Current Situation and Influencing Factors of Rural Women's Sexual Health in Central and Latin America

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Abstract

The purpose of this study was to understand rural women's awareness and mastery of sexual health, and to make substantive recommendations for the formulation of relevant policies and interventions. In rural areas, women's awareness of sexual health knowledge is low, lack of necessary awareness of prevention, there are certain health risks. Therefore, this study analyzes the current situation of rural women's sexual health in China and Latin American countries, and explores the differences in the knowledge level of rural women's sexual health in different backgrounds. The influence of different factors on their cognitive level was analyzed, including socio-economic factors, educational factors and media factors. Through in-depth analysis, it is helpful to provide relevant substantive suggestions for both sides to better improve the quality of life and health of rural women.

Keywords

Chinese rural women; Rural women in Latin American countries; Status of sexual health; Socio-economic factors; Educational factor.

1. Introduction

With the vigorous development of rural economy and social progress, the humanistic care for rural areas has become increasingly important, and the health of rural women has gradually received the attention of the whole society. Through the survey of rural women's knowledge of sexual health, it is possible to understand the extent of their awareness of their own health and the existing problems and gaps. At the same time, it can also provide basis and reference for formulating related policies and carrying out health education.

2. Status of Rural Women's Sexual Health

2.1. Current situation of rural women's sexual health in China

In China, the sexual health of rural women has been a concern. Over the past decades, many scholars and researchers have conducted in-depth investigations and studies on the sexual health status of rural women. These studies focused on the current situation of rural women with regard to sexual health knowledge, sexual health behaviour and access to sexual health services.

Zhang Zuyang and others surveyed 500 left-behind women in Hongzhou and Lincang cities in Yunnan province, and the results showed that the awareness rate of AIDS among left-behind women was 71.0 percent. However, the rates of condom use were 20.7 percent for casual sex and 58.3 percent for commercial sex. In Yunnan Province, left-behind rural women in areas with high prevalence of HIV/AIDS have higher awareness of HIV/AIDS, but a higher proportion of multiple sexual partners and a lower use of condoms. [2]

In Xiqiao Town, Foshan City, Guangdong Province, Jian Minting and others investigated 1295 married women of childbearing age, and the results showed that the unmarried pregnancy rate

was as high as 32.43%, and the women with low education level had a higher unmarried pregnancy rate. Among them, 62.38% were married because of pregnancy, and 14.29% were induced abortions before marriage. [3]

The main problem of rural women's sexual health in China is the scarcity of resources, the lack of overall medical staff in rural areas and the lack of quality, and the lack of drug resources. Women seeking help with sexual health problems often face a lack of doctors or inability of medical staff to address the problem, leading to delayed sexual health problems and worsening conditions.The lack of drug resources will cause rural women to have no drugs to treat or too few drugs to cure the disease. Women of all ages face different sexual health issues that cannot be met by medical resources.

2.2. Status of rural women's health in Latin American countries

Latin American countries (this article refers to the Spanish as the official language of Latin American countries) are developing countries, medical security and medical resources are relatively scarce. Therefore, the current situation of women's health in Latin American countries has always been the focus of the research field. Women's health in these Latin American countries faces some common challenges and issues.

According to a report released by the Pan American Health Organization/World Health Organization (OPS/OMS), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), Latin America and the Caribbean region has the second highest rate of teenage pregnancy in the world. The estimated number of births per 1,000 girls aged 15 to 19 years is 66.5, second only to sub-Saharan Africa. It is the only region in the world where teenage pregnancies under the age of 15 are on the rise. It is estimated that 15.5% of all pregnancies in the region each year occur in adolescents under the age of 20, and 2 million children are born to mothers aged 15 to 19.

