



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THE PREVENTION OF THE HUMAN IMMUNODEFICIENCY VIRUS BY THE PRIMARY ATTENTION TEAM FOR THE TEENAGERS

A PREVENÇÃO DO VÍRUS DA IMUNODEFICIÊNCIA HUMANA PELA EQUIPE DE ATENÇÃO PRIMÁRIA VOLTADA AOS ADOLESCENTES

LA PREVENCIÓN DEL VÍRUS DE LA INMUNODEFICIENCIA HUMANA POR EL EQUIPO DE ATENCIÓN PRIMARIA DIRIGIDA A LOS ADOLESCENTES

Silvana Cavalcanti dos Santos¹, Dayane Bezerra de Almeida², Wanessa Ayara Silva de Oliveira³, Ana Carla Silva Alexandre⁴, Fabiola Maria Paes de Lyra⁵, Valquíria Farias Bezerra Barbosa⁶

ABSTRACT

Objective: to investigate the actions of HIV promotion and prevention developed for adolescents by the nursing team in primary care. **Method:** this is a descriptive study, with a quantitative approach, performed with 20 nurses from the Family Health Basic Units. The data were produced by a self-applied instrument, analyzed by statistics and presented in tables. **Results:** 85% of the nurses take preventive actions against HIV during adolescence; 20% of them have a group of adolescents in the unit, and 80% of the nurses provide male condoms at the unit. **Conclusion:** it is essential to know the reality of health teams in coping HIV/AIDS in adolescence to propose new strategies for health promotion and prevention of new cases of HIV/AIDS, as well as follow-up on existing cases, so these services act more actively in this context. **Descriptors:** Primary Prevention; HIV; Teens.

RESUMO

Objetivo: investigar as ações de promoção e prevenção do HIV desenvolvidas para adolescentes pela equipe de enfermagem na atenção primária. **Método:** estudo descritivo, de abordagem quantitativa, realizado com 20 enfermeiros das Unidades Básicas de Saúde da Família. Os dados foram produzidos por meio de um instrumento autoaplicável, analisados pela estatística e apresentados em tabelas. **Resultados:** 85% dos enfermeiros fazem ações de prevenção contra o HIV na adolescência; 20% possuem grupo de adolescentes na unidade; e 80% disponibilizam preservativos masculinos na unidade. **Conclusão:** torna-se indispensável conhecer a realidade das equipes de saúde no enfrentamento do HIV/AIDS na adolescência para propor novas estratégias de promoção da saúde e prevenção de novos casos de HIV/AIDS, bem como fazer o acompanhamento dos casos já existentes, fazendo com que esses serviços atuem de forma mais ativa nesse contexto. **Descritores:** Prevenção Primária; HIV; Adolescentes.

RESUMEN

Objetivo: investigar las acciones de promoción y prevención del VIH desarrolladas para adolescentes, por el equipo de enfermería en la atención primaria. **Método:** estudio descriptivo, de enfoque cuantitativo, realizado con 20 enfermeros de las Unidades Básicas de Salud de la Familia. Los datos fueron producidos por medio de un instrumento auto-aplicable, analizados por la estadística y presentados en de cuadros. **Resultados:** 85% de los enfermeros hacen acciones de prevención contra el VIH en la adolescencia; 20% poseen grupo de adolescentes en la unidad; y 80% disponen de preservativos masculinos en la unidad. **Conclusión:** se torna indispensable conocer la realidad de los equipos de salud en el enfrentamiento del VIH/SIDA emn la adolescencia para proponer nuevas estrategias de promoción de la salud y prevención de nuevos casos de VIH/SIDA, así como hacer el acompañamiento de los casos ya existentes, haciendo con que esos servicios actúen de forma más activa en ese contexto. **Descriptores:** Prevención Primaria; VIH; Adolescentes.

