

# HEALTH EDUCATION ON VULVOVAGINITIS FOR WOMEN SEEN AT A FAMILY HEALTH CENTER

*Educação em saúde sobre vulvovaginites para mulheres atendidas em um centro de saúde da família*

*Educación para la salud sobre vulvovaginitis en mujeres asistidas en un centro de salud de la familia*

Original Article

## ABSTRACT

**Objective:** To develop educational activities, aiming at the construction of knowledge about vulvovaginitis, identifying the knowledge acquired and the desire for attitude change after the activities. **Methods:** A qualitative descriptive research, held at Maria Adeodato Family Health Center (FHC) in the city of Sobral, Ceará, in the period from March to May 2013. Ten educational activities regarding vulvovaginitis were performed with women seen at the FHC, addressing different topics. Every action was divided into three phases: diagnosis of prior knowledge, educational activities with the subject to be covered, and afterwards evaluation. Data was collected through semi-structured interview, for the participant's identification, and focal group, for the diagnostic and evaluation phases, and content analysis was performed using thematic categories. **Results:** The research comprised 8 participants, aged between 48 and 55 years, with schooling ranging from the first year of primary education to complete primary education, mostly single, having a minimum of 5 children, and the participants did not undergo the gynecological exam frequently. The generated analysis categories were described as 'women's knowledge of the body (genitals) and their intimate hygiene', 'prevention and control of vulvovaginitides' and 'women's perception about gynecological exam'. It was evidenced that the study participants ignored the terminology 'vulvovaginitis' as well as the disease signs, symptoms, and means of transmission, or just had a brief knowledge of the subject. **Conclusion:** After the educational activities, the study identified knowledge acquirement by the participants and expressions indicating the desire for changing.

**Descriptors:** Vulvovaginitis; Gynecological Examination; Health Education.

## RESUMO

**Objetivo:** Desenvolver ações educativas, visando à construção de conhecimento acerca das vulvovaginites, identificando o conhecimento adquirido e o desejo de mudança de atitude após as ações. **Métodos:** Pesquisa descritiva e qualitativa, realizada no Centro de Saúde da Família (CSF) Maria Adeodato, no município de Sobral-CE, no período de março a maio de 2013. Realizaram-se 10 ações educativas sobre vulvovaginites com mulheres atendidas no CSF, sendo abordadas temáticas diferentes. Cada ação foi estruturada em três momentos: diagnóstico do conhecimento prévio, ação educativa com o conteúdo a ser trabalhado e avaliação após a intervenção. A coleta de informações ocorreu por meio de entrevista semiestruturada, para identificação das participantes, e grupo focal, para as etapas de diagnóstico e avaliação, sendo os conteúdos analisados por meio de categorias temáticas. **Resultados:** Foram contempladas oito participantes, com idade entre 48 e 55 anos, escolaridade entre 1º ano do ensino fundamental e fundamental completo, a maioria solteira, com no mínimo cinco filhos, e que não realizavam o exame ginecológico com frequência. As categorias de análise geradas foram denominadas de "conhecimento das mulheres sobre o corpo e a sua higiene íntima", "prevenção e controle de vulvovaginites" e "percepção das mulheres sobre exame ginecológico". Percebeu-se que as participantes do estudo desconheciam a terminologia "vulvovaginite", bem como sinais, sintomas e meios de transmissão da doença, ou tinham apenas um breve conhecimento sobre o assunto. **Conclusão:** Após as ações educativas, identificou-se a aquisição de conhecimento pelas participantes e expressões que indicaram o desejo de mudança.

**Descritores:** Vulvovaginite; Exame Ginecológico; Educação em Saúde.

Renata Soares Morais<sup>(1)</sup>  
Maria Eliane de Sousa  
Albuquerque<sup>(1)</sup>  
Samy Loraynn Oliveira Moura<sup>(1)</sup>  
Germana Maria da Silveira<sup>(1)</sup>  
Marcelo dos Santos Feitoza<sup>(1)</sup>  
Denise Tomaz Aguiar<sup>(1)</sup>

1) Vale do Acaraú State University  
(Universidade Estadual Vale do Acaraú -  
UVA) - Sobral, CE - Brazil

