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"How will my life with syphilis be?" Diagnosis challenges in men in the light of Leininger

"Como será minha vida com sífilis?" Desafios do diagnóstico em homens à luz de Leininger

¿Cómo será mi vida con sífilis? Desafíos diagnósticos en los hombres a la luz de Leininger

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ABSTRACT
Objective: to understand the factors that interfere with the diagnosis of syphilis in men in the light of the Theory of Diversity and Universality of Cultural Care. **Method:** qualitative study, approved by the Ethics and Research Committee, conducted at a University Hospital in Rio de Janeiro, during september 2017 to march 2018. Thirty-two men diagnosed with acquired syphilis were interviewed, and thematic analysis was used for data treatment. **Results:** most men had a history of contagion by another STI and were diagnosed at the immunology outpatient clinic. The moment of diagnosis is faced with surprise, has psychosocial repercussions and is influenced by cultural and social factors. **Final considerations:** some factors interfere positively and others negatively in the diagnosis of syphilis in the male population. To detect this infection in men, it is necessary to know the sociocultural context in which they live, in order to implement more effective diagnostic and preventive strategies.
Descriptors: Men's Health; Sexual Health; Syphilis; Syphilis, Latent; Transcultural Nursing.

RESUMO
Objetivo: compreender os fatores que interferem no diagnóstico da sífilis em homens à luz da Teoria da Diversidade e Universalidade do Cuidado Cultural. **Método:** estudo qualitativo, aprovado por Comitê de Ética em Pesquisa, realizado em Hospital Universitário no Rio de Janeiro, entre setembro de 2017 e março de 2018. Foram entrevistados 32 homens diagnosticados com sífilis adquirida, e a análise temática foi utilizada para o tratamento dos dados. **Resultados:** a maioria dos homens tinha história de contágio por outra Infecção Sexualmente Transmissível e foi diagnosticada no ambulatório de imunologia. O momento diagnóstico é encarado com surpresa, tem repercussões psicossociais e é influenciado por fatores culturais e sociais. **Considerações finais:** alguns fatores interferem positivamente e outros negativamente no diagnóstico da sífilis na população masculina. Para detectar essa infecção nos homens, deve-se conhecer o contexto sociocultural em que estão inseridos para, assim, implementar estratégias tanto diagnósticas quanto preventivas mais eficazes.
Descritores: Saúde do Homem; Saúde Sexual; Sífilis; Sífilis Latente; Enfermagem Transcultural.

RESUMEN
Objetivo: comprender los factores que interfieren en el diagnóstico de la sífilis en los hombres a la luz de la Teoría de la diversidad y universalidad del cuidado cultural. **Método:** estudio cualitativo, aprobado por el Comité de Ética en Investigación, realizado en un Hospital Universitario de Río de Janeiro, de septiembre de 2017 a marzo de 2018. Se entrevistó a 32 hombres diagnosticados de sífilis adquirida y se utilizó el análisis temático para el tratamiento de los datos. **Resultados:** la mayoría de los hombres tenía antecedentes de contagio por otra Infección Sexualmente Transmisible y el diagnóstico se hizo en el ambulatorio de inmunología. El momento del diagnóstico se afronta con sorpresa, tiene repercusiones psicosociales y está influenciado por factores culturales y sociales. **Consideraciones finales:** algunos factores interfieren positivamente y otros negativamente en el diagnóstico de la sífilis en la población masculina. Para detectar esta infección en los hombres, se debe conocer el contexto sociocultural en el que se insertan, para entonces poner en marcha estrategias de diagnóstico y de prevención más eficaces.
Descriptores: Salud del Hombre; Salud Sexual; Sífilis; Sífilis Latente; Enfermería Transcultural.

INTRODUCTION

The worldwide incidence of curable Sexually Transmitted Infection (STI) cases is estimated at 376.4 million, including 6.3 million cases of syphilis[1]. In Brazil, 1,035,942 cases of acquired syphilis were notified between 2011 and 2021, mostly in the male gender (60.3%)[2].

Gender construction takes place throughout life by means of lessons learned and cultural and social practices, thus distinguishing men and women based on their six at birth. In this context, masculinity is represented by a pattern of behaviors and actions where virility, superiority and courage stand out, negatively interfering with self-care and the search for health services[3].

