IMPACTS ON SEXUALITY OF MEN LIVING WITH CHRONIC WOUNDS: INTEGRATIVE REVIEW

IMPACTOS À SEXUALIDADE DE HOMENS QUE CONVIVEM COM FERIDAS CRÔNICAS: REVISÃO INTEGRATIVA

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ABSTRACT

Objective: to analyze the national and international scientific production on the impacts generated to the sexuality of men who live with chronic wounds. Method: integrative scientific review, which answers the guiding question: What is the scientific knowledge produced about the impacts generated on the sexuality of men living with chronic wounds? The searched occurred in SciELO, LILACS and MEDLINE/PUBMED, publications between 2009 and 2015, using the descriptors: Sexuality; Chronic Diseases and Human Health, in the Portuguese, English and Spanish languages. Nine articles were selected, which were subjected to detailed reading and critical analysis by pairs, then grouped and organized into tables, synthesized and discussed. Results: wounds cause bodily limitations that influence the subjectivity of the individual, generating changes in daily life and strangeness that can alter sexuality. Conclusion: men present problems related to sexuality after the onset of a chronic wound, which affect their social, family living, labor relations and marital relationship. Descriptors: Sexuality; Chronic Diseases; Man's Health.

RESUMO

Objetivo: analisar uma produção científica nacional e internacional sobre os impactos gerados à sexualidade de homens que convivem com feridas crônicas. Método: revisão integrativa, que responde à questão norteadora: Qual o conhecimento científico produzido sobre os impactos gerados à sexualidade de homens que convivem com feridas crônicas? Buscou-se na SciELO, LILACS e MEDLINE/PUBMED, publicações entre 2009 e 2015, utilizando os descritores: Sexualidade; Doenças Crônicas e Saúde do Homem, nas línguas portuguesa, inglesa e espanhola. Seleccionou-se nove artigos, os quais foram submetidos a leitura minuciosa e análise crítica por pares, em seguida agrupados e organizados em tabelas, sintetizados e discutidos. Resultados: as feridas provocam limitações corporais que influenciam a subjetividade do indivíduo, gerando modificações no cotidiano e estranhamentos capazes de alterar a sexualidade. Conclusão: os homens apresentam problemas relacionados à sexualidade após o surgimento de uma ferida crônica, que impactam seu convívio social, familiar, relações de trabalho e relação conjugal. Descritores: Sexualidade; Doenças Crônicas; Saúde do Homem.

RESUMEN

Objetivo: analizar la literatura científica nacional e internacional sobre el impacto de la sexualidad de los hombres que viven con heridas crónicas. Método: revisión integradora, que responde a la pregunta principal: ¿Cuál es el conocimiento científico producido sobre el impacto de la sexualidad de los hombres que viven con heridas crónicas? Se buscó en el SciELO, LILACS y MEDLINE/PUBMED, publicaciones entre 2009 y 2015, utilizando las palabras clave: Sexualidad; Enfermedades Crónicas y Salud del Hombre, en portugués, inglés y español. Fueron seleccionados nueve artículos que fueron sometidos a una lectura cuidadosa y el análisis crítico por parejas, y, después, agrupados y organizados en tablas, sintetizados y analizados. Resultados: las heridas corporales causan limitaciones que influyen en la subjetividad del individuo, generando cambios en la vida diaria y la extrañeza capaz de cambiar la sexualidad. Conclusión: los hombres tienen problemas relacionados a la sexualidad después de la aparición de una herida crónica, que afectan a su vida social, la familia, las relaciones laborales y la relación matrimonial. Descriptores: Sexualidad; Enfermedades Crónicas; Salud del Hombre.
INTRODUCTION

Chronic wounds, due to their complexity and impacts, are of long duration, constant recurrence, with characteristics of difficult healing processes, influenced by several external factors. Those wounds are injuries that cause reactions, such as pain, reduced movement, depression, loss of self-esteem, and social isolation.¹

Living with a chronic wound causes significant changes in the individual’s life, expressed in altered body image, directly affecting the sexual life and the intimate relation between themselves². Its treatment, according to the manual of wound care of Ribeirão Preto³, is long-term and costly for both public as private institutions, and may still cause dissatisfaction, for it has a high chance of recurrence.

