

Socioeconomic and cultural factors of the person with an intestinal ostomy

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Abstract

Stoma also known as “ostomy”, consists of an artificial opening surgically created to divert the flow of effluents to the external environment. This condition affects the life of the affected individuals and requires care when resuming activities to avoid complications related to the surgery. The rate of intestinal stoma has a higher recurrence rate in men and is often associated with urban violence, car accidents, associated with the use of licit and illicit drugs, lower demand and use of Primary Health Care services for preventive measures, seeking medical care only when there is worsening of diseases. This is a descriptive, qualitative study of the reflective analysis type, a narrative review. Thus, we selected and analyzed articles published in the last five years, in Portuguese and that approached the theme, in order to acquire more depth and approximation with the object of study to subsidize the reflections. Seven categories were elaborated, being them, respectively: Everyday life of the person with intestinal stoma; Family income of the person with intestinal stoma; Nutritional interfaces for people with intestinal stomas; Hydric ingestion of the person with intestinal stoma; Smoking, stylism and use of illicit drugs related to the person with intestinal stoma; Leisure and social life of the person with intestinal stoma, and Execution of physical activities by the person with intestinal stoma. thus, the objective of the study is the socioeconomic and cultural factors of the person with intestinal stomy.

Keywords: socioeconomic conditions, ostomy, nursing, national health programs.

Fatores socioeconômicos e culturais da pessoa com estomia intestinal

Resumo

A estomia, também conhecida como “ostomia”, consiste em uma abertura artificial criada cirurgicamente para desviar o fluxo de efluentes para o meio externo. Essa condição afeta a vida dos indivíduos acometidos e requer cuidados na retomada das atividades para evitar complicações relacionadas à cirurgia. O índice de estomia intestinal tem maior taxa de recorrência em homens e está frequentemente associado à violência urbana, acidentes automobilísticos, associados ao uso de drogas lícitas e ilícitas, menor procura e utilização dos serviços de Atenção Primária à Saúde para as medidas preventivas, buscando atendimento médico somente quando ocorre agravamento das doenças. Trata-se de um estudo descritivo, qualitativo do tipo análise reflexiva, uma revisão narrativa. Desta forma, foram selecionados e analisados artigos publicados nos últimos cinco anos, nos idiomas português e que abordassem o tema, no intuito de adquirir maior aprofundamento e aproximação com o objeto de estudo para subsidiar as reflexões. Foram elaboradas 7 categorias, sendo elas, respectivamente: Cotidiano da pessoa com estomia intestinal; Renda familiar de pessoas com estomia intestinal; Interfaces nutricionais para pessoas com estomias intestinais; Ingesta hídrica da pessoa com estomia intestinal; Tabagismo, estilismo e uso de drogas ilícitas relacionados a pessoa com estomia intestinal; Lazer e vida social da pessoa com estomia

intestinal; e Execução de atividades físicas pela pessoa com estomia intestinal. Sendo assim, tem-se como objetivo do estudo os fatores socioeconômicos e culturais da pessoa com estomia intestinal.

Palavras-chave: condições socioeconômicas, estomia, enfermagem, programas nacionais de saúde.

1. Introduction

The intestinal ostomy also known as stoma and ostomy, consists of an artificial opening produced surgically, which aims to divert the flow of effluents to the external environment. This condition can impact the lives of affected individuals, requiring some care to return to activities to avoid complications related to surgery. Intestinal stoma rates have a higher recurrence rate in men, often related to urban violence, car accidents, associated with the use of legal and illicit drugs, less demand and use of Primary Health Care (PHC) services for preventive measures, seeking medical care only when illnesses worsen (Meira et al., 2020).

According to the Brazilian Ostomy Patients Association (BOPA), around 300,000 people lived with an intestinal stoma in Brazil in 2020, although there is no systematized database with this information. The epidemiological profile of Brazilian adults with intestinal elimination stomas, according to scientific evidence based on integrative reviews, is mainly composed of men, mixed race, over 50 years old, with low income and little education, who have a partner and have undergone colostomy due to a definitive neoplasm (Gonzaga et al., 2020).

