

Educational and preventive HIV-control practices in primary health care

Práticas educativas e preventivas de controle do HIV na atenção primária em saúde

Prácticas educativas y preventivas del control del VIH en la atención primaria de salud

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ABSTRACT

Objective: to understand the impact of educational practices applied by Primary Health Care nurses for health promotion and prevention of new cases of HIV. **Method:** in this qualitative study, with 11 Primary Health Care nurses providing care to people living with HIV, data were collected from September to October 2020 in semi-structured interviews. The data were treated and analyzed using IRAMUTEQ software, and the interview content underwent Bardin analysis. **Results:** two thematic categories emerged: HIV-related knowledge, attitudes and preventive health practices in Primary Health Care; and obstacles to implementing preventive measures in Primary Health Care. **Conclusion:** preventive Primary Care practices for controlling HIV were found to be connected with a need to intensify health personnel's awareness, which can possibly result in greater professional involvement, changes in routine, adaptation of workflows, and more effective activities and actions offered to users.

Descriptors: HIV; Disease Prevention; Primary Health Care; Nurses.

RESUMO

Objetivo: compreender a repercussão das práticas educativas desenvolvidas por enfermeiros na Atenção Primária em Saúde para promoção da saúde e prevenção de novos casos de HIV. **Método:** estudo qualitativo realizados com 11 enfermeiros da Atenção Primária à Saúde que atendem Pessoas Vivendo com HIV. Dados coletados de setembro a outubro de 2020, por meio de entrevistas semiestruturadas. Para tratamento e análise dos dados, utilizou-se o *software* IRAMUTEQ, cujo conteúdo foi submetido à análise de Bardin. **Resultados:** emergiram duas categorias temáticas: conhecimento, atitude e prática preventiva em saúde relacionadas ao HIV na Atenção Primária à Saúde e obstáculos para execução das medidas preventivas na Atenção Primária em Saúde. **Conclusão:** as práticas preventivas para o controle do HIV na Atenção Primária mostraram-se atreladas a necessidade de intensificar a sensibilização dos profissionais, o que possivelmente pode repercutir no maior envolvimento profissional, mudanças de rotina, readaptação no fluxo de trabalho e melhor efetividade das atividades e ações ofertadas aos usuários.

Descritores: HIV; Prevenção de Doenças; Atenção Primária à Saúde; Enfermeiros.

RESUMEN

Objetivo: comprender el impacto de las prácticas educativas desarrolladas por enfermeros de Atención Primaria de Salud para la promoción de la salud y prevención de nuevos casos de VIH. **Método:** estudio cualitativo realizado junto a 11 enfermeros de Atención Primaria de Salud que atienden a Personas Viviendo con VIH. Datos recopilados de septiembre a octubre de 2020, mediante entrevistas semiestructuradas. Para el tratamiento y el análisis de los datos, se utilizó el *software* IRAMUTEQ y su contenido fue sometido al análisis de Bardin. **Resultados:** surgieron dos categorías temáticas: conocimiento, actitud y práctica preventiva en salud, relacionada con el VIH en la Atención Primaria de Salud y; obstáculos para la implementación de medidas preventivas en la Atención Primaria de Salud. **Conclusión:** las prácticas preventivas para el control del VIH en la Atención Primaria demostraron que están vinculadas a la necesidad de intensificar la concienciación de los profesionales, lo que posiblemente puede redundar en una mayor implicación profesional, cambios en la rutina, readaptación en el flujo de trabajo y una mejor efectividad de las actividades y acciones que se ofrecen a los usuarios.

Descritores: VIH; Prevención de Enfermedades; Atención Primaria de Salud; Enfermeros.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is characterized by causing a cosmopolitan disease that affects many people worldwide. Due to the magnitude of the infection, many initiatives are carried out by governments, civil society and health professionals, including educational actions for the population with the objective of promoting health and preventing new cases of the disease. Depending on the type of educational action and content approach used, aspects related to virus transmission, disease diagnosis, preventive measures and reduction of the stigma and prejudice may be covered. The latter is very present in the lives of People Living with HIV (PLHIV) and their family members^{1,2}.

