

## ACTIONS OF PREVENTION OF HIV AND HEALTH PROMOTION IN THE CONTEXT OF AIDS BY STRATEGY HEALTH OF THE FAMILY IN JOÃO PESSOA-PB

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### ABSTRACT

The study aimed to analyze the prevention of the actions of HIV and health promotion in the context of AIDS developed by the Strategy Family Health (ESF) in João Pessoa-PB. This search is a descriptive study with qualitative approach, performed with 16 nurses working in the ESF, using a semi-structured interview guide and followed the steps of content analysis. Nurses work in the context of AIDS with actions in health education and care contexts, additionally ease and difficulties in these experiences for these actions are implemented successfully. It was concluded that the actions aimed at prevention of HIV and health promotion in the context of AIDS are present in the activities of professional nurses who are working in the ESF, however not constitute everyday actions and pre-established, happening mostly in special moments and the demands during nursing visits.

**Palavras-chave:** HIV. AIDS. Prevention.

### INTRODUCTION

Since the beginning of the AIDS epidemic, prevention has been a key strategy in controlling infection by the Human Immunodeficiency Virus (HIV). At the beginning of the epidemic, there was a great ignorance about the disease and its distribution, as well as a few subsidies to guide preventive actions<sup>(1)</sup>. However, despite the progress of medicine and science, the epidemic of HIV/Aids continues to be a major global threat, whose main challenge for control focuses on the importance on prevention and sociocultural determinants<sup>(2)</sup>.

In this sense, Brazil has stepped up health measures to combat HIV infection, with emphasis on primary care, from the Family Health Strategy (ESF), having as a focus the implementation of new strategies for universal access to early diagnosis and prevention of HIV

infection. These actions have as main objective the prevention, promotion and restoration of users' health, in a fully and continuing way<sup>(3)</sup>.

Thus, the basic health services present themselves as the main access to the population as to the diagnosis of HIV and HIV-positive assistance. Health actions for HIV prevention provided by these services are grouped into: voluntary testing offer and pre and post-tests counseling for the entire population, provision of condoms, including in the services of the most vulnerable population segments, assistance to DST and guidance to users in daily activities<sup>(4)</sup>.

However, for the success of actions, it is necessary that health professionals know the reality of the assisted population, as well as their strengths and weaknesses. Thus, the prevention of HIV/Aids and health promotion can and should be adapted to the needs, interests and previous knowledge of each individual, once involving large and complex aspects, such as

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gender inequality, poverty and social marginalization of the most vulnerable groups.

In this context, it highlights the role of nurses in the multidisciplinary team of the ESF, which is to contribute in a unique way for the development of this care model, as this professional provides direct care to individuals and communities, having the opportunity to meet and prioritize actions to be offered.

Study this subject becomes a possibility in reset health practices, articulating the planning, organization and management, in order to ensure that actions for HIV prevention and health promotion in the context of Aids be expanded with efficaciousness.

In this perspective, the present study aimed to analyze the actions of HIV prevention and health promotion in the context of AIDS, performed by nurses of the Family Health Strategy in João Pessoa-PB, considering a field with great potential for combat HIV.

## METHODOLOGY

This is a descriptive study with qualitative approach<sup>(6)</sup>, carried out with a spontaneous demand for nurses working in 16 Basic Health Units (UBS) in District III, located in the Mangabeira district of João Pessoa - PB, being 14 integrated health units and two units considered basic.

For the production of empirical material, we used a semi-structured interview guide, composed of socio-demographic data of the

participants and guiding questions about the actions developed for HIV prevention and health promotion in the context of AIDS, besides the difficulties and facilities for carrying out these actions. Data were collected in the period from April to June 2014 and recorded using a recorder, after authorization of the participants.

