Representaciones sociales del cuidado de la salud sexual y reproductiva en estudiantes de enfermería

Social representations of sexual and reproductive healthcare in nursing students

Representações sociais de cuidados de saúde sexual e reprodutiva em estudantes de enfermagem

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Resumen

La presente investigación tuvo como objetivos de estudio: describir el núcleo central y núcleo periférico de cada una de las representaciones sociales de la salud sexual y reproductiva en estudiantes de la Escuela Superior de Enfermería Culiacán, México, y analizar las diferencias entre hombres y mujeres. El abordaje teórico se basó en los conceptos sobre la teoría de las representaciones sociales de Moscovici (2000), y los conceptos principales sobre cuidado Waldow (2004), salud sexual y reproductiva (SSA/México, 2006) guiarán el abordaje teórico de la presente investigación. Con abordaje metodológico cuantitativo se aplicaron cuestionarios semi estructurados para el enfoque estructural. Para el análisis de la información se usó el análisis del núcleo central de Abric

(1994). Los resultados desvelaron tres categorías: I) Cuidado de la salud sexual y reproductiva en el embarazo no deseado femenino y masculino. II) Cuidado de la salud sexual y reproductiva en los métodos anticonceptivos femenino y masculino. Y III) Cuidado de la salud sexual y reproductiva en las enfermedades de trasmisión sexual femenino y masculino. Con cuatro sub-categorías: 1) Relaciones con varias parejas, 2) Educación sexual ausente, 3) Pensamientos de a mí no me va a pasar, 4) Alcohol y drogas.

Palabras clave: representaciones sociales, cuidado, salud sexual y reproductiva.

Abstract

The present research had as objectives of study: describe the central and peripheral nucleus of each of the social representations of sexual and reproductive healthcare in students of the Higher Nursing School of Culiacán, México, and analyze the differences between men and women. The theoretical approach was based on the concepts on the theory of social representations of Moscovici (2000), and the main concepts of healthcare Waldow (2004), sexual and reproductive healthcare (SSA/México, 2006); these will guide the theoretical approach of this research. With quantitative methodological approach applied questionnaires semi-structured for the structural approach. The analysis of central core of Abric (1994) was used for the analysis of the information. The results revealed three categories: I) Sexual and reproductive healthcare in male and female unwanted pregnancy. II) Sexual and reproductive healthcare in male and female methods of contraception. III) Sexual and reproductive healthcare in male and female sexually transmitted diseases. With four sub-categories: 1) Multiple-partner relationships, 2) Absent sex education, 3) Thoughts of "It won't happen to me", 4) Alcohol and drugs.

Key Words: social representations, healthcare, sexual and reproductive healthcare.

Resumo

Esta pesquisa teve como objetivo estudar: descrever o núcleo e periférica de cada uma das representações sociais de saúde sexual e reprodutiva em estudantes da Escola de Enfermagem de Culiacan, núcleo do México, e analisar as diferenças entre homens e mulheres. A abordagem teórica baseia-se nos conceitos da teoria das representações sociais de Moscovici (2000), e os principais conceitos de Waldow cuidados (2004), a saúde sexual

e reprodutiva (SSA / México, 2006) irá orientar a abordagem teórica deste investigação. Com semi quantitativa estruturada abordagem metodológica aos questionários abordagem estrutural que foram aplicadas. Para a análise da análise da informação foi usada núcleo Abric (1994). Os resultados revelaram três categorias: I) Cuidados gravidez indesejada saúde sexual e reprodutiva no feminino e masculino. II) os cuidados de saúde sexual e reprodutiva na contracepção feminina e masculina. E III) cuidados de saúde sexual e reprodutiva em doenças de transmissão sexual feminino e masculino. Com quatro sub-categorias: 1) Relação com vários parceiros, 2) educação sexual ausente, 3) Pensamentos para mim não vai acontecer 4) Álcool e drogas.

Palavras-chave: representações sociais, cuidados, saúde sexual e reprodutiva.

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Introduction

Sexual and reproductive healthcare is the complete state of physical, mental and social well-being, and not merely the absence of disease in all matters relating to the reproductive system and, its functions and processes (United Nations, 1994). In addition, it is an essential component in the capacity of adolescents to become balanced, responsible and productive people of the society (MEXFAM, 1995). Teenagers have particular health needs that differ in important aspects of adults. Gender equity is an indispensable component for your needs and to ensure sexual and reproductive health throughout the life cycle (SSA, 2002).

