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KNOWLEDGE AND ACTIONS OF COMMUNITY HEALTH WORKERS FOR PREVENTING CONGENITAL SYPHILIS

CONHECIMENTO E AÇÕES DOS AGENTES COMUNITÁRIOS DE SAÚDE PARA PREVENÇÃO DA SÍFILIS CONGÊNITA

CONOCIMIENTO Y ACCIONES DE LOS AGENTES COMUNITARIOS DE SALUD PARA PREVENCIÓN DE SÍFILIS CONGÉNITA

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ABSTRACT

Objective: to evaluate the knowledge and actions of community health workers for the prevention of congenital syphilis. **Method:** this is an evaluation research conducted with community health workers from April to September 2011. The chosen technique for data collection was the focal group, with participation of ten to 12 people. The research project was approved by the Research Ethics Committee, under protocol No. 072/2009. **Results:** data were organized, resulting in two categories of analysis << Weaknesses in CHWs' knowledge of congenital syphilis and the absence of a permanent education work >> and << The CHW as a member who is unfamiliar with syphilis control actions in the ESF >>. **Conclusion:** The activities developed by CHWs related to the prevention of congenital syphilis need to be reviewed because the research findings point to the need for permanent education, with a view to improving the quality of actions performed on the everyday of the teams. **Descriptors:** Congenital Syphilis; Community Health Workers; Knowledge; Prenatal.

RESUMO

Objetivo: avaliar o conhecimento e ações dos agentes comunitários de saúde para a prevenção da sífilis congênita. **Método:** pesquisa de avaliação, realizada com agentes comunitários de saúde, no período de abril a setembro de 2011. A técnica eleita para a obtenção de dados foi grupo focal, com a participação de dez a 12 pessoas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo nº 072/2009. **Resultado:** os dados foram organizados, resultando em duas categorias de análise << **Fragilidades no conhecimento dos ACS acerca da sífilis congênita e ausência de um trabalho de educação permanente** >> e << **O ACS como membro alheio às ações de controle da sífilis na ESF** >>. **Conclusão:** as atividades desenvolvidas pelos ACS relacionadas à prevenção da sífilis congênita precisam ser revistas, pois os achados da pesquisa apontam para a necessidade de educação permanente, com vistas à melhoria da qualidade das ações desempenhadas no dia a dia das equipes. **Descritores:** Sífilis Congênita; Agentes Comunitários de Saúde; Conhecimento; Pré-Natal.

RESUMEN

Objetivo: evaluar el conocimiento y acciones de los agentes comunitarios de salud para la prevención de la sífilis congénita. **Método:** investigación de evaluación, realizada con agentes comunitarios de salud, en el período de abril a septiembre de 2011. La técnica elegida para obtener datos fue el grupo focal, con la participación de diez a 12 personas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre el Protocolo nº 072/2009. **Resultado:** los datos fueron organizados, resultando en dos categorías de análisis << **Fragilidades en el conocimiento de los ACS acerca de la sífilis congénita y ausencia de un trabajo de educación permanente** >> y << **El ACS como miembro ajeno a las acciones de control de la sífilis en la ESF** >>. **Conclusión:** las actividades desarrolladas por los ACS relacionadas a la prevención de la sífilis congénita necesitan ser revistas, pues los hallazgos de la investigación apuntan para la necesidad de educación permanente, para la mejoría de la calidad de las acciones desempeñadas en el día a día de los equipos. **Descriptores:** Sífilis Congénita; Agentes Comunitarios de Salud; Conocimiento; Pre-Natal.

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INTRODUCTION

The Family Health Strategy (ESF in Portuguese) emerged in the Brazilian scenario as a possible reorientation of the health care model, justified by the need to replace the model historically focused on the disease and on individualized medical care by a new model, aligned with the principles of the Brazilian Public Health System (SUS), such as universality, equity, hierarchy and comprehensive care.^{1- 2-3}

In the change process of health care provided to the population, two strategies of primary health care have been consolidated in the context of municipalization and decentralization of primary health care in Brazil: the Community Health Workers Program (PACS in Portuguese) and the ESF.

The PACS was founded in 1987, in the northeast of Brazil, as an initiative to redevelop the national health system, aiming to contribute to the quality of life of people and community through the community health worker (CHW). It was effectively established and regulated in 1997, when the process of decentralization of resources within the Brazilian Public Health System (SUS) started to be consolidated. This program was inspired in disease prevention experiences through information and guidance on health care¹. From this perspective, the CHW has become an element of identification and translation of the social reality of communities, acting in mediating the needs of families and the health service, and bringing more accurate epidemiological indicators of their microareas.

