OPINIONS ABOUT THE USE OF THE FEMALE CONDOM AMONG NURSING STUDENTS AT A PRIVATE UNIVERSITY IN THE MUNICIPALITY OF SÃO PAULO

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INTRODUCTION

The early onset of sexual life among women contributes in relative parameters to the increase in risks related to abortion and Sexually Transmitted Infections (STIs). Therefore, in addition to preventing STIs, female condoms reduce the rates of unwanted pregnancies (1).

The female condom, also known as the female condom, came to Brazil in the mid-1990s, the device brought expectations in serving as a means of preventing Sexually Transmitted Infections (STIs) and for its contraceptive potential. It began to be sold in 1997 after approval by the National Health Surveillance Agency (ANVISA) and in the following year of 1998 the Municipal Health Department of São Vicente together with the Ministry of Health (MS) started offering it to state health networks (2).

The device is made of polyurethane material and falls into the category of barrier contraception methods, as it prevents semen from contacting the vagina, thus reducing pregnancy rates, when unwanted, and STIs (3-4).

However, they may present variations in their shapes, but they are correlated in some components such as: a sheath that covers the vagina, an internal retention mechanism that allows the condom to stay inside the vagina, another on the outside that prevents intussusception and finally, an internal material that will allow the condom to be inserted more easily (3).

This device can be inserted into the vagina a few hours before sexual intercourse and remain in the vagina after ejaculation, thus providing a protective barrier between the penis, the cervix, the vagina and parts of the exterior of the female genitalia (5).

This way, the female condom aims to promote female autonomy in sexual relations and contributes to the couple’s intimacy, thus providing “safe sex”. Negative indices coming from the partner are notorious, a taboo that still prevails due to society, which enhances the asymmetry of gender relations, thus generating friction with their partners regarding the use of contraception methods, causing submission to unsafe practices and the state of vulnerability of women (2).

Given these facts, studies raise questions from couples who demonstrate negative points with the use of condoms, with reports that they interfere with sexual satisfaction due to several factors, reducing the rates of use of this method (4).

Based on the above, we understand that in addition to preventing STIs and unplanned pregnancies, contraception serves as an intervention in public health, therefore, its provision must be free and universal (6). So that there is breadth in the reach correlated to the offer of the device to the female population.

Contraception methods, including the condom when used correctly, significantly reduce maternal and infant mortality rates (7). In the case of the female condom (female condom), when used properly it becomes an effective contraception, as studies show that pregnancy rates in women who use this method in the first year of use are two pregnancies for every 100 women, totaling around 98% effectiveness (8).

However, not using a condom during sexual intercourse or using it incorrectly increases pregnancy rates, from two to 18 out of every 100 women in the first year of condom use (8).

There are some factors that promote contamination, such as when the sexual act takes place without using the device, if the device breaks during sexual activity or if occurs contact with places where the condom is not protecting, which could cause contamination (9).

In a way, the population that is most
exposed to STIs are groups of young people, especially when they enter university, due to unsafe sexual practices without the use of condoms and with many partners, which are heightened when they are under the influence of narcotics, alcoholic beverages, when they do not receive health education or there is no dialogue on the subject, which contributes to this group being more exposed to contracting the disease (9).

Among these groups of young people with different peculiarities, some studies report that young university women stand out, presenting chances of 15% to 25% in infection with STIs with each new partnership (10). Furthermore, the proportion of young people between 15 and 24 years old who are sexually active and who have not or have never had a gynecological examination are alarming.

Such factors are related to myths, taboos, beliefs and difficulties, as well as the practice and/or negotiation of the use of the device that these young women face, which are enhanced by the opinions they have about the condom. In view of this, it is extremely important that health professionals, including nursing, know the care practices related to sexual health adopted by young women, so that professionals can develop strategies for organizing and accepting services (10).

Therefore, it is important that women seeking contraceptive assistance speak to the multidisciplinary team and are listened to and welcomed before accessing the methods (1), including the condom, as it is the state's duty to offer family planning services, which is a fundamental part of the set of care actions for women, men or couples, within a vision of global and comprehensive health care (11-12).

