Understanding of the Elderly Attached to the Family Health Strategy about the HIV/AIDS Infection

ORIGINAL

Cláudia Jeane Lopes Pimenta¹, Iluska Pinto da Costa², Eliane de Sousa Leite³, Maria do Carmo Andrade Duarte de Farias⁴, Thiago Lívio Barbosa¹, Ewerton José de Souza Maciel¹, Vanessa Rolim Barreto Cavalcante⁴, Janaíne Chiara Oliveira Moraes⁵, Cleane Rosa da Silva⁶, Rubens Félix de Lima¹, Kátia Neyla de Freitas Macedo Costa⁷, Maria José Menezes Brito⁸, Mayara Muniz Dias Rodrigues⁷, Jesana Sá Damasceno¹

Abstract

Introduction: Populational aging is a phenomenon that causes changes in the whole world, highlighting the spread of HIV/AIDS on the elderly population, characterized as a public health problem.

Objective: Identifying the understanding of older people about prevention and transmission of HIV/AIDS and recognizing their opinion about the control of this disease.

Method: This is an exploratory-descriptive study of a qualitative approach, developed with 26 elderly enrolled in three Family Health Strategies on the city of Cajazeiras, Paraíba, Brazil. The data were collected in interview structured script, and the data were collected in an interview with structured script, and analyzed according to the Content Analysis Technique proposed by Bardin.

Results: From the participants of the research, 69.2% were women, half aged between 60 to 69 years old. From the analysis of the discourses two thematic categories emerged: Understanding about HIV/AIDS infection and responsibility for combating the disease.

Conclusion: There are gaps in relation to knowledge of older people about HIV/AIDS, what makes them vulnerable to acquiring the disease.

- 1 Bachelor of Nursing, Federal University of Campina Grande. Cajazeiras, Paraíba, Brazil.
- 2 Technical School of Health of Cajazeiras, Teacher's Training Center, Federal University of Campina Grande. Cajazeiras, Paraíba, Brazil.
- 3 Academic Unit of Nursing, Teacher's Training Center, Federal University of Campina Grande. Cajazeiras, Paraíba, Brazil.
- 4 Academic Unit of Life Sciences, Teacher's Training Center, Federal University of Campina Grande. Cajazeiras, Paraíba, Brazil.
- 5 Postgraduate Nursing Program, University of Pernambuco.
- 6 Nursing Student, Federal University of Paraíba. João Pessoa, Paraíba, Brazil.
- 7 Postgraduate Nursing Program, Federal University of Paraíba. João Pessoa, Paraíba, Brazil.
- 8 Postgraduate Program of the School of Nursing, Federal University of Minas Gerais. Belo Horizonte, Minas Gerais, Brazil.

Contact information:

Eliane de Sousa Leite.

Address: Academic Unit of Nursing, Teacher's Training Center, Federal University of Campina Grande. Cajazeiras, Paraíba, Brazil.

✉ elianeleitesousa@yahoo.com.br

Keywords

Elderly; Comprehension; HIV; AIDS; Community Health Services.

Introduction

Infection with Human Immunodeficiency Virus (HIV) has shown the character of a multifaceted epidemic and of difficult control, focusing growing and silent in the population aged more than 50 years old and is one of the most worrying situations currently faced in health care [1].

Although HIV/AIDS was initially associated with homosexuality and sexual practices of young adults, in recent years there has been a considerable increase in the number of elderly affected by the disease. Epidemiological data show that, in Brazil, from 1980 to June 2009 there were diagnosed 13.665 cases of HIV/AIDS in people aged 60 or over, and 8.959 in men [2]. However, between 2010-2013 there were recorded 5.849 cases, over 3.485 in the male population, in three years the number of cases increased by almost half, compared to the number of cases in three decades. [3]

Studies [4,5] show that the non-use of condoms, the biggest demand for prostitution services, the shortage of campaigns aimed at this audience, openness to the experience of sexuality and the demystification of sex in old age, using more frequent illicit drugs by these individuals, associated with the design of an asexual old, from society in general and yet, by health professionals themselves, are relevant factors that increase the susceptibility of the elderly to HIV/AIDS and several other Sexually Transmitted Infections (STIs), contributing, moreover, to the development of biopsychosocial problems.

