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STRUCTURAL APPROACH OF SOCIAL REPRESENTATIONS OF PULMONARY TUBERCULOSIS

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Santos WS, Sales ZN, Teixeira JRB et al.

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**ORIGINAL ARTICLE**  
**STRUCTURAL APPROACH OF SOCIAL REPRESENTATIONS OF PULMONARY  
TUBERCULOSIS**

[Download full-text PDF](#)[Download citation](#)[Copy link](#)**ABSTRACT**

**Objective:** to describe the representational structure of pulmonary tuberculosis. **Method:** descriptive qualitative study with 26 users of three health centers of a city in the interior of Bahia / BA, Brazil, suffer from tuberculosis. We used a questionnaire with the evocation inducing term "tuberculosis". Each participant raised up to five words, in decreasing order of importance, were processed by EVOC and analyzed structural approach to social representations. The Research Ethics Committee approved the study protocol 162/2009. **Results:** showed up: the central system (wear, disease, and suffering), first periphery (difficult follow the treatment has to be careful), second edge (God's help, contagious, beware) and contrast element (weakness, death, prejudice). **Conclusion:** the representational structure of tuberculosis is multidimensional is composed of negative elements that reflect on the treatment and stigma of the disease. **Descriptors:** Social Perception; Tuberculosis; Professional-Patient Relations, Health Planning, Public Health.

**RESUMO**

**Objetivo:** descrever a estrutura representacional da tuberculose pulmonar. **Método:** estudo descritivo qualitativo, com 26 usuários de três centros de saúde de um município do interior da Bahia/BA, Brasil, acometidos por tuberculose. Utilizou-se um questionário de evocação com o termo indutor "tuberculosis". Cada participante evocou até cinco palavras, em ordem decrescente de importância, que foram processadas pelo software EVOC e analisadas pela abordagem estrutural das Representações Sociais. O Comitê de Ética em Pesquisa aprovou o estudo, protocolo nº 162/2009. **Resultados:** evidenciou-se: sistema central (desgaste, doença, sofrimento), primeira periferia (difícil, seguir o tratamento, tem que se cuidar), segunda periferia (ajuda de Deus, contagiosa, tomar cuidado) e elementos de contraste (fraqueza, morte, preconceito). **Conclusão:** a estrutura representacional da tuberculose é multidimensional, está composta por elementos negativos que refletem sobre o tratamento e estigma da doença. **Descritores:** Percepção Social; Tuberculose; Relações Profissional-Paciente; Planejamento em Saúde; Saúde Pública.

**RESUMEN**

**Objetivo:** Describir la estructura de representación de la tuberculosis pulmonar. **Método:** estudio descriptivo cualitativo, con 26 usuarios de tres centros de salud de un municipio del interior de Bahia / BA, Brasil, que sufren tuberculosis. Se utilizó un cuestionario con el término induce evocación "tuberculosis". Cada participante planteó un máximo de cinco palabras, en orden decreciente de importancia, fueron procesadas por el software EVOC y analizadas por el enfoque estructural de las representaciones sociales. El Comité de Ética de Investigación aprobó el protocolo de estudio nº 162/2009. **Resultados:** se presentaron: el sistema central (desgaste, la enfermedad, el sufrimiento), primera periferia (difícil de seguir el tratamiento tiene que tener cuidado), segundo borde (la ayuda de Dios, contagiosa, tener cuidado) y los elementos de contraste (debilidad, la muerte, los prejuicios). **Conclusión:** la estructura de representación de la tuberculosis multidimensional, se compone de elementos negativos que se reflejan en el tratamiento y el estigma de enfermedad. **Descriptor:** Percepción Social; Tuberculosis; Relaciones Profesional-Paciente, Planificación de la Salud, Salud Pública.

