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TEACHING EXPERIENCE BASED ON SEXUALLY TRANSMITTED DISEASES WITH WOMEN DEPRIVED OF FREEDOM

EXPERIÊNCIA EDUCATIVA SOBRE AS DOENÇAS SEXUALMENTE TRANSMISSÍVEIS COM MULHERES PRIVADAS DE LIBERDADE

EXPERIENCIA EDUCATIVA SOBRE LAS ENFERMEDADES DE TRANSMISIÓN SEXUAL CON MUJERES PRIVADAS DE LIBERDAD

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ABSTRACT

Objective: reporting the experience of a teaching strategy on sexually transmitted diseases in a female prison in the state of Ceará. **Method:** 26 prisoners participated in the strategy in September 2009. The scenario consisted of a female prison, located in Aquiraz, state of Ceará with capacity for about 300 women. The research project was previously approved by the Ethics Committee of the Federal University of Ceará by the protocol no. 229/09. **Results:** the strategy brought satisfaction for the prisoners and left the way open for other students and health professionals to promote health and enhancement of the prison population presented as needy and receptive for new knowledge. **Conclusion:** thus, it is critical that nurses include the prison population as object of care, contributing to the decrease of the appearance of sexually transmitted diseases and improving their living conditions inside and outside prison. **Descriptors:** Prisons; Health Education; Primary Prevention; Sexually Transmitted Diseases; Nursing.

RESUMO

Objetivo: relatar a experiência de uma estratégia educativa sobre as doenças sexualmente transmissíveis em um presídio feminino no estado do Ceará. **Método:** estudo descritivo no qual participaram 26 presidiárias, com dados coletados no mês de setembro de 2009. O cenário consistiu em uma penitenciária feminina, situada no município de Aquiraz-CE com capacidade para aproximadamente 300 mulheres. O projeto de pesquisa foi previamente aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Ceará mediante o protocolo de nº 229/09. **Resultados:** a estratégia trouxe satisfação para as presidiárias e deixou o caminho aberto para outros estudantes e profissionais da área da saúde atuar na promoção da saúde e valorização da população carcerária que se apresenta necessitada e receptiva para o novo saber. **Conclusão:** torna-se imprescindível, que os enfermeiros incluam a população carcerária como objeto do cuidado, contribuindo para a redução da prevalência das doenças sexualmente transmissíveis e para a melhoria de condições de vida no e fora do presídio. **Descritores:** Prisões; Educação em Saúde; Prevenção Primária; Doenças Sexualmente Transmissíveis; Enfermagem.

RESUMEN

Objetivo: relatar la experiencia de una estrategia educativa sobre las enfermedades de transmisión sexual en una cárcel de mujeres en el estado del Ceará. **Método:** 26 mujeres presas participaron en la estrategia en septiembre de 2009. El escenario consistió en una cárcel de mujeres, ubicada en la ciudad de Aquiraz-CE con capacidad para aproximadamente 300 mujeres. El proyecto de investigación fue aprobado por el Comité de Ética de la Universidade Federal do Ceará con el protocolo n ° 229/09. **Resultados:** la estrategia ha traído satisfacción para las prisioneras y dejó el camino abierto para que otros estudiantes y profesionales de la salud actuar en promoción de la salud y el mejoramiento de la población carcelaria que ha necesitado y receptivo a los nuevos conocimientos. **Conclusión:** por lo tanto, es fundamental que las enfermeras incluyan la población carcelaria como objetos de atención, lo que contribuye a la reducción de la prevalencia de enfermedades de transmisión sexual y la mejora de sus condiciones de vida dentro y fuera de la prisión. **Descritores:** Prisiones; Educación en Salud; Prevención Primaria; Enfermedades de Transmisión Sexual.

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INTRODUCTION

The state of Brazilian social vulnerability is worsened as a result of various historical contexts marked by social inequalities, disruption of family ties, lack of social participation and involvement in drug dealing and a series of personal and social tragedies that contribute to the implication of many individuals in the world of crime.¹

The global criminal system aims the prisoner's rehabilitation. The article 1 of Law No. 7.210/84 (Brazil's National Prison Law) provides that "prison law aims to enforce the provisions of criminal judgment or decision and provides conditions for a harmonious social integration of the convicted and the inmate".²

However, the situation of the prison system is considered as a potential public health issue in the world, due to the lack of mechanisms to reintegrate the prisoner into society. Aggravated to this situation in Brazil, the prison system has a database with outdated information, which hinders the strategic action of the federal government in relation to this area.³

The prison population is composed mostly of men, so women are equivalent to 5.3% of the prison quota.³ Such fact could represent a benefit to management strategies, but becomes a disadvantage since it is claimed to be a limited number of women for large investments in health.⁴

The profile of the female prison population is characterized by young women, with low socioeconomic and educational level, history of sexually transmitted diseases (STDs), early sexual activity and occasional use of condoms during sexual relations.⁵⁻⁷ These factors reveal social and behavioral aspects that make this population especially vulnerable.