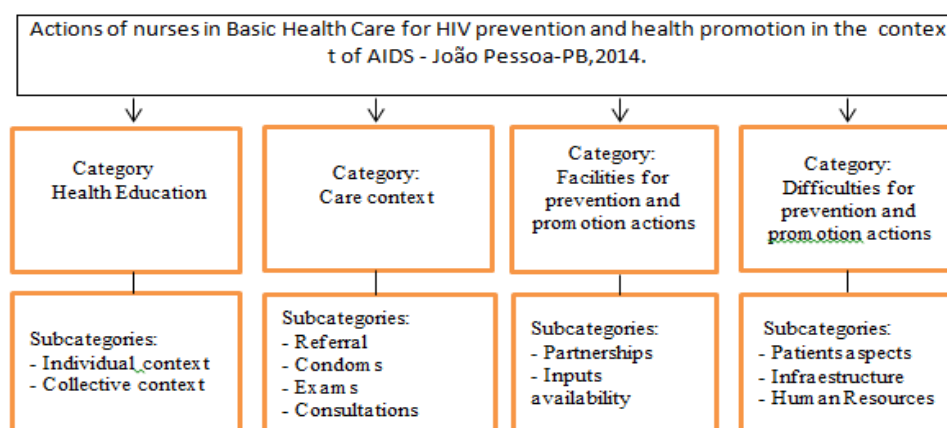
The material collected from the interviews was transcribed and typed in full in *Word for Windows* 2010 version and it followed the steps recommended by the content analysis method<sup>(5)</sup>. By using the technique, phrases were set as context units and themes for units records in the categorization of the material. Preserving the anonymity of the participants was guaranteed with the identification of lines with the lyrics "E" (Nurse), followed by an identification number.

The study attended the ethical precepts, being approved by the Ethics and Research Committee of the Health Sciences Center/UFPB, under Protocol No 0553/13 and the CAAE 21987113.1.0000.5188.

## RESULTS AND DISCUSSION

From 16 nurses in the study, 15 were female, nine were 41 to 60 years old, 12 were between 11-30 years of professional experience, 14 had training on the topic of HIV/AIDS and 15 had Public Health specialization.

Empirical material analysis resulted in four thematic categories, called: Health Education, Care Contexts, Facilities and Difficulties for HIV prevention and health promotion, as well as their respective 11 subcategories (Figure 1).



**Figure 1.** Action categories and sub-categories of nurses in Basic Attention Units for HIV prevention and health promotion in the context of Aids - João Pessoa-PB, 2014.

**Source:** Research data, 2014.

### Health education

Health Education is characterized as a very important tool for promotion and prevention in all health care levels and stands out in the ESF for strengthening and foundation of actions to improve the assisted population quality of life<sup>(7)</sup>. This practice, carried out by nurses in primary health care, was established in both the individual and the collective context.

In the individual context, health education materializes in the private space of the nurse-user relationship in the guidelines made during the consultations and in the nursing home visits.

Nurses report that there is not a routine and a plan for the topics to be exposed in health education actions in the context of HIV infection. Information and guidance conducted are limited to users during nursing consultations, mainly for women during the prenatal period and on cytological examination collection, and this topic is little or not addressed to other population segments, such as the male and elderly population.

The predominance of these actions aimed at the female population can be justified by the greater demand of them in the UBS and the possible different perception of the man on the process of health-disease<sup>(8)</sup>. This fact can also be explained by a greater supply of prevention campaigns aimed at the female population, favoring the search for care related to the prevention of uterine lap cancer, in the monitoring during prenatal care and family planning.

Although the male population is the population group that most reported cases of HIV infection, they are defined as a minority of users seeking assistance in UBS, as they consider this space as a female environment<sup>(9,10)</sup>.

In the context of HIV infection, the elderly population also presents itself as a social segment that deserves the attention of the professional regarding preventive actions for the virus. However, this theme receives little attention by this population group, because they are seen as asexual by many health professionals and, so, they consider remote the possibility of HIV infection in this age group.

Contradicting this condition of asexual being, assigned to the elderly, a study in Curitiba (2010) with 98 elderly of an institution that

develops programs to improve the quality of life of this age group, shows that sexual activity after 60 years of age is present in our society, thus making this population vulnerable to HIV infection and other STD<sup>(11)</sup>.