Still through this perspective of vulnerability to HIV/AIDS, some authors highlight the fragile knowledge of the aging population about the subject [5]. In a study [6] conducted among the elderly and young adult men, it was found that the understanding of the disease is associated inversely to the progress of age, being lower among the elderly when compared to younger subjects. This result awakes to the fact that the limited knowledge of the elderly about HIV/AIDS influences for the increased risk of

contracting the virus, making it difficult to incorporate healthy behaviors.

The lack of information about the subject for the elderly set up extremely relevant in view of knowledge present themselves as key to reducing prejudice against HIV carriers. This gap contributes to the lack of investments in control measures and the implementation of preventive measures [5].

Thus, the spread of HIV/AIDS in older people, in Brazil, is a public health problem that requires managers and professionals who provide care to this population policy-making and more effective strategies. In care interface, prevention of STIs/HIV/AIDS, priority is given to primary care, represented especially by the Family Health Strategy (FHS), which operates with a high population coverage, ease of access and comprehensive care to individuals in the family, seeking to solve the major health problems, based on the premise of health education as a fundamental principle for the decline of up picture of AIDS in Brazil [7].

Thus, the present study aims to identifying the understanding of the elderly about the prevention and transmission by HIV/AIDS, and recognizing their opinion about the control of this disease.

Method

This is a field of study, exploratory and descriptive, of a qualitative approach, carried out in three FHS in the city of Cajazeiras/PB, between June and July 2014. The sample consisted of all the elderly enrolled in Monitoring System of Hypertensive and Diabetes (HIPERDIA) and the selection of participants was completed by simple random sampling, by drawing lots, and totaling 26 individuals.

Inclusion criteria were: being 60 years old or over, be ascribed to the selected FHS and registered in HIPERDIA program. Choosing this inclusion criterion was because, in most cases, these individuals receive guidance aimed to chronic diseases that present with their sexuality overlooked by health profes-

nals, becoming thus a population vulnerable to STIs. The elderly with oral communication and cognitive deficit were excluded; the latter measured by the Mini Mental State Examination [8].

Data collection was held at the home of the elderly, through interviews with previously prepared script, containing sociodemographic data and the following questions: Is AIDS a serious disease? How is AIDS transmitted? How to prevent AIDS? Whose responsibility is it to fight AIDS?

The interviews were transcribed precise, and the data analyzed according to the Content Analysis Technique proposed by Bardin [9]. Later, it was used to build a system of categories, seeking to identify issues and relevant standards. In order to enable a better understanding of the organization, the content of the speeches was arranged in frames, where each category formed is divided into recording units, represented by their respective units' contexts. The speeches were identified by the letter "E" followed by the ordinal number corresponding to the interview order (E1, E2 ...) in order to preserve the anonymity of participants.

The research project was approved by the Ethics in Research Committee of the University Hospital Alcides Carneiro/Federal University of Campina Grande in CAAE No. 12154013.0.0000.5182 and Opinion 321 609 number.

Results

Characterization of the sample

The study included 26 elderly, of which 69.2% were female. The predominant age group ranged from individuals between 60-69 years old (50%); half of the elderly was married, had low literacy rate as 34.6% had less than eight years of education and 27% were illiterate.

With regard to individual income, 73.1% of the elderly were retired and received one (1) minimum wage, and 7.7% did not have retirement or employment, revealing the dependence of these indi-

viduals for the provision of sustenance. On the family arrangement, 73.1% of the elderly referred reside with one to three people, and 76.9% had up to four children.

Speeches of the elderly: thematic categories

Category I – Understanding about the infection by HIV/AIDS

The **Table 1** presents the analysis of category I and its respective subcategories derived: Gravity, Transmission and Methods of Prevention.

Table 1. Understanding of HIV/AIDS infection according to the speech of the elderly attached to FHS, Cajazeiras, PB. (n=26).

