
THE KNOWLEDGE AND ATTITUDES OF FEMALE STREET SWEEPERS REGARDING GYNECOLOGICAL CARE¹

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ABSTRACT: This qualitative approach study carried out an open interview with female road sweeper in January 2010 to identify their knowledge of their own bodies and how they take care of themselves considering gynecological alterations. The following signification units were identified in the organization of information: women's knowledge of their bodies; women's knowledge of vaginal discharge; how women treat vaginal discharge; vaginal discharge intervening in the work process. Comprehensive analysis revealed that these women know nothing or a little of genitals and lack of care interfere with their work activities. Nurses have important role as educators in the prevention and in the therapeutic conduct of the gynecological alterations, aiming to provide better life quality. In this sense, the professional/client interaction during the gynecological consultation represents an excellent opportunity to establish bonds of confidence and to move towards the construction of knowledge in health.

DESCRIPTORS: Women's health. Nursing care. Female genital diseases.

CONHECIMENTOS E ATITUDES DE MULHERES VARREDORAS DE RUA SOBRE O CUIDADO GINECOLÓGICO

RESUMO: Nesta pesquisa de natureza qualitativa utilizou-se a entrevista aberta com 19 mulheres varredoras de rua, em janeiro de 2010, com o objetivo de identificar seu conhecimento sobre o corpo e como se cuidam em relação às alterações ginecológicas. Na organização das informações emergiram as unidades de significação: conhecimento das mulheres sobre o corpo; conhecimento da mulher sobre corrimento vaginal; como as mulheres cuidam do corrimento vaginal; e o corrimento interferindo no processo de trabalho. A análise compreensiva desvelou que desconhecem ou têm pouco conhecimento sobre a genitália e, como não se cuidam, isto interfere em suas atividades laborativas. O enfermeiro possui amplo campo de ação, como educador, na prevenção e na conduta terapêutica das alterações ginecológicas, com vistas a propiciar melhor qualidade de vida. Neste sentido, a interação profissional/cliente, durante a consulta ginecológica, é excelente oportunidade para criar laços de confiança e caminhar na construção do conhecimento sobre saúde.

DESCRIPTORIOS: Saúde da mulher. Cuidados de enfermagem. Doenças dos genitais femininos.

CONOCIMIENTOS Y PRÁCTICAS DE LAS MUJERES BARRENDERAS DE CALLE FRENTE A LA ATENCIÓN GINECOLÓGICA

RESUMEN: Estudio cualitativo realizado en enero 2010. Fue utilizado la entrevista abierta en 19 mujeres barrenderas de calle. Lo objetivo es identificar el conocimiento de ellas sobre su cuerpo y como se cuidan en relación a las alteraciones ginecológicas. En la organización de las informaciones emergieron las unidades de significación: conocimiento de las mujeres sobre el cuerpo; conocimiento sobre corrimento vaginal; como las mujeres cuidan del corrimento; el corrimento interfiriendo en el trabajo. el análisis comprensiva mostró que las mujeres desconocen o tienen poco conocimiento sobre su genitálica y como no se cuidan, esto interfiere en el su trabajo. El enfermero tiene un amplio campo de acción como educador en la prevención e en la conducta terapéutica de las alteraciones ginecológicas, para proporcionar mejor calidad de vida. La interacción profesional/cliente durante la consulta es una excelente oportunidad para crear lazos de confianza y caminar en la construcción del conocimiento sobre salud.

DESCRIPTORIOS: Salud de la mujer. Atención de enfermería. Enfermedades de los genitales femeninos.

INTRODUCTION

The urge to perform this study emerged during the practical activities of the class discipline Nursing in Women's Health, in the Nursing Undergraduate Course, when we realized that several women did not know their own bodies, often because of the fear they experienced of feeling guilty while touching and feeling their body, or, yet, because they lacked this knowledge.