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It is noted that the educational and preventive practices in health must consider dialog and the individual's uniqueness, aspects that go beyond an approach only directed at the pathology or at simple transfer of information. In this line, pedagogical strategies in health are tools that allow for the expansion of knowledge, learning and articulation of technical and popular knowledge³.

Primary Health Care (PHC) emerges as responsible for the development of preventive and assistance activities in the Health Care Network (HCN), with an emphasis on health promotion, prevention of diseases and health problems, surveillance in health and individual and collective educational actions⁴. The Family Health Strategy (FHS) teams must act primarily to identify risk situations and the users' health needs and vulnerability, respecting the patients' autonomy and understanding the determinants of health. Thus, PHC constitutes a privileged space for developing the educational and preventive practices in health^{4,5}.

In this context, health promotion supported by the educational practice plays a fundamental role in transforming the reality of the population; in addition to enabling collective empowerment through the individuals' co-participation in the care process, as social participation and shared construction of knowledge provide people with a critical reflection on aspects that involve diversity scenarios^{3,6}.

The possibilities for the development of educational and preventive practices for HIV control in PHC are many. Thus, the Ministry of Health (*Ministério da Saúde*, MS) presents combined HIV prevention, which consists in the association of different prevention measures based on the integration of different interventions in a joint strategy, listed as follows: biomedical, behavioral and socio-structural approaches. The biomedical approach aims at reducing people's risk of exposure to HIV. In the behavioral approach, however, it is based on changing the individuals' attitude to avoid risk situations, through information and knowledge. Finally, the socio-structural approach turns to the social, cultural, economic and political issues that affect social vulnerability and accentuate the risks of various population segments. In general, the combination of preventive measures permeates multiple aspects and helps to interrupt the HIV transmission chain⁷.

To such end, it is necessary to discuss the educational and preventive measures as PHC pillars, as well as how knowledge about HIV can improve the quality of life of PLHIV. Thus, the objective of this study is to understand the repercussion of the educational practices developed by nurses in Primary Health Care for health promotion and prevention of new HIV cases.

METHOD

This is a descriptive study with a qualitative approach, carried out with 11 nurses who are part of the Family Health Strategy (FHS) of eight Family Health Units (FHUs). The research municipality has eight Health Districts (HDs), and the sample includes one FHU per HD.

Sampling was for convenience, including nurses who have worked in the FHS for a minimum of one year. Nurses on medical leave or who were absent for other reasons at the time of collection were excluded from the sample. One FHU per HD was included in the final sample: three FHUs consisting of two nurses and eight FHUs with representation of one nurse, among the existing teams, who agreed to participate in the research. It is highlighted that there was refusal from three participants. The municipality monitors and treats suspected or confirmed HIV/AIDS cases by the FHUs and has a Specialized Assistance Service (SAS) managed by the municipality for the referral and counter-referral flow.

Data collection took place from September to October 2020 through individual semi-structured interviews, scheduled, audio-recorded (mean duration of 23 minutes) and carried out in a place indicated by the participants at the FHU. The interviews were guided by an instrument developed by the researcher, which included the characterization of the professionals and the following guiding question: What is the understanding of the impact of educational practices in Primary Health Care for health promotion and prevention of new HIV cases? Collection ended after repetition of the statements, following the precept of inference saturation⁸.

Data treatment was performed using the *R poulês Analyses Multidimensionalnelles de Textes et de Questionnaires* (IRAMUTEQ) software⁹, using the thematic content analysis method⁸.

From the interpretive analysis, two thematic categories emerged, named according to the participants' testimonies: Knowledge, attitude and preventive practice in health related to HIV in Primary Health Care and Obstacles in the implementation of the preventive measures in Primary Health Care.

The research was submitted and approved by the Research Ethics Committee and was developed in accordance with Resolution 466/12, of the National Health Council.

