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Male and female condoms: What do women of a subnormal agglomerate know

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Male and female condoms: What do women of a subnormal agglomerate know

Objectives. Evaluate the knowledge about male and female condoms among women living in subnormal agglomerate and identify sources of information and appropriate care to use. **Methods.** Household survey, descriptive, transversal and quantitative study with 300 women over 18 of João Pessoa, Paraíba, Brasil**,** who began their sexual life. The systematic sampling plan for data collection was used. The interview form included sociodemographic questions and gazed relevant aspects of the use of condoms as a preventive measure of sexually transmitted infections and AIDS. **Results**. TV and healthcare professionals were the main sources of information. The participants knew more often the male condom features compared to women. The care most often mentioned by women as the use of male and female condoms were related to the validity, form of openness and conditions of packaging and storage of condoms. The largest number of care focused on measures taken in the pre-sexual moment. Moreover, care was nonspecific on the female condom. **Conclusion**: The participating women have inadequate knowledge on female and male condoms. It is necessary that the nursing seek health education strategies for improving knowledge about relevant information about male and female condoms.

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Key words: knowledge; women; condoms; condoms, female; prevention of communicable diseases; health education.

Preservativos masculino y femenino. Lo que saben las mujeres de un área subnormal

Objetivo. Evaluar el conocimiento sobre los preservativos masculino y femenino de las mujeres residentes en un área subnormal, identificando las fuentes de información y cuidados adecuados de uso. **Métodos.** Se trata de una encuesta de hogares, descriptiva, de corte transversal y abordaje cuantitativo, realizado con 300 mujeres de la ciudad de João Pessoa, Paraíba, Brasil**,** mayores de 18 años, que iniciaron vida sexual. Para la recolección de los datos se utilizó el muestreo aleatorio sistemático. El formulario de entrevista incluyó la caracterización sociodemográfica y preguntas que contemplaran los aspectos relevantes sobre el uso del preservativo como medida preventiva de infecciones de transmisión sexual y Sida. **Resultados.** Las principales fuentes de información fueron la televisión y los profesionales de salud. Las participantes conocían más las funciones del preservativo masculino en comparación con el femenino. Los cuidados más mencionados por las mujeres para el uso de los preservativos masculino y femenino se relacionaron con el período de validez, modo de abertura, condiciones del empaque y su conservación. El número de cuidados se concentró en las medidas tomadas en el momento presexual. Además, sobre los cuidados del preservativo feminino estos no fueron específicos. **Conclusión.** Las mujeres participantes tienen inadecuados conocimientos sobre los preservativos femenino y masculino. En consecuencia, es necesario que enfermería desarrolle estrategias de educación en salud para el mejoramiento del conocimiento de este tema y brinde informaciones relevantes sobre el uso, condiciones de empaque y conservación, entre otros asuntos, de los preservativos masculino e femenino.

Palabras clave: conocimiento; mujeres; condones; condones femeninos; prevención de enfermedades transmisibles; educación en salud.

Preservativos masculino e feminino. O que sabem as mulheres de uma área subnormal

Objetivo. Avaliar o conhecimento sobre os preservativos masculino e feminino das mulheres residentes numa área subnormal e identificar as fontee de informação e cuidados adequados de uso. **Métodos.** Se trata de uma enquete de lares, descritiva, de corte transversal e abordagem quantitativo, realizado com 300 mulheres da cidade de João Pessoa, Paraíba, Brasil**,** maiores de 18 anos, que iniciaram vida sexual. Para a recolecção dos dados se utilizou a amostra aleatória sistemático. O formulário de entrevista incluiu a caracterização sócio-demográfica e perguntas que contemplaram os aspectos relevantes sobre o uso do preservativo como medida preventiva de infecções de transmissão sexual e AIDS. **Resultados.** A televisão e os profissionais da saúde foram as principais fontes de informação. As participantes conheciam com maior frequência as funções do preservativo masculino em comparação com o feminino. Os cuidados mais mencionados pelas mulheres para o uso dos preservativos masculino e feminino se relacionaram com o período de validez, modo de abertura, condições da embalagem e a conservação dos preservativos. O número de cuidados se concentrou nas medidas tomadas no momento pré-sexual. Ademais, sobre o preservativo feminino os cuidados não foram específicos. **Conclusão.** As mulheres participantes têm inadequados conhecimentos sobre os preservativos feminino e masculino, é necessário que a enfermagem desenvolva estratégias de educação em saúde para o melhoramento do conhecimento de informações relevantes sobre os preservativos masculino e feminino.

