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RESEARCH

Sexuality for the ostomized woman: contribution to nursing care

A sexualidade para a mulher estomizada: contribuição para a assistência da enfermagem

La sexualidad para la mujer estomizada: contribución para la asistencia de la enfermería

Alvaro Francisco Lopes de Sousa¹ Artur Acelino Francisco Luz Nunes Queiroz² Luana Feitosa Mourão³ Layze Braz de Oliveira⁴ Antonio Dean Barbosa Marques⁵ Leidinar Cardoso Nascimento⁶

ABSTRACT

Objective: To know the meaning assigned to sexuality for stomized women. **Method:** this is a qualitative study from the perspective of an oral history of life. a total of 10 women enrolled in the lineu aráujo integrated health center in teresina-pi, in june 2012. **Results:** four categories emerged: the meaning of sexuality, the meaning of the experience of sexuality, the meaning of spousal support in the process of acceptance of the stoma and the meaning of being a woman and living with the stoma. sexuality has a plurality of meanings, which in turn are connected to various factors. **Conclusion:** through knowledge, we could complete and implement care actions that influenced the quality of life and assistance given to the stomized women. **Descriptors:** Ostomy, Sexuality, Gender, Nursing.

RESUMO

Objetivo: Conhecer qual o significado atribuído à sexualidade para mulheres estomizadas. **Método:** estudo de natureza qualitativa na perspectiva da história oral de vida. Participaram 10 mulheres cadastradas no centro integrado de saúde Lineu Araújo de Teresina-Piauí, no mês de junho de 2012. **Resultados:** emergiram quatro categorias: o significado da sexualidade; o significado da vivência da sexualidade; o significado do apoio do parceiro no processo de aceitação do estoma e o significado de ser mulher e conviver com o estoma. A sexualidade possui uma multiplicidade de significados que por sua vez encontram-se ligadas a diversos fatores. **Conclusão:** através do conhecimento, pode-se completar e implementar ações assistências que influenciaram na qualidade de vida e assistência prestada às estomizadas. **Descritores:** Estomia, Sexualidade, Gênero, Enfermagem.

RESUMEN

Objetivo: Conocer el significado de la sexualidad de las mujeres estomizadas. **Método:** Uno estudio cualitativa en la perspectiva de la historia oral de vida. un total de 10 mujeres matriculadas em el centro integrado de salud lineu aráujo en teresina-pi, em junio de 2012. **Resultados:** Emergieron cuatro categorías: el significado de la sexualidad, el significado de la vivencia de la sexualidad, el significado de la manutención del cónyuge en el proceso de aceptación del estoma y el significado de ser mujer y estar con el estoma. la sexualidade tiene una pluralidad de significados que a su vez están conectados a vários factores. **Conclusión:** Través del conocimiento, se puede completar y implementar acciones que influyeron en la calidad de vida y la asistencia proporcionado a las estomizadas. **Descriptor:** Ostomía, Sexualidad, Género, Enfermería.

¹Nursing Student at the Federal University of Piauí, Email: sousa.alvaromd@gmail.com

² Nursing Student at the Federal University of Piauí, Email: aacelino@hotmail.com

³Nursing Student at the Federal University of Piauí, Email: luanamourao29@hotmail.com

⁴Nursing Student at the Federal University of Piauí, Email: layzebraz@hotmail.com

⁵Nurse, Graduate Student in Family Health at State University Vale do Acaraú (UVA). Professor EMI at the Center of Technological Education Institute (CENTEC). Email: antonio-dean@hotmail.com

⁶ Nurse, Master's in Nursing from the Federal University of Piauí (UFPI). Professor at Faculdade Aliança - Maurício de Nassau. Nurse of the Municipal Foundation of Health of Teresina and Nurse of the Hospital Getulio Vargas. Email: leidinar@hotmail.com

INTRODUCTION

The receipt of a stoma is represented ambiguously by stomized individuals who somehow feel benefited by obtaining the cure or improvement from a disease or accident. However, this procedure generates anxiety, doubt and questions about their new possibilities of well-being, social interaction and quality of life, facing this new physical condition, which also results in a change of the body image¹

Due to various changes faced, stomized people live feelings of emotional disorganization that culminate in social reclusion, everything related to the issue of self-image. Self-image can be defined as the mental representation that one has of themselves. The way in which they feel their own bodies is closely related to self-esteem.² Thus, the creation of a stoma generates a rupture in body image, causing discriminatory feelings of stigma.

Currently, the search for perfection and aesthetic framework in beauty standards has led a significant portion of the female population to submit to several technical and cosmetic procedures. In this context, being a "woman" and accept them self with a stoma, be it permanent or temporary, in which part of her heart is exposed, countering it, even that of involuntary way, culturally accepted standards³.

