# EXPERIENCES FROM THE FIELD: CHILEAN HEALTHCARE PROVIDERS' PERSPECTIVES ON PARTNER NOTIFICATION FOR SYPHILIS — A QUALITATIVE CASE STUDY

## *EXPERIENCIAS EN EL CAMPO: PERSPECTIVAS DE LOS PROVEEDORES DE SALUD CHILENOS SOBRE LA NOTIFICACIÓN DE PAREJAS PARA SÍFILIS — UN ESTUDIO DE CASO CUALITATIVO*

*Nicole Ghislaine Iturrieta-Guaita*[1,2], *Meredith Jane Temple-Smith*[1], *Jane Elizabeth Tomnay*[3]

**ABSTRACT**

**Introduction:** Partner Notification (NP) has long been considered an essential strategy for the control of sexually transmitted infections (STIs). Although the delivery of clinical services for STIs has improved in Chile, syphilis in the general population is one of the most commonly reported STIs. **Objective:** To understand PN current practices and challenges, we explored health care providers' (HCPs) perspectives about PN for syphilis in public health services in Chile. **Methods:** Semi-structured interviews were conducted with HCPs in 14 primary health care centres and 6 sexual health units located at two regional Health Services as well as with key informants from different backgrounds. Interviews were transcribed verbatim and coded using QSR International's NVivo 11 PRO Software, for cross-case thematic analysis, which followed an inductive approach. Selected quotes were translated from Spanish to English. Consensus on codes and themes was reached by the multi-disciplinary research team. **Results:** A total of 58 interviews were conducted. Forty-eight HCPs were interviewed across both Health Services; most with midwives with more than 10 years of work experience; and ten were key informants. Participants acknowledged PN as a syphilis control strategy with patient referral being the most common approach. Participants commented that index cases do not provide information about their partners easily and the delivery of PN is further impacted by gender and the socio-cultural context of Chile. PN was perceived by HCPs as an exhausting and difficult process. **Conclusion:** This is the first study to identify the perceptions of Chilean HCPs about PN for syphilis. PN is a valuable strategy for syphilis control in Chile; however, our findings suggest that HCPs consider this strategy a challenge both for them and for the Chilean population. Improving current practices and increasing awareness about PN would strengthen the work that has been done by HCPs for syphilis control and enhance the long-term impact of existing policies.

**Keywords:** contact tracing; partner notification; syphilis; health personnel.

**RESUMEN**

**Introducción:** la Notificación de Pareja (NP) se ha considerado durante mucho tiempo una estrategia esencial para el control de las infecciones de transmisión sexual (ITS). Aunque la prestación de servicios clínicos para las ITS ha mejorado en Chile, la sífilis en la población general es una de las ITS más comúnmente reportadas. **Objetivo:** Para comprender las prácticas y los desafíos actuales de la NP, exploramos las perspectivas de los proveedores de salud (PS) sobre la NP para la sífilis en los servicios de salud pública en Chile. **Métodos:** Se realizaron entrevistas semiestructuradas con PS en 14 centros de atención primaria de salud y 6 unidades de salud sexual ubicadas en dos servicios de salud regionales, así como con informantes clave (IC) de diferentes orígenes. Las entrevistas se transcribieron textualmente y se codificaron utilizando el software NVivo 11 PRO de QSR International, para el análisis temático de casos cruzados, que siguió un enfoque inductivo. Las citas seleccionadas fueron traducidas del español al inglés. El equipo de investigación multidisciplinario llegó a un consenso sobre códigos y temas. **Resultados:** Se realizaron un total de 58 entrevistas. Se entrevistaron 48 PS en ambos Servicios de Salud; la mayoría con matrones con más de 10 años de experiencia laboral; y diez eran IC. Los participantes reconocieron la NP como una estrategia de control de la sífilis, siendo la derivación de pacientes el enfoque más común. Los participantes comentaron que los casos índice no proporcionan información sobre sus parejas fácilmente y que la entrega de NP se ve afectada aún más por el género y el contexto sociocultural de Chile. La NP fue percibida por los PS como un proceso agotador y difícil. **Conclusión:** Este es el primer estudio que identifica las percepciones de los PS chilenos sobre la NP para la sífilis. La NP es una estrategia valiosa para el control de la sífilis en Chile; sin embargo, nuestros hallazgos sugieren que los PS consideran esta estrategia como un desafío tanto para ellos como para la población chilena. Mejorar las prácticas actuales y aumentar la conciencia sobre la NP fortalecería el trabajo realizado por los profesionales de la salud para el control de la sífilis y mejoraría el impacto a largo plazo de las políticas existentes.