The long time living with chronic wounds has generated changes in male sexuality, since human sexuality constitutes an integral part of the total personality of the people and has been influenced by self-image and self-concept. The way in which the individual values, understands, and respects brings about interference in the exercise and expression of their sexuality. In this way, preserved sexual function configures personal fulfillment, consequence of the lesions, sexual complaints and symptoms, fear and difficulty of acceptance of their own body.⁴

In that context, the concern for men’s health raises questions regarding the treatment of chronic wounds, besides the process of illness. Inserted in the androcentric scenario, man has his masculinity threatened, facing the loss of his physical integrity and the dependence of care, provoking the feeling of fragility unimaginable to the figure, which socially constitutes as operant and manly male model.⁵

For cultural reasons, health care comes mainly from women, a factor that constitutes a destabilizing element of the psychological order of man. Individuals with chronic wounds need to adapt to a new routine of care and attention to their health, which requires external aid, thereby reducing their autonomy and independence, characteristics reaffirmed for the masculine, in the history of Brazilian culture.⁶

The chronic wounds generate, in that man, insecurities related to his masculinity and sexual performance. Resulting from prejudice, in his imaginary, fear and shame arise from judgments that can appear. Therefore, he adopts behaviors of introspection and social isolation.⁷

Thus, it is necessary to understand that the wound causes corporal marks, which surpass the physical questions, and represent emotional, subjective, and symbolic alterations that interfere in the interpersonal relations and must be recognized by the nursing professionals during their clinical practice⁸. Thus, the objective of this study was to synthesize the national and international scientific production on the impacts generated to the sexuality of men living with chronic wounds.

The relevance of this study stems from the need to treat the issues that involve the man’s health, making it possible to expand the research in this area of still incipient performance in the literature and in the field of professional nursing practice.

METHOD

This is an integrative review⁹ and, for its development, there were six steps: the first step was the definition of the guiding question of the research; the second stage delimited the inclusion and exclusion criteria; the third stage selected the databases and the search of scientific productions began; in the fourth stage, there was the data analysis; the fifth stage developed the data discussion; and, the sixth stage presented the synthesis of the review.⁹

The guiding question, the first stage of this review, was elaborated through the PICO strategy (P: Patient, I: Intervention, C: Comparison and O: Outcomes) as follows: What is the scientific knowledge produced on the impacts generated on the sexuality of men who live with chronic wounds?

In the second stage, there was the survey of published studies on the subject, online, in a computer with access to the internet. In that way, inclusion criteria were used: complete articles, articles with free online version, national and international productions, published in Portuguese, Spanish or English. The delimited period was from 2005 to 2015, in order to portray the scientific production of the last ten years. There was exclusion of literature reviews, theses, dissertations, monographs and articles that, after reading the abstract, did not meet the proposed study object, in addition to the publications that were repeated in the databases.

The search for scientific productions occurred between September and October 2015, conducted independently by three properly trained researchers: two Nurses and an academic fellowship of scientific initiation, guaranteeing rigor to the process of selection...
of articles in the electronic library of Brazilian scientific journals Scientific Electronic Library Online (SciELO) and in the Latin American and Caribbean Literature in Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE) databases through the MEDLINE (PUBMED) Public/Publisher search engine.

The search used the controlled descriptors “sexuality”, “chronic disease” and “human health”, with variations in the Portuguese, English and Spanish languages searched for in the DeCS (Descriptors in Health Sciences) and MeSH (Medical Subjects Headings) dictionaries, together with the Boolean operator AND. Thus, there were 118 publications, 14 in MEDLINE, 72 in LILACS and 32 in SciELO, of which nine articles were included for analysis according to established criteria.

In the next step, a relevance test was applied according to the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)9, which led to the elaboration of a catalog instrument in order to organize and analyze the publications. The methodological rigor of the studies, the measured interventions and the results found, the type of study and the level of evidence were evaluated: 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 - evidence of at least one well-delined randomized controlled trial; 3 - well-delined clinical trials without randomization; 4 - well-delined cohort and case-control studies; 5 - systematic review of descriptive and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 - opinion of authorities or committees of experts including interpretations of information not based on research.