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From a cultural point of view, men do not have prevention as an everyday practice, tending to seek health services with diseases already installed[3,4]. Associated with this, there is certain invisibility of men in health services within the primary care scope[5], a fact that can delay the syphilis diagnosis, as most cases are diagnosed in the asymptomatic period[6].

There is scarcity of studies addressing syphilis in men, with the need for new research describing the topic[7,8]. The international efforts are targeted at ending the STI epidemics, and fighting against syphilis is one of the priorities[9]. In Brazil, the National Policy for Comprehensive Men's Health Care (*Política Nacional de Atenção Integral à Saúde do Homem*, PNAISH) emphasizes the importance of considering the specificities of this population group, such as gender issues, and provides guidance on sexual health promotion[10] and, associated with the national STI/AIDS program, it aims at controlling STIs, thus justifying the importance of diagnosing syphilis early in time.

Men's health care requires incorporating their singularities, and this approach is essential in nurses' training and performance[11]. Knowing that the sociocultural attributes and the gender issues interfere in the care process, this study resorted to the concepts of the Theory of Culture Care Diversity and Universality (TCCDU).

Given the above, the following question arose: Which are the factors interfering in the syphilis diagnosis among men? With the following objective: To understand the factors interfering in the syphilis diagnosis among men in the light of the Theory of Culture Care Diversity and Universality.

THEORETICAL FRAMEWORK

In the 1960s, Madeleine Leininger identified the importance of the role of culture in the care process, making it possible to articulate popular and professional care. And during the PhD course in Anthropology, she elaborated and applied the TCCDU defending that beliefs in care, values and practices are foreseen as powerful means, not only to understand health, but also to explain its absence or to predict disease conditions[12].

Leininger built and validated the Sunrise Model as an enabler and main guide for the theory and, through it, it is possible to explore various cultures considering the cultural and social structure of individuals, families and groups, thus enabling nurses to establish care through three ways of acting: preservation, accommodation and restandardization of care[12].

According to the TCCDU, in order to provide care it is necessary to understand the diversity and universality across cultures since, in addition to favoring the health education process, cross-cultural care promotes the population's adherence to Nursing actions and enables planning the assistance to be provided from the concepts of care, culture and world view in a reflective way[13].

In this sense, the relevance of analyzing acquired syphilis among men in the light of the TCCDU is clear, as this is a phenomenon that has not yet been studied, for which transculturality can contribute to the implementation of a care approach that considers the culture and world view of the male population, with the potential to qualify prevention, diagnosis and treatment strategies for syphilis in men.

METHOD

A qualitative research study, arising from the PhD thesis entitled “Life narratives of men with syphilis from a cross-cultural perspective: Nursing subsidies”, which resorted to life narratives[14] and was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) to carry out the study and describe its report.

The research locus was a federal university hospital located in the city of Rio de Janeiro, Brazil. For data collection, an optional academic discipline was conducted - Life Narratives, taught by Prof. Dr. Rosangela da Silva Santos, a pioneer in the Nursing method. In order to learn the method, interviews were carried out with men from the lead researcher's social circle and all the adaptations were subsequently analyzed. After due authorization from the research participants, the health team monitoring them provided their contact or introduced them to the lead researcher, who initially performed some familiarization to later schedule and conduct the interviews.

The following was adopted as an inclusion criterion: men diagnosed with acquired syphilis some life phase; and the exclusion criteria corresponded to individuals with orientation deficits that restricted their possibility of consenting to participate in the study, as well as men who acquired syphilis by vertical route. A total of 66 contacts of men diagnosed with syphilis were provided; however, it was not possible to contact 28 vias telephone calls, three refused to participate, two died before attending the interview, and one was excluded from the study.

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All 32 interviews took place from September 2017 to March 2018 in rooms from the outpatient service and in the wards' box, aiming to ensure privacy. The data collection instrument consisted in identifying sociocultural and economic data and included the following guiding question: *Tell me something about your life in relation to syphilis*. Sample closure was established by means of the data saturation technique.

Data treatment was through thematic analysis, with an initial and detailed reading of the narratives, coding them by colors and giving rise to 106 thematic units. Subsequently, 12 units of meaning were organized and grouped, allowing for the synthesis of the material into two analytical categories that addressed aspects related to syphilis contagion, prevention, diagnosis and treatment. In this article, we contemplate the factors that exerted an influence on the syphilis diagnosis and the care-related difficulties faced by men.

