

RESEARCH ARTICLE (ORIGINAL) 

# Female Primary Health Care Users' Perceptions of Syphilis and HIV

*Perceção das Utentes dos Cuidados de Saúde Primários acerca da Sífilis e do VIH*  
*Percepción de las Usuarías de la Atención Primaria de Salud Sobre la Sífilis y el VIH*

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**Abstract**

**Background:** Syphilis and infection with the human immunodeficiency virus (HIV) are diseases of global concern and have become increasingly prevalent worldwide, highlighting the need for their continued discussion and reflection.

**Objective:** To understand the perceptions of female primary health care (PHC) users regarding the prevention of syphilis and HIV infection.

**Methodology:** A qualitative study was conducted using semi-structured interviews with 18 women receiving care at a PHC facility. Data were analyzed using content analysis.

**Results:** The women demonstrated limited knowledge about the transmission of sexually transmitted infections, expressed uncertainty about treatment, and suggested strengthening prevention and testing actions.

**Conclusion:** There is a need to intensify educational actions that address not only prevention, but also provide detailed information on disease management and treatment.

**Keywords:** primary health care; women's health; sexually transmitted diseases

**Resumo**

**Enquadramento:** A sífilis e o HIV são doenças de preocupação global e têm apresentado um aumento progressivo na população, tornando-se cada vez mais necessário promover a discussão e a reflexão sobre estas temáticas

**Objetivo:** Conhecer a percepção das utentes dos Cuidados de Saúde Primários acerca da prevenção da sífilis e do HIV.

**Metodologia:** Estudo qualitativo exploratório, descritivo, desenvolvido por meio de entrevistas semiestruturadas com 18 mulheres assistidas num serviço de cuidados de saúde primários. Os dados foram analisados de acordo com a análise de conteúdo.

**Resultados:** As mulheres demonstraram ter pouco conhecimento sobre a transmissão de infeções sexualmente transmissíveis, revelaram incertezas relativamente ao tratamento e sugeriram o reforço das ações de prevenção e de testagem.

**Conclusão:** Torna-se necessário intensificar ações educativas que contemplem não apenas a prevenção, mas também informação detalhada sobre o acompanhamento e a terapêutica destas doenças.

**Palavras-chave:** atenção primária à saúde; saúde da mulher; infeções sexualmente transmissíveis

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**Resumen**

**Marco contextual:** La sífilis y el virus de inmunodeficiencia humana (VIH) son enfermedades que preocupan a nivel mundial y han experimentado un aumento progresivo en la población, por lo que cada vez es más necesario promover el debate y la reflexión sobre estos temas.

**Objetivo:** Conocer la percepción de las usuarias de la Atención Primaria de Salud sobre la prevención de la sífilis y el VIH.

**Metodología:** Estudio cualitativo exploratorio y descriptivo, desarrollado mediante entrevistas semiestructuradas a 18 mujeres atendidas en un servicio de atención primaria. Los datos se analizaron según el análisis de contenido.

**Resultados:** Las mujeres demostraron tener pocos conocimientos sobre la transmisión de infecciones de transmisión sexual, mostraron incertidumbre con respecto al tratamiento y sugirieron reforzar las medidas de prevención y las pruebas de detección.

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## Introduction

The Brazilian Health System (*Sistema Único de Saúde*; SUS) guarantees users access to the various health services that comprise the Health Care Network, which serve as initial points of care and treatment and are the main gateway to primary health care (PHC). These services are guided by the principles of universality, accessibility, continuity of care, comprehensiveness, accountability, humanization, and equity, ensuring free and comprehensive care for all, according to their needs and requirements. Thus, the SUS adopts the principle of decentralization, which aims to ensure provision of care in locations close to people's areas of residence, that is, within their local territory (Decreto Nº 7508/2011 do Ministério da Saúde, 2011).