The studies were also classified according to the methodological quality and bias of the selected articles, using the instrument adapted from the Critical Appraisal Skills Program (CASP)10, which aimed to extract the maximum content, with the presence of title, author, year, objectives, methodology, results and discussion. The evaluation of the quality of articles pre-selected through the CASP allowed the critical reading and classification of articles in numerical categories from six to 10 points, which defines methodological quality and reduced bias and minimum score of five points, which presents acceptable methodological quality, but with increased bias. Thus, in this stage, the productions that met the score of points were selected.

After the evaluation, three articles that did not meet the punctuation criteria were excluded, being classified below six points, shown in Figure 1, below:
The final synthesis was developed in a descriptive way, regarding the characterization of the studies, among which, objectives, results and conclusions. Those data were grouped and organized into tables, allowing a synthesis of each study included in the review and comparisons emphasizing the differences and similarities between the studies. Since it was a bibliographic review research and did not involve human beings, there was no request for approval by the Research Ethics Committee (Recommendations of Resolution 466/12 of the National Health Council).

**RESULTS**

Among the nine articles published on the theme of interest, three are from 2013; two, from 2011; two, from 2010; one, from 2008; and one, from 2006, as presented in Figure 1.

**Figure 1:** Selection criteria of the articles. Teresina, 2015.

Figure 1 presents data on the analyzed articles regarding the journal and country of publication, indexation, year, title and objectives of the publications. Regarding the indexation of the related publications, five were in SciELO, three in LILACS and one in MEDLINE. The most relevant journals related to the disclosures of the research were the Nursing Latin-American journal and Revista Gaúcha de Enfermagem, with two publications each, followed by the Revista Brasileira de Enfermagem, Saúde Coletiva, Cogitare Enfermagem, Revista de Enfermagem da UERJ, and The Journal of Sexual Medicine, with one publication each. As for the country of publication, eight are national and only one is American.
The studies, in a general form, focused on identifying and analyzing the perception of the carrier of wounds on the sexuality, as well as the experience, the changes in the way of life and, from that, understanding the context and planning actions, such as the validation of Nursing Diagnoses that contemplate the issue. The studies, in a general form, focused on identifying and analyzing the perception of the carrier of wounds on the sexuality, as well as the experience, the changes in the way of life and, from that, understanding the context and planning actions, such as the validation of Nursing Diagnoses that contemplate the issue.
<table>
<thead>
<tr>
<th>Code</th>
<th>Methodology</th>
<th>Type of analysis</th>
<th>Main found results</th>
</tr>
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<tbody>
<tr>
<td>A1</td>
<td>Qualitative</td>
<td>Thematic content analysis and content analysis for drawing.</td>
<td>The corporal limitations imposed by the wounds influence the subjectivity of those people, leading them to processes of loss of self-confidence, self-depreciation and fear of affective-sexual demands.</td>
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<tr>
<td>A2</td>
<td>Qualitative</td>
<td>Oral history of topical life analysis.</td>
<td>There are significant changes in the way of life that require the search for different coping strategies.</td>
</tr>
<tr>
<td>A3</td>
<td>Qualitative</td>
<td>Thematic Content Analysis</td>
<td>People with chronic wounds find their own bodies strange, experience negative feelings about their image, and mobilize alternatives for self-care and personal presentation, distinct from those triggered before chronification.</td>
</tr>
<tr>
<td>A4</td>
<td>Quantitative</td>
<td>Validation analysis.</td>
<td>Specialized experts evaluated the Diagnoses of Sexual Dysfunction and Ineffective Sexuality Patterns, and both diagnoses were present in the studied patients, through the analysis of the defining characteristics, and confirmed by the clinical evidence, especially in patients with onco-hematological diseases. The defining characteristics of those Diagnoses point to factors such as changes in the interest in oneself, others, perceived limitations imposed by the disease or the instituted therapy, changes in sexual satisfaction, altered perceptions about sexual excitement and lack of sexual desire.</td>
</tr>
<tr>
<td>A5</td>
<td>Quantitative</td>
<td>Cross-sectional study.</td>
<td>The study revealed questions related to education as a factor that contributes to assimilating the care to take with the wound and the need for good intellectual capacity to receive, remember, analyze and apply the taught measures. It drew attention to the need to create teaching adaptations for non-literate people. Venous and arterial ulceration, followed by pressure ulcer and diabetic ulcer were the most prevalent. The participants decreased recreational activities performed in public after acquiring the injury. The factors that triggered that departure were: discrimination, fear of exhaling, fear of accidents with dressing and feeling unmotivated. As for the feelings experienced by the family members, there were the fear of accident with the dressing, fear of inhaling odor, fear of rejection. The carriers face barriers in relation to family life, work and the circle of friendship, especially the fear of being rejected by relatives, fear that relatives inhale the odor of the wound, fear that colleagues at work feel the odor of the wound, fear of being rejected, fear of accidents with the dressing at the work environment. The participants also suffer impacts, which affected them in the cycle of friendship, they were discriminated, prejudiced and felt rejected. Specifically on affective and sexual relationships and practices, the participants considered the sexual activity a factor of importance, but revealed that, after the injury, the sexual activity decreased, related to self-esteem, marital relationship and empowerment of the individual for self and companion acceptance.</td>
</tr>
<tr>
<td>A6</td>
<td>Qualitative</td>
<td>Content analysis.</td>
<td>The study indicates that the work activities are compromised because of the wound, impacting the routine of the affected individuals and their families, mainly in relation to the domestic tasks and professional activities. As for the way they deal with the lesions, there was a pluralism in the choice of therapeutic methods, which are involved in the varied knowledge available in society, such as those suggested by health professionals. The physical-mental feeling of nervousness and impatience represents healing, which can impair or delay treatment. Several health problems that become visible in the materiality of the physical body are also permeated by symbolic issues that are inscribed in the everyday life of its patients, reaffirming the social character of the health-disease process.</td>
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</table>
The results revealed by the selected studies indicate that the lesions provoke corporal limitations that influence the individual’s subjectivity, which generate modifications in the daily life and strangles, capable of generating alterations in the pattern of sexuality. Moreover, the studies indicate that work activities suffer changes, resulting from injuries, leading to emotional decline and showed that education is an important element for improving self-care actions.

