

Health education as a strategic tool in the prevention of sexually transmitted infections: Experience Report

Educação em saúde como ferramenta estratégica na prevenção de infecções sexualmente transmissíveis: Relato de Experiência

La educación para la salud como herramienta estratégica en la prevención de infecciones de transmisión sexual: Reporte de Experiencia

RESUMO

Objetivo: relatar a experiência de uma ação de educação em saúde como estratégia de prevenção de infecções sexualmente transmissíveis em profissionais do Setor de Distribuição de Energia Elétrica. Método: trata-se de um relato de experiência sobre uma prática de educação em saúde realizada em dezembro de 2021 com profissionais do Setor de Distribuição de Energia Elétrica, de um município do nordeste. A elaboração ocorreu em três etapas: avaliação diagnóstica situacional, a promoção da educação em saúde e avaliação pós-ação educativa. Resultado: desenvolveu-se práticas de educação em saúde através da realização de teste rápido de HIV, Sífilis, Hepatite B e C, orientação sobre as principais formas de transmissão e prevenção, aconselhamento pré-teste e pós-teste e aplicação de avaliação pós-ação educativa. Conclusão: as ações de educação em saúde são importantes ferramentas para a promoção do conhecimento sobre as formas de prevenção e do tratamento de infecções sexualmente transmissíveis.

DESCRIPTORIOS: IST; Educação em Saúde; Enfermagem.

ABSTRACT

Objective: to report the experience of a health education action as a strategy to prevent sexually transmitted infections in professionals in the Electricity Distribution Sector. Method: this is an experience report on a health education practice carried out in December 2021 with professionals from the Electricity Distribution Sector, in a municipality in the northeast. The elaboration took place in three stages: situational diagnostic assessment, promotion of health education and post-educational assessment. Result: health education practices were developed through rapid testing for HIV, Syphilis, Hepatitis B and C, guidance on the main forms of transmission and prevention, pre-test and post-test counseling and the application of post-test evaluation. educational action. Conclusion: health education actions are important tools for promoting knowledge about ways to prevent and treat sexually transmitted infections.

DESCRIPTORS: IST; Health education; Nursing.

RESUMEN

Objetivo: relatar la experiencia de una acción de educación en salud como estrategia de prevención de infecciones de transmisión sexual en profesionales del Sector Distribución Eléctrica. Método: se trata de un relato de experiencia sobre una práctica de educación en salud realizada en diciembre de 2021 con profesionales del Sector de Distribución de Energía Eléctrica, en un municipio del nordeste. La elaboración se llevó a cabo en tres etapas: evaluación diagnóstica situacional, promoción de la educación en salud y evaluación poseducativa. Resultado: se desarrollaron prácticas de educación en salud a través de pruebas rápidas de VIH, Sífilis, Hepatitis B y C, orientaciones sobre las principales formas de transmisión y prevención, consejería pre y post prueba y aplicación de la acción educativa post prueba. Conclusión: las acciones de educación en salud son herramientas importantes para promover el conocimiento sobre las formas de prevenir y tratar las infecciones de transmisión sexual.

DESCRIPTORES: Epidemiology; Children's; Brazil.

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INTRODUCTION

Sexually transmitted infections (STIs) are manifestations caused by unprotected sex where contamination can occur by both men and women in which one of the partners is infected in the unprotected sexual act. The contagion can take place orally, anal and vaginally, and can also be transmitted from mother to child during pregnancy, childbirth and breastfeeding.¹

According to the World Health Organization (WHO) more than one million people are infected with STIs every day, reaching 500 million with curable STIs (syphilis, chlamydia, trichomoniasis and gonorrhea) annually. It is also estimated that 530 million may be infected with the genital herpes virus and 290 million women with HPV. Therefore, STIs constitute a public health problem arising from developing countries, requiring policies aimed at combating this worrying scenario.²

