

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i59p4286-4297>

Health education and its contribution to user knowledge about syphilis

La educación para la salud y su contribución al conocimiento de los usuarios sobre la sífilis

Educação em saúde e sua contribuição no conhecimento dos usuários acerca da sífilis

ABSTRACT

Objective: To understand the knowledge of users of the family health strategy in relation to syphilis in the city of Cláudio-Minas Gerais. **Method:** Qualitative descriptive exploratory study, developed in the Family Health Strategy of the city of Cláudio-Minas Gerais, between the months of April 2018 to June 2018. 20 users participated. Data collection was carried out through a semi-structured and recorded interview. **Results:** Respondents have little information related to syphilis, are unaware of the signs and symptoms, the treatment as well as diagnostic tests. In health education, this topic was never addressed to respondents by the health unit, only at school and pamphlets. **Conclusion:** It was evidenced that the studied population is unaware of the pathology, as well as the progression of the disease and its means of contagion. The population's lack of knowledge can be considered as a difficult point regarding the control of the disease.

DESCRIPTORS: Knowledge; Health education; Nursing; Family Health Strategy; Syphilis.

RESUMEN

Objetivo: Comprender el conocimiento de los usuarios de la estrategia de salud familiar en relación con la sífilis en la ciudad de Cláudio-Minas Gerais. **Método:** Estudio exploratorio descriptivo cualitativo, desarrollado en la Estrategia de Salud Familiar de la ciudad de Cláudio-Minas, entre los meses de abril de 2018 a junio de 2018. Participaron 20 usuarios. La recolección de datos se realizó a través de una entrevista semiestructurada y grabada. **Resultados:** los encuestados tienen poca información relacionada con la sífilis, desconocen los signos y síntomas, el tratamiento y las pruebas de diagnóstico. En educación para la salud, este tema nunca fue dirigido a los encuestados por la unidad de salud, solo en la escuela y los folletos. **Conclusión:** se evidenció que la población estudiada desconoce la patología, así como la progresión de la enfermedad y sus medios de contagio. La falta de conocimiento de la población puede considerarse como un punto difícil con respecto al control de la enfermedad.

DESCRIPTORES: Conocimiento; Educación para la salud; Enfermería; Estrategia de salud familiar; Sífilis.

RESUMO

Objetivo: Compreender o conhecimento dos usuários da estratégia de saúde da família em relação a sífilis na cidade de Cláudio-Minas Gerais. **Método:** Estudo qualitativo do tipo exploratório descritivo, desenvolvido em Estratégia de Saúde da Família da cidade de Cláudio - Minas Gerais, entre os meses de abril de 2018 a junho de 2018. Participaram 20 usuários. A coleta de dados foi realizada através de uma entrevista semiestructurada e gravada. **Resultados:** Os entrevistados possuem pouca informação relacionado a sífilis, desconhecem os sinais e sintomas, o tratamento como também os exames para diagnóstico. Em educação a saúde este tema nunca foi abordado aos entrevistados pela unidade de saúde, somente em escola e panfletos. **Conclusão:** Evidenciou-se que a população estudada desconhece a patologia, bem como a progressão da doença e seus meios de contágio. O desconhecimento da população pode ser considerado como um ponto dificultador no que diz respeito ao controle da doença.

DESCRIPTORIOS: Conhecimento; Educação em Saúde; Enfermagem; Estratégia Saúde da Família; Sífilis.

RECEIVED ON: 08/20/2020 APPROVED ON: 10/06/2020



Marla Ariana Silva

Nursing student at the State University of Minas Gerais (UEMG), Divinópolis Unit.

ORCID: 0000-0003-0136-7122

Karen dos Santos Lago

Nursing student at the State University of Minas Gerais (UEMG), Divinópolis Unit.
ORCID: 0000-0002-4502-5098

Heber Paulino Pena

Nurse. Master in Nursing. Professor of the Nursing course at the University of Itaúna (ITU), Minas Gerais.
ORCID: 0000-0002-9122-6827

Fernanda Marcelino de Rezende e Silva

Nurse. PhD student in Health Sciences at the Federal University of São João Del Rei (UFSJ), Campus Centro Oeste Dona Lindu (CCO). Professor and Coordinator of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.
ORCID: 0000-0003-2236-7009

