Community Health Workers' Perception of Difficulties in Approaching Tuberculosis Contacts

Percepção de Agentes Comunitários de Saúde Sobre as Dificuldades na Abordagem dos Contatos de Tuberculose

Percepción de los Agentes Comunitarios de Salud Sobre Dificultades para Atender los Contactos de Tuberculosis

RESUMO

Objetivo: Explorar, segundo percepção de Agentes Comunitários de Saúde, dificuldades na abordagem de contatos de tuberculose. **Método:** A pesquisa foi aprovada em todas as instâncias gestoras: Comitê de Pesquisa da Faculdade Santa Marcelina: CAAE:74594423.7.0000.8125; Comitê de Pesquisa da Prefeitura Municipal de São Paulo: CAAE: 74594423.7.3001.0086; Comitê de Pesquisa da Casa de Saúde Santa Marcelina: CAAE: 74594423.7.3003.0066. Pesquisa de campo, descritiva, com recorte transversal e abordagem qualitativa. **Resultados:** À vista dos ACS, o comportamento da população é unânime, com fortes tendências passivas ao próprio cuidado, congruentes ao modelo biomédico. Não parecem ter consciência de como ações de prevenção podem dar-lhe autonomia em diminuir o risco de adoecer **Conclusão:** O Técnico de Enfermagem tem maior respaldo na coleta de escarro na residência do paciente, de modo a agilizar o processo diagnóstico de Infecção Latente de Tuberculose (ILTB).

DESCRITORES: Tuberculose; Infecção Latente.

ABSTRACT

Objective: To explore, according to the perception of Community Health Agents (ACS), the difficulties in addressing tuberculosis contacts. **Method:** The research was approved by all managing bodies: Research Committee of Faculdade Santa Marcelina: CAAE: 74594423.7.0000.8125; Research Committee of the São Paulo City Hall: CAAE: 74594423.7.3001.0086; Research Committee of Casa de Saúde Santa Marcelina: CAAE: 74594423.7.3003.0066. A field-based, descriptive research with a cross-sectional design and a qualitative approach. **Results:** From the ACS's perspective, the behavior of the population is unanimous, with strong passive tendencies regarding self-care, consistent with the biomedical model. They do not seem to be aware of how preventive actions can empower them to reduce the risk of falling ill. **Conclusion:** The Nursing Technician has greater support in collecting sputum at the patient's residence, thus speeding up the diagnostic process for Latent Tuberculosis Infection (LTBI).

KEYWORDS: Tuberculosis; Latent Infection.

RESUMEN

Objetivo: Explorar, según la percepción de los Agentes Comunitarios de Salud (ACS), las dificultades en el abordaje de los contactos de tuberculosis. **Método:** La investigación fue aprobada en todas las instancias gestoras: Comité de Investigación de la Facultad Santa Marcelina: CAAE: 74594423.7.0000.8125; Comité de Investigación de la Alcaldía de São Paulo: CAAE: 74594423.7.3001.0086; Comité de Investigación de la Casa de Salud Santa Marcelina: CAAE: 74594423.7.3003.0066. Investigación de campo, descriptiva, con un diseño transversal y enfoque cualitativo. **Resultados:** Según la percepción de los ACS, el comportamiento de la población es unánime, con fuertes tendencias pasivas hacia el autocuidado, congruentes con el modelo biomédico. No parecen ser conscientes de cómo las acciones preventivas pueden darles autonomía para reducir el riesgo de enfermar. **Conclusión:** El Técnico en Enfermería tiene mayor respaldo en la recolección de esputo en el hogar del paciente, agilizando así el proceso diagnóstico de la Infección Latente de Tuberculosis (ILTB).

DESCRITORES: Tuberculosis; Infección Latente.

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INTRODUCTION

Latent Tuberculosis Infection (LTBI) is an important public health problem, as it contributes to the maintenance of high tuberculosis rates in Brazil. [6,11] The National Tuberculosis Control Program establishes the goal that health teams identify and examine at least 80% of people who have contact with people affected by tuberculosis. [6,11] However, evidence shows that, in Brazil, on average, less than 50% of this contingent undergoes tests to investigate tuberculosis. [6,11] This reality keeps the country among those with the highest burden of the disease in the world. 6 The control of communicators is protocoled in five actions:

> Identification of people at greatest risk of having LTBI or at greatest risk of becoming ill; correct identification and adequate monitoring; notification of people who will undergo LTBI treatment; monitoring and evaluation of people undergoing treatment [6, 11].