In a study in a female prison in the capital of Sao Paulo with 262 women deprived of freedom, we identified a rate of 14.5% for HIV infection, 19.5% for HPV virus and 5.7% of serum positive for syphilis infection.⁸ Therefore, it is revealed the high incidence of women with STDs confined in prison and away from good health care and management policies.

Such concerning data is due to the greatest risk female prisoners have to be infected by STDs, either by their inappropriate behavior in sexual practices and drug use, or by their lack of knowledge regarding STDs transmission.⁹ In addition to this, the confined condition itself

increases the risk of infections related to sexual activity and drug use.¹⁰ Additionally, women represent a group particularly more susceptible to infectious diseases from a biological point of view.

The spread of STDs in prison is also highlighted due to sexual promiscuity and the precariousness of actions to control them, including the fact that some inmates have never had access to health care before being in prison.¹⁰ Thus, the treatment and control of these infections during the period of imprisonment, should be encouraged, contributing to the reduction of transmission and breach of the epidemiological chain, both inside and outside prison.

In this context, the inclusion of health education strategies in the prison environment is critical, when dealing with a population that is proportionally more susceptible for getting STDs. It is emphasized that teaching activities can be considered as nursing interventions and as such promote health and care of these institutionalized people.

However, among the activities of health education, the dialogue must be based on simplicity and learning must be built considering the prior knowledge of learners as a foundation, so that it can be embedded into people's attitudes, escaping from the meshes of education offered in a vertical and mandatory way, which would hardly bring results and changes on people's behavior.¹¹

In this context, the health professional, performing as an educator, suffers from the paradox of being inserted into a biomedical template, sustained on negative health where the focus is the disease and its prevention versus the responsibility to respect individual and collective factors supported on singular health experiences, having the authenticity and the individual decision ability as a support for such performance.¹²

The nurse must know about different basis of education so that when planning teaching strategies he/she may rely on a good theoretical reference and thus be effective while doing activities, thus promoting care. So, we adopted Paulo Freire reference for the development of this study.¹³

Given the difficulties presented in the prison system and the vulnerability of female prisoners to STDs a strategy for health education was developed with the inmates of a prison located in Aquiraz, State of Ceará. The aim of this study is to report the experience of an educational intervention on STDs, focusing the use of female and male

condom in a female prison.

METHODOLOGY

The study is characterized as descriptive from a case report. The scenario consisted of a female prison located in Aquiraz, State of Ceará with capacity for about 300 women.

In prison there is a series of labor activities carried out by female prisoners, such as: manufacturing of cleaning products, crafts, sewing workshop, clothes making, manicure, school assistant, bakery, cleaning, kitchen assistant, nursing, yoga and library. Furthermore, there is a school with appropriate structure and staff of teachers, to create opportunities for further study for prisoners.

From the development of these activities, the inmates have a chance to show their skills and become capable of being self-employed in order to change their lives when released from prison. Furthermore, there is a financial support and sentence reduction.

The study population were female inmates in the institution, summing up to 258. The study consisted of 26 student prisoners. They were chosen at random personally invited by the researchers and teachers in the classrooms of the school located within the prison institution.

The activity of health education was held in September 2009 in one of the classrooms, previously chosen for being an appropriate environment for building new knowledge. The desks were arranged in a semicircle to help visual contact with participants and make them more comfortable in the room.

Methodological tools were used such as flyers, posters, flipbooks and dramatization. It is important to emphasize that the content was made with simple and accessible language allowing the understanding by the participants.

The activities took place in two shifts, being developed in the morning and repeated in the afternoon for another group, and lasted two hours. Each shift with 13 prisoners, helping the development of activity, providing a greater chance of them to ask questions and interact given the small number of participants.

The strategy was developed in three stages initially divided into a brief presentation, followed by a group dynamics aiming to increase interaction and participation of inmates. The third stage consisted of a dramatization focusing on STDs and the use of

male and female condom.

During the implementation of activity, four observers positioned themselves strategically in the corners of the room and registered the main events in a predefined form including some statements of the participants.

Data obtained was analyzed in a descriptive way, presented in speeches and discussed according to aspects of the relevant literature.

The ethical aspects of the research involving human beings were considered, according to the criteria of Resolution 196/96 and the issuance of opinion number 229/09 by the Ethics Committee in Research of the *Universidade Federal do Ceará*.

• Contributions from experiences

The activity developed in a group enables the breach of the traditional education existing between teacher and student, making the exchange of individual and collective experiences easier, which contributes to the significance of learning.¹³

Even today, the activities of health education are summarized, basically in giving information, requiring more innovative activities that can enable and make citizens aware, in a critical way, to make them fight for their social rights in relation to health, providing improvements in their quality of life¹³

The actions of health education addressing STDs in prison are rare, and when happen, they are limited to the delivery of condoms and birth control pills, which are not effective in changing behavior in sexual practices⁴

Based on these, we sought to create a different strategy, reflective and motivating in order to sensitize the audience toward the problem, besides improving self-esteem of these women valuing their experiences and their knowledge on the subject.