In Mexico, M.A. Cancela-Ramos and others surveyed 89 women about their knowledge of female breast self-examination (AEM). 30.3% of women graduated from high school, followed by 19.1% from primary school, 17.9% from secondary school, and only 6.7% had a bachelor's degree. 4.5% of the population has no education. The results of the survey showed that only 83.0% of women said they were aware of the technology and 17.0% said they were not aware of the technology. In Colombia, according to data from the 2015 National Demographic and Health Survey (ENDS), there is a 6 percentage point difference in the proportion of pregnancies among women aged 13 to 19 in urban areas (12.2 percent) and rural areas (18.6 percent).In terms of access to comprehensive sexuality education, there is a 9 percentage point difference between women in urban areas (36.7 per cent) and rural areas (46.0 per cent) who need more information and education related to sexuality in the same age group.It is worth mentioning that cervical cancer is one of the three cancers that cause the highest death rate among Colombian women. In 2012, the government pushed ahead with the human papillomavirus (HPV) vaccination program, which has proven to be one of the best in Latin America. However, Colombia has one of the lowest rates of HPV vaccination.

2.3. Summary

There are some similarities between the status quo of rural women's sexual health in Latin American countries and China. For example, the imbalance of medical resources is a common topic in the health situation of rural women. As a result, rural women may not receive timely and effective diagnosis and treatment when they face health problems. In rural areas in many countries, limited educational resources and the lack of access to comprehensive health education for many women means that their awareness and understanding of women's health issues is relatively low. This is the main reason for the high rate of unmarried pregnancies among rural women, the high rate of teenage pregnancies and the high rate of outbreaks of related female and sexual diseases but the low awareness of them.

3. Analysis of Common Factors

3.1. Socio-economic factors

The economic situation in rural areas is usually relatively poor, the medical and health conditions in rural areas lag behind, the lack of modern medical facilities and professional medical personnel, and the lack of resources for health science education. As a result, rural women have difficulties in accessing sexual health information and services, may not have adequate access to the latest medical knowledge and treatments, and have a relatively low level of awareness and mastery of some women's health issues. In addition, their health knowledge is passed down from generation to generation, which is highly likely to lead to misunderstandings and blind spots. This results in a relatively limited knowledge of health.

In addition, sociocultural and traditional concepts in rural areas also have an important impact on rural women's perception of sexual health. Some conservative attitudes and traditional practices may make rural women feel ashamed and privacy-conscious when it comes to sexual health and reluctant to seek medical services or counselling. This further exacerbates their lack of knowledge and mastery of sexual health.

3.2. Educational factors

Education level is an important factor that affects individuals' access to knowledge and information. Women with higher education levels usually have more awareness of self-protection and rights. They are more likely to seek medical help and take appropriate care when faced with sexual health problems.Due to the lack of relevant knowledge and awareness, rural women with low education level may have limited cognition and coping ability for sexual health issues and have higher resistance, and have not formed a positive attitude, and it is difficult to actively search for sexual health knowledge and information.

In addition, the rural education system is relatively inadequate, rural women have lower access to and quality of education, and it is difficult to carry out health education and information campaigns to provide scientific knowledge on sexual health. Rural women are less aware of common sexual health problems, prevention methods and treatment options.

3.3. Media Factors

The media provide a channel for the dissemination of information. Through television, radio, Internet and other media platforms, rural women have access to a wealth of health knowledge and information. For example, health programmes on television, medical health websites and health promotion campaigns on social media provide rural women with access to relevant knowledge. These media platforms not only provide information, but also present and explain health knowledge in a graphic way that is easier for rural women to understand and absorb.

In addition, the media often report some successful female cases, so that rural women can see the efforts and achievements of women in different fields in keeping healthy. These reports can stimulate the motivation of rural women to learn and improve their attention and awareness of sexual health.

