# Health care for people with HIV: evaluation of users

Silva, Richardson Augusto Rosendo da; Torres, Gilson de Vasconcelos; Dantas, Sueleide Cristina; Nelson, Ana Raquel Cortês; Duarte, Fernando Hiago da Silva; Costa, Danyella Augusto Rosendo da Silva

## Atenção à saúde de portadores de HIV: avaliação de usuários

Health care for people with HIV: evaluation of users

Atención de salud para personas con VIH: evaluación de usuários

*Richardson Augusto Rosendo da Silva[1]; Gilson de Vasconcelos Torres[2]; Sueleide Cristina Dantas[3]; Ana Raquel Cortês Nelson[4]; Fernando Hiago da Silva Duarte[5]; Danyella Augusto Rosendo da Silva Costa[6]*

## ABSTRACT

**Objective:** This is it an evaluative study with a quantitative approach that aimed to assess the user satisfaction for outpatient care, conducted in a referral hospital in the treatment of AIDS in Natal/RN. **Method:** The target population consisted of all 626 patients with HIV in monitoring. As an instrument of data collection used a structured form. The data were analyzed using descriptive and inferential statistics. **Results:** was observed that males with a mean age of 38 years, characterize the profile of HIV carriers coming from metropolis, with basic education and family income of up to two minimum wages, and type of heterosexual exposure. Most users deemed the service of assessment unsatisfactory. Was observed a significant difference ($\rho < 0,001$) between the variable of satisfaction and the predictor variables. **Conclusion:** We conclude that the health care service was appointed as being unsatisfactory by respondents demonstrated this by statistical tests.

**Descriptors:** HIV; Acquired Immunodeficiency Syndrome; Hearth dervices evaluation, Quality of health care.

[1]  PhD in Health Sciences. Adjunct Professor of the Undergraduate Program and the Graduate Program (Academic Masters and PhD) in Nursing at the Federal University of Rio Grande do Norte/UFRN. Member of the Research Group Relief and Epidemiologic Practices in Health and Nursing/PAESE/UFRN. Natal/RN, Brazil. E-mail: rirosendo@yahoo.com.br.

[2]  Nurse. Post-PhD in Nursing from the University of Évora/PT. Professor, Department of Nursing at the Federal University of Rio Grande do Norte/UFRN. Natal/RN, Brazil. E-mail: gvt@ufrnet.br.

[3]  Undergraduate Nursing Course Student at the Federal University of Rio Grande do Norte/UFRN. Scholar from the Scientific Initiation Program (PIBIC). Natal/RN, Brazil. E-mail: sueleidedantas@gmail.com.

[4]  Nurse, Federal University of Rio Grande do Norte/UFRN. Natal/RN, Brazil. E-mail: ana_nelson88@hotmail.com.

[5]  Nurse of the Family Health Strategy of São Paulo do Potengi/RN. Natal/RN, Brazil. E-mail: fernandohiago@hotmail.com.

[6]  Nurse. Master's Degree in Nursing by the Graduate Program in Nursing, Federal University of Rio Grande do Norte/PGENF/UFRN. Federal Institute of Education, Science and Technology of Rio Grande do Norte/IFRN. Natal/RN, Brazil.

DOI: 10.9789/2175-5361.2017.v9i1.21-27  |  Silva RAR; Torres GV; Dantas SC; et al.  |  Health care for people with HIV...

J. res.: fundam. care. online 2017. jan./mar. 9(1): 21-27

UNIRIO
Universidade Federal do
Estado do Rio de Janeiro

Doutorado
PPgEnfBio

MESTRADO EM ENFERMAGEM
PPGENF
UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO

