



RISK BEHAVIOR AND SELF-PERCEIVED VULNERABILITY TO STIs AND AIDS AMONG WOMEN

COMPORTAMENTO DE RISCO E AUTOPERCEPÇÃO DE VULNERABILIDADE ÀS IST E AIDS ENTRE MULHERES

COMPORTAMIENTO DE RIESGO Y AUTOPERCEPCIÓN DE VULNERABILIDAD A LAS IST Y SIDA ENTRE MUJERES

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ABSTRACT

Objective: to verify risk behaviors and self-perceived vulnerability to Sexually Transmitted Infections (STIs) and AIDS among women attending a health unit. **Method:** Descriptive and cross-sectional study with a quantitative approach, conducted with 150 users of a Basic Family Health Unit of Campina Grande - PB, Brazil. The sample was calculated with 5% of error, $Z_{0.025} = 1.96$ and $p = 0.5$. Data collection took place from November 2013 to January 2014. Then, these data were analyzed using SPSS, version 20.0, and presented in tables. **Results:** most participants were married or living in a consensual and domestic union. Most reported not using condoms during sex and had no perception of vulnerability to contamination by STI / HIV. **Conclusion:** there is the need to develop health education strategies to stimulate critical reflections about risky behaviors, vulnerability, and commitment to self-care. **Descriptors:** Behavior; Risk; Perception; Sexually Transmitted Diseases; Women.

RESUMO

Objetivo: verificar comportamentos de risco e autopercepção de vulnerabilidade às Infecções Sexualmente Transmissíveis (IST) e AIDS entre mulheres usuárias de uma unidade de saúde. **Método:** estudo descritivo e transversal, com abordagem quantitativa, realizado com 150 usuárias de uma Unidade Básica de Saúde da Família de Campina Grande-PB, Brasil. A amostra foi calculada com erro de 5%, $Z_{0,025}=1,96$ e $p=0,5$. A coleta de dados ocorreu entre novembro de 2013 e janeiro de 2014. Em seguida, esses dados foram analisados pelo SPSS, versão 20.0, e apresentados em tabelas. **Resultados:** a maioria era casada ou em estava união consensual e doméstica. Grande parte referiu não usar preservativo durante as relações sexuais e não possuía autopercepção de vulnerabilidade à contaminação por IST/HIV. **Conclusão:** enaltece-se a necessidade do desenvolvimento de estratégias de educação em saúde, com vista a estimular reflexões críticas acerca dos comportamentos de risco, da vulnerabilidade e do compromisso com o autocuidado. **Descritores:** Comportamento; Risco; Percepção; Doenças Sexualmente Transmissíveis; Mulheres.

RESUMEN

Objetivo: verificar comportamientos de riesgo y autopercepción de vulnerabilidad a las Infecciones Sexualmente Transmisibles (IST) y SIDA entre mujeres usuarias de una unidad de salud. **Método:** estudio descriptivo y transversal, con enfoque cuantitativo, realizado con 150 usuarias de una Unidad Básica de Salud de la Familia de Campina Grande-PB, Brasil. La muestra fue calculada con error de 5%, $Z_{0,025}=1,96$ y $p=0,5$. La recolección de datos fue entre noviembre de 2013 y enero de 2014. En seguida, esos datos fueron analizados por el SPSS, versión 20.0, y presentados en cuadros. **Resultados:** la mayoría era casada o estaba em unión consensual y doméstica. Grande parte dijo no usar preservativo durante las relaciones sexuales y no poseía autopercepción de vulnerabilidad a la contaminación por IST/VIH. **Conclusión:** se enfatiza la necesidad del desarrollo de estrategias de educación en salud para estimular reflexiones críticas acerca de los comportamientos de riesgo, de la vulnerabilidad y del compromiso con el autocuidado. **Descriptores:** Comportamiento; Riesgo; Percepción; Enfermedades Sexualmente Transmisibles; Mujeres.

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INTRODUCTION

Since its beginning, the scenario of the HIV / AIDS epidemic has been changing in Brazil and worldwide, which reflects in profile changes of affected people. In the year 2014, the World Health Organization launched the consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.¹

These guidelines aim to curb the increasing incidence of STIs and HIV, as they are a serious global epidemic.¹ In Brazil, according to estimates, approximately 718,000 people live with the disease.² In the last decade, 37,446 cases of AIDS have been reported per year, on average, with an upward trend in the country as a whole. In the early years of the epidemic, men accounted for the vast majority of cases.²

Today, this profile was modified because, despite the global attention is focused on key populations, the latest epidemiological bulletin released in Brazil showed that the number of women infected with HIV continues to grow gradually, and 86.8% of cases registered in 2012 resulted from heterosexual relations.²

Regarding the situation of the epidemic in the female population, there are unique aspects that make women vulnerable to contamination, such as gender issues and social conditions, relating to access to information, education, welfare, health, assurance of respect for human rights and to the socio-political and cultural situation.³

Despite widespread information on the prevention of the disease worldwide, contamination index has been still growing, demonstrating that most women have not adopted consistent condom use.