The ethical and legal aspects were respected and all the interviewees signed the Free and Informed Consent Form. Identification codes were used to ensure the participants' anonymity, assigning the letter "M" followed by increasing ordinal numbering corresponding to the order in which the interviews were conducted. The study was approved by the Research Ethics Committee on September 11th, 2017.

RESULTS

The men's mean age was 35 years old, distributed as follows: 21 single, 23 brown- or black-skinned and 20 with Complete High School. Most of them performed some paid activity (19), earning incomes between 1 and 3 minimum wages (15).

In relation to sexual orientation: 16 were homosexual, 10 were heterosexual and six were bisexual. Most of the interviewees (25) had a history of contagion by another STI, and 13 presented syphilis reinfection.

The syphilis diagnosis occurred mostly (14) in the Immunology outpatient service; however, seven men were diagnosed in Primary Care Units and the others discovered the infection during hospitalization (four), in the Anonymous Testing Center (three), in a private health service (two), in the dentistry service (one) and in the prenatal consultation (one).

Most of the diagnoses were made in the asymptomatic phase of the infection (19). The diagnostic methods used were as follows: non-treponemic test (27), treponemic test (21), cerebrospinal fluid analysis (11) and oral lesion biopsy (1).

It was evidenced that, of the interviewees with a history of contagion by another STI, nine mentioned having a syphilis diagnosis concomitantly with another sexually transmitted infection. Associated with the countless syphilis reinfection cases, this fact signals the adoption of unsafe sexual behaviors by the men included in this study:

> *And the doctor turned around and said: - Look, you have HIV and syphilis! (M4, 33 years old).*
>
> *And it's already the second time now... I think it's the third time that I catch syphilis. (M12, 49 years old).*

For some men, syphilis was discovered unexpectedly, as a surprise, as we can see in the following reports:

> *[...] because I think that it's never going to happen to me, it's the only disease I thought I'd never have. (M4, 33 years old).*
>
> *[...] honestly, it was a surprise for me when I caught syphilis! (M22, 40 years old).*
>
> *That day, I was terribly scared because, when I opened the test results, the VDRL had come out with a result of 1/16 and I went mad at the time. I thought that it was wrong. Not a single lesion appeared! Nothing appeared! (M4, 29 years old).*

Some participants mentioned feelings of sadness and concern when the infection was diagnosed. On the other hand, the support provided by family members and health professionals was indispensable to detect syphilis:

> *I thought I was never going to cure from it. That it was going to stay inside me forever. I just couldn't get out of the house, only crying. [...] Then my mother talked to me, my father too, talking and giving me some tips. (M10, 18 years old).*
>
> *I kept projecting: "How will my life be with syphilis?" [...] A lot of things go through your head. [...] I was quite worried! [...] The psychological monitoring I had was pretty good for that. [...] I vented, and that was what calmed me down. (M28, 26 years old).*

The narratives evidenced that the presence of signs and symptoms favored the diagnoses, as it encouraged men to seek health services:

> *That's when my face was paralyzed, that's when I underwent the test, ended up finding out. (M3, 41 years old)*
>
> *I discovered that I had this syphilis problem, because a little lump appeared on my penis. I went to the doctor and got the diagnosis. (M6, 56 years old)*

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> *The first time I had syphilis, I didn't know what it was. I had some spots in my hands, I started to have a fever and I went to the doctor. (M13, 49 years old)*

In the case of asymptomatic men, their participation in health programs due to other reasons proved to be a positive factor to diagnose the infection:

> *The nurse did the tests {during the prenatal period} and immediately passed them on to me. It was shocking! I started treatment in the first consultation. [...] I know that it's for my own good and for the baby's. (M9, 21 years old)*

> *He {the doctor} said: I'll give you the surgical risk for you to do {I would perform the preoperative exams for the hemorrhoidectomy surgery}, [...] That's when I underwent the test, and it was positive! (M4, 33 years old).*

On the other hand, some factors hindered the syphilis diagnoses in the men, such as the feeling of male invulnerability, based on their disbelief regarding possible health impairments, and the pilgrimage through the health services:

> *You think that you'll never be subjected to anything. You think you have iron health and everything. That nothing's ever going to happen to you! (M1, 29 years old).*

> *I went to several doctors and hospitals, made a blood test and they told me that it was other diseases, scabies, for example, but it wasn't. (M10, 18 years old)*

The syphilis diagnosis can generate greater attention to self-care in men, as indicated by M1:

> *To be perfectly honest, I never underwent any test to know about these sexually transmitted diseases [...] nowadays, even after how this happened, I'm taking more care about doing them [...] Now I'm going to check myself more so that I can always do this test frequently. (M1, 29 years old).*

DISCUSSION

Only a small percentage of individuals with STIs attain a cure, as treatment goes beyond access to health services, timely diagnosis and adequate treatment; it also involves changes in sexual behaviors such as regular condom use, both as a protective strategy and to prevent reinfection with syphilis[6]. In this sense, care implementation in the light of the TCCDU[12] can stimulate positive adaptations in the practice of sexuality so that condom use becomes a regular habit.