The Family Health Strategy (ESF) has been defined by the Brazilian Ministry of Health as a strategy for PHC expansion, qualification, and consolidation, as it promotes the reorganization of work processes and prioritizes health promotion and disease prevention (Ministério da Saúde, 2017). In this context, nursing focuses on caring for human beings based on their fundamental needs to promote autonomy in health recovery, maintenance, and promotion. Within PHC, nurses play a key role in health education, particularly in the prevention, diagnosis, and treatment of sexually transmitted infections (STIs), especially among pregnant women. During antenatal consultations, rapid tests are performed to prevent perinatal transmission, and other patients are encouraged to undergo these tests as well (Lopes & Santos, 2022). Thus, PHC services are the main gateway for addressing various health conditions, including STIs. STIs represent a significant public health problem as they increase vulnerability to other diseases and can lead to serious complications in women, including infertility, congenital malformations, pelvic inflammatory disease, chronic pelvic pain, and pregnancy complications such as ectopic pregnancy, miscarriage, stillbirth, and neonatal transmission (Hufstetler et al., 2024).

STIs, such as the human immunodeficiency virus (HIV) and syphilis, pose significant challenges to global public health (Shu et al., 2025). According to the World Health Organization (WHO, 2024), in 2022, 1.3 million cases of HIV and 8 million cases of syphilis were reported worldwide.

STIs are widespread and have a substantial negative impact on sexual and reproductive health (Teshale et al., 2025). A lack of robust scientific evidence and adequate tools has hindered the effective implementation of STI control programs and policies over time, particularly in resource-limited settings (Gottlieb et al., 2024). Therefore, studies addressing this topic are crucial. This study aims to understand the perceptions of PHC users regarding the prevention of syphilis and HIV.

## Background

Syphilis is a STI caused by the bacterium *Treponema pallidum* (Costaguta et al., 2023). It is transmitted through unprotected vaginal, anal, or oral sex. Vertical transmission can also occur from mother to child during pregnancy or

at birth if the pregnant woman does not receive adequate treatment. This condition is known as congenital syphilis (CS). The infection is often asymptomatic and, if left untreated, can lead to serious complications, including damage to the nervous and cardiovascular systems (Lima et al., 2022).

HIV is transmitted through contact with infected body fluids, the use of contaminated sharps, unprotected sexual intercourse, and vertical transmission during pregnancy, childbirth, or breastfeeding. HIV infection has two main phases: an asymptomatic phase, which can last several years, and an acute phase, characterized by non-specific signs and symptoms similar to influenza, such as fever and malaise. The progression of HIV can ultimately lead to acquired immunodeficiency syndrome (AIDS) (Lima et al., 2021). Despite recent scientific advances, STIs remain a significant global public health concern (Moura et al., 2025). STIs are primarily transmitted through sexual contact, and condom use is the primary method of prevention. However, adherence to this method is not always adequate (Moura et al., 2021).

Recently, there has been a significant increase in STI cases among women. This trend is associated with gender inequality, which can place some women in subordinate or dependent conditions relative to their partners, limiting their ability to negotiate the use of protective measures. Other contributing factors include early initiation of sexual activity, low levels of education and income, economic dependence, and limited awareness of STI transmission routes (Moura et al., 2021).

These conditions are observed in various regions of Brazil. The southern region of the country exhibits particularly high rates of STIs, especially syphilis and HIV, among women. Specifically, the central region of Rio Grande do Sul has a high incidence of these diseases. Brazil reported over 167,000 new cases of acquired syphilis and 74,000 cases of gestational syphilis (GS), as well as 27,000 cases of CS, resulting in 192 associated deaths in the same year. As of June 2022, more than 122,000 new cases of syphilis were reported, including 79,500 cases of acquired syphilis, 31,000 cases of GS, and 12,000 cases of CS (Ministério da Saúde, 2023a).

Regarding HIV/AIDS, data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) indicate that the epidemic continues to demand attention, with approximately 1.5 million new HIV infections in 2021 alone (Ministério da Saúde, 2023b).

Considering the importance of this topic for health promotion and the prevention of complications in women, this study is justified by its potential contribution to evidence-based practice, providing data to support decision-making, particularly among nursing professionals. Additionally, the topic is included in the Ministry of Health's National Research Priorities Agenda (APPMS) under Axis 06: Communicable Diseases, specifically 6.20—Assessment of the Economic/Social Impact of Co-Infection by HIV and Other Diseases (Ministério da Saúde, 2018).

