

EDUCATIVE ACTION FOR COMMUNITY HEALTH AGENTS IN THE PREVENTION AND CONTROL OF SYPHILIS

Ação educativa para agentes comunitários de saúde na prevenção e controle da sífilis

Acción educativa para agentes comunitarios de salud en la prevención y control de Sífilis

Description or evaluation
of experiences, methods,
techniques, procedures and tools

ABSTRACT

Objective: To describe the experience of educative actions involving the Community Health Agents (CHA) for the prevention and control of syphilis cases in Sobral, Ceará. **Data synthesis:** This is the account of an interventionist experience, held in the period from June to July 2012 in a Family Health Center of Sobral, Ceará, identified as the one with the highest incidence of syphilis in the county in the year 2011. An average of 20 CHA participated in the actions. The educational approach went through the phases of planning, implementation and evaluation. Planning consisted in the identification of the service territory, epidemiologic data and the participants in the action. The implementation process occurred in two meetings, organized in three stages: embracement; development, in which the participants' prior knowledge was investigated, and a talking circle was facilitated for the topic discussion; and closing. Evaluation was performed from the point of view of both the CHA and the facilitators. Some weakness was noticed in knowledge regarding transmission, symptoms, and other aspects of the disease. The talking circle provided opportunity for the CHA to raise questions, for discussions about the feelings generated by the diagnosis, and sensitization to the importance of requesting syphilis screening. **Conclusion:** The educational activity with the CHA contributed to strengthening those professionals' work on the prevention and control of syphilis. The discussions, questionings, and the generated intervention proposals are seen as favourable to the learning on the subject.

Descriptors: Health Promotion; Syphilis; Health Education.

RESUMO

Objetivo: Descrever a experiência de ações educativas junto aos Agentes Comunitários de Saúde (ACS) para a prevenção e controle dos casos de sífilis no município de Sobral-Ceará. **Síntese dos dados:** Trata-se de um relato de experiência de caráter intervencionista, realizado no período de junho a julho de 2012, em um Centro de Saúde da Família de Sobral-Ceará, identificado como o de maior incidência de sífilis no município no ano de 2011. Participaram em média 20 ACS. A abordagem educativa seguiu as fases de planejamento, implementação e avaliação. O planejamento consistiu na identificação do território de atuação, dos dados epidemiológicos e dos participantes da ação. O processo de implementação aconteceu em dois encontros, organizados em três momentos: acolhimento; desenvolvimento, em que se investigou o conhecimento prévio das participantes e se facilitou uma roda de conversa para a discussão sobre a temática; e encerramento. A avaliação se deu tanto do ponto de vista dos ACS como dos facilitadores. Percebeu-se uma fragilidade no conhecimento acerca da transmissão, sintomas e outros aspectos da doença. A roda de conversa proporcionou levantamento de dúvidas pelos ACS, discussões sobre os sentimentos gerados pelo diagnóstico e sensibilização quanto à importância da solicitação do exame para detecção da sífilis. **Conclusão:** A ação educativa com os ACS contribuiu para o fortalecimento do trabalho desses profissionais com a prevenção e o controle da sífilis. Considera-se que as discussões, problematizações e propostas de intervenção geradas favoreceram o aprendizado sobre a temática.

Descritores: Promoção da Saúde; Sífilis; Educação em Saúde.

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RESUMEN

Objetivo: Describir la experiencia de acciones educativas con los Agentes Comunitarios de Salud (ACS) sobre la prevención y control de los casos de sífilis en el municipio de Sobral, Ceará.

Síntesis de los datos: Se trata de un relato de experiencia de intervención realizada en junio y julio de 2012 en un Centro de Salud de la Familia de Sobral, Ceará identificado como el de mayor incidencia de sífilis en el municipio en el año de 2011. Una media de 20 ACS participaron del estudio. El abordaje educativo siguió las fases de planificación, implementación y evaluación. La planificación se dio con la identificación del territorio de actuación, los datos epidemiológicos y los participantes de la acción. El proceso de implementación se dio en dos encuentros, organizados en tres momentos: acogida; desarrollo en el cual se investigó el conocimiento previo de las participantes y se facilitó una charla para la discusión de la temática; y cierre. La evaluación se dio a partir del punto de vista de los ACS y facilitadores. Se percibió una fragilidad en el conocimiento de la transmisión, síntomas y otros aspectos de la enfermedad. La charla proporcionó el surgimiento de las dudas de los ACS, discusiones de los sentimientos generados por el diagnóstico y sensibilización de la importancia de la solicitud de la prueba para la identificación de sífilis. **Conclusión:** La acción educativa con los ACS contribuyó para fortalecer el trabajo de estos profesionales en la prevención y control de la sífilis. Se considera que las discusiones, problematizaciones y propuestas de intervención generadas influyeron en el aprendizaje de la temática.

