

FACTORS ASSOCIATED WITH THE NON-USE OF MEASURES TO PREVENT SEXUALLY TRANSMITTED DISEASES DURING PREGNANCY

FATORES RELACIONADOS AO NÃO USO DE MEDIDAS PREVENTIVAS DAS INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS DURANTE A GESTAÇÃO

FACTORES RELACIONADOS A NO ADOPTAR MEDIDAS PREVENTIVAS DE ENFERMEDADES DE TRANSMISIÓN SEXUAL DURANTE EL EMBARAZO

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Objective: to know the factors associated with the non-use of measures to prevent sexually transmitted diseases during pregnancy. **Method:** a descriptive and exploratory study with a qualitative approach was carried out with pregnant women in a teaching hospital in the state of Rio de Janeiro, Brazil. Data collection was carried out in 2017 with the use of semi-structured interviews. **Results:** the pregnant women interviewed had knowledge about the main diseases; they did not make use of any prevention methods; they had access to information about diseases through social media, family planning groups, and hardly any during prenatal; and they considered conjugality a protection factor. **Conclusion:** the present study presented factors associated with the non-adoption of sexually transmitted disease prevention measures by pregnant women and their partners during pregnancy.

Descriptors: Women's health. Obstetric nursing. Sexually transmitted diseases.

Objetivo: conhecer os fatores relacionados ao não uso de medidas preventivas das infecções sexualmente transmissíveis durante o período gravídico. *Método:* estudo descritivo, exploratório, com abordagem qualitativa, realizado com gestantes num hospital universitário do Rio de Janeiro, Brasil. *A coleta dos dados foi feita mediante a aplicação de*

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entrevista semiestruturada, no ano de 2017. Resultados: as entrevistadas conheciam as principais infecções; não utilizavam nenhum método de prevenção; obtiveram informações sobre as infecções pelas mídias sociais, grupos de planejamento familiar e praticamente nenhuma durante o pré-natal; consideraram a conjugalidade um fator de proteção. Conclusão: esta pesquisa desvelou fatores relacionados à não adoção de medidas preventivas das infecções sexualmente transmissíveis por mulheres e seus parceiros durante a gestação.

Descritores: Saúde da mulher. Enfermagem obstétrica. Doenças sexualmente transmissíveis.

Objetivo: conocer los factores relacionados a la no aplicación de medidas preventivas de enfermedades de transmisión sexual durante el período de gestación. Método: estudio descriptivo, exploratorio, con abordaje cualitativo, realizado con embarazadas en un hospital universitario de Rio de Janeiro, Brasil. Datos recolectados mediante aplicación de entrevista semiestruturada, durante 2017. Resultados: las entrevistadas conocían las principales enfermedades; no utilizaban ningún método de prevención; obtuvieron información sobre las enfermedades a través de las redes sociales, grupos de planificación familiar, y prácticamente ninguna durante el prenatal; consideraban la vida en pareja como factor de protección. Conclusión: esta investigación develó factores relacionados a la no adopción de medidas preventivas de enfermedades de transmisión sexual en mujeres y sus compañeros durante el embarazo.

Descriptorios: Salud de la mujer. Enfermería obstétrica. Enfermedades de transmisión sexual.

Introduction

Since the 1980s, women's comprehensive health care has become one of the priorities in public healthcare policies in Brazil. With regard to obstetric and neonatal care, several government actions have been developed, with the aim of minimizing adverse outcomes, with emphasis on the assurance of prenatal access and care qualification provided to pregnant women⁽¹⁾.

Specifically regarding prenatal care, the following five spheres are presented: nutritional interventions; interventions for common physiological symptoms; interventions to improve the use and quality of prenatal care; as well as maternal and fetal evaluation, including healthcare promotion and screening, diagnosis, and prevention of diseases⁽²⁾.

Following the principle of comprehensiveness, women's health care during pregnancy also includes the approach of the exercise of sexuality, screening of sexually transmitted diseases (STDs), and individual and collective healthcare educational activities for sensitization of pregnant women and their partners on the importance of the adoption of STD prevention measures, considering their maternal and fetal repercussions⁽¹⁾.