The prevalence of people with ostomies in the world, according to the World Health Organization (WHO), can reach 0.1% of the population. In the United States, it is estimated that there are between 650,000 and 730,000 people with a permanent ostomy. In a study carried out in the United Kingdom in 2002, it was estimated that there were around 80,000 people with a stoma, including 50,000 colostomies and 20,000 ileostomies. There are around 32,600 new cases annually, affecting 15,070 men and 17,530 women. Resulting in mutilating and traumatizing surgery, which causes profound changes in the way of life of those affected (Santos et al., 2022).

It is estimated that in Brazil there are around 50 thousand ostomized people, 80% of which are colostomized, 10% ileostomized and 10% urostomized, of which the majority are young people, undergoing surgery, after having been victims of trauma caused by a bladed weapon, a weapon fire or accidents, representing a population of patients who need systematic and humanized care with a biopsychosocial dimension, aimed at reducing the impacts caused in the lives of ostomized individuals (Mareco et al., 2019; Santos et al., 2022).

Law No. 11,506/2007 provides information to clarify the rights of people with ostomies in Brazil. Furthermore, she established National Ostomy Patients Day (NOPD), celebrated on November 16th, as a way of trying to end prejudice through information. The date honors the founding of the Brazilian Ostomy Association (ABRASO), in addition to marking the inclusion of ostomy as a physical disability through Decree No. 5296/2004, allowing people with ostomies all the benefits that people with disabilities in Brazil have (Lima, 2021).

Therefore, this work aims to address the person with an ostomy regarding their socioeconomic and cultural factors and how this impacts them.

2. Materials and Methods

This is a descriptive, qualitative study of the reflective analysis type, prepared from a literature review on the “socioeconomic and cultural factors of people with intestinal stoma”. A narrative review was carried out. Therefore, the review was carried out in a non-systematic way, with a random search for material in the Virtual Health Library, Google Scholar, Elsevier and Web of Science databases to answer the following question: What are the socioeconomic and cultural factors of people with intestinal ostomies? To search for studies, the following descriptors were used: Socioeconomic conditions; Ostomy; Nursing; National Health Programs.

Articles published in the last five years, in Portuguese and English, that addressed the topic were selected and analyzed with the aim of acquiring greater depth and approximation with the object of study to support reflections. From then on, a qualitative synthesis of the analyzed works was carried out and it is considered that the established search and selection criteria were satisfactory to meet the objective of this work by Rother (2007).

3. Fundamental bases

The context of an ostomy not only alters biological aspects but can often lead to psychological morbidity and

emotional impacts that affect the patient's quality of life. From this point of view, the negative effects of ostomy care are reflected in the patient's family and social relationships, work and sexual activity. These negative feelings can be worsened by socioeconomic and cultural factors to which the person with a stoma is exposed, which can lead to social isolation and a feeling of mutilation (D'Incà et al., 2008; Ribeiro et al., 2022).

Access to health information and services, as well as other community resources, is directly related to socioeconomic and cultural level. The low level of education presented in this study may represent an obstacle to understanding the health condition of this clientele, as well as self-care actions, since the majority of individuals fall into the primary education category (Ribeiro et al., 2019).

In relation to religion, the main ones cited were Evangelical and Catholic and people who have a religion had a better understanding and acceptance of the ostomy. Furthermore, there was a predominance of married marital status, so it was found that people who have a life partner who helps in this process are a little lighter. Most patients stated that they did not have leisure activities because of the prejudice of the new reality and differentiation of the body, causing the exclusion of activities and non-acceptance of the process (Faria et al., 2018).

According to articles, most people with a stoma have a low level of education, which makes it difficult for the individual to adopt health care actions. Furthermore, it was found that they are not only advanced in age, but also identified abnormalities or illness, such as harmful alcohol consumption, sedentary lifestyle, smoking and incorrect diet - focused on industrialized canned and processed products. This favors the development of chronic diseases and malignant neoplasms, such as colorectal neoplasia (Carneiro, 2020).

