KNOWLEDGE AND PRACTICES OF COMMUNITY HEALTH AGENTS ABOUT HANSEN’S DISEASE

SABERES E PRÁTICAS DE AGENTES COMUNITÁRIOS DE SAÚDE ACERCA DA HANSENÍASE

CONOCIMIENTOS Y PRÁCTICAS DE AGENTES COMUNITARIOS DE SALUD ACERCA DE LA ENFERMEDAD DE HANSEN

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ABSTRACT

Objective: to assess the knowledge of Community Health Agents (CHA) about leprosy. Method: A descriptive study with a qualitative approach, with 37 agents from Petrolina-Pernambuco, randomly chosen. The data were collected using a questionnaire containing open questions, analyzed and categorized by Content Analysis. Results: the most patients had leprosy agents in their area, but some are not undergoing treatment, the majority also knew how to identify the symptoms and measures to be taken after diagnosis. However, reported little knowledge about the disease. None of the participants mentioned the importance of BCG vaccination for contacts of the patient. Prejudice is still something disturbing, since some claimed avoid touching or get closer to the affected. Conclusion: it needs to intensify health education actions, given the permanent contact of these professionals with the population, avoiding marginalization of leprosy patients and the family. Descriptors: Community Health Workers; Leprosy; Knowledge, Attitudes and Practices in Health.

RESUMO


RESUMEN

Objetivo: evaluar el conocimiento de los Agentes Comunitarios de Salud (ACS) sobre la lepra. Método: se realizó un estudio descriptivo, con abordaje cualitativo, con 37 agentes de Petrolina-Pernambuco, escogidos al azar. Los datos fueron recogidos mediante un cuestionario con preguntas abiertas, analizados y categorizados por el Análisis de Contenido. Resultados: la mayoría de los pacientes tenían pacientes con lepra en su área, pero algunos no estaban en tratamiento, la mayoría también sabía identificar los síntomas e las medidas que deben adoptarse después del diagnóstico. Sin embargo, informó poco conocimiento acerca de la enfermedad. Ninguno de los participantes mencionó la importancia de la vacunación BCG para contactos del paciente. El prejuicio es todavía algo preocupante, ya que algunos afirmaban evitar tocar o acercarse a los afectados. Conclusión: necesita intensificar las iniciativas de Educación de la Salud, dado el permanente contacto de estos profesionales con la población, evitando la marginación de los pacientes con lepra y sus familiares. Descriptores: Trabajadores de Salud Comunitaria; Lepra; Conocimientos, Actitudes y Prácticas en Salud.

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INTRODUCTION

The community health agent (CHA) corresponds to the exercise of professional activity properly regulated, and it is up to this, by means of individual or collective actions, perform activities of disease prevention and health promotion under the supervision of the local manager of the SUS. The emergence of the idea of Auxiliary Health, the program internalization of health and sanitation - PIASS in 1976, it was the current Family Health Team, appearing in 2001 the category of community worker, a kind of link between the community and health professionals of the delimited area.¹

The community agent is the messenger of health of their community.² A study conducted on the CHA (ACS - in Portuguese) in the Project QUALIS/PSF3 shows that it does not have the instruments or technologies as well as knowledge to different situations expected for their work. Such lack of knowledge promotes confusion and enables it to end up working with common sense, religion and, more rarely, the knowledge and resources of families and the community. Often communication with other professionals is outdated and may lead to an act without a methodological basis.

The Ministry of Health emphasizes the need, given the new profile of activity for the ACS, are adopted more comprehensive and organized forms of learning, which implies that the training programs of these workers should follow an educational, critical and capable of reference to the reality of practice, assuring mastery of knowledge and skills to perform their duties.⁴

In this context, it is necessary to consider the action of these health professionals in some situations, such as leprosy, which is an infectious disease caused by the bacterium Mycobacterium leprae, and can be passed from person to person. However, for the initial transmission is required prolonged contact with the patient, such as family members living in the same household, and the infected person to present one of the forms and be transmitted even without treatment.¹

The special conditions that determine the appearance of leprosy are not fully known, it is assumed that genetic factors activated by favorable environmental conditions and especially immunological factors underlying the disease process. Nevertheless, the advances that help to clarify the conditions that determine it are still inconclusive.⁵

The transmission occurs from individual to individual; bacteria removed by droplets of speech and are inhaled by people other penetrating the body through the nasal mucosa. Another possibility is the direct contact with the skin through wounds of patients. Therefore, it is important to examine the contacts of leprosy patient; preventing people who live with it are contaminated or are diagnosed early.¹