Given the above, the following question arose: What is the level of knowledge about the female condom among students on a Nursing Course? Do they know this method and know how to guide other women? What are their opinions about the female condom?

Therefore, this study’s main focus is to understand the opinions of students from a private college in São Paulo on the nursing course on the use of the female condom, as during my Public Health and Cancer Prevention classes focused on women’s health, I realized that young university students encounter apprehension, fear and diverse opinions when using the female contraception device.

**OBJECTIVE**

Identify the opinions of students from a graduation of Nursing Course on the use of the Female Condom.

**CASUISTRY AND METHOD**

**TYPE OF RESEARCH**

This is a cross-sectional and prospective study. The cross-sectional study aims to observe, in a sample, the relationships between factors that correspond to the expected result and factors that may be related to them (13). The prospective study is designed in the present with the purpose of enabling a determined follow-up, in relation to the research object (14).

**POPULATION/SAMPLE**

The research was developed with women students of an undergraduate nursing course from the 1st to 8th semesters of a private institution in the city of São Paulo.

The population sample met the following inclusion criteria:

- Students who were regularly enrolled in the nursing course at the Faculty of Medical Sciences of Santa Casa de São Paulo (FCMSCSP), with age ≥18 years, with experience with the female condom and that they were willing to participate in this study.
- Acceptance of the Informed Consent Form and completion of the questionnaire, after approval by the Scientific Commission of Nursing, Course Management and Ethics and Research Committee.

**RESEARCH LOCATION**

The research took place using an online data collection instrument, which was made available via institutional email to the university students.

**RESEARCH INSTRUMENT**

The data collection instrument consisted of a questionnaire (Appendix I), online, made available via institutional email, after approval by the Scientific Nursing Committee and the Committee of Ethics and Research and reading and acceptance of the Free and Informed Consent Form (Appendix II), which was also made available online, which in turn was prepared by the researchers, with objective questions in order to meet the proposed objectives.

This questionnaire, created by the Google Form platform, was used to collect and tabulate data regarding opinions on the use of female condoms.

Therefore, the group described had access to the questions and could choose the answer that best represented them. The data collection instrument was made available in such a way that it was completed completely anonymously, in order to preserve the ethics and privacy of the participant.

**DATA COLLECTION**

Data were collected only after approval from the Nursing Scientific Committee and obtaining authorization from the Nursing Director of the Faculty of Medical Sciences of `Santa Casa de São Paulo` and after the project has been approved by the Ethics and Research Committee, opinion, number: 6,026,852, CAAE: 68531323.5.0000.5479.

Data collection was carried out from May to the first week of June 2023.

We sent an invitation to participate via institutional email with instructions for filling out the form and guidelines regarding the research and its objectives, and when they agreed to participate spontaneously, they signed the Free and Informed Consent Form (Appendix II).

**DATA ANALYSIS**

After obtaining the data, they were distributed in the Excel program to be tabulated and presented in the form of graphs and tables for subsequent analysis.

**RESULT AND DISCUSSION**

The results from this study, they were presented in two parts.

The first refers to the characteristics of the population sample, represented by 51 women who were willing to answer the form. These variables were presented in 3 tables, related to age group, marital status, profession, beginning of sexual activity, number of sexual partners, number of children.

The second contains results about the acceptability of the female condom, with closed questions on the form, represented by tables and graphs, the latter being analyzed separately.

**POPULATION CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Age Group (in years)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>21-23</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>24-29</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>30-32</td>
<td>3</td>
<td>06</td>
</tr>
<tr>
<td>35-40</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>46 and over</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>51</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1 - Age Group of university students who participated in the study on the opinions of the female condom. São Paulo, 2023
In table 1, it can be seen that the prevalent age group was 21 to 23 years old, with a percentage of 35%, not far from the age group of 18 to 20 years old, which reached a percentage of 31%.

