

EDUCATIONAL ACTIONS ON TUBERCULOSIS FOR USERS IN THE WAITING ROOM OF A FAMILY CLINIC

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Abstract: Tuberculosis is a public health problem in Brazil, with the most socially vulnerable groups being the most affected and most severely impacted by the disease. Related to this fact, there has been an increase in treatment interruptions. The objective of this study was to disseminate knowledge about tuberculosis among patients undergoing treatment and other users of a Family Clinic located in the city of Rio de Janeiro. The study methodology was a descriptive qualitative approach and during the investigation phase questionnaires were applied via telephone calls to patients undergoing treatment for the disease. The lack of knowledge about transmission and prevention of tuberculosis among the population studied was identified, highlighting the need to promote educational actions for this public. Educational materials were prepared for educational actions in the waiting room of the aforementioned health unit. Therefore, it is concluded that the issues addressed and discussed were intended to disseminate information and contribute to the clarification of individuals most vulnerable to tuberculosis.

Keywords: educational actions, knowledge, waiting room, tuberculosis.

INTRODUCTION

Tuberculosis in Brazil is a challenge for public health and is related to the increase in inequality and social exclusion, being more prevalent in less favored social groups (BRASIL, 2024; CAVALCANTE et al., 2024; WHO, 2014), this scenario having been worsened by the social and health crisis caused by the Covid-19 pandemic.

In the Health Care Network, the prioritization of care for patients with Covid-19 and the social isolation determined by the Ministry of Health led to the relaxation of the tuberculosis care line, especially in Primary Health Care, negatively interfering

in the number of diagnoses and treatments of the disease, resulting in the underreporting of new cases of the disease (HINO et al, 2021), and also in the increase in the percentage of treatment interruption and deaths from tuberculosis (BRAZIL, 2024).

In the post-pandemic period, the commitment of the Health Care Network is important, in view of the reorganization of care, an essential factor in overcoming the problems observed in the disease indicators. In 2023, 80,012 new cases of tuberculosis were recorded in Brazil, corresponding to an incidence of 37.0 cases per 100,000 inhabitants, which were irregularly distributed throughout the national territory, but characteristically high in large capitals (BRAZIL, 2024).

In the municipality of Rio de Janeiro, in 2023, 7,629 new cases of tuberculosis were reported, totaling an incidence rate of 114.7 per 100,000 inhabitants (SMS/RJ, 2024), with a greater concentration in territories characterized by precarious and unhealthy housing, resulting from the slum process (PEREIRA et al, 2018), accentuating the risks of illness from tuberculosis, a process influenced not only by biological factors, but also by environmental, social, economic, cultural and ethnic-racial factors (SOUZA et al., 2021).

Although it is a serious disease, the resources needed to diagnose and treat tuberculosis are available free of charge through the Unified Health System, with Primary Health Care considered the gateway to this. However, it is clear that these resources are insufficient to control tuberculosis, with difficulties to be overcome, such as the interruption of treatment for the disease, which in the city of Rio de Janeiro reached a rate of 14.1% in 2022 (SMS/RJ, 2024). The interruption of tuberculosis treatment has a direct impact on the quality of life of the sick person, as they will soon experience the return of signs and

symptoms of the disease, requiring the restart of treatment and contributing even more to social disparity (CAVALCANTE, et al, 2023; SÁ, et al, 2007).

DISCONTINUATION OF TUBERCULOSIS TREATMENT

Treatment interruption is considered to be the absence of the patient, after starting to take medication, in their Basic Health Unit or in a place designated for this purpose, for thirty consecutive days or more, after the date agreed for their return. The seriousness of this action lies in the selection of bacteria resistant to the drugs that have been used, characterizing resistant tuberculosis (BRAZIL, 2019).

Although multicausal, among the main reasons for patients to interrupt tuberculosis treatment, there is a lack of information, lack of knowledge about the disease, its treatment and the consequences of this interruption (CAVALCANTE et al, 2023).