**Palabras clave:** trazado de contacto; notificación de socios; sífilis; personal de salud.

## INTRODUCTION

Syphilis remains a significant public health problem despite the existence of prevention strategies and treatment(1). In 2012, the World Health Organization (WHO) estimated that 5.6 million people worldwide acquire syphilis annually(2), although recent studies have shown syphilis rates have increased significantly(3-5). Studies in Latin America have shown high rates of syphilis among the most at-risk populations(6), and gestational syphilis contributes significantly to stillbirth in this region(7). This situation has cemented syphilis as a reemerging public health problem.

The WHO global initiative to eliminate mother-to-child syphilis transmission has shown progress in a number of countries(8). However, these latest increases in syphilis incidence in the general population are threatening the positive outcomes that have been achieved since 2015, when Cuba became the first country in the world to receive validation for the elimination of congenital syphilis from the WHO(9). In the USA, for example, the number of cases of congenital syphilis has increased significantly over the last five

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[1] Department of General Practice, University of Melbourne – Melbourne, Australia.
[2] Escuela de Obstetricia y Puericultura, Universidad de Valparaíso – Valparaíso, San Felipe, Chile.
[3] Centre for Excellence in Rural Sexual Health, Department of Rural Health, University of Melbourne – Shepparton, Australia.

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years(4), highlighting the need for control strategies in the ongoing progress of syphilis elimination.

For decades, partner notification (PN) has been a recognized cornerstone in the control of sexually transmissible infections (STI)(10,11). PN is defined as the process of notifying contacts (partners) of persons with infectious conditions (identified as index patients), informing them that they have been exposed and the need to seek healthcare assessment and, if infected, treatment(12). Different approaches have been established to provide information to sexual contacts. Historically, the three approaches used are patient, provider, and contract referrals (**Table 1**)(12).

In Chile, despite improvements in diagnostic and treatment services, the syphilis notification rate has remained one of the highest in the general population over the last decade (in 2016, 22.8 per 100,000 inhabitants)(13). Although the country has shown progress toward the elimination of congenital syphilis(9), the incidence in the general population suggests prevention and control strategies are underperforming(13). While the current STI guideline, which is used in public and private health services, highlights the management of partner(s) or sexual contact(s) as critical for syphilis control, PN was not suggested as an essential strategy(14).

The WHO's health system strengthening framework(15) identified the health workforce as one of the six building blocks to improve population health outcomes. It argued that a "well-performing health workforce is one which is available, competent, responsive and productive", with a strong positive correlation between health workforce density, service coverage, and health outcomes(15). Understanding the perceptions of healthcare providers (HCP) in delivering PN is crucial to identify areas for improvements that could have a significant impact on syphilis control.

# OBJECTIVE

This is the first study that aims to understand current PN practices and challenges for syphilis through the perspective of HCP who work in public health services responsible for the provision of STI care in Chile.

# METHODS

## Study design

This study is part of a qualitative multiple case study which aimed to explore the role of PN in syphilis control in public health services in Chile. PN is a context-specific process that involves different resources and has different meanings for those involved(16). This study applied rigorous qualitative methods to approach participants' multiple perspectives (post-positivist), and actively interpreted the experiences related to this topic, originating the interpretation of the data gathered (constructivist)(17).

**Table 1 –** Partner notification basic approaches.

| | |
|---|---|
| *Patient referral* | Patients are encouraged to contact their sex partners themselves |
| *Provider referral* | Healthcare provider notifies the partner and arranges treatment |
| *Contract referral* | A two-step approach that links patient and provider referral methods |

Source: Ferreira et al.(12).

### *Recruitment and sampling*

Coquimbo and Aconcagua Health Services were recruited for this study, as there was research support and they had different health network organizations. Fourteen primary health care (PHC) centers and six sexual health units participated. The study was carried out by researchers in Australia; however, the first author is a Chilean professional with local experience who led all interactions with participants. A purposive sampling technique was used to ensure that the selection of participants would provide valuable information about PN for syphilis.