It is worth mentioning that, besides the human immunodeficiency virus (HIV), syphilis,

hepatitis, and HTLV (human T-cell leukemia-lymphoma virus), there are other STDs with potential complications for pregnancy and fetus, such as infections by *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, which may cause maternal suffering, abortion, premature birth, fetal death, congenital diseases, and newborn death. However, in epidemiology, the vertical transmission of the HIV and syphilis presents more alarming proportions than other diseases⁽³⁻⁴⁾.

In this context, it is recommended, in the primary healthcare area, the undertaking of rapid tests for HIV, syphilis, hepatitis B virus (HBV), and hepatitis C virus (CHV), in order to provide early diagnosis of complications in pregnant women, infection of partners, and the appropriate time to begin treatment, with the purpose of reducing vertical transmission rates, and, consequently, maternal and neonatal deaths by preventable causes⁽⁴⁻⁵⁾. In addition, an increase in the provision of STD vertical transmission prevention measures is required, highlighting its importance to prevent re-infection⁽⁴⁾.

In recent decades, the use of male condoms is considered a key element in the STD prevention area, especially in HIV transmission. Their free distribution by the Brazilian Unified Health System (SUS, as per its acronym in

Portuguese) initiated in 1994, coordinated by the Brazilian STD/AIDS Program, currently entitled Department of STD/AIDS/HIV and Viral Hepatitis of the Ministry of Health⁽⁶⁾.

In spite of the increased distribution of male condoms, the fast growth in HIV incidence among women arose the need for exploring new prevention strategies. In this respect, since 1999, healthcare services began to distribute female condoms⁽⁷⁾. Despite the increase in adherence to the use of condoms and supply in more than 45%, a steady growth in STDs is still observed, with an emphasis on HIV, syphilis, and hepatitis⁽⁸⁾.

In women, the number of HIV cases increased significantly, reaching the ratio among genders of 1.4 cases among men for each case among women in 2005, in contrast to the beginning of the epidemic in 1989, with six cases among men for each case among women. It is worth mentioning that, from 2000 to 2015, there was a 30% increase in the HIV detection rate in pregnant women in Brazil, with a total of 92,210 pregnant women living with HIV⁽³⁾.

The same may be observed with regard to syphilis in pregnant women, which, in spite of the eradication of congenital syphilis being a worldwide priority by means of actions for early detection and appropriate treatment of women and their partners, the World Health Organization (WHO) estimates one million new cases per year among pregnant women. In Brazil, from 2005 to 2014, 100,709 cases were reported in the Brazilian Notifiable Diseases Information System (SINAN, as per its acronym in Portuguese), being 42.1% in Southeastern Brazil. Regarding infant mortality from congenital syphilis, 1,241 deaths were recorded from 2000 to 2013, of which 43.2% occurred in Southeastern Brazil⁽⁵⁾.

With regard to hepatitis B and C, the problem of these infections is in the fact that many carriers are unaware of their diseases, thus contributing to the transmission chain continuity. In the case of the HBV, trans-placental, maternal milk, or after birth transmission is rare; but it may occur

during childbirth through blood, amniotic fluid, or maternal secretion contact, reaching a vertical transmission rate of 65% to 93%. However, the prevalence of HCV vertical transmission has been estimated at 5%, with higher rates in women with hepatitis C and HIV co-infection^(4,8).

In this scenario, the increase in the number of these STD cases, especially among women, represents a serious public health problem, because the vertical transmission of HIV, syphilis, and hepatitis causes potential harm to the health of women and their children⁽⁵⁾. As an aggravating factor, many women, regardless of their information level, do not make use of condoms because they do not perceive themselves as vulnerable to these diseases^(6,9).