This fact was also noticeable in another study carried out in the city of São Paulo, which states that the average age of young people (men and women) who started their sexual life was 20.8 years old, within this, the average age of young women who started their sexual life was 16 years old. Therefore, a younger population, with early sexual activity (15).

Regarding marital status represented in Table 2, 69% were single and only 24% were married. However, married women have the lowest rate of condom use, even if their stable sexual partners are thought to have other relationships, due to the difficulties in negotiating condom use (15).

Similarly, in another survey carried out with young Brazilian women, the use of condoms in the last relationship was 38.8%. Even with high levels of education compared to other socioeconomic groups, university women have a low prevalence of condom use. Even though they have knowledge about sexually transmitted infections (16).

Regarding the degree of satisfaction with the female condom, the sample reveals that 78% of university students were unable to respond, 16% said they did not like it, 4% considered it good and only 2% considered it very good.

Assessing the degree of satisfaction of university students regarding the use of female condoms impacts the promotion of sexual and reproductive health. As contraceptive options evolve, understanding young college women's perspectives on the female condom is critical. Empirical studies shed light on the factors that shape acceptance, perception of effectiveness and use of the method, therefore, the study by Felisbino-Mendes et al. (2021) investigated these perceptions, contributing significantly to the understanding of this

FEMALE CONDOM ACCEPTABILITY

<table>
<thead>
<tr>
<th>Degree of Satisfaction</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Good</td>
<td>02</td>
<td>4</td>
</tr>
<tr>
<td>Very good</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I didn't like it</td>
<td>08</td>
<td>16</td>
</tr>
<tr>
<td>I don't know how to say about it</td>
<td>40</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4: Level of satisfaction of university students at a university in the city of São Paulo. São Paulo, 2023.
method, since only 16% of the sample reported not liking using condoms. These findings not only enrich the knowledge base but also inform sexual health practices for the youth population (20).

When asked “Do you know the female condom?” 100% of the sample, made up of 51 women, answered “YES”, demonstrating their knowledge about the female condom. While, in the study carried out in a high school in the interior of northeastern Brazil, they demonstrate that 92.6% of adolescents know and have had contact with the male condom, however, only 62.8% have had contact with and know about the female condom (21). Such disparity in knowledge about condoms indicates the need to strengthen public policies regarding the sexual health of young people and adolescents. Furthermore, in the study by Martins (2023), it is clear regarding accessibility and barriers that the search for condoms is through curiosity and acquired in basic health units, with the biggest challenge being the difficulty of insertion (22). This finding is consistent with the sample of this study, highlighting the biggest barrier to adherence, the difficulty in handling the device.

Through the graph, it can be seen that of this study sample, 84% of women have never used the Condom and only 16% have or are using it. When we break down this data, we can understand the factors that affect adherence to the female condom.

The difficulty of handling, inserting and removing the device increases the negative adherence rate, since the doubts that permeate the management of condoms reflect on their search and use by women. In addition to these aspects, the difficulty of adopting condoms as a habitual device is associated with other factors that include their partners, placing this group in a state of vulnerability and exposure to the Human Papilloma Virus (HPV), among other STIs (23).

Academic literature has highlighted that the difficulty in handling, inserting and removing the female condom can impact the acceptance and consistent use of this contraceptive method. Studies indicate that some women report complications during insertion, such as difficulty in correctly positioning the condom and discomfort during sexual intercourse.

In general, through the consensus of the sample, represented by 51% of women, they indicate that sexual activity began at age 18. At the same time, the study by Roteli-Martins et. al (2007), this pattern of sexual intercourse was observed in this research regarding the age of initiation of sexual activity and its association with the age of women with HPV infection, in which the profile of women initiated sexual activity on average, at 18 years old. While in studies, 23% of women reported having sex at the age of 15 or younger, with 76% reporting the beginning of sexual activity between 14 and 20 years old (23).