The majority of the adult population is resistant leprosy, with children more likely, usually acquiring the disease when no contaminant patient at home. The incubation period is about 2-7 years, and among the predisposing factors includes low socioeconomic status, malnutrition and household overcrowding.¹

The diagnosis of leprosy is done quickly and easily, and treatment in Brazil is done in basic health units. The medicines are provided free of charge to patients who are monitored throughout treatment.² After 15 days of its inception, the patient is no longer able to transmit the disease, whatever form presented. However, the role of community health workers is essential to interrupt the chain of transmission, as they are directly in contact with the community, and must understand the disease, the route correctly suspected to early treatment, thus avoiding the focus contamination and reducing the consequences that this patient may present, since leprosy is a major cause of disability among infectious diseases.¹,⁶

In the last two decades, the attempted elimination of leprosy has been intensified by the Healthcare System, employees of Family Health Teams and Community Health Agents.³ However, it is necessary to invest in the quality of information pervaded, to so that they are aware of potential new cases, contributing to the achievement of established goals.

It notes that while the goals of eliminating diseases are closer to being achieved, leprosy continues leading role opposite neglected diseases. For this reason and in an attempt to enrich the debate on the issue, this work proposes to know a little more about the understanding of the issue of those who work directly in the homes of leprosy patients.

The city of Petrolina-Pernambuco and its region have high endemicity for leprosy. Although several measures were adopted in an attempt to minimize this context, it is known that many cases are still undiagnosed and/or treatment. Therefore, we began to question the reasons that contribute to the maintenance of this table, since a large part
of the city has teams of Family Health. So the main question of this study was: Will the ACS has sufficient knowledge about the disease for early identification of cases?

This study aimed to assess the knowledge of community health workers on leprosy. As a direct link with the community, is of paramount importance that the ACS is aware of the key factors of the main endemic diseases that affect the population. Thus, leprosy control also depends on adequate information to pass on these and other professionals to the population, in addition to the commitment to seeking to solve the cases found.

Expected to contributing to the improvement of information on these and other health professionals regarding the Family leprosy, assisting in the consolidation of actions that work together to promote the health of the population as a whole.

**METHOD**

This is a descriptive and exploratory study, with a qualitative approach. Qualitative research can be characterized as an attempt at a detailed understanding of the meanings and situational characteristics presented by the interviewees, instead of producing measures of behaviors.  

The study was conducted with 37 community health agents who acted in Basic Health Units in the city of Petrolina in which activities were developed by a group of PET Health. None professionals invited declined to participate. The professional category of ACS was chosen because it is working directly in the homes of patients with leprosy, having direct access to patients and their relatives/cohabitants.

After the approval of the Municipal Health Municipality and approval by the Ethics Committee in Research UNIVASF (CAAE 0034.0.441.000-11), began the process of data collection, considering the Resolution 196/96 of the National Health, preserved to confidentiality and privacy of individuals. Therefore, identification codes were assigned to participants.

Data were obtained from a structured form with nine open questions. Upon completion of data collection, the material was analyzed and the data were categorized by content analysis. This analysis consists of three steps: Pre-analysis, material exploration and processing, and interpretation of results.

**RESULTS E DISCUSSION**

According to the Ministry of Health 1 is the Primary Health Network, thousands of workers in the ESF and the Community Outreach Department of Primary Care (DAB) seeks the elimination of leprosy as a public health problem. And, in this study, it was found that half of respondents ACS had leprosy patients in the area, and 08 of them were between 02 and 06 patients with leprosy.

The Ministry of Health defines as leprosy case when one or more of the following findings are present: skin lesion with abnormal sensitivity, thickening of the nerve trunk or smear-positive skin. When asked about the existence of cases diagnosed with leprosy in their areas and the amount of people who adhered to the treatment regimen, it was found that two ACS have reported that some patients did not perform the proper treatment, as described in the following clips:

In my area has 4 people with leprosy, but 2 are in wrong treatment, one finished and returned the disease, one resists in not taking the drugs. (ACS1)

There are 6 people, only 5 are in treatment. (ACS2)

These reports show that certain affected by leprosy does not show care for healing to occur, perhaps because they believe that it is not something meaningful or concern for their health, despite that it is an ancient disease. The lack of knowledge about the damage that can cause the disease and its high potential to infect people living in the household contribute to the correct treatment is not performed, thus allowing the continuation of the chain of transmission and even the development of disability in themselves sometimes irreparable. At this time, the intervention of the healthcare team is very important, clarifying questions to improve the situation.