RESULTS

A total of 11 nurses participated in the research, 10 (91%) of whom were female. In relation to age, it varied between 29 and 64 years old. The professionals with some graduate degree represented 8 (72.8%) of the interviewees.

Regarding characterization of the professional profile, it is evidenced that 10 (91%) participants have two or more employment contracts. As for the time since graduation, it was between 10 and 39 years, with up to 27 years of professional experience.

The two thematic categories that emerged from the nurses' testimonies are presented below.

Knowledge, attitude and preventive practice in health related to HIV in Primary Health Care

Knowledge of the educational practice in health emerges as an axis for conducting the care provided to PLHIV, which contributes to better assistance for the population treated in PHC. Based on the professionals knowledge and confidence about the subject matter, there is strengthening of activities and strategies, such as offering the Rapid Test (RT), alternative time, monitoring and comprehensive care for the user. The testimonies below reinforce this view:

The rapid test (preventive practice), in addition to being carried out with women during prenatal care, is also offered at an alternative time for all the workers who seek the unit, taking place once a month, during the night shift. (E1)

In relation to the training sessions, (professionals' knowledge) they always take place, last year there was training on the rapid test that I had already done and I did it again. It was practical and theoretical. (E11)

Health prevention must be performed at all times and places, as an activity that focuses on the interaction between the different types of knowledge, through practical experience and bonds with the community. In addition to that, knowledge exerts an impact on changing people's and groups' behaviors and attitudes.

The educational activities in health take place in the waiting room every day, educational lectures are given, where we address sexual infections and HIV/AIDS. (E5)

[...] We have a space for men's health, where educational activities are carried out, always on the last Tuesday of each month, it is quite periodic, there's also older adults' health, women's health and mental health groups. (E3)

The educational activities in health are carried out in the pregnant women's group, we offer lectures in schools talking about sexual infections or about whatever the group asks the professionals to address. (E2)

Obstacles in the implementation of the preventive measures in Primary Health Care

Guidance on the use of male and female condoms as a contraceptive method is considered as a type of significant barrier in care. However, conduction of the dynamics, unfortunately, is still only linked to distribution of the inputs, requiring investments and awareness raising in a consistent and accessible way that address all health users, in the aspects associated with their correct use and relevance for the prevention of STIs/AIDS.

Condoms are available both in the pharmacy and at the reception and with the guard too; in the issue of guidelines, I do it during family planning, in the consultations or lectures, but at the reception, there is no guidance, only delivery. (E4)

In relation to the distribution of condoms, the patient is free to pick them up at any time at the pharmacy or the reception, they take as many as they want. (E7)

Another obstacle pointed out in the participants' statements is related to the health units' precarious physical structure.

The prevention and promotion activities take place in the waiting room, we also lack physical structure, the waiting room is uncomfortable, there's no place for all the patients. (E6)

[...] As far as possible, we carry out the educational activities because, as there's no room, the waiting room works for the entire demand of the unit, so it's almost impossible for us to get ahead and try to lecture and guide. (E8)

DISCUSSION

Based on the nurses' reports, a number of experiences and perceptions emerged in relation to the health promotion actions and activities focused on comprehensive care for PLHIV. Regarding the care provided to PLHIV in PHC, the statements indicate that knowledge about management of the disease and professional improvement contribute to greater awareness raising regarding HIV and, consequently, in changing the work flow. A study on preventive health practices, especially in PHC, may contribute to the definition of priorities, as well as in directing the in-service educational actions to support the population's demands.

A study carried out in South Africa, which describes the challenges that influence professional knowledge with the implementation of the Antiretroviral Therapy (ART) program in PHC, indicated that 50% of the participants had only an undergraduate degree in Nursing¹⁰. Following this logic, a study carried out in primary care in Spain highlights that the rates of HIV diagnostic tests are influenced by the knowledge acquired in the professionals' training. Thus, in-service training sessions enable greater safety in the work practices, better clarification for the patients' inquiries about possible risk conditions and behavioral changes in the work routine¹¹.