Silmara Nunes Andrade

Nurse. PhD in Health Sciences from the Federal University of São João Del Rei (UFSJ), Campus Centro Oeste Dona Lindu (CCO). Professor of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.
ORCID: 0000-0002-1975-0827

Regina Consolação dos Santos

Nurse. Master in Science from the Federal University of São João Del Rei (UFSJ), Campus Centro Oeste Dona Lindu (CCO). Professor of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.
ORCID: 0000-0002-7393-3210

INTRODUCTION

Syphilis is a systemic infection, of chronic evolution, caused by spirochete bacteria, *Treponema pallidum*. A disease with a wide variety of clinical presentations, it has been known since the 15th century and its study covers all medical specialties. ⁽¹⁾ They are transmitted mainly by sexual contact or in an occasional form, via blood, and can occur during pregnancy from mother to child. ⁽²⁾

Syphilis remains a worldwide public health problem. The World Health Organization (WHO) estimates that 12 million people are infected every year. According to the Ministry of Health (MS), the detection rate of syphilis increased from 59,1 cases per 100.000 inhabitants, in 2017, to 75,8 cases per 100.000 inhabitants, in 2018. A large increase because it is a one year. ⁽¹⁾

There are some factors that may be correlated with the high numbers of syphilis cases. Low levels of education and income are factors conducive to the spread of the disease, since such public presents difficulties in understanding, which shows the low level of education. ⁽³⁾ However, a stu-

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dy shows that between the years 2010 and 2017 in Brazil, there was a predominance of syphilis in individuals with complete high school. ⁽⁴⁾

Despite the large number of public policies, there is still a need for preventive actions that become effective. Due to the high rates of confirmed syphilis cases, the bond between the professional nurse and the population is important in order to make the actions effective and impacting on the population's sexuality and health. The guidelines in relation to syphilis must be passed on to such a public, respecting age and the levels of understanding in the individuality of each one. For this to happen in a natural way, it is important and necessary for the professional to know the public to which he will work, which is the basis for the research. ⁽⁵⁾

Despite the wide range of information and campaigns carried out on syphilis, the rates of reported cases are alarming, which reveals a gap in this process. Interventions related to the disease must be effective to control transmission. ⁽¹⁾ It is the role of the health professional to offer guidance centered on the person with an active sex life and their practices in order to help them

recognize and minimize their risk. Therefore, through the high rates of the disease, it is perceived the need to assess the knowledge of individuals in relation to syphilis, since the main figure for controlling the disease is the population itself.⁽³⁾

Such information regarding the population's knowledge about the disease is essential so that health professionals in the municipality can create strategies to solve the population's doubts and the main deficits related to the knowledge about the disease, such as how the treatment is carried out, and what are the main difficulties faced in relation to this process, based on the sample of individuals interviewed. In view of the growing increase in infection, the MS has requested the expansion of the diagnosis and treatment of syphilis for Primary Health Care (PHC) through the rapid testing and administration of Benzathine Penicillin as prescribed by a doctor.⁽²⁾

Thus, the research used simple questions for the research participants to answer the guiding question: What is the knowledge of users of the Family Health Strategy about syphilis? Therefore, the article aims to understand the knowledge of users of family health strategies about syphilis in a city in the Midwest of Minas Gerais.

METHODS

This is a qualitative, descriptive exploratory study carried out in the Family Health Strategy (FHS) in the city of Cláudio. The municipality is located in the Midwest region of Minas Gerais, has a Human Development Index (HDI) of 0.709 according to the last census (2010) and according to estimates by the Brazilian Institute of Geography and Statistics (IBGE), had in 2017 approximately 28,287 population.⁽⁶⁾

Twenty users of an ESF in the city who were in the waiting room were selected for the study, the selection being random. As inclusion criteria, men and women over the age of 18 participated in the study. Users under 18 years of age were excluded from the study, individuals who refused

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Data collection was carried out between April 2018 and June 2018, through an interview using a semi-structured questionnaire. The semi-structured interview deals with the formulation of basic questions for the investigation of a certain topic, which allows the researcher to discover the reality.⁽⁷⁾

For analysis, the interviews were recorded with the participants' authorization and later transcribed. The referential used was that of Minayo, which is subdivided into stages, namely: ordering, which takes place by the organization of the collected material, transcription and organization of the collected statements and classification of the material, in which the collected statements are compared with what is really relevant to the work, with scientific foundations and the analysis itself.^(8,9)

The data obtained through the questionnaire were transcribed, analyzed and based on studies, the responses were interpreted. The material was thoroughly analyzed and its responses gave rise to categories and themes that will answer the guiding question.