This fact was also pointed out by Aguiar Rolim et al. (2021), in the city of Rio Grande do Sul, Brazil, where the vast majority of patients who have some type of stomas had primary education and some did not even know how to read. Thus, there is an interference in the understanding of treatment and self-care, as the low level of education, concomitant with low income and poor diet, contribute to the increase in injuries. Most of the people with ostomies surveyed did not have leisure time, for fear of some mishaps with their bag and causing embarrassment, thus ending up giving up their interpersonal relationships (Selau et al., 2019).

3.1 Category 1 daily life of people with an intestinal stoma

People with an intestinal stoma experience several transformations since discovering the need for a stoma and, therefore, they can develop several negative feelings, such as: low self-esteem, feelings of impotence, loneliness and sadness. Thus, this person can be led to social isolation, negative financial commitment and psychological suffering, which makes them believe that they are unable to return to the activities carried out prior to surgery. This fact often causes people to neglect themselves, and the role of the Nurse in this adaptation process is fundamental and crucially important (Santos et al., 2022).

The stoma can be a limiting factor in the quality of life of people with a stoma, since physical and psychological difficulties coexist, not only related to the disease, but also related to the limiting aspects of the stoma, such as those related to activities of daily living and working capacity. . Furthermore, its presence determines a change in body image, which requires personal transformations that can generate stress when demands arise that overload or exceed an individual's adaptive capabilities (Miranda et al., 2018; Ferreira et al., 2021).

Furthermore, as observed by Ferreira et al. (2017), the stoma patient begins to face physical, emotional and psychosocial issues that profoundly interfere with their daily lives. Therefore, limitations to their autonomy arise, such as those caused by the lack of control in the elimination of intestinal gases and fecal incontinence, in addition to changes in their lifestyle and self-care habits. The intensity of this condition can affect the life of each individual, depending on their adaptive and emotional capacity, as well as the way of coping with this situation, while still causing feelings of exclusion, embarrassment and rejection with the possible consequence of a decrease in the quality of life lives of these patients.

In general, women have a little easier time dealing with rehabilitation, while men take longer to adapt to the stoma and self-care. However, women have more difficulty accepting the physical aspect, as due to the difficulties of the new routine it impacts their self-care, taking more time to understand how to deal with their new reality and routine, resulting in interpersonal withdrawal and isolation. Social (Santos et al., 2021).

The majority of patients stated that they had no leisure activities, did not practice physical activity and were not employed, with a predominance of time using the collection bag for one to two years. The loss of self-esteem, the limitations and embarrassment caused by the bag, the fear of "bag accidents", such as breakage, the loss of social status, the fear of rejection from friends and family are important points that harm, or even impede , the

return of these patients to daily activities and leisure time. Thus, making social relationships difficult for these patients, who tend to spend much of their time at home (Carneiro, 2020).

Most people with ostomies experience fear and discomfort caused by some foods that can cause the elimination of gas, fecal incontinence, as well as possible leaks and odor emitted by the colostomy bag. Furthermore, they are afraid about judgments, discrimination from society, due to the lack of information about this procedure and self-care (Silva et al., 2022).

A new reality of life that includes rehabilitation, living with a stoma on your abdominal wall will bring many doubts and fears about the new. Thus, you will have to learn to perform self-care, as there is a new context recently acquired both with food and physical aspects, in addition to the need for psychosocial care to deal with all the changes that are happening (Selau et al., 2019).

3.2. Category 2 family income of people with an intestinal stoma

According to Faria et al. (2018), it was observed that the majority of patients with an intestinal stoma had a family income of up to one minimum wage, with a low level of education - the majority attended elementary school, therefore, a low rate of education and information. In addition, they had a poor diet (with an unbalanced diet, lacking in fruit, vegetables, legumes, cereals and grains), excessive consumption of so-called bad fats, sodium and sugar, a sedentary lifestyle and other environmental factors.