Regarding the analysis of the classification of the evidence of the articles, most of the...
selected studies present level of evidence VI, characterizing as non-experimental studies, as descriptive, correlative and comparative research, with qualitative approach and case studies. Besides the classification of the level of evidence of the articles used in this integrative review, figure 3 also presents the conclusions and recommendations elaborated by the authors.

<table>
<thead>
<tr>
<th>Code</th>
<th>Conclusion</th>
<th>Recommendations</th>
<th>Level of evidence</th>
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<tr>
<td>A1</td>
<td>Chronic wounds constituted as bodily limitations, which have effects on the subjectivity of people leading to processes of loss of self-confidence, self-depreciation, with a strong fear of experiencing rejection and the impossibility of affective-sexual involvement.</td>
<td>Aspects of the sexuality of wounded people need be explored during consultations with nursing professionals with the perspective of helping them to deconstruct negative ideas about the body and about sex and to discover and construct alternatives for their sexual exercise.</td>
<td>VI</td>
</tr>
<tr>
<td>A2</td>
<td>Significant changes occur in the way of life of people who have definitive intestinal ostomy, and require different coping strategies. The main strategies evidenced by the collaborators were: repression, denial, substitution, normalization and overturning.</td>
<td>The assistance given to ostomized people requires professional efforts, attention of the health services, to improve their quality of life. Teamwork is an important element for the rehabilitation and construction of effective care planning. It is also necessary to broaden the focus of the Nursing team's work, in addition to the biological body, implementing systematized actions, definition of precise diagnoses, definition of needs, evaluation of the accomplishment of the surgical intervention, with emphasis on the training of human resources, personal, patient and family training, and the development of practices beyond the delivery of materials to patients.</td>
<td>VI</td>
</tr>
<tr>
<td>A3</td>
<td>The data evidenced that the studied individuals strongly associate the representations about the injured body with negative and suffering images. They reveal that the injured body is marked in the trajectory of coexistence with chronic disease, which causes discomforts and increasingly distances their body from the idealized image, which generate contradictory, discouraging and self-deprecat ing feelings. It also produces a sense of loss of control over oneself, and of the identity, which causes them to leave health services or to constantly migrate from them in order to avoid exposing their corporeal image.</td>
<td>Nursing already has a great anatomical and physiopathological knowledge on the injured body, but it is necessary to deepen studies on issues that involve the relational status, its meanings, representations and subjectivities expressed by the sick person.</td>
<td>VI</td>
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<tr>
<td>A4</td>
<td>Diagnoses of sexual dysfunction and ineffective sexuality patterns identified in patients after validation point out that the defining characteristics for diagnoses are homogeneous, by it is essential to expand the realization of new studies that discuss those two Nursing diagnoses in other specific populations, in order to verify the incidence of the defining characteristics found in that study, which provide subsidies to identify the factors.</td>
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DOI: 10.5205/reuol.10263-91568-1-RV.1102201723
the presence of those diagnoses in patients with onco-hematological
diseases.

