

The incidence of vulvovaginitis in a therapeutic community for adolescents

A incidência de vulvovaginites em uma comunidade terapêutica para adolescentes

La incidencia de vulvovaginitis en una comunidad terapéutica para adolescentes

RESUMO

Introdução: A fragilidade econômica e social que atingem as jovens acarreta práticas de higiene íntima inadequadas, interferindo no equilíbrio da flora vaginal, aumentando o risco de vulvovaginites. Objetivo: O estudo teve como objetivo identificar a incidência de vulvovaginites em uma comunidade terapêutica. Método: Foram entrevistadas 47 adolescentes por meio de um instrumento de coleta de dados. Resultado: Os dados evidenciaram que 51,10% das adolescentes possuíam corrimento vaginal com odor fétido, entre elas, 31,90% possuíam odor assemelhando-se a peixe podre, além disso, houve a detecção de variações de coloração. Os principais fatores de riscos que predispõem as adolescentes a vulvovaginites foram a baixa escolaridade, raça negra, coitarca precoce, número de parceiros e compartilhamentos de peças íntimas. Conclusão: Assim, foi notório evidenciar os fatores de risco que predispõe as adolescentes as vulvovaginites, sendo potencializados pela condição de institucionalização, sendo factível a importância de ações de educação em saúde para prevenir tal patologia.

DESCRIÇÕES: Vulvovaginite; Saúde Sexual e Reprodutiva; Adolescente Institucionalizado.

ABSTRACT

Introduction: The economic and social fragility that affect young women leads to inadequate intimate hygiene practices, interfering with the balance of the vaginal flora, increasing the risk of vulvovaginitis. Objective: The study aimed to identify the incidence of vulvovaginitis in a therapeutic community. Method: 47 adolescents were interviewed using a data collection instrument. Result: The data showed that 51.10% of the adolescents had a foul-smelling vaginal discharge, among them, 31.90% had an odor resembling rotten fish, in addition, color variations were detected. The main risk factors that predispose adolescents to vulvovaginitis were low schooling, black race, early sexual intercourse, number of partners and sharing of underwear. Conclusion: Thus, it was evident to highlight the risk factors that predispose adolescents to vulvovaginitis, being potentiated by the condition of institutionalization, making the importance of health education actions to prevent this pathology feasible.

DESCRIPTORS: Vulvovaginitis; Sexual and Reproductive Health; Institutionalized Adolescent.

RESUMEN

Introducción: La fragilidad económica y social que afecta a las mujeres jóvenes conduce a prácticas inadecuadas de higiene íntima, interfiriendo con el equilibrio de la flora vaginal, aumentando el riesgo de vulvovaginitis. Objetivo: El estudio tuvo como objetivo identificar la incidencia de vulvovaginitis en una comunidad terapéutica. Método: 47 adolescentes fueron entrevistados utilizando un instrumento de recolección de datos. Resultado: Los datos arrojaron que el 51,10% de las adolescentes presentaba flujo vaginal maloliente, entre ellas, el 31,90% presentaba olor a pescado podrido, además, se detectaron variaciones de color. Los principales factores de riesgo que predisponen a las adolescentes a la vulvovaginitis fueron la baja escolaridad, la raza negra, las relaciones sexuales precoces, el número de parejas y el compartir ropa interior. Conclusión: Así, fue evidente resaltar los factores de riesgo que predisponen a las adolescentes a la vulvovaginitis, siendo potenciados por la condición de institucionalización, viabilizando la importancia de las acciones de educación en salud para la prevención de esta patología.

DESCRIPTORES: Trasplante Renal; Creatinina; vulvovaginitis; Salud Sexual y Reproductiva; Adolescente Institucionalizado.

RECEBIDO EM: 22/09/2022 APROVADO EM: 23/10/2022

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INTRODUÇÃO

The period of adolescence is marked by biopsychosocial changes arising from hormonal changes, cognitive-behavioral maturation and the social context in which individuals are inserted. It is a stage of discovery for young people about the functioning of their mind and body in order to recognize the importance of intimate hygiene.¹

The self-care of the female body for many is a synonym of vanity and superficiality, however, such a practice is not only an act of self-love, but it is also a form of self-knowledge, of creating intimate relationships with oneself in order to assist in social relationships, in addition to being a way to avoid pathologies that affect women's health and quality of life. In this way, self-care with intimate health is no different, knowing the vaginal anatomy as well as factors that influence the imbalance of the flora are of unique relevance for the empowerment of young women within society.²

