Syphilis in pregnant women: implications of diagnosis revelation and partner notification strategies

Sífilis em gestantes: implicações da comunicação do diagnóstico e estratégias de convocação do parceiro

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ABSTRACT

Introduction: The low percentage of sexual partners of pregnant women with treated syphilis is one of the main obstacles to the control of congenital syphilis. **Objective**: To analyze the notification of the syphilis diagnosis to the sexual partner of the pregnant woman, its implications and the suggested summoning strategies. **Methods**: This is a qualitative research conducted in Fortaleza, State of Ceará, from April to October, 2014. A total of 14 women reported with syphilis during prenatal care and nine sexual partners were interviewed. The thematic content analysis and the idea association tree were used to analyze and reveal the results. **Results**: Pregnant women prefer to communicate the diagnosis to their partner, but they say they need help from the professional for this moment. Among the partners there was no consensus about this strategy, as it generates conflicts for the couple. They therefore indicated other means of communication considered more appropriate. It was found that there is no ideal model of notification of sexual partner of pregnant woman with syphilis. **Conclusion**: According to the interviewees' reports, we can conclude that the best way is the one that considers the relationship context and the singularities informed by the patients.

Keywords: syphilis; congenital syphilis; sexual partners.

RESUMO

Introdução: O baixo percentual de parceiros sexuais de gestantes com sífilis tratados representa um dos principais entraves para o controle da sífilis congênita. **Objetivo**: Analisar a notificação do diagnóstico de sífilis ao parceiro sexual da gestante, suas implicações e as estratégias de convocação sugeridas. **Métodos**: Trata-se de uma pesquisa qualitativa realizada em Fortaleza, Ceará, de abril a outubro de 2014. Foram entrevistadas 14 mulheres notificadas com sífilis durante o pré-natal e nove parceiros sexuais. Utilizou-se da análise de conteúdo temática e a árvore de associação de ideias para análise e apresentação dos resultados. **Resultados**: As gestantes preferem comunicar o diagnóstico ao parceiro, mas referem necessitar de ajuda do profissional para esse momento. Entre os parceiros, não houve consenso acerca dessa estratégia, por gerar conflitos para o casal. Assim, indicaram outros meios de comunicação que consideram mais adequados. Constatou-se que não há um modelo ideal de convocação de parceiro sexual da gestante com sífilis. **Conclusão**: Com base no exposto pelos entrevistados, acredita-se que o melhor modelo é aquele que considera o contexto do relacionamento e as singularidades trazidas pela paciente.

Palavras-chave: sífilis; sífilis congênita; parceiros sexuais.

INTRODUCTION

Each year, an estimated one million cases of syphilis occur in pregnant women worldwide[1]. In Brazil, the disease detection rate increased to 21.4 cases per 1,000 live births in 2018. With regard to congenital syphilis (CS), its incidence in the country is 9.0 cases per one thousand live births[2], above the goal recommended by the World Health Organization (WHO), which is less than 0.5 cases for every 1,000 live births[3].

Surpassing the national average, in 2018 the state of Ceará registered 10.6 cases/thousand live births[2] and its capital, Fortaleza, 22.3 cases/per thousand live births[4]. These data indicate that the elimination of CS is far from being achieved, especially since many pregnant women with syphilis, despite receiving the diagnosis during prenatal care, arrive at the time of delivery inadequately treated[5].

The fact that the vast majority of sexual partners are not treated contributes to this reality[6,7]. Data from the Ministry of Health (MH) show that, in 2018, only 22.2% of the partners of pregnant women diagnosed with syphilis were treated[2].

It is evidenced, therefore, that the control of CS is not possible only with the treatment of pregnant women with syphilis, and it is indispensable to call and treat their sexual partner(s), a recommended strategy to stop the syphilis vertical transmission process[8].

