20 - WOMEN SEX WORKERS: CONDITIONS OF HEALTH IN A MUNICIPALITY OF NORTHWEST PARANA, BRAZIL.

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INTRODUCTION

The sex worker has been recognized as worker only in 2002 by the Ministry of Health, showing an innovation in Brazilian Public Policy on the issue of prostitution. However, the profession has been indexed in the Brazilian Constitution of Occupations (CBO) as Service Provider and not as sex workers or other name given to these women by the population (RODRIGUES, 2008).

However, it is observed that the Public Health authorities in Brazil and Health Researchers have paid little attention to sex workers, especially in matters related to preventive guidelines, and these women are more susceptible to some bouts as use of alcohol, illicit drugs and acquiring sexually transmitted diseases (STD) (PASSOS and FIGUEIREDO, 2004), because they have multiple partners, sex unknown stories, and sometimes without adequate attention to preventive health (NICHOLAS et al., 2009).

Ignorance about STD is also considered as a risk factor and can even be aggravated by the fact that some STD are asymptomatic and often go unnoticed, causing the spread of disease. Another worrying factor is that these diseases are associated with lower fertility among men and women and cancers of the cervix, vagina, vulva and penis (FERNANDES et al., 2000).

The STD in women are often accompanied by moral and social stigma, removing them from their midst and making difficult access to Health Services. When it comes to sex workers, greatly reduces access to knowledge and health care (CORREIA, MATUMOTO and LONARDONI, 2008).

So why is the population of sex workers exposed to health problems and lacking in educational activities, preventive and therapeutic related to women's health, this study aimed to describe the sociodemographic characteristics, obstetric and gynecological female sex workers associated with a Non-Governmental Organizations from a city in Northwest Paraná.

Methods

Exploratory descriptive study. The population studied consisted of female sex workers aged over 18 years, associated with a Non-Governmental Organization (NGO) sex workers from a city in Northwest Paraná, Brazil.

At the time of the research, the NGO had 312 professional members, but distributed among men, women and transvestites. The researchers had no access to identification and distribution of members (as). Following the inclusion criteria mentioned above, were listed by the president of the NGO, 50 women who actively participate in monthly educational meetings, being invited to participate. Of these, 18 women agreed to participate in the research, all over 18 years.

Data collection was performed in two stages, in different rooms improvised in the establishment of improvised work (hotel) of the respondents. After signing the informed consent and informed consent, a questionnaire was administered, semi-structured, with questions about socio-demographic, obstetric, gynecological and professional data.

Secondly, in makeshift room for collection, was collected and the Papanicolaou test and performed the clinical breast exam. Based on clinical examinations, complaints and changes found, the syndromic approach recommended by the Ministry of Health was applied (BRASIL, 2006). Request for medications, laboratory exams and referrals to other specialties were performed when necessary.

The Municipal Secretariat of Health of the municipality gave the materials for the collection of tests, was responsible for the analysis of materials collected and appointed a Basic Health Unit for dispensing of prescription drugs.

In the second visit were given the test results, with new prescription drugs and referrals for medical treatment when necessary.

The information collected was compiled and tabulated and the descriptive data analysis was performed using Statistica 7.0. The study was approved by the Ethics Committee in Research of Maringa State University number 646/2008.

RESULTS

In this study, we studied 18 female sex workers aged 19 to 64 years, mean age 38.1 ± 11.5 years.

The age of onset of sexual activity was 15.1 ± 1.9 years, ranging from 12 to 19 years and the average age of onset of the profession was 26.2 ± 10.0 years, with a minimum age of 12 and maximum 42 years.

Table 1. Sociodemographic and professional female sex workers, Maringa, Parana, Brazil, 2008.

Demographics data	n	%
Education		
Analfabeta	02	11,1
Incomplete elementary school	10	55,5
Complete elementary school	03	16,7
Incomplete high school	03	16,7
Color		
Black	02	11,1
Parda	03	16,7
Brown	13	72,2
Marital status		
With a partner	05	27,8
Without a partner	13	72,2
Occupation prior to the current profession		
Home	12	66,6
Others	06	33,4
Reason for prostitution		
Personal choice	01	5,6
Drug addition	01	5,6
Others	05	27,7
Financial needs	11	61,1
Violence during work		
Rape	01	5,6
Beating	04	22,2
No	13	72,2
Number of partners per day		
Two	01	5,6
Three or more	03	16,8
No	13	72,2

Table 2. Characteristics of sexuality and gynecological examination/ Papanicolaou Test in sex workers. Maringa, Parana, Brazil, 2008.

