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RESEARCH

Adolescentes em acolhimento provisório: uma análise investigativa sobre a vulnerabilidade ao HIV

Adolescents in provisional reception: investigative analysis about the vulnerability to HIV

Adolescentes en la recepción provisoria: un análisis investigadora sobre la vulnerabilidad al VIH

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ABSTRACT

Objective: to analyze the perceptions of adolescents in provisional reception about its vulnerability to HIV. **Method:** descriptive and exploratory study of qualitative nature. It was conducted with adolescents institutionalized in Casa de Passagem III located in Natal, State of Rio Grande do Norte, by the Focal Group technique (FG). **Results:** the elements addressed were relating to knowledge about HIV/Aids; self-projection and responsibility in sexual sphere; behaviors and values; and the institution's contribution in the prevention of HIV/Aids. **Conclusion:** adolescents' perceptions regarding the vulnerability to HIV reflect other social problems, highlighting the need for multiple-based intervention direction, mainly in response to social needs of these adolescents. **Descriptors:** Vulnerability, Adolescents, HIV.

RESUMO

Objetivo: analisar as percepções dos adolescentes em acolhimento provisório quanto a sua vulnerabilidade ao HIV. **Métodos:** estudo descritivo e exploratório de natureza qualitativa. Realizado com adolescentes institucionalizados na Casa de Passagem III localizada em Natal, no estado do Rio Grande do Norte, mediante a técnica do Grupo Focal (GF). **Resultados:** Foram abordados elementos referentes aos conhecimentos sobre HIV/Aids; autoproteção e responsabilização na esfera sexual; comportamentos e valores; e contribuição da instituição na prevenção do HIV/Aids. **Conclusão:** as percepções dos adolescentes em relação à vulnerabilidade ao HIV refletem outros problemas sociais, evidenciando a necessidade da intervenção baseada em múltipla direção, principalmente em resposta a necessidades sociais desses adolescentes. **Descritores:** Vulnerabilidade, Adolescentes, HIV.

RESUMEN

Objetivo: analizar las percepciones de los adolescentes en recepciones provisionarias quanto a su vulnerabilidad al VIH. **Métodos:** estudio descriptivo y exploratorio de naturaleza cualitativa. Realizado con adolescentes institucionalizados en la Casa de Passagem III localizada en Natal, en el estado de Rio Grande do Norte, mediante la técnica del Grupo Focal (GF). **Resultados:** Fueron abordados elementos referentes a los conocimientos sobre VIH/Sida; autoprotección y responsabilidad en la esfera sexual; comportamientos y valores; y contribución de la institución en la prevención del VIH/Sida. **Conclusión:** las percepciones de los adolescentes en relación a la vulnerabilidad al HIV reflejan otros problemas sociales, evidenciando la necesidad de la intervención basada en múltiple dirección, principalmente en respuesta a necesidades sociales de esos adolescentes. **Descriptores:** Vulnerabilidad, Adolescentes, VIH.

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INTRODUCTION

Infection by human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (Aids) reaches today practically all regions of Brazil, with the aggravating factor of expansion for the poorest and most needy segments of the population. In this regard, the social factor is shown as a visible conditioning of vulnerability to the disease.¹

Thus, the adolescents who live or lived in the streets become more vulnerable to sexually transmitted diseases (STDs) due to factors such as the use and abuse of licit and illicit drugs, sexuality prematurely awakened, unprotected sex, difficulty to purchase condoms, violence and abuse, commercial sexual exploitation, among others.²⁻³

It is known that most of the actions currently in relation to the prevention of Aids in adolescence is restricted to certain social environments, for example, schools, neglecting the vulnerabilities, needs and problems of adolescents living in shelters. Therefore, it is important to reflect on the construction of partnerships that seek to ease the level of vulnerability to HIV in this population.⁴

The lack of sex education and vulnerability regarding sexually transmitted diseases (STD/Aids) suggest that these individuals are among the segments of the population least afflicted by overarching public policy and quality, including in the area of health. The deficiency of policies that link the lives children on the streets to sexuality is cited as a serious problem. And research related to perception of risk among this population are not very numerous, which contributes to increase the lack of knowledge about the most effective ways to make them aware of the problems of exposure to HIV.

