ISSN: 2230-9926

*Available online at http://www.journalijdr.com*

IJDR

*International Journal of Development Research*
*Vol. 09, Issue, 06, pp.28038-28042, June 2019*

RESEARCH ARTICLE OPEN ACCESS

# KNOWLEDGE AND FEELING OF WOMEN ON GESTATIONAL AND CONGENITALSYPHILIS

**[1]Luzia Beatriz Rodrigues Bastos, [2]Fernanda Cristina Costa Souza Costa, [2]Thayane Aparecida Souza Honorato, [2]Yone Souza Morais, [2]Nicélia Pereira da Silva, [2]Severa Pereira Carneiro Souza, [3]Diniz Antonio de Sena Bastos, [4]Ana Cláudia Jaime de Paiva, [5]Camila Bastos Lopes da Silva and [6]Alex de Assis Santos dos Santos**

[1]PhD in Nursing, University Federal of Goiás, UFG, Professor of Nursing, University ofAmazonia, UNAMA, Belém, PA, Brazil
[2]Nurse, University of Amazonia, UNAMA, Belém, PA, Brazil
[3]PhD in Management, University Trás-os-Montes , UTAD , PT. Professor ofPsychology, University of the State of Pará, UEPA, Belém, PA, Brazil
[4]PhD Student in Nursing, University Federal of Goiás, UFG. Professor of Nursing, Faculty of Military Police ofGoiás, FPM, Goiânia, GO, Brazil
[5]PhD Student inCommunicacion, Language and Culture, University of Amazônia, UNAMA, Belém, Pará, Brazil
[6]PhD Student in Environmental Sciences at the Center of Higher Amazonian Studies, NAEA, UFPA

**ARTICLE INFO**

***Article History:***
Received 14th March, 2019
Received in revised form
15th April, 2019
Accepted 07th May, 2019
Published online 30th June, 2019

***Key Words:***
Knowledge and feeling about syphilis.
Gestational syphilis.
Congenital syphilis.

**ABSTRACT**

**Objective**: Understanding women's knowledge and feelings about gestational syphilis and congenital syphilis and prenatal care in health services. **Method**: Qualitative approach, with 10 (ten) women, who are accompanying their children in a hospital unit, with a confirmed diagnosis of congenital syphilis. The semi-structured interview was used as a data collection instrument from September to October 2018. Data were analyzed using Bardin's methodology. **Results and Discussion**: From the interviews emerged three categories: Knowledge about syphilis; Prenatal care; and Feeling in relation to syphilis. Knowledge gaps may be related to low schooling, low information demand, and difficulties in prenatal care. The lack of knowledge of the clinical manifestations and of the forms of prevention and transmission of the disease was expressed. The mothers were worried, feeling responsible for transmitting the disease to their children. They reported fear, despair and impotence in the face of hospitalization and the procedures to which their children would be subjected. **Conclusion**: The most consistent action in the control of syphilis is expressed in the assurance of a wide and quality assistance, in order to guarantee the integrality of the care, detection, diagnosis and treatment of syphilis, at an early stage.



**Citation: Luzia Beatriz Rodrigues Bastos, Fernanda Cristina Costa Souza Costa, Thayane Aparecida Souza Honorato, *et al.* 2019.** "Knowledge and feeling of women on gestational syphilis and congenital syphilis", *International Journal of Development Research*, 09, (06), 28038-28042.

## INTRODUCTION

According to the World Health Organization (WHO), syphilis occupies the third place of curable sexually transmitted infections in the sexually active population in Brazil (Siqueira, *et al*., 2017). Syphilis is a Sexually Transmissible Infection (STI), caused by Treponema pallidum, a gram-negative bacterium of the spirochete group, about 5-20 micrometers long and 0.1 to 0.2 wide, and has as its habitat urogenital region.