21

**RESUMO**

**Objetivo:** Trata-se de um estudo avaliativo, com abordagem quantitativa que objetivou avaliar a satisfação de usuários durante o atendimento ambulatorial, realizado em um hospital referência no tratamento da Aids em Natal/RN. **Métodos:** A amostra foi composta por 626 portadores de HIV em acompanhamento. Como instrumento de coleta de dados utilizou-se um formulário estruturado. Os dados foram analisados por meio de estatística descritiva e inferencial. **Resultados:** Observou-se que o perfil dos portadores de HIV caracterizou-se por serem do sexo masculino, com média de idade de 38 anos, procedentes da capital, com ensino fundamental, renda familiar de até dois salários mínimos, e tipo de exposição heterossexual. A avaliação do serviço foi considerada insatisfatória pela maioria dos usuários com uma diferença significativa (ρ < 0,001) entre a variável satisfação e as variáveis preditoras. **Conclusão:** Conclui-se que a atenção à saúde no serviço, foi apontada como insatisfatória pelos pesquisados sendo esta demonstrada pelos testes estatísticos.

**Descritores:** HIV; Síndrome de Imunodeficiência Adquirida; Avaliação de serviços de saúde; Qualidade da assistência à saúde.

**RESUMEN**

**Objetivo:** se trata de un estúdio evaluativo, con abordaje cuantitativa que tuvo como objetivo evaluar la satisfación de usuarios durante el atendimiento ambulatorio llevada a cabo en un hospital de referencia en el tratamiento de SIDA de Natal/RN. **Método:** La población del estudio fue compuesta por todos los 626 portadores con seguimiento del VIH. Como instrumento de coleta de los datos fue utilizado un formulário estructurado. Los datos fueron analisados por estadística descriptiva y inferencial. **Resultados:** Se observó que el perfil de los portadores de VIH fue caracterizado por el sexo masculino, con media de idad de 38 años, venidos de la capital, con educación fundamental, renda familiar de hasta dos salarios minimos, y tipo de exposición heterosexual. La evaluación del servicio fue considerada insatisfatoria por la mayoría de los usuarios. Observose una diferencia significativa (p < 0,001) entre la variable de la satisfación y las variables preditoras. **Conclusión:** Se concluyó que la atención a la salud en el servicio, fue apuntada como insatisfatoria por los investigadores siendo demonstrada por los testis estadisticos.

**Descriptores:** VIH; Síndrome de Inmunodeficiencia Adquirida; Evaluácion de dervicios de dalud; Calidad de la atencíon de dalud.

## INTRODUCTION

The quality of healthcare provided to people in treatment for AIDS in health services, is the main strategy for reducing mortality and morbidity related to this epidemic.[1] In addition, the study shows that the quality of health care is affected by the availability of inputs and services ofertados.[2] Since the 90s, Brazil expanded significantly the number of care services for people living with HIV/AIDS.[3] These services have different institutional arrangements: are general clinics or specialty, hospital outpatient clinics, basic health units, health centers, polyclinics and specialized assistance services (SAE) in STD/HIV/AIDS. Administered also in different ways – by municipalities, states, union, universities, charities and non-governmental contracted to the Unified Health System (SUS) – these services have infrastructure and highly dependent on resources of local junctures.[1]

The National STD/AIDS (PN-DST/AIDS), has been historically characterized by comprehensiveness of care actions to patients with HIV/AIDS and incorporate comprehensive strategies against epidemia.[4-5] However it has met with operational challenges point to the need for monitoring and follow-up care the health of individuals affected by HIV, both in the pharmaceutical field and in the context of the use of health services.[6]

User satisfaction is clear evidence of quality, and you can evaluate the quality of services in health by the user, because your satisfaction is a valuable indicator of health.[7-8-9] Services of care quality Users should be heard on the care they receive in hospital and this information is essential to the needs and desires of the same are duly met.

Given the above, we sought in this study to evaluate the satisfaction of users attended at a referral center for the treatment of HIV/AIDS on the health care quality.

We believe that this study is relevant to point improvement in indicators of quality of care, support the discussion of strategies to improve and/or adjust the operation of services providing care for people with HIV/AIDS, contributing to the direction of public policies health, and assist in the intervention planning for future actions to improve the quality of care to patients with HIV/AIDS.

## METHOD

This study deals with an evaluative research with a quantitative approach, developed in a reference center for the treatment of AIDS in the state of Rio Grande do Norte.