This study aimed to understand PHC users' perceptions of syphilis and HIV prevention.

## Research question

What are the perceptions of women using PHC services regarding syphilis and HIV prevention?

## Methodology

This qualitative, descriptive, exploratory study was conducted at an ESF unit in a municipality in the state of Rio Grande do Sul, Brazil.

Eighteen women receiving care at the ESF unit were selected from the waiting room and invited to participate in the study. The inclusion criteria comprised women who were registered with the ESF and had a scheduled nursing appointment. The exclusion criteria included women under 18 years of age and those who were pregnant.

After agreeing to take part in the study, participants were escorted to a private room, where individual interviews were conducted. The interviews lasted an average of 15 minutes.

All participants voluntarily agreed to participate and signed the informed consent form in duplicate. No invited participant refused to take part in the study. Data collection was carried out between September and October 2024.

Interviews were audio-recorded using the researcher's mobile phone. The researcher, a woman with experience in qualitative research, conducted the interviews and subsequently transcribed them all verbatim.

A semi-structured interview guide was used, including the following guiding questions: What is your understanding of syphilis and HIV/AIDS and the risks they pose to women's health? Are you aware that there are treatments for these infections? If so, could you describe them? Have these topics ever been discussed with you at the health unit? If so, how? How do you think PHC services can improve actions related to the prevention, diagnosis, and treatment of syphilis and HIV/AIDS? What types of support or resources would you like to receive to help you prevent and cope with syphilis and HIV/AIDS?

Data collection was discontinued when data saturation was reached, that is, when no new information emerged (Minayo, 2017). Data were analyzed using content analysis, as proposed by Bardin (2016). In the initial pre-analysis phase, the material was organized to constitute the research corpus.

During the data interpretation phase, the theoretical framework was revisited to support the analyses and provide meaning to the findings. This phase involved coding and categorization procedures carried out according to previously defined analytical criteria.

In the final stage, thematic summaries were prepared based on the participants' statements, organized into thematic categories. Thematic categorical analysis, one of the techniques of content analysis (Bardin, 2016), was employed. After analyzing the interview data, thematic categories were constructed. No qualitative data analysis software was used.

This study adhered to the ethical principles governing research involving human subjects, in accordance with

Resolution No. 466/2012 of the Brazilian National Health Council (Resolução nº 466/2012 do Conselho Nacional de Saúde, 2012). The research project was approved by the Ethics Committee under opinion no. 7.018.633.

## Results

Most participants reported feeling comfortable discussing issues related to sexuality and the prevention of STIs with PHC professionals; however, some indicated that they still felt uncomfortable addressing these topics, even when they were discussed.

All participants who were sexually active at the time of data collection reported not using condoms during sexual intercourse. This decision was primarily justified by trust in their partner or spouse and the perception of being in a long-term, stable relationship.

Data analysis resulted in the identification of two main thematic categories: "Considerations about Syphilis and HIV/AIDS among Women Using PHC" and "Perceptions of the Approach to the Prevention, Diagnosis, and Treatment of Syphilis and HIV/AIDS."

### Category 1: Perceptions of Syphilis and HIV/AIDS

The interviewees' statements indicate that they have limited knowledge about HIV/AIDS and syphilis, which they recognized as STIs:

These sexually transmitted diseases are closer to us than we realize. If I were single and had other sexual partners, it would be very important to use condoms because these diseases are very easy to contract, like others. (I1)  
They are immunocompromising diseases that lower immunity. AIDS is complicated because it has no cure and can remain in the body without manifesting for a while. I know syphilis manifests more quickly, but it still takes time, and there are stages of syphilis that require long-term treatment. (I2)  
From what I have studied, syphilis is a sexually transmitted disease that requires condom use for prevention. I have an 18-year-old son, and he is the person I talk to most about this. Thankfully, my son and I are very close. He feels comfortable talking to me about anything, and I give him that freedom. We have to talk and clarify things. (I3)

"I don't understand much. I've heard that HIV is sexually transmitted, but I don't know much about it. I don't really know what syphilis is. I don't know much about it" (I5).

"They are sexually transmitted diseases from unprotected sex, and we need to protect ourselves" (I8).

