

SEXUALITY OF MEN EXPERIENCING INTESTINAL OSTOMIES: STORIES ABOUT FEELINGS AND MEANINGS

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ABSTRACT

Objective: To apprehend the feelings and meanings about the sexuality of adult men with intestinal ostomies. **Method:** Thirty adult men with stomas participated of a qualitative, historical-analytical and comprehensive-exploratory study. Data were obtained from interviews, followed by analysis anchored in thematic oral history, and data interpretation based on Ágnes Heller's theory of feelings. **Results:** It has been shown that adult men with intestinal ostomies experience multiple feelings related to their sexuality, including impulsive, emotional, affective, and orienting feelings. **Conclusion:** The relevance of specialized and multidisciplinary care is highlighted to better meet the demands of sexual health, which is intertwined with psychic-social health, of men with stomas.

DESCRIPTORS: Sexuality. Men. Ostomy. Men's health. Masculinity. Enterostomal therapy.

SEXUALIDADE DE HOMENS EM VIVÊNCIA DE ESTOMIAS INTESTINAIS: HISTÓRIAS SOBRE SENTIMENTOS E SIGNIFICADOS

RESUMO

Objetivo: Aprender os sentimentos e significados acerca da sexualidade de homens adultos com estomias intestinais. **Método:** Estudo qualitativo, histórico-analítico e compreensivo-exploratório no qual participaram 30 homens adultos estomizados. Os dados foram obtidos de entrevistas, seguidas de análise ancorada na história oral temática e interpretação dos dados com base na *teoría de los sentimientos*, de Ágnes Heller. **Resultados:** Demonstrou-se que homens adultos com estomias intestinais vivenciam múltiplos sentimentos vinculados à sua sexualidade, entre eles sentimentos impulsivos, emocionais, afetivos e orientativos. **Conclusão:** Salienta-se a relevância de uma assistência especializada e multidisciplinar para melhor atender às demandas de saúde sexual, que se entrelaça com a saúde psíquico-social, dos homens estomizados.

DESCRIPTORIOS: Sexualidade. Homens. Estomia. Saúde do homem. Masculinidade. Estomaterapia.

SEXUALIDAD DE HOMBRES EXPERIMENTANDO OSTOMÍAS INTESTINALES: HISTORIAS SOBRE SENTIMIENTOS Y SIGNIFICADOS

RESUMEN

Objetivo: aprehender los sentimientos y significados sobre la sexualidad de hombres adultos con ostomías intestinales. **Método:** Estudio cualitativo, histórico-analítico y comprensivo-exploratorio, en el que participaron treinta hombres adultos con estomas. Los datos fueron obtenidos de entrevistas, seguidas de análisis anclados

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Section Editor: Isabel Cristina Ramos V Santos

Received: Feb. 28, 2022 | Accepted: Jun. 19, 2022

How to cite: Araújo IFM; Sousa AR; Santana ES; Pereira A (2022) Sexuality of men experiencing intestinal ostomies: stories about feelings and meanings. ESTIMA, Braz. J. Enterostomal Ther., 20: e1922. https://doi.org/10.30886/estima.v20.1213_IN

en la historia oral temática e interpretación de datos basada en la “Teoría de los sentimientos” de Agnes Heller. Resultados: Se ha demostrado que los hombres adultos con ostomías intestinales experimentan múltiples sentimientos relacionados con su sexualidad, incluyendo sentimientos impulsivos, emocionales, afectivos y de orientación. Conclusión: Se destaca la relevancia de la atención especializada y multidisciplinaria para atender mejor las demandas de salud sexual, que se entrelaza con la salud psíquica-social, para hombres con ostomía.

DESCRIPTORES: Sexualidad. Hombres. Estomía. Salud del hombre. Masculinidad. Estomaterapia.

INTRODUCTION

Intestinal stomas are defined by the Brazilian Ministry of Health as the exteriorization of an intestinal segment performed in the large or small intestine, through an artificial opening, made by surgical procedure for the exit of bowel elimination¹.