The age at which sexual activity begins among university students provides an understanding of sexual behaviors and sexual health in this population, and can vary considerably, influenced by cultural,

Graph 4: Opinions about the advantages and ease of using Condom. São Paulo, 2023.
socioeconomic and educational factors.

This evidence indicates that sexual activities tend to begin in adolescence and transition into adulthood, so that sexual education during school life implements sexual safety measures, preventing violence and STIs.

By offering comprehensive information about anatomy and contraceptive methods, sexual education programs empower young people to make decisions regarding their sexual health, helping them to become sexually healthy and aware individuals. Furthermore, by addressing consent and communication, they work to prevent situations of violence and sexual abuse.

It is observed that the sample indicates that the facilities involved in the use of condoms, 59% do not know the facilities and advantages but are interested in using it, 27% understand that a condom is a method that, in addition to preventing unwanted pregnancy, also serves to protect against STIs, 22% understand that the condom is a method that guarantees autonomy for women.

On the other hand, even though these advantages are recognized by university students, many challenges permeate the use of the female condom, among which are low dissemination, with women who are unaware of this form of prevention and lack of distribution in basic health units. At the same time, the male condom has greater marketing coverage, guidelines and social adherence. Therefore, the non-existence of gender transversality in this bias becomes evident (26). The female condom has benefits such as practicality in use, the possibility of insertion hours before sexual intercourse, freedom to make decisions and helps to reduce vaginal lubrication during menopause.

However, there are a significant number of young people who do not use condoms with steady or casual partners, exposing themselves to the risk of pregnancy and STIs.

In this context, sexual education is timely and acts to reduce harm and risk behaviors (27). Harm reduction is fundamental to building an effective standard of sexual health and minimizing STI rates in the country. It is noteworthy that young people with low education have a higher tendency to engage in risky behavior when compared to young people with higher education.

The sample sheds light on the difficulties and disadvantages linked to the use of the female condom, such that handling (57%), difficulty in insertion (42%), discomfort and noise during sexual intercourse (16%) and not condom use (16%) are the most reported obstacles to adherence to the method. The disadvantages are consistent with the challenges faced in managing the female Condom.

The implementation of the female condom as a contraceptive method can generate, for some women, practical challenges that affect adherence and effectiveness. One of the
commonly reported obstacles is proper device insertion and uncomfortable sensations. Therefore, proper placement of the condom requires familiarity with the anatomy and technique involved, as it must be positioned in the vaginal cavity appropriately to maximize its effectiveness during sexual activity, requiring coordination and sensitivity to ensure that the condom remains in place.

Overcoming these challenges requires comprehensive sexuality education. Nurses play a crucial role in promoting sexual and reproductive health, sharing reliable information and reducing harm associated with risky behaviors present in social dynamics.

Inexperience, anxiety and little skill in handling the device tend to reinforce low adherence to the method. However, it is worth highlighting that the lack of dissemination, guidance on the use and promotion of different contraceptive methods, in addition to the fact that only one in four Brazilian women use condoms, and the limited choice between alternatives may be due to socioeconomic conditions (28).

There are gaps to be filled in public policies, given that the last programmatic strategies that considered the sexual and reproductive health of Brazilian women were through Ordinance No. 2,234/18, which establishes the Agenda More Access, Care, Information and Respect for the Health of Women Who has the general objective of expanding and strengthening attention to women’s sexual and reproductive health, in all life cycles, with or without disabilities, and the inclusion of strategic actions that involve men in their reproductive and sexual trajectory, aiming to reduce of injuries (29).

The study by Cruzeiro (2010) highlights the characteristics of nursing students at a higher education institution, related to care for their sexual and reproductive health. The results indicate a deficit in self-care and the adoption of risky behaviors by university students (30).

However, due to the chosen course and the contact with sexual education throughout the course, it is expected that there will be a significant minimization of risk behaviors, however the study demonstrates that in this context, it is important to raise awareness regarding the risks that unprotected sexual intercourse offers, and consequently, the resumption of self-care (30).