This specific population of street sweepers was chosen because of their socioeconomic and cultural conditions. Throughout their whole working process, these women are exposed to other people, and are often unnoticed by the population and health policies. Besides having to deal with the difficulties particular of the occupation, such as the lack of appropriate restrooms (in terms of hygiene), they handle several types of waste, unpleasant odors, and a series of conditions that can be dangerous, health hazardous and extenuating.

By considering the expression: "the body is seen by society in a way that the beliefs and practices regarding hygiene are seen as a correct behavior, that does not trespass limits and disorganize the symbolic order,"^{1:121} it can be inferred that human attitudes, in general, are determined by what is considered right and wrong, clean or dirty, beautiful or ugly, i.e., several stigma impregnated in society, which eventually direct people's lives. It is realized that, often, due to cultural issues, women do not even take advantage of or realize the natural physiology of their own body, just as any manifestation of sexuality is restrained.

One must consider that the common association of poverty to the lack of information and low educational level lead to the exclusion of women due to their ignorance of their own rights regarding health and primary preventive actions, which contributes to increasing the risk of complications.² Health care professionals, particularly nurses, cannot disregard this reality, nor reproduce prejudiced and discriminatory attitudes, based on current excluding standards, practiced in many health care services.

By understanding women's health as a public health issue, it is recommended that women should not be seen as a fragmented individual when seeking health care services to solve their complaints; rather, one must consider the environment where she lives and works, and the social context in which she lives, in addition to listening to and giving her the opportunity to speak about

her feelings and needs.³⁻⁴ When women seek this sort of care, they often complain about vaginal discharge, which is considered to be any liquid or semi-liquid discharge, excluding blood, that can result from physiological secretions or due to inflammatory exsudate.⁵ The discharges must be investigated in terms of color, odor, consistence, amount, association with pruritus or pain, and its relationship with the use of antibiotics.

Considering the setting of all physiological transformations that women face throughout the many life phases, "in order to deliver efficient women's health care, it is important to provide the necessary conditions to guide her towards discovering herself as a whole being, who deserves care in many ways, including those related to health".^{2:93} In this sense, nursing consultations emerge as one of the facilitators in providing women with better services.

Regarding female waste collectors, one important characteristic of this professional category is that the work activity *per se* is performed on the streets (public environment). This location does not include only these workers, but also "thieves, people who suffer discrimination, retirees, and beggars. The street is home to what is informal, fortuitous, impersonal, it is a place to see and be seen, of circulating."^{6:50} It is essential that nurses recognize the reality and individuality of each client who requests health care services.

The literature survey found few studies that addressed this theme. Therefore, the purpose of this study was to identify the knowledge that female street sweepers have about their own bodies and how they take care of their gynecological alterations.

METHODOLOGICAL FRAMEWORK

The proposition of this study aimed to give voice to the women working to keep the streets clean and, based on the meanings, identify their understanding about their own body and the care they have with themselves, in terms of gynecological alterations. We considered, besides their biological dimension, the "universe of meanings, reasons, aspirations, attitudes, beliefs and values to describe and understand situations".^{7:69} Therefore, we aimed to engage in a conversations that would promote "spoken or silent manifestations, and, by assuming a careful look, understand the ways that the subjects think, feel and see."^{8:78} The qualitative approach, guided by phenomenology,

appeared to be the best way to achieve the proposed goal, considering that “[...] there is the “in itself” of this care, i.e., there is, in the phenomenon of care, and meanings, showing in itself despite being veiled, and which we do not understand”.^{9:26} Therefore, we aimed at understanding these women in their singularity and specificity, focused on the phenomenon of gynecological health care.

The project was reviewed by the Research Ethics Committee at Universidade Federal de Juiz de Fora (CEP/UFJF), for the analysis and approval regarding its compliance with the ethical and legal aspects, according to the Ministry of Health Resolution 196/96,¹⁰ being approved under Review Number 265/2009. The study setting was the Juiz de Fora Urban Cleaning Department, limiting the studied area to six streets in the city’s downtown, which were previously selected. The subjects were 19 women, of ages ranging between 18 and 55 years, working with the Urban Cleaning Department, who had been randomly invited, based on the following inclusion criteria: being a woman and working as a sweeper of the selected streets.

