



STAGES OF CHANGE IN HIV CARRIERS OF THE SELF-HELP GROUP
ESTÁGIOS DE MUDANÇA DOS PORTADORES DO HIV NO GRUPO DE AUTOAJUDA
ETAPAS DE CAMBIOS DE LOS PORTADORES DEL VIH EN EL GRUPO DE AUTOAYUDA

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ABSTRACT

Objective: to analyze the speeches of HIV positive patients, in order to identify their level of behavioral change from the Stages of Change Model of Prochaska and DiClemente. **Method:** qualitative study, documentary and descriptive type. The data were produced through the records filled in group care, with 53 patients and six companions, organized and analyzed, read and re-read by the technique of content analysis, establishing categories for the interpretation. The research project has been approved by the Ethics Committee in Research, Protocol No. 249/09. **Results:** in the pre-contemplative stage, AIDS was perceived as a no important disease; in the contemplative stage, patients recognised the seriousness of the disease; in preparation stage, the patient has set goals and reflected about to treatment; in the action stage, they reported changes in health habits. **Conclusion:** to assess the motivational stages is essential for professional in health promotion obtain consistent results with individuals, groups and families. **Descriptors:** Acquired Immunodeficiency Syndrome; Health Promotion; Health Education; Self-help Groups.

RESUMO

Objetivo: analisar os discursos dos pacientes soropositivos ao HIV, a fim de identificar o nível de mudança de comportamento destes a partir do Modelo de Estágios de Mudança de Prochaska e DiClemente. **Método:** estudo qualitativo, do tipo documental e descritivo. Os dados foram produzidos através de registros preenchidos no atendimento grupal, com 53 pacientes e seis acompanhantes, organizados e analisados, lidos e relidos pela técnica de análise de conteúdo, estabelecendo categorias para a interpretação. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 249/09. **Resultados:** no estágio pré-contemplativo, a AIDS foi percebida como uma doença sem importância; no contemplativo, os pacientes reconheceram a gravidade da doença; no de preparação, o paciente fixou metas e refletiu em relação ao tratamento; no de ação, referiram mudanças nos hábitos de saúde. **Conclusão:** avaliar os estágios motivacionais é essencial para que o profissional atuante na promoção da saúde obtenha resultados consistentes com indivíduos, grupos e famílias. **Descritores:** Síndrome da Imunodeficiência Adquirida; Promoção da Saúde; Educação em Saúde; Grupos de Autoajuda.

RESUMEN

Objetivo: analizar los discursos de los pacientes seropositivos al VIH, a fin de identificar el nivel de cambios de comportamiento de estos, a partir del Modelo de Etapas de Cambio de Prochaska y DiClemente. **Método:** estudio cualitativo, del tipo documental y descriptivo. Los datos fueron producidos a través de registros completados en el atendimento grupal, con 53 pacientes y seis acompañantes, organizados y analizados, leídos y releídos por la técnica de análisis de contenido, estableciendo categorías para la interpretación. El proyecto de investigación fue aprobado por el Comité de Ética em Investigación, Protocolo nº 249/09. **Resultados:** en la etapa pre-contemplativa, el SIDA fue visto como una enfermedad sin importancia; en la contemplativa, los pacientes reconocieron la gravedad de la enfermedad; en la de preparación, el paciente fijó metas y reflexionó en relación al tratamiento; en la de acción, referieron cambios en los hábitos de salud. **Conclusión:** evaluar las etapas motivacionales es esencial para que el profesional actuante en la promoción de la salud obtenga resultados consistentes con individuos, grupos y familias. **Descritores:** Síndrome de la Inmunodeficiencia Adquirida; Promoción de la Salud; Educación en Salud; Grupos de Autoayuda.

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INTRODUCTION

The self-help group is characterized as a method of work that aims to enhance the personal growth and development, improving the interrelationship through an experimental method. In the group, there is the presence of a facilitator, which leads through techniques of unstructured discussions, troubleshooting procedures and skills training, starting thus a resolution of conflicts or extending the supportive environment identified from the needs of users.¹

The actions developed in the self-help groups provide to patients with human immunodeficiency virus (HIV), in different stages of infection, aid in the confrontation of the stigmata that permeate their lives through the development of feelings of trust and bonds of sympathy and warmth with the other components of the group. In this way, the groups offer: learning about its pathology; subsidies so they can perform actions of self-care with autonomy, promoting a better quality of life; self-knowledge and enlarged view of others in more fully way, providing mutual help; aiming thus the modification of habits and behaviors. In spite of not solving all the problems of health, groups encourage that socialization and confidence among them and the health workers.²

Health promotion comes as an activity directed to the change of behaviour of individuals, using to this end, strategies of empowerment, autonomy, focus on the lifestyles and culture of these people, tending to promote programs and activities to focus on educational elements. These elements of the educational process in health are required in this readaptation of lifestyle of HIV carrier, since on one hand, t emphasizes the power and autonomy debating health issues critically, based on the reality of the participants of the group and on the other hand, in the formation of behaviors, in order to motivate participants to healthier habits with consequent improvement of quality of life.³ So, health education developed with these patients with HIV aims to include them as supporting players in the health care process.⁴

It is highlighted, the record of the health education actions carried out in sessions of attendance of self-help groups as an important source of data for the evaluation of stages of behavioral change. To this end, a database that allows to evaluate the effectiveness of these actions were developed as well as conducting various studies in groups attended. Soon, this study contributed to the

promotion of health education among the HIV carriers, participants of the self-help group, with the purpose of contributing to the change in behaviour, in order to enhance the improvement of the quality of life.

