

KNOWLEDGE OF THE POPULATION SERVED BY BASIC HEALTH UNITS IN THE NORTHWEST REGION OF ANÁPOLIS, GOIÁS, ABOUT SYPHILIS

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ABSTRACT

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*. Transmission occurs mainly through sexual contact, but can also be vertical during pregnancy or through blood transfusion. Brazil is facing a syphilis epidemic, making it essential to identify, treat, and educate the population about preventive measures. Thus, this study aimed to assess the level of knowledge about syphilis in the population served by the BHUs (Basic Health Units), also called UBSs (*Unidade Básica de Saúde*) in Brazil, in the Northwest region of Anápolis-GO. This is an observational, cross-sectional, and descriptive study in which a questionnaire was applied to the population that sought care at the UBS during the year 2023. The UBSs surveyed were selected through random sampling. Data from 70 participants were collected, 71.4% of whom were female. The overall average age was 42 years (± 16.3). Regarding knowledge, 77.1% stated that they knew what syphilis is. Regarding the etiological agent of the disease, 24.3% responded that syphilis is caused by bacteria. Regarding transmission, 84.3% responded that it is transmitted through sexual contact. It was concluded that the majority of study participants were female, between 18 and 39 years of age. Most were incorrect about the etiological agent of syphilis, with 38.5% choosing the option "virus." In addition, 70% of participants correctly identified the initial clinical manifestation of the disease and understood that the main form of prevention is condom use. Despite this, many did not use condoms, especially those with multiple partners or in relationships with steady partners.

Keywords: Sexually Transmitted Infections; *Treponema pallidum*; Public Health.

INTRODUCTION

Syphilis is a sexually transmitted infection (STI), bacterial and systemic, caused by *Treponema pallidum*, transmitted through sexual contact, vertically, or through blood transfusion (BRASIL, 2021). Brazil faces a syphilis epidemic with an annual increase in cases, making it essential to identify, treat, and prevent the disease. Syphilis has primary, secondary, latent, and tertiary stages, with high contagiousness in the early stages (CALDEIRA et al., 2022).

Diagnosis requires clinical and laboratory data, infection history, and investigations of recent exposure. Although compatible signs facilitate clinical suspicion,

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there are no pathognomonic symptoms (CALDEIRA et al., 2022). In Brazil, diagnosis, treatment, and surveillance are well established, but underreporting persists, affecting epidemiology (BRASIL, 2022a).

From this perspective, it can be observed that, over the last decade, syphilis cases have increased, with mandatory reporting in place since 2010. Between 2016 and 2017, there was a 48% increase in infected individuals, with 13,328 cases reported in 2018. In 2016, authorities recognized the epidemic (CALDEIRA et al., 2022).

Therefore, the increase is linked to risk behaviors, such as men who have sex with men, incarcerated individuals, and sex workers, in addition to resistance to condom use due to socioeconomic and cultural factors (RAMOS JÚNIOR, 2022). In Anápolis, Goiás, cases increased significantly, justifying this research, which sought to associate the population's knowledge with the rise in cases, thereby assisting in projects and public policies (BRASIL, 2022b).

METHODS

An observational, cross-sectional, and descriptive study was conducted in Basic Health Units (BHUs) in the northwest region, chosen at random to avoid selection bias. The BHUs selected were: USF Parque Iracema, USF São José, USF Alexandrina, and USF Adriana Parque. A total of 202 questionnaires were analyzed, of which 70 belonged to the northwest region, which was the focus of the research.

A questionnaire was administered to assess knowledge about syphilis in men and women aged 18 years or older who were mentally capable of responding. Incomplete questionnaires and those completed by minors were excluded. After explanations from the researchers, participants signed the Free and Informed Consent Form (TCLE) and answered a 37-question questionnaire, available in physical and virtual versions via Google Forms. In addition, an informational booklet on syphilis was distributed to all participants after the questionnaire.

Sociodemographic data were analyzed using descriptive statistics, including absolute and relative frequencies, means, standard deviation, and confidence intervals. Knowledge about syphilis was assessed using a specific answer key, with scores classified into three levels: little knowledge (0-10 points), some knowledge (11-15 points), and good knowledge (16-20 points).

Seventy people who sought care at Basic Health Units in the northwest region of Anápolis participated. Of this total, 71.4% were female, 44.3% identified as brown, and 44.3% were married. In addition, 88.6% reported having some religion. Regarding educational level, 54.3% had completed high school.