Still on health education, in the individual context, nurses report home visits as an ideal time for HIV thematic approach for ensuring greater privacy to the user:

[...] we thought about having a conversation during the house visit, because it ensures privacy, rather than being at a fair where everyone's watching everyone [...]. (E6)

Therefore, home visits become insertion and reality knowledge instruments regarding the user life and of his/her family, favoring the establishment of links, facilitating the planning and implementation of educational activities<sup>(12)</sup>.

In the collective context, health education, as a practice of nurses, aims to professional interaction with the user on the demands that are established in the waiting room, in lectures, conversations and campaigns established by public policy.

The waiting room constitutes a productive way to occupy idle time in institutions, with the transformation of the waiting period for consultations at work, exchanging information between users and professionals<sup>(13)</sup>.

The lectures and campaigns for HIV prevention and health promotion in the context of AIDS go beyond the physical space of UBS, like the School Health Program (PSE) and actions developed for population groups in the assigned territory.

In this demand for social spaces with potential for the development of preventive measures for HIV, to be performed by the nurse, the PSE emerges as a gateway linked to primary care, which favors the construction of knowledge of adolescents about the disease, preventive methods and the impact that it has on the health of the individual.

Nurses of UBS recognize the importance of HIV/AIDS approach to the subject in professional practice, but it is not defined as a systematic activity of the actions taken to prevent the virus, being mostly focused on campaigns in times of Carnival or the World Day to Combat AIDS, set for 1st December:

[...] when there is some event, when there is any educational activity, for example, World Day to Combat AIDS, then we do have some educational activity [...]. (E11)

### Contexts for caregiving

The act of caring directed to the human being is the essence of nursing, performing on the promotion, protection, prevention and recovery of health, aiming to provide quality of life, considering it as a valuable asset<sup>(14)</sup>.

In the context of care by nurses, targeted for HIV prevention and health promotion in the context of AIDS, we highlight laboratory tests (offer and request of HIV testing with pre- and post-tests), referral demands for other professionals, condoms and consultations.

Initially, public policies established the availability of quick test only to pregnant women during prenatal care, and their sexual partners, as a preventive method of vertical transmission of the virus<sup>(15)</sup>. Currently, the test is freely offered to the population in the UBS as a preventive way and for health promotion.

However, as well as the actions of education in health, there is no set routine for its execution, being the test carried out by the user and/or availability of professional.

[...] the test offering would be just for pregnant women, but we're expanding it [...]. (E7)

[...]HIV testing offer to all users [...]. (E6)

Thus, the training of professionals is essential to carrying out the anti-HIV test because it involves not only technical, but a broader process, that characterizes the pre- and post-tests. This process is defined by an active listening, secret, creating a relationship of trust with the user, with his/her preparation to receive the result or to the adoption of measures to prevent this infection and others<sup>(16)</sup>.

Faced with a positive HIV result, nurses cite the realization of user referrals by the physician, dentist or nurse unit to reference centers, serving thus a demand for health promotion in the context of AIDS.

[...] when the result is changed, we also have to give the guidelines and the necessary referrals ... pass through oral health, odontologist, where she also makes the request and referrals to experts[...]. (E2)

Thus, when it comes to users identified as seropositive for HIV, basic care must act to articulate with the Specialized Assistance Services (SAE) in order to establish a system of reference and counter-reference to provide integral attention to the individual<sup>(17)</sup>.

Another important aspect mentioned by these professionals in the context of care focused on disease prevention and health promotion, in the context of HIV / AIDS, refers to the provision of consultations with various professionals of the ESF, being an individual time between the user and professional for the exchange of information and care:

[...] offered nursing consultation, medical consultation. [...]. (E10)

[...] dental appointment, it has the demand for free consultation [...]. (E2)

In this sense, there is the Nursing Consultation, which is characterized as not only a clinical space and pre-set bound to the rules and routines, but also a time of closeness and host to the user, knowledge exchange, aiming the empowerment on their health and practice of healthy habits<sup>(18)</sup>.

The professionals also report that as important as the availability of rapid HIV testing in all UBS for early diagnosis of the disease, there is also condom provision as a preventive method:

[...] condom distribution[...]. (E14)

[...]condoms are at the pharmacy, at ease for the population[...]. (E15)

Sexual transmission is the main responsible factor for the reported AIDS cases in the country, being condoms - when used correctly and systematically - the main input for preventing, reducing the risk of transmission of HIV and other STDs<sup>(19)</sup>.