***Corresponding author:*Luzia Beatriz Rodrigues Bastos,**
PhD in Nursing, University Federal of Goiás/UFG, Professor of Nursing, University ofAmazonia / UNAMA, Belém, PA, Brazil

It can be transmitted, mainly, through sexual contact with infected person without condom use. However, vertical transmission or blood transfusions may also occur (Pires, *et al*., 2018).Its manifestation happens in three stages, and the main symptoms occur in the first two, period in which the disease is more contagious; and the third may not present symptoms, leading to a false impression of cure (Siqueira, *et al*., 2017).Primary syphilis is identified by the presence of an initial lesion, called hard cancer, which appears around 10 to 20 days and disappears within four weeks. The secondary form is noticed by the dissemination in the organism, and appears between the sixth and eighth week soon after the appearance of the lesion, which may disappear with the treatment. In tertiary

syphilis, the symptoms appear approximately from 03 to 12 years or more of contagion, affecting organs and tissues. Among the various manifestations, the neurological ones such as dementia and cardiovascular disease stand out (Santos, *et al*., 2018). Syphilis affects a large number of pregnant women worldwide, with more than half a million negative outcomes and represents fetal losses with 22 or more gestational weeks, neonatal deaths, preterm or low birth weight infants and infected newborns (Domingues; Leal, 2016). In the last five years, a considerable increase in the number of cases, both congenital and acquired, has been observed in the year 2016, 87,593 cases of acquired syphilis, 37,436 cases of syphilis in pregnant women and 20,474 cases of syphilis 185 of them resulted in deaths in Brazil (Brasil, 2017). Although congenital syphilis (SC) has easy detection and effective treatment, it is still responsible for a large number of perinatal complications, playing an important role in the potentially preventable causes of fetal death and other adverse perinatal outcomes that occur mainly in regions with low income and less developed in the world (Rodrigues; Oliveira; Afonso, 2017).Among the various diseases that can be transmitted during the pregnancy-puerperal cycle, syphilis is the one with the highest infection rates through vertical transmission, varying from 70 to 100% in the primary and secondary phases, and decreasing to 30% in tertiary which is the late latent phase of maternal infection. Regarding the outcomes, spontaneous abortion, undetermined fetus or perinatal death are present in approximately 40% of infected children from untreated mothers (Rodrigues; Oliveira; Afonso, 2017). In this sense, due to the relevance of the theme, the study aims to understand the knowledge and feelings of women about gestational syphilis and congenital syphilis and prenatal care in health services.

**Management and Congenital Syphilis**

According to the WHO, in the last five years in Brazil, a constant increase in the number of cases of syphilis in pregnant women, congenital and acquired, has been observed, which can be attributed, in part, to the increase in the coverage of testing, reduction of condom use, resistance of health professionals to the administration of penicillin in primary care, and the worldwide shortage of penicillin, among others. In addition, the improvement of the Brazilian surveillance system may be reflected in the increase in reported cases (Brasil, 2017). In the Brazilian scenario, gestational syphilis presents a high magnitude and most cases continue to be diagnosed late, especially in the North and Northeast of the country, with difficulties in controlling the disease in recognizing the complex and dynamic determination of STIs, the deepening of the risk factors, sociodemographic, behavioral changes, living conditions, and organizational system and health services (Macedo, *et al*., 2015). Syphilis in untreated pregnant women results in some consequences: spontaneous abortion, prematurity, low birth weight, fetal hydrocephalus or perinatal death. The infection of the fetus is dependent on the most recent phase of maternal syphilis, when a greater number of treponemes will be in the circulatory chain compromising the fetus. Otherwise, the progressive formation of maternal antibodies will attenuate the infection of the fetus, and seropositive mothers can give birth to healthy children (Brasil, 2017). Another mechanism of transmission may occur at birth through direct contact with active lesions of the parturients and, when infected, may present from asymptomatic to multiple organ involvement. Early postnatal manifestations occur in the first two years of life and late manifestations after this period, usually when the child is approaching adolescence (Brito, *et al*, 2017).