Variables	n	%
Previou history of STD		
yes*	04	22,4
no	14	77,6
Condom use during work		
no	02	11,1
Yes	16	88,9
Use a condom with your partner/partner**		
Yes	01	11,1
No	13	72,2
Gynecological examination		
No	02	11,1
No time	13	72,2
Period of realization of the Test Papanicolaou		
Can not remember	04	25,0
More than one year	05	31,2
Last year	07	43,8
Papanicolaou Test Results (N=18)		
Neoplasms		
Cervical intra-epithelial neoplasia grade I	01	5,6
Negative	17	94,4
Microbiology		
Trichonomas vaginalis	01	5,6
Bacilos supracitoplasmático (*Gardnerella mobiluncus)*	01	5,6
Bacilos/Lactobacilos *sp*/Cocos, bacilos, cocos	16	88,8

*Gonorréia, Herpes Genital, sífilis, HIV **Obs. 09 women currently don't have partner.

Of the 18 women interviewed, only two (11.1%) of them reported a family history of breast cancer. Most have of women mammography 12 (66,6%),and six (33,4%) never performed and 50% of the professionals reported breast self-exam.

In only two cases (11,1%), syndromic approach was performed. Only one referral was made to a gynecology clinic (5,6%). When asked about the need for improved health care dispensed to them 44,4% argued that attention to sexual health is prioritized by health programs and research, but there is a neglect of the rest of your health, ordering the availability of general practitioners (33,4%) and services of psychologists/psychiatrists (11,1%).

The beginning of the profession ranged from 12 to 42 years of age (mean age 26 years), in some cases coinciding with the onset of sexual activity.

DISCUSSION

In a study of 75 women in the municipality of Umuarama, the average age was lower (28 years old) with data approximate in our study (CORREIA, MATUMOTO and LONARDONI, 2008).

In another research, the average age found among sex workers was 25.9 years (Pires and Miranda, 1998).

Age has a direct influence in this profession, resulting in more customers to the younger woman (MOURA et al., 2009).

By analyzing the data presented, it was possible to identify an early onset of sexual activity of these women, an average age of 15.1 years, or during adolescence. Some authors have found similar age with the range of 13 to 15 years. Of the 500 sex workers studied, almost all had their sexual debut before 18 years of age (Nicholas et al., 2009). In another study with women sex workers, 84.7% began their sexual activity before 18 years of age (VITOR, LOPES and MENEZES, 2008).

Authors describe the profile of adolescents in this profession, usually derived from low-income families, a family detachment, where family members often "ignore" the condition of prostitution by economic necessity (VITOR, LOPES and MENEZES, 2008).

Authors attribute the low level of education as a determining factor for choosing the profession. Represents a fundamentally important factor limiting the ability of understanding and comprehension (MOURA et al., 2009).

Another relevant variable was marital status. In a study conducted in Goiânia, all female sex workers interviewed were single (LOPES, RABELO and PIMENTA, 2007). In Boxes South, 60.7% of prostitutes were single (VITOR, LOPES and MENEZES, 2008), as little less than this study where 72.2% of respondents were single, separated or widowed (without partner).

In terms of occupation before the profession of prostitute, this study found that 88.9% of women had work, being more common the occupation of housework, 55.5% described by them. In Rio Grande do Norte, in a study with young prostitutes, 80% had no profession / occupation, and among those who had a profession (20%), not were exercised (TORRES, DAVIM and COSTA, 1999).

Financial motivations and the unemployment totaled 61.1% of reasons given for prostitution. In a study conducted in Goiânia, we found that no matter the profession, but the remuneration obtained through it, with which it acquires respect, friends, family and a decent life, considering that you be to in an upper middle class, are accepted and treated well by the society (LOPES, RABELO and PIMENTA, 2007).