In this respect, the changes in body image cause, in the majority of the stomized, difficulties related to sexuality⁴, because society attaches the beauty different meanings for the genders, male and female, valuing, therefore, differently, the attributes of an ideal image for each one⁵.

The topic sexuality is part of one of the priorities of public policies for women's healthcare. *J. res.: fundam. care. online* 2013. dec. 5(6):74-81

However, the approach focuses on the diagnosis and treatment of health problems, not necessarily embracing the entire complexity that the subject requires. Even more, it is emphasized that care, as a rule, takes place individually, in gynecological consultations from the spontaneous demand of every woman in the significant majority of the time, restricted to the delimited disease field and / or restoration of functioning of organs.⁶

It is known that the placement of a stoma generates significant changes in a person's everyday life, changes that require adaptation of stoma patients to the new phase that they experience. Among these changes, is the sexuality of stoma patients, a difficult subject to be addressed both by those who experience the stoma as by health professionals. The stoma patients believed that the topic of sexuality is a secondary issue, being that the woman more affected by account of changes in self-image.

Due to the complexity of the assistance to stoma patients, a multidisciplinary approach is required for both the patient and the family faced with this new process. Thus, the study aims at a better understanding of human subjectivity of stoma patients in relation to sexuality by women.

Based on this context, this study aimed to find out what the meaning attributed to sexuality for stomized women.

METHODOLOGY

Qualitative study from the perspective of an oral history of life. "Oral history enables life beyond mere data acquisition in favor of the possibility of a more subjective view of the experiences of the deponents".^(7:85)

The research had as its setting the Integrated Health Center Linnaeus Araújo (CISLA), which belongs to the Municipal Health Foundation (FMS) Teresina-PI. The subjects were ten (10) women enrolled in the permanent intestinal ostomy, ostomy care program at the Centre for Health. Women older than 18 years were included in the study, with a permanent intestinal ostomy with at least one year of surgery, registered in the CISLA, who had physical and emotional conditions to participate in the study and agreed to participate in the study by signing the Statement of Informed Consent (IC).

The data were produced in June 2012. They were collected by means of a semi-structured interview with the aid of an mp4 player for recording of depositions, obeying the specific steps of oral history: full transcript, textualization and trans-creation.

During transcription were preserved the errors of both collaborators as interviewers, as a way of guaranteeing the quality of the interview. The next step was the textualization in which were eliminated the questions so that the text would be dominant of the narrator. Finally was done trans-creation, in which the text was presented in its final version to the collaborators.

The study was approved by the Ethics in Research (CEP) Faculty of Health, Humanities and Technology of Piauí (NOVAFAPI) with the protocol CAAE No 01138312.2.0000.5210.

RESULTS AND DISCUSSION

In relation to the age range of women, ranged from 29 to 50 years of age. Seven women were unmarried, and three married. Regarding the time of living with the stoma, there was a variation

J. res.: fundam. care. online 2013. dec. 5(6):74-81

between 01 and 24 years. The majority of the stomas were the colostomy, being just two ileostomies. As to the cause of the stoma, neoplasm predominated.

Table 1 - Characterization of the study collaborators. Teresina, Piauí, 2012,

Collaborator	Age	Marital status	Duration of ostomy	Type of ostomy	Origin of ostomy
C01	33	Single	05 years	Colostomy	Enterocutaneous fistula
C02	32	Single	17 years	Ileostomy	Adenocarcinoma
C03	29	Married	01 year	Ileostomy	Adenocarcinoma
C04	38	Married	03 years	Colostomy	Adenocarcinoma
C05	53	Single	24 years	Colostomy	Adenocarcinoma
C06	38	Single	01 year	Colostomy	Trauma of colon
C07	34	Single	10 years	Colostomy	Crohn's Disease
C08	50	Single	02 years	Colostomy	Crohn's Disease
C09	48	Married	03 years	Colostomy	Anal cancer
C10	49	Single	04 years	Colostomy	Rectovaginal fistula

Source: direct research

After the analysis of the interviews of the collaborators, there was a grouping of significant ideas that met the research objective, emerging four thematic categories: the meaning of sexuality, the meaning of the experience of sexuality, the meaning of partner support in the stoma acceptance process and the meaning of being a woman and living with a stoma.

The significance of sexuality

Sexuality is an integral and fundamental part of the process of human living, suffering the influence of several factors that contribute significantly to the well-being of people.⁸ The collaborators of this study expressed the meaning of sexuality in their reports as something divine,

gift, and quality of life, important in a life the two, something that is part, dating as well, feeling good, pleasure, good thing, sex and satiating the carnal desire, as evidenced in the testimonials:

[...] Sexuality is something divine, because it is something that is part of my body; in fact my sexuality is a blessing that God gave me. For me the sexuality is focused on procreation [...] (C02).