In Brazil, from 2007 to 2017, 230,547 cases of HIV infection (Human Immunodeficiency Virus) were reported to the Ministry of Health, while in 2017 there were 42,420 new cases of HIV

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and 37,791 cases of AIDS (Acquired Immunodeficiency Syndrome), with a detection rate of 18.3 per 100,000 inhabitants. In the last five years, the country has registered an average of 40,000 new AIDS cases, of which about 67% are men and 33% are women. It is estimated that around 866 thousand people are living with HIV (PLHIV) in the country and that, of these, 135 thousand do not know their serological status.³

A study found that there are few Brazilian studies that show epidemiological data on STIs and their impacts, a fact that is associated with underreporting, as well as the lack of sentinel studies.⁴

Among the soft technologies in health, there is counseling in which it is an important practice contributing to the reduction of transmission of STIs/HIV/AIDS. Such care has effectiveness and impact by reducing situations of risk of exposure to diseases by allowing a direct exchange in addition to greater interaction with health service users. Therefore, high-quality counseling and testing are essential as they decrease risk behavior for new infections.⁵

In this context, it is important to carry out universal actions and inter-

ventions aimed at sensitizing various fields of activity and population groups, aiming to make them adhere to the activities proposed by the educators. These measures constitute the health education process, which must respect the most favorable place, time availability, characteristics of each group and the problems presented.⁶

Educational practices on STIs need to reach their audience in order to mobilize them so that the information generates an action. Practices are fundamental for changes in risk behaviors of adults who make up the workforce of companies, providing them with scientific and correct information and, thus, contributing to a healthy sex life and to the reduction of the incidence of STIs among them. Health education seeks to promote self-care and quality of life and not just disease prevention.⁷

The National Health Promotion Policy (PNPS) of the Unified Health System (SUS) establishes that health promotion involves a dialogue between popular knowledge, traditional and scientific, in addition to requiring the articulated integration of all social actors and sectors aimed at the individual and collective good.⁸

The nurse, as a propagator of knowledge, is able to promote, through health education, modifying behaviors in their community through welcoming, effective and judgment-free communication, establishing a bond and trust during their work.

Thus, given the incidence of STIs, the vulnerability of population groups, the need for permanent actions on the part of health professionals, including nurses, is clear. In this context, this study aimed to report the experience of a health education action as a STI prevention strategy in professionals in the Electricity Distribution Sector.

METHODS

This is an experience report on a health education practice carried out with

professionals from the Electric Energy Distribution Sector carried out in a municipality in the interior of the northeast, with a population of approximately 63,217 inhabitants.

The educational action was carried out in December 2021, as an integral part of the actions alluding to “Red December”. The executing team was composed of Nurses and Nursing Technicians from Primary Health Care, professionals from the Electricity Distribution Sector participated in the action. Health education practices were developed in carrying out rapid tests for HIV, Syphilis, Hepatitis B and C, guidance on the main STIs, forms of transmission and prevention, pre-test and post-test counseling. The construction of the educational action took place in three stages: the first consisted of the situational diagnostic evaluation, the second stage was the Promotion of Health Education and the Application of post-educational evaluation.

It was used as an inclusion criterion for participation in the educational action: all professionals in the Electricity Distribution Sector who willingly wished to participate. Exclusion criteria were: Professionals who were on vacation, leave or away due to illness, or who were operating in the rural area of the municipality.