A5
The study identified that the rescue of social networks contribute to encourage those
with injuries in performing daily tasks and recreation, especially friends and family members. It
emphasizes the importance of those individuals belonging to social life and developing social
practices of leisure, recreation and balance reach for harmonious coexistence with their current
condition. It pointed out that isolation occurs through family members, who are affected by
their fear of suffering, experience difficulties in coping with a situation over which they lose
control and mastery, and by the person who perceives their odors and thinks that if they are
unpleasant for themselves, they are for others. They recognized that sexuality has been affected
by interference with gender, age, marital status, personal, cultural, social, economic and geographic
systems and values, as well as physical and mental health status.

A6
The anthropological study showed that, when distancing from the uniquely biomedical gaze, it was
possible to list the main consequences of the chronic wound of the lower limbs in the daily
life of the sick. Among them, the difficulties to perform daily basic activities and, above all, the incapacity that impedes
insertion/maintenance in the world of work were highlighted.
The composition of a therapeutic itinerary has become visible, in which individuals reinterpret the
official medical practices and articulate themselves with their beliefs and practices based on the
cultural context.

Identifying those factors contribute to the broadening of the professionals' perspective of the
people with chronic wounds, seeking to understand the process of illness of those social subjects and making efforts to recognize
the impacts generated in the daily life, individual and family stress, interpretation of complaints, the
development of cultural care, and building therapeutic itineraries that will best guide them to
treatment, including the family.

A7
The results of the study express how relevant it is to deepen the work of health professionals,
especially the nurse's work, in view of the condition of the person suffering from chronic
injury, so that changes and alterations in sexuality are identified and are better conducted during the therapy,
that affect sexuality.

Recognize that chronic illness and the III occurrence of wounds affect and interfere
in social, family, work relationships, movement, and sexual relationships that
cause difficulties, weaknesses in the therapeutic process, well-being and quality of life of those individuals and need to be
identified by health professionals. Seeking to lead them to develop coping strategies, reducing deprivation will be an important
path to take in order to reduce limitations and expand the chances of living healthy by
living with a chronic wound.

The study draws attention to the VI interpretations of social representations, beliefs, care practices, anthropological,
social, cultural aspects as well as the impacts that are generated by the experience of those subjects. It emphasizes
the importance of recognizing the visibility of the physical body, permeated by symbolism, present in daily life and
health-disease process. It is important to focus on biomedical issues, considering the
main consequences of chronic injuries, with emphasis on the basic activities of daily
life, especially the incapacity and invisibility that affect them in the insertion in the labor market. Based on the identification of the anthropological
influencers in coping with the chronic wound, it is important to enlarge the professional's eyes, who shall be sensitive to the
direction of the care actions towards the wounded, understanding them as social subjects, paying attention to the
complaints, as a way to promote meetings of care culturally compatible and sensitive
to the experiences in the health-disease process.

Faced with the condition of being a carrier of a chronic wound, the embarrassment and
shame is expressed with great evidence between the feelings experienced by the subjects, and are determinant for the
process of social isolation. In order to identify the presence of chronic wound patient anxiety for healing, as well as the
desire to be cured and to have a healed lesion, should be a factor to be exercised.

- English/Portuguese


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As for the discussed topics, the articles deal with problems related to chronic wounds, and how the carriers of those wounds deal with their sexuality in their daily lives. Furthermore, some articles present how health professionals deal with those patients and the guidelines they transmit to them, as well as their concern about the academic training that those professionals have about the subject of sexuality and how the culture of those patients interferes with the treatment and the definition of what sexuality would be.