### *Data collection*

Fifty-eight semi-structured interviews were conducted with registered HCP working on STI management at PHC centers or sexual health units; as well as with key informants (KI) from different backgrounds who could provide rich supplementary data. Interviews were undertaken between May and August 2016, mostly face-to-face (3 KI interviews by phone) and lasted an average of 50 minutes. These interviews were focused on understanding opinions, attitudes, experiences, processes, behaviors, and/or predictions about PN for patients with syphilis(18). Participants' demographic data were also collected during the interviews. The data collection process was designed to minimize power imbalances. Interviews were undertaken in the form of conversations; and to foster a sense of reciprocity with participants, theoretical ideas were presented to gather their feedback(19).

### *Analysis*

Interviews were audio-recorded with the participant's consent, transcribed verbatim and coded using QSR International's NVivo 11 PRO Software(20), for cross-case thematic analysis, following an inductive approach. Codes and themes were discussed with two independent researchers during and after data collection, reaching consensus. Data collection continued until saturation was achieved. Selected quotes were translated from Spanish to English by NI.

# RESULTS

Forty-eight interviews with HCP were conducted at PHC centers and sexual health units; most with midwives (37/48) with more than 10 years of experience (35/48). The number of participating midwives was appropriate, given that sexual and reproductive health in Chile is provided mainly by midwives(14). Ten KI were also interviewed (**Table 2**).

Two major themes and two sub-themes were identified across cases:

- Partner notification: a valuable strategy for syphilis control.
- Process of explaining the need for partner notification: impact of gender and sociocultural context in managing partner notification; concerns about patients' reactions to partner notification.

## Partner notification: a valuable strategy for syphilis control

Participants recognized that PN is necessary and indexed patients should be informed about its importance in reducing STI rates, especially for syphilis, and the benefits for sexual partners. They recognized that if indexed patients are unaware of PN, STI transmission may continue, and partners could be exposed to complications due to a lack of treatment. One HCP commented: "The only way to do it is notifying the patients that they have an infection and doing contact tracing, or we are going to continue with this problem forever" (HCP 14C 42). KI mentioned that it is essential to educate people about the risk of STI and the importance of managing partners. One KI observed: "The only way you can get contacts from an index case is by educating and educating... by gaining the trust of the patient so that finally they want to declare their contacts" (PROG 7 55).

## Process of explaining the need of partner notification

From their clinical experience, most HCP recognized that the main approach for PN is patient referral, though they did not use that terminology. They thought that PN was a sensitive topic; therefore, it would be better for indexed patients to inform their partners and bring them to the consultation, instead of a third person. One participant stated "it is a super sensitive issue... because if [the service] makes a call to contacts... and maybe they don't know... I think the index patient should start first with the partner, and then we take care of them" (HCP 14C 41). In addition, they pointed out that indexed patients are often not willing to provide information about their contacts or they do not always bring their partners to the clinic. Some of them recognized that they use patient referral over provider referral to prevent interferences in patients' relationships.

**Table 2 –** Participant demographics.

| Demographics | N=58 (%) |
|---|---|
| Age (years) | |
| <30 | 15 (26) |
| 30–39 | 18 (31) |
| 40–49 | 10 (17) |
| >50 | 15 (26) |
| Gender | |
| Male | 9 (16) |
| Female | 49 (84) |
| Category | |
| Health care providers | |
| Case One | 30 (52) |
| Case Two | 18 (31) |
| Key informant | 10 (17) |
| Years practicing | |
| <10 years | 25 (43) |
| >10 years | 35 (60) |
| Profession | |
| Midwife | 44 (76) |
| Nurse practitioner | 7 (12) |
| Enrolled Nurse | 1 (2) |
| General practitioner | 2 (3) |
| Dermatologist | 3 (5) |
| Advocacy | 1 (2) |
| Practice setting (all that apply) | |
| Primary health care center | 36 (62) |
| Sexual health unit | |
| Hospital-based | 13 (22) |
| Primary care | 3 (5) |
| Other | 6 (10) |

Participants also mentioned the importance of counseling indexed patients, although suggesting that patients' first reaction is often to deny the existence of partners, making the conversation difficult to move forward. They also commented that some patients prefer not to tell their partners because they feel guilty, so they focus mainly on protecting themselves from infection. Contrastingly, HCP thought that some indexed cases prefer to contact their regular partner only because they have an intimate relationship, but they do not look beyond this person. In addition, indexed patients are very concerned about confidentiality and recognized that discussing how the health care process is carried out and providing clear information about privacy are some of the strategies used to convince clients that safeguards are in place.

