duties, including the right to be happy.\textsuperscript{18}

Faced with the manifestation of the need to incorporate a dialogical education in health to the practices of care, it becomes necessary to explain the existence of two different approaches to health education: the traditional model, also known as preventive model, and the radical model. The preventive model emphasizes the individual, ultimately leading to an erroneous representation and imbuing responsibilities only to the individual, regardless of sociocultural factors.\textsuperscript{19}

The dialogic or radical model is based on increasing people’s critical awareness and is directly related to the notion of consciousness. Thus, it tries to achieve its objectives by working with groups, enabling the exchange of ideas among individuals and rejecting the use of persuasion for the promotion of behavior change.\textsuperscript{19}

It is important to stress that, from the perspective of nursing care, health education actions need to consider socio-cultural aspects that underlie people’s process of living and getting ill. When they are able to discern between right and wrong, based on their realities and the knowledge gained through dialogical health education actions, this could mean that they are becoming emancipated and are capable of making their own decisions regarding what is best for their lives. A study revealed that health professionals in general have difficulties in promoting positive education and guidance activities.\textsuperscript{11}

Given the statements of the interviewees, we realize the importance that nurses too incorporate STDs and AIDS health education actions in their care practices. In this study, women reported receiving information and guidance only from physicians. Thus, it is essential that health professionals also focus on health promotion. Their actions should not be only based on the efficient search for diagnostic evidence, on the treatment, prognosis, etiology and prophylaxis of diseases and their aggravations.\textsuperscript{20}

Health professionals need to redirect their care toward women’s health, in order to stimulate the development of their autonomy.\textsuperscript{11} We stress once again that this is only possible through a dialogical health education, which provides women with more knowledge about their health, makes it possible for them to share their experiences, creates a dialogic environment and gives them tools to increase their autonomy. This allows them to be able to make appropriate decisions for their lives.

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\textbf{Table 1} & \textbf{Comparison of the results of the interviews with women in the practice of nursing care and STD prevention.} \\
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\textbf{Category} & \textbf{Subcategory} \\
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\section*{CONCLUSION}

We found that the experience of sexuality and STD prevention practices are related to women’s cultural construction. Men, however, do not seem to participate in this process. Regarding women’s knowledge on STDs and AIDS, this study revealed that they associate it with self-care, which they perceive as fundamental to prevent such diseases. Furthermore, we found that some subjects had an erroneous knowledge about ways to prevent themselves, associating it with the use of pills and vaccines.

With regard to the practices for the prevention of STD, we found that women are concerned about their prevention, even...
when they have a stable relationship with a partner. This demonstrates women’s awareness regarding the importance of preventing themselves from such diseases. However, other women reported not using methods to prevent STD. They explained that such behavior is associated with the existence of a lasting, trust relationship with a steady partner.

Regarding health education strategies to address such issues, women pointed out the need to approach it using a dialogic model of health education. Regarding the professional approach, the interviewees reported that information and guidance is mainly provided by physicians, rather than nurses. The latter were not mentioned by the subjects of this research.

We believe that this study raises the need for nurses to redirect their care toward the development of women’s autonomy, so that the latter prevent themselves from STDs and AIDS, and include their partners in this process. By doing so, nurses may contribute for the empowerment of these women over their own health. This can only be achieved through a dialogic approach in health education, in which people’s various life determinants are considered and respected.

The study reaffirms the need for nurses to unveil the sexuality of women and their partners during nursing care. In addition, various aspects underlying women’s experiences should be approached. Thus, once these professionals are aware of sociocultural determinants, they will be able to conduct contextualized health education to prevent STD and AIDS, and so stimulate the development of autonomy in these subjects.

REFERENCES