Given the above, this study seeks to answer the following question: How the self-help group may favor the change in behavior of the HIV carriers?

Concerns and reflections presented helped researchers/authors on this study construction, in which seeks to:

- Analyze the speeches of HIV positive patients, in order to identify the level of behavioral change from the Stages of Change Model of Prochaska and DiClemente.

METHOD

Study of documentary type and descriptive, with retrospective character, which used the qualitative analysis based on the interpretative approach of the meaning attributed by the subject to facts, relations, practices, experienced and to social phenomenon. The characteristics of documentary research based on the use of data from source documents, written or not, referred to as primary sources, and may be made at the time the fact happened or later to the phenomenon.⁵

As data sources there are standardized service forms filled during group activities conducted with patients with HIV, in the outpatient clinic specializing in infectious diseases at the University Hospital Walter Cantídio hospital, of the Federal University of Ceará (HUWC), in Fortaleza-CE. It is a tertiary health service that meet adults HIV carriers in all their needs of prevention and health promotion. The studied period was in the months from February to October 2010.

The self-help group began in 2006, with activity developed by the project "Study Core in HIV/Aids and related diseases" (NEAIDS), aiming to the promotion and health education in the context of HIV infection, contributing to the prevention of other diseases, besides the group was a space trainer of health professionals, resulting in the production of knowledge.

The self-help group was directed to HIV carriers, whose participation was voluntary and open. This group was developed once a week, with an average duration of 60 minutes, occurred in a private room, next to the offices. Activity offered to all patients, however, participation was voluntary. Lastly, the one participating in the activity, after the confirmation of the presence in clinical care,

moved spontaneously to the location. The group was mediated by a nurse and a nursing academic. The nurse was a mediator by the group issues, while the nursing academic carefully wrote down the contents revealed by the members.

In the forms, there were records of the number of participants, gender, age, speeches, issued statements and themes discussed during the group development. In this study, speeches, statements and thematic content were originated from 33 group calls. During these sessions, 53 patients and six companions participated. Due to free access to the group, patients and companions, throughout the period, could have participated one or more times in the group.

The documents were available to the researchers, because the set is developed by one of the authors. The Stages of Change Model was used as a guide for guiding data analysis. This model was developed in 1982 as a result of the comparative study of theories of psychotherapy and behavior changes. It describes and explains different common stages that occur with people during the processes of change. In this model, the behavior change is considered a process, in which people have varying levels of motivation or readiness to change⁶, these are the following stages of change: pré-contemplative: the person has no desire to change or do not recognize they have a problem; contemplation: the individual realizes he has a problem and thinks seriously about changing it; determination or preparation: the customer plans to act; and action: there is a visible modification behavior.⁷

The model helped in the identification of levels of changes occurring in individuals with HIV in different stages of infection. It should be noted that the data were organized and analyzed, read and re-read by the technique of content analysis, which deals with textual materials written, therefore, occurs through the empirical conditions linguistics materiality of text, to try to understand the thoughts of the subject by the content developed in the text, in a transparent design language, establishing categories for their interpretation, encoded with the initials of the name of each patient and subsequently, related to the stages of changes proposed by the model.⁸

This study was the research project evaluated and approved by the Ethics Committee in Research (COMEPE), of the Federal University of Ceará, under Protocol 249/09, being revalidated in 2011. Thus, all

the precepts contained in the resolution 196/96, of the National Health Council, of the Ministry of health were fulfilled. To ensure anonymity, in the study, the lines were named by an abbreviation which included the initials of the names of their patients who participated in the group.⁹

RESULTS AND DISCUSSION

While contemplating the purpose for this study, the behavioral changes observed from the forms that are filled out by the facilitators of group activities undertaken with HIV carriers, they were related to the different stages of change in Prochaska and DiClemente. This model demonstrates that the continuation or not of a behavior can be linked to the positive or negative consequences that lead to people's lives. That might be observed in the studied group, since, in many cases, the HIV carrier, after the discovery of serology, has positive changes in the daily life.¹⁰

It might realize that the everyday lives of HIV positive patients was affected by the discovery of AIDS. In addition, it was observed to change on a daily basis as to the constant surveillance of health and permanent care for the attempt by the maintenance of well-being. It is important to note that, according to the Stages of Change Model, the individual cannot walk on stages linearly.¹¹ Changes of stages are more represented by a spiral, in which people can progress or regress, without logical ordering.^{7,12}

The pre-contemplative stage is defined as a stage in which there is no intention to change, not even a criticism regarding the conflict, involving the behavior-problem.^{6,12} The following speeches showed clearly this stage:

[...] I didn't feel anything. For me it was normal.(Fj)

[...] I'm very happy, it's as if the disease did not exist.(Au)

At this momento, AIDS was perceived as a disease without much importance to the patient, or of denial of it as something serious.