Subcategory	Registration Units	Context Units	n*
Gravity	Very Serious	It is one of the most serious diseases that exists today. (E8)	22
	Not Serious	[...] it's not so serious. (E17)	2
	Don't know inform	I've never heard. (E7)	2
Transmission	Body Fluids	By sex, by saliva, blood donation and blood transfusion [...]. (E1)	7
	Don't know inform	I don't know. (E13)	7
	Myths and Beliefs	AIDS handle anyone who has in her living hand grip, get in right kiss? (E20)	9
	Sharps and Contaminated Objects	Takes from the syringe, needles contaminated, even dental material can happen right? (E22)	3
Prevention Methods	Preservative Use	You should avoid having sex without a condom [...]. (E8)	12
	Amount of Partners	(...) it's only to stay with one partner only. (E15)	9
	Don't know inform	(...) I don't know how you do not get. (E7)	5
n: amount of speeches		Source: A field research. Cajazeiras, 2014	

Category II – Responsibility for combating the disease

About the proposition of category II 'Responsibility for combating the disease' emerged three subcategories, "Individual", "Public" and "Without knowledge", as can be seen in **Table 2**.

Table 2. Responsibility for combating the disease, according to the speech of the elderly attached to FHS, Cajazeiras, Paraíba. (n=26).

Subcategory	Registration Units	Context Units	n
Individual	Personal	The first responsibility must be individually, each person has to have his care [...]. (E26)	5
Collective	Society	Everyone has to take responsibility because health is good. It's great, you need to be very careful, careful, careful even. Great care is. (E20)	13
	Health Professionals	We from health area have more than the other, there's always more. (E11)	2
Without knowledge	Don't know inform	I don't know, I can't explain exactly. (E13)	6

Source: A field research. Cajazeiras, 2014.

Discussion

According to data, in the subcategory "Gravity," 22 elderly reported that HIV/AIDS appear as a serious nature of disease. In contrast, four subjects had erroneous or insufficient knowledge about the disease, evidenced by the appearance of the recording units "No Record" and "Do not know the answer" (**Table 1**).

Knowledge of HIV/AIDS for the elderly has become indispensable today, given that from the understanding of issues related to infection, efficient and effective action can be developed, which will provide a protective effect. In addition, greater knowledge about HIV/AIDS can promote a different view on the dimensions surrounding the susceptibility of

the elderly and may thus generate the creation of strategic actions for this public [5].

In order to remedy this problem, the installation of the HIV/AIDS epidemic in Brazil, there was the urgent need to spread information about the disease to the greatest possible number of individuals, the implementation of health and education policies in order to awaken them to the severity of the disease and its transmission and prevention [10]. However, it is clear that the spread of content on HIV/AIDS is taking place in an incomplete or ineffective way, not reaching properly, all population strata.

About the understanding of the elderly as the mode of transmission of the disease, stands out the little knowledge of the old, in which seven people reported not having knowledge about transmission of the virus and nine other associated it with myths and beliefs, as transmission by handshake (**Table 1**).

This coincides with data from a study [5] where it was observed that a large number of seniors had erroneous information and/or surrounded by myths and beliefs about the transmission of HIV/AIDS, such as sharing soap, towels and toilet seats (62.1%), mosquito bite (79.9%), contact with cutlery, plates and glasses (62.3%) and contaminated food (55.6%).

In contemporary society, to be a person living with HIV/AIDS (PLWHA) still involves myths and prejudices, which condition to a life surrounded by stigma and social exclusion, for the most part, stressful and difficult fact. To minimize this situation, it is essential to revisit the way in which information is transmitted in order to correct the misconceptions about HIV/AIDS and its modes of transmission [11-13].

Regarding the "Prevention Methods", there were identified three reporting units: Condom Use, Partner Amount and Don't know inform. With regard to condom use, most elderly people found this to be the best prevention for the disease. A study [14] that aimed to evaluate the knowledge of seniors on preventive actions for STIs in primary care showed that 90.1% of respondents believed that the use

of condoms is the safest method to prevent contamination by the virus. However, the same study found that, when asked about sexual behavior, older people reported not having used a condom in some sex in the past.

These findings awaken to the importance of investigating the actual condom use by the elderly, as there is still resistance, especially by men who are afraid of losing an erection or the belief that such care must be taken in relations only with sex professionals [4-5]. Concerning women, motivated by a sense of confidence and stability experienced in marriage and not to worry about contraception, they feel no need to require the use of the method by partner [4, 15].