However, poverty affects health and quality of life in several ways, one of them through disrespect for their rights, impac-

ting the health of this population. In view of this, the precariousness that afflicts young people does not only have an impact on the economic sphere, but also on schooling and hygiene habits. In this sense, inadequate intimate cleanliness and practices that interfere with the vaginal ecosystem, such as the use of douches and vaginal creams, the use of very tight clothes and synthetic fabric panties, in addition to anal hygiene performed towards the anus and vagina are factors that influence the development of vulvovaginitis, which interfere not only with a woman's intimate health, but also with her psychosocial well-being.^{3,4}

According to the World Health Organization (WHO), about a third of the world's population does not have access to safe drinking water and half of the world's population does not have access to adequate sanitation services.⁵ Because of the specific needs of women around their intimate hygiene, they tend to be more affected by the lack of basic sanitation and treated water, as it favors changes in the microbiota of the female genital organ, which physiologically is composed of *Lactobacillus* sp responsible for the production of lactate and acidification of the vaginal pH,

allowing the penetration of pathogens, including *Gardnerella vaginalis*, *Treponema pallidum*, *Prevotella* and *Trichomonas vaginalis*.⁶

In this way, self-knowledge is essential for a good quality of life. The importance of access for the female population to reception, listening and understanding of their daily issues is perceptible. So, with intimate health is no different, so that this issue is approached seriously and with the adoption of good practices which are directly associated with health promotion for disease prevention, provided by educational guidelines through trained professionals based on scientific knowledge.⁷

The study aimed to identify the incidence of vulvovaginitis in a therapeutic community for adolescents.

METHOD

This is a descriptive study with a quantitative approach. Data collection was carried out in a non-profit therapeutic community providing comprehensive care to vulnerable female adolescents, located in the Municipality of Marechal Deodoro/AL and has the purpose of welcoming

young people in social vulnerability for the treatment of chemical dependence, family lack of assistance, behavior disorder or victims of physical and sexual violence, providing possible assistance in favor of re-socialization.

This research was carried out through a data collection instrument composed of questions related to the characterization of the subject and the theme proposed by the study, making it possible to approach the field through the extension project Saúde da Pequena Mulher (SDPM - Saúde da Pequena Mulher), from Centro Universitário Tiradentes (UNIT-AL), which aims to promote young women's self-knowledge, inform adolescents about sexuality, intimate hygiene through social networks and actions in reception centers. Currently, the project develops actions to combat menstrual poverty and work on the prevention of Sexually Transmitted Infections (STIs) and adolescent health in an integral way.

For the development of the study, adolescents who lived within the therapeutic community between 11 and 18 years of age at the time of data collection were selected. As an exclusion criterion, adolescents were not selected during the data collection period who were unable to take part in the study for health reasons or who had become detached from the therapeutic community.

The research took place between April and June 2022, encompassing a total of 46 girls residing in the therapeutic community, with the Free and Informed Assent Term (TALE - Termo de Assentimento Livre e Esclarecido) being signed for those under 18 years old, and the Informed Consent Form (ICF), signed by the legal guardian of the adolescents in the therapeutic community for those under 18 years of age and by young people who have reached the age of majority, in order to protect the rights of the interviewees as well as to prove that they agreed with the interview. Due to the COVID-19 pandemic, biosecurity measures recommended by the Ministry of Health (MH) were adopted, such as: use of masks, use of gel alcohol and social distance.

The research was developed in accordance with resolution 466/12 of the National Health Council of the Ministry of Health (CNS - MS) and resolution No. 510/2016 of the National Health Council of the Ministry of Health (CNS/MS), approved by the Ethics and Research Committee of the Centro Universitário Tiradentes de Alagoas, under the number CAAE 55531521.8.0000.5641.

After collection, the data were recorded in specific forms and later, typed into an Excel spreadsheet and analyzed through descriptive statistics in absolute and relative frequency.

RESULTS

For the study, 46 adolescents were considered eligible between the age group of 11 to 18 years. Through the analyzed results, it was evidenced that the majority of adolescents declared themselves as brown (68.09%) and black (17.02%). Associated

with this fact, marginalized young women also suffer from low schooling. In this study, it was identified that most of the adolescents interviewed did not have completed elementary school (65.96%), as well as 2.13% were identified as illiterate. The highest concentration of young people residing in the institution was identified in the age group between 14 and 17 years (65.96%).

Regarding the participants' sexuality, heterosexuality is predominant, reaching 76.6% of the interviewees. The early marriage of adolescents ends up skipping important initial stages of a relationship and personal development, causing damage to the sexual and reproductive life of these young women, reflecting these problems in adult life. Thus, 4.26% of the interviewed population reported being married or in a stable union, and 6.39% identified themselves as divorced.