Thus, with few financial resources, or because they are unemployed, this contributes to a low intake of appropriate foods and, due to low education, they have little knowledge of the evils that poor diet, sedentary lifestyle, smoking, alcoholism and obesity bring to the body. Therefore, it is clear that a minimum wage is not enough for this part of the population to live (Selau et al., 2019).

In addition to the above, authors state that this low financial condition also makes the rehabilitation process of ostomized patients difficult, as one of its consequences may be the difficulty in acquiring collection equipment and adjuvants, when they are lacking in the SUS. However, this salary range between 1 and 2 minimum wages means that these people have difficulties in training themselves to obtain better professions, in order to increase their income (Ribeiro et al., 2019).

In order to verify this statement regarding this financial problem, research was carried out at the Ostomy Center in the Municipality of Itaboraí, in the state of Rio de Janeiro, located in the Manilha neighborhood. In it, it was observed that among its patients: 42.9% have an income of two to three salaries; 31.4% of patients only receive a salary; 17.1% receive less than a salary; and 8.6% have a family income of more than three salaries (Maciel, 2018).

This study found significant associations between socioeconomic, demographic, clinical and basic sanitation factors with the quality of life (QoL) of individuals with ostomies. Having low income, low education, no sanitation services and worse housing contributed to worse QoL scores for these individuals when compared to individuals with better income and education. This represents the need for more effective public policies, which impact not only the treatment of the disease that caused the ostomy, but which improve the socioeconomic conditions of the population (Ferreira et al., 2021).

However, it is important to highlight that this variable does not present itself as an obstacle in professional performance with this population, as they have sought strategies for translating knowledge with this audience through practical interaction and the use of a more accessible vocabulary, facilitating comprehension about treatment (Ferreira et al., 2021).

3.3 Category 3 nutritional interfaces for people with intestinal stoma

According to Selau et al. (2019) the nutrition is an important issue for patients with an intestinal ostomy, as gastrointestinal symptoms caused by the consumption of specific foods can affect patients' lives, leading to nutritional changes and feelings of sadness and insecurity. It is important to work in multidisciplinary teams that include nutrition professionals to make nutrient substitutions, balance nutrition and clarify doubts about nutrition.

Regarding adequate nutrition, one can infer an improvement in quality of life, biologically and socially, as it reduces diarrhea, constipation, pain and flatulence, in addition to providing essential substances for maintaining body homeostasis such as fiber, vitamins, minerals and antioxidants. Thus, food consumption can cause important adaptations for people with a stoma, positively or negatively, due to the complexity of the surgical

procedure (Silva et al., 2022).

In relation to dietary changes, many restrict certain foods with the aim of reducing gastrointestinal symptoms, however, this behavior can generate negative repercussions, causing nutritional deviations, such as malnutrition and lack of essential nutrients (such as vitamins, minerals, water, proteins, carbohydrates and fats). On the other hand, excessive consumption can cause overweight and obesity, which are also risk factors for the development of other comorbidities. Therefore, inadequate eating habits can cause significant changes in nutritional status and increase the risk of complications, such as peristomal hernias, prolapse, stenosis and granuloma (Queiroz et al., 2022).

People with ostomies tend to have nutritional losses, which leads to a decrease in quality of life, therefore, nutritional monitoring is essential in the rehabilitation process after ostomization, both for temporary and permanent stoma. By offering ideal nutrition, it prevents obstructions in the stoma, constipation, diarrhea, flatulence and bad odors, in addition to helping in the healing process and preventing the formation of wounds (Selau et al., 2019).

With the help of a nutritionist, and over time, the patient will know how their body reacts to each food and which are the most appropriate in their case, as in each individual, foods will be digested in different ways, for this reason What is bad for one person will not necessarily hurt another. However, some patients do not have access to professionals pre- and post-operatively and this increases fears and social isolation, causing psychosocial problems and increased adversities. Therefore, when having a colostomy, the patient will need to acquire new eating habits, as well as a new reality of life (Silva et al., 2022).