To seek alternatives to the nursing act on health care of adolescents in this context, it must be understood how are elaborate social values of these groups. This aims to establish among them educational programs from the understanding of the social distance of these adolescents with respect to economic, social and cultural policy.⁵

Therefore, it is considered in this study the importance of investigating the reality of assistance and educational practices for the reduction of vulnerability to HIV/Aids that have been undertaken with adolescents in situation of provisional reception. It will also be valid for the investigation of knowledge of the risks in the environment in which these young people are inserted and, mainly, the perception of adolescents with regard to vulnerability to HIV/Aids, serving as a guiding basis for future actions in the Unified Health System (SUS).

Thus, articulating the professional nursing action guidelines of the Unified Health System (SUS) and social inclusion, it is possible to intervene in health problems arising from social inequalities and recognize the care as an act of citizenship.

METHOD

The research was of descriptive and exploratory character, using a qualitative approach, since it enables greater rapprochement with the daily life and the experiences lived by its own subject.⁶

The research was conducted on Casa de Passagem III, in the city of Natal, State of Rio Grande do Norte (RN). Casa de Passagem are temporary spaces designed to host children and adolescents in social vulnerability situation and whose physical and psychological integrity are threatened. In Natal, Casa da Passagem are supported by the Municipal Assistance Secretary(SEMTAS)⁷.

It has been found, after a visit at the institution, that there were 24 adolescents registered, however, on average 12 adolescents were attending the institution. On the day of the meeting, previously scheduled for the interview, the adolescents were informed about the willingness and, after understanding the objectives of research and agree to participate on it, they signed an informed consent term.

The inclusion criteria for the participation of adolescents in the research were: a) to be hosted in Casa de Passagem III; b) to be between 13 and 17 years old; c) have experience of living on the street; d) that freely and clarified, accepted to participate in the research and express the desire through the signature of the free and informed consent statement (FICS), in addition to the signature of the FICS by the legal representative or protective institution, in the cases of children and adolescents whose families do not fulfil the protective function, characterizing risk situations (street, victims of negligence, physical and sexual abuse, other circumstances), and in cases of absence of family or when established coexistence with the situation of risk experienced by the child or adolescent.

As exclusion criteria, there were: a) the inability of the research subject to understand the questions raised; b) HIV/Aids bearers; and c) the refusal to participate in the study and not having signed the FICS by adolescent and the legal representative or protective institution.

The research relied on existing ethical criteria in the Guidelines and Standards of Research in Human Beings, resolution 196/96 of the National Health Council. In this way, the project was approved by the Ethics Committee in Research (ECR) at the Federal University of Rio Grande do Norte, in the CAAE nº 07908712.7.0000.5537.8

To ensure the anonymity of the participants, their names were replaced by numbers, being represented as follows: 01, 02, 03, 04, 05, 06 and 07. The technique of the Focal Group was employed for data collection, qualitative data collection technique that takes place through group interviews, suitable for studies that seek to understand attitudes, preferences, needs, and feelings.⁹⁻¹⁰

The interview consisted of the following main questions: what do you understand by Aids? What do you know about the form of acquiring HIV? Which means unprotected sex and why is it a risk for the infection of HIV/Aids? How do you protect from HIV/Aids infection? Which birth control methods prevent STDs and Aids? Do you know how to use a condom? And where did you learn? Does Aids risk exist related with the amount of partners? Why? Does Aids risk relationship exist with prostitution? Are there differences in risk for the infection HIV/Aids among singles, dating, married? are there differences in risk between homosexuals and heterosexuals? What do you think about the use and the refusal of condoms in sex? Is there relationship of danger between HIV and Drugs? Have you already talked to someone in the institution on this subject? Have you already talked about HIV/Aids at school? Have you talked about it with a health care professional? Do you usually attend the health service? Where we can get free condoms? Does the situation of living on the street present risks for contracting HIV/Aids?