There is also a lack of knowledge among health professionals about the tuberculosis care line, the disease treatment protocol and the strict disuse of directly observed treatment, revealing the need for investment in ongoing education about tuberculosis, with health professionals in Primary Health Care, in order to promote health among its users (BRAZIL, 2022).

CONFRONTING TUBERCULOSIS AS A PUBLIC HEALTH PROBLEM

Since the disease is linked to social vulnerabilities, it is understood that the health sector alone will not be able to meet the challenge of eliminating tuberculosis as a public health problem by 2030, as committed to by the Brazil Free of Tuberculosis plan of the Ministry of Health (2017). The health sector cannot intervene on complex social issues and multiple themes that are transversal to more than one sectoral policy.

These inequities can be reduced through multisectoral interventions that direct us to the Promotion of health and its guiding factors of healthy public policies, creation of favorable environments, reinforcement of community action, development of personal skills and reorientation of health services (BRAZIL, 2002).

Health Promotion is a promising strategy for tackling health problems that affect populations, as it requires the participation of everyone in personal and collective spheres with a view to improving quality of life (BUSS et al., 2020). Among the Health Promotion actions propagated in the Ottawa Charter, emphasis is placed on the development of personal skills, as well as changes in the education and teaching of health professionals, which must focus on the global needs of the individual, with a focus on the integral person that he or she is (BRAZIL, 2002).

There is a clear need to reorganize health services with structural and functional reforms, offering training courses to health professionals so that they can identify, welcome, diagnose and treat the population that lived throughout the pandemic period, and those who still live with signs and symptoms of the disease, without even suspecting that they may have tuberculosis.

However, it is also important to highlight the importance of increasing the participation of Primary Health Care users, with an emphasis on people undergoing tuberculosis treatment to better balance tuberculosis indicators, favoring the outcome of cure and contributing to the prevention of the disease.

Therefore, this research and extension project invests in health education actions with users of a Family Clinic, located in an area with a high incidence of the disease, with the aim of encouraging these actors to reflect on the importance of their participation in combating tuberculosis.

METHODS

This work is an excerpt from the Extension and Research Project entitled “Improvements in family and community medicine for tuberculosis control in Primary Health Care”, which was submitted and approved by the Ethics Committee of the Institute of Public Health Studies of “*Universidade Federal do Rio de Janeiro*” under opinion number 4,884,016.

Data collection took place between 2021 and 2023 in a remote environment. Patients undergoing tuberculosis treatment at a Family Clinic located in the city of Rio de Janeiro were contacted and gave their oral consent to the Free and Informed Consent Form and participated in telemonitoring, carried out by extension students, throughout their treatment time. Then, questionnaires typed into Google Forms were applied, with the main advantage of use being the granting of direct analysis of the collected data (MOTA, 2019). Based on Paulo Freire’s method (2011), health education actions were developed at the end of each telephone contact made with the patient, which addressed tuberculosis and all the factors arising from it.

RESULTS AND DISCUSSION

This research was conducted between 2021 and 2023. Sixty-three questionnaires were analyzed, which sought to identify the social profile of users undergoing tuberculosis treatment at a Family Clinic located in the North Zone of Rio de Janeiro and the knowledge of this population about tuberculosis. The majority (57.1%) of the participants were female. Regarding the level of education, 31.7% responded that they had not completed elementary school, and 61.9% of the participants had not completed high school, which reflects and ratifies the social profile of low education and vulnerability of the majority of individuals affected by

tuberculosis in Brazil. In addition to being a result of poverty, tuberculosis contributes to the maintenance of social ills, as it compromises the health of individual providers, who are often unable to work and/or stigmatized by the disease, generating a social and economic impact on families, by compromising up to 20% of their family income. (BRASIL, 2019).