In view of this, it was identified that institutionalized young women face a situ-

Table 1. Characterization of institutionalized adolescents

Variables	N	%
Age Group		
11 to 13 years and 11 months	14	29,79%
14 to 17 years and 11 months	31	65,96%
18 to 18 years and 11 months	2	4,26%
Sexual Orientation		
Heterossexual	36	76,60%
Bissexual	8	17,02%
Homossexual	2	4,26%
Rather not answer	1	2,13%
Skin color or race		
White	3	6,38%
Black	8	17,02%
Brown	32	68,09%
Yellow	1	2,13%
Indigenous	3	6,38%
Education		
Illiterate	1	2,13%
Incomplete Elementary School	31	65,96%
Complete Elementary School	9	19,15%

ation of poverty and low education, factors that provide a notorious social inequality which allows the emergence of vulvovaginitis, since ignorance favors poor hygiene habits and poverty limits access to adequate infrastructure, with lack of access to basic sanitation and personal hygiene items, as well as specialized health care.

In the study, other risk factors for vulvovaginitis were identified: pre-diagnosis of Diabetes Mellitus (2.10%) pregnancy at some point in life (21.28%) and pre-acquired STIs such as Syphilis (4.26%) and HIV (2.13%) since such factors are immunosuppressive. Thus, other risk factors were possible to be detected, such as the use of vaginal douches (19.10%) and the sharing of underwear within the institution (23.40%). The shared use of underwear is a bad practice of intimate hygiene and can favor the transmission of some pathogens, an action practiced by some interviewees, as described in the study.

About menarche, 51.06% of young women had their first period between 9 and 11 years old and 85.11% had already had their first sexual intercourse. In this study, 53.19% of the adolescents stated that they had already had sex without using a condom.

Thus, the collection showed that 51.10% of the adolescents had vaginal discharge with a foul odor, among them, 31.90% had an odor resembling rotten fish, in addition, there was a detection of color variations with 21.30% of the interviewees having greenish discharge, 61.70% with a whitish color with a lumpy texture, 10.60% with a grayish color, 48.90% with a yellowish color, as well as the report of 68.10% regarding vulvar pruritus being related to vaginal discharge.

Despite the numerous complaints that affect the quality of life and well-being of the girls present there, only 21.2% of the total number of interviewees obtained records in their medical records with results of vaginal secretion culture exams. Of the number of adolescents who had laboratory results, it was found that 50% of the adolescents did not present pathological changes, presenting *Lactobacillus ssp* and

Incomplete High School	6	12,77%
Complete High School	0	0,00%
Marital Status		
Single	42	89,36%
Married	1	2,13%
Living together/ Stable union	1	2,13%
Divorced/ Separated	3	6,38%
Religion		
Catholic	10	21,28%
Evangelical	32	68,09%
African Matriz	1	2,13%
Don't have one	4	8,51%
Comorbidities		
No	43	87,20%
Diabetes	1	2,10%
Psychiatric Disorders	2	4,20%
Neurological Diseases	1	2,10%

Source: Research Data, 2022.

Table 2. Risk factors presented by young women for the occurrence of vulvovaginitis.

Variables	N	%
Menarche		
Did not present it	3	6,38%
9 years to 11 years and 11 months	24	51,06%
12 years to 14 years and 11 months	16	34,04%
Over 15 years	1	2,13%
Couldn't inform	3	6,38%
First sexual intercourse		
Yes	40	85,11%
No	7	14,89%
Sexually active		
Yes	36	76,60%
No	11	23,40%
Number of partners		
1	7	14,89%
2	4	8,51%
3	7	14,89%
4	5	10,64%
5 or more	16	34,04%
Couldn't inform	1	2,13%
Does not apply	7	14,89%
Use of condoms during sexual intercourse		
Yes	15	31,91%

other bacilli. In addition, 10% showed the presence of *Candida* sp.