The population consisted of all patients with HIV identified, registered and assisted in the study period in that hospital. The random sample is calculated without replacement by calculating for finite populations sampling error of 5% and a confidence level of 95% (Z∞ = 1.96), thus constituting a sample of 626 patients. The selection of patients was obtained by convenience sampling of consecutive type.

For the selection of participants in the study we followed up the following inclusion criteria: have confirmed medical diagnosis of HIV carriers, be 18 years user followed in the service for at least six months, be in consultation at the Hospital and clinical and cognitive conditions to answer the questions the study of the instrument. The research were excluded those who refused to participate voluntarily, did not sign the consent form and information, or who dropped out during the process. The project was approved by the Ethics Committee for Research with human beings at the Federal University of Rio Grande do Norte, under the under the C.A.A.E nº 0063.0.051.000-07.

Data collection took place from August 2010 to July 2011. As a data collection instrument used an interview form with structured questions. The same was composed of two parts.

The first part aimed to characterize the socio-demographic and HIV carriers health that are served in the Reference

Center for the treatment of AIDS in Natal/RN, including demographic information such as age, sex, origin, education, family income, color and data related to the current disease. The second part of the script consisted of 16 items related to the quality of hospital service indicators. Initially we held a question on the general user satisfaction with the health service, with the response option "yes" or "no." The other issues were related to the operation of HGT and included the following indicators: physical structure; offered comfort; respect the privacy of users; professional/user relationship; opportunity given to users to make complaints; support offered by the service; timeliness of health professionals; received guidance on the treatment; host; convenience of service hours; availability of antiretroviral drugs; availability of laboratory tests; ease of access to services; waiting time for care and resoluteness of care received. Each of these indicators had answer alternative options to sort them into appropriate and inappropriate.

The choice of these indicators was based on a study conducted earlier this service about the attention to child health and HIV adolescents,[10] discussions with users and health professionals, as well as literature related to the theme.[11]

The interviews were answered in a private room at the hospital, individually and free of interruptions, seeking to maintain the privacy of respondents, previously explaining the purpose of the research and requesting signing of informed consent, in accordance with Resolution of the National Health Council to perform with humans ensuring anonymity of the interviews and the waiver at any time of the survey.

After this step, the results have gone through the review process in a paired form of the authors to ensure an agreed judgment, aiming thus greater accuracy. Then the collected results were organized in electronic database by typing in Microsoft Excel® spreadsheet application, in which the diagnoses were recorded. As for the analysis of the data it was used a statistical program, which generated descriptive values and the p value of the Kolmogorov-Smirnov normality test, in order to verify the distribution of the data follows a normal distribution.

The dependent variable was "user satisfaction", defined by yes or no answer. The independent variables were the other indicators mentioned in the paragraph above. Through the program, SPSS 20.0, performed with the descriptive analysis with absolute and relative frequencies, with the intersection of variables in contingency tables 2x2, with chi-square test ($\chi 2$) and adopted statistical significance level of $p < 0, 05$. At this stage, the results were tabulated and presented in tables.

## RESULTS

With regard to the characterization of patients with HIV, were identified (57.5%) and men (42.5%) women aged between 20 and 62 years (38.35 ± 10.3) with an age range predominantly 31 to 40 years corresponding to 41.9% of the sample.

The majority of respondents came from the city of Natal (57.5%) had primary education (52.7%) were single (46.0%), mulatto (57.5%), with monthly family income up to two minimum wages (67.4%) worked in services (47.6%), and had the predominant form of heterosexual contamination (59.7%).

As for input from users to follow the service (79.2%) already had some signs or symptoms indicative of immunodeficiency. However, (85.3%), only learned of the disease after joining the service.

Analyzing the overall satisfaction indicator of the attention to health quality, the service was poor by (60.6%) of respondents, while only (39.4%) evaluated as satisfactory.