The reasons that lead university students to stop using the female condom are related to the difficulty in handling the method (insertion and removal) 57% and the difficulty in inserting the condom (41%). Notoriously, the difficulties reported, such as handling, by students reflect on the interruption of the use of this method.

It is worth noting that there are factors
inherent to the way condoms are inserted, such as cultural and financial dynamics, but which impact the search for and cessation of condom use. Since, the group with the highest incidence of lack of condom use are individuals with consolidated relationships. Although most women have access to information and knowledge about the importance of sexual protection, studies indicate that more than half do not use condoms in their sexual relations, which is enhanced when they are in a relationship with a stable partner (31, 32).

The demand for and adherence to the female condom increases significantly after the implementation of sexual education strategies, promoting adequate use and female autonomy in sexual and reproductive health (33, 34).

**CONCLUSION**

The present study concluded that the majority belonged to the age group between 18 and 23 years old (67%); single (69%), without children (80%). As for opinions, regarding the degree of satisfaction with the female condom, the sample revealed that 78% of university students were unable to answer and 16% mentioned the dissatisfaction with the condom and with regard to knowledge about the 100% method knew the method, however, 84% they didn't use it, which makes it difficult, as future nurses, to guide other women.

It is noted that among the criteria for using absence stood out of side effects (28%) and comfort for the couple (22%). However, the difficulties and disadvantages that permeated handling (57%), and difficulty with insertion (42%), discomfort and noise during sexual intercourse (16%) and not using a condom (16%), they were most reported obstacles.

It was verified that opinions about female condoms were associated with university students’ perceptions, level of knowledge, social context and adherence to the method. The facilities were to be an alternative contraceptive and preventive method for STIs; in addition to providing freedom and autonomy of choice for sexual intercourse.

All these singularities reflect on adherence, since only 16% of university students used the female condom.

Women’s precarious knowledge about female reproductive anatomy and physiology affects in the experience of sexual orientation, choice and use of contraceptive methods, in the assessment of their coexistence and efficiency. Therefore, the relationships between choice of contraceptive method used, prevalence of interruption and social dynamics are complex and multifaceted. Considering these determinants is relevant for the development of sexual and reproductive health policies and programs that meet the diverse needs of women and increase popular knowledge about the female condom.

There is a significant interaction between the type of contraceptive method adopted by the woman and the socioeconomic situation. The choice is a reflection not only of individual preferences, but also the sum of factors such as access, availability and financial resources. Therefore, the different socioeconomic levels imply different barriers in the search, use and interruption of contraceptive methods. Therefore, women in less favored contexts tend to use traditional methods, such as combined oral contraceptives, or even less efficient ones. On the other hand, when in higher financial conditions, contraceptive availability and options increase, as they have the possibility of opting for more effective, costly and long-term methods, such as the intrauterine device (IUD).

It is understood that this research seeks to contribute from the perspectives of university students, with an understanding of the facilities and challenges that permeate
the search and use of the female condom; so that the results obtained reverberate in the awakening of interest in new studies on the subject so that a deeper analysis of the variables is made possible relating knowledge with practice. The results observed contribute to the planning of actions aimed at women's health, increasing their quality of life.

From this sample, the number of university students who used the female condom, their facilities and difficulties experienced, provide an assessment of the health determinants involved in choosing the contraceptive method.

It is argued that nurses must be part of educational strategies and discussions for interprofessional approaches, so that the condom effectively achieves greater social acceptability.

**FINAL CONSIDERATIONS**

Nursing is essential for technical guidance, clarifying doubts and ensuring that women are safe to use the method with freedom and autonomy. Furthermore, to provide alternatives and the combination of other contraceptive methods to meet the demands of these women. Although different sexual and reproductive health policies have been implemented in order to increase the quality of health care, it is noted that there is still a lot to improve to cover the guidelines for sexual and reproductive rights recommended by the SUS (Unified Health System).

The disadvantages are consistent with the challenges faced in managing the female condom. However, as a safe and disposable device, it allows for more autonomy and protection for female in sexual activities. This analysis facilitates nursing work, so the use of the female condom must be analyzed in this context.

