

## NURSING ASSISTANCE IN THE FAMILY HEALTH STRATEGY REGARDING FEMINE SEXUALITY

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### ABSTRACT

The linkage between sexuality and nursing is a determinant factor in the woman's health and disease process. This study aimed to characterize the assistance offered by nurses to women regarding sexual health in nursing consultations, at Family Health Strategy units of a municipality in the south of the state of Minas Gerais. This is a descriptive, exploratory and qualitative study, with Bardin's content analysis. The population consisted of 14 nurses, active in 14 teams of Family Health Strategies, using semi-structured interview. The assistance offered in the nursing consultation to women regarding sexuality proved to be pathologizing and biologicist, requiring transformations. It is important to address women's sexuality in primary care, since the nurse is the main health education agent and that must act in an integrative and resolute manner. The nurse should assume an innovative posture and holistic practice for constructing women's sexual autonomy.

**Keywords:** Sexuality. Nursing. Woman's health.

### INTRODUCTION

In the first decades of the 20th century, the woman's health was incorporated into the national health policies, but the implemented programs still focused exclusively on care to aspects related to pregnancy and childbirth. In this way, the Ministry of Health launched the programmatic bases of the Program of Integral Assistance to Women's Health (PAISM), which introduced a new focus on public health policies, proposing a comprehensive approach to women's health at all stages of their life cycle<sup>(1)</sup>.

Sexuality and reproductive health are central issues in Brazilian health policies, configuring as important aspects in a comprehensive approach to women's health<sup>(2)</sup>. The communication between health professionals and clients can improve sexual health, once the practice must address the whole history of the woman, such as biological, psychological and sociocultural factors, including her first sexual relation, difficulties reaching orgasm, decreased vaginal lubrication, and provide the woman knowledge on her body.

The sexuality theme remains veiled by many women and the same occurs with nursing professionals, since there are barriers, such as taboos, prejudices and

difficulty of the professional to address the issue, as well as lack of bond between client and nurse. Therefore, in this perspective, it is necessary to break the silence that still prevails in nursing about sexuality, because this is an essential component in the care integrality with the client<sup>(3)</sup>.

The present study aims to describe the nursing assistance offered by the professional to women regarding sexuality in nursing consultations, at Family Health Strategy units of a municipality in the south of the state of Minas Gerais.

### METHODOLOGY

This is a descriptive, exploratory and qualitative study, with content analysis according to Bardin<sup>(4)</sup>.

The research was carried out with 14 nurses from 14 units of the Family Health Strategy, representing the total number of existing teams from the studied municipality.

The inclusion criteria were accepting to participate in the research, being a nurse of the FHS unit and having experience of at least six months in gynecological nursing consultation and bond with the population. The exclusion criteria were refusal to participate in the research, less than six months of work

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in the FHS and not performing gynecological nursing consultation.

Data collection occurred in November and December 2016, in a reserved room in the FHS, and was directed by a guide consisting of two steps. The first step includes nurses' characterization; the second one answers the guiding question: "Tell us about the assistance you offer in the nursing consultation to women regarding sexuality". The approach with the nurses, in a first moment, occurred by scheduling the interview by phone. The interviews took place in the FHS, where an interpersonal relationship established, started with a brief explanation about the study and, from nurses' acceptance to participate in the research, the conversation started. To protect the nurses' identity, codenames of colors chosen by the interviewees were used.

The interviews were recorded on mobile device Samsung Galaxy S5 new edition and the analysis process began with their reliable transcription, which, subsequently, was coded and analyzed. For analysis of the data from the open question, the following steps were adopted: pre-analysis and exploitation of interviews, emerging the following thematic categories: \*Comprehensive approach to women's health regarding sexuality in gynecological nursing; \*Communication and guidance to women in gynecological nursing consultation; \*Professional improvement/qualification focused on the care management regarding women's sexual health, lately correlated and discussed among the nurses and with the literature.

The research started after the approval of the Institutional Authorization Request, of the Research Ethics Committee (REC) and signature of the Informed Consent Form (ICF).