When holding consultations, activities in waiting rooms, educational activities and home visits, in some cases, nurses encourage people to practice safe sex with condom use.

### Facilities for HIV prevention and health promotion actions

The facilities for the implementation of preventive and health promotion in the context of HIV/AIDS by nurses are evidenced by

partnerships performed and the availability of inputs.

The ESF has a strong potential for collaboration with various social resources of its territory and abroad, and through its preventive principles and health promotion, it incorporates in its practical interventions, which contributes to reducing vulnerability to diseases such as AIDS<sup>(20)</sup>.

In this context, partnerships with other public institutions of higher education and healthcare appear as facilitators for nurses in the development of prevention and health promotion, in the context of Aids:

[...] we call the CTA staff to come to lecture[...]. (E8)

[...]with health at school[...]. (E7)

[...]when you need, the district and health department[...]. (E3)

[...] the students of the university are a great support in this regard, in the waiting room, and include the STD and AIDS issue[...]. (E16)

They report that the excessive demand of assignments often prevent them from performing waiting rooms for users, and the students of undergraduate courses of higher education institutions are identified as important partners in this process.

The availability of inputs, such as user access to condoms and HIV test performance by the UBS, was considered by the nurses as an action that facilitate the prevention and health promotion in the context of Aids. Condoms are available in pharmacy area in a container of free access to users. However, this provision of condoms also requires being associated with an educational practice by the nurse, contributing to the adoption of safe sex by users.

### **Difficulties for HIV prevention and health promotion actions**

Nurses face difficulties in the implementation of prevention and health promotion activities in the context of HIV / AIDS, noted by user aspects; infrastructure, lack of supplies and human resources.

AIDS is still a little discussed topic in primary care, as professionals report no routine on the theme, as evidenced by the difficulties faced in the service, as the user's lack of

knowledge of the principles of the Unified Health System (SUS), excessive demand of assignments, among others.

In this context, they report that users have a false perception of the SUS principles when they seek care at UBS just for curative reasons, thus devaluing preventive contexts.

[...] sometimes they even get annoyed with the waiting room for fear of losing the appointment with the doctor[...]. (E2)

[...]people are used to look for the health unit when they get sick ... there is always demand to who is sick, and then it comes to the healing issue[...]. (E6)

It is noticed in the speeches of nurses, many times, that the user view related to the service in the ESF is focused on individual actions and merely healing ones, in which the main objective is the guarantee of prescription of medications, not glimpsing the value of other activities that promote health, such as the participation in educational activities, which end up going unnoticed and without due consideration given by the user.

This way, it installs a program vulnerability process when one realizes the lack of continuing education for the population about the SUS, aiming to make them aware of its principles, showing the importance of preventive action at all levels of health.

These professionals point out that they fail to meet systematically to educational actions on HIV/AIDS due to excessive demand of assignments that ESF impart:

[...] there are many tasks that end up entering these educational activities[...]. (E6)

[...] we have no time to do this part because there is a great demand[...]. (E9)

Another difficulty present in the speeches of the ESF nurses, regarding the infrastructure, refers to a lack of supplies and the distance from the reference centers for HIV/AIDS in relation to the location of the communities.

The unavailability of raw materials (posters, flyers, shirts identification, among others) by public managers, necessary to carry out educational activities, is defined as a programmatic vulnerability when they can be optimized for the empowerment of vulnerable groups to HIV infection.

The distance between the reference centers for HIV and UBS, many times favor the withdrawal of the monitoring of the disease or the completion of the anti-HIV test by the user.

With regard to human resources, it was noted that UBS provide rapid anti-HIV test for its users, however, they recorded an insufficient number of qualified professionals to the realization of it or, when trained, some of them are subsequently transferred to other units:

[...] the rapid testing was implemented here in the unit, but for lack of qualified professionals it has been removed[...]. (E16)

[...] the few professionals who have been trained are leaving the unit[...]. (E11)

In this sense, the actions of HIV prevention and health promotion in the context of AIDS carried out by nurses in the ESF need new visions and policies providing for the prevention and care in the basic health units, as they are currently prioritized in Control Programs for Hypertension of Diabetes Mellitus, mainly because it is also set up as a chronic disease and public health problem.