It is worth noting that eight contraceptive methods are available free of charge in the country; but the female condom is still little used. However, even with the dissemination of the advantages of this use, condoms remain the most sought after. In this context, the partner's opinion was fundamental for the search for and discontinuation of the female condom, and it is important that the subjective factors that encompass the choice of method are conducted with a focus on health promotion and adherence to condoms (35).

Sexual health is inseparable from health determinants, such as socioeconomic conditions, education, race and color; Since individuals have different social realities, it is essential to carry out approaches that also consider environmental and cultural aspects. However, women's health promotion strategies are more focused on the pregnancy-puerperal cycle and cancer screening, with little male involvement in this awareness. However, approaches must be expanded to other aspects that cover sexual and reproductive health at different stages of the life cycle and to promote male participation and co-responsibility (35).

There are several contraceptive possibilities recommended for planning sexual and reproductive issues; and prevention of risky sexual behaviors. However, in practice, all these options are not available for easy access by women. Access, monitoring and efficient guidance on these methods have a profound impact on social behavior related to sexual and reproductive education, positively reflecting on women's quality of life and health promotion.

The nurses, while agents capable of promoting changes in social axes, are responsible for prevention, promotion and health recovery actions, working in health education, family planning and raising awareness about STIs. Therefore, it is crucial that they are familiar with contraceptive methods, especially the female condom,
so that they can increase the search and provide this way of preserving sexual and reproductive health. However, they are able to manage the barriers regarding accessibility and availability of condoms in health services and the associated challenges to the technique insertion.

Therefore, for success to be achieved, it is essential to raise awareness among nurses about the singularities covering the choice of contraceptive method, so that action from a female perspective is effective in promoting women’s health, ensuring that sexual and reproductive rights are covered.

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Kalckmann Suzana. Preservativo feminino e dupla proteção: desafios para os serviços especializados de atenção às DSTs e Aids. Temas psicol. [Internet]. 2013 [citado 30 ago 2023];213:1157. Disponível em: http://dx.doi.org/10.9788/TP2013.3-EE18PT.
APPENDIX I: QUESTIONNAIRE

A) SOCIODEMOGRAPHIC DATA

1) Age years

   () single () widow () separated/divorced

3) Do you have a steady partner?
   () yes () no

4) Do you have children?
   () No () Yes. How many? _______

5) Beginning of sexual activity: _____ years

B) DATA RELATED TO THE CONTRACEPTIONAL METHOD

1) Do you know the female condom?
   () Yes () No

2) Have you used it?
   () Yes () No

3) How satisfied are you with having used the female condom?
   () Very Good () Good () I didn’t like it () I can’t say

4) What were the facilities and advantages found?
   () To put on the condom.
   () Absence of side effects.
   () Comfort, for the couple
   () It is an alternative method that protects against pregnancy and STIs
   () It does not interfere with the pleasure of sexual intercourse.
   () It allows more time with your partner after ejaculation.
   () It is more comfortable than the male condom.
   () It can be used in the seduction game.
   () It is the method that offers power and control (autonomy) to women.
   () It provides greater freedom and opportunity to discuss aspects of sexuality and contraception.
   () Other issues: ____________________________

5. What are the difficulties and disadvantages with using the female condom?
   () Condom handling (insertion and removal)
   () Refusal from the partner.
   () I do not reuse the method, as it is disposable.
   () It requires partner approval.
6. What are the reasons for discontinuing the use of female condoms?

- Interference with aesthetics.
- Lack of cooperation from the partner.
- Lack of pleasure.
- Slightly higher cost compared to the male condom.
- Method displacement during the relationship.
- Difficulty handling the method.
- I have never used it

Other issues: ____________________________________________________

APPENDIX II - FREE AND INFORMED CONSENT FORM

Dear Participant:

We would like to invite you to voluntarily participate in the research entitled “Opinions on the use of the female condom among nursing students at a private college in the city of São Paulo” which refers to a course completion work project by academic Brenda Ashley Nascimento Araújo, under the guidance of Prof. Dr. Gislaine Eiko Kuahara Camiá, professor of the Nursing Course at the Faculty of Medical Sciences of ‘Santa Casa de São Paulo’.