It is known that the construction of a stoma has direct repercussions on the loss of the patient's physical integrity, and can lead to difficulties in social and sentimental interaction, in addition to restrictions in sexual practices, and consequent psychic impacts on this individual^{2,3}. Moreover, the surgical intervention of creating a stoma, specifically in men, can lead to reduction or loss of libido, decrease or absence of erection capacity and ejaculation alteration⁴.

In reference to human sexuality, this is perceived as essential and substantial to the subjects in their life cycle and, according to the World Health Organization, covers the sexual gender identities, sex and its practices, fantasies, forms of pleasure and intimacy, presenting itself in an idiosyncratic manner by individuals, and may be influenced by various biopsychosocial factors⁵. Furthermore, sexuality can be negatively affected by acquired diseases, by psychological distress and by the instability of interpersonal relationships⁶. Therefore, sexual dysfunction can be present in the experience of men with stomas, resulting, for example, in decreased sexual activity as a result of changes in body image, construction of social stigmas and the struggles suffered by these men about their masculinities⁴.

Given the above, the importance of specialized, individualized and humanized professional care to men with intestinal stomas is highlighted, offering them qualified listening and dialogical health actions, helping them both in the construction of their autonomy, facing and social reintegration as well as in the understanding of their sexuality and its multiple forms of pleasure, since their illness and adaptation process can be full of feelings, such as feelings of dependence, fragility, powerlessness and disability, which are antagonistic to the model of hegemonic masculinity.

The central focus of this study goes through the feelings and meanings experienced by men with stoma in relation to their sexuality. Through nursing care and attentive listening to these men in the health unit, the need to understand their silence about their sexuality was observed. Thus, it was assumed that conflicts and resignifications of sexuality in the experience of having a stoma are associated with the mode of expression of their masculinities influenced socioculturally by their historical context.

Given the importance of individualized professional care provided to these men and the evident gap on the subject in the literature, the authors' interest in developing this research was aroused. Therefore, this study aimed to understand the feelings and meanings of adult men living with intestinal stomas about sexuality.

METHOD

Qualitative study, of historical-analytical and comprehensive-exploratory type, carried out with 30 adult men, from June to September 2019, in the age range of 20 to 59 years, and registered in a center for prevention and rehabilitation of the person with disability in the municipality of Salvador, state of Bahia, Brazil.

The research had as its theoretical and philosophical basis the *theory of feelings*, by Ágnes Heller⁷, and followed the criteria of data collection and analysis through the method of thematic oral history⁸, thus seeking to answer the following guiding question: How do men with stoma experience their affective-sexual practices, how do they perceive their bodies and express their feelings about their sexuality after having an intestinal stoma?

The present study is the result of the investigation of a subproject entitled “Production of Care and Social Technologies for Health Care and Health Education for Men in the Municipality of Salvador/Bahia,” linked to the Study Group on Health Care and the thematic area of masculinities and men’s health, of the Graduate Program in Nursing and Health at the Federal University of Bahia. It was approved by the Ethics Committee on Human Research of the university, under opinion number 3.313.517. Also, with regard to ethical and legal aspects, Resolution No. 466/2012 and No. 580/2018 of the National Health Council were considered.

Men were invited to participate in the study and informed about the procedures, taking into account the following inclusion criterion: being a man with an intestinal stoma. The exclusion criteria adopted were those who were clinically unable to perform the interviews.

It is emphasized that the interviews with the 30 men were guided by the steps of the thematic oral history method, following the phases:

- Pre-interview: stage that constitutes the preparation of the meetings that preceded the recordings;
- Interview: the moment when the interviews took place, always in a welcoming atmosphere of attentive listening, few interruptions, and repetition of questions when necessary;
- Post-interview: stage of thanking the participants, in order to contribute to the continuity of the process.

In addition, feedback of the results was conducted to the institution and to the men interviewed⁸.

In a second meeting, doubts were clarified and, then, the objective, methods, and nature of the research, and complete freedom to participate, refuse or withdraw at any stage of the study were explained. The informed consent form (ICF) was presented and handed out, to be signed in two copies, even if signed by fingerprint, considering the participant was illiterate or unable to sign. The participant was responsible for one copy, and the researcher for the other.