Descriptores: Promoción de la Salud; Sífilis; Educación em Salud.

INTRODUÇÃO

Syphilis is a systemic, infectious, sexually transmitted disease (STD), of chronic evolution, with temporary cutaneous manifestations. It can be classified as acquired, gestational or congenital syphilis. Acquired syphilis is transmitted by the genito-anal area in almost all cases. Gestational syphilis occurs in pregnant women and can lead to miscarriage/stillbirth or birth defects and, if not properly treated, can cause congenital syphilis, which results from the fetus infection by the bacterium that causes syphilis through the placenta⁽¹⁾.

Syphilis rates have increased significantly due to risky sexual behaviour, multiple partners and sex without condoms. The poor quality of healthcare and places of extreme poverty are factors contributing to ineffectiveness of the early diagnosis of the disease⁽¹⁾.

The high incidence of STDs has become an important public health problem. There are currently in the world around 12 million new cases of syphilis, of which, 90%

were diagnosed in developing countries. About 500 million stillbirths occur worldwide each year and are due to congenital syphilis⁽²⁾.

In 2011, there were 112 deaths from congenital syphilis in Brazil, corresponding to a mortality rate of 3.9 per 100,000 live births, with a rate of 4.6 for the Northeast region, with 39 deaths⁽³⁾. Syphilis is thus one of the STD of great magnitude and transcendence. According to the World Health Organization, more than a million newborns are infected each year worldwide⁽⁴⁾.

The epidemiological rates of syphilis in the city of Sobral are worrying. In 2010, close to 160 cases were recorded; in 2011, up to the month of April, about 90 cases of acquired syphilis had been registered in the city⁽⁵⁾.

In view of this situation, the health promotion actions were identified as effective means of preventing and controlling syphilis, which should be strengthened and continuously developed with health professionals and the community.

Health promotion, understood in a broad conception of the health-disease process and its determinants, constitutes a promising strategy for coping with health problems affecting human populations⁽⁶⁾. The Ministry of Health refers to it as one of the health-producing strategies that articulates with other policies and technologies developed in the Brazilian health system⁽⁷⁾.

The Family Health Strategy (FHS), defined as a strategy for rendering effective Brazil's health system, the Unified Health System (*SUS - Sistema Único de Saúde*), engaged in the promotion of actions aimed at confronting the population's health-disease problems, thus seeking the longitudinality of care to the individuals and families⁽⁸⁾.

In this context, the figure of the Community Health Agent (CHA) stands out in the development of prevention and health promotion actions, contributing to the care to individuals and families. It is noteworthy that the CHA has an important role in the FHS work process, especially because of the link they must establish with the family, providing trust and respect, essential aspects in health promotion.

The CHA establishes a strong relationship between the community and the primary healthcare system, working on the development of educational activities in health and, therefore, assuming a social responsibility⁽⁹⁾. Despite considering the role played by these subjects in the inherent processes in the ESF, with regard to the prevention and control of STDs, and especially as regards to syphilis, one realizes that this disease still represents a challenge in view of the problems faced in everyday life of the family health teams. Gaps related to the continuing education of the

agents involving themes about that disease have also been identified, even though empirically.

A study performed with 366 CHAs in four municipalities in the state of Pará pointed out that their knowledge about STDs was partial, which was evidenced as to the types of signs that these diseases may present, indicating fragilities in clearness regarding the manifestations of sexually transmitted diseases in the man's body. It has also evidenced that the CHAs did not know some STDs⁽¹⁰⁾.

Therefore, there is a need to develop educational measures to CHAs, contributing to their learning, so that it enables the instigation of actions aimed at health promotion, prevention and control of syphilis in the county. It is understood that improving the health professionals' knowledge about the disease can even corroborate the detection/early identification and a favourable outcome of the cases, as well as the development of strategies that point paths to quality care.

This study thus aims at describing the experience of educational measures to CHAs for the prevention and control of syphilis cases in the city of Sobral, Ceará.

DATA SYNTHESIS

This is an account of interventionist experience developed by undergraduates of the Nursing Course at Universidade Estadual Vale do Acaraú - UVA (*Vale do Acaraú State University*), from June to July 2012, in a Family Health Centre (FHC) of Sobral, Ceará, identified as the one with the highest incidence of syphilis cases in 2011 in the city.