Received on: 11/26/2013  
Revised on: 03/25/2014  
Accepted on: 10/01/2014

## RESUMEN

**Objetivo:** Desarrollar acciones educativas para la construcción del conocimiento sobre las vulvovaginitis, identificando el conocimiento adquirido y el deseo de cambio de actitud después de las acciones. **Métodos:** Investigación descriptiva y cualitativa realizada en el Centro de Salud de la Familia (CSF) Maria Adeodato en el municipio de Sobral-CE entre marzo y mayo de 2013. Se realizaron 10 acciones educativas sobre vulvovaginitis en mujeres asistidas en el CSF donde se han trabajado distintas temáticas. Cada acción fue estructurada en tres momentos: diagnóstico del conocimiento previo, acción educativa con el contenido a ser trabajado y evaluación después de la intervención. La recogida de las informaciones se dio a través de entrevista semi-estructurada para identificación de las participantes y grupo focal para las fases de diagnóstico y evaluación con sus contenidos analizados en categorías temáticas. **Resultados:** Ocho participantes con edad entre 48 y 55 años, escolaridad en el primer año de la educación primaria y educación primaria completa, la mayoría soltera con un mínimo de cinco hijos y que no realizaban el examen ginecológico con frecuencia. Las categorías de análisis fueron: “conocimiento de las mujeres sobre el cuerpo y su higiene íntima”, “prevención y control de vulvovaginitis” y “percepción de las mujeres sobre el examen ginecológico”. Se percibió que las participantes del estudio no conocían la terminología “vulvovaginitis”, así como los síntomas y las formas de transmisión de la enfermedad o sabían poco del asunto. **Conclusión:** Después de las acciones educativas, se identificó la adquisición del conocimiento de las participantes y expresiones que sugieren el deseo de cambio.

**Descriptor:** Vulvovaginitis; Examen Ginecológico; Educación en Salud.

## INTRODUCTION

Among the diseases that affect women, those generally called vulvovaginitis stand out, characterized by an infectious and/or inflammatory vulvovaginal process, mainly caused by bacteria, fungi or viruses<sup>(1)</sup>.

According to the Ministry of Health, vulvovaginitis is any inflammatory and/or infectious manifestation of the female lower genital tract, i.e., vulva, vagina, and squamous epithelium of the cervix (ectocervix). The clinical profile varies according to the etiology and can express the presence of vaginal discharge, pain, irritation or itching. However, many genital infections may be completely asymptomatic<sup>(2)</sup>. The vulvovaginitis is one of the most common causes of pathological vaginal discharge, and is responsible for countless consultations with gynecologists<sup>(3)</sup>.

Nursing plays a fundamental role in the control of vulvovaginitis, either developing health promotion activities; intervening individually, in the family, or

community; detecting risk factors and situations; promoting health education; or contributing to the early diagnosis, adherence, and effective treatment of the patient and their sexual partner. Moreover, nursing accepts responsibility for welcoming the patient, providing care or coordinating other sectors for assistance provision<sup>(4)</sup>.

Interest in the subject arose during the monitoring of nursing consultations, in which it was evidenced the prevalence of vulvovaginitides in the results of cervical screening in women attending the service at that time.

In view of contributing to alleviate the mentioned problems, this study had the objective of developing educational activities, aiming at the construction of knowledge about vulvovaginitides, identifying the acquired knowledge and the desire for attitude change after the actions.

## METHODS

This is a descriptive research, with a qualitative approach, that allows the establishment of a collective, participatory, and active structure, thus enabling greater interaction of those involved.

The study period included the months from March to May 2013, in the scenery of the Adeodato Maria Family Health Center (FHC), located in the neighborhood of Expectativa in Sobral, CE. The city of Sobral is in the center-west hinterlands of Ceará, 238 km away from the capital, Fortaleza. Currently, according to the 2011 Census of the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística - IBGE*), Sobral has 188,271 inhabitants<sup>(5)</sup>.

The FHC consists of two Family Health Strategy (FHS) teams, with five nurses, 21 community health workers, four auxiliary nurses, two physicians, one physiotherapist, one physical education teacher, one social worker, one psychologist, one dentist and one dentist attendant, who receive the needs of 3,400 families living within the coverage area.

