









Health education strategy for the prevention of sexually transmitted infections: experience report



Estratégia de educação em saúde na prevenção das Infecções Sexualmente Transmissíveis: relato de experiência

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Abstract

The incidence of sexually transmitted infections reaches several groups and presents multiple etiologies, symptoms, and complications that can be prevented, diagnosed, and treated early using health education in primary care. This study described the health education experienced by students in primary care according to the methodology of education defended by Paulo Freire. The population accepted the proposal and showed interest in exchanging knowledge, actively participated throughout the process, and were grateful for the space offered.

Keywords: Disease prevention; Sexually Transmitted Infections; Primary health care; Health education

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Resumo

A incidência de infecções sexualmente transmissíveis atinge diversos grupos e apresenta múltiplas etiologias, sintomas e complicações que podem ser prevenidas, diagnosticadas e tratadas precocemente por meio da educação em saúde na atenção primária. Este estudo descreveu a educação em saúde vivenciada por estudantes da atenção básica segundo a metodologia de educação defendida por Paulo Freire. A população aceitou a proposta e demonstrou interesse em trocar conhecimentos, participou ativamente de todo o processo e agradeceu o espaço oferecido.

Palavras-chave: Prevenção de doenças; Infecções Sexualmente Transmissíveis; Atenção primária à saúde; Educação em saúde.

INTRODUCTION

Among public health policies, sexually transmitted infections (STIs) are one of the most addressed in primary care (PC), encompassing promotion, prevention, and early diagnosis and treatment¹. Given the advance of science for preventing and treating STIs, the global incidence of these infections is worrisome since they reach several groups and present multiple etiologies, symptoms, and complications when not treated or treated inappropriately². Thus, health education is crucial for disease prevention, quality of life, self-care, healthy sex life, and changes in risky behaviors among young people, adults, and older adults³.

Given the historical context of the Brazilian public health policies, the term health education started to be used from the expansion of preventive medicine in the 20th century, considering authoritarian, biologist, and technicist strategies of the Public Health Service Foundation. In addition, the influence of the Ottawa Charter and the creation of a Unified Health System (SUS) led health education to acquire new strategies aimed at health promotion, disease prevention, early diagnosis and treatment, autonomy, and active participation in individual and collective care⁴.

Since health education is inserted in community care, this strategy is used in several public policies in PC. However, the knowledge is transmitted from the health professional to the individual (i.e., vertically), and the latter does not have contextualization of reality and critical reflection, which Paulo Freire defines as banking education⁵.

Thus, health education needs to be taught, built, and practiced from the dialogical construction of knowledge, considering the population and popular knowledge as an adjunct for understanding the causes of diseases and how to prevent and overcome them^{6, 7}. This process must aim at exchanging of knowledge, guidance, clarification, listening, and reception in the Basic Health Unit (BHU) waiting room, individual care, public squares, schools, home visits, and other

spaces of care intervention in PC^{8,9}.

To practice health education, we must focus on the future health professionals working on SUS, as they are current students who are experiencing the service routine during the training process and can create horizontal spaces for health education^{10,11}. Thus, this study aimed to report the successful experience of health education on STIs conducted by students along with the health professionals and population in a BHU in Olinda, Pernambuco.

EXPERIENCE REPORT

Based on the reality experienced during the practical activities of the Course Integration Academy, Service, and Community (IASC) in the BHU, the group of students identified some frequent doubts among the population (i.e., men and women aged between 18 and 60 years) during the rapid tests for syphilis, hepatitis, and Human Immunodeficiency Virus (HIV). They accessed the service by calling Community Health Agents to the target audience of STIs. After accessing the profile of the community, the students discussed with the BHU health professionals the possibility of conducting a health education activity using horizontal dialogue and actions with didactic materials and ludic resources.

Thus, a dynamic presentation was initiated with the audience in the waiting room, followed by a general discussion on the topic and the main methods of prevention against STIs to perceive their prior knowledge. Then, the students asked a rhetorical question to the population about the human papillomavirus (HPV), followed by a brief explanation addressing the form of transmission, symptoms, diagnosis, prevention, and treatment. The focus of the discussion was to inform about HPV vaccination, the age group indicated, the importance of performing the preventive examination, and where to perform it. In addition, other STIs (syphilis and gonorrhea) were addressed, focusing on instruction about the early signs and symptoms and the importance of seeking medical help even in the absence of signs of greater discomfort, such as pain. In addition, some forms of transmission of HIV and how to prevent them were explained, demystifying the idea that the only transmission route would be sexual. Also, the importance of HIV testing was discussed, aiming at a more effective therapy and the consequent increase in the survival of people with this virus. The “Balloon dynamics” was performed in the later stage, which consisted of inviting participants to pop a balloon containing myths or truths about STIs and prevention methods. Next, they discussed how STIs can have negative consequences on the sexual health and reproductive health of adolescents, which impair their physical and emotional development and social behavior, affecting school dropouts. At the end of the intervention, participants could perform rapid testing for the main STIs, such as syphilis, hepatitis B and C, and HIV.

RESULTS OBSERVED

The population accepted health education. They showed interest in exchanging knowl-

edge, actively participating throughout the process, and expressing gratitude for the space offered. The mother of a young pregnant woman also participated, who seized the moment of clarification and reported her puerperium, which was marked by insecurities because of a previous diagnosis of syphilis. The group believes this result was obtained due to the educational materials and dynamics that allowed the speech of popular knowledge. Also, dialogues between the various types of knowledge stimulated reflections, problematization of the theme, and collective construction. Moreover, service professionals (i.e., community health agents and the nursing team) were motivated to build other moments of health education using the proposals presented by students.

FINAL CONSIDERATIONS

The participation of students in this project allowed them to genuinely experience the daily life of a primary care health professional by performing a relevant action for the local community. In addition, the knowledge exchange promoted by the “conversation circle” allowed the ratification of the importance of this dynamic, with the purpose of health education, mainly in expanding knowledge and sharing information about this theme in different age groups. Thus, this practice, along with the dissemination of knowledge to the general population, was relevant for the academic training of future physicians, as it promoted reflection on the value of dialogues and discussions in PC. The practice also favored the expansion of integrative experiences with society, as proposed by the current ideology of SUS.

CONFLICT OF INTEREST

No comment.

CONTRIBUTIONS OF THE AUTHORS

ANF: preparation of the summary, introduction, experience report, and final considerations; **GTMC:** preparation of summary, introduction, experience report, and observed results; **HEEV:** preparation of the introduction, experience report, final considerations, and references; **PGFL** and **SRD:** writing of the experience report; **JRCS:** searching for references, construction of the introduction, standards guidance, and file correction.

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