Regarding the knowledge that sinaloan teens have about contraception, 90.5% of the population aged 12 to 19 years reported having heard of contraception. Also, the answer to this question by age groups shows that 85.5% of adolescents from younger age (12 to 15 years) said to have heard some method, just like 94.7% of the 16 to 19 years. In contrast, among adolescents from 12 to 19 years of age, 73.9% in 2000 and 79.4% in 2006, stated to know or have heard of contraception (ENSANUT, 2012).

Behaviors in health care are rooted by the accumulated knowledge and social representations, that have a dynamic nature and that are developed in different stages of life. At the same time, the symbolic world includes structures of thought and frames of reference from which are interpreted phenomena that affect the individuals setting up a system of logical thinking that is applied in everyday practices. When the logical thinking is guided by the symbolic world, the phenomena of health and disease are encoded from that frame of reference, giving rise to specific behaviors that are in accordance with their explanatory background and that are very resistant to change, because the process of objectification, naturalization and anchoring (Candreva, 2004). The objectives that we have pursued in this research are: 1. Describe the central nucleus and nucleus peripheral of each of the social representations of sexual and reproductive health in students of the Higher Nursing School of Culiacán, México. 2. Analyze gender differences between men and women regarding social representations of sexual and reproductive health in students of the Higher Nursing School of Culiacán, México.

Content development on the selected theme

Due to its location, within the national territory the State of Sinaloa borders on the north with the States of Sonora and Chihuahua, on the south with Nayarit, on the east with Durango and on the west with the Pacific Ocean and the Sea of Cortez. Its territorial extension comprises 58 092 Km2, which represents 2.97% of the national total, occupying the seventeenth place in extension. It also has an island area of 60 km2 and a continental shelf of 17 751 km2. The State of Sinaloa is limited by the coordinates 22 ° 31'00 ", and 26 ° 56'00" north latitude and 105 ° 24'00 "and 109 ° 27'00", longitude west of Greenwich Meridian (INE, 2015).

The onset of sexual life is a crucial event in the life of individuals because it has implications for their future, such as assuming new roles and patterns of behavior that will affect their sexual and reproductive health and modify their development during adulthood (Stern Et al., 2003). The onset of sexual life in adolescents 12 to 19 years old, including those who initiated sexual life but did not remember the age, reaches a percentage of 23.8%, and the percentages are different by sex, 30.6% between men and 16.8% between women. According to these results, the percentage of adolescents in Sinaloa that has started sexual life is slightly higher than the national (23.0%). Comparing these data with those of

previous surveys, where adolescents who did not remember the age of onset were excluded, in 2000 16.0% of adolescents between 12 and 19 years of age reported having started sexual life and in 2006 it was 15.7 % (ENSANUT, 2012).

Of the total number of adolescents between 12 and 19 years of age who started sexual life, 33.1% did not use any method of contraception at the first sexual intercourse, a higher percentage than the national one (22.9%). Of those who did use a method, 64.3% used a male condom, which is lower than the national percentage (72.2%). Comparing this information with that of 2006, 55.2% of Sinaloan adolescents did not use any contraceptive method at the first sexual intercourse, while 35.3% used a male condom (ENSANUT, 2012).

In the last sexual intercourse, the use of contraceptive methods shows that 26.3% of adolescents did not use any method; Meanwhile, of those who reported having used one, 60.3% used the male condom, which was lower than the national level (66.0%). The trend of male condom use in Sinaloa between the first and last sexual intercourse is similar, as that of those who did not use any method. When comparing this information with that of 2006, 36.2% of Sinaloan adolescents reported having used condoms in the last sexual relationship (ENSANUT, 2012).

Concerning access to condoms, 28.4% of adolescents aged 12 to 19 reported receiving it free of charge in the last twelve months, a lower figure than the national one (32.7%). The average number of male condoms received was 9.5. Regarding adolescent pregnancy in Sinaloa, the results show that 55.7% of women between 12 and 19 years old with onset of sexual life have ever been pregnant (ENSANUT, 2012).

Regarding social policy in the state of Sinaloa was approved by the H. Congress of the state on October 14, 2015, the law of children and adolescents of the state of Sinaloa, where it is established in the tenth chapter Right to protection of health and social security. Article 45. Girls, children and adolescents have the right to enjoy the highest possible level of health, as well as to receive the provision of free and quality health care services, in accordance with applicable law, state and municipal authorities in the field Of their respective competencies in relation to this right will be coordinated in order to (Law of the rights of children and adolescents of the State of Sinaloa, 2015).

