

## Policies for health-promoting universities and prevention of sexually transmitted infections: theoretical reflection in the light of Transcultural Theory

*Políticas de prevenção de infecções sexualmente transmissíveis e universidades promotoras da saúde: reflexão teórica à luz da Teoria Transcultural*

*Políticas de prevención de infecciones de transmisión sexual y universidades promotoras de la salud: una reflexión teórica a la luz de la Teoría Transcultural*

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### ABSTRACT

**Objective:** to think, in the light of Madeleine Leininger's transcultural care theory, about policies for the prevention of sexually transmitted infections, focusing on the young university student population. **Content:** 21 documents were selected, including scientific papers, policies, and official documents on health in the (inter)national context. These were discussed in two categories: 1) policies for the prevention of sexually transmitted infections and; 2) the university's role in preventing sexually transmitted infections, as seen from the perspective of Madeleine Leininger's transcultural theory. **Conclusion:** policies for the prevention of sexually transmitted infections focus on sexual and reproductive health by social segment. The peculiarities and potentials of the university environment permeated by the vulnerability of sexual behaviors are highlighted from a transcultural perspective. The university space must be included, through the prism of culturally congruent care, in measures to promote health and prevent diseases, such as sexually transmitted infections.

**Descriptors:** Health Policy; Disease Prevention; Sexually Transmitted Diseases; Universities.

### RESUMO

**Objetivo:** refletir sobre as políticas para a prevenção de IST, à luz da perspectiva teórica de Madeleine Leininger sobre o cuidado transcultural, com enfoque na população jovem universitária. **Conteúdo:** selecionadas 21 obras, entre artigos científicos, políticas e documentos oficiais em saúde no contexto (inter) nacional, discutidas em duas categorias: 1) Políticas públicas para a prevenção de infecções sexualmente transmissíveis e; 2) O papel da universidade nas ações de prevenção de infecções sexualmente transmissíveis na perspectiva da teoria transcultural de Madeleine Leininger. **Conclusão:** as políticas públicas de saúde relacionadas à prevenção de infecções sexualmente transmissíveis têm enfoque na saúde sexual e reprodutiva de cada segmento social. Salientam-se as peculiaridades e potencialidades envolvidas no ambiente universitário, permeado pela vulnerabilidade dos comportamentos sexuais, numa perspectiva transcultural. O espaço da universidade deve ser inserido nas ações de promoção da saúde e prevenção de doenças, como as infecções sexualmente transmissíveis, sob o prisma do cuidado culturalmente congruente.

**Descritores:** Política de Saúde; Prevenção de Doenças; Doenças Sexualmente Transmissíveis; Universidades.

### RESUMEN

**Objetivo:** reflexionar sobre las políticas de prevención de infecciones de transmisión sexual, a la luz de la teoría transcultural de Madeleine Leininger, dirigidas a la población joven universitaria. **Contenido:** fueron seleccionados 21 trabajos, entre artículos científicos, políticas y documentos oficiales en salud en el contexto (inter) nacional, discutidos en dos categorías: 1) Políticas públicas para la prevención de infecciones de transmisión sexual y; 2) El papel de la universidad en las acciones de prevención de infecciones de transmisión sexual desde la perspectiva de la teoría transcultural de Madeleine Leininger. **Conclusión:** las políticas públicas de salud relacionadas con la prevención de infecciones de transmisión sexual se enfocan en la salud sexual y reproductiva de cada segmento social. Se resaltan las peculiaridades y potencialidades involucradas en el ambiente universitario, permeado por la vulnerabilidad de las conductas sexuales, desde una perspectiva transcultural. El espacio universitario debe estar insertado en las acciones de promoción de la salud y prevención de enfermedades, -como las infecciones de transmisión sexual-, bajo el prisma de una atención culturalmente congruente.