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**INTRODUCTION**

Pulmonary tuberculosis (TB) is an ancient disease that threatens human health,<sup>1</sup> with free treatment, the characteristics of which have been scientifically elucidated, however, still marked by the stigma involved. Being

Social Representations Theory (SRT).<sup>11</sup> It was conducted in three health centers, which provide reference services in attention to individuals with tuberculosis in Jequié, Bahia, Brazil. For delineation of the sample, previously established inclusion criteria, which are: age over 18 years, be residing at 1

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Organization (WHO) show that about 9.4 million new cases and 14 million prevalent cases of TB evolved with 1.6 million deaths attributed to this disease in 2009.<sup>2</sup>

As a result of combat actions and TB control developed by WHO, new cases are tending to decline, reducing the rate of 2.2% between 2010 and 2011. The mortality rate accompanies this rate declining 41% since the year 1990. Moreover, the world is about to reach the global target of 50% reduction by 2015.<sup>3</sup> In this context, Brazil is among the 22 countries which account for 82% of TB cases in the world. The Ministry of Health, through the National Tuberculosis Control Program (NTCP), consider this disease as a major public health problem since 2003 and is proposed to control the search for cases, the implementation of early diagnosis and appropriate treatment and healing, aiming to break the chain of transmission and prevent new illnesses.<sup>4-6</sup>

The disease is closely linked to poverty and unequal income distribution, with deep social roots, besides taboos,<sup>7</sup> beliefs and stigma of a symbolic nature,<sup>8</sup> resulting in noncompliance of affected individuals and / or family / contacts. The representational structure is the result of historical interaction between these factors, which has enabled glimpse the familiar mechanisms of tuberculosis in everyday knowledge. This knowledge raises coping strategies of the disease on the part of health professionals who deal with the direct assistance to the individual patient as well as strategic planning and management in health education to combat stereotypical images of TB. Thus, this study of social representations in the light of thought developed by individuals who have the experience, can assist in the reorientation of care practices to these individuals.

## OBJECTIVE

- To describe the representational structure of pulmonary tuberculosis.

## METHOD

A descriptive, qualitative study,<sup>9</sup> was supported by theoretical-methodological approach to structural or central<sup>10</sup> Core of

chemotherapy or have it completed from 1 year, 2009. The exclusion criteria had clinical diagnosis of AIDS, considering it possible bias representational.

The study population consisted of 15 subjects undergoing chemotherapy for TB and 14 who had experienced recently, totaling 29. As there was a refusal and two subjects were not found, the sample consisted of 27 participants. The contact with the subjects was mediated by nurses in health centers: those in treatment, and directly at the individual household, for those completing treatment. Address data were collected in index cards of patients in health centers surveyed, with the permission of the Municipal Health.

For data gathering used a questionnaire biosociodemographic, in order to characterize the target population and specific information about the intended subject. We used also questionnaire recall the inductive technique "tuberculosis". Each participant rose up to five words that come readily to mind, and lists descending order of importance.<sup>12</sup>

With this data we built a dictionary of words and adjectives for the inducing stimulus. Then proceeded to an analysis of the semantic content encoding and data entry in software: *Ensemble L'Analyse des Programmes Permettant evocations (EVOC)*<sup>13</sup> 2000 version. The EVOC reported the frequency and average order of every term evoked, allowing the analysis of frequency values according to Zipf's law,<sup>13</sup> establish the cutoff point that determined the composition of the first four quadrants, which were analyzed according to the structural approach TRS.

This study was approved by the Ethics Research UESB, Protocol n° 162/2009. All participants signed an informed consent ensuring your privacy rights, and anonymity confidentiality and security is absent from participation in the study without any injury to his person.

## RESULTS

The study included 26 subjects with experience or have experienced pulmonary tuberculosis and were 53.8% male, according

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to Table 1, with a mean age of 42.38 ± 15.81, in a range between 20 to 79 years, with the majority (46.2%) aged between 41 and years.