That FHC covers approximately 4,800 families and consists of four Family Health Teams, composed of medical professionals, nurses, dentists, nursing technicians and dental hygienists, also relying on the performance of 25 CHAs.

The invitation to participate in educational activities took place during the 'Team's conversation circle', a weekly moment when the health workers meet to discuss issues inherent in the daily work and may involve therapeutic, administrative and/or pedagogical moments. On average, 20 CHAs agreed to take part of the action.

The educational approach was organized following the planning, implementation and evaluation phases. Initially, in the planning phase, the site, epidemiology and the definition of the participants were observed, focusing on the presentation and characterization of the educational action subjects. The CHAs were identified as participants, both for being professionals who have a closer relationship with the community, as because of their need for learning.

In the implementation phase, the meetings and activities developed are described, developed in two meetings with the CHAs, at the very FHC during working hours, with average duration of one hour and a half. Each meeting involved three moments: the first, for the reception of the participants; the development one, in which the participants' prior knowledge was investigated, and the conversation circle was facilitated for discussion on the subject; and the closing, when the evaluation of each meeting was performed. The conversation circles provide health education as a space of dialogue and solidarity, involving a qualified hearing, and closeness among the participants⁽¹¹⁾.

In the evaluation of the action, the subjects' perception on the participation occurred at the closing moment, from the CHAs' statements regarding their participation, as well as during the whole approach, through the facilitators' perception concerning the development of the educational action.

In the planning phase, based on the identification of the territory with the highest incidence in the city in relation to syphilis cases, a prior visit was paid for the recognition of the FHC, the health team, the developed actions, as well as for the survey of epidemiological data and other indicators of the disease. That moment allowed contact with service professionals, facilitating the access and operationalization of the educational action. The intervention was agreed and socialized with the health centre management and other subjects involved.

Subsequently, the CHAs who would participate in the educational activity were defined. Regarding the participants' characteristics, the age ranged between 20 and 45 years, with only one male. The average service time was 6 years, although there were some CHAs with more than 20 years of service time. This is considered an important aspect, since the insertion of this professional in service for all this period favours the establishment and strengthening of bond with the community, recognizing the idea that the healthcare provider is able to perform actions tracking down the disease, and collaborate with guidance for the treatment and prevention of syphilis.

The implementation phase consisted in the performance of the educational action in itself. Each meeting was organized in three moments (reception, development and closing). At the first meeting, the embracement favoured the closeness between facilitators and participants, with the objective of raising the CHAs' sensitiveness on the syphilis issue in the city, especially in the territory of operation, rendering the educational action meaningful for those involved. It is important, therefore, the production of new

educational practices that conceive the significant learning in the development of the subjects' autonomy.

Meaningful learning is regarded as a process that allows the construction of knowledge, based on the previous knowledge of the subjects involved, associated with the problems of day-to-day work⁽¹²⁾.

The CHAs' prior knowledge was also investigated, allowing the clarification of some doubts and demystification of certain myths and taboos relating the disease. For this, a group dynamics was employed, in order to encourage the expression of doubts and feelings. Most participants recognized that syphilis is a disease transmitted through sexual intercourse, blood transfusion and pregnancy, and that the couple must undergo treatment. Dialogue permeated the conduction of this moment, adding aspects related to the disease stages and other forms of transmission, such as the use of infected utensils (scissors, nail nippers etc.). The main verbalized questions concerned the characteristics of lesions and the development stages of the disease.

The fragility of knowledge was perceived involving issues such as transmission, symptoms and other aspects related to syphilis. In addition, the CHAs reported having previously participated in other educational meetings addressing the issue of syphilis; however, it is believed that the methodology then used did not provide learning, given that, according to them, the moments resulted in a few clarifications about the disease.

The CHAs' knowledge of the STDs, including syphilis, constitutes a set of information that needs to be deepened and qualified. The types of STD signals, for example, are confused with the various types of manifestations of other diseases. The lack of clarity on aspects of syphilis raises the need for continuous training on this theme⁽¹⁰⁾.

The second meeting thus aimed at detailed investigations on sexually transmitted diseases, with emphasis on syphilis. Through the conversation circle, the discussion on various issues involved in the context of health-illness-care process was stimulated, taking the questioning of practices as vehicle. During the discussions, several problem situations were observed, and taken as triggers in the learning process. It is believed that, based on the participants' reality, it is possible to think of strategies to facilitate the CHAs' work, reflecting on the team as a whole.