The empathetic open interview technique was used aiming at creating a comfortable environment that would favor dialogue.¹¹ The interviews were scheduled in advance, according to the availability of the participants, and were performed according to the following guiding questions: What do you know about your body? How do you feel your gynecological body? Do you know what vaginal discharge is? What is the care that you take regarding vaginal discharge?

The statements were recorded and then fully transcribed, taking care to maintain the reliability to the statements. Systematic readings were performed with the purpose of obtaining the essence of the meanings that the women expressed, based on the correlation with the scarce literature on the theme.¹² In this reflexive movement, guided by the study objective, we aimed to understand the essential structures, which refer to those that “remain ontological determinants in every form of truly regarding the presence”.^{13:44} This process resulted in the organization of the meaning units: the women’s knowledge about their body; the women’s knowledge about vaginal discharge; how the women take care of the vaginal discharge; and the interference of the vaginal discharge in the working process. It was expected that these reflections would lead to the unveiling of the vague and median understanding¹³ about the meanings expressed by these women, the study subjects.

RESULTS AND DISCUSSION

The women’s knowledge about their body

The image that women have about the internal functioning of the body, affects, most of all, their perception of the bodily events and experiences.¹⁴ It is noted that gynecological diseases are still part of the stigma present in the 19th century, associated to something that is morally negative, related to venereal diseases from prostitution.¹⁵ It is realized, in current society, that women make a clear connection between their reproductive life and health. While very young, they already perceive themselves as potential generators of children, whereas men are unable to establish this direct relationship between reproduction and their own body.²

Comprehensive care to women’s health is of utmost importance, and health care professionals should encourage women to assume their own care. It is often that women do not take good care of themselves, and transfer that responsibility to the doctor.^{4,15} Some women revealed they had some knowledge about their body, however, this was not observed among all of them:

[...] like, every month we menstruate, ovulate, those things. Oh! I hold the mirror and look at my genitals, I check if there’s anything odd [...] (I1).

[...] I know more about the reproductive part, about menstruation, when women get pregnant they stop menstruating. Entering menopause means you are subject to more diseases, because then you won’t have that flow cleaning you, letting things out [...] (I3).

[...] I think I still don’t know it! But I do worry a lot, I always look for lumps on my breast I always try to see and all. [...] (I8).

[...] sort of! I’m still learning about the breast and sometimes I look at my vagina to check if there’s anything different [...] (I1₁).

[...] no. It’s hard to know your own body. There’s always something different, something new [...] (I1₄).

[...] I know myself well. I look in the mirror to check. I have to look after my health, because I have a son to take care of [...] (I1₆).

The women expressed their knowledge about their body by using terms such as “menstruation”, “pregnancy”, “menopause”, “children”, “sex”, “vagina”, “breasts”, but they only focused on reproduction. This perception of the body is built based on symbols and norms imposed by society. Since their youth, procreation is a very

well-defined role for women, and, with time and in several situations, reproduction is the only aspect that has been considered. Even with the current public policies aiming at breaking the paradigm of seeing women as the reproducer of bodies for work, in many cases, health care services continue to value exclusively the preservation or recovery of women's reproductive-biological function, reflecting the "woman-mother" culture.

The participants, to some extent, demonstrated their concern to perform the self-exam of the breasts, which suggests that the information they received through educational campaigns and the media provided them with the ability of knowing themselves better and make a simple evaluation. Nevertheless, in terms of the vagina, few of them reported the practice of touching, as one of them mentioned she sought the doctor for that:

[...] regarding my intimate parts I go to the doctor, every six months I visit the gynecologist [...] (I1₆).