**Descritores:** Política de Salud; Prevención de Enfermedades; Enfermedades de Transmisión Sexual; Universidades.

## INTRODUCTION

The World Health Assembly adopted the 2016-2021 strategy, based on the growing (inter)national epidemiological panorama regarding Sexually Transmitted Infections (STIs), included the expansion of interventions and services to control and reduce their impacts, and advocated considering STIs as a global public health problem until 2030<sup>1,2</sup>.

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In Brazil, the National Agenda for Priorities in Health Research (*Agenda Nacional de Prioridades de Pesquisa em Saúde*, ANPPS) presents its sixth thematic axis directed at communicable diseases, considered a priority in scientific research investments and a target of public policies, which includes the approach of STIs aiming at disease prediction and prevention, health promotion and a drastic reduction of the transmissibility process, whose main route involves sexual practices<sup>3</sup>.

Aspects of the global epidemic are pointed out, such as the increase in the annual number of new STI cases, with emphasis on the young population; early initiation of active sexual life (around 15-16 years old); change in values identified since 1998 (inversion in the reasons for sexual practices), which is related to the increase in new AIDS cases<sup>1,2,4-6</sup>. As part of the young population, university students are considered a vulnerable group to countless health problems, in addition to the social scenario favoring exposure, with no specific health policy for the demands of this population segment, given that articulation between different governmental bodies, health services and universities is still precarious<sup>7</sup>.

Given the gap presented, there is a justified need for a reflection research study on the STI prevention policies that consider the University as an environment that should be involved in health promotion and disease prevention actions, from a cross-cultural perspective, taking into account the verification of vulnerability as a characteristic inherent to young university students<sup>8-10</sup>. In this way, the objective was to think, in the light of Madeleine Leininger's transcultural care theory<sup>11</sup>, about policies for the prevention of sexually transmitted infections, focusing on the young university student population.

## CONTENT

A total of 21 papers were selected among indexed manuscripts and (inter)national public health policies, without any *a priori* definition of a time frame, always adopting the latest edition/update, which comprised the synthesis of the scientific knowledge, presented in two categories: Public policies for STI prevention; and the role of the University in STI prevention actions from the perspective of Madeleine Leininger's cross-cultural theory.

### Public policies for STI prevention

Control of STIs is among the actions developed by the Unified Health System (*Sistema Único de Saúde*, SUS) service network, representing one of the objectives of the following: National AIDS/HIV Policy: Principles and Guidelines; Comprehensive Care to Women's Health Policy (*Política de Atenção Integral à Saúde da Mulher*, PNAISM); Comprehensive Care to Men's Health Policy (*Política de Atenção Integral à Saúde do Homem*, PNAISH); National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals; and National Policy for Comprehensive Health Care for Adolescents and Young People (*Política Nacional de Atenção Integral à Saúde de Adolescentes e Jovens*, PNASAJ)<sup>12-15</sup>. Thus, it is necessary to implement strategies and to contemplate different audiences, according to their peculiarities, such as risk and vulnerability groups like young people.

The policy for the control of STD/AIDS and Viral Hepatitis is essential for improving people's Quality of Life (QoL) and for achieving citizenship idealized by the Brazilian 1988 Federal Constitution, highlighting the educational strategy with a view to prevention and control of these infections, in addition to guaranteeing autonomy and dignity to the affected<sup>2</sup>.

It is noticed that the policy plans and executes actions at the most diverse complexity levels, with notorious diversity of the target population served. It is also important to emphasize the need for a policy to monitor individuals who already have an STI, from diagnosis to regular screening of the viral loads, for example. In addition, with regard to those who are not contaminated, measures to encourage prevention should always circulate through the population to reinforce the importance of preventive health care, with education as a potential strategy.

Thus, the policy does not only aim at direct and restricted interventions in the health field since, according to the strategies of the support and socialization network, social inclusion must also be ensured. In addition, the policy is in line with a broad, comprehensive and universal public commitment towards STIs.