[...] Sexuality is quality of life it is a thing that is part of the life of the people eh? a day to day thing [...] (C 03).

[...] In the first place is very important in life to two, because a life without sexuality for the two is nothing, for me it is very important [...] (C 04).

[...] Sexuality is dating as well as feeling good; having pleasure is a good thing [...] (C 08).

[...] It is sex; that is important in all of our lives [...] (C 09).

[...] In my thought, it was just to satisfy a gift that brings us, what God gives eh? You feel... I don't know that willingness to satiate the carnal desire [...] (C 10).

Two collaborators were unable to describe a concept on sexuality:

[...] For me, nothing, I feel nothing more [...] (C 06).

[...] I Don't know how to answer you! If I didn't have the stoma perhaps I would know [...] (C 01).

lives, encompassing not only the genitalia, but also biological aspects, psychobiological and social.⁹

The collaborators' testimonies demonstrate the appreciation and the importance that attribute to sexuality / gender, being they are essential to life and reproduction. Mobilizing feelings and by joining creative power, i.e., allowing the procreation of the species.

The meaning of the experience of sexuality

The experience of sexuality is of extreme importance, this may have positive, negative, or even neutral reflection during the process of human living. Illness is present in the lives of people, the intestinal stoma generates modification of body image, influencing in various aspects of the life of the person, including in the sexual sphere.⁸

[...] For me it is tricky, because I live in chastity, by choice [...] this does not mean that I do not feel desire, because chastity was a life choice that I had [...] previously I was stolen from me in my childhood and adolescence, I had a sexual experience in my childhood, I had my purity virtually stolen [...] I had an experience related to masturbation and I was not happy, my psychological area was not something free, it was not healthy and I'm now completely liberated related to this issue, today I am happier and more accomplished [...] (C 02).

[...] I even had difficulty in maintaining relationship with man, because I was always such an ashamed person [...] (C 07).

Sexuality is characterized as an aspect of our personality present in all the moments of our J. res.: fundam. care. online 2013. dec. 5(6):74-81

The collaborators have demonstrated that the sexual dysfunctions are consequences of the very origin of the stoma, causing changes in genital organs. In addition, those who did not have a solid relationship tended to remain alone, because they experienced feelings of shame, suppressing the sexual desire and even sexual disinterest. Even those who did not keep a relationship after the stoma reported feeling the desire.

[...] My sex life changed just because I had an expectation to have children, then this dream had to be delayed, but I am intimately Normal I feel no interference following the relations I do not feel pain, do not feel any problem. I did not feel any embarrassment during the first relation [...] (C 03).

[...] After the stoma my sex life has not changed at all stayed the same, maybe even changed for the better?! [...] (C 04).

The women experience their sexuality in a variety of forms; this makes us understand that what is experienced is shown in different facets in the same situation, showing different ways to a common disorder for all.

Significance of partner support in the stoma acceptance process

Family and partner support is essential for the development of positive attitudes toward the disease and the new situation, making it easier and faster the recovery process, the adaptation, the return to daily activities, including with respect to the experience of sexuality.¹⁰

Some women reported it being of fundamental importance for partner participation

J. res.: fundam. care. online 2013. dec. 5(6):74-81

in the stoma acceptance process, due to their qualities, offering support and helping to rediscover sexuality, by encouraging them to adapt and/or the acceptance of his new condition of life.

[...] In the beginning I had depression, prejudice, but thank God I had a lot of strength mainly spiritual [...] and had a lot of support from my husband who strengthened me and gave me great strength, from there I kept moving forward and today I live normally [...] my spouse regarding sexuality was a key to my recovery and to rediscover my sexuality [...] (C 04).

[...] My husband gave me all the support, it was not for this reason that we parted, and there were other problems [...] (C 05).

The experience of sexuality by the ostomy partner is characterized by periods of crisis mechanisms that result in confrontation, usually negative, due to the lack of support for assistance from the professionals.¹¹

[...] I lived with the father of my boys, and then I did it here (pointing to the stoma) he left the house... it's been a year already! [...] (C 06).

[...] I had a boyfriend at the time... this boyfriend, when the doctor talked to him about my condition and everything he already became different, already treating me as an invalid person thinking that everything is bad, that everything hurts and everything is difficult and we do not even accept it at least I don't, because its been two years and I have not yet accepted it, I'm ashamed of myself [...] (C 08).

Experiencing any change is not something easy, especially if there are changes of definitive

character. The support of family members and partners is essential to the acceptance process and rehabilitation of stoma patients, because these are present from the onset of signs and symptoms to the ostomy, offering support to minimize the suffering.

The meaning of being a woman and living with a stoma

According to the collaborators, the process of living with the stoma interferes in body image, causing changes in self-esteem, self-image and self-concept. The stoma is seen by the collaborators as alienation from one's own body, due to the invasion and the stoma pouch/bodily changes.