Some authors concluded in their study that the main causes that lead young women to engage in prostitution surveyed were mostly of socio-economic order, especially the lack of financial conditions of their parents, support themselves and their children; work with little payment (factory / home), and finally expulsion from their homes by parents (VITOR, LOPES and MENEZES, 2008).

Currently, there is still discrimination against women prostitutes, which hinders access to health services and education that contributes to the vulnerability of women to STDs. The large number of partners and the lack of condom use makes them more prone to these diseases than the general population (PASSOS and FIGUEIREDO, 2004).

A few years ago, prostitution, homosexuality and multiple sexual partners has been linked to increased risk of STD / SIDA (acquired immunodeficiency syndrome) associated with non-use or inappropriate use of condoms (PASSOS and FIGUEIREDO, 2004). Currently it is known that the risk is actually the lack of protection (BRAZIL, 1996).

Past history of STD was reported by 22.4% of the population, and this study showed that 11.2% had an STD (5.6% positive for trichomoniasis and 5.6% for Gardnerella Mobiluncus). In another study conducted in 2008, detected 32% of sex workers with STDs (CORREIA, MATUMOTO and LONARDONI, 2008).

In study conducted in 2005, 49.4% of women had aborted, spontaneous (65% of cases) or provoked (NICOLAU et al., 2009). In this study the number of abortions was slightly lower, occurring in six women (33.4%).

The prevalence of infection by human immunodeficiency virus (HIV) among sex workers in Victoria - the Holy Spirit is higher than in the general population, and more than 50% of them do not use condoms in all sexual relations (CORREIA, MATUMOTO and LONARDONI, 2008).

In contradiction to the low level of education found, can be see the care of these women specifically with DST, through the high rate of reported use of condoms by the partner client by 88.9% of respondents. The most women of the other study

(73.3%) reported frequent use of condoms, and this dominance was also observed for the variable condom use at last sex (79.3%) (VITOR, LOPES and MENEZES, 2008). However, in Victoria this index when assessed consistent condom use in all relationships was 31.3% and 16.8% wasn't of condom use (PIRES and MIRANDA, 1998).

In contrast to concerns about the profession, 88.9% of women studied denied the use of condoms by the partner. In another study, the authors state that the degree of emotional involvement and trust in the partner may lead these women to devalue preventive care (CORREIA,MATUMOTO and LONARDONI, 2008).

The clinical breast exam by a nurse or doctor and the mammography are the main methods of early detection of breast cancer (BRAZIL, 2009). However, the practice of breast self-examination results in an early diagnosis and treatment more effective, less invasive and better survival of women (MATOS, 2008).

Women with low education and low socio-economic realize less the secondary prevention of breast cancer and need the guidance of healthcare professionals (Matos, 2008), including sex workers.

The Health's Ministry recommends conducting annual clinical breast examination to all women over the age of 40 years, should also be performed at every clinic visit, regardless of age, by to be part of comprehensive care to women's health. Mammography in turn should be performed with the maximum interval between examinations two years to all women aged 50 to 69 years. However, those women that are in groups at high risk for breast cancer, both clinical examination and mammography should be done annually after 35 years of age. Among the risk factors are family history of breast cancer (BRAZIL, 2004).

The self-breast exam monthly was reported by half of respondents (50%), assisting in early detection of possible changes and should be encouraged to self-realization monthly.

FINAL THOUGHTS

Many are the difficulties faced by health services to address the population of sex workers, such as difficulties in identifying them, lack of search for services by women, for fear of discrimination by their condition, among others.

However, dissatisfaction of the women studied is with the preoccupied health's profissionals only with the occupational diseases, frequently reported in this study, that confirms the need to expand the vision of health professionals about the care to this clientele, valuing and respecting each person, through prevention of problems related to the profession to which they are subject, but, above all, through the promotion of health.

Public policies on social issues should be implemented because with the exception of only one of them, all the other demonstrated the dissatisfaction with the profession.

Studies such as this provide knowledge and understanding of the social context that these people are located.

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WOMEN SEX WORKERS: CONDITIONS OF HEALTH IN A MUNICIPALITY OF NORTHWEST PARANA, BRAZIL.