The interview was applied to spontaneous demand of the adolescents, in the courtyard of the institution, appropriate place, free of interruptions, indicated by the professionals. The discussions were recorded, with participants' acquiescence in mp3 recorder and subsequently transcribed in their entirety and subjected to content analysis.

RESULTS AND DISCUSSION

Seven adolescents participated in the research, three female and four male. Their speeches during the interview allowed the analysis and structuring of the results.

The discussion about the Aids epidemic control guides an investigation related to social, institutional and individual vulnerabilities, and recognizes in the investigative process the importance of perceptions, beliefs, expectations and other factors influencing the behavior of people.¹¹

Thus, it was sought to analyze the perceptions of adolescents about their vulnerability to HIV, represented by four categories: Knowledge about HIV/Aids infection (A), Self-protection and Responsibility (B), Cultural and sexuality values (C) and the Institution's contribution in the prevention of HIV/Aids (D).

A) Knowledge about infection

The first category discusses the level of basic knowledge of adolescents in provisional reception on the HIV/Aids infection and explain the vision of those adolescents on the topic and their vulnerability to HIV/Aids from the subcategories "Vision of Aids" and "forms of transmission".

During the group discussion, it became evident that adolescents think Aids is dangerous and is death:

[...] it is a dangerous disease [...] (Speech 02)

[...] disease that kills [...] (Speech 03)

The perception of Aids as a disease related to death was shown to be present in other studies involving adolescents, the infection being described as something associated with death and the lack of cure.¹²⁻¹³

Despite the different social and economic context, a study in Rio Grande do Sul with adolescents of 7th and 8th grades reveals that knowledge on Aids among adolescents is similar.¹²

In the subcategory “forms of transmission”, it was observed that despite the knowledge of the forms of transmission of HIV/Aids through unprotected sexual intercourse, there is still a deficiency in knowledge regarding the acquisition of the virus in other ways, as reports below:

[...] It's all about relationship without a condom [...] (Speech 06)

[...] I believe by earring also take [...] (speech 04)

[...] kissing, if the person has any mouth sores and have contact with the blood [...] (Speech 07)

Previous study shows that misconceptions about the transmission of STD/Aids among adolescents should be corrected, since it is limited to considering only the sexual transmission.¹²

B) Self-protection and responsibility

In this category, content emerged concerning subcategories “forms of prevention” and “Vulnerability factors”.

Regarding the subcategory “forms of prevention”, the use of condoms as a preventive instrument all adolescents participating in the research know about it. However, some have cited as a way of preventing the hormonal contraceptive methods, demonstrating the lack of clarity as to the indication of such methods.

[...] using condoms and taking injection [...] (Speech 04)

[...] using condoms and contraceptives, and go to the gynecologist [...] (Speech 05)

When asked about the frequency of use of condoms during sexual intercourse, it was found that among adolescents this practice is not a rule, and there are situations where the condom is not used.

Aids prevention has been quite shown in the media and widespread in schools and in the community through mainly of campaigns for the use of condoms. However, although adolescents were aware that this method avoids both pregnancy and STD/Aids, it is still little used in our country. In addition, the lowest rates of condom use in sexual relations continue in the age group of 15 to 19 years old, with a predilection for girls of low education.¹²

However, all of them emphasized to know the technique of using the method.

[...] I learned in science class with a dynamic made by the teacher.

He used both male condom as female condom [...] (Speech 07)

[...] I learned using it [...] (Speech 02)

Concerning the use and the refusal of condoms, adolescents were flexible, considering the importance of its use, however, showing refusal as a common behavior among some of them.

In a study conducted in 2010, in Rio Grande do Sul, the drug use and risky sexual behavior was evaluated from the analysis of the number of sexual partners in the last 12 months and the condom use in the last three sexual intercourses with 960 adolescents.¹³ Concerning occasional use of condoms, the results highlight the need to expand the strategies seeking to raise awareness of adolescents and society in general on associations of risk behaviors with the HIV/Aids infection.¹³

Thus, it is concluded that the encouragement of education and prevention to drug use can have a very positive effect in reducing the problem.