Once, despite the importance of condoms for prevention of HIV/AIDS emphasized, should also pay attention to other forms of transmission that show upside, with risky behavior among the elderly. A study [5] carried out with 224 elderly aimed to identify the level of knowledge about HIV/AIDS, found that 17.4% were injecting drug use, a factor that enhances the susceptibility to acquiring diseases, especially HIV virus.

In the unit "Partner quantity" nine seniors cited in order to prevent the sexual practice with a stable partner. A survey [16] developed with 384 users of a Testing Center and Monitoring evaluated the exposure to risk of infection with STI/HIV/AIDS and found that individuals who had a higher number of sexual partners were more likely to acquire infection.

However, despite the amount of partners directly influence the risk and vulnerability to HIV/AIDS, it is noted that the fact that the subject who has a stable relationship does not grant immunity to the virus, since the transmission can occur even in the singularity of a sexual relationship [17].

Also in Class I analysis, subcategory "Gravity", the emergence of unity "Don't know inform" (**Table 1**) confirms the existence of elderly without information on ways to prevent HIV/AIDS, which provides an increase in vulnerability of these individuals as

it is needed adequate knowledge of prophylactic methods in order to develop an effective prevention approach against [5] the disease.

The results obtained with the category II demonstrate that, in the subcategory "Individual" registration unit "Personal" five elderly attributed to each of us the responsibility for the control of HIV infection (**Table 2**). In this case, the elderly understood that individual care is essential for disease prevention, with each one tasked to ensure their health.

From this perspective, it is necessary to develop in the elderly, personal skills through the empowerment and health education, so that it has the power to decide about their attitudes, behavior and care practices, reducing alienation and ignorance, in order to promoting health and minimizing the morbidity and mortality indicators of STIs and HIV/AIDS [14].

In the subcategory "Public", the registration units generated by the speeches of the participants highlighted the idea of two strands of thought, the role of society and health professionals. With regard to society, most elderly (n = 13) believed in the responsibility that all citizens have for HIV/AIDS is fought. The term care was reported in the statements, which implies providing assistance aimed at health and prevention of the beginning of infection, raising the state's duty to this condition.

Recent studies [18-19] reveal that although in Brazil there are some policies and programs, still lacks resources to the prevention of STIs/HIV/AIDS. Added to this, the failure in health care of the elderly, for care tends to just glimpse the demand, with complaints established, the absence of health promotion activities aimed at sexuality.

In this way, it remains fragile sense of responsibility of society to the control of HIV/AIDS. The commitment of civil society and a link between the state and the population through participation in representative areas is essential: councils, forums and working groups, seeking the organization and redefinition of its front fights the complexity of the current epidemic [19-20].

Relevant to the unit "Health Professionals", only two elderly attributed to health professionals the responsibility for the adoption of strategies for addressing HIV/AIDS. This suggests that older people are uninformed about the role of these actors in the disease process and its relevance in promoting diseases prevention actions.

Thus, health professionals have a fundamental role in combating HIV/AIDS, there is seen to be the main link in the control of disease transmission chain, providing the dissemination of relevant information about the subject, and demystifying beliefs. Thus, it favors the quality of life [21]. In turn, the resulting guidelines for health professionals can solve part of the conflicts related to STIs, the approach and education regarding sexuality on the population aged 60 years or older [17-18]. Often, the health professional has difficulties in addressing the elderly as regards their sexuality and facets that permeate sexually transmitted diseases, especially HIV/AIDS, which sometimes separates them from their social place surveillance health, hindering the development of effective and satisfactory actions.

The subcategory "Without knowledge" confirms that there is a dismissal of the elderly about the basic facts about HIV/AIDS. This result was corroborated by a study [14] conducted with 94 elderly, where only 24.5% reported having received counseling about sexually transmitted diseases during nursing visits, showing that users require assistance that emphasizes sexuality in aging.

So, in the face of high rates affected by HIV/AIDS around the world, especially in the elderly population, the knowledge about the disease and about the means of transmission are essential for decision-making and the development of actions that seek to reduce the aspects of vulnerability, especially as regards the management of the care and completeness of the actions in that target audience [22].

Conclusion

The elderly had some understanding about HIV/AIDS. However, most of the information was erroneous or insufficient for the development of safer sex practices, conditions which favor the increased susceptibility to disease.