In addition to these perceptions, the women shared their thoughts on treatments for these infections. Most participants emphasized the importance of medication. However, some mentioned using condoms as a form of "treatment," reflecting confusion between prevention and therapy. These findings highlight the need to promote discussions about these concepts in PHC settings.

"I know there is treatment, but I don't know the exact medications" (I1)

"I know there is treatment to prevent transmission to other people. There are condoms." (I5)

"I know there are medications and that it is treatable" (I18).

"I only know about HIV/AIDS. As far as I know, it's a combination of several medications that the person takes. I don't know anything about syphilis." (I9)

These statements underscore the importance of PHC professionals being familiar with basic STI guidelines. Such knowledge ensures that women acquire accurate knowledge and can take effective measures to prevent these infections.

### **Category 2: Perceptions of syphilis and HIV/AIDS prevention, diagnosis, and treatment**

Regarding the perceptions of syphilis and HIV/AIDS prevention, diagnosis, and treatment, the women mentioned that PHC provides an opportunity to discuss these issues with health professionals, as well as to present methods and strategies for care and prevention:

"At my first appointment here, I was tested for AIDS and syphilis." (I2)

"They [the health professionals] always ask. Even when I came in for preventive care, they asked me to do the rapid tests, and I did so without any problems." (I3)

"I come to the unit as needed, so these issues have already been addressed in previous consultations." (I16)

"Only when we do the tests, for example, the rapid tests." (I9)

Although participants acknowledged that PHC provides information, guidance, and care related to STIs, they also suggested strategies to strengthen actions concerning syphilis and HIV/AIDS prevention, diagnosis, and treatment:

I think it would be good to talk to the health team about organizing meeting days. Since the meetings are open to the public, they are well known, even among healthcare professionals. We could schedule a meeting and a gathering for chimarrão [hot yerba mate infusion], which would be very interactive. We could also give lectures and host conversation circles with brochures. (I1)

I've started coming to the health center, and I thought it was very efficient to do the test during the first appointment. I found it very interesting. I think it's good because as soon as I had my first contact and took the test, I felt good. (I2)

There should be more publicity. Healthcare professionals should talk more about the topic because I've lived here for twelve years, and a healthcare professional has never come by—only on the street, never at home—so I don't have much information to comment on. (I4)

"I don't understand much, but maybe it's the publicity in the area—a poster—that draws people here. Suddenly, someone who needs something sees that tests are available and realizes that they need it" (I5).

"I don't know if the clinic already does this, but I think it's always good to talk to people about it because many people don't know about it" (I8).

The participants' statements reveal that, although they

feel supported by the care they receive for STIs, they recommend strategies for health professionals to reinforce in their work. These strategies could optimize the transmission of information and health guidelines, particularly emphasizing the role of community health professionals.

## **Discussion**

The results indicate that women are comfortable discussing issues related to sexuality and STI prevention with health professionals. Furthermore, all participants demonstrated some knowledge about the transmission and prevention of these infections; however, they reported not using condoms due to trust in their partner or spouse. Consequently, married women and those in stable relationships perceive themselves as less vulnerable and do not engage in STI prevention practices. They believe that emotional bonds act as a protective factor, which increases their risk (Moura et al., 2021).

The study also revealed concerning behaviors regarding sexual health among participants. Although few reported undergoing preventive examinations, women generally express greater concern for their health than men. However, inconsistency in sexual practices remained among the interviewees. Despite their concern for prevention and personal health, participants continued to engage in risky behaviors. From this perspective, it is clear that sex education in schools can effectively reframe information about sexuality (Spindola et al., 2021).

Cultural and social roles historically imposed on women contribute to their heightened vulnerability in matters of sexual health. One example is their exclusion from decision-making processes. Compared to men, women have less autonomy, which limits their ability to make decisions about preventive methods. This lack of autonomy significantly increases their exposure to avoidable risks (Moura et al., 2021). Studies suggest that public health initiatives should prioritize women in vulnerable socioeconomic situations, reinforcing counseling and awareness during preventive examinations and prenatal consultations, particularly for cervical cancer screenings. Policies that expand access to health services and provide adequate support to this population are essential (Teshale et al., 2025).