Gestational follow-up associated with laboratory research provides the well-being of the concept protecting them against possible pathogens present in pregnant women. When the disease is in the acute stage, vertical transmission may occur, promoting the infection in the concept, being able to evolve to fetal death or causing permanent irreversible lesions (Furtado, *et al*., 2017). Therefore, the serological screening of the mother in the maternity ward is very important. It was believed that the infection of the fetus from the mother with syphilis did not occur before the 4th month of gestation, however, the presence of T. pallidum in fetuses has already been observed, as of the 9th week of gestation. The pathophysiological changes observed in the pregnant woman are the same as in the non-pregnant woman (Brito, *et al*., 2017). Diagnosis of syphilis in children is a complex process, as children may be asymptomatic at birth and there are those with clinical expression, whose signs may be discrete or not specific. There is no complementary evaluation to accurately determine the diagnosis of infection in the child (Santos, *et al*., 2017). The clinical syndrome of late congenital syphilis appears after the second year of life. As with early congenital syphilis, the diagnosis should be established through the association of epidemiological, clinical and laboratory criteria. In addition, attention should be paid to the possibility that the child may have been exposed to T. pallidum through sexual exposure (Furtado, *et al*., 2017).

## METHOD

The study presents a qualitative approach, carried out with 10 (ten) women, who are accompanying their children, with a confirmed diagnosis of congenital syphilis, in a pediatric hospital unit. The semi-structured interview was used as a data collection instrument, in the morning and afternoon, from Monday to Friday, from September to October 2018. Data were analyzed using the Bardin method (2011), which is a set of techniques that consist of discovering the nuclei of meaning that make up communication through an objective and analytical description. It is composed of three stages: pre-analysis, exploration of the material and the results obtained and interpretation of the data. Reading, identification and evaluation of the acquired material were performed in the pre-analysis. The phase of exploration of the material, developed in four phases: decomposition; normatization of the text; organization of key thematic ideas; exploitation of the material. Finally, in the last phase, the content of the speeches was analyzed, and the categories of analysis were elaborated, which subsidized the results and discussion of the study. The present study followed the norms that regulate the research involving human beings contained in the resolution nº 466/12 CNS / CONEP under the number CAAE 90735518.0.0000.5173.

## RESULTS AND DISCUSSION

The ages of the women surveyed ranged from 18 to 33 years; 40% (4) unmarried and 60% (6) of stable union; 40% (4) with incomplete elementary education; 10% (1) complete fundamental; 30% (3) incomplete high school and 20% (2), complete secondary education. After analyzing the interviews, three categories were elaborated: Knowledge about syphilis; Prenatal care; and Feeling in relation to syphilis.

**1st Category: Knowledge about syphilis.**

In the interviews, it was noticed that the pregnant women had little information about the disease, as the following statements show:
*"I do not know much about it" (Interviewee 1)*

*"I never had information about what it was, when I knew the result was that I went to research with my sister to know what it was. I do not know how to differentiate syphilis from congenital syphilis "(Interviewee 2)*

*" I understand that it is a sexually transmitted disease, I did not understand why I had three partners and asked to be tested and it was negative "(Interviewed 4)*

*" I do not understand about the disease "(Interviewed 6)*

Although syphilis is a risky incident disease, a study by Costa *et al*. (2016) shows that the participants had a lack of knowledge about the disease, as well as the mastery of fragmented and superficial concepts, neglecting the severity of the problem.

Knowledge and ignorance of syphilis are expressed in the interviewees' speeches who did not recognize the clinical manifestations and the forms of prevention and transmission of the disease, making it difficult to diagnose it early. (Cavalcante, *et al*., 2012).