When asked about the free access to condoms, adolescents were knowledgeable and oriented on how to purchase them.

[...] there is condom in the health units [...] (Speech 07)
[...] in health units, pharmacy, here at home. Just don't use it those who do not want to [...] (Speech 01)

Concerning “Vulnerability factors”, we have the meaning of unprotected sex among adolescents presenting as something positive, since they highlighted the use of condoms during sexual intercourse.

And living on the streets, in the perception of the adolescents interviewed, is a condition of greatest risk:

[...] the person can't do laundry, run out of hygiene [...] (Speech 03)
[...] is on the street that sex happens [...] (Speech 06)

It is known that the need to survive financially facilitates the sexual exploitation and, together, the affective needs contribute to vulnerability to STD/Aids, because even knowledgeable of the need for protection during sex, teenage girls do not, either by imposing the partner, whether the search for affection in the relationships.¹⁴

Adolescents who live on the streets and survive the sex trade do not seek health services. Study shows that adolescents between 14 and 19 years old are not seeking support even in situations that cause or may cause STD/Aids, among other diseases. This is due to the fear of being sent to institutions of protection.¹³

C) Cultural Values and Sexuality

Cultural values are influenced by the worldview, language, religion, social, political, educational, economic, environmental and technological contexts, among others. These factors affect the way people behave in front of health/disease situations. Thus, aspects were discussed, such as the use of drugs, multiple partners, sexual orientation and relationships during the interview.

Questioned about the relationship between HIV and drugs, adolescents recognize a higher probability of infection, but they cannot express why the risks.

[...] I don't know why, but some has more risks [...] (Speech 07)

It is known that the use of alcoholic beverages may cause adolescents engaging in unprotected sexual activities, with greater exposure to STDs. According to the literature, the association interferes with the early onset of sexual activity, the non-use of condoms and payment for sex and prostitution.¹⁵⁻¹⁶

Although the relationship between risk and quantity of partners and between risk and prostitution has been for some adolescents presented in a negative way, in which it was stressed the greater vulnerability to HIV infection, as well as the relationship between drugs and HIV, was not observed the understanding of cause-and-effect type with the vulnerability to HIV.

[...] because some partners may not use the condom [...] (Speech 07)

[...] It's easier not to use a condom [...] (Speech 02)

[...] the risk is high, because it has many boys who don't like to use condoms. Because they just want to have fun [...] (Speech 04)

However, adolescents demonstrate clarity in relation to risk behaviors, however they showed a low perception of the ways of transmission of the virus, thus becoming more vulnerable.

Considering the subcategory "Sexuality" more specifically, aspects concerning the risk among types of relationships and sexual orientation were addressed:

[...] the single has more risk because is with more people [...] (Speech 07)

[...] married has more risk because it does not use a condom [...] (Speech 06)

It was seen that adolescents distinguish risk depending on the stability of marital status.

All adolescents consider the fact that people who have homosexual behavior are subject to a higher risk of infection with HIV. A speech justifies the respect due to the higher number of sexual intercourse.

[...] homosexuals have more risks, because they have more relationships [...] (Speech 03)

It is known that the homosexual relationship for a long time was considered at risk and is still involved with the stigma and prejudice. Until 1990, 45.9% of Aids cases in Brazil involved in homosexual or bisexual male individuals. These data, associated with the prejudice and discrimination by sexual orientation, certainly contributed to a delay of social consciousness about the need to take urgent public health measures, preventing the spread of the epidemic to other segments of the population.¹⁷

A) Contribuição da instituição na prevenção do HIV/Aids D) Contribution of the institution in the prevention of HIV/Aids

Em um determinado ponto da discussão, foi questionado sobre a existência de ações dirigidas pela instituição referentes à prevenção do HIV/Aids. Revelou-se durante os relatos que estas não foram identificadas pelos adolescentes, pois não há uma periodicidade, além de serem eventos esporádicos realizados por estagiários externos à instituição.

