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## CASE REPORT ARTICLE

### COUNSELING IMPLEMENTATION ABOUT STD, HIV AND VIRAL HEPATITIS IN FAMILY PLANNING: CASE REPORT

#### IMPLANTAÇÃO DO ACONSELHAMENTO SOBRE DST, HIV E HEPATITES VIRAIS NO PLANEJAMENTO FAMILIAR: RELATO DE EXPERIÊNCIA

#### IMPLANTACIÓN DE CONSEJOS SOBRE DST, VIH Y HEPATITIS VIRALES EN EL PLANEAMIENTO FAMILIAR: RELATO DE EXPERIENCIA

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#### ABSTRACT

**Objective:** to report the results obtained from the implementation of the counseling program on STD/HIV and AIDS and Viral Hepatitis for family planning activities. **Method:** this is a descriptive study type experience report, exploratory and descriptive, conducted by the Specialized Service Care (SAE) of Sinop/MT. **Results:** from 2009, the service to couples, from primary care interested in permanent contraceptive methods, included more specific actions for clarification about STDs and tmonitoring of STD/HIV and Viral Hepatitis (HV) cases offering serology of people who have never performed tests, especially men. **Conclusion:** the initiative to combine FPP with Counseling to STD/HIV and HV prevention has been an excellent tool for disseminating information, demystifying issues that are still treated as taboos among couples. **Descriptors:** Counseling; Family Planning; Sexually Transmitted Diseases.

#### RESUMO

**Objetivo:** relatar sobre os resultados obtidos a partir da implantação do programa de aconselhamento sobre DST/HIV e Aids e Hepatites Virais durante as atividades de planejamento familiar. **Método:** estudo descritivo, tipo relato de experiência, de caráter exploratório e descritivo, realizado pela equipe do Serviço de Atendimento Especializado (SAE) de Sinop/MT. **Resultados:** a partir de 2009, o atendimento aos casais, provenientes da atenção básica interessados em métodos contraceptivos definitivos, incluiu ações mais específicas para esclarecimento sobre as DSTs e o rastreamento de casos de DST/HIV e Hepatites Virais (HV), com a oferta de sorologias às pessoas que nunca realizaram testes, principalmente os homens. **Conclusão:** a iniciativa de aliar PPF com Aconselhamento para prevenção de DST/HIV e HV tem se mostrado ser um excelente instrumento de disseminação de informação, desmistificando temas que ainda são tratados como tabus entre os casais. **Descritores:** Aconselhamento; Planejamento Familiar; Doenças Sexualmente Transmissíveis.

#### RESUMEN

**Objetivo:** relatar sobre los resultados obtenidos a partir de la implantación del programa de consejos sobre EST/VIH y Sida y Hepatitis Virales durante las actividades de planeamiento familiar. **Método:** estudio descriptivo, tipo relato de experiencia, de carácter exploratorio y descriptivo, realizado por el equipo do Servicio de Atendimento Especializado (SAE) de Sinop/MT. **Resultados:** a partir de 2009, el atendimento a las parejas, provenientes de la atención básica interesados en métodos contraceptivos definitivos, incluye acciones más específicas para esclarecimiento sobre las ESTs y el rastreo de casos de EST/VIH y Hepatitis Virales (HV), con la oferta de serologías a las personas que nunca realizaron testes, principalmente los hombres. **Conclusión:** la iniciativa de aliar PPF con Consejos para prevención de DST/HIV y HV ha mostrado ser un excelente instrumento de disseminación de información, desmitificando temas que todavía son tratados como tabúes entre las parejas. **Descriptor:** Consejos; Planeamiento Familiar; Enfermedades Sexualmente Transmisibles.

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## INTRODUCTION

According to the seventh paragraph of the article 226 from the Federal Constitution of Brazil and in Law number 9.263, of January 12, 1996, dealing with family planning, this is considered a right of every citizen, and it is understood as the set of actions of regulating fertility that guarantees equal rights of the constitution, limiting or increasing the group by the woman, the man or the couple.<sup>1</sup>

For the women could be more well assisted without being seen only in the gravid- puerperal period, the Program of Integral Assistance to Women's Health (PAISM) was created in 1983. In 1988, it was adopted by the WHO, however, only from 1995 in Cairo and in Beijing, that it has really been consolidated. In this sense, PAISM was pioneered, even worldwide by proposing the reproductive health care of women and no longer using isolated actions in family planning.<sup>2</sup>

The Family Planning Program - FPP is an activity included within the Program of Integral Assistance to Women's Health (PAISM) and should be developed by a multidisciplinary team consisting of a nurse, social worker, doctor and psychologist.