This study aims to identify the knowledge of students in a graduation of Nursing Course about the use of the Female Condom, ascertain their opinions about this method and identify its frequency of use.

Your form of participation will consist of answering the quiz, composed of questions about prevention methods, sexual practices and a question related to the academic period during which you are studying your degree.

This study will help us understand the reasons for the low acceptability of the use of female condoms among university students, even though it is a worldwide known method.

Your name will not be used at any stage of the research, which guarantees your anonymity, and the results will be published in a way that does not identify the volunteers.

You will not be charged anything, there will be no expenses and no reimbursements or compensation are expected, as the study only involves answering the questionnaire and no procedures or interventions will be carried out on you.

Considering that all research offers some type of risk, in this research the risk could be possible loss of data confidentiality and embarrassment when asked a question.

We would like to clarify that your participation is voluntary and that you can refuse to participate or withdraw your consent, or even discontinue your participation if you prefer, without any penalty or without prejudice to your care.

If you voluntarily agree to participate in the study, you will keep a copy of this Informed Consent Form.
At any stage of the study, you will have access to the professionals responsible for the research to clarify any doubts. The main researcher is Profª. Dr. Gislaine Eiko Kuahara Camiá who can be found at Rua Dr. Cesário Mota Júnior, 61 - Telephone (11) 33677798 Extension 7799, in the Nursing Course at the Faculty of Medical Sciences of ‘‘Santa Casa de São Paulo’’, Vila Buarque, zip code: 01.221-010 – E-mail gislaine.camia@fcmsantacasasp.edu.br, cell phone: 996003449

If you have any considerations or questions about research ethics, please contact the Research Ethics Committee (CEP) – Rua Marquês de Itu, 381 (4th floor), Vila Buarque, São Paulo / SP, zip code: 01223- 001, telephone number: (11) 2176-7000, extension number: 1817, email:cepsc@santacasasp.org.br.

We thank you in advance for your attention and participation and remain at your disposal for further information. I believe that I have been sufficiently informed regarding the information that I read or that was read to me, describing the study “Opinions on the use of the female condom among nursing students at a private college in the Municipality of São Paulo”.

I discussed with student Brenda Ashley Nascimento Araújo about my decision to participate in this study. It was clear to me what the purposes of the study were, the procedures to be carried out, the discomforts and risks, the guarantees of confidentiality and permanent clarifications. It was also made clear that my participation is free of charge and that I am guaranteed access to hospital treatment when necessary. I voluntarily agree to participate in the study and that I may withdraw my consent at any time, before or during it, without penalty or harm or loss of any benefit I may have acquired, or in my attendance at this service.

APPENDIX III - OPINION OF THE ETHICS AND RESEARCH COMMITTEE

``SANTA CASA DE MISERICÓRDIA DE SÃO PAULO`` - ISCMSP

CONSUBSTANTIATED OPINION OF THE CEP
RESEARCH PROJECT DATA
Search Title: OPINIONS ABOUT THE USE OF THE FEMALE CONDOM AMONG NURSING STUDENTS AT A PRIVATE COLLEGE IN THE MUNICIPALITY OF SÃO PAULO.
Researcher: Gislaine Eiko Kuahara Camiá

Thematic Area:
Version:1
CAAE:68531323.5.0000.5479
Proposing Institution: ``SANTA CASA DA MISERICÓRDIA DE SÃO PAULO``
Main Sponsor: Own Financing
OPINION DATA
Opinion Number: 6,026,852

Project presentation:
Describe the knowledge of students in a Nursing Course about the use of Condom Feminine; Identify the use and opinions of students about this method. METHOD: The study will be cross-sectional, which aims to observe in a sample. The research will be developed with female nursing students from the 1st to the 8th semesters.