The presence of untreated patients is a focus of disease transmission, which falls on the responsibility of health professionals working in the area. The treatment of leprosy includes specific therapy, suppression of leprosy reactions, prevention of physical disabilities, physical and psychosocial rehabilitation. This set of measures should be developed in health services through the public reporting cases to the competent health authority. To control actions are performed in progressive levels of complexity, available are reference centers local, regional and national support for the core network.

One study found that for patients and health professionals, the product presents itself as something both good and bad for the welfare of the patient. Moreover, the
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relationship with the health professional also has great influence, since it was found that the reliance on the ability to solve this problem divides individuals “adherent” of “non-compliant”.

Most ACS said he believed that there could collaborate to better adherence to treatment of patients with leprosy, referring suspected cases to their respective Health Unit, also providing information on the risks and sequelae of the disease that can cause treatment dropout.

The Ministry of Health emphasizes that, for the cure of the patient, the regularity of treatment is critical. Even after discharge, the POD activity is paramount. When asked about how his performance could collaborate so that there was greater adherence to treatment, some of them reported that the family of the patient should be called to work, although most participants did not know how to answer the question. We can observe this finding in the clipping below:

I think that the monitoring is very good, but we could really work more with the families of the patients, and also sensitize the community about the prejudice against the sick. (ACS3)

Raising awareness about the disease to the families, lecturing to bring more knowledge to the community. (ACS4)

Unfortunately I don’t know the answer. (ACS5)

Observing the previous sections, it is clear that some of these professionals do not know about the importance of family support for treatment adherence, as well as the need to maintain dialogue with household contacts to prevent the spread of disease.

It is the great importance of dissemination to the public of the signs and symptoms of the disease and the availability of free treatment and cure for leprosy. Educational materials and the media should use language understandable to the community, considering their socio-cultural reality. It is considered as household contact any person who resides or resided with the patient since five years.

As the routing and basic guidelines to the patient, the responses suggest that the ACS proceeded correctly, as stated refer suspected cases of community health team. However, as already mentioned, few mentioned support (guidance) to the family of these patients, which is of great importance, because everyone should have access to care and early diagnosis of the disease, especially when it comes to a group potentially at risk.

The following results were found when agents searched for the knowledge about the disease: most consider leprosy as an ancient disease, which can be easily treated and cured if the necessary care, demonstrating the need to seek health care if there are findings in the community.

It is an infectious contagious disease. The bacillus is resistant, symptoms may take years to appear, and the treatment is in accordance with the amount of bacilli, it is curable. (ACS6)

It is known as the old leprosy, which had no treatment and many people lost many parts of the body and needed to be isolated. Today, we know that it is a contagious disease, but it has a way of treatment and monitoring. (ACS3)

It is a transmissible disease and, when in treatment, since the beginning, it does not transmit the disease. Through treatment it can reach the cure. (ACS7)

Paradoxically, a considerable number of participants claimed to know only very preliminary information regarding the subject matter, denoting uncertainty to talk about leprosy with its clientele. Importantly misinformation can cause in cases that go unnoticed, delaying diagnosis. The following are excerpts that exemplify this finding:

It is a curable disease if it is sought health services. (ACS8)

I believe that I know the basics, ie what a health worker needs to know to develop their work. (ACS9)

Realizes the need for regular training for this profession, but also for other members of the healthcare team, as many knew only basic information, some had practically no basic knowledge about the disease, from diagnosis of difficult cases until the new treatment and rehabilitation of possible acquired disabilities, guided by the ACS population.

One should take into account that the educational process in the actions of leprosy control should include the participation of the patient (or their representatives), family and community, as well as active case finding and early diagnosis, prevention and treatment physical disabilities, combating potential stigma and maintaining the patient’s social environment. This process must take into account the experiences of local social control.

Regarding guidance of agents for patients with leprosy, most reported patients of the importance of correct treatment, consultation and monthly self-care, although some referred only advise on the continued use of the medication or even about not eating certain foods, such as pork and mutton, believing harm to health. It is noteworthy that none of the participants mentioned about follow-up...
contacts and BCG vaccination, among other guidelines.