Regarding data on tuberculosis, participants were asked how they had contracted the disease, and a significant number (34.7%) answered “I don’t know”. At the same time, they indicated other answers such as “by sharing objects and shaking hands”. In addition, users were asked if they knew how to prevent tuberculosis, and 32.8% answered “I don’t know”. Ineffective measures to prevent the disease were also mentioned, such as “avoiding sharing objects”. This lack of knowledge identified is an aggravating factor, as it contributes to maintaining the chain of transmission of the disease (BRASIL, 2019). Among the total number of patients in the study, for a group of seven participants who admitted to irregular use of the medication or having interrupted previous treatment, 42.9% were unaware of the risks of developing resistant tuberculosis.

This way, it was identified that there is a lack of knowledge about the disease that contributes to the irregular use of medication, to the interruption of treatment and also sustains the cycle of social inequality-disease-social inequality among vulnerable populations. From this, it was decided to contribute more effectively, with the dissemination of knowledge among patients in relation to the disease they have and to other users of the Health Unit, located in an area vulnerable to tuberculosis.

THE WAITING ROOM AS A PLACE FOR HEALTH PROMOTION

Health education activities were carried out in the waiting room of eight teams at the Family Clinic, in addition to the development of these activities in the waiting room of the blood collection sector, totaling the participation of around 100 users.

In the waiting room, based on Freire's method (2011), we sought to approach and value the target audience of the action, granting them the right to express their convictions and ask questions. Special attention was given to the use of simple vocabulary during the problematizations presented, such as "What does a person with tuberculosis feel?"; which favored the participation of the public. It was observed that in all the waiting rooms, mistakes such as those already mentioned were identified, revealing the need for health professionals to incorporate the use of clarifications about tuberculosis, during health care practices developed.

Educational materials were developed to ensure that patients had access to a resource at home that contained clear and objective information about tuberculosis. The folders (Figure 1) were distributed among the patients present in the waiting room during the health education activity. A poster (Figure 2) was created and given to the Community Health Agents who are part of the health teams to warn about the main symptom of persistent cough and encourage adherence to treatment so that they could be displayed in the unit.

By carrying out this educational action, we sought to deconstruct the misconceptions and stigmas identified through an integrative dialogue with users and to disseminate information about tuberculosis, since, according to Cavalcante et al. (2023), carrying out educational actions can reduce the delay in diagnosing tuberculosis, favor the early initiation of treatment for the disease and

increase adherence to treatment, reducing health problems and the social impacts generated by the disease. The interactive dialogue developed within a social context common to all members of the group, favoring and providing opportunities for the exchange and production of knowledge, and according to Freire (2011), allows the apprehension of what is significantly interesting to oneself. Knowledge provides support for making decisions in a conscious and judicious way aimed at improving quality of life at a personal and collective level.

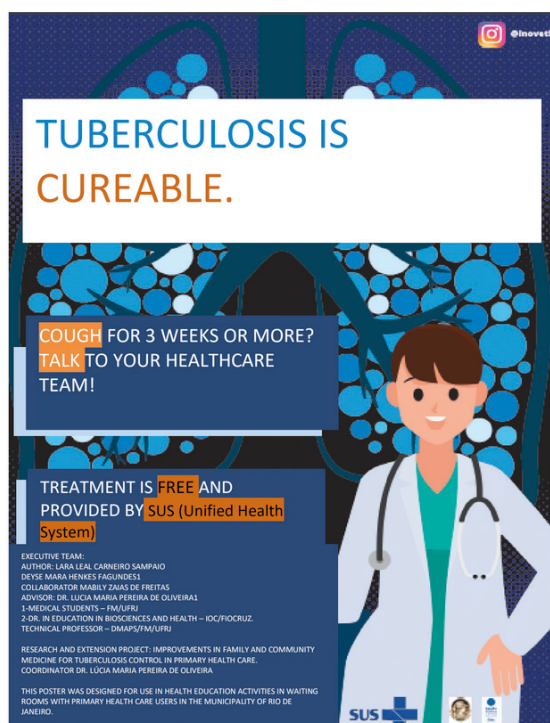


Figure 2: Poster.