Palavras chave: conhecimento; mulheres; preservativos; preservativos femininos; prevenção de doenças transmissíveis; educação em saúde.

Introduction

Sexually Transmitted Infections (STIs) and HIV are primary determinants of disease in populations living in different contexts at the national and international levels. Prevalence, incidence and morbidity rates can be understood from the evaluation of different sexual behaviors, influenced by different cultural and social perspectives between women and men, which can determine the elevation or reduction of the risk of

contamination.[1] STIs and HIV can afflict anyone. However, in recent years, factors such as gender, age and / or socioeconomic status have been more closely associated with the spread of these diseases[1]. The risk involves each individual and the possible existing causal relationships between the conditions or events that may or may not cause any pathology.[2] Some people have increased risk of contamination, known as vulnerability. This involves a broad and complex concept, in which exposure to illness results from a set of individual, collective and programmatic aspects, that considers the individual in their sociocultural context. In the individual sector, vulnerability encompasses knowledge and its use to prevent infections and other ailments.[3] Social factors are related to gender, economic status, social exclusion, gender identity and power imbalance.[4,5]

The programmatic elements of vulnerability cover access, coverage and quality of health services and programs offered to the population. In this sense, the condom is programmatically made available, free of charge, by health units as the most effective strategy for the prevention of STIs and HIV. Nevertheless, the explicit or veiled resistance to its use, both by women and men is common.[6] Thus, preventive actions to STIs and HIV are aimed at reducing contamination risks, involving the commitment of production and transmission of knowledge, debate and action on the different levels and nature of the vulnerability of individuals and communities to infection. All this covers every situation and its peculiarities as well as the resources for solving them.[7] In this context, there is a significant synergy that must exist between knowledge, availability, access and negotiation to improve adherence to condom use. Knowledge of women about the proper use of both types of condoms is a considerable factor to the reduction of injuries, though it does not ensure the adoption during sexual practices. Still, the knowledge gives elements for reflection and discernment about individual behavior, based on contextual environments.

Thus, considering HIV as one of the most feared infections transmitted through sex and that women have been targeted by the AIDS epidemic over the years, the sociocultural context is related to contamination causes. Thus, the importance of this study is in the highlight of inappropriate or inconsistent knowledge as a contributing factor to the vulnerability to sexually transmitted infections and HIV. Meanwhile, the guiding questions of this study were: what do women know about male and female condoms? What are their sources of information on this preventive method? To answer the questions, the following objectives were established: to evaluate the knowledge of women living in a subnormal agglomerate on male and female condoms and identify sources of information and appropriate care to use.

Methods

It is a home, descriptive survey, of cross-sectional cohort and quantitative approach, conducted with women living in substandard agglomeration of the city of João Pessoa, Paraíba, Brazil. The research location has disordered occupation, precarious housing and only one main avenue. Inclusion criteria were age above 18 years and having begun their sexual life. The population consisted of 3,200 women. The sample was calculated based on an error margin of 5% (Error = 0.05) and α = 0.05 and the proportion of 23% (p = 0.23). This ratio was measured with the aid of a census on the use or nonuse of condoms during sexual intercourse. The n-sample was 251 women. However, there was the feasibility of expanding it to 300 participants.

For the data collection, it was used a systematic sampling plan, i.e., households were visited at regular intervals.[8] As the location had 2 134 homes,[9] there was a "leap" in 3 households, as recommended in the literature.[8] From the main avenue, authors selected the first house (eastbound) where at least one woman that met the inclusion criteria lived, to be the starting point of the interviews. Otherwise, the house next door would be visited and given the criteria, it would be initiated a new "leap", according to the method.