I guide doing properly self-care; taking medication in a controlled way, visit the doctor whenever necessary. (ACS9)

It must have monitoring of scheduled consultations in the Health Unity. Care of medication, such as: time, day of supervised dose; explanations on the reactions of the medication. (ACS3)

It is to take the medications, go to monthly consultation and not eating all kinds of food, for example, sheep meat and mutton are very offensive. (ACS10)

The ongoing dialogue about the signs and symptoms of the disease in the community, encouraging them to seek health care as soon perceive the characteristic symptoms (dermatological) is of paramount importance. Only thus, early diagnosis and correct treatment, which are essential for disease control, effectively happen.

The main reasons for the high prevalence of leprosy in Brazil are late diagnosis, lack of continuing education for health professionals, lack of educational activities at community and household level, deficits in knowledge of the population about the disease, lack of transportation to search active, deficiency of material for laboratory tests, failed healthcare coverage and compliance 1073/GM Ordinance of the Ministry of Health in Leprosy Control Program, which still takes place in many municipalities.

Some of the duties of a Community Health Agents are directed to the development of educational activities and health promotion, disease prevention and health problems and health surveillance through home visits, keeping staff informed primarily on families in situations of risk. The view home is a fundamental tool for the effectiveness of services in the FHS, which allows the professional to know the reality of the user's life - housing, family relations, among others. It also promotes care planning, by setting out the recognition of the resources that the family has.

Information on the monitoring of cases is useful for evaluating the effectiveness of treatment and monitoring of disease prevalence. This information should be recorded in health facilities (in the patient's medical record and the record accompanying the case) and sent to the national epidemiological surveillance superordinate through monitoring report of the case. The flow and timing in sending this information shall be established by the federal unit, in accordance with the procedures recommended for the information system.

When asked about the care taken by the ACS when visiting families with leprosy patients, we found that most do not get reported and even sit next to the patient, but also avoid touching him, revealing that still have biased attitude against the same, as can be seen below:

I try not to touch the patient because it (the disease) is transmissible, still in treatment, because I do not know if it is following correctly. (ACS11)

You do not talk much closed to the patient, because of the splash of saliva, coughing or sneezing. (ACS12)

One has to consider that other CHA cited take no care since understood this visit as any other, the concern being directed to the client's welfare. Also people that care was put earlier as immunization (BCG) or even see if the patient had the right treatment. It should be noted here that only one CHA portrayed the importance of avoiding bias, while the majority did not consider this aspect.

The care i had was when I first started working, I took the BCG vaccine. And I have never been driven to such care. (ACS13)

The concern is not reviving prejudice, very present in these cases; being up to date with vaccines, prevent indoors. (ACS15)

Leprosy unfolded as a disease always feared that horror caused due to physical deformities presented by untreated individuals, generating stigmas and superstitions the most diverse. Throughout the history of mankind, no disease caused social cachet as intense as this disease, always associated with concepts such as sin, impurity and punishment.

In the case of leprosy, prejudice alluded to the importance of avoiding bias, while the majority did not consider this aspect.

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present, can be seen as very simple, especially when treated properly and in a timely manner.

**FINAL REMARKS**

Taking into account that half of community respondents had leprosy patients in your area, their knowledge about this disease so widespread was considered precarious. Much of the ACS had marks prejudices and myths, sometimes spreading false information, the recommendation of not eating certain types of meat and other foods. The role of the community worker as a link between the community and health services becomes questionable when his knowledge about his job is uncertain or insufficient.

The control of diseases such as leprosy is still little known. The disclosure of symptoms, the need for treatment and healing and possible complications are essential for this control. Faced with such problems, it is essential that the agent community, the host to the leprosy patient, has to pass safety information, thereby helping to reduce the sources of disease transmission, also eliminating prejudice and reassuring the family by encouraging self-care.

Faced with the reality found, it is suggested that strategies used for the training of ACS in order to disseminate basic knowledge of leprosy, as their care and treatment be intensified, discussing the health prevention and promotion, demystifying the ideas that disease can be transmitted in a single visit to the patient. The stimulus to health care must occur for this and for your family, contributing to the formation of critical consciousness and assisting in reducing the high rates of morbidity. It is also recommended that the debate on these issues be expanded. Discuss this means worrying about the quality of life of the people as a whole.

It is necessary to conduct further studies on the topic, since this merely a few ACS teams of urban and rural municipality in what happened. Furthermore, not found in the literature articles that portray the theme. This study may help to encourage the improvement of health conditions, based on the importance of health education about leprosy, is for professionals who deal with it, either to the population. The results can also be useful for managers in health, advising on actions aimed at improvements in health planning and directing activities of public health surveillance focused on the local reality.

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