This fact points out that they do not see this type of exam as a practice they could perform themselves, aiming at knowing their own body and identifying the need to request the help of health care services. We highlight that, different from the breast self-exam, women are not encouraged by health care professionals, or the media, to perform the vaginal touch. Society sees this practice as inappropriate and impure, which results in the difficulty to make it a feminine habit, and evidenced the effect that culture has on the knowledge that one should have, as expressed by the subjects:

[...] I'm not curious about looking at myself, stopping in front of the mirror, looking at something, I don't make a habit out of that. I'm on the pill, I get menstruated, then I count the days I have to stay on the break, I take the medication, I don't go to the gynecologist. Yesterday I was watching a TV show and the sexologist showed a picture of where the women's G-spot was. My husband asked me: where is your G-spot? And I said: oh, I don't know [...] (I4).

[...] sometimes there is a change that is quite strange. Then you feel bothered and you have to go to the doctor to find out about it [...] (I7).

[...] no, I don't! Do you mean the outside or the inside? Because there's a lot of things inside us [...] (I1₅).

Also, some women are unable to understand that knowing their own body is the path to a healthier life and the real awareness of their existence in the world. It is possible that, to some extent, they become embarrassed because of their inability to see sexual relationships as a natural and pleasant

part of life. Their statements revealed the *deficit* of their self-knowledge regarding their body and sexuality, and a poorly representative image they have of themselves. This becomes particularly clear during the interviews, when they appear to be uncomfortable with the issue, as if it were something they were not used to talking about.

Women's knowledge about vaginal discharge

The increase in vaginal discharge consists of one of women's main gynecological complaints, whether they are adolescents or adults. The physical exam and a careful clinical approach are essential to outline solutions. It is important to observe the characteristics of the vaginal and endocervical secretions and the inflammatory response that is produced.¹⁶ Although it is a recurrent complaint, a study performed with female street sweepers identified that they had no information about the factors that could cause vaginal discharge, because most answered they did not know.¹⁷ Pathological vaginal discharge can have several causal agents, and, in many cases, it can be followed by vulvovaginal burning or pruritus, secretions in different colors, with odor, dyspareunia, dysuria, whereas the physiological discharge is a result of the scaling, transudation, and elimination of the cervical mucus.¹⁸

In a study developed with economically deprived women regarding the relationship between vaginal discharge and STD, less than half referred to this condition, which implies not only the scarce information they receive, but also the fact they do not value leucorrhoea, neither women nor health care professionals, and it is broadly seen as acceptable or normal.¹⁹ The following expressions demonstrate consonance:

[...] I know as soon as it comes out, right! It's green and sometimes while [...] (I4).

[...] they say it's when you have a little infection. It's a liquid that comes out. Sometimes it smells [...] (I5).

[...] it's a discharge that comes out, sometimes, like, because you caught a cold, or, sometimes, there might be something inside the uterus, a wound [...] (I7).

[...] it's that colored liquid that always comes out of women. Sometimes it is clear, sometimes it is darker, it depends on the person [...] (I8).

[...] it is a liquid we get, sometimes it smells [...] (I1₁).

[...] you see that your panties are soaked wet, sometimes the discharge is yellow, or white and it has

happened to me once. Mine was clear [...] (I1₃).

[...] I don't know exactly, but I know it is a type of liquid that comes out of our body. If it is clear, it is healthy, but if there is any smell, bad odor, and a different color, I know there is a health problem [...] (I1₃).

Their lack of knowledge regarding vaginal discharge emerged in the women's statements, referred to as "liquid that comes out" or "wets my underwear" and did not evidence they were able to differentiate physiological from pathological, except for I1₃, despite her not referring to the mechanism responsible for the occurrence. The reports were similar to a previous study, which concluded, after twelve years of research, that women still do not know their body¹⁷, the meanings of bodily alterations, and recognize the presence of discharge by the "smell", "color", and "amount." The authors comment that, based on their practical experience with gynecological nursing consultations, it is common that women report the association of vaginal discharge with urinary infection¹⁷, which finds an explanation for dysuria as "a consequence of the local irritation of the urinary meatus caused by vulvovaginal infection,"^{20:1495} as mentioned:

[...] sometimes something like a urinary infection happens [...] (I1₁).