In relation to the signs and symptoms of congenital syphilis, the statements showed that there are deficits of information, as specified:

*"I have no idea either for myself or the baby, I know that it may have sequelae, but I can not explain it." (Interviewed 3)*

*"I do not know what the symptoms are, I do not know anything about to syphilis "(Interviewed 8).*

Victor e colaboradores (2010) point out that one of the reasons that causes the population to be unaware of syphilis (its signs / symptoms, transmission and treatment) is the way the disease presents itself, because culturally the process of becoming ill is involved in differentiated subjective issues by its own language determined by the signs and symptoms of the diseases.

Knowledge gaps may also be related to low educational level, low demand for information, and the worsening care that is often flawed at the time of prenatal care, it would be ideal for professionals to correctly report issues relevant to the health of pregnant women and the (Santana *et al*., (2015).The level of education of individuals may have an effect on the perception of health problems and on the ability to understand information in this area, as well as on the consumption and use of health services and adherence to therapeutic procedures. Thus, it was observed that the inadequate knowledge of the participants may also be associated with their level of education (Brasil, 2008).Prenatal care in the first instance should make doubts, receive these women in a welcoming way, free of judgments that may end up distancing the user from the health service and explain how the disease develops, a mode of contagion and sequelae (Brasil, 2017).

**2nd Category: Prenatal care.**

The fact that she does not know the disease can have many meanings, and the most likely would be the fact that the pregnant woman did not have information during the prenatal consultations, family planning or gynecological examination consultations, which gives more emphasis to the importance of health education, demonstrating how the lack of adequate information can bring irreversible risks to the health of the population (Santos, *et al*., 2017).

The information given to pregnant women in prenatal consultations is superficial, as shown in the reports:

*"In my prenatal care there at the post near the house, the nurses did not even look at me, they only asked if I had done tests, but they did not ask for the exam or talk to me" (Interviewee 2)*

*"Now I know more, for who did not tell me anything before, when I started the treatment here at the clinic they started explaining to me "(Interviewee 4)*

*"Now that they are clearing my doubts, they did not explain anything to me before they were born" (Interviewee 7).*

*"In my city they do not want to know about us, they do not care." (Interviewed 10).*

To the extent that there is a satisfactory and adequate clarification about a particular disease, there is a greater tendency to accept adherence to the indicated recommendations and treatments. Dialogical proposals confirm that, when the patient is positioned as an asset in the construction of the treatment, he or she is more likely to take ownership of what happens to it and to be involved in a shared way (Lima, *et al*., 2016).Communication is a fundamental tool in the human relationship and an essential component in patient care. Its priority is to avoid failures and to value the meeting with partners of pregnant women with syphilis, as well as seeking initiatives that favor the link. Through communication, responsibilities can be shared in health care (Souza; Santana, 2015).Another aspect is the health education actions that must be developed in the different community spaces, waiting rooms, groups of pregnant women, groups of adolescents or even in schools, in order to reach the population at risk of exposure to syphilis (Rodrigues, *et al*., 2017).The qualified reception and follow-up of the syphilis cases by the health services, allow better guidance on the disease, awareness of the effects on the fetus and continued education, considered fundamental actions for the adhesion of partners of pregnant women. The assistance model points to the need to transform the profile of future health workers through the adoption of strategies aimed at the training and development of professionals, based on SUS principles and guidelines (Souza; Santana, 2015).These strategies are based on the expanded concept of health, on the use of methodologies that consider health work as the structuring axis of activities, such as multiprofessional and transdisciplinary work, on the integration between teaching and health services (Silva, *et al*., 2017).The health professional plays an active role in the conversations he maintains with the patient and brings his knowledge and theories to the dialogue. In this sense, the way in which it relates to its patient contributes in the way in which it will follow its recommendations of treatments and conducts

to be taken (Lima, *et al*., 2016).It is important to note that one of the main purposes of performing prenatal care is to ensure the development of gestation and the birth of a healthy baby. In this sense, it is essential that prenatal care be provided to the pregnant woman to prevent the occurrence of syphilis and to provide maternal and paternal diagnosis and treatment for early infections (Cabral, 2017).