This law establishes in its section VI measures aimed at preventing pregnancies of girls and adolescents, in addition to those focused on access to opportunities, school permanence and the creation of a life program; VII Ensure the provision of respectful, effective and comprehensive health care services during pregnancy, childbirth and the puerperium, as well as for their daughters and sons, and promote exclusive breastfeeding within the first six months and complementary up to two years, as well Such as ensuring information and access to contraceptive methods according to their age, developmental, cognitive and maturity, to protect them against possible risks, and if required, with the participation of those who have custody, custody or custody , For the development of responsible maternity and paternity, according to the best interests of the child; XI. Provide counseling and guidance on sexual and reproductive health (Law of the rights of children and adolescents of the State of Sinaloa, 2015).

The theory of social representations of Moscovici (2000), and the main concepts of care of Waldow (2006), sexual and reproductive health (SSA / Mexico 2006), will guide the theoretical approach of this research.

Sexual health is part of the health of the human being and refers to the state of well-being of men and women to have a pleasurable and safe sex life. It is aimed at the development of life and personal relationships and not merely advice and attention on reproductive and sexually transmitted diseases: International Conference on Population and Development in Cairo 1994. Sexual health is understood as the capacity To enjoy a satisfying and risk-free sexual life that does not include procreation as an indispensable element; In essence, sexuality is an opportunity to develop the values of love, communication, responsibility and gender equity: The new culture of sexual health (SSR, SSA, 2001).

Reproductive health is a state of complete physical, mental and social well-being in everything related to the reproductive system, its functions, processes, and not simply the absence of disease or weakness. Reproductive health implies the ability to enjoy a satisfying sex life, without risk of procreation, the freedom to decide to do it or not, when and how often. Men and women have the right to obtain information and access to safe, effective, affordable and acceptable methods for the regulation of fertility, as well as the right to receive adequate health care services that allow for safe pregnancy and delivery And the highest chances of having a healthy child (World Health Organization, SSR, SSA, 2001).

Talking about sexual health is important as this issue, while addressing issues related to sexuality, has a basically preventive orientation, promotion of health and avoidance of risks to unplanned pregnancies, sexually transmitted infections (STIs), HIV / AIDS, and abortions. In the case of adolescents, experts believe that it is better to use the concept of sexual health rather than reproductive health, since it is not appropriate to favor the sexuality-reproduction link, in addition to knowing that sexual relations, in most Of the cases, do not have as central objective the reproduction. Sexual health is one of the most recent issues that agencies working in the field of health and education in our country are incorporating into their agendas as a result of different international conferences, in particular the International Conference on Population and Development The United Nations, (UN, Cairo, 1999).

Social representations as a form of knowledge allude to a process and a content. As a process, RS refers to a particular way of acquiring and communicating knowledge. As content, a particular form of knowledge that constitutes a universe of beliefs in which three dimensions are distinguished: attitude, information and the field of representation (Moscovici, 1979).

Moscovici 's triadic scheme gives primacy to the relation of subject - group (other subjects), because: a) The others and others are mediators and mediators of the process of construction of knowledge and b) The relation of the others to the object Physical, social, imaginary or real is what makes possible the construction of meanings. This conception, in turn, illustrates the epistemological position in which is inscribed who studies the social representations. In the first place, it is assumed that knowledge is not only understandable from the traditional conception that indicates the existence of scientific knowledge and everyday knowledge or common sense. In this conception knowledge is understood as phenomenon or complex phenomena that are generated in circumstances and dynamics of diverse nature and whose construction is multideterminada by social and cultural relations (Banchs, 1994).

This type of education consists of a particular structure of orientation of the behavior of the people, whose function is to streamline and regulate their action. It is the overall positive or negative orientation, favorable or unfavorable of a representation. Their identification in the

discourse does not present difficulties because the linguistic categories contain a value, a meaning that by social consensus is recognized as positive or negative, therefore it is the most evident of the three dimensions. The attitude expresses the most affective aspect of the representation, because it is the emotional reaction about the object or the fact. It is the most primitive and resistant element of the representations and is always present even if the other elements are not. That is, a person or a group can have an emotional reaction without having to have more information about a particular fact (Spider, 2002).

Waldow defines the acts of humanizing, respecting, loving and being in solidarity, as a way of living, of being, of expressing oneself with an ethical and aesthetic attitude towards the world; To contribute to the general welfare by preserving nature, human dignity, the spiritual part and building the history of knowledge and life. It is an interactive process, between caregiver and caregiving, in which the caregiver takes an active role to perform caregiving actions, while being cared for becomes aware of their situation, contributes to caregiving and plays a less passive role in being responsible for Their own care in health education situations (Waldow, 2006).