The study participants were eight women, aged between 40 and 60 years, members of a group of said FHC which gathers to discuss issues related to women's health. The group exists for a year and six months, being coordinated by four community health workers, supervised by a nurse of the unit. It consists of 10 participants, however, two of them were absent due to personal problems.

For the participants, these were considered selection criteria: residing in the area of said FHC, attending meetings of the women's group and accepting to participate in the study by signing the Free Informed Consent Form (FICF).

A visit was initially made to the FHC in order to learn more about the study setting and the participants of the women's group.

There were 10 meetings, the first of them aimed at welcoming the women in the group and providing a closer relationship with the authors. On that occasion, the day, time and frequency of the group were agreed, the interview was applied and the signature of the FICF was requested. Additionally, using structured interviews, information regarding women's socioeconomic characterization and previous knowledge about vulvovaginitides was collected. To assess prior knowledge, the following questions were asked: What should be done in the prevention and care of disease in the vagina? How much importance do you attribute to the examination, monitoring and guidance on the care and prevention of diseases in the vulva and vagina? What issues would you like to talk about?

At the second meeting, the talk was about the female anatomy, also bringing some talk about sexuality, by means of audiovisual material. At the third meeting, the issue of personal hygiene was addressed. The theme of the fourth meeting was the gynecological cancer screening, by making a demonstration of how the examination occurs, with a female prosthesis and the material used.

At the fifth meeting, the talk was about breast cancer, using breast implants and audiovisual material. At the sixth meeting, there was talk about vulvovaginitides, conducted in a round of conversation with the aid of audiovisual material. The seventh meeting was focused on some sexually transmitted diseases, a folder being handed to the participants. At the eighth meeting, there was a discussion about healthy habits to improve the quality of life, at the request of participants. The ninth meeting addressed the importance of physical and mental self-care, making use of audiovisual material and relaxation techniques. At the end, the tenth meeting occurred for evaluation of all the moments experienced up to then.

For data analysis, the method of thematic categories was used, which is operationally divided into three stages: pre-analysis, material exploration and treatment of the obtained results and interpretation<sup>(6)</sup>. Thus, from reading and re-reading the material, the construction of thematic categories was reached, being named 'women's knowledge of the body (genitals) and their intimate hygiene', 'prevention and control of vulvovaginitides' and 'women's perception on gynecological exam'.

It is worth noticing that the ethical principles stated in the Resolution no. 466/12<sup>(7)</sup> of the National Health Council were respected. Therefore, the women's anonymity was guaranteed, being identified by the letter P (participant), followed by a randomly assigned number (P1, P2...).

The study obtained a favourable opinion of the Scientific Committee of the Department of Health and Social Action of Sobral, CE, and the Ethics Committee of Vale do Acaraú State University (UVA) under Opinion no. 352804/13.

## RESULTS AND DISCUSSION

Study participants were aged between 48 and 55 years, schooling ranged from the 1st year of primary school to complete elementary, most of them single, with at least five children, and they did not undergo the gynecological exam frequently.

From the interviews performed, educational sessions, and analysis of the material produced, the data relevant to the analytical categories was presented afterwards.

### Women's knowledge of the body (genitals) and their intimate hygiene

In the workshop on personal hygiene, by showing the image of the vulva and vagina, some women's ignorance and amazement regarding their own genitalia was observed.

*Gee, and is this how it is? (P6)*

*I did not even remember what it was like. (P4)*

*And the vagina is the inside part... is the outside the vulva? Gosh! (P5)*

The comprehensive care to women's health is of great importance, and health professionals should encourage women to assume their own care, because the image she has of the internal functioning of the body influences the perception of the events and the bodily experience<sup>(8,9)</sup>.

It was observed, in a study, that women are not encouraged by health professionals, and not even by the media, to make the vaginal touch or know the genitalia<sup>(9)</sup>, a fact noticed and expressed by the deponents of this research when questioned if they had already looked at, or often look at their genitals in the mirror:

*Such things nobody sees, it's ugly. (P4)*

*Who would want to see that in the mirror? (P6)*

*Gosh! No and no! (P3)*

Despite the women's ignorance in relation to their bodies, it was found that, after the action, there was an increase in knowledge and further initiatives were taken on the subject, as observed in the following lines:

*As soon as I get home, I'm gonna get into the room, grab a mirror and see things very well, for me to get used to it. (P4)*

*Now I know. Getting home, [I'm] gonna check it over pretty right. (P5)*

Health education means contributing to people towards acquisition of autonomy, in order to identify and employ the ways and means to preserve and enhance your life. Therefore, a good educational action aims at providing knowledge and bringing about an attitude change<sup>(10)</sup>.