It is worth mentioning that the infections transmissible to the fetus during pregnancy may often be silently caught by apparently healthy women. In some situations, such as pregnancy, the clinical characteristics expected in specific pathologies may be hidden, losing the traditional epidemiological profile for their diagnoses⁽⁷⁾. In addition, pregnant women are supposed to be more susceptible to infections because immune responses may be reduced in the pregnancy process. These conditioning factors emphasize the need for a specific follow-up of pregnant women, with the purpose of early identifying complications of acquired infectious diseases, especially those associated with STDs⁽¹⁰⁾.

The present study is of utmost importance, for contributing to the development of more effective actions in the public healthcare area, aiming at encouraging the use of STD prevention measures in pregnancy that meet the needs and realities of women and men, who require appropriate advice to exercise a healthy and responsible sexual and reproductive life.

Therefore, because of the magnitude of some STDs among pregnant women, the aim of the present study was to know the factors associated with the non-use of measures to prevent sexually transmitted diseases during pregnancy.

Method

This was a descriptive and exploratory study with a qualitative approach, carried out in the prenatal service waiting room of a teaching hospital located in a city in the state of Rio de Janeiro, Brazil. This hospital was chosen because it is a reference in high-risk prenatal, assisting women with different characteristics from different regions of the state.

The participants undertook prenatal follow-up in the abovementioned service. The following inclusion criterion was adopted: being 18 years old or older and pregnant, regardless of the gestation period. The exclusion criterion used was all participants under 18 years old who undertook less than three prenatal consultations. Nineteen pregnant women were randomly approached in the waiting room of the outpatient service. Of these, 17 agreed to participate in the study; however, one participant did not meet the inclusion criterion because she was under 18 years old. Therefore, the present study had a sample of 16 participants.

Data collection was carried out from July to August 2017, by means of individual semi-structured interviews, following a script divided into two stages. The first stage consisted of closed-ended questions that approached aspects regarding socioeconomic and reproductive characteristics of the participants. The second stage consisted of open-ended questions concerning the participants' knowledge of STD and use of prevention measures. The interviews were recorded in a digital voice recorder and later transcribed, which enabled to organize the data and recall the content of each interview in full. Data collection occurred until its saturation.

The results were analyzed according to Laurence Bardin's thematic or category content analysis technique. The following stages were carried out for the application of this technique: pre-analysis, material exploration/encoding, and treatment of the results, inference, and interpretation⁽¹¹⁾.

Ethical and legal aspects of research involving human beings were observed according to

the Brazilian resolution no. 466/2012. All participants agreed to sign an informed consent form. Identification codes were adopted in the interviews to ensure the participants' anonymity. Therefore, the participants were identified with the letter I, as in "interviewee", followed by an Arabic number representing the order of the interviews, namely: I1, I2 ... I16.

The present study was approved by the research ethics committee of the State University of Rio de Janeiro (UERJ) in July 2017, under protocol no. 2.114.493.

Results

The participants in this study were aged between 18 and 41 years. Most reported being white, with complete high school and resided in the northern area of the city of Rio de Janeiro. Regarding marital status, two were single and 14 lived with their partners, of whom eight lived in a stable union and six were married. In these cases, the union time ranged from one to 20 years.

Regarding the participants' sexual and reproductive history, most did not plan pregnancy and were multiparous women with two to six previous gestations. Eight women reported having experienced an abortion at least twice. With regard to STDs, 14 reported never having contracted any and two reported a previous infection by syphilis, and both underwent treatment before their current pregnancy.

The use of hormonal contraceptives was reported by 13 participants as the only contraception method used before the current pregnancy. Their use was interrupted by three of them due to medical recommendation because of risk of thrombosis. Regarding the use of male condoms, 14 women reported having already used them at some time in their lives and two reported that they never used them. It is worth mentioning that any of the participants mentioned the use of feminine condoms.

With regard to STD knowledge, transmission ways, and prevention measures, 15 participants reported that no guidance was provided to them during prenatal care. They highlighted

social media and the institutional space of the reproductive planning as information sources on the theme:

They talked to me during the family planning I undertook before this pregnancy. (13).

I have just finished family planning. They talk about it, but not during prenatal. (15).