**DISCUSSION**

The study evidenced that the number of publications on the sexuality of men with chronic wounds has increased since 2006. A possible explanation is the symbol that it represents through the body image, and regarding the rise on the man’s health, which is increasingly showing its space in society with more debates. In Brazil, an example is the Ordinance No. 1.944/GM of August 27, 2009, responsible for implementing the National Policy for Comprehensive Health Care for Man (PNAISH). Its work is developed from five thematic axes: Access and Receptiveness, Sexual and Reproductive Health, Paternity and Care, Prevailing diseases in the male population and Prevention of Violence and Accidents.11

Regarding the methodology type applied in the studied articles, most of them had the purpose of identifying and investigating sexual problems faced by professionals in order to identify problems and difficulties that hinder their life and the therapeutic process. In this way, in order to contemplate the questions that involve the sexuality in the conduction of the therapeutics of those individuals, it will provide possibilities of coping with the possible alterations that have arisen, as well as problems resulting from those alterations. Therefore, it is necessary that the strengthening of the individual with the people close to them who provide them with support, care and trust is explored during therapy and daily living.

With regard to the care provided to men with chronic wounds, health professionals should consider the specificities of the daily life of men when proposing to assist those clients. That action and differential behavior is in line with the guidelines of the National Policy for Integral Attention to Man’s Health, which indicates the need of health professionals to exercise the responsibility for care for the male population, especially in the context of their specific pleasures and illnesses, contemplating their personal, family and community routine.

The coexistence of the man with the chronic wound as an important issue that produces direct implications in the social conditions, in the productive scope and in the sexuality, which trigger restrictions of the collectivity, this damages the performance of the socially established roles for those subjects, which causes anxiety, mainly for the reestablishment of the physical functions (wound healing), and return to activities that were interrupted. Approaches to sexuality should be included in professional practices, and should be more worked in the context of chronic illness, with a certain appreciation of the subjects and their contexts, and that the feelings evoked and expressed by the subjects can be introduced and biopsychosocially assisted.

**Figura 4. Detalhamento dos artigos analisados, segundo conclusão, recomendações e nível de evidência.**

Teresina (PI), Brasil, 2015.
methodological designs of experimental research, being the studies with a qualitative approach the most used.

Qualitative research, in its particularities, proposes the desire to know how phenomena occur naturally and how the relations happen between those phenomena. It refers to studies of meanings, senses, psychic representations, social representations, perceptions, points of view, perspectives, experiences, life experiences. Qualitative methods are careful to produce contextual explanations for a small number of cases, with an emphasis on the meaning (rather than the frequency) of the phenomenon.12

The articles analysis showed that patients, when presenting visible bodily changes, deepen the demands on their image, based on how it was before. The qualitative studies A1, A2, A3, A5 and A6 also show that affective and sexual relationships cannot do without the body, because, through it, we look at each other, approach, feel, kiss, caress and seek to receive and provide pleasure, thus making sickness always ahead through beliefs, images and emotions.13-14-15-16-17

Based on the users’ reports, studies A5 and A7 also address that men with chronic wounds see sex as a form of solidarity for those who have had skin lesions since childhood. For those acquired in youth, the view is that sexuality is not so easy to express, believing that the injury has significant interpersonal relationships. In adulthood, the man faces difficulty with his sexuality, since his psychological makes him think that the wound is a critical attribute, undesirable and not as an object of desire or pleasure.16,18

The study A3 allowed concluding that the foreign body promotes a feeling of fear, sadness and discouragement and even more complex emotions (anguish, depression and the will to die)14. For some people, suffering is intensified by loneliness, alteration of the self-image and, above all, by the ruptures of affective relations, weakening the family bonds and, therefore, of the amorous bonds, causing the loss of the life meaning, lack of perspectives for the future, hope, even though they believe that sexual intercourse is important in their lives, even for better psychological help, according to study A5.16

International study A9 identified that chronic illness was a problem for men’s sexuality, such as erectile dysfunction, which negatively affected and interfered in the function and state of mental health of those individuals, such as depression, and deserve a better investigation, in order to develop coping strategies19, as supported by the quantitative study A4.20

The study A7 also shows that the wound is a physical body mark that represents a problem that is not only perceptible to him, but also to the people who surround him and, therefore, is a limiting factor for interpersonal relations, since the carrier interprets the wound differently17. The study also reveals that, for most chronic wound patients, the term sexuality represents sex, such as study A831. Thus, sexual activity is completely absent because they believe that sex impairs healing or their partners will reject them, causing isolation, aiming to provide the chronic wound patient with a more adequate intervention plan to care for that individual, improving the provided care and, consequently, their quality of life.