The STD/HIV/AIDS counseling is a prioritized practice by the Ministry of Health and considered an essential tool to fight the epidemic of STD/HIV/AIDS in Brazil. Understood as an important component in health promotion, counseling helps to break the chain of transmission of STDs and HIV through the early detection of these diseases and to the adoption of safe practices, reducing future infections.<sup>3</sup>

Inserting routine counseling services is a major challenge, because it requires specific skills and a good time management of care by the professionals. During the counseling, the health professional must go beyond the transmission of information: must assess risks and vulnerabilities on a case by case or for each group and must work the adverse feelings that arise during the testing and knowledge of HIV serological condition.<sup>3</sup>

The initiative to deploy the advice associated with the FPP derived from observation of being a greater demand for serological anti-HIV testing for women, in SAE/CTA (Center of Testing and Counseling) and BHUs in the city of Sinop. Considering that during the FPP process the team has contact with the couple, it facilitates access to the man for guidance and stimulus for tests.

Given the above, this study aims to:

- Report the results obtained from the implementation of the counseling program about STD/HIV and Aids and Viral Hepatitis during family planning activities.

## METHOD

This is a descriptive study, case study type, exploratory and descriptive about the insertion of the practice of counseling for HIV, STD and Viral Hepatitis (HV) in a Family Planning Program (FPP) conducted by the team of Specialized Service Care (SAE) of Sinop, MT.

The city of Sinop is located in the North of the Brazilian State of Mato Grosso and has a population of approximately 130 thousand inhabitants. It has 19 Basic Health Units (BHU) and 25 Family Health Teams (FHT).

The data were collected in the period from 2009 to 2011, next to inclusion registration of participants in the FPP, with: date of inclusion (the opening of proceedings) at BHU, participation of the meeting (collective counseling) in SAE, interview (individual counselling) with signing of the Term of Consent and resolution of the process, that is, forwarding: for medical consultation for insertion of the IUD in the SAE, for general partnership hospital program with SUS to realization of tubal ligation and to small and medium-sized service procedures in SMS to perform the vasectomy.

The consent term is a document signed by the couple where both agree with the completion of the procedure. The data refer to processes that were guided by BHU to the SAE. Couples who opt for reversible methods remain at BHU of origin.

The research was conducted in accordance with all ethical precepts contained in Resolution 196/96 of the MH, establishing rules for research that involves human beings, ensuring the anonymity of the participants.

At any time during the research the identity of the respondents was exposed and all ethical principles were respected in accordance with resolution 196/96 determined by National Health Council: autonomy, non-maleficence, beneficence and justice, with regard to the obligation of professional confidentiality, privacy and protection of the client's image.<sup>4</sup>

## RESULTS

In Sinop, the FPP started in 1998 and maintains uninterrupted service until today. Family planning, within the premises of PAIMS, is usually offered in the "context of health education in lectures or guidance

individually or in groups by doctors and nurses in basic health units". In these lectures contraception methods offered by the Ministry of health are presented to the participants, according to the availability and variety of inputs on the unit.<sup>2</sup>

Because it is a service that aims to sexual and reproductive health, Family Health Teams (FHT) develops it in partnership with SAE, which, in addition to having a formed team, has a different look about sexuality.

Users interested in reversible methods like oral hormonal contraceptive, injectable and condoms are accompanied on BHU. Couples interested in definitive methods (tubal ligation and vasectomy), and IUD are forwarded to continue with the SAE team.

From 2009, the assistance for couples, from the basic care included more specific actions for clarification about STDs and the monitoring of STD/HIV and Viral Hepatitis cases (HV), offering serology to people who have never performed tests, especially men, seeking early treatment and breaking the transmission cycle, as well as the request of the examination of Colposcopy Oncotic Cytology (CCO).

In the period from 2009 to 2011, 1651 couples participated in the FPP conducted serological testing and CCO. Out of them, 248 women benefited from sterilization and 173 with insertion of an IUD. There were 285 men undergoing vasectomies, being diagnosed two cases of HIV, three cases of Hepatitis B and eight of syphilis.

The initiative to implement the advice associated with FPP emerged from observation of a greater demand for serological anti-HIV testing for women, in the SAE/CTA (Center of Testing and Counseling) and BHU of Sinop, according to SiCTA (Information System for CTA). From 2287 examinations registered in SiCTA in 2011, 1707 were performed by female, and 868 examinations were held in routine prenatal. Search for serological testing for HIV by men was 580 tests in this same period.

The perception of risk of contamination with HIV or other STDs is still very much related to "the other" and not as something likely to happen with "me" especially when referring to people who are in a stable relationship, characteristic of the FPP participants.