In the general media. They talk about it on TV and on the Internet too! (110).

I follow and like the Ministry of Health's page. They post this kind of things! (113).

On the Internet, we search for everything! There are several Facebook pages about health. (114).

The exception was a participant who, when receiving the positive result of the rapid test for syphilis in the prenatal consultation, was guided regarding the treatment and sexual abstinence:

They approached the theme with me after the positive result of the rapid test for syphilis [...] They told me about the importance of the treatment and what could happen to my child if I did not take care of myself... However, they did not talk about the use of condoms. They told him to undergo treatment and not have sex during the treatment. (14).

Regarding STD prevention measures during pregnancy, it was found that, although recognizing the risks associated with the non-use of prevention methods in sexual practice, the participants did not adopt effective attitudes for STD prevention when they were married or in stable relationships:

We used condoms! However, after our relationship became more serious [...] we underwent tests for STDs, HIV, syphilis, and all the results were negative. Then, we decided not to use them anymore. (11).

I have been married for 12 years, then [...] know that I am at risk, but I trust him and then you end up... (12).

Before my first pregnancy, before living with my husband, I used condoms... Then, we stopped... (13).

In spite of this [infection by syphilis], I trust my husband! We do not need to use them [condoms]. (14).

Before living with my husband, we used condoms. We got married and stopped using [...] You end up trusting... It is inevitable. We have been living together for so long... (15).

Since we were together, there was no need! (17).

I have never used condoms! I thought I did not need them because we were married. He was my first and only one. (19).

It depends, if you are in a stable relationship... If you trust each other, I see no reason. (111).

It did not use them because I did not think much about this...that I could catch a disease! I do not think that it would happen [...] I think that, if you are in a stable relationship, you know that person and everything... There is no need. (112).

I used them, but in the beginning of our relationship [...] Then, we decided not to use them anymore. It was consensual. (113).

According to this perception of love and conjugality associated with the protection and security feeling, the speeches showed that the union time negatively interferes with women's self-perception of vulnerability, leading to the non-use of prevention measures for STDs:

I never used them! [...] I got married early and was married for almost 23 years. (11).

Actually, I never thought about this... that I could catch an STD [...] I have been married for 12 years, then... I know I am at risk, but I trust him! (12).

Before living with my husband, I used condoms. We got married and stopped using them [...] You end up trusting... It is inevitable. We've been together for more than 15 years! We trust each other. We have been living together for so long... (15).

We are aware of the risk, but you are with the person for a long time, and you end up relaxing more. You end up worrying less. (18).

Therefore, based on the outdated conception of "risk groups and behaviors", six participants reported that the use of condoms is applicable to fragile and casual relationships, young people, individuals with multiple sexual partners, and drug users.

I think that the use of condoms is important; however, in casual relationships, because you are at risk of catching diseases from people you do not know. (14).

Yes, I think it is important [use of condoms] in casual relationships, because you do not know that person. (19).

I think adolescents are at risk, because they have sex with many people, and they do not think about this. Schools should give lectures... They use drugs, exchange syringes... (111).

I think that if you are in a stable relationship and you know that person, there is no need to use them. However, there are women who are involved with many men, and sometimes you do not know if they are involved with wrong things... (112).

Another important issue that emerged from the speeches of some participants was the use of

condoms exclusively as a contraceptive method, reported by 13 participants. For them, pregnancy gives stability and security to relationships, which is one of the factors that lead them to interrupt the use of condoms.

We decided not to use condoms after I got pregnant, because there is no risk of being pregnant now. (14).

We usually do not use them [condoms]. Now that I am pregnant, we are living together. (16).

However, other women reported that, in spite of their wish to use condoms in their sexual relations, they do not adopt this prevention measure because it is the choice of their partners or difficulties in approaching the theme:

I have never discussed this with him. I have never asked and nor did he[...] We do not talk about it. (12).

I even tell him [partner] that I wish, but we do not use them. (13).

He always thought it was unnecessary. We have never talked about using them or not. (19).