In the diagnosis of people with LTBI, the following should be recommended: radiological examinations, bacilloscopy for respiratory symptoms, which aim to rule out active tuberculosis, sensitivity testing with (PPD) "Purified Protein Derivative or (IGRA) Interferon Gamma Release Assay and clinical anamnesis. [6] Failure to pay attention to these aspects favors both the development of the disease and reinfection of the index case. [6, 11] The greatest risk of illness, in the case of LTBI, occurs in the first two years after infection, however the latency period can extend for many years. [6,11] People living with HIV/AIDS have an increased risk of becoming ill. [6] The World Health Organization (WHO) in 2015 published a strategy that aims to eradicate tuberculosis by 2035. [6] For this to happen, the engagement of health professionals needs to be intense at all levels of care, especially in Primary Care, which must be the user's main entry point into the health system. [6] At this level of care, Community Health Agents (CHA), due to their duties and responsibilities (registration of families and users, monthly home visits, discussion of cases in teams, counseling, reception) constitute an essential resource for controlling LTBI through contact control. [5] The assessment of the degree of exposure must be individualized. The research reported here aimed to explore, according to the perception of Community Health Agents, difficulties in approaching contacts of patients with tuberculosis.

METHOD

Field research, descriptive, with a cross-sectional design and qualitative approach.[4,2,1] The research field was a Basic Health Unit located in Itaquera (East Region) under the Technical Supervision of Health of Itaquera (STS) in the city of São Paulo. This UBS is called mixed, that is, it has seven Family Health Teams and other professionals who serve users, following the guidelines of the traditional Primary Care model. In total, the population registered and under the responsibility of this UBS is: 21,790 on average. The team regularly monitors 30 tuberculosis patients. Considering that, for each case of tuberculosis, there are at least four people who have contact with the affected person, this UBS has around 120 tuberculosis contacts. [4,2,1]

The subjects of this research were 23 Community Health Agents. The inclusion criteria were: working as a CHW at the UBS for more than two months, consenting, after being informed and enlightened about the objectives, risks and benefits of the research, to participate as a subject of the study and signing the Terms of Free and Informed Consent, Authorization for use of image and testimony. The research was approved by the different management bodies involved and responsible for this UBS: Research Committee of the Santa Marcelina College: CAAE: 74594423.7.0000.8125; by the Research Committee of the City Hall of São Paulo: CAAE: 74594423.7.3001.0086; by the Research Committee of the Santa Marcelina Health House: CAAE: 74594423.7.3003.0066.

Action Plan

On June 13th, 2024 at 3:00 p.m., a

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meeting was held with the 23 CHAs and a questionnaire was applied with questions that included: "What are the difficulties you encounter in identifying and convincing a tuberculosis contact to go through the evaluation process for LTBI diagnosis?" and "What are the difficulties you encounter in adhering to LTBI treatment?". Data analysis was performed according to the theoretical framework of Bardin (1977), Minayo (2001), Franco (2005) who deal with content analysis. [8-10] These authors suggest the prior definition of analysis categories that make it possible to group content obtained from different subjects with a view to issuing consensus and similarities between the discourses. The responses were numbered with a view to systematizing the analysis of the content. [8-10]

RESULT

In order to delimit the field, we chose the criterion of verifying the largest number of tuberculosis cases in the UBS surveyed, located in the district of Itaquera. In this district, 34% of the population is covered by the Family Health Strategy and, when added to Primary Care, this indicator jumps to only 66.3%.[3, 12]

LINK:"ESTABELECIMENTOS E SERVIÇOS DE SAÚDE DA REDE MUNICIPAL POR DISTRITO ADMINISTRATIVO

The Basic Health Unit studied has, on average, thirty patients undergoing tuberculosis treatment. Evidence indicates that, for each case of tuberculosis, there are four contacts. Based on this basis, it is assumed that there are 120 contacts. The goal is to reach at least 80% of these people, since this is the percentage of the National Tuberculosis Control Program in Brazil, that is, 96 contacts. Strategies such as street clinics can be a good solution to intercept people who live in free areas and who have fragile or interrupted family ties. [12;3] Although the incidence rate for tuberculosis is not the highest in the East Zone (47%), the number of cases in 2021 (265 cases) is noteworthy, as this is a warning about a reality that requires investigation and resolution of the current scenario. [3, 12]

1.Analysis of primary data

To the surprise of the research team, regardless of the variables chosen, the behavior of the population in relation to the disease when seen by the CHA is unanimous: they have a strong tendency towards the biomedical model; the citizens place themselves in a passive and resistant position in relation to their health status. They do not seem to be aware of how preventive actions can give them autonomy in relation to the risk of contracting the disease, combined with a timid intervention by the CHA that is decisive.

The graphs and transcriptions or adaptations of the most relevant parts of the responses given to the questionnaire are considered.

The difficulties of the CHAs were divided into subgroups (as follows), based on the word count obtained in the tabulations, with unanimity for "Does not believe/Does not understand", representing 47% of responses indicating that the registered individuals do not understand the disease sufficiently to adhere to treatment.

Next, we have "Time/Work", which shows that 24% of the registered individuals work and do not have time to go to the unit, making evident the need for the Saúde na Hora program and its strategies to expand access.

Graph 1 - (São Paulo - SP, Itaquera - Brazil, 2024)

Speech (CHW)	Does not believe/does not understand	Denial	Work time	Adverse reactions	Displacement	Bond
Difficulties	18	2	9	1	6	2
Variation (%)	47%	5%	24%	3%	16%	5%

Source: own authorship

The strategic possibilities practically emerged from the needs. Considering the Saúde na Hora program, the unanimous choice was "extended hours," with 24% relevance in the survey, followed by actions from the "Public Power," such as policies, research, and investment.