4. Suggestions

4.1. How to improve the sexual health of rural women in China

4.1.1. Improve the education system for rural women

At present, the lack of perfect health education institutions and professionals in rural areas leads to the promotion and implementation of health education is limited. Therefore, it is necessary to strengthen the support and investment of government departments and community organizations in rural women's sexual health education, set up specialized institutions responsible for sexual health education, and provide sexual health knowledge training and guidance to meet the needs of rural women. Second, there should be a diversity of sexual health education methods and tools.Sexual health knowledge can be communicated to rural women through sexual health lectures, production of sexual health education videos, and distribution of sexual health education manuals.Finally, cooperation with schools should be strengthened. Schools are an important place for young rural women to contact sexual health education, and through cooperation with schools, sexual health education can be better carried out. In schools, sexual health education can be incorporated into the curriculum and the knowledge of young rural women about women's health can be improved through a variety of educational tools.

4.1.2. Expand the ways and methods of sexual health knowledge dissemination in rural areas

Today, the lack of awareness in rural areas means that rural women have little access to information about sexual health. For example, professionals and rural women are invited to interact and share their experiences, as well as online dissemination in conjunction with the Internet. Rural women can have access to sexual health knowledge anytime and anywhere by establishing a platform for rural women's sexual health knowledge, publishing related articles and videos, and providing online counseling services. At the same time, social media platforms can be used to organize online discussions and exchange activities to promote interaction and sharing among rural women. The most important thing is that the government and all sectors of society should strengthen the publicity and promotion of rural women's sexual health knowledge. Through the formulation of relevant policies and regulations, more support and resources are provided in education, medical care and other fields, so as to provide a better learning environment and health services for rural women.

4.2. How to improve the sexual health of rural women in Latin American countries

4.2.1. Build stronger linkages between social policies and programmes

With the improvement of the macroeconomic situation and the strengthening of the government's social security for low-income groups, the income distribution situation in Latin America has gradually improved, but various social inequalities have formed. This inequality is most pronounced in the areas of employment and education, where women and youth are the most discriminated against groups other than Native Americans.In recent years, the phenomenon of rural girls dropping out of school due to pregnancy, legal and illegal immigration of rural mothers and their minor children has emerged one after another. Would it be possible to improve this situation if the Government, in designing programmes, paid more attention to women, rural women, young rural women, their education and the development of their capacities? The answer is yes.Social policies such as preventing and addressing sexual and domestic violence, providing scholarships and internships for young rural women, and campaigns to prevent pregnant girls from dropping out of school or facing discrimination in schools have all contributed to improving women's sexual empowerment and their sexual health in Latin American countries.

4.2.2. Cooperate with local cultural and religious centers

In the Western cultural and political context, the topic of sex with women and adolescents is controversial, which leads to the stagnation of national policies and impedes the implementation of relevant policies and programs. For example, some churches and other conservative groups intervene in public policies related to sexuality, violating or ignoring national, international consensus and United Nations agency guidelines based on scientific evidence. There is therefore a need to develop an "inclusive" policy that guarantees the development of public health and education policies for the sexual and reproductive rights of women and adolescents. Developing strategies for working with churches from the outset, systematizing and disseminating experiences of communication, agreements, negotiations and alliances with churches and other institutions that initially opposed relevant health and reproductive health work in rural areas, will help to improve the health status of women, especially young rural women.

5. Concluding Remarks

First, according to domestic and international literature, rural women's awareness of sexual health issues is different. Some respondents had a good understanding of the physiological cycle, gynecological diseases and sexual health, and were able to identify some common health problems. However, some rural women still have a relatively low awareness of these issues and lack relevant health knowledge.

Secondly, social and economic factors, educational factors and media factors all have an impact on the health cognition of rural women in China and Latin America. Compared with urban women, rural women's special conditions, family environment and cultural background make them have a higher incidence of unhealthy behaviors, sexual psychological problems and sexual-related diseases, which greatly affect the physical and mental health of rural women.

In summary, despite the constraints of various factors, rural women have an increasing need to improve their awareness and mastery of sexual health. This provides an opportunity for relevant government departments and health education institutions to raise awareness and mastery of rural women's sexual health. It is suggested that more sexual health education programmes targeting rural women should be carried out in the future to provide easy to understand and access information resources to improve their sexual health awareness and promote the prevention and management of women's health problems.

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