Table 1. Profile biosociodemographic participants. Jequié-BA, Brazil, 2010

Variables	n	%
<b>Gender</b>		
Male	14	53,8
Female	12	46,2
<b>Age</b>		
20-40	11	42,3
41-60	12	46,2
60 or older	02	11,5
<b>Religion</b>		
Adventist	1	3,8
Atheist	1	3,8
Catholic	5	19,2
Deist	6	23,1
Protestant	13	50,0
<b>Marital status</b>		
Single	7	26,9
Married	3	11,5
Concubinate	9	34,6
Widow	4	15,4
Divorced	3	11,5
<b>Scholarity</b>		
Illiterate	2	7,7
Fundamental	16	61,5
Secondary	6	23,1
University	1	3,8
Non informed	1	3,8
<b>Progress of the treatment</b>		
In treatment	12	46,2
Concluded	14	53,8
<b>Previous treatment</b>		
Yes	3	11,5
No	23	88,5

With regard to religious belief, 50% of subjects reported being Protestant; regarding mar dominant concubinage was reported by 34.6% of subjects. Regarding education, primary level v reported by 61.5% of participants, 53.8% had completed treatment and 46.2% were still treatment. Only 3 patients (11.5%) reported having had previous treatment for the disea characterized as relapse.

There were a total of 103 evocations containing 24 words after different approach for semar similarity. The average recall commands medium was 2.5, whereas the maximum frequency l reached the value of 16, the minimum average of 7 and 3.

Therefore, we analyzed the words and terms 12 and 12 deleted from the final analysis w evoked by less than three times. With this data, prepared a four-frame houses showing the words terms evoked, as well as their frequency and average order of importance, as shown in Figure 1.

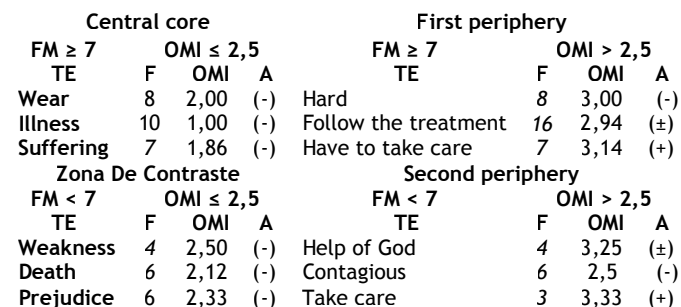


Figure 1. Board of Four Houses to the inducing stimulus "tuberculosis" among participants. Jequié -BA, Brazil, in 2011. FM = Frequency Average, TE = Terms Evoked; IMO = Average Order of Importance, F = frequency, A = Attitude, (+) = Positive, (-) = negative, (±) = Neutral

To describe the results we adopted the approach proposed by abric,<sup>10,12,14</sup> where the terms that met both criteria recall most often and in the first place, ie, supposedly had a greater importance in the cognitive schema the subject, that is, if configured as a

In Figure 1 are distinguished four import: elements for the apprehension of soc representations,<sup>12,14</sup> subjects on pulmon: tuberculosis. In this sense, shows t elements of the core (upper left quadran wear, disease and suffering; elements of t

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... Mesmo que para muitos profissionais de saúde o chamado conhecimento popular, também conhecido como senso comum, possa ser demonstrado como um conhecimento pré-científico, entende-se que ele é uma ferramenta mestra para compreender os fatores motivacionais desses indivíduos e redirecionar as práticas educativas e do cuidado, no intuito de atenuar o estigma da doença e do doente. Tais intervenções podem ser direcionadas no sentido de combater os paradigmas, o preconceito e as atitudes de segregação com as pessoas acometidas pela doença 6 . ...

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... 6,8 However, the authors claim to be possible to reach conclusive results even with a smaller group of participants, 10 as it can be observed in some scientific papers published in the scientific literature. 11, 12 Firstly, the study was presented to the coordination of the rehabilitation center, which requested permission to conduct the survey in such a scenario. Then the participants were selected according to the inclusion criteria, and were contacted when they came to the physical therapy sessions. ...

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