A Population sample will comply with the following inclusion criteria: students who are regularly enrolled in the private institution aged equal to or over 18 years old, who uses and/or has used or not used the female condom and who agree to participate in this study, for this purpose, a data collection instrument prepared by the student herself, with concrete questions in order to meet the proposed objectives.

The form will be used to collect data and tabulate them, regarding opinions on condom of feminine use. Therefore, the group described will have access to the questions and will be able to choose the answer that best represents them. It will be used digital platforms, to invite future participants to fill out the form, however, only after approval by the Committee of Ethics and Research and signing the Free and Informed Consent Form.

RESULTS
It is expected that students in the nurses know the female condom, as well as its use and purpose, as a contraceptive method and prevention of STIs and that their opinions are positive about it, for greater adherence by users of health services, as it is a double protection method.

Research Objective:
1 OBJECTIVES
• To identify the knowledge of students in an undergraduate Nursing Course about the use of the Female Condom and investigate their opinions about this method.
• Identify the use of this method among university students. Sample Size in Brazil: 300

Assessment of Risks and Benefits:
Scratches:
Possible loss of data confidentiality. Benefits:
Verify opinions on the use of the female condom by students of a Nursing Course at a private College in the city of São Paulo.

The present study will serve to expand knowledge and use of this method among women.

Comments and Considerations about the Research:

STUDY PLACE
A research will take place at the educational institution with students from the Nursing Course by completing the collection questionnaire of data, prepared by the student and which will be offered by email, after approval by all ethical bodies. 3.2- INSTRUMENT OF RESEARCH - The research instrument will be a Data Collection Questionnaire (Annex 2), offered via email (Annex 1), which will be applied individually after reading and accepting the free and informed
consent form (Annex 3) which will be made available online, this in turn, was prepared by the student herself, with objective questions to meet the proposed objectives. This questionnaire will be used to collect data and tabulate them, regarding opinions on condom of feminine use. Therefore, the group described will have access to the questions and will be able to choose the answer that best represents them. It will be used in digital platforms, to call future participants and fill out the questionnaire, however, it will be made available so that its completion is completely anonymous, in order to preserve the ethics and privacy of the participant.

**Considerations about Mandatory Submission Terms:**
The terms are correct.

**Recommendations:**
No additional recommendations.

**Conclusions or pending issues and list of inadequacies:**
No pending issues.

**Final Considerations at the discretion of the ethics and research committee:**
This opinion was prepared based on the documents listed below:

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**Status of the Opinion:**
Approved

**It requires CONEP Appraisal:**
No

SAO PAULO,
April 27, 2023

Signed by:
Vera Lúcia dos Santos Alves (Coordinator)
APPENDIX IV - LETTER OF APPROVAL FROM THE SCIENTIFIC COMMITTEE

Scientific committee of the nursing course (FCMSCSP)
Project Title: Opinions on the use of female condoms among students at a private college in the city of São Paulo.
Main researcher: Brenda Ashley Nascimento Araújo
Advisor Professor: Dr. Gislain Eiko Kuahara Carniá

The scientific committee of the Nursing course at the faculty of medical sciences at "Santa Casa de São Paulo" evaluated the aforementioned project from a scientific and methodological point of view and presented the following.

Conclusion:
(x) approved
() not approved

In the case of approval by the department head and if the research involves any of the conditions below, the project must necessarily meet the following needs:

() It involves Brazilian biodiversity and must be registered in SISGEN
() It involves animal experimentation and must be sent to CEUA
() It involves human beings and must be sent to the ethics and research committee
() It involves transgenic animals, plasmids or primary cell culture and must be sent to the internal biosafety committee
() It involves students, professors or employees of FCMSCSP, as research individuals, and must present authorization from the course board, or college board
() Not applicable

Final considerations

São Paulo, September 12, 2022

Professor, Dr. Lívia Keismanas de Avila
Director of the nursing course
(FCMSCSP)