DISCUSSION

The data presented describe that there is a significant percentage of black institutionalized adolescents, reaching 85.1% of the total. The data corroborate the information contained in the Institute of Applied Economic Research, in which blacks have the highest poverty rate and thus greater social vulnerability.⁸

Low levels of schooling were also identified in this study, in order to corroborate such data, Souza et al., state that most adolescents who are in institutionalization have low levels of schooling as well as low age, being only between 16 and 17 years old, so that it is evident that the studied institution has adolescents who are even younger and more vulnerable to diseases.⁹

Heterosexuality was mentioned by a significant number of adolescents, which strengthens the study by Rubia, which states that heterosexuality is predominant among young people.¹⁰ In addition, in contrast to studies by Fernandes, which claim that Catholicism is the predominant religion, institutionalized girls are mostly evangelical, accounting for 68.09% of the total.¹¹

Adolescent marriage is higher in populations with low income and schooling, data that were mentioned by most participants.¹² Social vulnerability is directly related to the difficulty in accessing health services; the women most affected by vulvovaginitis are those who have financial difficulties, and thus face obstacles to accessing health services.¹³

Among the STIs mentioned, Syphilis was mentioned by 02 interviewees (4.26%). Syphilis, in its global scope, despite being a disease with a well-established diagnosis and treatment, is still considered a serious public health problem due to its high incidence and magnitude.¹⁴ Such an STI is caused by *Treponema pallidum*, which is transmitted through sexual intercourse, blood transfusions or congenitally.

¹⁵

No	25	53,19%
Doesn't apply	7	14,89%
Gestation		
Yes	10	21,28%
No	30	63,83%
Doesn't apply	7	14,89%
Sexually transmitted infections		
No	45	95,74%
Syphilis	2	4,26%
HIV	1	2,13%
Use of vaginal douches		
No	38	80,90%
Yes	9	19,10%
Sharing underwear		
No	36	76,60%
Yes	11	19,10%

Source: Research Data, 2022.

Table 3. Main symptomatological complaints presented by institutionalized adolescents

Variables	N	%	I.C.
Foul-smelling vaginal discharge			
Yes	24	51,10%	0,510638
No	23	48,90%	
Vaginal discharge with a foul odor resembling a rotten fish odor			
Yes	15	31,90%	0,319149
No	32	68,10%	
Greenish vaginal discharge			
Yes	10	21,30%	0,212766
No	37	78,70%	
Vaginal discharge that is whitish in color with a lumpy texture			
Yes	29	61,70%	0,617021
No	18	38,30%	
Gray colored vaginal discharge			
Yes	5	10,60%	0,106383
No	42	89,40%	
Yellowish vaginal discharge			
Yes	23	48,90%	0,489362
No	24	51,10%	
Vulvar itching associated with vaginal discharge			
Yes	32	68,10%	0,680851
No	15	31,90%	

Source: Research data, 2022.

Despite the problem on a global scale, studies on adolescents with syphilis are scarce, but it was notorious to point out that as it is a time of physical and psychological adjustments, are more likely to adopt risk behaviors for this comorbidity, such as early initiation of sexual life, multiple partners and refusal to use condoms, corroborating the data found in this article.¹⁶

In addition, it is possible to evidence the increase in cases of pregnant adolescents with this problem due to non-adherence to family planning programs offered by Basic Health Units, or to failures in health promotion prevention.¹⁷

Nevertheless, the HIV virus is a public health problem that, through actions promoted by the government, health and education professionals, also has a network of specialized assistance, early diagnosis and control. However, with regard to adolescents, this problem tends to increase in Brazil due to emotional lability, lack of skills and sexual affective responsibility and weaknesses in the social and family environment, episodes that can expose young people to STIs.¹⁸

Furthermore, the risk factor for vulvovaginitis is also vaginal douche, which concerns a cleaning technique based on the use of ingredients such as vinegar, sodium bicarbonate, antiseptics, fragrances or in some cases just water to clean the vaginal cavity. However, despite the widespread myth among lay people that such a technique has positive therapeutic effects, this method corroborates an imbalance between the microorganisms present in the vaginal flora as well as alters the pH of the vagina.¹⁹

The shared use of underwear is a bad practice of intimate hygiene and can favor the transmission of some pathogens. As seen by Eldien et al., it is common for adolescents to use these practices because they are unaware of this practice as harmful to health, which can be reduced through prevention programs, such as the one applied in the study.²⁰

Menarche at a young age can also be considered a predisposing factor, as it can favor early sexarche due to the increase

Table 4. Types of pathogens identified in exams performed by institutionalized adolescents.