This situation is aggravating, because they are elderly ascribed to the Family Health Strategy, assisted by a multidisciplinary team. In this sense, the personal views of professionals about HIV/AIDS establish direct influence on care management, becoming relevant constant reflection on the teacher's role, so as to trigger initiatives that generate clarifications and changes in the behavior of the elderly, directed to involvement with HIV/AIDS.

References

1. Rodrigues DAL, Praça NS. Mulheres com idade igual ou superior a 50 anos: ações preventivas da infecção pelo HIV. *Rev. Gaúcha Enferm.* [Internet], Porto Alegre, 2010 Jun; 31(2): 321-7. doi: <http://dx.doi.org/10.1590/S1983-14472010000200017>
2. Maschio MBM, Balbino AP, De Souza PFR, Kalinke LP. Sexualidade na terceira idade: medidas de prevenção para doenças sexualmente transmissíveis e AIDS. *Rev. Gaúcha Enferm.* [Internet], Porto Alegre, 2011 Sept; 32(3): 583-9. doi: <http://dx.doi.org/10.1590/S1983-14472011000300021>
3. Departamento de Informática do Sistema Único de Saúde (DATASUS). *Doenças de Notificação*. On line [Internet]. Available from: <http://www2.datasus.gov.br/DATASUS/index.php?area=0203>
4. Santos AFM, Assis M. Vulnerabilidade das idosas ao HIV/AIDS: despertar das políticas públicas e profissionais de saúde no contexto da atenção integral: revisão de literatura. *Rev. Bras. Geriatr. Gerontol.* [Internet]. 2011 Jan/Mar; 14(1): 147-57. doi: <http://dx.doi.org/10.1590/S1809-98232011000100015>
5. Pereira GS, Borges CI. Conhecimento sobre HIV/AIDS de participantes de um grupo de idosos, em Anápolis-Goiás. *Rev. Esc. Anna Nery* [Internet], Rio de Janeiro, 2010 Oct/Dec; 14(4): 720-5. doi: <http://dx.doi.org/10.1590/S1414-81452010000400010>
6. Melo HMA, Leal MCC, Marques APO, Marino JG. O conhecimento sobre Aids de homens idosos e adultos jovens: um estudo sobre a percepção desta doença. *Ciênc. Saúde Coletiva* [Internet], Rio de Janeiro, 2012 Jan; 17(1): 43-53. doi: <http://dx.doi.org/10.1590/S1413-81232012000100007>