The interviews were applied in a private environment in a room at the referral service, in the presence of only the participant and the interviewer. The statements were recorded with the aid of a digital recorder and later transcribed and submitted to analysis. The participants were encouraged to answer the following questions:

- What does it represent for you to be a man with a stoma? What feelings do you have in relation to the stoma?
- What has changed in your daily life after having a stoma?
- What do you understand by sexuality?
- What is the sex life like for a man with a stoma? How do you feel about your sex life? Is there anything that bothers you about your sexual activity?
- How was your sexuality before the stoma and what changed after it? If it has changed and in a negative way, what have you done to cope with this situation?
- Has the nurse asked you at any point about your sexuality during the consultation? How did it happen?

To validate the instrument, the interview script for data collection was submitted to a pretest, carried out with ten nurses working in the field of enterostomal therapy and assistance to the person with a stoma.

The analysis included text transformation operations, followed by the transcription, textualization, and transcription phases, suggested by the oral history method. Furthermore, the data were organized and systematized in NVIVO 12 software⁹.

In order to guarantee the quality and rigor of qualitative research, the guidelines of the Consolidated Criteria for Reporting Qualitative Research¹⁰ were adopted in all stages. To disclose the results and preserve the identity of the participants, their names were omitted, and the statements were identified by the initials E1, E2, E3, etc.

RESULTS

The male participants were characterized as brown, aged 22 to 59 years, with temporary intestinal colostomy, with length of stay varying from 1 month to 15 years, married or in a stable union, heterosexual, with complete elementary and incomplete high school education, own housing condition and situation in the labor market mostly retired, because of the stoma’s physical disability condition.

Regarding the diagnoses that determined the confection of the stoma, the highest occurrence was due to colorectal cancer, followed by traumatic injury from weapon perforations, complications of the appendectomy procedure, Fournier's gangrene, diverticulitis, intestinal obstruction, Crohn's disease, and traumatic injury of the anal border.

For the categorization and analysis of the feelings and meanings shared by men living with a stoma in relation to their sexuality, the assumptions of the theory of feelings were considered, presented below.

Category 1: Impulsive feeling

This category indicates that sexual drive is interfered with by conditions such as pain and conditioning of sexual activity as a compulsory practice or activity and has repercussions on the mental health status of men, demonstrated by anger, irritation over the inactivity of sexual practice (Table 1).

Table 1. Impulse feeling category.

Subcategory	Thematic oral history
Sexual impulse: impulsive feeling	Physical pain sexual activity: <i>"The bag hindered [sex], and the belly also with the stitches hurt when I pushed, here it still hurt. It still hurts" (E7).</i> <i>"The sex position has changed. I feel a little pain and depending on the position I really feel" (E8).</i>
	Sexual impulse as male practice and compulsion: <i>"Sex is something a man cannot live without doing" (E11).</i> <i>"Sex is something that has to be done, is mandatory, ... you have to practice it" (E22).</i>
	Anger and irritation because of the inactivity of sexual practice: <i>"It did change my sexuality. It still made me very sad and very angry. Lately I am very irritated because of it. Very stressed, irritated, without patience. I had a very active sex life and today it is very complicated" (E18).</i> <i>"I still feel like a man, but it makes me angry, ... it is something uncomfortable" (E26).</i>

Source: Prepared by the authors.

Category 2: Cognitive and situational feelings—emotions

In this category the interference of the feelings of inferiority, incapacity, incompleteness, imperfection, weakness, impotence, pity, fragility, seclusion, and offense is evidenced (Table 2).

Table 2. Cognitive and situational categories.