In view of this, it can be inferred that professional training exerts an impact on the care provided in relation to HIV, either positively or negatively, and ratifies the essentiality of in-service training in improving the professional's knowledge about the disease, in the practical attitude and in comprehensive support to PLHIV¹²⁻¹⁴.

In Brazil, Family Health is a study area in constant transformation, with production of theoretical and practical knowledge to strengthen the PHC guiding attributes, especially for understanding the inequalities and social determinants of health. Such being the case, training based on interdisciplinarity and intersectorality with a focus on prevention and health promotion in the individual, family and collective contexts should be valued¹⁵. In this way, it enhances and assists a more critical and reflective professional performance, capable of promoting practices in the different social and cultural contexts of the community.

In the nurses' statements, it was possible to identify strategic preventive actions for HIV control carried out at a more local level that can be developed in different health spaces, such as waiting room, health groups (women, men, older adults, adolescents), home visits and itinerant actions. In articulation with other spheres of the network, some strategies are highlighted with relevant implications for comprehensive care, for example: the decentralization and regionalization processes themselves are reformulation movements within a system, in addition to the production of living care networks, shared management and intersectoral dialog¹⁶.

The association of these strategic actions makes comprehensiveness and organization of the service more efficient and enhances the reduction in transmissibility of the disease. It is noteworthy that there are still challenges for the assistance provided to PLHIV in PHC, especially in the context of prevention and health promotion, to attain the objective of achieving the multiple aspects of breaking the transmission chain and reducing stigma and prejudice¹⁷⁻¹⁹.

Despite knowledge transmission through educational and preventive practices, obstacles inherent to the distribution and even use of condoms are still notices. On the one hand, bureaucratization of the distribution of the inputs precludes equal access for all health users. From another perspective, psychosocial blocking and conservative behavior make it difficult to reach guidelines or raise awareness regarding self-care in the individuals. In the meantime, they mistakenly censor distribution of condoms and/or health guidelines, attributing the educational activities to eroticization and to encouraging people to have sex, among other archaic thoughts^{20,21}.

Also, regarding use of condoms, other aspects comprise a complex set of reasons to discontinue use of the device, namely: pleasure reduction during sexual intercourse, financial costs, distrust regarding efficacy, desire to have children, cultural reasons, the "trust" status attributed to more lasting relationships and lack of information²².

Given the above, added to the research findings, in which some participants point out, among the failures in preventive practices, the action of only distributing condoms to the patients, such course of action contributes to the perpetuation of some taboos and the strategic opportunity to demystify and reframe concepts through dissemination of knowledge to the population is lost. Given the context found, it is important to point out that the prescriptive policies recommend permanent technical-political assessments to support decision-making by managers in redesigning flows or developing new public policies in line with the scenario.

Despite the obstacles listed, within the scope of local prevention, in addition to being an effective and wide-ranging barrier method, condoms also bring several meanings with them, which implies a symbol of consistent prevention. As a biomedical resource for combined prevention, it is an instrument considered strategic and used by health services and community organizations²³.

The information collected in this study is relevant and aims at improving PHC professionals in the assistance provided to PLHIV by understanding the topic in question, in which in-service professional qualification may enhance the prevention and health promotion activities and actions in the municipality, in addition to improving the interpersonal relationship between professionals and patients and among team members, which results in a strengthening element for HIV control.

Study limitations

Regarding the research limitation, attenuated targeting in the educational guidelines was observed, to the detriment of the simple distribution of female and male condoms.

FINAL CONSIDERATIONS

The results indicated by the inferences of the research participants' statements suggest that the educational practices about HIV, developed by nurses in Primary Health Care, are influenced by the training sessions and awareness raising activities offered to these professionals. In this case, when duly trained in the care process, the professionals perform health activities and actions more effectively in different health environments and, as a consequence, exert a greater impact on the prevention of new HIV cases.

Another relevant aspect motivated by the training sessions is the better flow in the development of the team's work in relation to the conduction of the STI/AIDS policy from the most local to the tertiary level.

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