The present study followed Resolution CNS/CONEP 466 of December 12, 2012, which approves the guidelines and standards for research involving human beings.⁽¹⁰⁾ The data were only collected after the research was approved by the Research Ethics Committee of the University of the State of Minas Gerais (COEP/UEMG), approved with the CAAE number: 89084618.3.0000.5115.

When the questionnaire was applied, the Free and Informed Consent Term (ICF) was made available for reading and signing, also signed, in two copies of the same content. To maintain confidentiality, codes were used to identify the participants, example: Usu. 1.

RESULTS

From the interviews, two different thematic categories were listed: General knowledge about syphilis and Health Education.

General user knowledge of Syphilis

Regarding basic knowledge about syphilis, we can see that the interviewees have limited information. What calls our attention is that 70% of the participants say they know it is a disease, but they did not know how to cover the subject or even explain it, others answered that they have heard about it, but do not remember more than if treats.

I've heard of it, but I don't remember very well what it is (Usu. 8)

Yes, I know, it's that disease. No... I can't explain it. I've heard about it. (Usu.10)

I know it's a disease, but I'm not sure how it is (Usu. 16)

It is a disease that we catch by the sexual act, it is a sexually transmitted disease (Usu. 5)

Regarding its transmission, 90% of the participants answered that it was through sexual intercourse, demonstrating the lack of knowledge about other forms of contagion and 10% admitted that they did not know. It is noticed that the interviewee is fully aware that syphilis is a Sexually Transmitted Infection (STI), is transmitted by the sexual act without a condom, but this knowledge among the interviewees is restricted.

I know, it's a disease transmitted by sexual intercourse (Usu. 9)

It is a disease that is caught through sex (Usu. 11)

Yes it is a sexually transmitted disease (Usu. 17)

Well, syphilis as far as I know is a sexually transmitted disease (Usu. 20)

'Uai', I know. If you don't use a condom and don't take care of it, it's over! (Usu. 2)

Laughter: "Uai, if you do without (condom) (Usu. 6)

No. I knew, only I was afraid to say (Usu. 10)

Me neither (Usu. 19)

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Related to the signs and symptoms of syphilis, there is an almost total ignorance of the interviewees, which is alarming, of all the interviewees only one knew how to report some of the symptoms of syphilis.

Yes, warts on the intimate part of men and women. There may also be warts in the mouth and spots spread over the body. (Usu. 17)

Directed to the name of the exam performed, there was also a lack of knowledge on the part of the interviewees. The minority (20%) of the participants who knew how to report the name of the exam are people with a higher level of education or because they have already taken the exam at some time. Most responded by doing the blood test, not knowing how to specify the name.

We can observe an insecurity when answering the questions, which shows the doubt and insecurity. Some interviewees reported that it is alarming through preventive measures, since the lack of knowledge of the other interviewees appears to us. This makes it clear that the information provided by professionals is not being self-sufficient, leaving a gap for users.

Blood test? (Usu. 1)

By blood? (Usu. 2)

Of blood. I took the exam, but I didn't go into it to know what it was, no. It was negative and that's it. Let's try to know only when something is positive (Usu. 3)

Neither. Blood test? (Usu. 5)

Of blood? I don't know (Usu. 8)

It's not through that exam, is it? Of cervical prevention? (Usu. 4)

No, I think it's done together with the preventive (Usu. 6)

VDRL (Usu. 17)

It's the VDRL, right? (Usu. 13)

When asked about the interviewee's knowledge related to someone who has had syphilis, only one interviewee reported knowing any case.

No, I don't know (Usu. 14)

I don't remember at the moment (Usu. 16)

I know, she found out when she got pregnant (Usu. 2)

Health education

In this category, the importance of health education was listed, aiming at disease prevention through educational actions, providing empowerment and information related to the disease.

There were reports that the test was performed, but there were no guidelines related to the disease. Another interviewee reported seeing posters and pamphlets, however, no professional approached her to discuss the matter. In the survey there was a small minority who reported having received some guidance in the school networks, which demonstrates that the information passed on to young people is hardly forgotten.