3.4 Category 4 water intake of people with an intestinal stoma

According to Purcino (2005), hydration is an important aspect of nutritional therapy for patients with a stoma. Daily fluid intake should be 2 liters or according to the ileostomy output. It is recommended to start with a fractional intake, throughout the day, of non-irritating and non-hypotonic liquids, such as green coconut water, homemade serum and some sports drinks. Hypotonic drinks, such as water, tea, coffee, fruit juices and alcoholic beverages, should be restricted as they can cause loss of sodium in the intestinal lumen.

It is important to offer liquids with a sodium concentration of around 90 mmol/L⁻¹ and, preferably, also containing glucose, as conjugate absorption of sodium and glucose occurs in the jejunum. Furthermore, glucose should be preferred over sucrose or lactose as it is less fermentable. Another priority in nutritional care is to control the intake of fiber and foods that generally have laxative and fermentative effects, to improve the consistency of feces and reduce the volume of effluent (Purcino, 2005).

There are studies that indicate that anyone with an intestinal stoma should not have water restrictions, on the contrary: water shortages should be monitored. Intestinal ostomy patients during the immediate postoperative period, especially those with ileostomies, lose a lot of fluid. In this sense, careful control of food intake and fluid output is necessary to avoid dehydration and changes in water and electrolyte balance (Selau et al., 2019).

In addition, studies were also carried out on water intake, which found that most participants drink around 2 liters per day. Corroborating this data, in another study with a similar population, water intake varied from 1 to 2 liters per day. These data were reported after the creation of the stoma, where the water requirement can be increased due to the decrease in the absorption portion and, in the ileostomy, there is a greater risk of loss of fluids and electrolytes, which can cause dehydration (Queiroz et al., 2022).

Some people with ostomies tend to reduce their water intake after having a stoma, this is due to the fear of its elimination and leakage, which makes them feel embarrassed. However, water control must be analyzed by a professional, as each case is different (Santos et al., 2021).

In addition to everything mentioned above, it is worth noting that guidance for people with a stoma and their caregivers is the responsibility of nursing, and that this can directly influence care and self-care actions. In this way, specialized nursing care has contributed to the reduction of peristomal skin complications. In this context, it is important to highlight guidance regarding diet, promoting water intake and identifying signs and symptoms that indicate intestinal obstruction, such as nausea, vomiting and abdominal distension (Silva et al., 2022).

3.5 Category 5 smoking, fashion styling and use of illicit drugs related to people with an intestinal stoma

According to Selau et al. (2019), smoking, alcohol consumption and the use of illicit drugs can have harmful effects on health in general and, in particular patients with an intestinal ostomy. Smoking can increase the risk of

surgical complications such as wound infection, intestinal obstruction and perforation, as well as increasing the risk of cardiovascular disease and cancer (Tabriz et al., 2021; Piawah et al., 2022). Alcoholism can also increase the risk of surgical complications and gastrointestinal tract diseases, in addition to interfering with the absorption of nutrients and the healing process. The use of illicit drugs, such as marijuana and cocaine, can negatively affect gastrointestinal motility and lead to nutritional and mental health problems.

According to Silva et al. (2022), it is important that patients with a stoma avoid, or reduce, the consumption of tobacco, alcohol and illicit drugs to minimize the risk of complications and improve quality of life. Guidance and support from healthcare professionals such as nurses and doctors can be helpful in helping patients give up these unhealthy habits.

One of the reasons for using an intestinal stoma is related to colorectal cancer, the main causes of which are: alcohol consumption, tobacco, among others. Illicit drugs can lead to Fournier syndrome, a disease that also leads to the need for stomas. Furthermore, it is worth mentioning that excessive alcohol consumption promotes the transformation of these lesions into high-risk polyps or colorectal cancer (Maciel et al., 2019).