The project was submitted to the Research Ethics Committee (REC) of the Unifal-MG and approved by opinion 1,775,386 and CAAE: 60755216.2.0000.5142.

## RESULTS

We interviewed 14 nurses from the Family Health Strategy units of the studied municipality, all women. Six of them are between 30 and 39 years old, six are married or live with a partner and eight are catholic.

In relation to the time of experience, six have less than 10 years of work in the FHS in the municipality and seven, from six to 11 years of work in this area. They all work 40 hours/week and only one has more

than one job. They all have specialization in some area; half of them have specialization in Family Health.

The second step of the research, in order to characterize the assistance offered by the nurses to women regarding sexuality in the nursing consultations of the Family Health Strategy units of a municipality in the south of the state of Minas Gerais, allowed identifying the thematic categories presented below, obtained by the content analysis of Bardin.

### Comprehensive approach to women's health regarding sexuality in gynecological nursing

The nurses emphasized the importance of a comprehensive approach during women's care in the nursing consultation, covering a comprehensive understanding in relation to the sexuality theme. Implicitly, it is possible to identify this woman's position on the issue, favoring the bond creation that can qualify the care, as evident in the following speeches:

[...] We must have a holistic look at the human being, especially when I am talking about sexuality, because when she feels uncomfortable with any question, I already say it in a different way, I tell her to feel safe to answer me (RED).

Beyond what was mentioned, the host of this woman in primary care is extremely relevant for nurses to conduct the consultation, to ensure the conduct is carried out in accordance with the needs of each client, in their individuality. This thought is explained below, in the report of other professional:

[...] I think that, by means of the host we do, (the service) is routed to her need, I listen to what they are going through, and I guide what has to be done! (YELLOW).

Nurses place Cervical Cancer Prevention (CCP) as an opportunity to approach this subject. In this moment, they can provide greater bond with the client, thus, inserting sexuality in the examination context, as observed in the following speeches:

[...] The nursing consultation occurs during the preventive collection (NAVY BLUE).

[...] Generally, the part of sexuality, it is automatically included in my care during the preventive exam (GRAY).

It is also evident that the anamnesis performed in nursing consultations occurs integrally and one of its focuses is women's sexuality, as can be seen below:

[...]First, I approach the woman, perform the physical examination, data collection, number of pregnancies, beginning of the sexual activity, menarche, menstrual cycle regulation, date of last menstruation, fulfil the whole form, which is already protocol, routine. The examination is the breast exam, the breast inspection, then I do the cervical collection, discuss sexuality, if she has some difficulty, bleeding, pain after the sexual act, the approach is done at this time. It is routine for me (PINK).

[...] Some are more liberal, and some are not. They come here for the preventive, I make the anamnesis, everything is done calmly to promote greater freedom, I try to chat with them in a welcoming manner, for them to feel more comfortable, I ask them about sexual history, gynecological antecedents, partners, so they speak of sexuality, of complaints (GOLD).

The study with nurses in relation to women's sexuality also shows that the clients' sexuality, most of the times, is contained, i.e., there is still a feeling of repression noticeable when discussing this subject:

[...] You observe that there is something wrong, and when you keep investigating, you see that her sexuality is repressed. This is where I try to chat (RED).

Through their reports, the survey participants indicate sexuality with a broad concept, since its definition assumes different forms and changes with each professional. Thus, it is possible to observe the fragments below:

[...]Sexuality, it involves not only the sexual act, but it is in our way of dressing, speaking, our behaviors... then, it is everything we pass on to, and is very complex, right? You can see if the woman has a satisfying sex life or not, whether she has freedom with the companion or not, and even in the speech you realize if she has some fear, you notice that it is not natural for her (RED).

[...] I, at least, restrain sexuality to number of partners and number of times sexual intercourse occurs (GRAY). Another item listed by the nurses participating in this study related to dyspareunia. This issue was observed during the care offered to women, as evidenced by the following speeches:

[...] I ask how sexual relation is, if she has pain and if she has pain after the sexual act (PINK).