As it is an experience report, the present study does not require the approval of the Research Ethics Committee - CEP. The information was compiled, without the possibility of identifying the subjects, which is in line with resolution 510/2016 of the National Health Council, which determines the specific ethical guidelines for research in the human and social sciences.⁹

EXPERIENCE REPORT

Health education is considered an important strategy for action and community participation, not only for the consolidation of Primary Health Care, but also for the Unified Health

System itself. Educational practices offer subsidies for the adoption of new life habits, being relevant instruments for health promotion and prevention.¹⁰ The educational action took place in three stages:

1st Step: Situational diagnostic assessment

Initially, a schedule of actions to be carried out in December was prepared by the Coordination of STIs/Aids, with the establishment of priority groups. The Red December, is a campaign instituted by Law nº 13.504/2017, which presents a great national mobilization in the fight against the HIV virus, AIDS and other STIs, signaling the importance of prevention, assistance and protection of the rights of people living with HIV.¹¹

Subsequently, a technical visit was carried out at the operational base of the service provider of the energy concessionaire. In order to do so, the structure and equipment available, the number of professionals who would participate in the action and the definition of operational logistics on the day that the educational practice would take place were analyzed. Based on the diagnostic evaluation, health professionals and supplies that would be needed to carry out the educational activity can be predicted.

The diagnostic evaluation allows an initial survey of local care needs, as well as a situational diagnosis, where the prevalent problems are identified in the search for a future solution.¹²

2nd Stage: Promotion of Health Education.

At this stage, the Promotion of Health Education was carried out. On December 16th, 2021, in the morning shift, lasting three hours, aimed at the public of workers in the energy distribution sector, guidance was developed on the main STIs, forms of transmission and prevention measures, with pre-test counseling.

Therefore, the worker who so wished

was referred for rapid tests for HIV, Syphilis and Hepatitis B and C. After collection, the result was informed in a private room and post-test counseling was carried out.

The prevention of STIs is an assignment that involves structural, social and behavioral issues, difficulty in accessing health services, prejudice and stigma. These limitations, which are rooted in society, limit access to information and thus hamper the implementation of knowledge of safe sexual practices.¹³

The test and treat binomial is equivalent to a strategy called Treatment as Prevention (TasP). In it, testing is linked to treatment, thus presenting a function of controlling transmission, reducing risk behavior and preventing new infections.^{12,13}

However, in a survey carried out in Baixada Fluminense, it was found that the test and treat sequence is not always carried out in a linear and automatic way, as recommended by the technical guidelines. Furthermore, testing is not understood by health professionals as a preventive measure, population epidemiological control and interruption of the transmission chain. But rather, as a user's right to an early diagnosis and treatment.¹⁴

Linked to such preventive measures, health education is a priority tool in Primary Care in the prevention and promotion of health, with the Nurse as a prominent actor in these actions. Health education permeates every action on the part of the nurse, whether with the health team, with the user individually or collectively, thus, it is not possible to dissociate the health practice in the care, management and educational scope, because in all these scenarios the nurse is considered an educator.¹⁵

3rd Stage: Application of post-educational evaluation

In this stage, a dynamic application was carried out through the post-educational activity evaluation in which four questions were formulated on the topic

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Health education seeks to promote self-care and quality of life and not just disease prevention.

addressed and on the evaluation of the workers' knowledge. The answers were based on four options: excellent, good, fair and bad with the respective illustrative figures of each reaction for free choice. The evaluation respected the anonymity of each participant.

During the activity, the workers showed interest in participating and it lasted up to 30 minutes to deliver the activity. In this way, it was possible to create a moment of interaction as well as to obtain feedback on the degree of understanding of them.

CONCLUSION

Health education actions are important tools for promoting knowledge about ways to prevent and treat STIs. These strategies promote the accessibility of workers about the risks and contagion of these infections and the consequences they can bring to health. In addition, they allow the empowerment of workers, clarifying doubts and making them aware of this problem.

Thus, it appears that educational health actions are necessary to encourage healthy sexual behavior and practices for both partners in order to make them co-participants. Therefore, educational practices are fundamental for safe changes in populations that are in a situation of vulnerability, not only related to disease prevention, but also promoting quality of life and self-care.

The activity allowed a dynamic approach on the subject where it was possible to interact with the workers, sensitizing them about the importance of this subject and providing the enrichment of information, visualizing the difficulties in addition to contributing to the improvement of their knowledge.

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