Moreover, HCP realized that, due to patient reactions, social stigma, and regulations, HIV patients are approached differently than syphilis ones. A common view amongst HCP was that there is a different risk perception by disease, and therefore, patients respond to each STI differently in terms of PN. Some HCP believed that patients fear HIV; therefore, they are willing to notify more partners due to the chronic condition resulting from this infection. In contrast, patients do not understand the possible consequences of untreated syphilis.

Finally, HCP noticed that PN is an exhausting process in general, especially for the team, once that delivering the information about the risk of syphilis generates conflict among partners that, as a team, they need to manage. The experience of awkward situations with patients and partners also compromised HCP' feelings about PN. Some of them recognized that they sometimes feel afraid of making a mistake during this process that could affect the follow-up of partners, recognizing that it is an activity that needs support. As one HCP commented:

> It's uncomfortable... because you feel the conflict between both, and there is always the question... "But who was it? She or I?" "But I haven't cheated on her... so she gave it to me?"... then they start arguing... and one is here as a professional, and you don't know how to handle that situation (HCP 18C 47).

### *Impact of gender and sociocultural context in managing partner notification*

Some HCP commented that men and women have different reactions when they are informed about their condition. Both appear to react fearfully, but women also want an explanation. They noticed that women change their reaction because they feel that they could lose their social status and support. As one interviewee commented: "the woman usually gets scared... first, she goes through rage and anger because she was deceived... but suddenly she also feels scared because if she fights with him and he leaves, she will be left with nothing... especially women who don't work" (HCP 16C 43). For pregnant women, participants thought that they are committed to the management process, especially to inform their current partner, as they are concerned about the consequences of the infection in their newborn babies.

In the case of men, they usually do not believe the diagnosis and request a second opinion to confirm it. Participants also identified male patients as generally uncooperative. They felt that the cultural background of *machismo* (sexism) in Chile had many implications in which risk is evaluated by men and how they commit to their treatment. Usually, inaccessible clinic hours, unperceived risk or not having a pregnant partner are excuses offered by non-attending males.

Another difference between men and women for PN is the risk of violence. Although it was not a common topic in the interviews, this issue was indirectly evident in several answers provided by HCP and KI. It was perceived that women were more exposed to psychological violence than men. One KI commented:

> when the woman is infected, it's more difficult for her to tell her partner, but it's because of a matter of aggression I believe. Not all have the problem of [physical] violence, but I think there is a kind of psychological violence... because they arrive and say... "no... my husband says he has nothing... he doesn't want to come because he doesn't have anything"... // The husbands always react badly and react by blaming her, asking who she got it from… because she was diagnosed first... (PROG 6 54).

### *Concerns about patients' reactions to partner notification*

Some HCP were concerned about patients' reactions after asking them to inform their partners. They feel that patients do not always understand the meaning of all the information they received at the time of their diagnosis. As one HCP commented: "you give the patient a message… you try to explain as much as possible, but how much of that did she understand and how did she interpret it?" (HCP 5C 16). One HCP pointed out the consequences that PN could have on a patient's relationship. Although there could be follow-up and support throughout the process, the reactions and the situation itself is difficult: "in the case of syphilis... there is the problem, and there is treatment... but... what's left after is what worries me… How are you going to face what comes next?" (HCP 14C 41). Some HCPs also recognized that patients' reactions have changed more recently. People now have more knowledge because they have access to the Internet, for example, and with more autonomy to make decisions about their health.

## DISCUSSION

Consistent with the literature, this study found that HCP recognized that PN is a key strategy for syphilis control; however, it was identified as a challenging activity(10,11). The lack of STI PN research in Chile may be a contributing factor as most of the research has focused on the effectiveness of PN for HIV(21,22). As a result, health authorities and policymakers are not aware of the resources that practitioners need to appropriately deliver PN for STI. According to the WHO Health System Strengthening framework(15), understanding the needs of the health workforce is an essential step to improve the quality of service delivery.