The statement by I1₁, who explained the discharge as a result of a "cold", indicates information that is rooted in popular culture, reproduced and passed on through generations, remaining until today. The professionals' lack of information is observed through their practice during the gynecological consultation. The prioritization on the number of consultations result in a lack of time to inform the pathological situation, causes, meanings, and ways to prevent or avoid. It is essential that women realize and know all every process that occurs in their body, to take appropriation of them, and not only the professionals providing the service.

A lack of interest leads to a lack of knowledge, however, the educational attitude of the health care professional can encourage women to seek having control of their health through self-knowledge. This educational role inherent to nurses consists of a means to change the setting of women's low empowerment over their body. More specifically, professionals working in primary care in the Family Health Programs can cause a more relevant effect, besides the fact that the program includes nursing consultations, which consists of a timely moment to establish attachment with the

clients, encourage reflections and solve her doubts. They can plan and perform educational activities in groups or individually, and assure clients will take over the knowledge they need to control their health. Subjects such as embarrassment, lack of knowledge, difficulty for self-care, autonomy over their own body, and the possibility to touch and observe what appears to be normal or abnormal should be openly discussed.

How women take care of the vaginal discharge

Regarding women's health, the gynecological consultation is extremely important to maintain their health, as it is through this consultation that the professional performs the prevention and diagnosis of sexually transmissible infections, and diseases related to the reproductive system.²¹ Nevertheless, many women feel apprehensive in view of the need for consultation and medical treatment, related to their own health and physical/emotional well-being.

Several times, it is during the gynecological consultation that doubts emerge and can be solved, and crucial information can be worked to promote comprehensive care to women's health. Therefore, it is reinforced that, besides technical and scientific knowledge, there is a need for empathy, trust, and respect, in order to assure women receive humanized care and appropriate embracement.²²

However, there have been complaints about the distance of some physicians when they were sought to solve problems. This aspect was mentioned in a study that pointed to the difficulties that physicians have to transmit their "instituted knowledge to answer the needs of the population ... they often only analyze the patients in a fragmented way, and look only at the organs specifically mentioned in the complaint".^{23:67} Therefore, they limit their care to establish an efficient treatment that will guide the patient back to her activities of daily living as early as possible. The scarce scientific literature about the psychoemotional and sociocultural aspects, and the perception and effects of pathologies on the everyday lives of the patients highlight the need for studies that would address the core of the issues concerning the intimacy of the female universe,²³ a point that indicated the dimension of the theme.

It has also been identified that a significant number of women have consulted with the physician at least once, and they fear their partners will

find out about their having genital problems, and they fear having to miss a day at work.²³ Hence, the statements reveal the social discrepancies that women face when seeking medical care in the public or private health system. It was also verified there is a habitual practice of self-medication to try to solve the problem, understood as follows: "I could ask to leave work for a medical appointment, as long as it were a disease and not a simple discharge".^{23:67} In this attempt, the women turn to medications they choose on their own, or following the recommendations of friends or drugstores, homemade teas and douches.

The occurrence of gynecological alterations can affect their quality of life. Therefore, prevention, diagnosis and early treatment are of utmost importance.¹⁵ It is, however, evidenced that simply identifying diseases is not enough, rather, it is necessary to assure the means and conditions to improve women's ability for autonomy, well being, and quality of life.

A long wait for medical care, for being able to schedule an appointment, especially in the public service, becomes a barrier, considering the fact that many women have a job and the health center working hours make it difficult for them to take care of the vaginal discharge:

[...] I waited some time, a few months, then I went to the gynecologist and he told me. He prescribed medicine and a paste [...] (I₂).

[...] I've had a lot of problems. Every now and then I have to use a paste, or take some pills. I had a very strong discharge. So I would get that paste and say: "I already know it is this paste right here" [...] (I₃).

[...] first I took that herbal tea, they say it cleans the uterus. But it didn't do much. Then I went to the gynecologist. I only went this one time and never returned. You just keep pushing things. Our busy life makes us push things until the day you see the thing is worse, then you go to the doctor [...] (I₄).