This definition gives care a broad and inclusive dimension, it contemplates people in all their dimensions: biologically, psychologically, socially and spiritually, as well as various factors of the health and disease process in their uniqueness, diversity and constant interaction with the environment. In addition, it indicates that care is the activities, attitudes and feelings considered complementary (Waldow, 2006).

Waldow defines the care process as the development of actions, attitudes and behaviors based on scientific knowledge, experience, intuition and critical thinking, made for and with being cared for, in the sense of promoting, maintaining and / or recovering their dignity and totality Human. That dignity and totality encompasses a sense of integrity and physical, social, emotional, spiritual and intellectual fulfillment in the stages of living and dying; Is ultimately a process of transformation of both: caregiver and patient care. Considering care as an interactive process, there are three dimensions: personal, social and professional (Waldow, 2006).

Material and method

The present research is a non-experimental quantitative study carried out from a descriptive transectional design, whose objective is to investigate the incidence and the values in which one or more variables are manifested. The procedure consists of measuring one or more variables in a group of persons or objects and providing their description. They are, therefore, purely descriptive studies that when they establish hypotheses are also descriptive (Hernández, 2014).

Analysis of the information

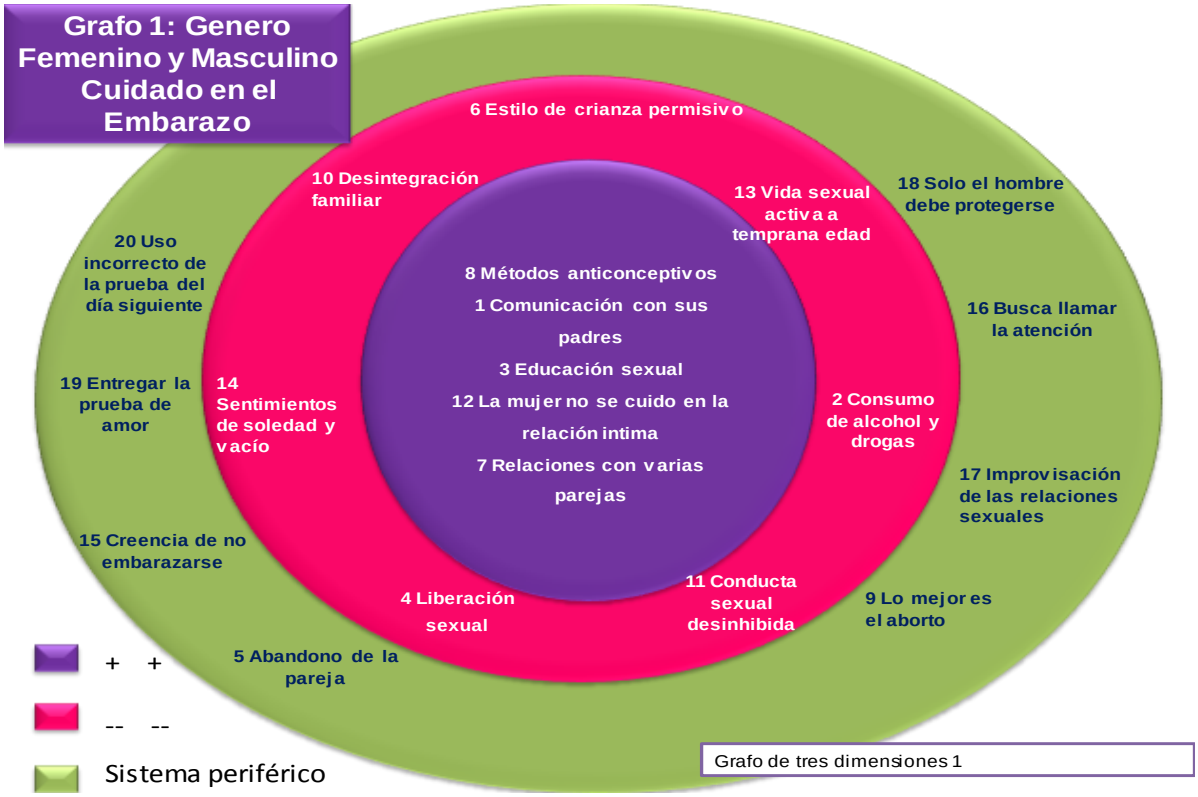
The information collected through the techniques characteristic of the structural approach is supported for its analysis in quantitative techniques (Flament, 1986), and in particular rests on a multidimensional factorial type analysis. Because this type of analysis must follow a certain procedure according to the selected statistical tool, most of the time the researcher does not face the volume of "data" that occurs when using methods and qualitative techniques. Indeed, by the techniques that are used in qualitative research (interview, observation, open-ended questions, journals, etc.), the type of data collected is usually expressed in verbal chains and not by numerical values (Abric, 1994).