Among the policies aimed at specific groups, in the field of "Women's Health", the Program for Comprehensive Women's Health Care (*Programa de Atenção Integral à Saúde da Mulher*, PAISM) was initially created in 1983, with an emphasis on family planning. Thus, the proposals for decentralization, hierarchization and regionalization of the services were incorporated as principles and guidelines, as well as care comprehensiveness and equality in a period during which, in parallel and within the Health Movement scope, the framework that would support formulation of the SUS was being conceived<sup>12</sup>. It is worth noting that the policies targeted at women's health were very important in the transformation of the health logic conceived by the country.

PNAISM was instituted in 2004, replacing PAISM, which resulted in the expansion of objectives redefining practices referring to women's health, including those related to broader access to rights and actions to prevent diseases in the sexual and reproductive spheres<sup>12</sup>. It is understood that this measure is based on the principles of the SUS, mainly on health care integrality, with a focus on the global needs presented by the users or groups.

Attention to the STIs is signaled in some of the specific objectives of the PNAISM: 1) To expand and qualify clinical and gynecological care, even for those with HIV infection and other STIs; 2) To promote, jointly with NP-STD/AIDS, prevention and control of STIs and HIV/AIDS infection in the female population; 3) To promote care for women and adolescents in situations of domestic and sexual violence; and 4) To promote health care for women in prison, including the promotion of actions to prevent and control STIs and HIV/AIDS infection in this population<sup>14</sup>. However, in addition to these, it is worth mentioning the identification of cultural factors related to gender relations, proposing recognition of social inequalities by health professionals.

With this, articulation between PNAISM and PNAISH was proposed, as they involve a "perspective of comprehensive care of both human dimensions: the individual and the relational, avoiding addressing only the peculiarities, isolating men or women"<sup>14</sup>. Consequently, it is also possible to ensure gender equality in health care, in addition to enabling positive cultural changes about the health and disease conceptions.

The general objective of PNAISH is to promote an improvement in men's health conditions, contributing to the reduction of morbidity and mortality, through rational coping with risk factors and facilitating access, actions and comprehensive health care service<sup>14</sup>. In other words, PNAISH basically presents the same strategies guaranteed to women's health, each one according to their peculiarities and needs.

The National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) has the general objective of promoting the integral health of the LGBT population, eliminating discrimination and institutional prejudice, as well as contributing to the reduction of inequalities and to consolidation of the SUS as a universal, comprehensive and equitable system. In the STI context, the specific objectives of this policy include the following: offering comprehensive care in the SUS service network for the LGBT population regarding STIs, especially in relation to HIV, AIDS and viral hepatitis, as well as guaranteeing their sexual and reproductive rights within the SUS scope<sup>15</sup>. Lack of knowledge about STIs and their forms of transmission can contribute to the encouragement of social exclusion practices, which, in turn, distances these users from the health system.

With regard to PNASAIJ, the institutionalization of a new perspective towards this population segment is noticed, as it presents a theoretical framework that stimulates reflection on new concepts, strategies and actions in the health promotion area. Their specific needs are considered, as well as the socioeconomic and cultural characteristics of the group to which they belong and the gender, race and religion differences<sup>13</sup>. Therefore, there is considerable complexity in relation to the population segment in question, justified by its own training stage, also implied by the sociocultural context in which it is inserted.

It is recommended that health actions aimed at this population are permeated by educational practices, from a participatory, emancipatory, multiprofessional and interdisciplinary perspective, aimed at care based on the principles of equality and citizenship<sup>13</sup>. Such being the case, the demand for integrated actions, equally complex and reinforced by education, is noticed; in order to reach them and meet their needs.

In this context, it is up to the health services to provide quality care and to develop educational actions that address sexual and reproductive health, contraceptive methods and condoms, offering easy access to specific contraception and family planning services for adolescents<sup>13</sup>. Thus, adolescents and young people are assisted in order to guarantee their citizenship, strengthen their sense of responsibility and promote (self-)care made possible by knowledge.