Data collection took place between June and August 2013, with the accompaniment of community health workers (CHW). The interview form included sociodemographic and questions about knowledge related to the purposes of condoms, appropriate care to use and sources of information. For the descriptive analysis, authors used the Statistical Package for Social Sciences (SPSS) version 20.0. The results were presented in form of frequencies and percentages. The certificate of approval with No. 14726213.3.0000 5188 and Protocol No. 0251 was issued by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, in compliance with Resolution No. 466/12 of the National Health Council, which deals with ethics in research involving beings humans.[10]

Results

It was noted that 114 women (38%) were aged less than 35, 140 (46.67%) did not work, 218 (72.67%) said they were Catholic, 182 (60.67%) had primary education, 200 (66.67%) characterized themselves as brown; 189 (63%) were married or living in stable unions and 192 (64%) lived with less than one minimum wage.
Below, there is the distribution of the main sources of information about the condoms. About the male condom, television was the main source of information, followed by health professionals. For women, health professionals were the most cited, leaving the television in the third position. In addition, internet and family were the least mentioned. Protection against STIs and HIV was the most mentioned purpose, followed by avoiding unplanned pregnancy. Six times more women could not cite at least one of the female condom functions when compared to the male condom (Table 1).

Care most often mentioned by women for the use of male and female condoms was related to the expiration date, form of openness, packaging conditions and conservation of condoms. It is essential to note that the number of care focused on the measures taken in the pre-sexual moment. In addition, about the female condom, the types of care were not as specific, since the mention of the inner and outer rings were less said (Table 2).

Table 1. Distribution of sources of information and functions of male and female condoms. João Pessoa, Paraíba. 2014

Variables(*)	Male condom		Female condom	
Source of information	Freq.	%	Freq.	%
Television	129	23.3	90	20.9
Health professionals	125	22.4	117	27.2
Campaigns / Lectures	114	20.5	92	21.3
Schools	91	16.4	58	13.5
Friends	43	7.7	34	7.8
Posters / Folders	31	5.6	27	6.3
Family	14	2.5	7	1.6
Internet	9	1.6	6	1.4
Function				
Protection against STIs and HIV	279	56.9	246	53.8
Avoid unplanned pregnancy	206	42.1	179	39.2
Do not know	5	1.0	32	7.0

(*)Multiple response variables.

Table 2. Distribution of care related to male and female condoms. Joao Pessoa, Paraíba. 2014

Care(*)	Male condom		Female condom	
	Freq.	%	Freq.	%
Observing the expiration date	168	23.6	133	25.2
Observing the packaging conditions	137	19.3	109	20.6
Not opening the package with the mouth	104	14.6	63	11.9
Tightening the tip of the condom to not get air	63	8.8	0	0.0
Discarding in the trash after use	53	7.6	38	7.2
Putting with an erect penis	51	7.1	0	0.0
Keeping in dry and airy environment	38	5.3	76	14.4
Not using two condoms at once	27	3.8	0	0.0
Tying the end of the condom to discard	26	3.6	0	0.0
Unfolding to the base of the penis	17	2.3	0	0.0
Using only water-based lubricant	13	1.8	0	0.0
Removing the condom with the erect penis	13	1.8	0	0.0
Not using with male condom	0	0.0	30	5.6
Pushing the mobile ring for the introduction	0	0.0	29	5.5
Leaving the outer ring outside the vagina	0	0.0	25	4.7
Tightening the outer ring for the withdrawal	0	0.0	12	2.2
Pushing the movable ring into the vagina	0	0.0	12	2.2

(*)Multiple response variables.

Discussion

The use of condoms in certain places and traditional family contexts is an issue that can still cause embarrassment and sometimes becomes a taboo. Little information can be aggravating factor to not using condoms and to the risk of contamination because it can interfere with knowledge about this method and beliefs regarding the use. According to the results, the television media publicizes the male condom over the female condom, whose information is, in most cases, in charge of health professionals. It is suggested that this occurs because the female condom is an resource adopted more recently, the handling requires better ability to placement / removal, as well as access and availability thereof are still restricted in health services.