In order to understand how the participants performed the intimate hygiene, they were asked about what 'can' or 'cannot' be done to have a proper intimate hygiene. There was agreement on some points and doubts on others.

*Gee! One can't sleep without panties, it's wrong. (P1)*

*Me, I sleep without panties, sometimes I even keep them off while I'm at home, and I find it pretty good. (P6)*

*Perfume? You can't put it there, 'cause it burns, you have to leave the natural smell of it. (P2)*

*You can use intimate soap every time. (P7)*

*Tight clothes... you can't, 'cause it heats, and then you get sick. (P8)*

According to the Brazilian Federation of Gynecology and Obstetrics Associations (*Federação Brasileira das Associações de Ginecologia e Obstetrícia - FEBRASGO*), the occlusion caused by the use of underwear, sanitary napkins, and inadequate hygiene products makes the vulva skin susceptible to various skin diseases<sup>(11)</sup>.

Moreover, women receive guidance on the female anogenital cleaning, being oriented that water by itself does not enable the removal of residues and secretions retained in this region, being necessary to use cleaning products, which have some detergency associated in its formula, to facilitate the emulsification of fats and removal of microscopic particles of paper, dead skin cells, urine, faeces and menstrual blood<sup>(11)</sup>.

### Prevention and control of vulvovaginitides

The study initially sought to capture the knowledge presented by the participants on the subject. Therefore, a round of conversation was performed, so that they could report what they understood by vulvovaginitis.

*Never heard about it, no. Don't know what it is. (P3)*

*No, not a clue. (P6)*

*It's that thing that gives you an itch, that stains your panties; it comes from panties that you don't wash well, you have to iron your panties so you don't catch it. (P7)*

*Gosh! Don't know nothing 'bout that. (P1)*

With regard to vulvovaginitides, it was observed that the study participants do not know the terminology, as well as the signs, symptoms, and means of transmission of the disease, or have just a brief knowledge of the subject in a study at the Health School Center of Botucatu, SP<sup>(12)</sup>.

Soon afterwards, there was an explanation on the topic, being identified that most of the participants had already presented some symptom of vulvovaginitis.

*I've had a lot of discharge when I was young, don't know if it was because of the warmth, because I worked hard in the sun, so I had a lot of discharge, itching, so I went to see me and the doctor spent remedy. (P5)*

*I constantly had pain in my lower belly and a lot of itch. (P8)*

From the reports, women were asked about the care that could be established to treat and/or prevent the occurrence of such conditions.

*Do not walk barefoot on the hot land. (P5)*

*On should seek medical advice [...], take exams, and make sex with condoms. (P2)*

*Only if you totally avoid sex. (P1)*

*Wash with mastic rind in warm water; with plum and 'consales' rind. (P3)*

*Mauve leaf crushed in a blender; and then you do the sitz bath along with mastic rind. (P8)*

In another study, it was also observed that women used medicinal plants in intimate care, especially due to the financial issue, since they are cheaper than the allopathic medicines<sup>(13)</sup>.

### Women's perception on gynecological exam

By means of dynamics and open conversation, the importance of gynecological examination for prevention of cervical cancer was addressed, and with the aid of prosthetics and materials used in the examination, it was explained how it's done in a clear and simple language. At that time, it was found that the participants did not undergo gynecological examination frequently.

*It's been a long time without doing my prevention exam! (P6)*

*I'll confess that sometimes we need someone to remind us to take care of our health. (P7)*

*The exam is uncomfortable, but we have to take care of, is important. (P1)*

*It gives you fear to do it, but one has to do it. (P2)*

As found in another study, women see the gynecological exam as something uncomfortable, though necessary and important; as a way of taking care of themselves, that is, despite the insecurity and fear of the exam, they perceive it as necessary for the prevention and diagnosis of problems<sup>(14)</sup>.

It is clear, then, how important the health education activities are, so one can elucidate doubts and provide



better efficacy in diseases prevention methods. During the meeting, the participants showed interest in learning, had many questions and reported the desire to change their habits.