Regarding smoking it was identified that a large proportion of those with a stoma were not smokers. Furthermore, patients with intestinal stoma, after the construction of the stoma, are more likely to not be smokers, due to the concern and relevance associated with their long-term survival. The low rate of consumption of alcoholic beverages in the study in question was also evident, a result similar to the study where only 5% of patients with intestinal ostomies reported consuming alcoholic beverages (Ribeiro; Andrade, 2020).

3.6 Category 6 leisure and social life of people with an intestinal stoma

People with a stoma feel stigmatized and are afraid of being socially rejected. This condition can be reflected in a reduced frequency of participation in social activities, such as going to restaurants and places where they can eat. Thus, their daily lives undergo changes linked to the new body image, which has a comprehensive impact on the lifestyle of these individuals (Selau et al., 2019; Ribeiro; Andrade, 2020).

Thus, the need for adaptation to carry out daily activities was observed, such as: household chores, playing sports, leisure activities and reintegration into work and sexual life. It is necessary to encourage self-care so that the patient does not acquire depression related to the absence of social life (Selau et al., 2019; Ribeiro; Andrade, 2020).

The insertion of the collection bag requires pre-operative preparation from the health professionals involved in the progress of these patients, so that the physical and emotional changes resulting from the surgery are considered. It is important to value the rehabilitation and efficient insertion of the ostomy patient for a good recovery. With good psychological assistance, he will feel comfortable to have his social life and leisure activities normally, as long as they are not contact sports (football, boxing, among others), so that he does not have the risk of injury (Jesus et al., 2021).

Half of those with ostomies do not resume their leisure activities or only partially resume their participation in collective events, due to insecurity with the quality of collection equipment, physical problems, difficulties in cleaning themselves and fear of gastrointestinal problems. It is noted that the male public is able to carry out more leisure activities, including cinemas, card games, leisure activities with religious groups and even short walks. A social support network is necessary that constantly encourages people with ostomies to return to activities of daily living (Ribeiro; Andrade, 2020).

The experience of cancer and a stoma permanently changes a person's daily life, constituting one of the most critical moments of their life, as it involves a complex system of analysis and reflection on their own biography, whose meanings were constructed throughout their life experiences. life. Despite having been developed as a strategy to prolong survival and promote a better quality of life for people, ostomies are aggressive and mutilating throughout the process of human living, resulting in feelings of self-disgust and social discredit (Ribeiro; Andrade, 2020).

A person with an intestinal stoma can visit beaches, swimming pools and waterfalls. The ostomy does not represent a limitation for carrying out leisure and recreation activities, including exposure to sea water, swimming pools and waterfalls. It is important, however, that the person pays attention to adequate hygiene of the ostomy device and the ostomy site, as well as the necessary precautions to avoid infections and other complications (Jesus et al., 2021).

Post-operatively, people who have had a stoma face changes in anatomical reconfiguration and daily lifestyle

habits, as the elimination of feces and flatus begins to occur through a stoma and without control. However, the person with an ostomy can normally frequent aquatic places; attention should only be paid to eating a light diet during the day, increasing water intake and considering the use of products that help create a flexible protective film due to perspiration (Silva et al., 2017).

The post-surgical patient's transition from intestinal ostomy reversal can lead to difficult experiences linked to aspects such as body image, which, again, is affected by the surgical scar and changes in abdominal structure and conformation. These aforementioned changes generate embarrassment, feelings of shame and insecurity, leading to withdrawal from social life. As the beach and pool is a place where changes will be more noticeable to other people, these feelings become even more intense (Mota et al., 2021).

3.7 Category 7 performing physical activities by people with an intestinal stoma

Ostomy surgery can affect the performance of some activities, but these restrictions are generally temporary and can be overcome with time and adjustment to the new situation. Some patients may experience difficulty performing physical activities or sports after ostomy surgery, but these activities can usually be resumed gradually as the patient recovers and adjusts to their new condition (Meira et al., 2020, Hartgerink et al., 2024).