We found a higher percentage of dissatisfaction with the service to the group of individuals who considered inappropriate: Physical Structure, Comfort offered, Respect for privacy, waiting time for service, professional Relationship users' opportunity to make claims, support offered guidelines on treatment, with statistical significance (Table 1). A higher level of satisfaction for the group of individuals considered as appropriate: host, ease of access, resoluteness of care received and availability of ARVs, with statistical significance (Table 2).

There was no significant difference in satisfaction with the indicators timeliness of professionals, convenience of hours and availability of laboratory tests (Table 3).

**Table 1 –** Distribution of indicators with greater dissatisfaction percentage in clinic – Natal/RN – 2010/2011

| Independent Variables | General Satisfaction | | | | | |
|---|---|---|---|---|---|---|
| | Total | Yes | % | No | % | Value p |
| **Physical structure** | | | | | | |
| Appropriate | 172 | 46 | 26,7 | 126 | 73,3 | <0,001 |
| Inappropriate | 454 | 112 | **24,7** | 342 | 75,3 | |
| **Comfort offered** | | | | | | |
| Appropriate | 74 | 22 | 29,7 | 52 | 70,3 | <0,001 |
| Inappropriate | 552 | 151 | **27,4** | 401 | **72,6** | |
| **Respect for Privacy** | | | | | | |
| Appropriate | 266 | 78 | 29,3 | 188 | 70,7 | <0,001 |
| Inappropriate | 360 | 104 | **28,9** | 256 | **71,1** | |
| **Waiting time for service** | | | | | | |
| Appropriate | 230 | 69 | 30,0 | 161 | 70,0 | 0,021 |
| Inappropriate | 396 | 117 | **29,6** | 279 | **70,4** | |
| **Professional relationship users** | | | | | | |
| Appropriate | 270 | 91 | 33,7 | 179 | 66,3 | 0,014 |
| Inappropriate | 356 | 112 | **31,5** | 244 | **68,5** | |
| **Opportunity to make complaints** | | | | | | |
| Appropriate | 188 | 67 | 35,6 | 121 | 64,4 | 0,023 |
| Inappropriate | 438 | 141 | **32,2** | 297 | 67,8 | |
| **Offered Support** | | | | | | |
| Appropriate | 224 | 81 | 36,2 | 143 | 63,8 | <0,001 |
| Inappropriate | 402 | 141 | **35,1** | 261 | **64,9** | |
| **Received guidance on treatment** | | | | | | |
| Appropriate | 222 | 87 | 39,2 | 135 | 60,8 | 0,035 |
| Inappropriate | 404 | 149 | **36,9** | 255 | **63,1** | |

Source: Data collected by the researcher.

**Table 2 –** Distribution of indicators with the highest satisfaction rate in clinic - Natal/RN - 2010/2011

| Independent Variables | Satisfaction | | | | | |
|---|---|---|---|---|---|---|
| | Total | Yes | % | No | % | Value p |
| **Reception** | | | | | | |
| Appropriate | 398 | 202 | **50,8** | 196 | **49,2** | <0,001 |
| Inappropriate | 228 | 115 | 50,4 | 113 | 49,6 | |
| **Availability of ARV** | | | | | | |
| Appropriate | 554 | 287 | 51,8 | 267 | 48,2 | <0,001 |
| Inappropriate | 72 | 37 | 51,4 | 35 | 48,6 | 48,6 |

*(To be continued)*

*(Continuation)*

| Independent Variables | Satisfaction | | | | | |
|---|---|---|---|---|---|---|
| | Total | Yes | % | No | % | Value p |
| **Easy access** | | | | | | |
| Appropriate | 343 | 183 | 53,4 | 160 | 46,6 | 0,039 |
| Inappropriate | 283 | 150 | 53,0 | 133 | 47,0 | |
| **Care resoluteness received** | | | | | | |
| Appropriate | 503 | 272 | 54,1 | 231 | 45,9 | 0,026 |
| Inappropriate | 123 | 66 | 53,7 | 57 | 46,3 | |

Source: Data collected by the researcher.