Finally, the following reflection arises: How can universities and other Higher Education Institutions contribute to the achievement of these policies, focusing on the sexual and reproductive health of young people, especially in view of STI prevention? In fact, it also becomes necessary to pay special attention to the peculiarities involved in the university context, which characterize these young individuals as belonging to a distinct social group marked by different vulnerabilities, in which men, women, the LGBT population and other social and cultural diversities interact.

### **The role of the University in STI prevention actions from the perspective of Madeleine Leininger's cross-cultural theory**

At the global level, an international cooperation effort is perceived, initiated at the end of the 80s<sup>16,17</sup>, which recognizes, in the university environment, real opportunities for actions aimed at young people, with the health-related effects included among the impacts generated. Facing the challenges and gaps to be overcome in the formulation and implementation of the Brazilian public policies regarding the approach to STIs, in different sociocultural groups<sup>18</sup>, this

relevant effort is recognized. In addition to that, the educational aspects comprise the influence network of the (self-)care actions adopted by a social group from the cross-cultural perspective<sup>11</sup>.

It is therefore emphasized that universities have an autonomy principle well-established by the constitution that allows them to develop health services<sup>17</sup>. To this end, (inter)nationally, they must implement teaching, health and well-being programs that cover a set of activities related to the physical, psycho-affective, spiritual and social development of students, teachers and administrative staff alike<sup>16,17</sup>. Therefore, the educational focus on health actions must be comprehensive, concentrating on the entire community that comprises the university, protagonists in the learning process, knowledge apprehension, change in Sexual Risk Behaviors (SRBs) and inspiration for contacts.

In Brazil, Law of Directives and Bases for National Education (*Lei de Diretrizes e Bases*, LDB) number 9,394/96, article 43, defines that Higher Education should stimulate cultural creation, development of a scientific spirit and reflective thinking<sup>19</sup>. In this way, in the different knowledge areas, the Higher Education level must train professionals capable of working in different sectors and of participating in continuous development of society, with the function of socially educating the citizen, regardless of their knowledge area<sup>10</sup>. It is noted that the role of the University is not limited to specific academic contents and compartmentalized by training courses, as it is capable of promoting social transformations with the competent dissemination of diversified knowledge.

In relation to sexual health, continuous acquisition of a set of multidimensional knowledge, preventive practices and correction of SRBs is required, aiming at the adoption of safe sexual practices. Such being the case, in the educational role of universities, actions must be included to prevent diseases and promote health among university students, as well as in the management of their predominant vulnerabilities, with special emphasis on STIs, in addition to being a body to promote execution and implementation of different public health policies, with a focus on STI prevention<sup>12-15</sup>.

A structured and functioning university policy, capable of promoting use of the health services provided by teaching centers, encourages the creation of a congruent (self-)care culture and a structural change among students in the construction of healthy lifestyles<sup>17</sup>. It is noticed that availability, educational actions, and encouragement from the educational institution itself turn it into another health reference option for these young individuals, in addition to strengthening (self-)care in an interchangeability process between the educational factors as a teaching institution and the political factors as an educational body<sup>11</sup>.

In the same sense, by investing in activities aimed at promoting health among young people, the University of Antioquia was successful in concluding that institutional political will and committed actors are key success factors to ensure continuity of the actions<sup>16</sup>. However, the institution and everyone who makes up that environment are required to have active participation, adherence to practices and changes in abusive and harmful SRBs, in favor of collective health.

In addition, health promotion can also be understood from the QoL perspective<sup>20</sup>. It is understood that young people arrive at the university environment with diverse knowledge permeated by common sense, and start being exposed to scientific knowledge. Thus, with the fusion of such diverse knowledge and in a critical-reflexive way, they start to conceive the existential reality from another perspective, without abandoning their personal beliefs and values, but also guided by science and its social, political, educational and cultural determinants.