*Right after the meeting, I'll schedule my exam. (P5)*

*We have to be careful, because otherwise we'll have a more serious illness. (P7)*

*I learned a lot today. [...] I'll take better care of myself. (P3)*

It was observed that issues related to female genitalia are still poorly addressed among women users of the health system. Nevertheless, health education interventions have proved to be an important strategy to answer questions, provide better efficiency in pathologies prevention methods, and instill the desire for habits change.

## FINAL CONSIDERATIONS

From the study, women's ignorance on the issues regarding their body, especially their intimate care, was observed. After the educational activities, the study identified the acquisition of knowledge by the participants and expressions that indicated the desire for change.

It is thus necessary that there is continuity in the discussion of those issues with the users of the Unified Health System, aimed at developing a self-care attitude, and breaking paradigms involving the theme. It is also emphasized the need to expand researches that develop this theme and involve health education, in order to contribute to form a new perception on preventive work and women's healthcare.

## REFERENCES

1. Cavalcante VLN, Miranda AT, Portugal GMP. Rastreamento de Candidose Vaginal Durante a Prevenção do Câncer Cérvico-Uterino. DST J Bras Doenças Sex Transm. 2005;17(1):44-8.
2. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Controle dos cânceres do colo do útero e da mama. Brasília: Ministério da Saúde; 2006. (Cadernos de Atenção Básica, n. 13)
3. Federação Brasileira das Associações de Ginecologia e Obstetrícia – FEBRASGO, Jacyntho C. Manual de orientação em trato genital inferior e colposcopia: vulvovaginites. São Paulo: FEBRASGO; 2010.
4. Rocha SMM, Almeida MCP. O processo de trabalho da enfermagem em saúde coletiva e a interdisciplinaridade. Rev Latinoam Enferm. 2000;8(6):96-101.
5. Instituto Brasileiro de Geografia e Estatística – IBGE. Cidades@: informações sobre os municípios brasileiros. Brasília: IBGE; 2011 [accessed on Jun 1, 2014]. Available at: <http://estados.ibge.gov.br/estadosat/perfil.php?sigla=ce>
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec; 2008.
7. Ministério da Saúde (BR). Resolução CNS nº 466/12. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília: Conselho Nacional de Saúde; 2012.
8. Costa GMC, Gualda DMR. Conhecimento e significado cultural da menopausa para um grupo de mulheres. Rev Esc Enferm USP. 2008;42(1):81-9.
9. Salimena AMO, Coelho ACP, Melo MCSC, Greco RM, Almeida MIG. Conhecimentos e atitudes de mulheres varredoras de rua sobre o cuidado ginecológico. Texto & Contexto Enferm. 2012;21(1):43-51.
10. Oliveira HM, Gonçalves MJF. Educação em saúde: uma experiência transformadora. Rev Bras Enferm. 2004;57(6):761-3.
11. Federação Brasileira das Associações de Ginecologia e Obstetrícia - FEBRASGO. Guia de Condutas sobre higiene genital feminina. São Paulo: FEBRASGO; 2009.
12. Soares MT. Percepção de mulheres sobre consulta de enfermagem, exame de Papanicolau e vulvovaginites [trabalho de conclusão de curso]. São Paulo: Faculdade de Medicina de Botucatu; 2010 [accessed 2014 Jan 28]. Available at: <http://base.repositorio.unesp.br/handle/11449/121349>
13. Leitão EF, Costa LLS, Brêda MZB, Albuquerque MCS, Jorge JS. A prática cotidiana de saúde das profissionais do sexo. Rev Bras Promoç Saúde. 2012;25(3):295-304.
14. Andrade SSC, Silva FMC, Silva MSS, Oliveira SHS, Leite KNS, Sousa MJ. Compreensão de usuárias de uma Unidade de Saúde da Família sobre o exame Papanicolaou. Ciênc Saúde Coletiva. 2013;18(8):2301-10.

### Mailing address:

Renata Soares Moraes  
Universidade Estadual Vale do Acaraú - UVA  
Centro de Ciências da Saúde  
Avenida da Universidade, 850 - Campus da Betânia  
CEP: 62.040-370 - Sobral - CE - Brasil