Despite the important role of television as a means of information about the prevention of STI / HIV through condom, it was noticed that the women in the study also focused their responses to the two types of condoms in sources inserted in health services, as professionals and campaigns / lectures. Thus, professionals should carry out health education activities regularly, observing the proper planning for its occurrence.

The accountability of health professionals and services that encourage the creation and execution of campaigns and conversation groups focused on the theme for individuals and communities is considered an essential factor for the prevention of STIs and HIV. The educational and transforming role of doctors, nurses and community health workers often becomes an indispensable alternative to sharing knowledge about the female condom.

Health campaigns broadcast on television and the very open channel programs have been performing important work in disseminating information about the prevention of STIs and

AIDS for the population, becoming one of the main mass communication vehicles, by achieving different social strata and age groups. Specifically on this topic, research states that the media is a pedagogical tool of great breadth, by combining education and health through images that cause greater impact and awareness for the prevention of sexually transmitted diseases.[11] Another study also highlights the television media among sources of information on STIs, especially among the working classes.[12]

Living in the information society is to live with the power of influence of television in homes and families, so that it also serves as an interlocutor in the transmission of issues related to prevention of diseases. Sometimes the TV replaces the role of the family itself when disseminates health information. Nevertheless, it is interesting to emphasize that only the massive disclosure about the use of condoms does not necessarily imply the adoption of preventive behaviors.[11] Still on the sources of information, family and internet were least mentioned by women. This may be the result of a culture where sex is still seen as taboo between individuals, where parents may be uncomfortable in dealing with the topic. As for the Internet, perhaps the economic conditions do not allow easy accessibility to information technology, as the location where the study was conducted there are other priorities, considering the very survival. In this sense, the Internet becomes a superfluous item, still not accessible to all individuals.

In this case, the purchasing power interferes greatly in the opportunity to have access to information technology, which in turn can affect vulnerability to diseases. In addition, study says that women with low socioeconomic status have increased health, increasing the risk of HIV infection, when compared to men.[13] In relation to the family, Brêtas *et al*.[14] explains that the small demand for information with family members can result from a lack of openness to talk about issues related to HIV and STI. Survey shows the health service as a means for communication of information on this preventive method.[15] Health professionals are key actors involved in the information sharing process about AIDS, prevention, treatment, recovery and, above all, should be seen as partial protagonists of changes in the epidemiological profile.[16]

The school was the fourth most cited source for both types of condoms. In this context, a search aimed at university students in the health area identified that most of the information on the prevention of STIs and HIV was also acquired during school period. This reaffirms the substantial role of the educational environment as a source of health information.[17] Study related to the sources of information on STI and AIDS with 100 students at a vocational school showed that 87% of students cited teachers as disseminators of information on the topic.[11] One should consider that these women live in a violent and unhealthy place, with environmental risks, which reaffirms the importance of a health service committed to the community, whose work is able to clarify and share health information. Survey of sixty young adults in Chicago, United States, found that television and advertising, educational environments, health centers, community, family and friends were the main sources of information about HIV. Recommendations were focused on awareness and impact of living with HIV and the need for greater parental involvement with health education.[18]

In this sense, health education gains concrete expression in social actions driven by the need to build the autonomy of individuals. This suggests pedagogical acts that make the information on the health of social groups contribute to designing suitable paths to community and individual well-being.[19] Pedagogical actions build communication scenarios in various languages, inter-agency coordination of public health and education networks as a responsibility network, turning the information into devices for building and creating attitudes directed to the changes that are deemed necessary.[19] Meanwhile, the Brazilian program Prevention and Health in School (PES) aims to integrate and combine education and health permanently. However, there are problems that directly affect the evolution of the projects

and plans of the teams, which is the lack of material resources, lack of dialogue between administrations, in order to jointly plan and implement health education activities. All this can derail strategies devised by the PSE and hinder the work process of health and education professionals.