Therefore, there are numerous duties under the responsibility of CHWs, such as: preventive actions and health promotion, mediation actions between the health service and users and monitoring and rehabilitation actions. The CHW is a very important character in the implementation of the SUS, as they strengthen the integration between the ESF and the community. At the same time, it appears that in the exercise of their daily practice, this professional has proved to be a compelling actor with regard to relations of exchange established between the popular health knowledge and scientific medical knowledge, due to their position as mediators between the community and health staff.

The CHWs play a key role in enrolling pregnant women for early beginning of prenatal care timely to contribute to the reduction of vertical transmission of syphilis through early diagnosis and appropriate

treatment of infected pregnant women and their sexual partner.

Gestational Syphilis is a public health problem that, if not diagnosed and timely, can lead to serious health problems for the newborn. In this sense, the CHW plays a key role in attracting those women to perform the Venereal Disease Research Laboratory (VDRL) test, a blood test used to diagnose syphilis, and the proper treatment of this pregnant woman when diagnosed. However, such assistance is impaired due to the fact the health system has a health care vision focused in epidemics.

It is worth noting that CHWs must be constantly able to develop their activities with skill and knowledge - within what is allowed to them. The Ministry of Health (MoH) recognizes that the qualification process of the CHW should be permanent. However, these training activities are impaired, since they are not developed in primary care.

The main objective of prenatal care is to welcome women from the beginning of pregnancy, so that at the end of pregnancy a healthy child is born, with maternal and fetal well-being guaranteed. Such assistance must take place in skilled and humane way and through the incorporation of warm conducts and without unnecessary interventions; as well as of easy access to quality health services, which actions that integrate all levels of care: promotion, prevention and health care to the mother and the newborn, from outpatient care to hospital care.⁴

For the CHWs to develop the prevention and control of syphilis in pregnancy, it is important that there is feasibility of early access to prenatal care and the inclusion of these workers in the actions developed in primary care service. Indeed, the prenatal care is a continuum in which health actions are developed. In this process, it is necessary a view of the paths walked by pregnant women in the health service. Thus, it was defined as objective of this study to evaluate the knowledge and actions of community health workers for the prevention of congenital syphilis.

METHODOLOGY

Article drawn from the dissertation << **Evaluation of prevention and control of congenital syphilis in primary care in Fortaleza, Ceará** >>, presented in the Masters Graduate Program in Public Health from the University of Fortaleza - UNIFOR, Brazil. 2011.

It is an evaluation research⁵ that intended to verify the uniqueness of the reality

experienced by workers with their senses, meanings, dreams, desires, beliefs and attitudes in constant singling processes. We intended to also deepen the knowledge, which allows the interpretation of the particularities about the issues involving the control and prevention of syphilis in pregnant women and, therefore, congenital syphilis (CS) by the CHWs as well as understanding the experience of the social actors in the complex dynamics regarding following the recommendations and protocols defined by the Ministry of Health.

This research was conducted in the city of Fortaleza, Ceará, from April to September 2011. The municipality is currently divided into six Regional Executive Secretariats (SER). These spaces are administrative regions whose role is to implement sectoral policies in a coordinated way, defining priorities, establishing specific goals for each population group and providing articulated services in a social protection network.⁶

To collect the data, we selected two SER and, in each, two units. This choice considered the regions that showed contrasting results in the number of syphilis notifications in pregnant women, in which SER IV was the one that had the lowest number of notifications and the SER VI the highest number of notifications.

Six focus groups were conducted with CHWs, of which from ten to 12 people participated. The meetings took place on Fridays and were all recorded in a private space, without the presence of the coordinator or of the unit staff. We chose this technique due to the large number of CHWs, and it contributes to strengthening the findings of the research, since these are the professionals who are closer to the community. When starting the group, it was reinforced the confidentiality of information.

The focus group technique is of undeniable importance to deal with health issues from the social perspective, because it comprehends the study of representations and relations between different groups of health professionals, of the various work processes and also of the public.⁷

From the exhaustive reading of participants' speeches, the data were organized, resulting in two categories of analysis: Weaknesses in CHWs' knowledge of congenital syphilis and the absence of a permanent education work; The CHW as a member who is unfamiliar with syphilis control actions in the ESF.