As a intervention plan for patients, study A6 stresses the importance of the nursing professional’s training on the subject of sexuality and the way to treat those patients17. For a good treatment of the injured person and his emotional state (psychological and sexual), everything depends on the teaching-learning process, if the patient will be able to assimilate the guidelines on wound care, resulting in a good treatment, improving his self-esteem.

During the academic training, the focus is primarily on physical care; there is no sufficient preparation to deal with the changes in the way of life presented by them. Nurses are unprepared to deal with subjective aspects, which contributes to the denial of sexuality in the care spheres, due to the lack of debate in the outpatient clinics.20

A chronic injury can cause numerous changes in a person’s social and work life, which can trigger self-esteem and self-image problems. Adults present difficulties in adapting to work, in social, family and sexual life. On the other hand, the elderly, with their dependence caused by the wounds, lose their autonomy, which makes the availability of a family member to care for them imperative, which increases the demands of work for the family. Given so many changes in physical appearance, the suffering expressed by those people is mourning.21

The studies allowed observing that chronic wounds cause a look of solidarity for the sexuality of those men, proven by study A1, that sex was referred as a solitary practice for those whose wounds began in childhood or adolescence, being the sexual experience in two non-existent15. Study A2 also showed it, in which body image relates to youth, beauty, vigor, integrity, and health, and those who
are different from that concept of bodily beauty may experience significant sense of rejection. Therefore, injury interferes even in interpersonal relationships.

In adulthood, sexuality faces difficulties shown in the examples of the reports in article A1, considering that the psychological of the individual who has it does not conceive the idea of pleasure, but of rejection, making him think that the wound shows it as critical and not for pleasure.

Study A1 clarifies that the representations of people with chronic wounds about sex and their sexual relationships have different direction, depending on each context, and that those people feel inhibited when commenting on the affective-sexual practices in therapeutic spaces. Nevertheless, they are concerned with that theme, which has great significance for their well-being and quality of life.

At an older age, the understanding of the male side and his sexuality also has its peculiarities, being the economic provider and, besides the questions about the wound, there is the ghost of sexual impotence, even though it is an important and much debated factor among the men at that age. That phase coincides with the retirement age, which, in the same way, removes the sense of social recognition of his masculine role.

Some negative impacts that certain chronic diseases bring to the sexuality of those elderly people have been well studied, but the study on the sexuality of healthy elderly people is recent. In the past, old and healthy individuals did not have or were not interested in sex, but the regularity of sexual activity will guarantee psychological and physical well-being, also contributing to reduce physical and mental health problems associated with aging.

This research observed that the men treated at outpatient clinics show that, in Brazil, wounds constitute a public health problem, due to the large number of patients with alterations in skin integrity, although there are few records of those consultations. Thus, the form of care needs to change in order to test other models of treatment, improving self-esteem and even reordering another way of approaching the subject, so that the person can increasingly feel free and less “scared” about that theme.

Even with all the advancement of technology, sexuality has not accompanied homogeneously, facing many myths. That theme is very repressed in society, which entails a repression in social education, but nursing has the sociocultural role that goes beyond the myths and social repressions, thus making important a good sex education to develop a notorious work with people about sexuality. Yet, only 25% of nurses have, in their training, the debate about sexuality that has enough background to guide and clarify the doubts of those people on sexual issues.

Even though the studies are increasing, it is still a topic to be highly discussed for a better perception of health professionals, with the possibility of deconstructing and reconstructing concepts and values established throughout individuals’ life, so that the silence surrounding the theme, the refusal of information, the maintenance of the lack of knowledge and prohibitions can be overcome.

The chronic wounded body causes its owner to lose control of himself, makes the body something that cannot be manipulated at will, and then becomes insufficient to represent his personal identity. Study A3 depicts the theme of fear resulting from a foreign body, which promotes suffering, interpreted by feelings, sadness, and discouragement. It also shows that the body is constantly guarded by shame, thus becoming a rejected body and imprisoned by itself, leaving that body in mourning.

It is important to consider that a chronic wound can generate considerable problems in the course of life, whether directed to physical or emotional aspects. Physical problems can lead to daily incapacities, and emotional ones can psychically affect their way of being in the world.