Results

CATEGORY I: CARE OF SEXUAL AND REPRODUCTIVE HEALTH IN FEMALE AND MALE EMPOWERMENT

With five sub-categories: 1) Use of contraceptive methods, 2) Communication with parents, 3) Sex education, 4) Women do not care about sexual intercourse, 5) Men have sexual relations with several partners.

Category 1 graph: sexual and reproductive health care in female and male pregnancies



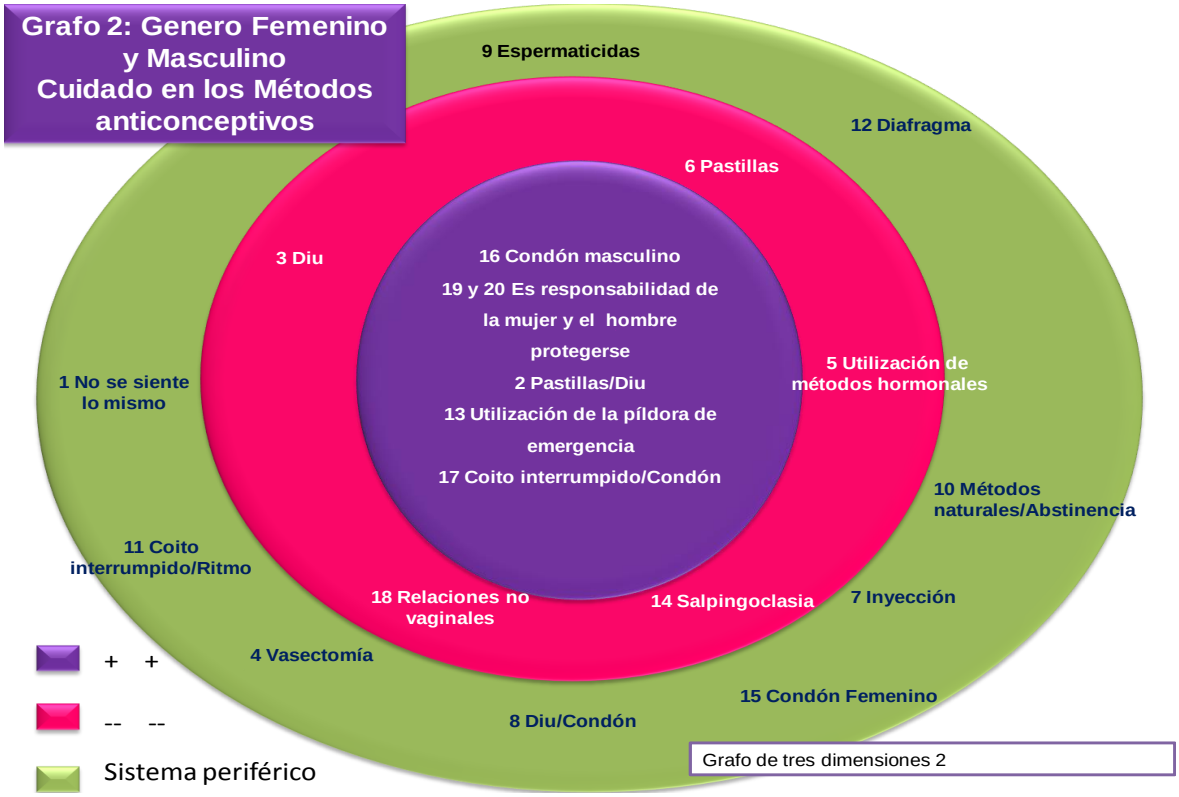
Source: grafo 1

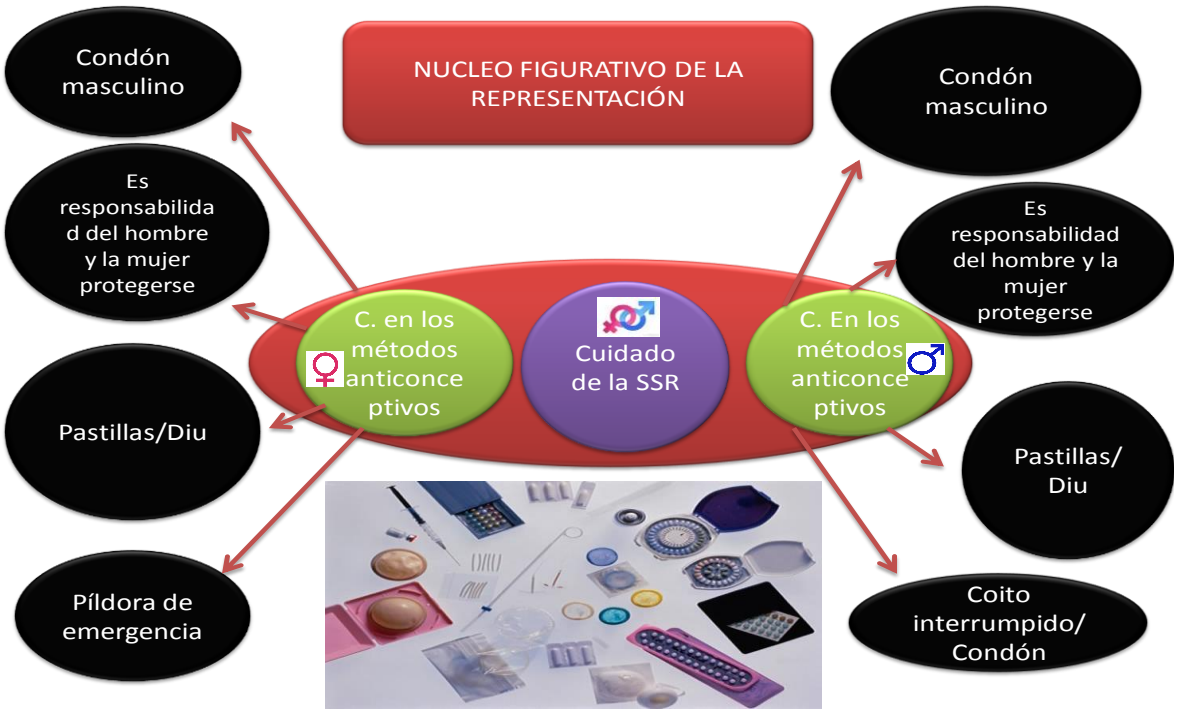
The results of the structural approach of social representations on sexual and reproductive health care showed that the majority of students of both sexes made associations related to the category of sexual and reproductive health care in female and male pregnancies. It was found that the central nucleus of this representation is formed around care with contraceptive methods, accompanied by peripheral axes of representing health protections, such as communication with their parents and the importance of sex education. Gender differences were also found; In the case of women there was a significant representational but also peripheral level in which the woman was not careful in the intimate relationship. And in the case of men was present having relationships with several partners. It is also necessary to take into account the presence of other peripheral axes that, although not of the most importance, as a whole show particularities of representation: family disintegration, active sexual life at an early age, alcohol and drug consumption, uninhibited sexual behavior , Sexual liberation and feelings of loneliness and emptiness.

CATEGORY II: CARE OF SEXUAL AND REPRODUCTIVE HEALTH IN FEMALE AND MALE CONTRACEPTIVE METHODS

With five sub-categories: 1) Male condom, 2) It is the responsibility of man and woman to protect themselves, 3) IUD pills, 4) Emergency pill, 5) Interrupted coitus / Condom.

Category 2 graph: sexual and reproductive health care in female and male contraceptive methods