The surprise at the diagnosis moment demonstrates two aspects: on the one hand, the scarce information that the general population has about syphilis since, despite being a secular disease, it is little known by men[15-16]. On the other hand, the association between being a man and being strong affecting the self-care deficit, as they report fewer health problems and feel healthier than women[17], believing that strength and invulnerability are attributes inherent to masculinity[18] that distance them from weakness or disease, represented by syphilis in this research.

In the fight against STIs, the World Health Organization has a strategy to expand access to health services, including overcoming barriers of specific population segments with greater vulnerability[9]. In addition, the PNAISH acknowledges that men attend health services for specialized care, with their health already compromised, thus requiring greater investments in health promotion and prevention of avoidable diseases. Among its objectives, it aims at reducing morbidity and mortality in the male population by tackling risk factors and by preventing and controlling STIs, as well as by expanding health education activities for men[10].

In view of this, it is necessary to recognize the barriers that hinder men's self-care and access to health services[3-4], in order to discuss with them how the hegemonic standards of masculinity, exemplified by the representation of strength, vigor and sexuality as an achievement, end up culminating in their difficulty talking about sexual practices and reflecting on preventive care[3].

And this possibly reflects in these alarming syphilis numbers in the male population and, to change this scenario it is necessary to implement preventive measures with men considering their sociocultural realities, as well as to invest in interdisciplinary actions beyond the health field, seeking to problematize the cultural constructions associated with gender since childhood, based the creation of spaces for discussion and reflection on sexuality and from the perspective of promoting sexual health.

World views exert an influence on the ways in which people live and take care of themselves[12]; that is why, in addition to reliable information about syphilis, men need to feel vulnerable to it. Therefore, it is necessary to mobilize them about the infection with additional strategies, such as using narratives of real stories through audios or videos in the media and in social spaces frequented by men (without identifying the subjects), so that they can identify and perceive syphilis as a real risk to their lives, favoring prevention and early diagnosis through spontaneous demand for testing, even in asymptomatic cases.

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It is known that syphilis can have various clinical manifestations; however, many infected patients present no symptoms and are only diagnosed with serological tests[19-20]. In addition, men should be informed about the possibility of asymptomatic infections, in order to encourage them to undergo the voluntary tests. Although the Ministry of Health describes that most of the syphilis cases are asymptomatic[6], the Epidemiological Bulletins for syphilis do not disclose indicators aimed at diagnosing the clinical stages of acquired syphilis, only including this description in gestational syphilis[2].

The description of the clinical phases in the next Epidemiological Bulletins is encouraged here, given their relevance for planning more effective health actions in the syphilis diagnosis. The description of the cases focused only on the gestational period indicates the importance of the diagnosis at that moment, which is important; however, sexual and reproductive health promotion cannot be limited only to pregnancy.

Consequently, the following reflection emerges about testing in asymptomatic men: Is it possible that, if they knew about the latent phase of the infection, they would seek the specific diagnostic test?

In the practice, it is observed that health professionals not always request syphilis diagnostic tests in routine consultations. The PNAISH[10] recommends investing in men's sexual health and performing preventive tests, but does not describe any step-by-step guide to encourage professionals to request syphilis tests as a routine. However, those requests are as relevant as justified by the high acquired syphilis rates affecting men[2].

One of the negative aspects arising from mass requests for diagnostic syphilis tests would be the perpetuation of unsafe sexual behaviors, if men are not enlightened and sensitized about the risks of unprotected sex because, with a negative result, they may feel safer and maintain behaviors that render them vulnerable to STIs. Considering that periodic testing for HIV is currently deemed as a prevention and self-care strategy[21], the same perspective can be applied to the testing for syphilis.