## DISCUSSION

Notified aids cases among Brazilian men, in which the likely transmission was heterosexual sexual activity, were from 7% in 1990, to

27.4% in 1999, pointing out the need to investigate strategies for education and prevention of HIV/AIDS among heterosexual men.<sup>5</sup> When it is reported the issue of extramarital relationship, the social representation of male sexuality in Brazil is shown through a sexual pulsatory theory. It was observed in the men's speeches the their "will" and "necessity", overlaps the body control, an "energy" which must be directed or evicted. In fact, what is evidenced in "sexual pulsatory theory" (in the men's field) is that there is a domination of the body on the mind about sexuality.<sup>6</sup>

The need for achievement that is explained as an obsessed search and unsatisfying for new sexual adventures, generating the "typical male infidelity, so widespread and that, in many cultures, became evidence of virility."<sup>7</sup>

More than 70% of the men surveyed by Goldenberg claim to have been unfaithful and the most reasons shown are "will", "physical attraction", "desire", "I couldn't resist" and "not to regret the opportunities lost". Socially expected characteristics require "a real man" to be virile, conqueror and sexually competitive. The masculine identity feelings are strongly related to sexual performance.<sup>8</sup>

On the other hand, about 40% of women say they have been unfaithful by any dissatisfaction or problem in the marriage or the relationship. Thirty percent of women surveyed claim to have had a single sexual partner and other 30% say they have had two or three; the others know exactly with how many men they "had sex".<sup>8</sup>

In another study, carried out with 27 men in Rio de Janeiro, a close relationship between the no condom use and faithfulness was evidenced. In this study, some men have reported that, with the marriage they established a relationship of exclusivity and made a pact of loyalty with the wives which leads to condom use in special situations and provisional manner, usually as a contraceptive method. In this way, the proposed use of condom in a relationship in which before was not requested can affect the trust that exists between the partners by questioning the loyalty of one or both.<sup>6</sup>

In extramarital relationships, condom use can happen in some situations: to avoid the risk of pregnancy or STDs acquisition. In this case, the intention is to keep these secret relationships, preserving the marital relationship. Some reported never using a condom as result of unpremeditated character of the event, that is the "fooling around" occurs without being programmed. Others

reveal just using it the first few times, being dismissed after evaluation regarding the “reliability” of the partner, especially if this partner demonstrates “little experience”. And also some dispense its use for understanding that women take care not to get pregnant, even making sure not to use any contraceptive method by the partner.<sup>6</sup>

The fear of getting pregnant and having to pay allowance is much closer to reality of them than to get infected by HIV. In some speaking from these men, “HIV infection does not appear as a possibility, although several donating blood as a strategy to conduct the test.”<sup>5</sup>

The condom is a reversible barrier method, available to man and woman who serves dual role of protection against pregnancy and STDs. However, the resistance to use it is common by both men and women. Studies reveal several explanations for the low adhesion to the condom, where the main ones are related to the difficulty of men using this method and the lack of bargaining power of women regarding the use requirement to their partners.<sup>9</sup>

It is observed that the health professionals do not indicate by the view that pregnancy occurs in the female body, which makes contraception a burden of women and the realization that the condom is male resource being recommended to men.<sup>10</sup> Here it is important to consider the division commonly observed in health programs, fragmenting the performance of professional and unlinks the contraception of STD/AIDS prevention, although both incorporate the field of sexual and reproductive health.

Some men though do not feel under risk, even having sex outside of marriage and without a condom, some express certain apprehension when their wives do the HIV test, at the time of pregnancy.<sup>6</sup> Another aspect observed is that women use more health service in search of assistance/treatment than men, even as result of monitoring during the prenatal period, during which is offered the serological testing for HIV, HBV and syphilis.

It is understood that the Counseling should occur since currently the beginning of sexual life happens earlier, and the exchange of sexual partners, or sex with multiple partners simultaneously, are very common facts, leading to an increase in HIV infection among heterosexual couples, even in stable relationships. These individuals, who do not consider themselves part of the risk group, are not taking preventive measures.<sup>11</sup>

## CONCLUSION

The actions proposed during the counseling of the FPP see the event as an opportunity to talk about sexuality and sexual health with couples, besides monitoring cases of HIV, syphilis and hepatitis B.

The initiative to combine FPP with Counseling for prevention of STD/HIV and HV has been shown to be an excellent tool for dissemination of information, demystifying topics that are still treated as taboos between the couples, like infidelity and contamination risks, achieving a surprising result, combining the provision of contraception best suited and discouraging early sterilization.

There are not studies about the increased use of condom among this population.

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