Despite the low proportion of treated sexual partners, studies show that, in general, they can be located and contacted, since most live with the baby's mother or are the father of the newborn[9,10]. On the other hand, the revelation of the diagnosis of a sexually transmitted infection (STI) may raise sensitive questions to the couple[11,12], which can impair the performance of the treatment.

Giving voice to these actors is essential to better understand the obstacles that permeate the convocation and communication of diagnosis to the partners of pregnant women with syphilis, as well as the

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actions arising from this revelation and, thus, think about the feasible strategies to be developed in health services to join the sexual partners.

OBJECTIVE

To analyze the notification of the syphilis diagnosis to the pregnant woman's sexual partner, its implications, and the suggested summoning strategies.

METHODS

Qualitative research was conducted in six Primary Health Care Units (PHCU) in the city of Fortaleza, Ceará State. All of them work according to the Family Health Strategy (FHS), and the criterion for selecting these units was a larger number of cases of syphilis in pregnant women reported.

Data collection occurred from April to October 2014, through semi-structured interviews applied to 14 women diagnosed with prenatal syphilis and nine sexual partners.

Through the information listed in the pregnant women with syphilis notification forms, a phone call or a home visit was made with the assistance of the Community Health Agent (CHA) of the area to invite women to participate in the research. Upon acceptance, the day and time were scheduled for the interview according to the convenience of the participant, having the PHCU closest to their residence as a proposed place for the meeting.

During the interview, information about the sexual partner was sought for possible contact. In general, women preferred to stay with the researcher's contact to communicate acceptance or refusal after talking to the partner. It is noteworthy that no partner agreed to go to the Health Unit for the interview, having as a condition to participate in the research that the interviews took place in their own home, which was promptly accepted. The meetings took place in a reserved place, already being arranged with the partner to be absent from the meeting at the time of data collection.

Women who had a partner at the time of diagnosis were included, even if they did not have a partner at the moment. With their authorization, the former partners were also contacted and invited to participate in the study. Although participants were no longer in a relationship, it was considered relevant to hear from them about the experiences during the invitation process. During information collection, an ethical posture was adopted to guarantee secrecy, an essential factor so that participants could feel at ease and safe during the interviews.

The analysis of the interviews followed the logic of thematic content analysis[13,14], aiming to discover the *nuclei meaning* that make up communication, whose presence or frequency is significant for the object of analysis. As an illustrative resource in the presentation of the results, a tree of association of ideas was used, whose origin is the interviewer's question, and uses the abbreviation of statements to present a central idea[15].

The project received approval from the Research Ethics Committee of the University of Fortaleza (UNIFOR), under opinion No. 468.751.

RESULTS

Regarding the characteristics of the 14 women participating in the study, the age ranged from 18 to 35 years. Ten women had complete elementary school education and were in common-law marriages, 13 participants had up to three children, and 10 were unemployed. Four women reported illicit drug use, and one had already been deprived of her liberty.

Information related to the nine sexual partners indicates that their age ranged from 17 to 49 years, three of which had complete elementary school education. Eight of them were in a stable union relationship and six were already related to the baby's mother for a period of three years or more. Seven partners had jobs, six had a history of illicit drug use, and four had already been incarcerated.

From the thematic content of their statements, two analysis categories emerged: "Notification of diagnosis to sexual partners and its implications in the couple's life" and "Summon strategies: what pregnant women with syphilis and their sexual partners suggest".

Notification of diagnosis to sexual partners and its implications in the couple's life

In the present study, it was identified that pregnant women should inform their sexual partners about the syphilis diagnosis, as well as the need to attend the health unit for testing and treatment. Therefore, the use of any additional strategies, such as an invitation card, for example, has not been included.

Almost all pregnant women reported that they were only informed of the need for their partners' treatment, and that it was very difficult to talk to them about it. They also mentioned the fear of being recriminated or blamed for the infection: "I got out of the appointment and I was thinking 'oh my God, how am I going to tell him that? He's going to think I infected him!'" (Pregnant woman 3); "I was afraid he'd react badly, or be grossed out about it, and say 'ugh, you're sick and passed it on to me.'" (Pregnant woman 8).