In the context of STI prevention and management of health risk situations, a research study that aimed at describing the range of sexual health services offered by 885 colleges and universities in the United States evidenced that 70.6% of them reported having a health center. Of these centers, 73.0% offered services for the diagnosis and treatment of STIs and for contraception, in addition to provision of rapid tests, test collection points, distribution of condoms and vaccination<sup>21</sup>. Therefore, the potentialities universities have to meet the recurrent demand resulting from the approach to STIs among university students are verified.

However, possible challenges to be encountered must be addressed in an integrated context, as one problem can generate or worsen another, constituting a continuous construction and deconstruction process, with a view to the quality of the service provided. In this sense, in its educational process, the University does not model or standardize behaviors, but circumscribes them in a process of construction, reflection and appreciation of the lives of those who transit there daily, in different ways.

Thus, when rethinking strategies to make STI prevention policies feasible among young people, it is necessary to consider the cross-cultural perspective and its network of influences on (self-)care actions, in a holistic perspective of the university environment, which is influenced by a number of factors: technological; religious and philosophical; family

and social; cultural values, beliefs and ways of life; economic; educational; political and legal<sup>11</sup>, which are approaches of this research study. Therefore, the University presents a cultural influence factor, which can be discussed according to Madeleine Leininger's proposals about cross-cultural care and the potential to implement health-promoting actions, together with the current public policies.

In view of the reflection presented on the STI prevention policies, it is important that the University makes them viable among young people, as well as the relationship of cross-cultural and congruent care proposed by Leininger<sup>11</sup>, which occurs at three moments, emphasizing that the way of life and beliefs shared by the group imply decision-making and planning of how (self-)care actions will be carried out and continually reassessed, in the educational and political dimensions.

In this way, preservation/maintenance, the first form of care, constitutes the care measures already performed by an individual, family or group, which are beneficial or even ineffective for their health<sup>11</sup>. The University will have to identify and stimulate maintenance of safe sexual behaviors and strategies for STI prevention among young people. This reality will be justified by the knowledge about the theme acquired in the social contacts.

Accommodation/Negotiation refers to the actions and decisions to assist, support and facilitate that people from a particular culture adapt to or negotiate with professional health care providers<sup>11</sup>. It is expected that, with access to new and diverse information in the university context, it will become useful knowledge capable of modifying SRBs, from the understanding of the cross-cultural context, so that they recognize themselves as sexually vulnerable and learn to accommodate their sexual practices to negotiate their SRBs in order to control and reduce them, putting into practice the objectives of the public STI prevention policies<sup>12-15</sup>.

Young people need to be heard and encouraged to reflect on their behaviors and on the probable consequences. It is opportune for them to learn (self-)care to resolve their vulnerabilities and remodel their SRBs, transforming them into safe sexual behaviors, adopted and disseminated both inside and outside the university.

However, to achieve this objective, it is necessary to understand the factors that interfere in human sexuality, which is much discussed at this stage of life, where social, economic, biological, psychological, emotional and legal dimensions are highlighted and, in a certain way, cross-permeate the previous ones, the (cross-)cultural ones. These latter act as a mainstay to ground assertive public policies for this population segment. It is necessary to understand what young people think and how they behave in relation to sexuality, health, diseases and STIs; and, subsequently, to plan appropriate, culturally congruent and effective care strategies for those involved, as advocated by Madeleine Leininger in the Cross-cultural Theory.

## CONCLUSION

Public policies on STI prevention for the population in general are focused on the sexual and reproductive health of each social segment. This requires special attention to the peculiarities involved, such as the university students' context, permeated by vulnerabilities influenced by diverse knowledge and SRBs that predominate over the STI preventive practices.

It is necessary to create a service model that includes the University in the health actions, based on scientific research, of universal access, with a view to disease prevention and health promotion concerning the reality faced in the institutions and by each segment of the student population, focusing on STI prevention due to the growing epidemiological panorama corresponding to culturally congruent care measures.

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