## FINAL CONSIDERATIONS

The actions for HIV prevention and health promotion in the context of AIDS are present in the activities of nurses working in the Family Health Strategy, but it is configured mostly as specific actions in view of the prevention campaigns.

The availability of inputs at basic health units was presented by a group of nurses as a facilitator for the development of preventive actions, while for others its absence has hindered consolidation. The availability of inputs for operationalization of activities involves the commitment of professionals and managers to ensure the population's access to comprehensive care.

The partnerships with higher education institutions, Counseling and Testing Center (CTA) and schools have encouraged nurses to give answers to the social needs of the population and access to information about HIV during the educational practices, a theme considered fairly disclosed in various media, but apparently not exhausted by the public.

The difficulties experienced by nurses to meet the demands of actions for the prevention of HIV reflect organizational and structural aspects of primary care model in health, which require from the professional a significant portion of responses to the health needs of complex and diverse population groups.

Thus, HIV prevention activities and health promotion in the context of AIDS in primary healthcare, although requiring greater engagement of these professionals in beholding these activities in the planning of their activities, also deserves the attention of public policymakers on health to ensure the necessary support for them to be catered to diverse and complex demands that define AIDS as a chronic disease, even if it still can be considered unique.

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## AÇÕES DE PREVENÇÃO DO HIV E DE PROMOÇÃO À SAÚDE NO CONTEXTO DA AIDS PELA ESTRATÉGIA SAÚDE DA FAMÍLIA EM JOÃO PESSOA-PB

### RESUMO

O estudo objetivou analisar as ações de prevenção do HIV e promoção à saúde no contexto da Aids desenvolvidas pela Estratégia Saúde da Família (ESF), em João Pessoa-PB. Trata-se de um estudo descritivo, com abordagem qualitativa, realizado com 16 enfermeiros atuantes na ESF. Para a obtenção dos dados, utilizou-se um roteiro de entrevista semiestruturado e seguiu-se as etapas de análise de conteúdo temática. Os enfermeiros atuam no contexto da Aids com ações em educação em saúde e contextos do cuidar, além de vivenciar facilidades e dificuldades para que essas ações sejam implementadas com êxito. Concluiu-se que as ações voltadas para a prevenção do HIV e promoção à saúde no contexto da Aids estão presentes nas atividades dos profissionais enfermeiros atuantes na ESF, no entanto, não se constituem ações cotidianas e pré-estabelecidas, acontecendo, em sua maioria, em momentos pontuais e nas demandas durante as consultas de enfermagem.

**Palavras-chave:** HIV. Aids. Prevenção.

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## ACCIONES DE PREVENCIÓN DEL VIH Y PROMOCIÓN DE LA SALUD EN EL CONTEXTO DEL SIDA POR LA ESTRATEGIA SALUD DE LA FAMILIA EN JOÃO PESSOA-PB

## RESUMEN

El estudio tuvo como objetivo analizar las acciones de prevención del VIH y promoción de la salud en el contexto del SIDA desarrolladas por la Estrategia Salud de la Familia (ESF) en João Pessoa-PB. Se trata de un estudio descriptivo, con enfoque cualitativo, realizado con 16 enfermeros que trabajan en la ESF. Para la recogida de datos, se utilizó un guión de entrevista semiestructurado y fueron seguidos los pasos del análisis de contenido temático. Los enfermeros actúan en el contexto del SIDA con acciones en educación para la salud y contextos de la atención, además de vivir facilidades y dificultades para que esas acciones sean implementadas con éxito. Se concluyó que las acciones dirigidas a la prevención del VIH y promoción de la salud en el contexto del SIDA están presentes en las actividades de los profesionales de enfermería que trabajan en la ESF, sin embargo no se constituyen acciones cotidianas y preestablecidas, ocurriendo, sobre todo, en momentos puntuales y en las demandas durante las consultas de enfermería.

**Palabras clave:** VIH, SIDA, Prevención..

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