As they begin to admit that there is a problem and the need to face it, without doing it, it is the person is in the contemplative stage.¹³

Next, there is the recognition of the seriousness of the problem and to search for information about it:

It's been hard, but I've looked for information on the topic to be calmer. It helped me a lot.(Cl)

After the contemplative stage, it is the preparation for the change. In this, the patient reaffirms his goals, reflects their concerns and fears about the disease and the treatment, checks his support network and anticipates the problems that will be faced.

We can't back down. The fight must be won every day. (Ds)

Today I will receive the examinations of viral load and CD4, I hope it all works out. (Sg)

I'm very afraid that others find out that I am HIV positive. (In)

In this talk, it might be seen the last stage of the infection, the action itself. In this step, the patient applies the change plan and always reflects on the difficulties and facilities for this behavior change.⁶

Thus, significant portion of the study participants reported changes in health habits, demonstrating concern for the use of alcoholic beverages, as revealed in the speeches:

After I was diagnosed, I quit drinking. (Ed)

I drank a lot, but now, after I found out, I don't drink anymore. (Cr)

I quit drinking and I'm fine with my wife ... I'm well, thank God. (Es)

They were also simple changes, such as a healthier diet and physical activity practice: My food supply is good and whenever I can, I walk. (Is)

I have a balanced diet and that helps me a lot. (Rc)

The positive changes caused to the patient probably were not only result of the service provided, but, possibly, of the presence in the group of patients, because participation in group is characterised as an opportunity to listen to the patient, may contribute with others from their personal experience while others may help him better understand his illness, generating, among other feelings, understanding, developing a set of attitudes or growth-promoting therapeutic for them.

I'm really enjoying the group. It's helping me to treat my depression, and I've made some friends. (Ar)

Now I can say that my quality of life is better. (Ma)

In addition, it is interesting to observe that the appropriate use of anti-retroviral therapy was observed by the subject of research as a factor of change in daily life. Thus, they recognized the importance of adherence to antiretroviral drugs (ARVs) in the evolution of the disease and its manifestations.

I never stopped taking the medication. (Sm)

I'm very strict with the schedule of taking the medication. (Ph)

I take the medication properly. (S)

Everything looks wonderful. I get my CD4 and viral load tests today, last time came undetectable that made me very and happy, because it is a sign that the medicine is working. (Fi)

Other aspect related to health that deserves highlighting it, was the fact only three patients refer to condom use.

I have healthy living habits and now I use a condom in every relationship. (Ao)

I've been worried about my life in relation to food, drinking and condom use, so I'm regaining weight. (Ma)

I've never been feed correctly, but I use condoms in all my relationships. (Gd)

This gives rise to reflection about the importance of the adoption of the use of condoms in sexual relations, because this is one of the points highlighted in all contacts with health professionals as the primary tool in the fight against the sexual transmission of AIDS. It is recommended that all HIV carriers, the serodiscordant (only one person in the couple is HIV carrier) and the seroconcordant (the two individuals in the couple are HIV carriers) should make use of the condom, as the not use with HIV positive partner makes the control of the carrier and viral load facilitates the risk of contamination by viruses resistant to ARVs.¹⁴⁻¹⁵ It is also interesting to observe that the fact recognizing HIV carrier does not imply the condom use, even with no carrier partner or of unknown serology.¹⁶

CONCLUSION

In the course of this study, it was observed that in the fourth decade of the AIDS epidemic, the discovery of the positive diagnosis for HIV continues provoking reactions similar to those of the beginning of the epidemic. HIV carriers are expressing feelings of sadness and fear, beyond the sense of progressive finitude. It arises among them the fear of revealing the new condition to family and network of relationships and trials which will be submitted.

However, with the time passing, this difficulty gives way to other feelings, such as motivation, appreciation of life and behavior changes with a view to improving the quality of life.

This change in behavior was seen in studies that used the of Stages of Change Model for health, such as consumption of alcohol, tobacco, and condom use. As they have contact with this model, it was noticed that assess the motivational stages, having as goal the motivation for change, is the essential path to the professional who acts in

prevention and health promotion to obtain consistent results with individuals, groups and families.

From these considerations, it has been suggested that to be diagnosed HIV carrier, the person to be accepted is also affectionately solidarity and understanding, respecting their feelings, rights, the reactions, the principles, the wishes and the decisions, making them realize that there is availability of external support for the confrontation of the diagnosis, but they need to drive this confrontation. In addition, it is expected to be presented to all HIV carrier, materially and convincingly, therapeutic resources available and their respective effects, offering them an opportunity to evaluate and feel its contents of possibilities.

As each HIV carrier will drive this confrontation in relation to AIDS, it will always be a personal and intimate matter, fitting health professionals exercise their role as best as possible and believe in the ability of people to desire and search for a better condition of life, despite all the difficulties which, incidentally, are also all involved while human beings.

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