Subcategory	Thematic oral history
Sexual emotions: cognitive and situational feelings	Inferiority, inability, incompleteness, imperfection: <i>"I can no longer hold ejaculation like before my wife feels pleasure. Sometimes I do it faster so I don't lose erection. I believe it is psychological. Before I could hold it in, today I can't, I lack the physical. Ejaculation is faster" (E8).</i> <i>"I want to do it, but I don't look for it. She doesn't, but I have changed the approach with her. Sometimes she has to have more patience than I. It's much more in the head than in the body, I get that in my head. Aesthetics. Because of the bag, I don't feel like a complete man with that. It is terrible" (E15).</i> <i>"I think I am less of a man because it limited my sexuality, my relationship, it limited everything" (E17).</i>
	Weakness and fragility, feelings of seclusion and offense, helplessness and pity: <i>"The body is not the same, it has no longer the same strength, I feel weaker and more fragile, it is not the same" (E19).</i> <i>"No. Because I don't feel the same anymore, I am in the process of seclusion, because of the stoma. This offends me" (E20).</i> <i>"The erection takes a while to come, and ejaculation is very fast. I can't give pleasure to my partner, I am incapable, and she only has sex with me because she feels sorry for me" (E29).</i>
	Ignorance about sexuality: <i>"I have no understanding about sexuality. ... Sex for me is a good thing. Sometimes I feel like having sex, but in other moments I don't feel like it at all..., but to have sex nowadays you must have the right person and the desire, [...] there has to be a process, an atmosphere, for sex to happen" (E1).</i> <i>"This question is difficult to answer. I understand very little. For me it is everything, sex is part of human life" (E25).</i>

Source: Prepared by the authors.

Category 3: Feeling affective—sexual affections

In this category are expressed abatement, discouragement, suffering, anxiety and fear of accidental episodes with the bag, annoyance and concern about the lack of bags, embarrassment, discomfort related to the presence of odors and gases, fear, fear, shyness and shame when establishing affective relationship with someone (Table 3).

Table 3. Affective category: sexual affections.

Subcategory	Thematic oral history
	<p>Sexual affection: <i>"For men, not having sex is more difficult, because generally men think that they can't live without having sex ... If I lay off my wife to not have sex, will she still want to be with me? Will she like me like this, this way [refers to the stoma]? ... Today this doesn't worry me anymore, because if my wife doesn't want to be with me anymore, each one will go their own way. [...] Sex gives pleasure, helps in the marriage and it is not just reaching, doing it in a mechanical way. As time went by, I realized that love has to be included"</i> (E3).</p> <p><i>"In relation to sexuality, gender issues come to mind, because it is a very current theme that is being talked about nowadays. ... I don't have much understanding, but I know that through life experience I have been changing. ... My thinking about gender is different now. ... If I had a child or a child with a different sexual orientation, I would love"</i> (E4).</p>
	<p>Abatement, discouragement and distress, anxiety and fear of accidental episodes occurring with the bag during night time, especially at times and/or close encounters: <i>"After I had the stoma, I experienced some situations in which I was thinking about killing myself, ... I was discouraged, and this affects the sexual issue as well"</i> (E1).</p> <p><i>"The bag has leaked and peeled off several times, even while I was sleeping. Once it happened during intercourse and I had to stop everything, after that there was no more sex. I felt humiliated, I became more depressed"</i> (E30).</p> <p><i>"Before I slept well, I had no problems, but after the stoma I can no longer. ... It has happened that, while I was sleeping, the bag comes detached and dirty the whole bed and make me have to take a shower, change all the sheets. ... All of this shakes me up a lot, makes me anxious and afraid ... Imagine if it had happened during sexual intercourse? It would have been very bad"</i> (E1).</p>
<p>Sexual affection: affective feeling</p>	<p>Annoyance and concern about the quality and lack of purses that compromise sexual practice and daily activities: <i>"Sometimes it happens that the dispensation of the bag is missing in the specialized service, and when that happens, I get very upset. ... I know that I will face difficulties to acquire it. ... I even went without eating to prevent the stoma from becoming productive. ... Because of this, I had to stay at home and could not go to work. Imagine having sexual intercourse, there is no condition. ... This kind of situation also makes me worried"</i> (E1).</p> <p><i>"In the consultation they oriented me on the sexual positions that I should avoid, but the quality of the bags needs to improve, I made a complaint. ... The quantity is also small, not enough for 30 days. There needs to be more specialists in this area"</i> (E11).</p>
	<p>Embarrassment, discomfort related to the presence of odors and gases: <i>"There are some work activities that I can no longer perform, such as a restaurant, for example, because people will start commenting on what I have. ... In a leisure occasion at a barbecue with some friends they came to tell me that there were people who would not like me to be close to the meat because of the stoma. Even though I have the highest hygiene, always wash my hands and avoid evacuating in the street ... It was an unpleasant situation that I did not like"</i> (E1).</p> <p><i>"Having the stoma makes me very uncomfortable, mainly because of the odor and gas. ... I have a partner and we were already together before I had the stoma, and this helped us not to have so many problems regarding sexuality. She supports me and tells me words of encouragement. ... To avoid this kind of situation, I try to be well groomed, smelly and perfumed"</i> (E2).</p>
	<p>Fear and hesitation, shyness and shame when establishing affective relationship: <i>"As a result of the stoma I became afraid to have sex and intimate relations. ... I am afraid of breaking the climate by the fact that I may need to empty the bag during the intimate moment. ... Although the bag has never leaked, I am afraid ... I lost the libido that I had before. ... Before sex was daily, then it became weekly and now it has been every 15 days"</i> (E17).</p> <p><i>"If a woman comes in wanting to date me, I tell her no, and if she asks me for a reason, I make up a reason, but it is really because of the stoma"</i> (E1).</p>