**3rd Category: Feeling in relation to syphilis.**

In relation to the health risk situation of the newborn with congenital syphilis, it was noticed that the mothers were worried, saddened, feeling responsible for the fact that their children had been contaminated by a disease transmitted by them (Lima, *et al*., 2016).These issues are expressed in the memory of the moment they received the news of the disease, or the discomfort generated in the face of their children's suffering (Siqueira, *et al*., 2017).Mothers believe that their children have not even had the opportunity for defense and have been born marked by the disease. This feeling should be investigated with the mothers during their care, so that emotional support can be provided and parents' responsibility can be improved in the follow-up of the treatment to be performed on the child (Lima, *et al*., 2016).

The following accounts reflect these feelings:

*"It's a horrible thing, we're sad, weep, because it's something that nobody wants, especially for a child" (Interviewee 3)*

*"I cried a lot when I heard about the diagnosis for the baby, not wanting to believe it even though it was true "(Interviewed 5)*

*"I started to cry, I was desperate because I do not know, my relatives said that it was a very serious illness, and I cried a lot, until my mother reassured me that I could treat "(Interviewee 8)*

*"I was desperate, even more that could be passed on to him "(Interviewee 9).*

Studies show that families of children with congenital anomalies experience feelings of shock at the discovery of an unhealthy child. In some cases, a feeling of overprotection develops, in which the parents begin to hide their child, seeking to protect it from the eyes of society. Some already conformed families believe that having a disabled child expresses the divine will (Machado; Cyrino, 2011).Other studies report expressions of fear, despair and impotence in the face of hospitalization and the procedures that their children will need to undergo. When communicating about their infection and that of their child, many women reported feelings of loneliness and contempt (Silva, *et al*., 2010).The sadness expressed by mothers is usually caused by some kind of disappointment or loss. Souza and Barroso (2009) consider crying as a natural reaction, present from the first moments of our lives, which explains, with tears or without them, the sadness and pain caused by loss of health and repentance for the behaviors that led to the contamination by IST.The study shows that having STIs causes women to become ashamed of the health problem and the repercussions of the disease on their lives. The shame produced is possibly due to the fact that the disease carries stigmas and prejudices (Cavalcante, *et al*., 2012).Another issue concerns feelings of guilt as emotional behavior, which may or may not be related to the fact that the person is guilty or not. A person is accepting responsibility for something that has happened or for something that he has done (Sousa; Araújo; Sales, 2009). A woman afflicted with syphilis can not be held responsible for the transmission of the disease. Instead of reinforcing guilt, a frank dialogue with concise language should be used in order to lessen their anxiety. When the diagnosis of syphilis occurs, the woman experiences several other concerns, mainly regarding the state of health and of her baby (Cavalcante, *et al*., 2012).

## CONCLUSION

Syphilis is a disease that grows in a frightening way, it is worrying that most women are unaware of the pathology, thus generating a sense of despair and anguish at the moment of detection. The dissatisfaction with prenatal care was mentioned in the speeches, in which it was demonstrated the need for health education and the dialogical training of health professionals that should be attentive to perceptions and feelings involving women and children affected by syphilis. The health professional needs to consider the fragility of pregnant women, stimulating adherence to treatment and taking all necessary procedures correctly, in order to minimize the suffering of those women who are affected by syphilis during their gestational period. The most consistent action in the control of syphilis is expressed in the assurance of a wide and quality assistance, and the development of actions of health education, in the sense of enabling the early diagnosis and treatment in a timely manner, with a view to guarantee the integrality health care.

## REFERENCES

Bardin L. 2011. Análise de Conteúdo. Trad. Pinheiro, LARA. São Paulo: Edições 70.

Brasil, 2008. Ministério da Saúde. As causassociais das iniquidadesem Saúde no Brasil. Relatório Final da Comissão Nacional sobreDeterminantesSociais da Saúde. 1-216. Brasília: Ministério da Saúde; 2008.