Thus, in face of the vulnerability of women in Brazil and worldwide, there has been the need to conduct a study focused on the behavior and perception of women's contamination risks to contribute to the debate on educational prevention in health. To this end, this study was guided by the following questions: does women's sexual behavior contribute to their victimization concerning the AIDS epidemic and other STIs? Do female users perceive themselves at risk to contamination? Thus, the aim was to:

- Verify risk behaviors and self-perceived vulnerability to Sexually Transmitted Infections (STIs) and AIDS among female users of a health unit.

METHOD

Descriptive and cross-sectional study with a quantitative approach, developed with 150 female users of a Family Health Unit (USF) in the city of Campina Grande - PB. The unit is located in a suburb where families are mostly low-income.⁴

A total of 330 women aged from 15 to 59 years old were enrolled in the unit.⁵ Thus, considering the finite population (N = 330), the sample size was calculated on the basis of a margin of error of 5% (error = 0.05), with $\alpha = 0.05$ ($Z_{0.025} = 1.96$), with 95% confidence level and ratio of 0.5 ($p = 0.5$). Thus, the *n-sample* was set on 124 women. However, it was possible to conduct the research with 150 users. The criterion for inclusion of users in the research was having begun their sexual life.

Data collection was carried out between November 2013 and January 2014, by applying a structured questionnaire with open and closed questions that included demographic data, self-awareness and risk behavior to STIs and AIDS. Data were stored in a Microsoft Excel spreadsheet version 97-2003. Later, they were transferred and analyzed descriptively, with the help of SPSS (Statistical Package for Social Sciences), version 20.0.

The ethical norms of the research were respected under Resolution 466/2012 of the National Health Council. The project was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraiba (UFPB) under Protocol 435,320 and Certificate of Presentation for Ethical Consideration No. 22677113.3.0000.5188.

RESULTS

Concerning sociodemographic data, most users (44.7%) were aged from 20 to 29 years old, 66.3% were married or lived in consensual union, 54% had secondary education, 62.7% were housekeepers, 68.7% lived on less than two minimum wages, and 55.3% of users were Catholic.

About the age of sexual initiation, 76.7% of women were younger than 20 years old, and 21.3% were between 20 and 29 years old. Regarding the use of condoms to prevent STI / AIDS, 60.7% of users reported not using condoms during sexual intercourse, 22.7% reported using condom sometimes, 12.7% always used it, and only 4% used it often. Still on this, 90% (135) had a steady partner and 10% (15) occasional partner.

Table 1 lists the reasons for not using condoms for women who reported not using it, using sometimes or often.

Table 1. Reasons for not using condom during sex reported by women participating in the survey. Campina Grande, Paraiba, 2014 (N=131).

Variables	n	(%)
Partner does not like it	50	38.1%)
Using condom is uncomfortable	45	34.3%)
Prefer the pill as a contraceptive method	25	19.0%
Trust in the partner	11	8.3%)
Total	131	100%

When asked about their perception of vulnerability to STI / AIDS, 90% (135) reported not being vulnerable to contamination because they have only one partner and 10% (15) reported possible susceptibility, citing lack of trust in the partner and multiplicity of sexual partners.

Table 2 shows the justification of participants for the denial of possible contamination vulnerability.

Table 2. Reasons for not considering themselves vulnerable to contamination by STI / HIV reported by women participating in the survey. Campina Grande, Paraiba, 2014 (N=135).

Variables	n	(%)
Know the preventive measures	88	65.1%
Trust in the partner	32	23.7%
No partner at the moment	15	11.1%
Total	135	100%

As regards the possibility of contracting HIV, 50% (75) reported worrying very much about the disease, 14% (21) concerned fairly, the same amount of participants mentioned worrying a little, and 22% (33) do not care about this possibility.

Regarding the influence of alcohol associated with the risk of STI / HIV, 76% (114) agreed that alcohol abuse can lead to unprotected sex. When assessing the relationship between the use of drugs and the same risk, 98.7% (148) said that such substances encourage unprotected sex.

DISCUSSION

Early sexual initiation is a significant risk behavior for HIV infection because of the short maturity of young people in the field of sexuality. In this study, most had their first sexual intercourse before 20 years of age and declined to use a condom during the sexual intercourse.

Research conducted in southern Brazil found that most teenagers started their sex life between 12 and 16 years old. Those that started before the age of 12 were at even greater risk for HIV infection, coupled with the failure to use condoms.⁵ Some countries consider that the delayed sexual initiation could bring an extra edge to protect teenagers against sexually transmitted infections and unplanned pregnancy. So, encouraging first sexual intercourse in adulthood was a strategy listed to reduce exposure to HIV among women, due to the maturity gained over the years.⁶⁻⁷

In this research, the non-use of condoms is related to the partner's will, the trouble of the method, use of another contraceptive to prevent pregnancy and to trust in the partner. It is believed that all factors have an influence of the sexual partner (Table 1). In this regard, women face barriers in the negotiation process with partners about condom use, which curtail their power to make decisions and impair the ability to adopt preventive measures, both concerning sexually transmitted diseases and to pregnancy.⁸

In this sense, a research highlights that, in speaking of condoms, certain cultural characteristics should be acknowledged, because the request of using it may refer to mistrust the partner or infidelity by the woman. Often, this can lead to a risk associated with the loss of the partner.⁹ Also, advertisements related to the adoption of safer sex practices have little success in fixed partner relationships due to the representations of love, to the social shame in discussing sex and to the idea that contraception is a woman's responsibility.⁹

Study of 2,614 women from three districts in Tanzania showed, among other reasons for not joining the condom, trust, the partner

Oliveira TMF, Andrade SSC, Matos SDO, et al.