In terms of income, 37.1% earned between two and four minimum wages, and approximately 60% were employed. The most prevalent age group was people aged 51 years or older (32.8%), with the overall average age being 42 years (± 16.32).

In terms of sexual behavior, most were heterosexual (78.6%) and had a steady partner (62.9%). Of these, 68.6% had sexual intercourse with their steady partner in the last 6 months, and 87.5% did not use a condom. Regarding sexual intercourse with more than one partner in the last 6 months, 4.3% reported this condition, and of these, 66.7% did not use condoms.

When analyzing the population's knowledge about syphilis (Table 1), 77.1% of participants stated that they knew about syphilis, 76% of whom were women and 48% had completed high school. Only 24.3% correctly identified the bacterium as the causative agent. Regarding transmission, 84.3% of participants recognized sexual contact as a correct form of transmission, with most being women (74.6%) and 44% having completed high school.

Table 1. Population knowledge about syphilis

QUESTIONS AND ANSWERS	n
Do you know what syphilis is?	
Yes	54
No	16 (22.9)
Do you think syphilis is caused by:	
A virus	27
Bacteria	17 (24.3)
Fungi	02 (2.9)
Protozoa	0
I don't know	24
How do you think you got syphilis?	
Hug	0
Kisses	08 (7.9)
Sexual contact	59
Coughing or sneezing	04
Blood transfusion	15
Mother to child during childbirth	15
Ways to prevent syphilis:	
Sexual abstinence	15
Antibiotics	13 (9.3)
Contraceptive	01
Condoms always	57 (40.7)
Change of underwear	13
Condom with strangers	05 (3.6)

Vaccination	09 (6.4)
Pregnant women – prenatal	27
What are the symptoms of syphilis?	
Fever and weakness	13
Lesions near the genitals	49 (70.0)
Cold sweat and nausea	03
Lesion that does not hurt in the mouth and/or genital region	26 (37.1)
Headache	10
Lesions mainly on the feet and hands	05
Itchy skin	12
In your opinion, is there an epidemic (many cases) of syphilis in Anápolis?	
Yes	24
No	29

n = absolute frequency; % = relative frequency. Source: Author (2024).

Most participants knew that there is treatment for syphilis (88.6%). About 15.7% believe that there is a vaccine against syphilis, 70% believe in a cure, and 78.6% understand that sexual partners can also be infected.

Regarding prevention, 81.4% chose condom use, with 73.7% were women and 43.8% had a high school education. Regarding clinical manifestations, 70% recognized genital lesions as a symptom. In addition, 84.3% knew what an STI is, 80% believed in the possibility of reinfection, and 75.7% believed that a healthy person could have syphilis.

Analysis of the population's knowledge about syphilis revealed that half of the participants had intermediate knowledge (scores between 11 and 15). Among women, 18% achieved higher scores (≥ 16), while 58% obtained intermediate scores, and one participant achieved the maximum score of 18. Among men, only 10% achieved higher scores, while 60% scored below 10 points, indicating limited knowledge. Regarding education, 30% of people with higher education achieved ≥ 16 points, while most participants with secondary education (55.27%) obtained between 11 and 15 points, with 34.21% below 10 points (Table 2).

Table 2. Correlation between population knowledge and sociodemographic profile

	CLASSIFICATION BASED ON SCORE		
	Up to 10 points n	11 to 15 points n (%)	More than 16 points n
Gender			
Male	12	06 (30.00)	0
Female	12	29	09
Age			
18	01	01	04
21	04 (28.58)	08 (57.14)	02 (14.28)
31	04	09	01 (07.14)
41	03	09	01 (07.70)
51	12	08 (34.79)	03 (13.04)
Education			
Illiterate	0	0	00

Elementary	10	01	01 (08.33)
High School	13	21	04 (10.52)
Higher Education	0	13	0

n = absolute frequency; % = relative frequency. Source: Author (2024).

CONCLUSION

It was concluded that most participants were women between 18 and 39 years of age, brown-skinned, heterosexual, married, with a high school education and an income between 2 and 4 minimum wages. Many confused the causative agent of syphilis, believing it to be a virus, but most knew that transmission occurs mainly through sexual contact and correctly identified genital lesions as the initial manifestation of the disease. Despite this, many did not use condoms, especially those with multiple partners or in relationships with regular partners. Finally, this study may contribute to the creation of more specific health interventions, increasing the local population's knowledge about this disease.

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