7. Fernandes LCL, Bertoldi AD, Barros AJD. Utilização dos serviços de saúde pela população coberta pela Estratégia de Saúde da Família. *Rev. Saúde Pública* [Internet], São Paulo, 2009 Aug; 43(4): 595-603. doi: <http://dx.doi.org/10.1590/S0034-89102009005000040>
8. Folstein MF, Folstein SE, Mchugh PR. Mini-Mental state: a practical method for grading the cognitive state for the clinician. *J. Psychiatr. Res.* [Internet], 1975; 12(3): 189-98. doi: [http://dx.doi.org/10.1016/0022-3956\(75\)90026-6](http://dx.doi.org/10.1016/0022-3956(75)90026-6).
9. Bardin L. *Análise de conteúdo*. 3. reimp., 1. ed. São Paulo: Edições 70; 2011.
10. Gonçalves TR, Carvalho FT, Faria ER, Goldim JR, Piccinini CA. Vida reprodutiva de pessoas vivendo com HIV/AIDS: Revisado a literatura. *Psicol. Soc.* [Internet], Florianópolis, 2009 May/Aug; 21(2): 223-32. doi: <http://dx.doi.org/10.1590/S0102-71822009000200009>
11. Marques Junior JS, Gomes R, Nascimento EF. Masculinidade hegemônica, vulnerabilidade e prevenção ao HIV/AIDS. *Ciênc. Saúde Coletiva* [Internet], Rio de Janeiro, 2012 Jan/Feb; 17(2): 511-20. doi: <http://dx.doi.org/10.1590/S1413-81232012000200024>
12. Webel AR, Longenecker CT, Gripshover B, Hanson JE, Schmotzer BJ, Salata RA. Age, stress, and isolation in older adults living with HIV. *AIDS Care* [Internet]. 2014 Oct; 26(5): 523-31. doi: 10.1080/09540121.2013.845288
13. Rezende ELLF, Vasconcelos AMN, Pereira MG. Cause of death among people living with HIV/AIDS in Brazil. *Brazilian J. Infect. Dis.* [Internet], Salvador, 2010 Nov/Dec; 14(6): 558-63. doi: <http://dx.doi.org/10.1590/S1413-86702010000600003>
14. Cezar AK, Aires M, Paz AA. Prevenção de doenças sexualmente transmissíveis na visão de idosos de uma Estratégia da Saúde da Família. *Rev. Bras. Enferm.* [Internet], Brasília, 2012 Sept/Oct; 65(5): 745-50. doi: <http://dx.doi.org/10.1590/S0034-71672012000500005>
15. Miranda J, Côte J, Godin G, Blais M, Otis J, Guéhenneuc YG et al. An Internet-Based Intervention (Condom-Him) to Increase Condom Use Among HIV-Positive Men Who Have Sex With Men: Protocol for a Randomized Controlled Trial. *JMIR Res. Protoc.* [Internet], 2013; 2(2): e39. doi: 10.2196/resprot.2723
16. Monteiro SS, Brandão E, Vargas E, Mora C, Soares P, Daltro E. Discursos sobre sexualidade em um Centro de Testagem, e Aconselhamento (CTA): diálogos possíveis entre profissionais e usuários. *Ciênc. Saúde Coletiva* [Internet], Rio de Janeiro, 2014 Jan; 19(1): 137-46. doi: <http://dx.doi.org/10.1590/1413-81232014191.1906>
17. Rebello LEFS, Gomes R. Qual é a sua atitude? Narrativas de homens jovens universitários sobre os cuidados preventivos com a AIDS. *Saúde Soc.* [Internet], São Paulo, 2012; 21(4): 916-27. doi: <http://dx.doi.org/10.1590/S0104-12902012000400011>
18. Araújo CLO, Monteiro ACS. Qual a perspectiva da pessoa idosa em relação ao HIV/AIDS? *Rev. Tem. Kairós Gerontol.* [Internet], São Paulo, 2011 Dec; 14(5): 237-50. Available from: <http://revistas.pucsp.br/index.php/kairos/article/view/9914/7368>
19. Pereira AJ, Nichiata LYI. A sociedade civil contra a Aids: demandas coletivas e políticas públicas. *Ciênc. Saúde Coletiva* [Internet], Rio de Janeiro, 2011 July; 16(7): 3249-57. doi: <http://dx.doi.org/10.1590/S1413-81232011000800024>
20. Brooks JT, Buchacz K, Gebo KA, Mermin J. HIV Infection and Older Americans: The Public Health Perspective. *American J. Public. Health* [Internet], 2012 Aug; 102(8): 1516-26. doi: 10.2105/AJPH.2012.300844
21. Silva NEK, Ayres JRCM. Estratégias para comunicação de diagnóstico de HIV a parceiros sexuais e práticas de saúde. *Cad. Saúde Pública* [Internet], Rio de Janeiro, 2009 Aug; 25(8):1797-1806. doi: <http://dx.doi.org/10.1590/S0102-311X2009000800016>
22. Borges MJL, Sampaio AS, Gurgel IGD. Trabalho em equipe e interdisciplinaridade: desafios para a efetivação da integralidade na assistência ambulatorial às pessoas vivendo com VIV/AIDS em Pernambuco. *Ciênc. Saúde Coletiva* [Internet], Rio de Janeiro, 2012 Jan; 17(1): 147-56. doi: <http://dx.doi.org/10.1590/S1413-81232012000100017>

Comment on this article:

<http://medicalia.org/>

Where Doctors exchange clinical experiences, review their cases and share clinical knowledge. You can also access lots of medical publications for free. **Join Now!**

Publish with iMedPub

<http://www.imed.pub>

International Archives of Medicine is an open access journal publishing articles encompassing all aspects of medical science and clinical practice. IAM is considered a megajournal with independent sections on all areas of medicine. IAM is a really international journal with authors and board members from all around the world. The journal is widely indexed and classified Q1 in category Medicine.