[...] I went to doctor, used the paste, and sometimes took the medicine [...] (I₅).

[...] so I always go to the doctor for prevention, because when I arrive there I already ask him for the preventive exams [...] (I₇).

[...] I went to the doctor and he prescribed a paste. I use transagem root (Ribwort Plantain). You cook and drink it. Sometimes it does more than going to the doctor, talco root and sometimes I take herbal medicines [...] (I₁₀).

Besides turning to physicians to solve their problem, some also used other alternatives. None

of them complained about the type of consultation performed by many professionals. Despite nurses being qualified to perform the consultation, the participants did not mention this professional, which agrees with the surveyed literature; the search for this professional to treat vaginal discharge was not mentioned. This situation resembles the cultural context, because society sees the physician as the professional that provides the cure, a role that is not assigned to nurses.

Because it is a value rooted in the culture, there will only be change in the long term, by building awareness in the population about nurses' competencies, and this should be done through nursing consultations. By establishing a trust relationship with the client, it must be assured that the conversation will remain confidential, and encourage their self-esteem, and the verbalization of their feelings and perceptions, understanding them as a whole, thus favoring the knowledge about their own body and valuing their needs and complaints.²⁴

Although some women reported the self-medication with previous prescriptions or using herbs, they request the professional for treatment, using pastes and medications. Sometimes, a troubled life assumes several roles, increases the difficulty to seek appropriate treatment, thus making them more susceptible to recurrent discharges. Popular beliefs must also be considered, in which herbs are used based on the belief of their power of cure, but alternative therapies require studies that prove their efficiency in the treatment for vaginal discharge, or the indiscriminate use can extend the search for conventional treatment, and likely make the situation worse.

Women who receive service with respect, in a trust-building environment, without any prejudice, and assuring their privacy and confidentiality, feel more encouraged to attend the consultation periodically and seek help if any problem appears. Prevention should always be the focus of the care. To achieve this goal, it is necessary to teach women about the measures they should adopt to avoid vaginal discharge. It is important to clarify that, opposite to what many women think, vagina discharge is not irrelevant. The major infections can affect the capacity of reproduction, which can lead to several psychological problems for some women.²⁰ Several types of infection occur because of sexually transmitted diseases and increase their susceptibility to other more serious diseases, such as HIV and HPV.

It is essential that professionals explain about including the partner in the treatment in case of an STD, in order to avoid the re-infection of the women and any other possible partners. This is a delicate subject, but it cannot be disregarded. The women may become embarrassed, feel guilty, or angry for being infected by the partner. If she prefers, the health care professional can notify the partner about the pathology and prescribe the treatment.²⁰ In addition to these interventions, it is important to analyze each woman's learning needs, as they should know the characteristics of the physiological and pathological discharge so that at the sign of any alterations, they can seek health care as early as possible.

The interference of the vaginal discharge in the working process

A study performed with working women identified that the "feeling of discharge is sometimes confused with urine or menstruation, and often makes them go to the bathroom to check".^{21:69} The adjectives "uncomfortable", "unpleasant" and "disturbing" were used frequently, which evidences their lack of knowledge regarding their own body and sexuality and a poorly representative image that the interviewed women have of themselves. Another similar study of the participants' working characteristics revealed they face difficulties in terms of the accessibility to private restrooms, which makes the use of public restrooms common among them, such as those in "bares, stores and gas stations, including the use of empty lots".^{17:51} Inadequate hygiene can lead to serious health risks among the women, thus it is necessary to inform and guide them without prejudice or judgments. The following are statements of the study subjects:

[...] it is really disturbing, because sometimes it smells bad and it is like, as the day goes by, everybody can smell it. I feel, in this sense, the worst of all women, I can't even walk straight. I loose my pose. Because it is really terrible [...] (I₃).

[...] it is disturbing and you notice that something, like, smells bad. Inside the bus I feel uncomfortable with the smell. When I get home I go straight to taking these clothes off and taking a shower, it disturbs me. The smell doesn't bother others because I think it isn't that strong! By I feel uncomfortable [...] (I₄).