On the other hand, two couples were told by health professionals, after the diagnosis, that it is not possible to identify the time or the person responsible for the infection. In these situations, the partners reported it was easier to deal with the diagnosis in their relationships: "When she told me, it was alright, because it's as the doctor explained, could just as easily have been me, no one knows who got it from whom. It could even be both of us, who passed it on to each other." (Partner 1). "The way I may have infected her, I may have been infected, so no one had anything to say about it." (Partner 5).

The other pregnant women and partners of the study, when asked about the disclosure of the diagnosis and its implications in the life of the couple, pointed out several negative consequences:

> Things got a little weird after that because she thinks I'm judging her, but I'm not. I was angry, I was wondering why I got it. Then she started crying, and I stopped. Then she was upset because I asked her if she had someone else. She thinks it's my fault, but I can't go back on my word that I didn't cheat on her (Partner 7).

"I told her I got it from her, since I didn't have it before! Then she said "no", then both of us became suspicious." (Partner 2); "We ended up not getting along after that, and I know I got it from him because he was really naughty." (Pregnant woman 9); "Because if you're sure (about the diagnosis), then you're in a tough situation, right? Because women will always blame us." (Partner 4).

Summoning strategies: what pregnant women with syphilis and their sexual partners suggest

In the experience with the interviewees, they were asked to expose their perceptions about their partner's invitation and disclosure of the diagnosis, and express their views on the strategies recommended by the MH, as well as suggest other forms of invitation that they considered would be more appropriate. **Figure 1** presents a tree of association of ideas constructed from the testimonies of pregnant women with syphilis and their sexual partners.

Despite the apprehension, all women said they preferred to communicate the diagnosis to their partner themselves, as it is an intimate matter. However, they highlighted the need to be assisted by health professionals in order to feel better prepared and safer to face the moment of diagnosis disclosure: "I believe that we are the ones who should tell them, because it is a very personal thing, it is something just between us, it is not for anyone to know" (Pregnant woman 7); "Women should tell them, but they (professionals) should help us by telling us how to tell them" (Pregnant woman 1).

On the other hand, it was noticed that the partners' opinions were divided in relation to the invitation by their partners. Some considered it to be the best strategy, considering it is related to the intimacy of the spouses, while others stated that this option exposed them to problems with their partners, since the revelation of the diagnosis of a STI raises suspicion of betrayal: "Our women should tell us, it's a more intimate thing" (Partner 1); "Giving the woman a call could make her doubtful, then she'll become suspicious." (Partner 8).

> It's easier for single men, because they don't have to explain anything, but when the guy has a partner, it's harder. If he is infected, he's going to think, 'what about now? how will I explain it to my wife?' When you have a wife, it's harder. That's why I think that finding it out through your spouse is not the best way (Partner 3).

The partners then suggested other convocation strategies. However, there were divergences between the answers given. Phone calls and summon cards were the most mentioned ones: "If we need anything from the PHCU, all our data remains there, so they should call us, it would be a lot easier" (Partner 6); "If, for example, they sent a communication from PHCU to the man, with his name and everything, it would be better" (Partner 3).

Many declared themselves as opposed to the active search carried out by the Community Health Agent (CHA). In these cases, the reasons were related to their concern about the diagnosis being disseminated in the community: "Health agents are professionals who are on the streets, right? So, no one knows what their behavior is. They know everyone, then they could make some kind of remark to other people, so I don't think it's good to be told by them" (Partner 3).