Moreover, most participants exhibited some knowledge, albeit limited, about syphilis and HIV/AIDS, emphasizing the use of medication and condoms as forms of treatment. These findings underscore the need for broader discussions in PHC settings, highlighting the importance of providing adequate guidance and promoting learning through targeted health education initiatives for women. Through health education interventions, family planning, counseling on treatments, and encouraging condom use during sexual intercourse, as well as reporting cases of syphilis and HIV/AIDS, nurses can contribute to reducing STI incidence and prevalence. Educational actions include raising awareness and providing guidance to young people about preventive practices, including the use of condoms during sexual activity (Costa et al., 2025).

Guided by the principles of universality, accessibility, continuity of care, comprehensive care, accountability, humanization, and equity, PHC serves as the main gateway for health service users, providing care that is free of charge and comprehensive. PHC also implements individual and collective care and management practices aimed at executing therapeutic projects through health monitoring activities, covering promotion, maintenance, and rehabilitation, according to users' needs and the demands of the territory (Alvarenga & Sousa, 2022). Therefore, it is essential that PHC prioritizes the implementation of SUS principles and guidelines, delivering expanded health care that emphasizes disease prevention. PHC operates as the entry point to health services, implemented by a multidisciplinary team that supports the population, coordinates care, and addresses the needs of the territory. The functioning of PHC begins with the identification of the community's health needs, taking into account environmental, historical, economic, social, health, and cultural factors to ensure coordinated care (Ministério da Saúde, 2017). To effectively address STIs and promote public health, it is essential to identify the population profile and STI incidence through situational diagnosis and strategic planning.

Most women demonstrated knowledge regarding the prevention, diagnosis, and treatment of infections, reporting that these topics had been addressed at some point during their visits to the health unit. These findings indicate that the health team has already taken action in this area. Additionally, participants suggested strategies for health professionals to improve their approach to preventing, diagnosing, and treating STIs in collaboration with community health workers to share and disseminate knowledge throughout the territory.

Identifying sexual history and associated vulnerabilities is critical for providing comprehensive PHC. In this context, this study contributes to this identification, fostering trust between patients and healthcare providers, enabling recognition of sexual practices and behaviors, and facilitating the implementation of targeted behavioral interventions. Therefore, it is crucial to intensify efforts to combat STIs, particularly syphilis and HIV/AIDS, by implementing more effective and decisive prevention and health promotion strategies. Prevention is a strategic, proactive measure based on knowledge of the natural history of infections, whereas health promotion aims to encourage and develop improvements in living conditions and health, while also promoting individuals' autonomy regarding their bodies and healthcare (Moura et al., 2021). One limitation of this study is that it was conducted in a single region of the municipality, which may have influenced the results, limiting their generalizability to other territories.

## Conclusion

Although women demonstrate knowledge about syphilis and HIV/AIDS and recognize the importance of prevention, significant gaps remain in their understanding of the

treatment of these infections, particularly with regard to therapy options. This finding underscores the necessity of intensifying educational initiatives that not only address prevention but also provide detailed information on managing and treating these diseases.

PHC settings offer an ideal environment for facilitating comprehensive discussions about sexual health, including prevention methods, care, and treatment. Health services should promote more comprehensive educational approaches that highlight the role of health units and community health workers in community spaces, such as patients' homes and planned meetings.

These initiatives should emphasize strategies and methodologies that disseminate information, increase access to knowledge, and strengthen the role of community health workers as essential mediators between the community and the health system. This approach can enhance dialogue and health education, ensuring users' fundamental right to access health care.

These topics are often addressed at strategic moments, such as during nursing consultations. Nurses play a crucial role in this context, acting as key agents in promoting sexual and reproductive health and preventing and managing infections such as syphilis and HIV/AIDS.

Through a humanized, accessible approach, nurses can strengthen community relationships, identify vulnerabilities, and implement strategies that enhance the population's knowledge of prevention, early diagnosis, and appropriate treatment. Consequently, nursing is fundamental in ensuring comprehensive care and promoting adherence to preventive measures and recommended treatments.

## Author contributions

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