Information sources, such as media, school and family must work in an integrated manner in a process of constant education, focusing on accountability of all these elements to stimulate preventive measures against HIV / AIDS, making the prevention process most effective.[12,20] Regarding the content of information, it is believed that as important as knowing the role of condoms is also knowing the proper way to use them. The demonstration of the mode of use can ensure greater effectiveness of condoms and should happen in environment conducive to educational activities. Thus, professionals can avoid possible embarrassment of users because this issue involves intimate nature of issues.

It is noteworthy that six times more women were unable to even name a function of the female condom, compared to the male condom. There must be continued commitment to implementing strategies aimed at guidelines for the maintenance of self-care practices, particularly on the female condom, which is a powerful method for the autonomy and freedom to negotiate condom use for women. Health professionals need to clarify important questions about the female condom, either by creating groups or educational activities in the waiting room or in the very host for dissolution of the resistance to the use thereof. However, not only the appropriate information will make a difference in adherence, but availability can be a convenient way to acquire condoms, enabling their use.

Providing discussion forums for knowledge consolidation is to visualize the prevention through co-responsibilitization. The action must cease to be a technical and theoretical information, to become an educational work guided in the social context of each person.[21] In addition, preventing STI / AIDS is the result of the development of skills and attitudes that contribute to individual health.[22] The results indicate that, basically, the first three types of care are those performed prior to use of the condom. A specific care to the male condom, as tightening the tip to prevent air intake, is information that should reach women and solidify as a well-disseminated knowledge and essential for the proper use, as it prevents the breaking of the condom during intercourse. It is noteworthy that many relevant information were not mentioned by female participants with regard to the storage of condoms. The knowledge on how to store is essential and some actions should be avoided in order not to impair the quality of the resource.

Specific care to female condoms were mentioned far less frequently, and the inner and outer rings were the least cited. Reponses indicated basic information on the female condom and women failed to cite some more specific conditions for the resource and which are characterized as major differences in its use, as lubrication, proper position and sure of the correct introduction, showing that peculiar knowledge to that resource it is still scarce. Research carried out in Chile with 496 women found that 47.7% cited as a primary care condom use holding the tip not to occur air intake. The authors concluded that health professionals must include strategies for HIV prevention, to incorporate elements that will improve the knowledge of Chilean women.[23]

According to the Ministry of Health, condoms should not be exposed to sun and heat, nor be carried permanently in wallets or pants pockets, because the heat and the movements can tear the envelope or cause it to dry up. For the use of the female condom, after opening the package, it is important to rub it gently to make sure that the interior is fully lubricated, push the outside of the inner ring, forming an eight, pushing it with the index finger, leaving the outer ring outside to cover the outer labia.[24] Not knowing this information constitutes a risk factor for both the non-use of the female condom, and for the failed attempt to use it, because these elements are relevant to the correct

practice. Although health professionals have been pointed out as key informants to use the female condom, the obligation for publicizing it should not fall on them only, given that the initiative and the integration of managers and media are crucial factors for the spread of knowledge.

Conclusion. In this study, the *television* was the most frequently cited source of information for the male condom, which demonstrates its usefulness for institutional ads on health, constituting as a pedagogical tool capable of causing greater impact and awareness of preventive measures to sexually transmitted diseases. As regards the female condom, *health professionals* were identified as the main communicators of this preventive method, showing them as protagonists responsible for health education in the community. In relation to knowledge, there was a large percentage of women who could not cite any care related to female condoms, showing a programmatic gap in this type of resource in the research community. The most cited guidelines focused those related to the pre-sexual moment. Condom use is the subject of intense debate on public policies for prevention and attention to STIs and HIV / AIDS. Health services should provide the male and female condoms to ensure better access to this resource for both sexes. The magnitude of this strategy lies in both the availability of the primary method of prevention of infections transmitted through sex and in health education to potentiate successful experiences, as well as expansion of supply, which aims to meet the options of preventive measures.

Attention should be given to permanent studies on the topic and conduction in populations with different characteristics, enabling the comparison of data, in order to facilitate interventions compatible to each context, which could raise greater chance of success. The aim of this research is not to exhaust the subject, but produce questions that may contribute to the improvement of women's health by strengthening health education and discussion of attitudes and preventive and self-care behaviors.

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