Compiling opinions about summoning strategies, it turns out there is no method considered appropriate by all men. However, one of the partners summarized how he believes that the call should take place, exposing the importance of the professional listening to the patient and considering the context of the relationship:

> Doctors have to have some experience and see that (the best strategy) depends on the couple. If they notice he's a rough man, they should talk to him. But if they see that the guy is quiet, that he's not gonna burst, then they should suggest her (pregnant) to "talk to him, you know your husband better than I do". And I think they should ask the woman: "Do you think your husband will accept (the diagnosis)? How do you think he's going to react?". So doctors should let her talk and then decide. Because every woman knows her husband (Partner 1).

It is observed there is not a single ideal model for the invitation of a sexual partner, but given the findings of this study, it is believed that the best model is the one that considers the singularities brought by the patients.

DISCUSSION

In Brazil, the MH recommends that the invitation of sexual partners of people diagnosed with an STI, including gestational syphilis, involves different strategies, ranging from sending a card through the index patient to active search[8]. These strategies can certainly help health professionals, but it is necessary to consider that the diagnosis of an STI brings to light some delicate situations that can compromise the treatment of the partner[12,16,17].

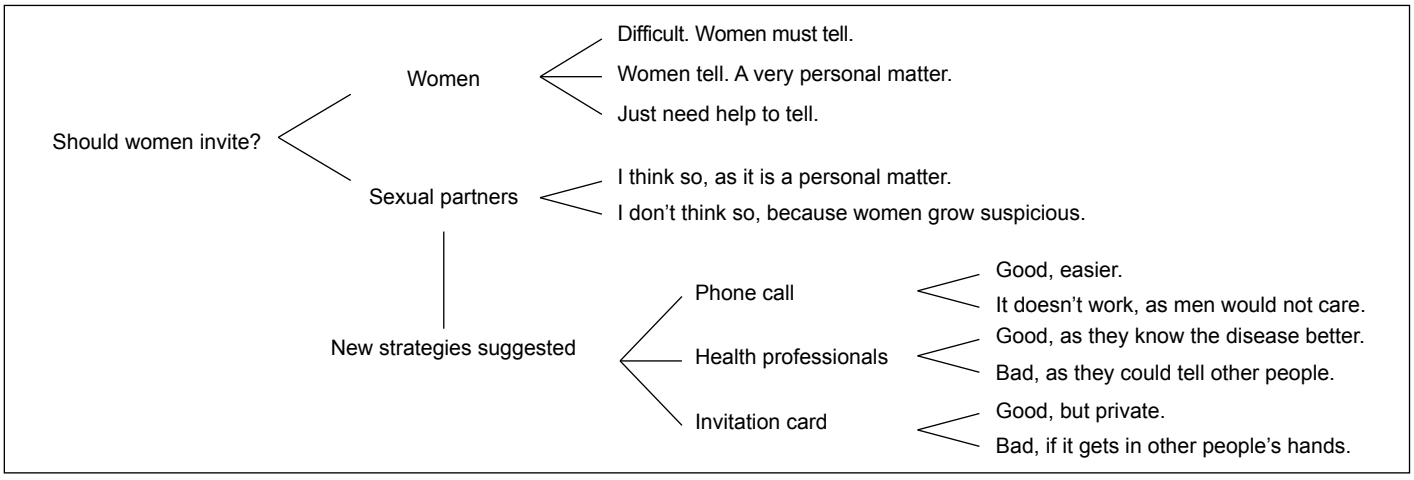

Figure 1 – Tree of association of ideas regarding the invitation strategies of the sexual partner of the pregnant woman with syphilis.

The fact that most professionals communicate to pregnant women the need for treatment of their partners, as identified in this study, makes it important that these women talk to their partners about diagnosis and treatment, a very delicate moment, since it can raise doubts, mistrust, and resentment between the couple.

These issues may interfere in the pregnant women's decision to reveal the diagnosis to their partners. The research shows that women are afraid to communicate the diagnosis, especially because they fear possible recriminations and/or violence from the partner[11,12,18], in addition to the fear of separation or rejection[19].