In this study, HCP recognized resistance from index patients to perform PN. Given that the main approach for PN in Chile is patient referral, the involvement of the indexed patient is essential. However, the social stigma that STI have in Chile could explain why index patients struggle to provide information about their partners or sexual contacts, as seen in a previous study(23). Our analysis suggested that people felt fearful of the consequences of PN.

In addition, sexual health topics are characterized as private and sensitive. As found in a recent study in Barbados(24), our participants stated that patients were worried that confidentiality could be breached. In addition, participants from a study conducted in Peru recognized that the act of PN may reveal other potentially stigmatizing information related to sexual identity and practices such as homosexuality, promiscuity, and HIV co-infection(25). Therefore, it is important to provide a service that ensures appropriate management of patients' information to reduce the concerns of both HCP and patients.

An unexpected finding of this study was that participants perceived different reactions between female and male patients when they received a positive syphilis result, and when they needed to inform their partners about the risk. Results suggested that men create more barriers for PN and women were more concerned about the negative consequences of informing their partners of their risk. Also, pregnant women's priority was the welfare of their baby, and as such, they assumed a protective role that included notifying their current partners. Studies carried out in Bolivia and Peru have found similar results, demonstrating that the protective role of women has a significant impact on health outcomes(26,27).

Some of these differences can be linked to *machismo*, which is defined as the social domination and privilege that men have over women in economic, legal, judicial, political, cultural, and psychological spheres. It has a significant impact on how patients perceive STI risk related to socio-cultural factors such as gender inequality, lack of communication between partners about sexuality, and violence in relationships(28). As a cultural barrier to the provision of health services, it is important to address *machismo* in the context of sexual health through social engagement, raising public knowledge and understanding the user's perspective(15).

HCP stated that women were often identified by their partner as the person responsible for the infection because they were diagnosed first. Also, the fear of losing social status because of the consequences of informing their partners may demonstrate the assumed violence that exists in the population. Researchers have concluded that more effort should be made to improve communication between HCP and patients about intimate partner violence (IPV), IPV assessment, mechanisms to address fears related to PN, as well as alternative partner referral approaches for patients or partners at risk(29,30).

This study has some limitations. Participants' working experience in the field and how much of their workload was devoted to managing syphilis was not considered. Some responses may have been subject to recall and social desirability bias. While considering these limitations, the large number of participants from different health facilities, the use of semi-structured interviews, the consistency of responses and the collection and analysis of the data in the original language reinforce the findings.

# CONCLUSION

Syphilis rates are increasing globally and, in Chile, few changes have been observed over the last decade in the general population, threatening the progress achieved toward the elimination of congenital syphilis. This is the first study to identify the perceptions of Chilean HCP about PN for syphilis. Our findings suggest that HCP consider PN a challenge mainly due to socio-cultural characteristics related to the Chilean population. Thus, the importance of PN in the control of syphilis should be highlighted for HCP, as well as for the Chilean population through regular training and sexual education. Improving current practices and raising awareness about PN would strengthen the work already undertaken by HCP in syphilis control. A priority action plan which includes HPC training in PN and a strong support network for efficient delivery of PN would both enhance STI control and the long-term impact of existing policies.

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## Research Ethics Approval

This study was approved by the University of Melbourne Human Ethics Committee (Ethics ID 1545814), the Comité Ético Científico del Servicio de Salud Coquimbo (Resolución del 15 de abril del 2016), the Comité Ético Científico del Servicio de Salud Aconcagua (Carta-C.E.C. 16/2016), and the Comité de Ética Asistencial del Hospital San Juan de Dios de Los Andes (Resolución del 16 de agosto del 2016).

## Participation of each author

N.G. Iturrieta-Guaita contributed to the design, data analysis, interpretation and writing of the first and subsequent drafts of the paper. M. Temple-Smith and J. Tomnay contributed to the design, data analysis, interpretation and edition of the paper.

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## Conflict of interests

There is no conflict of interest to be reported.

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**Address for correspondence:**
***NICOLE GHISLAINE ITURRIETA-GUAITA***
Escuela de Obstetricia y Puericultura, Universidad de Valparaíso
Camino La Troya S/N & El Convento, San Felipe, Valparaíso, Chile
E-mail: nicole.iturrieta@uv.cl

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