Source: Prepared by the authors.

Category 4: Orientational feeling

Finally, in this category aesthetic taste emerges as sexual appetite, faith, aesthetic taste related to body image, taste for sex, deprivation in establishing affective relationships, restriction, abdication, renunciation, and sexual restriction (Table 4).

Table 4. Guiding feeling category.

Subcategory	Thematic oral history
Aesthetic taste: guiding feeling	Sexual appetite: "Sexuality is what defines whether you are male or female. Now the term sexual is different, it is connected to taste, ... even a food gives you pleasure. ... I have had sex in the kitchen, it is a wonder. ... Sexuality is in relationships, both female and male" (E12).
	Faith: "In the moments of greatest discouragement, I sought support in the church. ... I have many friends who are religious and I have talked a lot with them. ... When I am not very well, they already recognize me and ask me to go to their house. And there I cry, get things off my chest and come back better than I was. ... Before going to bed, I have prayed and talked to God" (E1).
	Aesthetic taste, aesthetic taste related to body image and to sex: "If I feel like going shirtless, I will only do it at home, in the presence of only my mother. ... If a relative arrives, I quickly get dressed, because I don't want to be seen with the stoma" (E26). "Because of the stoma and complications with the presence of hernias, I have to wear bigger and looser clothes. ... the presence of the stoma changed my belly and I do not like to look at it very much" (E5). "I see my body differently than it was before. ... I am not the same as before. ... Today I already have a scar and it already changes me, including in front of another person" (E7). "Given the stoma, I had difficulty ejaculating as before. I have taken longer ..., but the desire for sex continues. ... I think about sex, it is instinct" (E3).
	Deprivation in the establishment of affective relationships, restriction, abdication, and affective and sexual renunciation: "With the stoma, it is very complicated. ... I am no longer with my wife, the relationship ended up not working out and we separated. [...] After that I have avoided relationships" (E13). "I avoid going to some places, for example concert halls with closed environments, because if I produce a lot of volume, I will have to go to a bathroom to remove the bag and wash it, and usually in these places there are not the necessary conditions for this to happen. ... I also have some restrictions due to the fact that I have already experienced being in an environment and the bag comes loose and I need to fix it" (E1). "Today sex is horrible, but before it was wonderful. ... I decreased a lot the frequency of sexual practice. ... Today I perform it only once a month" (E12).

Source: Prepared by the authors.

DISCUSSION

The evidence found in the historical orality narrated by the men for the thematizations intestinal stomas and the dimension of sexuality brought out the deflagration of feelings related to the impulsive, cognitive and situational and/or emotional, affective and/or sexual and oriental dimensions. This distribution used in the categorization followed the theory of feelings⁷.

Therefore, when analyzing the emergence of impulsive feelings, pain was highlighted, specifically physical pain, present during sexual activity, leading men to negotiate with their affective and sexual companions the best adaptation strategies, through the adoption of new sexual positions, before the painful presentation and derangements caused by the collecting bag. The presence of physical pain during sexual activity makes men withdraw and reduce the frequency of sexual practices and/or encounters.

Bodily pain is not classified as an impulsive feeling, but there is a direct relationship between the two. Pain is also a sign of disorder in the body, and feelings of uneasiness and illness induce its homeostatic regulation⁷.