Source: Authors (2023).

CONCLUSION

In this study, we identified a significant lack of knowledge about tuberculosis among patients undergoing treatment for the disease and among users of a Family Clinic located in a vulnerable area of the city of Rio de Janeiro. In addition, we identified widespread stigmas that contribute to barriers to tuberculosis control.

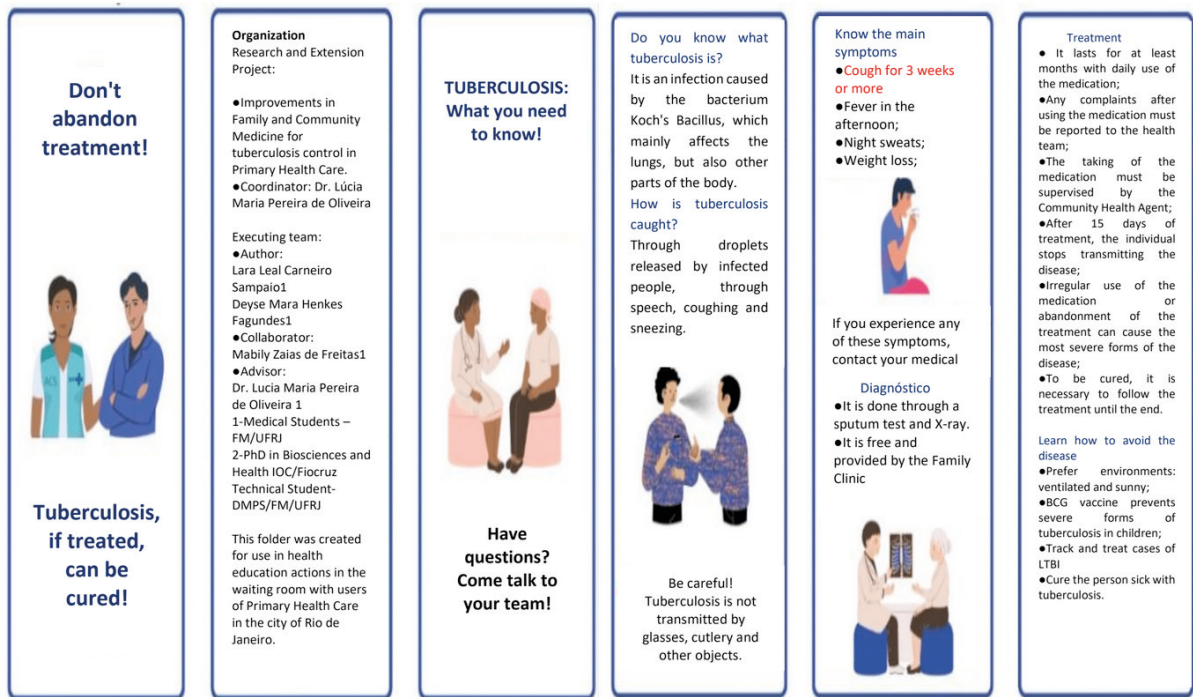


Figure 1: Folder.

Source: Authors (2023).

Thus, it is concluded that it is of utmost importance that multidisciplinary health teams in Primary Health Care, in addition to prioritizing the correct use of the disease treatment protocol, seek to include, through an integrative dialogue, the expansion of information about tuberculosis, together with their patients, during consultations and throughout the directly supervised treatment, a strategy considered relevant for patient adherence to treatment and control of the disease as a public health problem, by the World Health Organization.

Another essential factor is that Higher Education Institutions assume their role in this scenario and collaborate through the development of projects such as this one that invest in deconstructing misconceptions and stigmas about tuberculosis among patients and users, in order to increase the percentage of cures for the disease, reduce interruptions in treatment, and prevent it. It is understood that there is a need to continue these health

education actions with the target audience of the study, providing, in the medium and long term, the promotion of health in the waiting rooms of Primary Health Care units, considered a reference for the treatment of tuberculosis.

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