The data analysis process consists of extracting meaning of text and image data. It involves preparing the data for analysis,

conducting different analyses, increasingly deepening the understanding of data, making data representation and interpretation of the broader meanings.⁸

The study was approved by the Research Ethics Committee (CEP) of the University of Fortaleza (UNIFOR), under the Opinion No. 072/2009, and met all the recommendations of the National Council of Ethics in Research (CONEP). It is part of the research project "Evaluation of prevention of vertical transmission of syphilis" in Fortaleza, Ceara, funded by FUNCAP/CNPQ, with agreement No. 700.460/2008.

RESULTS

Six focus groups were conducted with community health workers and participants were from ten to 12 people. All community health workers had been working for more than one year in the ESF and 37 of them (42.18%) had not received any training to work in the ESF.

From reading the speeches of the subjects, the data were organized, resulting in two categories of analysis: Weaknesses in CHWs' knowledge of congenital syphilis and the absence of a permanent education work; The CHW as a member who is unfamiliar with syphilis control actions in the ESF.

♦ Weaknesses in CHWs' knowledge of congenital syphilis and the absence of a permanent education work

There are numerous duties under the responsibility of CHWs, such as prevention and health promotion, mediating actions between the health service and users and monitoring of families in the community. Therefore, the CHW is a very important member in the family health team, as they strengthen the integration between health services and the community. At the same time, it appears that, in their daily practice, they have proved to be compelling actors with regard to relations of exchange established between the popular health knowledge and scientific medical knowledge due to their position of mediators between the community and health staff.⁹⁻¹⁰

It is worth noting that CHWs have a fundamental role in enrolling pregnant women for early beginning of prenatal care because prenatal care is an opportune time to contribute to the reduction of vertical transmission of syphilis through early diagnosis and appropriate treatment of infected pregnant women and their sexual partners. However, most of the time, CHWs do not have sufficient knowledge to guide pregnant women about the infection, tests and proper

treatment, and about the risks that syphilis can cause to the baby.

For CHWs, knowledge of syphilis is incipient. However, it is noteworthy that all participants related the prevention of syphilis to condom use, which links syphilis to an STD. However, when questioned about the treatment of the disease, few workers could give information.

It is (treatment) with antibiotics, but right now I do not remember which antibiotic is. (CHW1).

We don't have much knowledge on that subject. Some things we know, but not much, they talk a lot of STDs such as HIV, but the other diseases also cause much damage, but they keep hidden in anonymity, it is not very publicized this issue of other STDs. (CHW2).

I think the only prevention existing is the box of condoms, there was a course in which they talked about it. (CHW3).

So, I don't understand much about syphilis, no, but I read that it always remains in the bloodstream if one doesn't do the treatment properly, right? (CHW3).

Prenatal care should occur in skilled and humane way and through the incorporation of warm conducts and without unnecessary interventions; as well as easy access to quality health services, with action that integrate all levels of care: promotion, prevention and health care to the mother and the newborn, from outpatient care to hospital care, so that in the end of gestation a healthy child is born.⁴ In this context, the community health worker is an important link between the pregnant woman and the basic health unit.

Control of congenital syphilis is closely related to the quality of prenatal care.¹¹⁻⁹ Beginning of prenatal care should provide diagnosis and timely treatment of those with positive tests. Due to the lack of knowledge of CHWs about the disease, the need for permanent training of these professionals is pressing; because through the speeches of the subjects, we could perceive a lack of knowledge of this category.

The unit does not provide any kind of qualification course! It does not! The regional secretariat sometimes offers a talk and when it is a good course, the information does not reach here, and we get to know about it later. (CHW4).

(Offered courses) are on breastfeeding, nutrition recipes but, about this issue (syphilis), our (supervisor) did not provide, no. (CHW5).

It's because everything for us, at least for me, everything is new, and when we are about to start a job, it is interrupted. So, I did not know the severity of syphilis and I

still don't know, so I know little information, for example about severity, because you told me. (CHW6).

The CHW has duties towards the community that can be summarized in basic functions, such as identifying signs and risk situations, guiding families and the community about prevention, primary health care, prevention as well as referring/communicating the team about the cases and identified situations that need monitoring. These actions can bring great contributions to the health of the assisted families.