**Table 3 –** Distribution of indicators no significant difference in user satisfaction in clinic - Natal/RN - 2010/2011

| Independent Variables | Satisfaction | | | | | |
|---|---|---|---|---|---|---|
| | Total | Yes | % | No | % | Value p |
| **Punctuality of professionals** | | | | | | |
| Appropriate | 178 | 66 | 37,1 | 112 | 62,9 | 0,093 |
| Inappropriate | 348 | 124 | **35,6** | 224 | **64,4** | |
| **Convenience of schedules** | | | | | | |
| Appropriate | 345 | 175 | **50,7** | 170 | **49,3** | 0,098 |
| Inappropriate | 281 | 141 | 50,2 | 140 | 49,8 | |
| **Availability of laboratory tests** | | | | | | |
| Appropriate | 465 | 244 | 52,5 | 221 | 47,5 | 0,087 |
| Inappropriate | 161 | 84 | 52,2 | 77 | 47,8 | |

Fonte: dados coletados pelo pesquisador.

## DISCUSSION

This study analyzed the epidemiological data of patients seen by the reference center for the treatment of AIDS in Rio Grande do Norte from August 2010 to July 2011, who lived mostly in the capital. The capital Natal is the worst hit city; with over 50% of AIDS cases in adults in Rio Grande do Norte.[12]

The proportion found between the sexes (1.3: 1 - men: women) reflects the trend of increasing number of cases of HIV in women, both in level nacional[12-13-14-15-16] as global.[17]

The results found in this study in relation to schooling strengthen national data, indicating progressive spread of the epidemic to the social strata of lower education, called pauperization. Also, the percentages found on the form of HIV transmission attributed to heterosexual contact (59.7%) point to a trend of the epidemic known since the early 90's, showing that this form of transmission increasingly frequent, compared to transmission by intravenous drug use or homossexual relationship.[10,15-16]

The data found in this study corroborate the current profile of the epidemic in Brazil and worldwide. If in the 80s almost all of the cases were male and occurred by homosexual transmission in contemporary society there is the prevalence among people with skin color "gray" and "black",[10,18] low-income, young people, low education and contaminated by heterossexual.[10,16]

With regard to access, it was found that despite the reference service is located in Rio Grande do Norte capital; it also meets a large number of users residing outside the city of Natal. The users access the service may not always be measured by the fact that the residence is located or not in another município.[19] Thus, there were cases of people who, although not resident close to where it was in their care, said easy to get service. This facility has been explained by many because there is a good availability of transport to get to the point of care. In our study the access and the host were considered favorable for almost half of service users.

Access and reception are essential elements for assessing the quality of health services, since the combination of the factors facilitating the access and/or host provides the user satisfaction with the service, determining the choice of service and establishing often a good bond, expressed for a long time contact with the families.[20-21-22]

In the current study there was prevalent satisfaction with the availability of antiretroviral drugs and laboratory tests. A similar trend was observed in a multicenter study on the evaluation of the organizational structure of outpatient care for HIV/AIDS in Brazil, considered the availability of antiretroviral drugs and high homogeneal.[11]

The availability of laboratory tests in outpatient services for HIV/AIDS in Brazil, follows the same pattern of drugs, whereas the simplest tests in which the services are more independent, availability is higher, others, more dependent on referral network the Unified Health System (SUS), have a lower availability. The same also found that tests with CD4/CD8, viral load are available in almost all of this services.[11]

The physical structure was highlighted by users as the indicator most criticized this study, corroborating with a search 22 in Rio Grande do Norte,[9] which assessed the outpatient care provided to children and adolescents with HIV. Likewise the support offered during outpatient care for people with HIV, was also classified as inappropriate, however considered preponderant for treatment adherence, confirming the results found in this study, which was considered unsatisfactory[10] while one study the CTA in Rio Grande has offered support as satisfactory.[21]

With the emergence of AIDS was necessary to reorganize the service and care already established, imposing the need for attention to the patient holistically and not just to a diseased organ. It also brought the demand to deal with emotional and social issues, before not much valued, giving rise to the unpreparedness involving health professionals in psychosocial treatment of the disease,[23] as clinical treatment is favored by constant discoveries.