Na subcategoria "Ações Educativas", ao abordar a comunicação entre os adolescentes e os funcionários da instituição acerca do assunto HIV/Aids, verificou-se que acontece de forma informal e constatou-se que os adolescentes do sexo feminino dialogam mais sobre este assunto do que os do sexo masculino.

At a certain point in the discussion, was questioned about the existence of actions directed by the institution concerning HIV/Aids prevention. It was revealed during the reports that these were not identified by teenagers because there is a periodicity, besides being sporadic events performed by interns outside the institution.

In the subcategory "educational activities", when addressing the communication between young people and the staff of the institution about the HIV/Aids issue, it was found that happens informally, and it was found that female teens discuss more about this subject than the male.

[...] sempre conversamos [...] (Fala 03)

[...] a gente sempre tira dúvida com eles [...] (Fala 06)

[...] só falo com meu parceiro [...] (Fala 02)

[...] always talked about [...] (Speech 03)

[...] We always get questions with them [...] (Talk 06)

[...] I only talk to my partner [...] (Speaks 02)

In the subcategory "health care", it was examined whether the source of information on Aids, which was mentioned by the adolescents, the school was highlighted, followed by the friends and television. The data show the gap for health services in the role of educator.¹⁰

The literature shows that among women the information about infection was obtained mostly through friends, magazines and some lectures in schools. Reality changes among men that obtain information with friends, magazines and TV. There are few reports about conversations with the mother and only one study explains this channel of dialogue with the family¹⁰, demonstrating that reality is compatible among adolescents into the family context.

All adolescents claimed to acquire information on HIV/Aids at school. However, as any contact with a health professional for information on the disease, it was found that only one teenager was informed about it in the health service.

[...] at the time of preventive, when I did the exam, I was talking about the disease. I went many times to the health unit and dentist [...] (Speech 07)

The reason for the demand of health services by adolescents is highlighted in dental appointment.

This separation with health units was noted in other studies, and among males the frequency to health units is almost null.¹⁸

A study highlights the case of a resident of the street taken by the institution that used to go to the doctor when she first had sex at 12 years old, and discusses the refusal of the doctor to prescribe the pill, claiming that she was too young and taught her how to use the rhythm method. Before the pregnancy, it is shown the situation of vulnerability, related to bad prescription and professional bias in relation to the exercise of sexuality in adolescence.¹⁸

In 2005, the National Policy of care to health of adolescents and young people was implanted, as the principles and guidelines of the Unified Health System, including the precepts of the Statute of the Child and of the Adolescent¹⁹ and of the Universal Declaration

of Human Rights. In the perspective of change, it was sought to extend the reach of the actions developed around three central topics: violence; reproduction and sexuality; growth and development. As for structuring a healthcare network, it was planned to link the municipalities to educational institutions.²⁰

However, the need for a transversal approach to HIV/Aids by health professionals is necessary, especially in the Family Health Strategy, in which all professionals may guide the adolescents about healthy sexuality.

CONCLUSION

The research allowed to meet social vulnerabilities, perceptions regarding institutional and individual adolescents institutionalized in a Shelter House in northeastern Brazil from the approaches concerning the knowledge about HIV/Aids infection, to self-protection and responsibility, cultural values and sexuality, and the institution's contribution in the prevention of HIV/Aids, contributing in this way to a prior evaluation of the situation and for the support for prevention policies to the public concerned.

However, the adolescents' knowledge of research on Aids was satisfactory in some aspects. However, some questions about causality and HIV transmission persist, demonstrating low misguided perception of risk by adolescents. This low perception of risk contributes to increased vulnerability, for which preventive behaviors are adopted, people must be convinced of their personal risk of contracting HIV/Aids.

Considering, therefore, the context of vulnerability of adolescents participating in the research, it is realized that, besides the absence of family, truancy and disability health services assistance, in which necessary information on the subject could be discussed, there is also the strong influence of cultural elements, such as beliefs, values and customs that permeate the context of people's lives and influence the way they behave in front of health/disease situations.

Also it is highlighted the lack of effectiveness of public policies in these institutions.

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