In the statements, it was revealed that training aimed at these professionals is insufficient and deficient, not preparing properly to act against the problems they encounter in the exercise of his community work. Thus, the ACS of the ongoing training process is extremely important, because the goal is to qualify for assistance through proper guidance to pregnant women with syphilis, providing opportune interventions for the prevention of congenital syphilis.

Therefore, it is necessary to ensure permanent education to CHWs, so that they can develop their skills and be stimulated to participatory, reflexive and transformer community work.

♦ The CHW as a member who is unfamiliar with syphilis control actions in the ESF

A large number of workers in the health area, including those working in the ESF, are still unaware of the breadth and depth of actions taken by CHWs.¹²⁻¹³⁻¹⁴ This can often cause frustration in CHWs due to lack of clear definition of their roles and recognition by the other team members, making them vulnerable, discredited in their actions and making them feel like members apart in the ESF team.

The space in which the CHWs live is the same in which they work, and the people from their social reality are the same to whom they direct their care and actions. Therefore, these workers experience in their daily lives actions permeated by a set of feelings that range from omnipotence to frustration,¹²⁻¹⁵ which can be translated into feelings of pleasure and denial in their work. This happens when they run into a pregnant woman with congenital syphilis in their area because sometimes these patients do not want to be served at the health unit in which they are enrolled because the CHW is from the same area in which they reside, so there is a failure between the

worker's expectations and the reality imposed by the community.

During the research, we found that there is lack of communication between the CHWs and professionals of the ESF, especially in the case of syphilis, because it is a sexually transmitted disease.

Our work is not done successfully due to the lack of trust of professionals here with us, especially when it comes to STD syphilis. (CHW7).

Teamwork aims to achieve impact on the different factors interfering in the health-disease process. The interdisciplinary action presupposes the possibility of a professional's practice be rebuilt in the practice of other professional, both being transformed for the intervention in reality in which they live.¹⁶⁻¹⁷

However, lack of trust and bond between the members of the ESF team and CHWs can bring conflicts during work so as to compromise the relationship of the whole team and the success of their work. However, when there is a link between the CHWs and the team, there is a development of their potential, through freedom of speech and use of creativity, which leads to satisfaction and awareness of their role for the organization in which they work and for the society in which they live,¹⁸⁻¹⁹ since these workers have important information that support the work of the nurses and of other team members.¹⁴ During the interviews, the CHWs reported that the information often get forgotten; there is no continuity of monitoring of pregnant women by the teams, who see them as simple information collectors.

The CHWs are not treated with many good courses, a much better salary; we see that we have no much respect and support here. (CHW8)

I believe that one of the difficulties is not having a visible diagnosis, and also this contact between professionals and the CHW to follow up. It is a difficulty. (CHW9)

Then, pointing out that we don't do something is easy, but we cannot do anything if we don't not have a demand, if we don't have guidance, if we don't have a superior. (CHW10).

In addition to feeling devalued and wronged, the CHWs said they lack dialogue between team members so that they can express their difficulties and solve problems, since they are treated as immediate subordinates of various components of the teams, which, according to them, hinders their work, because they feel demotivated.

These results converge with those of another study,¹⁰ in the sense that the constant contact with the population, involvement with

families, the entry in the homes, knowledge of the demands and the impossibility of more effective actions in the health sector can generate mixed feelings, sometimes pleasure, sometimes suffering, in the work of community health workers.

Workers complained about the devaluation they feel and the sadness that this causes them, because, although there is much talk about the importance of CHWs for the active search for pregnant women with syphilis, however, their work remains undervalued by society. It was noticed how much their self-esteem, as professionals, was low, proving that not always the health services give the deserved importance, which causes that these professionals often feel demotivated.

CONCLUSION

The activities developed by the CHWs regarding the prevention of congenital syphilis need to be reviewed because this research findings point to the need for permanent education, which can be performed on the daily routine of the teams.

The use of permanent education/continuing training, with a view to strengthen the socially determined health-disease concept and community involvement, enables promoting social practices closer to health promotion, requiring the training of CHWs, since it was revealed that the actions and activities that the community health workers have been playing need to improve. However, such actions are inserted in a teamwork that at times is configured as integration, consolidation.

Therefore, it is essential that professionals are related in a coercion-free environment, so that they can communicate with each other, establishing interaction, thus allowing the construction of a new health model in which CHWs feel they are effective members of these teams and, thus, can provide a quality work in the communities which they attend.

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