[...] Many say that they no longer want to have sexual intercourse, because they think that it hurts. Then, I explain, I show them other ways out (NAVY BLUE).

The nurses also discuss sexuality with women undergoing menopause and provide guidelines that are consistent with the clients' complaints in relation to

such period. Upon these considerations, the following statements confirm the approaches:

[...] During the preventive, for women undergoing menopause, I ask how their sexual life is, if it hurts, if they have dryness. Many say that they no longer have a sexual relationship with a partner, which is not satisfactory; I speak about using lubricants (RED).

### **Communication and guidance to women in gynecological nursing consultation**

The use of material resources as educational anatomical parts during the nursing consultation on sexual health facilitates approaching the woman, along with scientific knowledge to clarify doubts about sexuality, as showed in the speech below:

[...]We have that anatomical piece, women's genitals, we explain to her that way (NAVY BLUE).

Furthermore, the communication during the nursing consultation is also important, since language adequacy is crucial for the offered assistance, according to this statement:

[...]If you do not use a word that belongs to her vocabulary, she will not understand it... and she can understand and be understood, because it is useless if you have knowledge and the person has no understanding (RED).

In relation to contraceptive methods, the nurse needs to provide guidelines to women about the importance of safe sex, seen as a general form of health care. The use of contraceptive methods must be disclosed at any stage of the life cycle. This action is notorious in the consultations of the surveyed nurses, as shown in the speeches presented below:

[...]We always talk about the issue of condom use, but the majority does not use condom. They want information on contraceptives, if they may or may not take it; it also reinforces on condom (WHITE OFF).

Returning to the need to address sexuality during nursing consultation, it needs to consider women's age range when talking about the subject. Depending on the person's age, the assistance is differentiated with respect to guidelines and acceptance to talk about the theme. Next, there are some explanations about approaching with regard to age:

[...] With adolescents, it is easier, because I see in them a very calm way of facing it. Older people are more resistant, they are more reserved, then, it is more complicated! (YELLOW).

[...]Women aged 40 years or more, I think that they do not give much freedom regarding the theme. As for younger women, I can guide them more (PURPLE).

Beyond what has been mentioned until now, there have been reports about other opinions in relation to the approach of sexuality regarding age, according to the statements below:

[...] I think a more mature woman understands what we are talking about. I think that I have to change the approach with adolescents, I think they are more difficult, they do not feel comfortable (WHITE OFF).

[...]Usually married and older women, I work more sexuality with them. The younger ones, I work more the prevention issues more. In fact, the approach I do is very peculiar, but it focuses on the person's age and life (GRAY).

During the nursing consultation, the nurses also mentioned the importance of investigating and guiding on the binomial woman/man, because the relationship with the partner regarding sexuality is crucial for the couple's sexual health, as noted in the following speeches:

[...]Many women have problems with their partner, then I ask them if he is sympathetic, calm, understands their fears and talk about the issue of relaxing to enjoy the moment, caress, I guide them on being open with the boyfriend, if he is loving, everything must be discussed (RED).

[...]I talk about prejudice they suffer with their husbands, I guide them with respect to the aging, changes in the body, I guide to talk about the horny issue (GREEN).

### **Professional improvement/qualification focused on the care management regarding women's sexual health**

The nurses indicate that, although discussing sexuality is of paramount importance in the nursing consultation, the theme is still little questioned since it is a delicate and difficult matter to be discussed. Many women do not feel comfortable to talk about their intimacies and complaints. The statements below confirm this information:

[...] Sexuality is a subject little discussed, if the professional is not from the area, he will not talk about it (RED).

[...] If the client does not speak, it will stay the way it is. If she does not want to talk about the subject, I do not talk about it (BLUE).

The nurses that comprise the present study are

concerned to discuss with professionalism sexuality with women during the nursing consultation, as shown below:

[...]Showing professionalism, because you are there to help, and not to judge. I feel confident, I am always reading to be always updated (RED).