The questioning of situations collectively faced is the main strategy for the learning development, because of the possibility of effective transformations in the inherent work processes⁽¹²⁾.

One of the discussed points that deserves attention concerns the infected children, born to mothers diagnosed in pregnancy, in view of the increasing number of congenital cases of syphilis in the county. It approached the disease

outcome in these children and the need to raise awareness of parents and relatives. With that view, the resistance to treatment was also emphasised as one of the challenges in syphilis control, being debated alternatives to conduct cases in such situations. Another addressed issue was the feelings related to the disease, such as shame, fear (especially of rejection) and the suspicious of infidelity, bringing repercussions to the couple's relationship, to the family life and society.

Study held in a Family Health Centre in the urban area of the municipality of Sobral involving seven women with syphilis followed during the years 2011 and 2012 showed that one of the main reasons for these women not to reveal the diagnosis was the fear of rejection and concern about what other people would think. Associated to this fact, the study also revealed that the discovery of STD and the fact that these women faced all issues pertinent to diagnosis brought serious challenges to the relationship, like the suspicious that becomes part of the quotidian of couples who experience this situation, which may lead to the separation⁽¹³⁾.

It is observed that there is an immediate association between betrayal, which happens outside the home, and sexually transmitted diseases. As regards primarily to the shame of having the disease, many people prefer to seek the CHAs, instead of nurses, to receive the first guidances⁽¹⁴⁾.

By means of guiding questions, the closing moments of the meetings could be a part of the evaluation phase of the action, assessing the CHAs' satisfaction of participating in the approach, and its impact on learning about the topic. The importance of this educational activity to strengthen their activities was emphasised, with a view to promotion, prevention and control of syphilis in the territory where they operate. The evaluation phase also considered the construction of the facilitators' perception. It was observed that the discussions raised during the meetings gave opportunity to reflection on practical situations experienced in daily life, when knowledge, opinions, and feelings were shared. Therefore, the initiative is considered positive, given the understanding that, in dealing with the reality of those involved in the process, their commitment to the need for change is favoured.

Among the interventions that have been proposed from the educational activity, it stands out the request of the test that detects syphilis, the Venereal Disease Research Laboratory (VDRL) test, by nurses in the consultations for prevention of cervical cancer and for family planning service, since this action could achieve early diagnosis in many cases. The CHAs considered important its request by the health professionals, because of its low cost and effectiveness in screening cases of syphilis.

The serological diagnosis of syphilis is performed by VDRL, which is considered the most widely used diagnostic test. This way, with proper treatment from the first year of the disease, the titles tend to gradually diminish until the test becomes negative, being able to remain low for long periods⁽¹⁵⁾.

One of the strategies used to increase access to the diagnosis of syphilis is the strengthening of STD care networks structuring with the deployment of the rapid test of syphilitic diagnosis, allowing the adoption of immediate measures in prevention and vertical transmission of the disease⁽¹⁶⁾.

Another proposal regards the organization of other actions like this, involving all professionals in the FHS, being possible to plan effective strategies to prevent and control the disease. It is believed that the onset of those moments appears as an effective permanent learning process, and necessary to the quality of care in any field of action.

It is thus necessary that the FHS professionals are trained and committed to quality care towards the prevention and control of syphilis and, consequently, the improvement of the indicators⁽¹⁷⁾.

It is noteworthy that both proposals were delineated as interventions that the health team, in partnership with the municipal health management, can trigger and strengthen actions of continuous education as a practice in the prevention and control of syphilis.

Vale ressaltar que ambas as propostas constituíram-se como intervenções que a equipe de saúde, em parceria com a gestão de saúde municipal, pode desencadear e fortalecer ações de educação permanente como prática na prevenção e controle da sífilis.

CONCLUSION

With that wise, the performance of educational activities with the CHAs is believed to have contributed to strengthening the work of these professionals with regard to the prevention and control of syphilis. From the discussions generated during the meetings, there was a recognition of the theme, and extreme situations in the context of the health-disease-care process. From this recognition, it was possible to draw proposals that might be effective upon the development of the action. In this sense, the educational activity was regarded positive, contributing to a more effective participation of the CHAs in the community and, consequently, to reduce the disease indicators of infection.

It is thus considered necessary that both managers and health professionals are sensitive to the problem of syphilis, and develop educational activities as strategies

for improvement of quality in the care to the cases, and enhancement of the disease prevention and control.

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