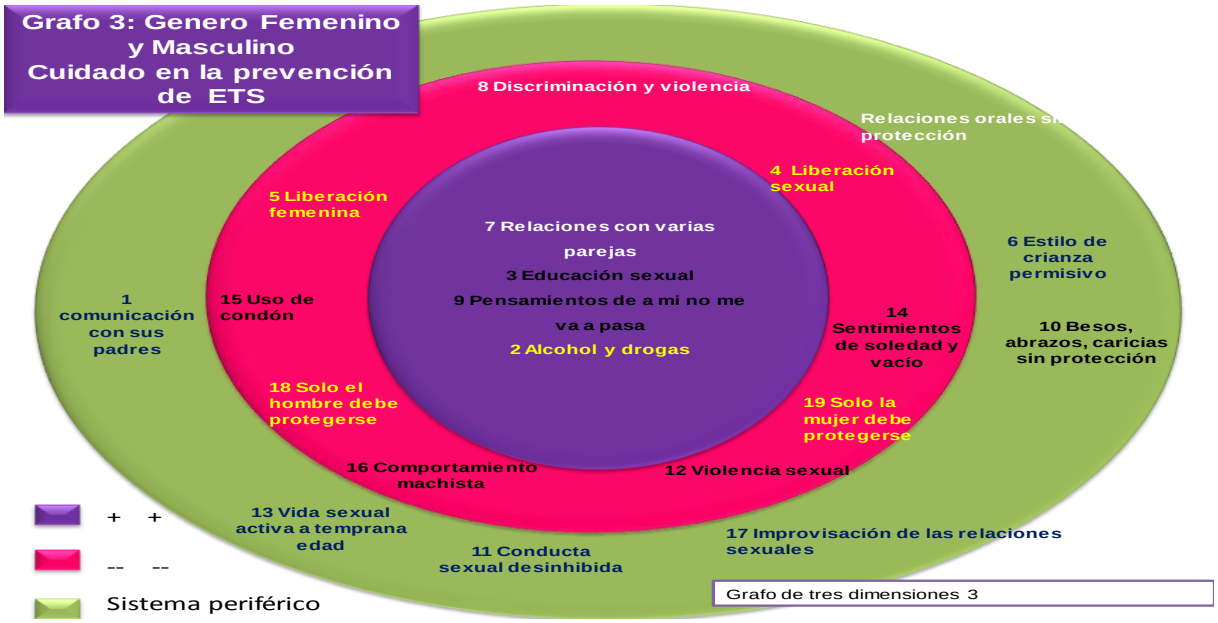
Source: grafo 2

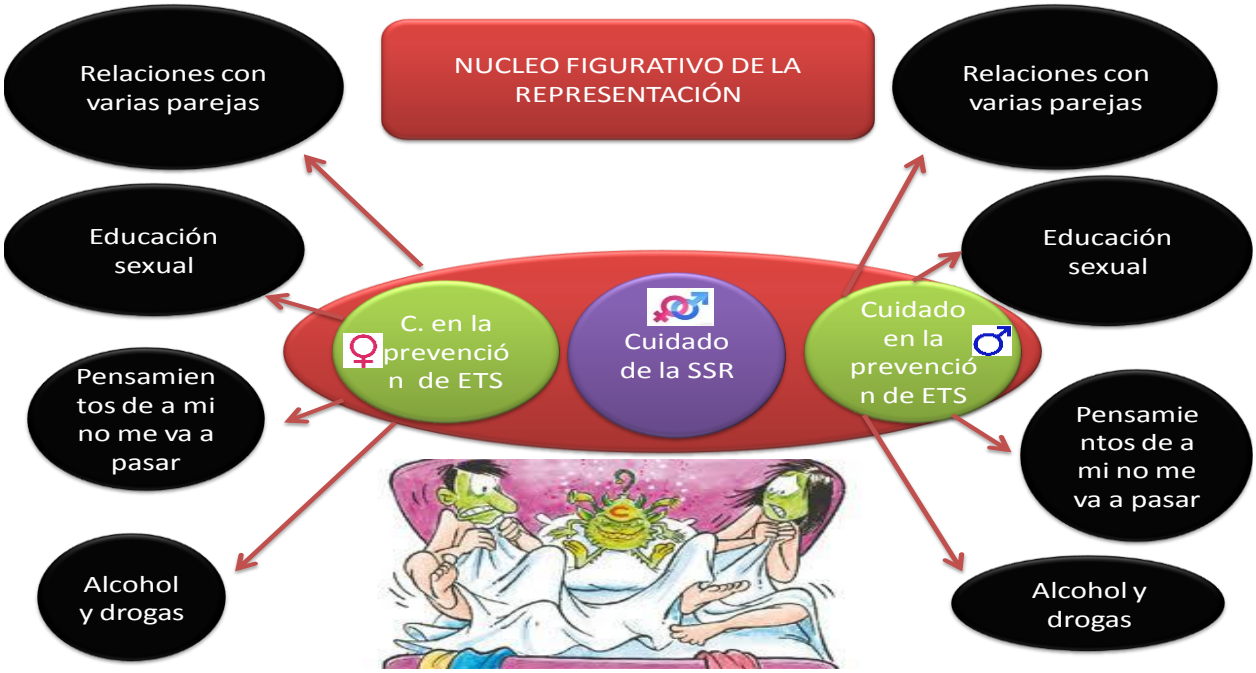
The results of the structural approach to social representations of sexual and reproductive health care showed that the majority of students of both sexes made associations related to the category of sexual and reproductive health care in female and male contraceptive methods. It was found that the central nucleus of this representation is formed around male condom care accompanied by peripheral axes of health protection representation, such as the consensus that it is the responsibility of men and women to protect themselves equally and to combine methods such as The pills / IUD. Gender differences were also found; In the case of women there was a significant representational level but also peripheral in the practice of using the morning-after pill. And in the case of men was present combining the practice of intercourse interrupted with the condom. It is also necessary to take into account the presence of other peripheral axes, which, although not of the greatest importance, show particularities of the representation: IUDs, pills, hormones, salpingoclasia and non-vaginal relations.