[...] I do not expose my life, my experiences with them. Professionally, I try to show that there is a problem and how it can be resolved (GOLD).

## **DISCUSSION**

Considering the integral approach to women's sexuality, the study showed to the nurse a targeted assistance. Consequently, the offered work becomes decisive and satisfactory, because it breaks up not only the care in relation to complaints, but also to women's health and their sexuality as a whole.

The qualified and complete assistance to women's health during the nursing consultation is important to establish a bond between the nurse and users of public health services in Brazil. Women must be answered in a comprehensive, dignified, humanistic way, and, in the same way, the professionals involved must act ethically<sup>(5)</sup>.

In this way, the humanized host guided by the valuation of differences and individualities of each woman is the first step and one of the main actions within the healthcare practice of the nurse that provides this service<sup>(5)</sup>.

The woman's approach by the nurse in relation to her sexuality occurs during the realization of the CCP examination. In this consultation, the binomial nurse/client represents a harmonious professional relationship, aiming at an integral and satisfactory assistance. In this context, the nurse can direct questions, guidelines and information to the client.

The way of answering women during the gynecological consultation and the CCP is important. The hospitality, dialog, health education, proper care for these women are crucial, because the consultation may be the only moment of special attention where they receive appropriate guidance and quality assistance<sup>(6)</sup>.

During the nursing consultation, several issues concerning women's sexual and gynecological health permeate the assistance. In this assistance, the host and listening are important to allow questioning and guiding on complaints, difficulties, horny, libido, sexual desire, pleasure, freedom and sexual life.

Women's health should be seen as the result of a

combination of factors, and sexuality is a fundamental component of quality of life, which is essential to maintain healthy interpersonal relationships, self-knowledge and a sense of integrity. Thus, it is crucial to enhance the perception of women regarding their sexuality<sup>(7)</sup>.

The concept of sexuality presents several different definitions. The positioning is partially correct, because, as already mentioned by Albaugh and Spadt<sup>(8)</sup>, sexuality is multifactorial and includes spiritual, physical, social and moral values aspects. i.e., sexuality is present in the human being as a whole. Despite this, even though nursing develops a gaze focused on care integrality, there are still limitations in relation to the approach to the subject in its various dimensions.

However, for nurses, this concept is restricted and seems to indicate a prejudice and judgment that could not be part of the assistance, because the health professional, when serving the client, needs to take off their own concepts and values and respect the other.

The dyspareunia is characterized as genital pain that occurs during sexual intercourse. Even though the pain is more frequent during the sexual act, it also can occur before or after the sexual relationship<sup>(1)</sup>. Many factors can cause it, such as lack of dialog between the couple, vaginal infections, pain at the beginning of the penetration, lack of lubrication, lack of preliminary acts and caresses that lead to excitement.

The nurse must possess scientific-theoretical foundations to lead and solve the woman's problems. Therefore, one perceives the importance of nurses' performance in relation to dyspareunia, encouraging the woman to talk about pain in the sexual act or after it, addressing it in a qualified and solving manner.

The nurse may recommend the use of aqueous vaginal lubricant, however, the reason must be investigated, talking with the partner and/or seeking guidance with the health professional<sup>(9,10)</sup>.

The nurses, during the nursing consultation, bring questions of how the couple faces sexuality in the relationship. Moreover, they seek to understand how the woman faces preliminaries, horny and sexual act in relation to the partner.

The woman needs to be encouraged to talk about her fantasies, desires, anxieties or sexual difficulties freely, without timidity or shame, because, from this moment, the partner can begin to understand his mate and her sexual preferences. Therefore, the sincerity between the couple is crucial, representing the path for their pleasure<sup>(9)</sup>.

In addition, the nursing action during the climacteric period is important, preparing the woman for this phase of life and solving physical and psychosocial manifestations. The nurse is responsible for guiding and clarifying with information that influence the quality of life and well-being of the menopausal women.