When evaluating the quality of life of this population, the results obtained showed that they still need promotional and rehabilitation care in order to return to developing their physical and psychosocial activities. Limitation of activities and quality of life depend greatly on how the person deals with their stoma. Courage and determination are fundamental, as well as the help and support of family members and spouses (Amarilho Silveira, 2021).

Individuals undergoing this procedure suffer a great physiological, social and emotional impact, due to the change in lifestyle and the loss of their ability to control digestive function. The procedure is surgery and requires a period of rest that must be respected (Gonçalves et al., 2021).

Therefore, the time required to resume physical activities after ostomy surgery may vary according to the type of surgery performed, the patient's general health status and the intensity of the physical activities that will be resumed. The time varies from person to person (Meira et al., 2020; Mota et al., 2021).

4. Conclusions

Socioeconomic and cultural factors play a fundamental role in the quality of life of people with an intestinal stoma. This impact on factors can be positive or negative, depending on the circumstances and available resources. In this sense, it is important that healthcare professionals consider these factors when treating people with a stoma, in order to provide the best possible care.

Socioeconomic factors, such as education level, income and access to health services, can affect these people's ability to deal with daily challenges and manage their condition, which explains how a lack of financial and social resources can lead to greater isolation. social and emotional, in addition to making access to essential products and services for ostomy care difficult. It is essential that healthcare professionals are aware of these challenges and work with people with a stoma to find solutions that meet their needs.

The quality of healthcare that a person with an intestinal ostomy receives can have a significant impact on their quality of life. Limited access to medical resources and services, as well as a lack of information and support, can lead to complications and limitations in daily life. of the patient. Therefore, it is essential that the healthcare system is equipped to provide adequate support, information and access to resources that can help people minimize risks and improve their quality of life.

Among the factors, cultural is also important, as it can affect the way the patient is seen and treated by people. Some cultures may have stigmas surrounding medical conditions and health in general, which can lead to greater social and emotional isolation for people with an ostomy. Therefore, it is essential that healthcare professionals are aware of these cultural issues and work to educate and raise awareness about the needs and challenges of people with a stoma.

It was also found that understanding the socioeconomic and cultural factors that affect people with a stoma is important for the development of health policies and programs that can help improve the quality of life of these people. Access to health services and stoma care products should be considered a basic right for all people facing this medical condition.

Leisure and physical activities are also important factors that affect the quality of life of people with an intestinal stoma. Likewise, personal habits, such as smoking and a sedentary lifestyle, can lead to complications and affect the patient's general health. Practicing physical activities and engaging in hobbies and leisure activities can help improve the patient's mental and physical health, as well as increase their self-esteem and confidence.

Therefore, the quality of life of people with an intestinal stoma is influenced by a variety of socioeconomic and cultural factors. Therefore, to improve it, it is important that the healthcare system provides adequate support and resources to help them manage their condition. Additionally, public awareness and education about the condition is also important to combat stigma and increase community understanding of intestinal stoma.

5. Authors' Contributions

Wanderson Alves Ribeiro: guidance for producing the study. *Ana Fagundes Carneiro*: preparation of the Introduction. *Érica Motta Moreira de Souza*: methodology. *Gabriel Nivaldo Brito Constantino*: revision and English translation. *Gabriel Nivaldo Brito Constantino* and *Viviane Cortes Cruz de Souza*: construction of topic 3.1. *Daiane Lopes dos Santos*: construction of topic 3.2. *Ane Raquel Oliveira*: construction of topic 3.3. *Pietro Henrique Benevides Pedrosa*: construction of topic 3.4. *Loren Costa Klein* and *Tarsila Reis Pinto Pires*: textual review of the manuscript. *Cristal dos Santos Grassel* and *Milena Rangel Siqueira*: reflective reading. *Miriam Maria Ferreira Guedes*: selection of articles based on inclusion and exclusion criteria.

6. Conflicts of Interest

No conflicts of interest.

7. Ethics Approval

Not applicable.

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