CATEGORY III: CARE OF FEMALE AND MALE REPRODUCTIVE HEALTH AND SEXUAL HEALTH IN SEXUAL TRANSMISSION DISEASES

With four sub-categories: 1) Relationships with several couples, 2) Sexual education absent, 3) Thoughts of me will not happen to me, 4) Alcohol and drugs.

Category 3 category: sexual and reproductive health care for women and men in the prevention of sexually transmitted diseases





Source: grafo 3

The results of the structural approach to social representations of sexual and reproductive health care showed that most students of both sexes made associations linked to the category of sexual and reproductive health care in the prevention of sexually transmitted diseases. It was also found that the central core of such representation is formed around relationships with several partners as the main risk factor, accompanied by peripheral axes of representation, such as the absence of sex education, thoughts like me will not And other risk factors such as alcohol and drug use. It is also necessary to take into account the presence of other peripheral axes that, although not the most important, show particularities of representation: sexual liberation, feelings of loneliness, discrimination and violence.

DISCUSSION

The information that the students of their family receive for the care of their sexual and reproductive health is very limited, that is to say, the subject of sexuality in the family (in particular with the women) and in the education system is almost untouched Remains very conservative. So the information that comes with it comes mainly from the internet and other mass media.

Collazos (2012), in his research Social representations of sexual health of deaf and hearing adolescents in the city of Bogotá, Colombia, by the Pontificia Universidad Javeriana, concluded that adolescents represent their sexual health and sexuality basically as a Knowledge, which are transmitted in formal educational spaces (school, university and home). In this transmission of knowledge there are confusions and misinformation that they try to solve with the support of older people.

From the above, the importance of knowing, unraveling and questioning the figurative nucleus of a RS, around which beliefs are articulated, is a significant step for the modification of a representation and, therefore, of a social practice (Banchs , 1991).

The care of sexual and reproductive health in students of both sexes is mainly due to the use of the male condom as a preventive method par excellence (Unwanted pregnancy and STD), because they do not have the necessary information to opt for some other method.

The social representations of university students about sexual abstinence and condoms as prevention mechanisms (María R. Estupiñán et al., 2012, National University of Colombia) are linked to their practices and social interactions, which, after being analyzed, converge into categories Related to their characteristics, functions, use, values and beliefs. The use of condoms constitutes for college students an effective and easily accessible method that protects and prevents pregnancy and sexually transmitted diseases.

There are several realities because reality itself comes from the activity developed by individuals, in a process that leads them to form their own vision of reality (Ibáñez, 2004).

The figurative nucleus of the social representation of sexual and reproductive health care with regard to STDs shows that there is a lack of greater formal education (educational system) of sex education. Prevention makes sense to the extent that women recognize the possibility that their partners also have sexual activity with other partners. Men, for their part, recognize the right to pleasure for pleasure and women recognize the importance of pleasure in an affective relationship.

For Fátima Flores (AIDS and young people: A study of social representations of Fatima Flores Palacios and Martha de Alba, National Institute of Psychiatry, 2016), there is a certain amount of information and awareness about AIDS that influences the behavior of the Group studied. This translates into their attitudes and implies a certain system of behavior, but does not impel educational interventions to spread the fundamental human rights related to the free exercise of sexuality without risks, physical and emotional pleasure, free sexual orientation, free choice of number Of children and the prevention of pregnancy. It is a hegemonic social representation.

The production of common-sense knowledge, in its connections with scientific knowledge, will determine the central nucleus of social representation (Abric, 2006).

CONCLUSIONS

The present study seeks to disseminate information that educates on fundamental human rights related to the free exercise of sexuality without risks and that entails physical and emotional pleasure, free sexual orientation, free choice of the number of children, prevention of unwanted pregnancy and prevention of Sexual transmission. It also seeks to promote sexual and reproductive health care with a gender perspective, by providing greater dissemination of specific programs and policies for women that eliminate existing inequities.

In addition, it is recommended to promote sexual health care from the family nucleus to improve the planning of active sex life. The promotion of sexual and reproductive health care must be present in the national educational system as a cross-cutting competence and in nursing education plans as a compulsory learning unit.

The Culiacan High School of Nursing of the Autonomous University of Sinaloa must take into account the findings of this research, to strengthen the teaching - learning of nursing students in clinical and community practices of the first level of health care.

It is of utmost importance to establish public policies to truly prevent unwanted pregnancies and sexually transmitted diseases, as well as establish national and international research networks for sexual and reproductive health care that generates the application of knowledge.

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