At the beginning of the activity, the inmates were anxious and curious about what would be developed. Many of them carefully read the brochure about STDs and showed interest.

At first, we conducted a brief presentation of female prisoners, in order to emphasize their identity, since it often becomes hidden or even lost while in prison.

Some of them showed embarrassment, noticed in their voice and way of looking down, highlighting their low self-esteem and feeling of guilt for being imprisoned. In order

to minimize these negative feelings, the women's names were repeated loudly and enthusiastically, valuing their identities.

Later, an ice-breaker technique was initiated, in which badges were distributed with three identical symbols for each participant. Participants were invited to dance in pairs and at the end of the song they exchanged badges with their dance partner.

There were four types of symbols with different meanings which were not deliberately cleared up prior to the development of the technique. The star symbolizes a person with HIV/AIDS; the circle represented a person with syphilis, the moon a person with HIV/AIDS who used condoms during sexual intercourse and, finally the square represented a healthy person.

At the end of the group dynamics, the participants had with badges with different symbols and the meaning of each symbol was revealed, through a poster with large and readable letters for a better comprehension. The dance symbolized sex relation with different partners. Thus, a participant who received the badge with the square at the beginning, therefore healthy, at the end of the technique could be contaminated by STDs symbolized on the other badges. It was sought with this activity, to touch the participants regarding the importance of using condoms in all sexual relations regardless of the partner.

It was noticed a behavior of surprise and disgust by women who got and STD during the dance and relief by those who were not infected. There was one participant who said:

If I knew that such dance and the exchange of symbols meant to get STDs, I would never have danced. (E1)

The initial period with the participants of a group strategy is essential for further progress of activities, making the environment susceptible or not for learning.¹⁴ So, after such period we found a pleasant and natural situation by both participants, facilitators and prisoners, for the continuance of the activity.

Secondly, we carried out a dramatization performed by facilitators in which STDs were the theme approached. At first, the participants received papers with the following sentences: What is STD? How do STDs appear in our body? How can you prevent STDs? Demonstrate how to put on condom. Do STDs only transmit in the relation man and woman? Can STDs kill? During the dramatization there were moments in which

these questions fit into the text, leading to an interaction between facilitators and participants.

The questions were prepared in order to clear up most frequent questions that could arise, besides striking a dialogue with women motivating them to question, actively participating in the strategy. This goal was achieved because in the course of the dramatization, the participants felt comfortable to interrupt the dramatization and share their experiences, opinions or doubts.

The dramatization featured a nurse who received in his office a patient with STD unaware of its transmission, symptoms and consequences. During the play, the nurse explained to the patient and to the audience the symptoms of some STDs, using a flipbook with large and shocking pictures. At that time, women were anxious and worried as described by a prisoner:

My God! How terrible! God forbid getting a disease like this, it is much better to use condom! (E2)

The playful, spontaneous and relaxed way that this was articulated at that point, enabled an enriched and pleasant dialogue among the prisoners expressed in words at the end of the dramatization:

I really liked that day, I think you should always come here (laughs). I learned a lot. Thank you! (E3)

The different activities involving the subject related to STDs and AIDS appeared to be delicate in its development, since fear, prejudice, difficulty coping with the disease, shame, doubts, myths and beliefs are part of the essence and the surrounding of people involved in this process.¹⁵ Therefore, it is up to facilitators to use participatory methods and dialogues to break the existing barriers.

Most health education activities carried out in prison are not documented, even having a teaching scope, wasting that activity as a tool that can be registered in the education of prisoners.²

Consequently, we designed a certificate to document the participation of the inmate in the health education activity about STDs. The female inmates demonstrated great satisfaction in receiving it, feeling appreciated. It was noticed not only the meaning of the certificate itself, but mainly an increase in their self-esteem and confidence showed in their attitudes after the strategy.

The strategy brought satisfaction for the

prisoners and left the way open for other students and health professionals to promote health and enhancement for the prison population presented as needy and receptive for new knowledge.

FINAL CONSIDERATIONS

The strategies of health education can be used as an important tool to make changes easier in the scope of promotion of health, thus aiming improvements in living and health conditions of the population.

Therefore, participatory methodologies are facilitator tools for learning, since they enable exchange of experiences, increasing discussions about the theme and promoting reflective, interpersonal and teaching-learning process, that integrate the group and narrow the bond of affection.

The accomplishment of this activity broke the existing prejudice and fear by the facilitators of the strategy, pointing out that prisoners should not be excluded from the right for health care enforced by the National Health System (SUS).

We tried to encourage a critical and curious attitude to the subjects of the teaching strategy toward the object of knowledge. The facilitators distanced themselves from a process of pure transfer of knowledge, where knowledge ceases to be as a copycat and becomes creative and re-creative. Through the reflective process it was aimed to make prisoners look into themselves, questioning and knowing themselves.

From this case report, it is critical that nurses include the prison population as an object of care, helping to reduce the incidence of sexually transmitted diseases and to improve their living conditions inside and outside prison. Moreover, further studies need to address this specific population that is so needy of care and of strategies of health promotion.

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