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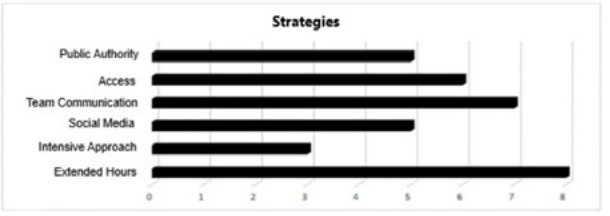
Graph 2 - (São Paulo - SP, Itaquera - Brasil, 2024)

Speech (CHW)	Extended Hours	Intensive Approach	Social Media	Team Communication	Access	Public Authority
Strategies	8	3	5	7	6	5
Variation (%)	24%	9%	15%	21%	18%	15%



Source: own authorship

From the transcripts

In accordance with the commitment made in this research, after applying the questionnaire instrument containing the guiding question "What are the difficulties you encounter in identifying and convincing a tuberculosis communicator to adhere to treatment?", below is a sample of the transcripts or summarized paraphrases of the interviewees' responses to the questionnaire:

(MGM), female, 60 years old, 252 months of work: "Patients do not believe in the disease and do not have time to come to the UBS, the work schedule is not compatible with the operation of the health unit. When I identify any sign or symptom, I ask them to go to the UBS and I immediately give them the little jar for sputum collection. They think the medication is very bad and deny the disease. I work in an area with a high potential for transmission with cases of drug addiction and people living on the streets".

(MAN), female, 65 years old, 192 months of work: "Patients say they have nothing and do not need treatment. I suggest that one strategy is to encourage these people more about the disease and its consequences. When I identify any sign or symptom, I advise the individual to go to the UBS to collect the BK test.

(MSPS), female, 53 years old, 156 months as a Community Agent. The difficulties she faces are that the patient is resistant to medication, due to adverse reactions and difficulty in understanding the severity of the disease. Public media should create dissemination strategies and there needs to be better involvement of the team. She reports that she has a friendly relationship with the population of her territory; when faced with a person with respiratory symptoms, the CHA provides the container for the first BK collection and confirms whether the person knows how to collect it. Most patients adhere to the treatment, but there are many complaints about the adverse effects of the medication.

(RPFS), female, 52 years old, 156 months working as a CHA, explains that the population does not understand the severity of the disease, and that the best strategy to leverage the indicators would be a media campaign. Although the relationship between the CHA and the population is pleasant and friendly, there is a difficulty in fully trusting the work of the Community Agent. Another obstacle mentioned is the difficulty for the patient to go to the unit. When identifying signs of symptoms, the CHA advises the patient to go to the UBS to collect the BK. If the patient has any difficulty with this, a technician should go to the home.

DISCUSSION

When taking the research to the field, in practice, the difficulties faced by Community Agents were witnessed, when tabulating and counting the incidence of words they used to describe the problems and opportunities in the form of new strategies regarding the control of LTBI and TB in the area covered by the UBS researched.

The individual's belief that he or she is healthy is only contradicted by the medical professional, which leads to a clear delay in diagnosis, and when LTBI or TB is finally diagnosed, the patient's prognosis is already poor, and may even lead to hospitalization in a possible emergency room isolation. Still speaking of difficulties, a considerable part of the population does not have time to undergo TB treatment, since the Saúde na Hora program in São Paulo is still in its infancy. It is clear that an important strategy for TB control and early diagnosis of LTBI is emerging through this policy. However, the CHAs do not have legal support to assist in this collection at the patient's home, taking advantage of a window of opportunity for an earlier diagnosis, in order to align with the guidelines of the Ministry of Health.

The intriguing fact found in this research is precisely at the beginning of the LTBI/TB diagnostic process, that is, sputum collection; therefore, most CHAs advise patients with respiratory symptoms to collect sputum and deliver it to the professionals at the UBS. This procedure raises the

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question: knowing that the population is naturally passive in relation to their overall health situation (biomedical model), how could we guarantee the timely delivery of sputum for bacilloscopy?

The numbers show evidence that, with less than 20% of respiratory symptomatic patients diagnosed compared to an 80% target set by the Ministry of Health, we can conclude that simply leaving the collection container in the patient's hands does not guarantee that the sample will reach the laboratory in time. It is worth reiterating that the CHA takes this action because it does not have legal support to assist in the collection, identify the sample and transport it back to the unit.

Limitations of the Study

It is reiterated that the CHA does not have legal support to assist in the collection, identify the sample and transport it back to the Basic Health Unit.

CONCLUSION

It is necessary to rethink the process as a whole and reinforce training strategies. It is important to reflect on how we can increase the number of LTBI/TB diagnoses. Nursing technicians would be of great value in enriching care, contributing with a range of expected knowledge, as requested by the Community Health Agents themselves.

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