[...] If the people are not well psychologically everyone suffers a lot with the issue of self-esteem, because for a woman so young, proud and so accustomed to wearing various types of clothing become unsuitable and sometimes with the presence of the side colostomy [...] (C 03).

[...] in term of clothes, you change completely being that you don't want to show that you have a stoma [...] (C 08).

I am no longer vain, I do not feel beautiful, I do not feel at ease anymore, because it is something that prohibits me [...] I really liked walking dressed in jeans, jeans shorts, a pair of jeans [...] these days I only wear a doublet, which is this dress [...] (C 10).

[...] I live my female vanity according to my life situation, in fact I use what is appropriate for me [...] (C 02).

The collector device modifies the way they dress, using mainly baggy clothes that are intended to hide the use of the bag, however this strategy contributes to the loss in body aesthetics, consequently, and decreased self-esteem.⁴

Some collaborators commented on feeling losses in their image due to the scars left by the numerous interventions that they have suffered. They feel more harmed by these changes directly interfering with their feminine vanity and by no longer feeling attractive as a woman.

CONCLUSION

Sexuality is a topic that requires care when being addressed, due to it being an intimate subject and possess a multiplicity of meanings that in their turn are connected to several factors. To know the meaning of sexuality for the person, it is necessary to complement and implement care actions that contribute to improve the quality of life and the care provided.

The discussion of the experience of sexuality linked to intercourse and problems related to it showed that the collaborators have undergone significant changes in the way of experiencing sexuality.

The collaborators recognize the importance of sexuality for their quality of life. Being the presence of an essential companion to the process of acceptance and rediscovery of sexuality, it is pointed out as one of the factors strengthening the families found, even those who do not have a companion, idealize someone who accepts them as they are.

For women, the modification of the body due to the stoma has a meaning greater adaptation to new condition of life. Causing not only

dysfunction in physiological function and yes, changes related to self-image and self-esteem. The distortion of body image causes the majority of women avoid exposure situations, adopting an attitude of social isolation, making them prisoners of themselves.

Through the statements of the collaborators of this study, it was evident that the assistance towards sexuality of stomized women requires efforts of health professionals, highlighting the nurse, to improve the quality of the care provided. For this reason, it is necessary for the involvement not only of professionals, more also; the partners to mitigate the impact caused by stoma and facilitate the acceptance process.

Sexuality as a form of natural expression of the human being is still a matter little appreciated in the healthcare practice. It highlights the need for further studies in the area of health and nursing on the topic of sexuality, because this subject will always have something to be discovered.

REFERENCES

1. Nascimento CMFS. A vivência da sexualidade pelo estomizado: um estudo de enfermagem na abordagem fenomenológica [dissertação]. Teresina (PI): Universidade Federal do Piauí; 2010.
 2. Matos D, Saad SS, Fernandes LC. Guias de medicina ambulatorial e hospitalar de coloproctologia. São Paulo: Manole; 2004.
 3. Anhaia AS, Vieira JC, Vieira AMLM. A mulher e o estoma: implicações na vida diária. *Rev Estima*. 2007; 5(4):20-5.
 4. Silva AL, Shimizu HE. O significado da mudança no modo de vida da pessoa com estomia intestinal definitiva. *Rev Ass Latinoam Esc Fac enferm*. 2006; 14(4): 483-90.
 5. Santos VLCC, Sawaia BB. A bolsa na mediação "estar ostomizado" - "estar profissional": análise de uma estratégia pedagógica. *Rev Ass Latinoam Esc Fac enferm*. 2000; 8(3): 40-50.
 6. Trindade WR, Ferreira MA. Sexualidade feminina: questões do cotidiano das mulheres. *Rev. Texto & contexto enferm*. 2008; 17(3): 417-26.
 7. Meihy JCSB, Holanda F. História oral: como fazer, como pensar. São Paulo: Contexto; 2007.
 8. Paula AMB. Representações sociais sobre a sexualidade de pessoas estomizadas: conhecer para transformar [tese]. São Paulo (SP): Universidade de São Paulo; 2008.
 9. Melo AS, Carvalho EC, Pelá NTR. A sexualidade do paciente portador de doenças onco-hematológicas. *Rev Ass Latinoam Esc Fac enferm*. 2006; 14(2): 227-32.
 10. Silva AL, Shimizu HE. A relevância da rede de apoio ao estomizado. *Rev bras enferm*. 2007; 60(3): 307-11.
 11. Freitas MRI, Pelá NTR. Subsídios para uma compreensão da sexualidade do parceiro do sujeito portador de colostomia definitiva. *Rev Ass Latinoam Esc Fac enferm*. 2000;8(5): 28-33.
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