Variables	N	%
Lactobacillus sp	3	30,00%
Other bacilli	2	30,00%
Gardnerella, Mobiluncus spp and exacerbated proliferation of anaerobic flora	2	30,00%
Candida sp.	1	30,00%
Supracytoplasmic bacilli	1	30,00%
Exacerbated proliferation of anaerobic flora and absence of lactobacillus sp	1	30,00%

Source: Research data, 2022.

in hormones related to pleasure, as well as social influence and low economic status.²¹ Furthermore, according to Tanaka, et al., the young woman having multiple partners, 2 or more, is also a factor for the development of vulvovaginitis, so that the vast majority of them stated that they had already had 5 or more partners (34, 04%).²²

Condoms, as a barrier method, are highly effective against the penetration of pathogens into the vaginal canal. Therefore, the non-use of this protection instrument, for reasons such as dislike or lack of pleasure, is a risk factor for the development of vulvovaginitis.²³

The main reason adolescents do not adhere to condom use is the interference of the gender model, determining that men have predominance in decisions in sexual practices, for example, not using condoms during sexual intercourse. In addition, other problems found for the lower use of condoms, would be trust in a steady partner, with a gradual reduction in condom use throughout the relationship, lack of knowledge about the correct use of contraceptives and the transmission of STIs and the fact that some young people do not believe in the transmission of diseases through sexual contact.²⁴

According to Itriyeva, the vaginal flora of women after puberty is normally composed of *Lactobacillus* spp., being predominant in the microbiome. These convert glycogen, produced by estrogen-stimulated vaginal epithelial cells into lactic acid,

resulting in an acidic vaginal pH (<4.5) which is advantageous for *Lactobacillus* proliferation, in addition to discouraging the growth of anaerobic species such as *Gardnerella* and *Mobiluncus*.²⁵

The microbiota is composed of a balance between anaerobic and aerobic microorganisms. However, from poorly defined etiologies, there is an imbalance of this flora, causing the so-called vulvovaginitis, inflammation of the vulva and vagina, which mainly affect women of reproductive age.²⁶

These inflammations, usually Candidiasis, Trichomoniasis and Bacterial Vaginosis, can be asymptomatic, or they may commonly present with pruritus and discharge with particular characteristics, according to Alves et al. and the National Cancer Institute (INCA - Instituto Nacional do Câncer).^{27,28}

Tabile et al., it is understood that the symptoms of vulvovaginitis are not pathognomonic, causing some confusion in its diagnosis, evidencing the need for laboratory tests for early detection and a specific and adequate conduct, avoiding unnecessary treatments, overloading the Unified Health System (SUS). However, it is noticeable the low speed through the public health service to perform a culture of vaginal secretion in order to identify possible pathogens and vaginitis, so that young people perform empirical treatments, which are often inefficient.²⁹

In this context, it is evident that the vaginal secretion culture exam is suitable for

younger girls in order to diagnose pathogens, this being the exam of choice for institutionalized girls, so that the Pap smear is suitable for women over 24 years of age as it is an exam which aims at early screening for cervical cancer in Brazil.^{30,31}

Bacterial vulvovaginitis is the most prevalent cause of pathological discharge.³² Corroborating the data found, it was noted that the most prevalent etiological agent was *Gardnerella*, with a participation of 20% of the samples, in addition to having 10% of supracyttoplasmic bacilli that suggest the presence of *Gardnerella Mobilus*. Carrying out a comparison with other similar studies, it was possible to reinforce that the most prevalent microorganism is *Gardnerella*, confirming the results found.¹³

As shown in the course of the study, vulvovaginitis has clinical symptoms that influence not only the socioeconomic status of the affected woman, as well as her quality of life. In this context, the World

Health Organization (1995) defined quality of life as a personal conception of the individual, which is based on the sociocultural context, values, dreams, goals, standards and concerns, that is, how the individual thinks and behaves through the systems of values and conditions in which he lives. Thus, young women affected with this pathology and without access to adequate treatment conditions are deprived of self-esteem and well-being, thus aggravating the clinical condition of the adolescent who is compromised physically and mentally.³³

CONCLUSION

In view of the analyzed aspects, risk factors that predispose adolescents to vulvovaginitis were identified, which were low schooling, black race, precocious coitarche, number of partners, sharing of underwear and absence of routine gynecological exams, making access to specific

and quality treatments difficult. The aforementioned factors identified are strengthened because they are institutionalized adolescents because they are in a situation of vulnerability.

Therefore, the need for the intervention of health professionals regarding the implementation, within the context of young people, of health actions that address preventive measures and intimate health care, as well as the importance of routinely performing gynecological examinations, is evident, in order to prevent illness and complications. The importance of comprehensive adolescent health care is highlighted, encompassing all biopsychosocial aspects.

Finally, further studies are suggested in other therapeutic communities and environments where adolescents live, such as schools and health units, in order to identify the predisposing factors to vulvovaginitis and propose effective measures for each population group in its specificity.

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