Risk behavior and self-perceived vulnerability...

does not like to use it and discomfort during sexual intercourse caused by the condom.¹⁰ In this scope, a survey of women living with HIV has revealed a lack of knowledge of the routes of transmission and ways of prevention, combined with confidence in the steady partner, were essential elements to infection.¹¹

These findings show that condom use involves a critical discussion: on the one hand, it is evident the severity of STI / AIDS; on the other, it brings out elements of intimate and sexual life that may result in instability of personal relationships and family. In this confrontation, health professionals should carry over the theme to propose initiatives that contribute to the promotion of sexual health without disregarding culture and social values of individuals.

In this study, the fact of not considering oneself vulnerable to STI / AIDS due to trust in the partner can portray the submissive/dependent culture in which Brazilian women still support. Similar research reported that the emotional dependence and fear of losing the partner by requiring the use of condom can be considered as risk factors to contamination.⁹

Correspondingly, society gives greater sexual freedom to men, reflecting the subordination of women to this matter of sexuality.¹²⁻¹³ A study claims that women should invest in self-care negotiating condom use with their partners and establishing constructive dialogue relationship. However, in some situations, this negotiation may be a moment of choice between staying with their partner, exposing themselves to the risks, and not staying, choosing to protect them against diseases.¹⁴

The difficulties experienced by women with sexuality indicate that health professionals, especially nurses, should be able to identify vulnerabilities and inform women and men about STIs / AIDS by raising awareness and sharing of knowledge.¹⁵ So, promoting conversation circles is an option that enables the identification of vulnerabilities and exchange of knowledge. Therefore, the orientation and discussion on STI / AIDS and health are some ways to facilitate the seizure of information within the safe sexual practice.¹⁵

Regarding the influence of alcohol and the risk of contracting STI / AIDS, most of the interviewees agreed that the use of alcohol and psychoactive substances can lead to unprotected sex. These results corroborate a study of adolescents, which confirmed that drugs and alcohol use can reduce the

perception of risk and damage to health due to the altered level of consciousness. Among the risky practices, it was mentioned the failure to negotiate safe sex.¹⁶

It was also found that most respondents consider necessary to receive guidance on sexual health, for the lack of knowledge about prevention methods can lead to greater vulnerability. The lack of information is added to the idea that HIV infection is something distant and with no possibility of imminent contagion due to low self-perception of vulnerability.

On this, a research with 1,967 women from three US cities found that most are not likely to use condoms, even when the partner has high-risk behaviors, such as having other partners of both sexes, concurrent sexual partnership or using injectable drugs.¹⁷

Thus, stimulating health action measures involve to using the data found on risks and hazards, allowing the appropriation of knowledge, the strengthening of positive attitudes and the adoption of preventive practices. Innovating intervention strategy in health education in the medium and long term can build stronger preventive mechanisms, perhaps minimizing risks and vulnerabilities to STIs and AIDS.¹⁸

Education is a key variable to explain the transformation of phenomena related to reproductive health. It is an important step for the conservation and recovery of the health of individuals and communities.¹⁹ Only education can break the silence, the lack of communication and the doubts between generations, providing information and influences on ways of preventing the AIDS epidemic.²⁰

Besides, for an effective educational process, the health practices developed by the multidisciplinary team should primarily identify risk behaviors and, subsequently, acting in gaps that are not consistent with healthy living habits, configuring itself as a focused and responsible action by improving individual and collective health.²¹

CONCLUSION

The fact of choosing not to use the condom during sex, whose reasons were the partner's dislike, discomfort, the use of oral or injectable contraceptive and the confidence in the partner can influence the increased vulnerability to contamination.

It is believed that low condom use increases vulnerability to AIDS in women who have a stable relationship. Therefore, it is necessary to draw proposals to sensitize women to the self-awareness of vulnerability

to STI / AIDS, which supply material resources compatible to the demand of Basic Family Health Units and to skilled human resources to act incisively in the dissemination of preventive measures to infections and, in particular, aimed at raising awareness of women to condom use.

Therefore, it is important that these care actions extend to men to encourage the adoption of safe sex practices. The results of this study will contribute to the planning of actions by the multidisciplinary team and, in particular of nursing, reinforcing the importance of care, of protection and of changes in sexual behavior to reduce transmission and affliction of STI / HIV / AIDS in the community.

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Risk behavior and self-perceived vulnerability...

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