I would use them if I could, but my husband does not like these things. (113).

In these situations, the women reported yielding and having unprotected sexual relations because they did not want to go against their partners' wishes:

Then, I do not know. I cannot keep saying no... We end up not using. However, if I do not want to do anything without [condoms], he does not insist. He does not oblige me. However... are we supposed to stop having sexual relations? (18).

My partner does not like these things much. He thinks it is not necessary... that it is not good. It is difficult because I know he does not like to use them. I do not want to bother him. (113).

I have never talked to him about this. He only says that he does not like them, but I have never asked why... I know that he does not like to use them. (116).

Discussion

The analytical process showed that the participants in this study had knowledge about STDs. However, they did not consistently apply it in their sexual practices. This finding corroborates other national and international studies, which indicates women's understanding of the theme of STDs⁽¹²⁻¹⁵⁾.

Many participants reported that information was acquired in reproductive planning groups carried out in other times of their lives, showing that the themes approached in these spaces were not restricted to the provision of contraceptive methods. However, official documents on prenatal care stand out the importance of implementing educational healthcare activities during pregnancy, which must include the theme of STDs and safe sexual practices⁽¹⁻²⁾.

As observed in the participants' speeches and other studies^(13,16-19), having information is not enough for the adherence to barrier methods (male and female condoms), which must be prioritized in educational actions because they are the only effective methods for STD prevention. Therefore, dialogue and negotiation of these resources are important strategies to sensitize individuals regarding the importance in the use of condoms⁽²⁰⁾.

In addition to this institutional space, the participants also highlighted social media as important information sources on STD. This finding corroborates one study carried out with young people, who were mostly women, which showed that the habit of accessing research sites and blogs is significantly positive and associated with higher levels of knowledge, attitudes, and practice in STD/AIDS and viral hepatitis⁽¹⁸⁾.

Brazil is the second leading country in number of YouTube, Twitter, and Gmail users; more than 85% of the Brazilians participate in some social network⁽²¹⁾. Therefore, when managed by healthcare entities and professionals, these networks may be of great value to spread trustful information on health, thus contributing for the achievement of public health goals. Many times, these means of communication are the first search places for clarification on health, especially among the young, who are used to the dynamics of the Internet and value it as a useful tool and of easy access to obtain information⁽²¹⁾.

One study that analyzed publications of healthcare agencies' official pages found that 50% of the Ministry of Health publications on Facebook were related to STDs, which encourage the undertaking of rapid tests for screening and

provide information on prevention methods. In spite of the importance of these guidelines, this approach is developed in a general and fragmented way⁽²²⁾.

However, the participants reported that the prenatal is not a knowledge socialization space on the theme of STDs. This finding meets the recommendations of healthcare policies and programs, where educational practices are axes of comprehensive care to women in pregnancy, with actions that consider gender issues and reproductive and sexual rights as guiding lines to encourage women to play the role of protagonists, as well as for healthcare promotion and prevention^(1-2,23).

Despite this, the concern about STD prevention in pregnancy is not common, and its approach is not a theme present in studies, which mostly focus on HIV and syphilis in the population in general, young people, or non-pregnant women^(12-13,16-19,23). However, prenatal is presented as an appropriate space for approaching STDs, although little used with this purpose. Therefore, a prevention policy must be included in the gynecology and prenatal consultation areas, combining strategies that can attract women and their partners to participate in educational activities that sensitize them regarding the importance in the use of condoms^(6,16).

Nowadays, the use of STD protection measures is widely discussed; however, women who are in stable relationships do not consider themselves at risk, that is, they recognize people's vulnerability in these relationships, but without self-perception of the risk⁽⁹⁾. In these situations, many people are exposed to STDs, even being aware of the risks, since traditional habits and precepts socially instituted still prevail in common sense^(13,16-17,24).

The present study also showed that the participants did not use condoms in their sexual relations during pregnancy, because they considered themselves safe from STDs for being in a stable relationship, having only one partner, or being married. Therefore, they understood that monogamy resulted in trust in their partners, providing them with a feeling of security and

distancing them from the adoption of STD prevention measures.