[...] it is really bad, it is like everyone can smell you. There is no way to go to a bathroom to clean up. Then you sweat and smell even worse. Sometimes I

can't hold the pee and it gets even worse. I could miss work because it is uncomfortable [...] (I₅).

[...] in some cases I even have to wash up. Changing the pad or the underwear is not enough. Sometimes you need a hygiene shower and there's no way to do it while working [...] (I₈).

[...] depending on the treatment, it does! Because when I did my treatment, it was annoying, because I had to go to the bathroom all the time because of that paste that is very uncomfortable [...] (I₁₁).

[...] when you are working, it bothers you. Because when that thing comes down, you get worried [...] (I₁₃).

[...] it is uncomfortable because it leaks and then you always have to wear something to help, so it doesn't leak on the underwear too. It is difficult to wash all the time, and there is no way [...] (I₁₄).

[...] I think it is uncomfortable. Because you sweat and, sometimes, the heat can also cause a stronger infection. You can get a stronger discharge and then it's bad for us (I₁₆).

[...] it was uncomfortable and itched too. It's annoying [...] (I₁₇).

The reports express how disturbing the vaginal discharge is, particularly because of the characteristics of their work, and their not having an easy accessibility to restrooms for personal hygiene. They feel embarrassed because they believe the smell is noticed by people around them and they feel uncomfortable with the "itching" and the "increased flow of vaginal discharge." Their low self-esteem affects even their relationships with other people, because of their apprehension of being near someone. Regarding the interference of the vaginal discharge on their work, interviewee I3 expressed feeling embarrassed and afraid that other people could notice any smell from her vaginal discharge. She constantly pronounced, at a higher tone, "my God!".

Companies must always encourage workers to visit a health care professional, either nurses or physicians, to control their health. Women often prefer to postpone the appointment, hoping the symptoms will disappear. Awareness can be built through lectures, courses, or individual and specific orientation at the company itself, so women do not wait the condition to worsen, and take care as early as possible, so they do not have the symptoms for a long period of time. These actions should be planned and offered periodically, so the subject is constantly reinforced.

It is important to highlight that being ill affects work and can also lead to a disease or wor-

sen the woman's health, due to the conditions of her activities, which imply using heavy clothing, trousers, handle waster, having difficult accessibility to clean bathrooms and being exposed to other people, who often discriminate them because of their social position.

It was realized there is a scarcity of articles that address the interference of vaginal discharge in the women's everyday living. Therefore, we consider this theme should be further studied and developed, because in addition to the importance of helping women who experience so much discomfort, they are in the labor market and are responsible for the productivity of companies and services. Thus, strategies must be planned to provide comfort, health, and improve the quality of life of these women.

FINAL CONSIDERATIONS

Vaginal discharge consists of one of the main gynecological complaints, but few street sweepers were able to define their meaning. Women's self-knowledge regarding their body and its changes is often associated to their educational level and cultural values, that have a strong effect on their perspective of their life and themselves. This inference emerged during the present study interviews, when women referred being invaded when asked about their relationship with their body and showing, through facial expressions, doubts and a level of estrangement.

None of the participants referred to nurses as the professional they would seek in the case of having vaginal discharge. However, this professional can provide excellent comprehensive care, respect the individuality of each woman, and make her responsible and participative in maintaining her life, through individual or collective educational actions.

The findings obtained through the present study analysis contribute to address how much women's health requires the investment in new research, considering that the studies already available focus on the pathology, causes, and treatment. There is a small approach on women's knowledge about vaginal discharge, how they deal with this problem and the implications in their everyday life. This situation is intensified when restricted to street sweepers, considering that only one study had this specific population as subjects.

The present study revealed there is a gap of theoretical-thematic frameworks to be used as a

foundation, because few studies have expressed the knowledge that women have about vaginal discharge and even their own body, which highlights there is a scarcity of literature, mainly of nursing studies that address the theme and describe women's perception of vaginal discharge and the care respecting their singularity.

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