No, I only took the exam when I went for prenatal care, but nothing explanatory. I just took the exam and it was negative, nothing else was said (Usu. 3)

No, nobody approached me or even commented on it (Usu. 8)

No, it was never spoken (Usu. 16)

I don't think so, I just saw posters here at the post (Usu. 10)

Not in the health area, but at school, yes. After you started talking I remembered school (Usu. 2)

At school and college, yes, through lectures by health professionals. But not in the unit (Usu. 5)

All participants denied knowing how to treat syphilis, as until then, few were aware of it.

DISCUSSION

From the study it was observed that the knowledge of users of the Family Health Strategy (FHS) in the city of Cláudio about syphilis is limited. Most of the ques-

tions in the questionnaire did not have correct and/or concrete answers, showing a major problem in the reality of the Unit or even the municipality.

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum* to which it has four stages: primary, secondary, latent and tertiary syphilis. Primary syphilis manifests itself through small asymptomatic wounds, which can appear on the mouth or genitals. The secondary becomes visible through spots on the body, in the latent phase there is a false impression of improvement due to the disappearance of symptoms. In the third phase, the infected person presents changes in the skin, vascular, neurological system and bones, in this phase the patient may die. When diagnosed within one year it is recent syphilis and after one year of infection it is called late syphilis.⁽²⁻⁴⁾

In order for syphilis to be diagnosed, a conjuncture must be made between the individual's history, clinical data and results of laboratory tests to detect antigens and antibodies.⁽⁴⁾ Even though it is a simple exam in which it can be performed and requested in the health units themselves, the rapid test for STIs is usually requested in most cases only for pregnant women, combined with other tests that make up the prenatal routine.⁽²⁾ Considering the fact that the rapid test is not performed frequently, it is justified the lack of knowledge on the part of the interviewees related to the type of exam to detect syphilis.

The rapid test for STIs is able to detect the presence of syphilis infection within 20 minutes. It is performed after a puncture in the patient's digital pulp, which after contacting a device with a nitrocellulose tape, shows the result. If the patient presents a positive result, the patient is referred to the Venereal Disease Research Laboratory (VDRL) for confirmation of the diagnosis.⁽¹¹⁾

Health Education can be cited as a set of actions, which aims to alter or increase the knowledge and attitudes of the population, aiming at improving health and quality of life and should not be considered as a simple dialogue. For the

teachings to stand out, it is necessary that the exchanges of information are constant, making sure that the information passed on does not fall into oblivion and they have critical thinking related to their choices.⁽¹²⁾

Of the interviewees, 70% reported not having received any information on the subject by the health professional in the reference FHS, which makes it clear that Health Education is not being effective. Even though syphilis is an STI with simple treatment, the respondents' lack of knowledge and doubt is evident in the reported responses, which shows the lack of information from the population.

The lack of information can be a consequence of a series of factors that must be evaluated and taken into account. The main one is the knowledge of health professionals in relation to syphilis, as the training of professionals has much to add with regard to actions and approach to the population, being decisive in reducing the number of cases. The more informed and prepared the professional and his team are, the better the results obtained related to prevention, diagnosis and even treatment.⁽¹³⁾

Among the nurse's duties in the Basic Health Unit, we can highlight the importance of guidance. It is the duty of the nurse to guide individuals regarding the importance of condom use, this being a double protection, explaining that the multiplicity of partners is considered a risk factor for the emergence of possible infections and emphasizing the importance of carrying out the detection test as HM guidelines.⁽¹⁴⁾

Educational actions and guidelines have great influence with regard to the control of high syphilis rates, which makes its importance in health education transparent, being an alternative for prevention. For this strategy to be valid, it is necessary that health professionals have technical and scientific knowledge so that information that the population can really absorb is passed on.⁽¹⁵⁾

As for the limitations of the study, the sample number of respondents used in

the survey is considered a barrier to conducting the study, since several users were resistant and afraid to answer some questions because it is a survey on STIs.

CONCLUSION

The main objective of the research was to ascertain the level of knowledge

of FHS users. Based on the responses of the interviewees, a significant lack of knowledge regarding the syphilis pathology in the FHS of the city of Cláudio MG was evidenced. The lack of information can have negative consequences as well as the increase in the number of cases in the city and region, since 70% of the interviewees have no knowledge

about syphilis and 100% of the participants claimed that this issue was never addressed in the FHS.

Finally, this study is necessary for reflection by professionals in relation to the real information that is being passed on to the population and whether it is understood by the user, since the levels of understanding are diverse. ■

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