In these situations, because of the love and trust feeling, women in monogamous relationships often see the union's stability as a way of prevention and not as risk self-attribution^(14,20). The protection feeling and the non-adherence to STD prevention measures in stable relationships may be associated with the meanings of fidelity, love, and conjugality while factors that create the illusion of being safe from STDs, and that hinder the adherence to appropriate prevention measures, thus leading individuals in enduring affective-sexual relationships to underestimate their vulnerability^(9,17-18).

One study on women's vulnerability showed that most participants did not consider themselves exposed to the risk of catching STDs and that having only one partner was a way prevention⁽⁹⁾. In addition to the lack or deficit of knowledge concerning STDs and their ways of prevention, non-adherence to the use of condoms is associated with more complex issues, such as gender, cultural, and social aspects^(6,13,19-20).

In this perspective, the non-use of protection measures goes through the development process of a stable relationship, where mutual trust and complicity are characteristics that refer to "being a couple" in society⁽⁹⁾. In other words, the false idea that where love and fidelity are, STDs are not present, thus making the use of condoms unnecessary⁽¹³⁾.

As observed in the participants' speeches, the low self-perception of risk and non-use of protection measures for STDs during pregnancy were associated with union time, which means that trust in relationships is established over the years, bringing a greater feeling of security and leading to the non-use of condoms.

With regard to the vulnerability of people in stable relationships to STDs, it is observed that the use of prevention measures reduces significantly according to relationship time, if compared with the percentage of use in the first sexual relations of the partners⁽⁹⁾. Therefore, time together and stabilization of the conjugal relationship become determining factors for the increase in women's

vulnerability to STDs, because when in stable relationships, they stop effective and consistent use of prevention measures^(13,20).

Another factor mentioned by the participants to justify the non-use of condoms during pregnancy was the understanding that pregnancy attributed stability and security to their relationships. This finding corroborates other studies that highlight the less frequent use of condoms in stable relationships when compared with other types of relationships^(6,9).

Used with the purpose of double protection in casual relationships, condoms are neglected after the establishment of a “trustful” relationship and with a stable partnership, and are replaced by contraceptive pills⁽⁹⁾. This was the case of most women in this study, who, when perceiving themselves in a stable relationship, stopped using condoms to start using contraceptive pills. When reporting the inconsistent or non-use of condoms during pregnancy, they reported that the aim of the prevention measures adopted was not STD prevention, but contraception.

However, as found in other studies^(6,9,12,19), the participants agreed that the use of condoms is applicable to fragile and casual relationships, young people, individuals with multiple sexual partners, and drug users. This perception emerges from representations and stereotypes spread in the beginning of the AIDS epidemic, when the notion of risk groups was released scientifically and associated with the disease of specific population groups, such as drug users, sex workers, and men who have sex with men. As a result, other groups, including women, perceived themselves invulnerable to the disease, thus not adopting prevention measures⁽²⁰⁾.

In one of the studies, the perception of risk behavior specifically emerged as practices that impacted on higher risk for STDs, including prostitution, alcohol, and drug use, sexual activity with multiple partners, and inconsistent use of condoms. These conceptions were observed in the participants' speeches, by means of a conservative speech based on standards and values socially instituted, which consider that

monogamous women in stable relationships and with orderly lives are excluded from the risk of catching STDs, with no need to make use of prevention measures⁽⁹⁾.

Although most women reported not using prevention measures for STDs during pregnancy, some expressed their wish to have safe sexual relations; however, they had difficulties in approaching the theme to their partners and ended up giving in to their choice for the non-use of condoms.

In these relationships, a certain estrangement is observed when raising the theme of sexuality. In spite of the trust and complicity they shared, they could not approach STD prevention with their partners, which showed the existence of social and cultural barriers founded on gender issues present in society, as discussed in several studies^(9,13,16). This finding refers to gender inequalities that are expressed since sexual division of work up to women's difficulty in openly discussing their pleasure and sexuality, and autonomously choosing prevention and contraceptive methods⁽²⁵⁾.