Abstract

This article descriptive exploratory aimed to describe the sociodemographic profile of female sex workers associated with the Non-Governmental Organization in a city of northwest Paraná and analyze occupational variables, gynecological and obstetric. We interviewed 18 women sex workers, over 18 years. The mean age was 38 years, most had early age of onset of sexual activity and profession related to financial issues and unemployment, low education, white race, without a partner, condom use at work, but do not use with a partner; abortion was reported by 33.4% of women; one case was found in intraepithelial neoplasia grade I. This work permitted to understand the social context that these women are embedded and identify problems related to the profession.

KEYWORDS: Prostitution, sexually transmitted disease, woman's health.

FEMMES TRAVAILLEUSES DU SEXE: DES CONDITIONS DE SANTÉ DANS UNE MUNICIPALITÉ DU NORD-OUEST PARANA, BRÉSIL.

RÉSUMÉ

Cette étude descriptive exploratoire vise à décrire les caractéristiques sociodémographiques, obstétricales et gynécologiques de femmes professionnelles du sexe associées à une organisation non-gouvernementale d'une ville dans le nord-ouest du Paraná, Brésil. Nous avons interviewé 18 femmes professionnelles du sexe, avec plus 18 ans, l'âge moyen était de 38,1 ans, la plupart a eu un début précoce de l'activité sexuelle et du profession liées à des questions financières et au chômage ; un faible niveau d'éducation, de la race blanche, sans un compagnon; elles utilisent du préservatif au travail, mais elles n'en utilisent pas avec leur compagnon, l'avortement a été rapportée par 33,4% des femmes, dans un cas on a trouvé de la néoplasie intraépithéliale degré I. Ce travail nous a permis de comprendre le contexte social que ces femmes sont insérées et d'identifier des problèmes liés à la profession.

MOTS-CLÉS: prostitution, maladies sexuellement transmissibles, la santé de la femme.

MUJERES PROFESIONALES DEL SEXO: CONDICIONES DE SALUD EN UN MUNICIPIO DEL NOROESTE DE PARANÁ, BRASIL.

RESUMEN

Este artículo exploratorio descriptivo tuvo como objetivo describir el perfil sociodemográfico de mujeres profesionales del sexo asociados a la organización no gubernamental en um municipio del Noroeste de Paraná y analizar las variables profesional, ginecológica y obstétrica. Entrevistamos a 18 profesionales del sexo las mujeres, mayores de 18 años. La edad media fue de 38 años; la mayoría presentó edad precoz de inicio de la actividad sexual y de la profesión relacionada a cuestiones financieras y desempleo; baja escolaridad; raza blanca; sin compañero; la mayor parte no se acuerda del número de parejas diarios y negó violencia en el trabajo; usan preservativo con los clientes, pero no lo utilicen con el compañero; el aborto fue relatado por 33,4% de las mujeres; en un caso fue encontrado Neoplasia entraepitelial grado I. Este trabajo permitió comprender el contexto social a que estas mujeres están insertadas e identificar problemas relacionados a la profesión.

PALABRAS-CLAVE: prostitución; enfermedades de transmisión sexual; salud de la mujer;

MULHERES PROFISSIONAIS DO SEXO: CONDIÇÕES DE SAÚDE EM UM MUNICÍPIO DO NOROESTE DO PARANÁ.

RESUMO

Este artigo descritivo, exploratório objetivou descrever o perfil sociodemográfico de mulheres profissionais do sexo associadas à Organização Não-Governamental de um município do Noroeste do Paraná e analisar variáveis profissionais, ginecológicas e obstétricas. Foram entrevistadas 18 mulheres profissionais do sexo, maiores de 18 anos; a idade média foi de 38 anos; a maioria apresentou idade precoce de início da atividade sexual e da profissão relacionada a questões financeiras e desemprego; baixa escolaridade; raça branca; sem companheiro; usam preservativo no trabalho, porém não utilizam com o companheiro; abortamento foi relatado por 33,4% das mulheres; em um caso foi encontrado Neoplasia intra-epitelial grau I; Este trabalho permitiu compreender o contexto social a que estas mulheres estão inseridas e identificar problemas relacionados à profissão.

PALAVRAS-CHAVE: prostituição, doenças sexualmente transmissíveis, saúde da mulher.