And in this context, articulating generic care (*emic*) based on internal knowledge associated with the local culture with professional care (*etic*), which deals with external knowledge related to professionals[12-13], Nursing should invest in serological testing accompanied by counseling, which is a privileged moment for welcoming and clarification[22], but also for providing guidance on syphilis and advising against unprotected sex. Therefore, to develop a cultural care in the following perspective: restandardization along with men who do not use condoms; accommodation with those who use them sporadically; or maintenance in case of routine use.

Recruitment of the men for diagnostic testing was made possible by performing tests in the preoperative period and during prenatal care. In this sense, Nursing plays a fundamental role in coping with syphilis during pregnancy, as the partner's prenatal care allows early detection and treatment of syphilis[23].

Regarding these initiatives, other actions need to be directed at the male population, as men are unaware of the health policies targeted at them, have negative perceptions about the services[24] and do not usually undergo preventive examinations as a routine, when compared to the female population[25]. Associated with the high rates of acquired syphilis among men, this scenario indicates the importance of health professionals offering tests in an opportunistic way, such as in preoperative, periodic and admission tests and in emergency care units, considering that men have difficulties accessing primary care[3].

A study conducted in Fortaleza identified that, when coping with syphilis, nurses play their role in a fragment way and targeting at curing the disease[26]. However, the reagent result exerts an impact both on the person and on the professional, who should be prepared to offer emotional support[22].

The negative feelings expressed by the men indicate the relevance of this support and of establishing a support network; therefore, the syphilis diagnosis moment shows a demand that goes beyond the drug prescriptions regarding the treatment, as it requires a holistic view that exceeds the biological aspects, involving the physical, spiritual and cultural dimensions, as guided by Leininger in the construction of culturally congruent care[12].

The concept of health and the culturally-established ways and standards to achieve it should be identified, as well as their transmission over the generations[12]. Regarding the male population, by re-structuring care it is possible to deconstruct beliefs that exert negative impacts on health. Therefore, "*emic*" care, based on male investment in care and self-care, and "*etic*" care, aimed at educational actions, ease not only syphilis prevention and diagnosis, but also of other infections or diseases. Thus, it is necessary to devise measures to prevent men's health problems, with the intention of reducing morbidity and mortality due to work-related and traffic accidents, violence and suicides[27].

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The various symptoms related to syphilis, many of which are not pathognomonic of it[1], hinder diagnosis[19]. For this reason, continuous training of managers and professionals is fundamental for syphilis diagnosis and management[28], as well as attentive listening during anamnesis and a keen eye during the physical examination. As syphilis continues to present high morbidity and with a worrying increase in incidence, the health system should improve its preventive strategies against STIs with condom use promotion, providing opportunities for the diagnosis and treatment of infected people[20].

As identified among some participants in this study, the syphilis diagnosis reflected in greater attention to their health, creating conditions for the development of culturally congruent care, as guided by the TCCDU[12], providing access to treatment, identification of other health problems and adoption of healthy habits. In this perspective, the care measures incorporate the specifities of the male population and become more efficient in the fight against syphilis.

Study limitations

As a limitation of this study we can mention the type of approach used, which precludes generalizations. Thus, considering the complex process inherent to the syphilis diagnosis in men, it is recommended to conduct similar research studies in other regions of the country.

FINAL CONSIDERATIONS

The objective was achieved and the results evidenced that cultural issues related to masculinity were associated with the syphilis diagnosis in men. It was also identified that some factors ease and others hinder diagnosis of the infection, such as men's participation in health programs and health professionals' unpreparedness, respectively.

The findings allow health professionals to pay attention to the importance of implementing care with men, as motivated by the TCCDU, initially approaching them, listening to them and understanding their health needs, envisioning the creation of care strategies and reorganization of the services, in order to improve men's recruitment and access.

Also enabling them to give their opinion and evaluate the care practices implemented for them, as this is a step towards achieving comprehensive care for the male population.

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Conceptualization, M.B.A.V. and L.R.S.; methodology, M.B.A.V. and L.R.S.; validation, M.B.A.V. and L.R.S.; formal analysis, M.B.A.V.; investigation, M.B.A.V; resources, M.B.A.V.; data curation, M.B.A.V.; manuscript writing, M.B.A.V., F.B.A.S., R.S.S. and L.R.S.; writing—review and editing, M.B.A.V., F.B.A.S., R.S.S. and L.R.S.; visualization, M.B.A.V., F.B.A.S., R.S.S. and L.R.S.; supervision, L.R.S.; project administration, L.R.S. All authors have read and agreed to the published version of the manuscript.