It is worth mentioning that sexuality is an important dimension of life, involving biological, social, and cultural aspects, affectivity, and their associations with the world. Therefore, as one of the factors that increase women's vulnerability to STDs, sociocultural barriers stand out, which makes it difficult to discuss women's sexuality and negatively impacts on the negotiation on the use of condoms and other STD prevention methods⁽⁸⁾.

Similarly, one study carried out with women in stable relationships showed that the non-use of condoms was associated with the partners mentioning discomfort, reduction of pleasure, and interruption of spontaneity during intercourse⁽⁹⁾. In addition, when trying to dialog, women's claims and opinions were not taken into consideration in the decision. Therefore, consistent adherence to STD prevention methods is closely associated with the dialogue of women with their partners, in the attempt to persuade them to adopt the method chosen by them⁽¹²⁻¹³⁾. However, because of

men's influence, many couples who are in stable relationships have unprotected sex^(7,25).

The results found in the present study may encourage reflections to determine priorities in the prevention and treatment of STDs, considering the impact of the infections on the risk of vertical transmission, with impairment of the health of women/children, enabling to implement management actions for the monitoring of STD vertical transmission in pregnancy.

This study had limitations because it was carried out with pregnant women categorized at high obstetric risk admitted in the prenatal outpatient service of a teaching hospital, not allowing generalizations due to the specificities of this clientele. In addition, the existing gap in the production of knowledge on the use of STD protection measures with pregnant women did not allow a broader discussion. Most participants of these national and international publications belong to the young population, without distinction of their life period.

Conclusion

The results of this study allowed to conclude that, although the participants had knowledge concerning the main STDs, information alone was not enough to ensure adherence or consistent use of condoms, because they did not adopt effective attitudes for STD prevention during pregnancy.

In this respect, the following factors were associated with the non-use of condoms in pregnancy: being married, being in a stable relationship, being with their partners for a long time, and being pregnant. These issues were associated with the low self-perception level of vulnerability of these women, since they attributed the feeling of trust in their partners and stability in the relationship to conjugality as conditions that granted protection to STDs, resulting in the abandonment of the protection measures.

In addition, a false perception of these women on condoms emerged, who only use them for contraceptive purposes, which is explained

when they replace the use of this input when security in their relationships is established. However, some participants expressed the wish to use condoms, even in sexual relations with a stable partner; however, they did not adopt this prevention measure because it was the choice of their partners or difficulties in approaching them to discuss the theme. Therefore, they reported yielding and having unprotected sexual relations.

It was also observed that the women interviewed had the concept of STD risk associated with fragile and casual relationships, young people, individuals with multiple sexual partners, and drug users. In these cases, they understood that the use of condoms was applicable to sexual practices.

In this regard and considering that the participants highlighted social media and the institutional space for reproductive planning as main STD information sources, there is a wide gap found in prenatal care regarding the approach of this theme in educational activities.

In this context, the present study may contribute to the qualification of healthcare actions for women experiencing this life cycle period, because it indicates factors that negatively influence the consistent use of condoms, with an emphasis on social and cultural values that permeate the self-perception of vulnerability, and, consequently, the adoption of STD prevention measures.

Therefore, the importance of educational actions in prenatal as appropriate spaces for reflection, sharing of knowledge, questioning of reality, and deconstruction of stagnant ideas in the society must be emphasized, by means of the use of communicative processes and dialogue to sensitize women with regard to STD protection measures, and especially make them aware of their role as protagonists concerning their sexuality and reproduction, thus encouraging them to make conscious and safe choices.

Collaborations

1. conception, design, analysis, and interpretation of data: Ricardo Jose Oliveira

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3. final approval of the version to be published: Ricardo Jose Oliveira Mouta, Cláudia Lima de Oliveira, Edymara Tatagiba Medina, Juliana Amaral Prata, Luiza Mara Correia and Cristina Portela da Mota.

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