The studied circumstances, however, differ from other situations involving STI. Gestational syphilis implies the risk of vertical transmission, with severe sequelae for the child, and it is imperative to treat the partner to prevent it. Thus, even fearful, women, in general, face the challenge of communicating the condition to their partner in order to avoid congenital syphilis.

The findings of this study are similar to those of research conducted in Bolivia, which found some pregnant women with syphilis who preferred to communicate the diagnosis to their partners, arguing this is the couple's business[16]. However, the pregnant women interviewed reported they needed help from the health professional to be prepared for this moment.

In this sense, primary care professionals can perform an excellent work, explaining to pregnant women and their partners about the possibility of absence of signs and symptoms in the contamination by *Treponema pallidum*, causative agent of syphilis, as also informing them about the latency period, and the possibility to be treating an old infection, transmitted by a previous sexual partner of either one of them. Thus, the diagnosis is divested of the occurrence of betrayal.

Considering the opinions and suggestions reported by the interviewees about the convocation strategies, it was evidenced that there is no standard approach. The least accepted strategy by pregnant women and partners was the CHA visitation. This is an issue that needs to be considered by the unit, since those professionals who live in the area where they work, and consequently have a lot of proximity to the population. This finding reflects the importance of training the entire FHS team in the STI approach, with an emphasis on secrecy and confidentiality of information.

Studies on the notification of sexual partners[19-22] discussed several convocation strategies (by the patients themselves, by intervention specialists, leaflets, internet, influence of network methods, and "expedited partner therapy" — when partners receive treatment before undergoing evaluations) and have not pointed to one in particular as the most effective. Moreover, the various strategies to be applied to different people who have the same STI were highlighted, emphasizing that the limitations of each individual should be considered[21].

It is necessary to consider that the existing recommendations for the notification of sexual partners in the country were elaborated by technical teams, without taking into account what partners and women think and would recommend on the subject. Patients need to be heard for this decision to be made. It was not found in the studies reports that the partner's opinion was explored[19-22].

Considering that the notification of the sexual partner really needs to be made by the pregnant woman with syphilis, as she is diagnosed first, and it is not possible to call the partner without her being aware of it, professionals should consider the subjective aspects that the pregnant woman brings and assist her in the process of communicating the diagnosis, including giving openness to expose whether there is any strategy that she prefers to apply with her partner.

In order to achieve this research, some obstacles had to be transposed, starting with promoting the meeting with women and their partners for the interviews. It was noticed that they were afraid of the content, requiring several contacts and explanations. Moreover, they lived in areas of risk and difficult access. However, all efforts related to this study were compensatory for having made it possible to capture their opinions on these actions directly from their sexual partners themselves, and the findings can be used as a reference to improve the assistance.

CONCLUSION

It can be concluded that the convocation of sexual partners and the notification of the diagnosis of syphilis is a delicate moment, for which pregnant women need the support of health professionals to feel safe for this dialogue. When not properly managed through guidance after diagnosis, this moment can have important implications for couples, such as mistrust and the end of the relationship.

It was not possible to identify an ideal convocation strategy to all interviewees, but from the analyzed statements, we believe that the best model is one that considers the context of the relationship and the singularities brought by the patient.

It is verified that the convocation of the partner for syphilis treatment is a great challenge. It is suggested that studies are conducted on the involvement of the partners during prenatal care, as they would not be called only in the notification of a diagnosis of STI in pregnant women, so that opportunities for counseling, testing, and treatment are not lost.

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Approved by the Research Ethics Committee with Human Beings

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Participation of each author

Rocha AFB and Araujo MAL made substantial contributions to the conception and design of the study. Rocha AFB performed data collection. Rocha AFB, Araujo MAL, Barros VL, and Oliveira AKD analyzed the data and prepared the manuscript. Araujo MAL conducted a critical review of important intellectual content. All authors read and approved the final manuscript.

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Conflict of interests

There is no conflict of interest to be reported.

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