Impulsive feelings like those cited were also found in men in Iran. They revealed the negative consequences of stomas, especially in marital life, referring to the feeling of helplessness when not accepted by the partnership, which gives rise to other feelings, such as agitation and irritability¹¹. In a particular way, in the male universe such feelings may be associated with the implications of the decrease in sexual power that men represent in society, a status of domination of the female gender.

Sexual impulses were revealed and demonstrate the presence of latent *sexual drive*, defined as the psychic representative of bodily stimuli by the drive theory¹² and that becomes expressive by the male allusion made to sex as an indispensable and inherent need to the human condition. Moreover, the oral history revealed that the feelings of sexual impulses are structured through the imaginary construction that the penis is configured in the structure to be exercised, as a machine that was prepared to work without rest, avoiding the loss of the symbolic value for which it was designed.

Despite the investigation on the cognitive and situational feelings (emotions) triggered by men with intestinal stoma, it was noted that the shared stories expressed inferiority, incapacity and imperfection as a result of not fully experiencing their sexuality and sexual inactivity. The participants referred to feelings of incompleteness and imperfection, revealing not to recognize themselves as the same men, since they feel weak, fragile and powerless, feelings that are configured as of the feminine universe and distance them from the social and cultural model of being masculine. Furthermore, they translate the alterations in the pattern of sexuality after the ostomy as feelings of dishonor and offense, since they are faced with embarrassing situations in relation to the bag in the sexual activity and with the feeling of pity and fear of their partners.

These findings corroborate those evidenced in a study with oncologic patients with stoma, which revealed that men had feelings of dependence in relation to stoma care, as well as feelings of inefficiency and unproductivity because of the limitations of disability. On the other hand, in the present study men felt embarrassed about the care received from their partners. In that study, participants considered the support of their partners essential for sexual relations, and some men revealed the feelings of respect, companionship, admiration and reciprocal love¹³, considered as emotions of contact⁷.

In this context, the feelings derived from the experience of men's sexuality hint at emotions for sexual attraction, yet sexual drive and attraction, aesthetic taste and sexual affection are feelings that are almost always inseparable, and the guided production of sexual attraction always contains the rudiments of aesthetic taste and the emotion of attraction usually accompanied by affection, which in turn builds on the basis of sexual drive⁷.

Regarding affective feelings, anchored in sexual affections, it was observed that the orality of men presented feelings of fear and shyness, present when establishing an affective relationship, due to the fear of not being accepted because of the new body image and the aesthetic change by the ostomy, in addition to the male discomforts linked to the presence of odors and gases and the limitation of sexual positions. Similar aspects are pointed out in the literature^{2,6,11,13-16}.

Still on affective feelings, it was found that fantasy is directly linked to affections, which explains the connection with respect to both attraction and sexual desire, even sexual affection, which can evolve into passion, but only if it is based on cognitive-situational feelings of attraction or love, for example⁷. It is also noteworthy that an affection can repress another, as in the case of shame, which can prevent the construction of sexual affection in the individual⁷. In this context, men with stomas reported the reduction of sexual desire and willingness, due to the shame of the body altered by the ostomy and as a result of the fear of judgment by the affective companion.

As for orienting feelings, their social function is primarily one of orientation, since we are not born with them. The men's thematic oral history unveiled the sexual appetite; men attributed to interest and/or affective orientation the taste and pleasure for sex, and also in association with pleasure the act of eating/appetite. Besides sexual appetite, the men recalled the feeling of faith, stimulated by the experience of circumstances considered difficult and discouraging, which made them resort to spiritual and religious resources, which have the figure of God as the most frequently evoked entity.

The aesthetic taste, which demarcates the group of oriented feelings, was shown to be present in situations that involve the symbolic dimension and male subjectivities, intertwined with the archetype and body image of the group investigated, in which the possibility of undressing is feared. In fact, the complex issue of aesthetic taste is reflected in male sexuality, especially in men who live with the body image altered by the stoma, because they see themselves as imperfect or incomplete by the marked or strange body, which indicates a stigmatizing and discriminatory judgment in sociocultural terms¹⁷⁻¹⁹.