Health professionals who are directly dealing with AIDS are considered extremely important, therefore, the chronicity of AIDS requires to be guaranteed not only patient compliance, it is also necessary to the existence of a link between the patient, the disease and the treatment.[23]

The indicator guidance, an important element in both the dynamics of care and adherence to treatment, it was revealed in this study as unsatisfactory, also in a study in Brazil with users of the health service which shows that important information is not being passed on during counseling in a CTA.[22] The trader must maintain a good relationship with the patient, so that it feels safe and does not omit any information that can interfere with treatment that sense, communication between professionals and patients, emerges as a powerful resource in both the establishment quality of care, and consequently adherence to treatment.[20]

Although Brazil has stood out in the international arena for its AIDS[24] to combat health care policy has proven to be the biggest challenge in quality of care for people with HIV.[23] However, the assessment practices can help identify overruns for this question.

The specifics of HIV/AIDS programs can assist the development of new and better strategies for many other programs, this because the intervention in AIDS makes issues, there are very present in public health, acute and public, such as the difficulty of integration practices collective and individual, the inadequacy of the usual technological tools to deal with various dimensions of human suffering or the emergence of ethical and moral dilemmas in the care of patients articulated at a great speed in the incorporation of technologies materials.[25]

Thus, it was considered that the health care quality indicators described in this study, portray a reality that is disconnected from the real objectives of a public service reference for the treatment of HIV/AIDS.

## CONCLUSION

In summary it can be observed that users were mostly young adults, with a slight predominance of male over female, from the capital, low education and income, acquired HIV through heterosexual transmission, and had the first contact with the service for diagnosis and follow-up after showing signs and symptoms of HIV/AIDS.

The results, they said, in general, dissatisfaction with the quality of health care in this center of reference, demonstrated by a significant predominance of structural indicators, process and outcome of care evaluated as negative aspects. It is noteworthy that even indicators showed satisfaction showed a balance in relation to dissatisfaction, which denotes a concern to the services offered to users.

It was found that the indicators used in this study can be considered relevant to assess the service in question and constitute acceptable monitoring parameters of quality of care to health by the National STD/AIDS Program.

In this context it is expected that the results of this study will stimulate reflections that promote changes in health care offered by the searched service, with awareness and action by the multidisciplinary team in the adequacy of the actions, the model of care proposed by SUS, as It refers to the optimization of support, relationship and communication of HIV patients emphasizing the proposal of humanization.

# REFERENCES

1. Ministério da Saúde (BR) Programa Nacional de Doenças Sexualmente Transmissíveis e AIDS. Avaliação da qualidade dos serviços ambulatoriais do SUS que assistem adultos vivendo com HIV/Aids no Brasil. Relatório da Aplicação de 2010 e Comparação com o resultado de 2007. Brasília: Ministério da Saúde; 2011. [cited 2014 jun 2]. Available from:http://sistemas.aids.gov.br/qualiaids/(Produto%201.%20Relat%F3rio%20Final%20da%20aplica%E7%E3o%20do%20Qualiaids%202010).pdf.

2. Damasceno HEM, Damasceno ARG, Júnior APD, Melo FC. A busca da qualidade nos serviços de saúde. XIII Encontro latino americano de iniciação cientifica e IX encontro latino americano de Pós-Graduação. Universidade Vale do Paraíba [internet] 2009; [cited 2012 ago 15]. Available from: www.inicepg.univap.br/cd/INIC_2009/anais/arquivos/0881_0437_03.pdf.

3. Nemes MIB, Melchior R, Basso CR, Castanheira ERL, Alves MTSSB. The variability and predictores of quality of AIDS care services in Brazil. BMC Health Services Research [internet] 2009; 9:51-8. [cited 2012 ago 15]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671500/.

4. Silva RAR. Enfrentamento da AIDS no Brasil: o que ainda é preciso? Rev enferm UFPE on line [internet] 2013; 7(spe) [cited 2014 abr 15]. Available from: http:// http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5238/pdf_2988.