In the climacteric period, the woman goes through major changes, which results in physical and emotional changes. Vaginal dryness can occur, as well as dyspareunia, urinary urgency, in addition to emotional instability and sexual dysfunction. The nurse is of extreme importance to build, along with menopausal women, a life with more quality, autonomy and knowledge on the vital processes<sup>(11)</sup>.

The communication is an essential tool to ensure that interaction and understanding during the consultation occur. Language adequacy allows identifying and understanding what is being issued, so that the receiver will have the necessary clarity.

The nursing consultation provides women's autonomy in the FHS and the dialog must be always present, providing space for communication and qualified listening<sup>(12)</sup>. The nursing professional must try to establish a closer contact with the client, since this approach is of paramount importance for the nursing consultation. Nonetheless, many times, the nurse observes and understands that women's sexuality, even during the nursing consultation, is suppressed. Thus, the assistance can occur differently, encouraging the client to talk about this topic.

The professional, during nursing consultations, guides on contraceptive methods, in order to preserve the particularity of each user, and is attentive that, regardless of the client's life cycle, its use is essential. It is worth adding that, due to the easy access and use, condoms are still the most indicated and, whenever possible, should be offered by the professional.

It is important to inform about all contraceptive methods. The nurse is also responsible for providing guidelines on the prevention of existing STI/Human Immunodeficiency Virus (HIV)/AIDS and Viral Hepatitis, among others, and it is necessary to choose the most appropriate method to the life needs and circumstances of each user, as well as respecting her decision and autonomy, being health professionals responsible for ensuring access and clarification in relation to each contraception<sup>(13,5)</sup>.

Some nurses consider easier to approach sexuality with younger women, once the most mature women have some resistance to talk about the subject.

However, in their care practice, even with facilities and difficulties of approach, nurses must treat aspects of human sexuality in various stages of life.

The construction of bonds facilitates care management. The intimacy and empathy guarantees adolescents confidence to expose their doubts and share intimate affairs. Furthermore, the awakening of curiosity about the subject helps in the approach process. One emphasizes the nurse's importance in the healthcare practice for this process, for his/her function of social educator, who will consequently promote beneficial actions for this population group<sup>(14)</sup>.

At the point of view of other nurses, it is easier to talk about sexuality with adult women, because they give more attention to the issue. Under this perspective, in the mature phase, there is a potential for satisfaction in the sexual plan, because, generally, they already have a stable life.

However, the offered assistance regarding sexuality depends on the vital cycle. Nurses must acquire greater knowledge about the process of sexuality in different stages of the vital cycle, since they can work with children, adolescents, adults and elderly patients by means of approaches in various spheres. Nursing care has experienced situations where sexuality relates to feelings as nervousness, insecurity, anguish and embarrassment. Such attitudes can separate sexuality from care experiences, being restricted to the silence sphere<sup>(15)</sup>.

This study shows nurses' difficulty in the approach to women in the context of sexual health. It is apparent the need for professional qualification for nursing care to women offered in basic care. In addition, the use of protocols based on the Ministry of Health must be present to guide the assistance. The nurse must be aware of care management for the client so that resolubility, integral approach and coordination of care can be evidenced in the work carried out.

The professional should be responsible for the users' health, which implies an approach in addition to disease or complaint, building therapeutic bond to provide autonomy and participation in the process of health production<sup>(16)</sup>.

There is certain difficulty, by both nurses and women, to talk about sexuality. Nursing professionals need to know how to encourage women to talk about the theme and how to make them feel free to talk about the subject during the consultation. Therefore, the nurse is a stimulating agent and responsible for the approach, since only he/she can lead an assistance that encourages the customer to talk.

The use of protocols in primary care about women's health focuses on care management and subsidizes health professionals' qualified decision-making. It is a powerful instrument for implementing the best practices and should serve as a reference material in health professionals' routine, whose function is to provide ethical and legal support for their work<sup>(16)</sup>.

Everything that relates to sexuality is little explored and produces anxiety for most people. Sexuality closely relates to nursing, but there is a paucity of information on the subject and lack of preparation of professionals to deal with the client's questions. Thus, the theme is little discussed and there is an embarrassment regarding its approach<sup>(17)</sup>.