In reference to orienting feelings, a study in Turkey investigating sexual problems showed that as self-esteem increased among men, they experienced less sexual dysfunction. In addition, they had concerns about adapting to a new

body image and difficulty accepting the stoma¹⁴. Therefore, although the concern with body image is socially related to the female gender, men living with a stoma also see themselves as less attractive and, consequently, more insecure in emotional relationships.

Faced with the experience of the stoma, men revealed an annulment of the sexual experience and the exercise of sexualities, leading them to construct the idea of a difficult, unattainable, and even unimaginable sexual practice. They claimed to have limited opportunities for sexual encounters due to the intestinal stoma. Such feelings and limitations are also evidenced in other research^{13,16,20}.

Regarding the feeling of aesthetic taste linked to body image, the study showed that men made their body concealed, using strategies to camouflage the appearance of the collecting bag and the stoma, such as, for example, using larger and wider clothes. The discomfort and/or repulsion due to the stoma also became apparent, when observing the male difficulty in looking at, touching and handling the stoma. Other studies confirm these findings^{16,21-23}.

Therefore, based on this problem, it is worth emphasizing the importance of nursing care, already in the perioperative period, to the patient with a stoma, to explain the surgical procedure, answer possible doubts and discomforts, detect complications beforehand, clarify the possible sexual dysfunctions after intestinal resections for the surgical treatment of benign and malignant diseases and help the man in an individual and specialized way, through educational practices in health, in the adaptation process, thus working the feelings of fear and anguish in the construction of the intestinal transit deviation and possible anxieties about the practice and the return of male sexual experience²⁴⁻²⁶.

In this sense, all the guidance and supervision of the professional nurse during the perioperative period are fundamental so that the necessary care with the stoma and the collecting bag are followed during sex, contributing to an active and safe sexual practice. Among these recommendations, self-care with hygiene and cleanliness of the stoma is essential, besides the care with feeding, so that neither feces nor odors are produced, the precautions with the sexual positions, minimizing pain, the use of adjuvants to offer greater adherence of the protective skin plate and less risk of leaks and also devices that disguise the stoma, such as belts and/or abdominal straps that hide the collecting bag^{11,27}.

Therefore, the relevance of this study goes beyond identifying the feelings of adult men living with intestinal stomas about sexuality, but the understanding that this male feeling is rooted in tensions, conflicts, questions and stigmas that permeate the sociocultural issues of a patriarchal society, which values an aesthetic standard and the hegemonic model of being a man. Consequently, these apprehensions of the male sphere have repercussions on their sexual, psychological, and emotional health, and on their quality of life. Thus, there is a need for professional investment in nursing and health to overcome the repercussions of intestinal stoma on male sexuality²⁸, as well as a demand for advances in nursing skills and abilities in health care for men²⁹.

The limitation of this study refers to the exclusive use of interviews, which may have motivated repression on the part of the participants; however, the data collected admitted understanding the feelings of men in this experience. Finally, further research is recommended that aims to contemplate the systematized nursing interventions on sexuality to patients living with intestinal stomas, since there is a gap in the scientific literature of the health area that discusses and/or addresses the theme.

CONCLUSION

This study revealed that adult men with intestinal stomas experience multiple feelings linked to their sexuality, which are associated with limitations in sexual practices, stigmas of the stoma, altered body image, and difficulties in establishing emotional relationships.

Thus, the relevance of specialized nursing care and a multidisciplinary team to better meet the demands of sexual health, which are intertwined with psychosocial health, of men living with intestinal stomas, whether in treatment or rehabilitation units, is highlighted.

AUTHOR CONTRIBUTION

Substantive scientific and intellectual contributions to the study: Araújo IFM, Sousa AR, Santana ES and Pereira A; **Conception and design:** Araújo IFM, Sousa AR and Santana ES; **Data collection, analysis and interpretation:** Araújo IFM and Sousa AR; **Manuscript preparation:** Araújo IFM, Sousa AR, Santana ES and Pereira A; **Critical revision:** Sousa AR and Santana ES; **Final approval:** Araújo IFM, Sousa AR, Santana ES and Pereira A.

AVAILABILITY OF RESEARCH DATA

All data were generated or analyzed in the present study.

FUNDING

Not applicable.

ACKNOWLEDGEMENTS

Not applicable.

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