5. Silva RAR da, Duarte FHS, Nelson ARC, Holanda JRR. A epidemia da AIDS no Brasil: análise do perfil atual. Rev enferm UFPE on line [internet] 2013; 7(10):6039-8. [cited 2014 abr 15]. Available from: http:// http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4882/pdf_3678.

6. Gama AP, Silva RAR, Miranda FAN, Costa DARS. Perfil epidemiológico de usuários atendidos no centro de testagem e aconselhamento para DST/HIV/AIDS. Rev enferm UFPE on line [Internet] 2011; 5(8):1855-61. [cited 2014 mai 17]. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1873/pdf_644.

7. Furlan, CEFB. Avaliação da qualidade do atendimento hospitalar: o esperado e o percebido por clientes e acompanhantes [tese]. Ribeirão Preto: , Escola de Enfermagem de Ribeirão Preto; 2011 [cited 2012 set 19]. Available From: http://www.teses.usp.br/teses/disponiveis/22/22132/tde-31102011-081856/.

8. Santos AU, Brito APA, Shimoda GT. Avaliação da satisfação das puérperas atendidas no Hospital Universitário da Universidade de São Paulo. In VII Congresso Brasileiro de Enfermagem Obstétrico e Neonatal, I Congresso Internacional de enfermagem Obstétrica e Neonatal, Belo Horizonte (MG), [Internet]; 2011.[cited 2012 ago 15]. Available from: http://www.redesindical.com.br/abenfo/viicobeon_icieon/files/0467.pdf

9. Donabedian A. Evaluating the Quality of Medical Care. The Milbank Quarterly 2005; 83(4):691–729.

10. Silva RAR. Cartografia da percepção de mães e profissionais sobre a atenção à Saúde de crianças/adolescentes soropositivos no município de Natal-RN [Dissertação]. Natal: Centro de Ciências da Saúde/Universidade Federal do Rio Grande do Norte; 2006. [cited 2012 ago 15]. Available from: http://bdtd.bczm.ufrn.br/tedesimplificado/tde_arquivos/23/TDE-2007-05-23T230933Z-688/Publico/RichardsonARS.pdf.

11. Melchior R, Nemes MIB, Basso CR, Castanheira ERL, Alves MTSB, Buchalla CM et al. Avaliação da estrutura organizacional da assistência ambulatorial em HIV/Aids no Brasil. Rev Saúde Pública [internet] 2006; 40(1):143-151. [cited 2012 ago 15]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/premio2006/regina_melchior_tp_mh.pdf.

12. Boletim Epidemiológico – AIDS. Secretaria de Estado de Saúde Pública do Rio Grande do Norte. Programa Estadual DST/Aids;2011. [cited 2012 nov 18] Available from: http://www.saude.rn.gov.br/contentproducao/aplicacao/sesap/saude_destaque/enviados/boletim_dst_aids_hv_2011_v4.pdf.

13. HIV/aids no Brasil - 2012. Departamento de DST, Aids e Hepatite Virais. Secretaria de Vigilância em Saúde. Ministério da Saúde, 2012. [cited 2012 nov 18] Available from: http://portalsaude.saude.gov.br/portalsaude/arquivos/pdf/2012/Nov/20/coletiva1_201112.pdf.

14. Silva CM, Vargens OMC. A percepção de mulheres quanto à vulnerabilidade feminina para contrair DST/HIV. Rev esc enferm USP [Internet] 2009; 43(2):401-6 [citado em 09 set 2012]. Available from: http://www.scielo.br/pdf/reeusp/v43n2/a20v43n2.pdf.

15. Boletim Epidemiológico – AIDS e DST. Ministério da Saúde. Secretaria de Vigilância da Saúde. Departamento de DST, Aids e Hepatites Virais 2011; 8(1). [cited 2012 ago 15]. Available from: http://www.aids.gov.br/sites/default/files/anexos/publicacao/2011/50652/boletim_aids_2011_final_m_pdf_26659.pdf.