The professionalism by the interviewed nurses provides an approach free of judgments. Moreover, the ethics implicit in their professional practice enables a reliable assistance to what is craved as adequate and satisfactory.

Dedicating to the women's sexuality theme is one of the demands in nurses' formation and activities, so that they can provide assistance in primary care linked with women's needs<sup>(9)</sup>.

## FINAL CONSIDERATIONS

The results show that the effective assistance during the nursing consultation regarding sexuality will promote an increased exchange of knowledge, which, consequently, will provide guidance and information of great relevance to women's sexual health. Furthermore, a critical reflective thinking about the theme can be put into practice, using ethics and secrecy for the nursing consultation, with the objective of treating female sexuality as inseparable from women's health and breaking up any existing barriers to the discussion of this essential component in the integrality of care inherent to the human being.

A greater awareness by nurses is essential while developing a new posture, inserted in an innovative practice, aiming to provide an integral, resolute assistance, builder of women's autonomy, by a rupture of the paradigm evidenced when the approaching the feminine sexuality.

The limitations of the study were the small number of published studies discussing nursing consultation and sexuality, the nurses' difficulty addressing the matter due to little knowledge, limitations that require further studies on the theme.

## ASSISTÊNCIA DE ENFERMAGEM NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA QUANTO À SEXUALIDADE FEMININA

### RESUMO

A articulação entre sexualidade e enfermagem é fator determinante no processo de saúde e doença da mulher. Este trabalho objetivou caracterizar a assistência oferecida pelos enfermeiros às mulheres quanto à saúde sexual nas consultas de Enfermagem, nas unidades de Estratégia de Saúde da Família de um município do Sul do Estado de Minas Gerais. Trata-se de um estudo descritivo, exploratório e de natureza qualitativa, com análise de conteúdo de Bardin. A população foi composta por 14 enfermeiras, atuantes em 14 equipes de Estratégias de Saúde da Família, sendo utilizada entrevista semiestruturada. A assistência oferecida na consulta de enfermagem à mulher quanto à sexualidade revelou-se patologizante e biologicista, apontando necessidades de transformação. É importante que a sexualidade da mulher seja abordada na Atenção Primária, visto que o enfermeiro é tido como o principal agente de educação em saúde e quem deve agir de maneira integrativa e resolutive. Conclui-se que o enfermeiro deve assumir postura inovadora e prática holística para a construção da autonomia sexual da mulher.

**Palavras-chave:** Sexualidade. Enfermagem. Saúde da Mulher.

## ASISTENCIA DE ENFERMERÍA EN LA ESTRATEGIA SALUD DE LA FAMILIA EN CUANDO A LA SEXUALIDAD FEMENINA

### RESUMEN

La articulación entre sexualidad y enfermería es factor determinante en el proceso de salud y enfermedad de la mujer. Este trabajo tuvo el objetivo de caracterizar la asistencia ofrecida por los enfermeros a las mujeres en cuanto a la salud sexual en las consultas de Enfermería, en las unidades de Estrategia de Salud de la Familia de un municipio del Sur del Estado de Minas Gerais. Se trata de un estudio descriptivo, exploratorio y de naturaleza cualitativa, con análisis de contenido de Bardin. La población fue compuesta por 14 enfermeras, participantes en 14 equipos de Estrategias de Salud de la Familia, siendo utilizada entrevista semiestruturada. La asistencia ofrecida en la consulta de enfermería a la mujer en cuanto a la sexualidad se reveló patologizante y biologicista, señalando necesidades de transformación. Es importante que la sexualidad de la mujer sea tratada en la Atención Primaria, puesto que el enfermero es considerado como el principal agente de educación en salud y quien debe actuar de manera integradora y resolutive. Se concluye que el enfermero debe asumir postura innovadora y práctica holística para la construcción de la autonomía sexual de la mujer.

**Palabras clave:** Sexualidad. Enfermería. Salud de la mujer

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