Brasil, 2017. Boletimepidemiológico. Secretaria de Vigilânciaem Saúde – Ministério da Saúde. 48(36).

Brito VMC. *et al*. 2017. Plano de ação para enfrentamento da sífiliscongênita no município de Macapá “o desafio da mudança”.

Cabral EM. 2017. Avaliação do cuidado à Saúde das gestantes no contexto do Programa de Saúde da Família.

Cavalcante AES, *et al*. 2012. Diagnóstico e Tratamento da Sífilis: uma Investigação com MulheresAssistidas na Atenção BásicaemSobral, Ceará. DST - J bras Doenças Sex Transm. 24(4):239-245. DOI: 10.5533/DST-2177-8264-201224404.

Costa JS, *et al*. 2016. O conhecimento de gestantes com diagnóstico de sífilissobre a doença. Revista Interdisciplinar. 9(2):79-89.

Domingues RMSM, Leal MC. 2016. Incidência de sífiliscongênita e fatoresassociados à transmissão vertical da sífilis: dados do estudoNascer no Brasil. Cadernos de Saúde Pública. 32(6).

Furtado TRP, *et al*. 2017. Sífiliscongênita: um desafio à saúde pública.

Lima VC *et al*. 2016. Percepção de mãesacerca da Sífiliscongênitaemseuconcepto. Espaço para a saúde. 17(2):118-25.

Macedo VC, *et al*. 2017. Fatores de risco para sífilisemmulheres: estudocaso-controle. Revista de Saúde Pública. 51:1-12.

Machado FM, Cyrino RMF. 2011. Planejamento do enfermeiro na inserção social de criançasportadoras de sífiliscongênita. FaculdadeCatólicaSalesiana do Espírito Santo, Vitoria.

Pires ACS, *et al*. 2018. Ocorrência de sífiliscongênita e osprincipaisfatoresrelacionadosaosíndices de transmissão da doença no brasil da atualidade-revisão de literatura. Revista UNINGÁ Review. 19(1).

Rodrigues VLR, Oliveira FM, Afonso TM. 2017. SífilisCongênita na Perspectiva de um Desafio para a Saúde Pública. In: CongressoInternacional de Enfermagem.

Santos AA, *et al*. 2018. Atuação do enfermeiro na assistênciaaopré-natal versus sífilis: uma revisãointegrativa. Interfaces Científicas-Saúde e Ambiente. 6(2):95-110.

Santos SLS, *et al*. 2017. Orientação a parturientes com sífiliscongênitaatendidas no Hospital Regional Abelardo Santos emBelém (PA).

Silva DAR, *et al*. 2017. Prevalência de sífilisemmulheres. Revista Enfermagem emFoco. 8(3).

Silva MRF, *et al*. 2010. Percepção de mulheres com relação aocorrência de sífiliscongênitaemseusconceptos. Rev. APS, Juiz de Fora. 13(3):301-309.

Siqueira MLB, *et al*. 2017. Prevalência da infecçãopelo Treponema Pallidum emgestantesatendidas pela unidade municipal de saúde de Rondonópolis, MT. Biodiversidade. 16(1).

Sousa MLA, Araújo RT, Sales ZN. 2009. Sentimentosmanifestados por mulheres com HIV. Revista Saúde Com. 5(1):50-61.

Souza BC, Santana ALS. 2013. As consequências da sífiliscongênita no binômiomaterno-fetal: um estudo de revisão. Interfaces Científicas-Saúde e Ambiente. 1(3):59-67.

Souza LB, Barroso MGT. 2009. DST no âmbito da relação estável: análise cultural com base na perspectiva da mulher. Esc Anna Nery Rev Enferm. 13(1):123-13.

Víctor JF, *et al*. 2010. Sífiliscongênita: conhecimento de puérperas e sentimentosem relação aotratamento dos seusfilhos. Revista Eletrônica de Enfermagem. 12(1).

*******