The authors of the aforementioned study also show that chronic diseases cause prolonged and recurring wear, which may lead to dependence of medication, besides being an incurable, irreversible and degenerative lesion.

Through the descriptive observational methodology, the diagnoses that portray sexuality suffer little progress, since they have undergone few changes in their constituent elements. It is important to understand that sexuality is a theme that is inherent in every human being, but must be respected according to the beliefs and limitations of each social group.

The Foucaultian view sees sexuality as one of the elements that obtains the most instrumentality, considered a point of support with greater articulations, being propitious to varied strategies. It also affirms that sexuality is a great network that stimulates bodies, intensifying pleasure and the formation of knowledge.
Two important issues, in which the qualitative-clinical methodology shows that the marks of the wound transform those men into groups that face difficulties not only in sexuality, affecting work, family, friends, social life in general. The partner's lack of support often intensifies the fear of one's own body and social reclusion.17

Thus, each professional, in specific ways, has increasingly demonstrated a better understanding of the topics, which become more evident, reported in the descriptive studies with a qualitative approach. For a better treatment, it is important to understand the themes in a complementary way, highlighting it, helping to build new limits and better understand what, for external looks, can be difficult, helping each one learn to live in new conditions, keeping routines as close to normal as possible.2

The constant intertwining of the theme becomes pertinent to facilitate the understanding of health professionals in the field of sexuality that, although increasing in the current discussions, has many myths of social barriers that are not inherent to nursing and need to be left behind, in order to demystify the subject and show that the different is also normal, respecting the limitations of the injured body, so that it can be properly adapted to its normality and include its sexual life, which contains important role in the healing period, considering that it correlates to the psychological one. After all, not all non-injured bodies have unshakable routine and sexuality, proving that our psychological and social customs are intertwined, thus forming a social web.

CONCLUSION

The synthesis of the analyzed studies allowed identifying that men present problems related to sexuality after the onset of a chronic wound, which affects their social and family life in the labor relations and marital relationship, which directly relate to the constructions of gender and masculinities, historically constructed in our society.

The lesion has been a problem for those subjects, provoking denials, and the development of negative feelings, such as sadness, melancholy, impotence, incapacity, which contribute to social isolation and decline in self-esteem, impairing perception, motivation and self-image. The conception of sexuality among those subjects, in general, relate to the sexual act itself, reduced to the penetrative action with heterosexual identities that occur in the plane of the intimate relation. There were not other possibilities for the expression of sexualities in the populations of the studies, which highlights the need to work on those aspects in the context of health, especially those with chronic illness.

The main factors that interfere with sexuality and provoke alterations and changes in affective and sexual patterns revealed in the analyzed studies are pain, odor, dressing, secretion and religious factors. Those limiters interfere in everyday relationships, such as fear of accidents with the dressing, as well as the fear that the partner may feel the odor and fear of the sexual act interfering in the healing.

The study revealed possibilities of coping with the problems that affect sexuality, such as faith, religious beliefs and the support provided by health professionals, especially those from the Nursing area. Furthermore, the participants expressed other contexts that influence in the therapeutic process, such as culture, economic, social, gender, geographic and educational aspects. The professionals must identify those aspects, in order to implement compatible and effective care plans according to the contexts involving the population.

Care actions directed at the male public contemplate the objectives proposed by the Ministry of Health, through the implementation of the PNAISH, and should be part of the health assistance of the population, considering specific aspects of the grievances and diseases that affect men.

As a limitation for this study, there is the lack of published works with the theme and productions involving only the male audience. Even considering the growth of publications on the theme, the quantitative is still low and do not contemplate the issue of chronic illness and chronic wounds and the relationship with sexuality.

The level of evidence of the analyzed productions, according to the PRISMA Guidelines, which considers the data analysis methods and the sample number, is still low, but qualitative studies seem to contribute to the identification of social phenomena that will allow constructing concepts and basing the care production and implementation of therapeutic plans, as well as well-founded and effective protocols.

This study contributes to clinical practice when providing greater precision to identify that problem, which may allow implementing and using Nursing Diagnostics directed to the sexuality of the person with wounds in the context of the chronic illness, and lead them...
to perform qualified, humane and integral assistance, contemplating the person in his/her biopsychosocial context. Moreover, it provokes the realization of studies and researches that point out new directions to conduct the studied problem.

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