16. Reis, RR. Perfi l de adultos infectados pelo vírus da imunodeficiência humana (HIV) em ambulatório de referência em doenças sexualmente transmissíveis no norte de Minas Gerais. Rev Med Minas Gerais [internet] 2010; 20(1): 22-9. [cited 2012 ago 15]. Available from: file:///C:/Users/Richardson/Downloads/v20n1a04.pdf.

17. Higgin JA, Hoffman S, Dworkin SL. Rethinking gender, heterosexual man, and woman's vulnerability to HIV/AIDS. Am J Public Health [internet] 2010; 100(3):435-45. [cited 2012 ago 15]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820057/pdf/435.pdf.

18. Campos ACM, Camilo MVRF, Corrêa MCGC, Lima CA, Ribeiro E, Aoki FH. Desigualdade de acesso entre diferentes etnias de pacientes com HIV/AIDS tratados no HC UNICAMP. Revista Serviço Social & Saúde. UNICAMP Campinas, v. X, n. 11, Jul. 2011 [internet] 7(1):213-20:2013. [cited 2012 ago 15]. Available from: http://www.bibliotecadigital.unicamp.br/document/?down=49403.

19. Medeiros YKF, Silva RAR, Torres GV. Qualidade do cuidado prestada a crianças portadoras de HIV no Rio Grande do Norte. 61º Congresso Brasileiro de Enfermagem[internet]. [cited 2012 ago 15]. Available from: http://www.abeneventos.com.br/anais_61cben/files/00336.pdf.

20. Araújo MAL, Andrade RFV, Melo SP. O acolhimento como estratégia de atenção qualificada: percepção de gestante com HIV/AIDS em Fortaleza, Ceará. Revista Baiana de Saúde Pública [internet] 35(3):710-721, 2011. [cited 2012 Ago 19]. Available from: http://inseer.ibict.br/rbsp/index.php/rbsp/article/view/327/pdf_136.

21. Silva RAR, Silva RKC. Satisfação de usuários sobre o atendimento em um centro de testagem e aconselhamento. Rev enferm UFPE on line [internet] 2013 7(1):213-20:2013. [cited 2012 ago 15]. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/3773/pdf_1893.

22. Pereira PG. Avaliação do processo de aconselhamento pré-teste nos Centros de Testagem e Aconselhamento (CTA) no estado do Rio de Janeiro: a percepção dos usuários e profissionais de saúde. [Dissertação]. Rio de Janeiro: Programa Ciências na área de Saúde Pública/ Fundação Oswaldo Cruz. [cited 2012 nov 20]. Available from: http://bvssp.icict.fiocruz.br/lildbi/docsonline/get.php?id=2740.

23. Figueiredo LG, Silva RAR, Silva ITS, Souza KGS, Silva FFA. Percepção de mulheres casadas sobre o risco de infecção pelo HIV e o comportamento preventivo. Rev enferm UERJ [internet] 2013; 21(esp.2):805-11 [cited 2014 mai 15]. Available from http:// http://www.facenf.uerj.br/v21esp2/v21e2a18.pdf.

24. Grangeiro A, Silva LL, Teixeira PR. Resposta à aids no Brasil: contribuições dos movimentos sociais e da reforma sanitária. Rev Panam Salud Publica [internet] 2009;26(1): 87–94. [cited 2012 ago 15]. Available from: http://www.scielosp.org/pdf/rpsp/v26n1/13.pdf.

25. Nemes MIB. Avaliação em saúde: questões para os programas de DST/AIDS no Brasil. Coleção Abia. Fundamentos de Avaliação, nº 1. Associação Brasileira Interdisciplinar de AIDS, Rio de Janeiro, 2001.28p [cited 2012 ago 15]. Available from: http://www.fm.usp.br/gdc/docs/preventiva_2_MINES-05-2001.pdf.

**Author responsible for correspondence:**
Richardson Augusto Rosendo da Silva
Universidade Federal do Rio Grande do Norte
Campus Central. Departamento de Enfermagem
Rua Lagoa Nova, S/N. Natal/RN, Brazil
ZIP-code: 59078-970