¹Nurse, Master Professor in Public Health, Public Health School of Arcoverde/ESSA. Arcoverde (PE), Brazil. E-mail: silvana.santos@pesqueira.ifpe.edu.br; ^{2,3}Students, Nursing Graduation, of Public Health School of Arcoverde /ESSA. Arcoverde (PE), Brazil. E-mails: dayannealmeida.1919@hotmail.com; wanessa.ayara@hotmail.com; ⁴Emergency Resident Nurse, Professor of Nursing, Federal Institute of Education, Science and Technology of Pernambuco/IFPE. Pesqueira (PE), Brazil. E-mail: ana.alexandre@pesqueira.ifpe.edu.br; ⁵Student, Graduate in Nursing, Federal Institute of Education, Science and Technology of Pernambuco/IFPE. Pesqueira (PE), Brazil. E-mail: fabiola.paes.lyra@gmail.com; ⁶Nurse, Ph.D. in Human Sciences. Nursing Professor, Federal Institute of Education, Science and Technology of Pernambuco/IFPE. Pesqueira (PE), Brazil. E-mail: valquiriaenfermeira@yahoo.com.br

INTRODUCTION

Adolescence is a stage of life involving great biological, psychic and social transformations. This phase is marked by the onset of sexual activity. Surrounded by the world full of options, adolescents are a group that currently has high exposure to risky situations, and may be more vulnerable to various diseases, such as Sexually Transmitted Infections (STIs). Among these infections, there is the Acquired Immunodeficiency Syndrome (AIDS) highlighted as a disease caused by the Human Immunodeficiency Virus (HIV), attacking the immune system, responsible for defending the body from diseases. After HIV infection, the body is left without adequate defense, becoming more vulnerable to opportunistic diseases.¹

Over the past 30 years, the AIDS epidemic has had devastating consequences for families, communities, and countries, and it is one of the major challenges for public health, especially in view of the trend towards increasing HIV prevalence in the young population.²

A report presented in Brazil by the Ministry of Health in 2014 highlighted an increase in AIDS cases in men and women aged 15 to 19 years old. From 2004 to 2013, there was an increase of 10.5% in women aged 15 to 19, and 53.2% increase in men in this same age group. The ratio of gender in AIDS cases among the population aged 13 to 19 years old was also highlighted, with 30% more men than women reported with AIDS (13 cases in men for every 10 cases in women) in 2013.³

Due to the incidence of HIV infection in adolescents and the lack of a study focused on HIV/AIDS prevention in the Municipality of Arcoverde-PE, the objective was:

To investigate the actions of promotion and prevention of HIV developed for adolescents by the nursing staff in primary care.

METHOD

This is a descriptive study with a quantitative approach,⁴ carried out by the Nursing Professionals of the Family Health Basic Units (UBSF) in the municipality of Arcoverde-PE, located in the interior of Pernambuco, with a total area of 350,901 km², located 256 km from the capital of Pernambuco and with a population estimated at 72,672 inhabitants in 2014.⁵

The research was carried out between January and December 2015 with 20 nurses who worked in the UBSF teams in the municipality of Arcoverde and who met the following inclusion criterion: being a UBSF nurse in the urban area of the municipality of Arcoverde-PE. The individuals who did not fit the inclusion criteria and those who refused to participate in the study were excluded from the sample.

The data collection was carried out with a self-administered questionnaire with questions about the strategies developed by the Nursing team dealing with HIV in the area of prevention and promotion. In the data collection, a pre-validated questionnaire by the researchers was used. The approach took place in the UBSF after the consent of the participants. From this study, the following variables emerged: HIV prevalence and incidence, prevention actions and difficulties in carrying out the activities related to the topic.

The results were presented through tables elaborated in the Microsoft Word and Microsoft Excel 2007 programs, in absolute and percentage terms, and discussed with the literature.

The information collected was treated in a secretive manner, preserving in all senses the identification of the subjects of the research.

Due to the research involves human beings, regarding ethical-legal skills, the precepts set forth in Resolution N° 466/2012 of the National Health Council were obeyed. This research protocol was approved by the Research Ethics Committee of the HUOC PROCAPE through Opinion N° 1223146.

RESULTS

During the period of this study, 20 nurses who work in the UBSF of the municipality of Arcoverde were interviewed. In these places, there were two cases of HIV infection in adolescents, which are concentrated in a single UBSF.

This research had the objective of investigating the actions of promotion and prevention of HIV developed for adolescents by nursing in primary health care. These data are presented below.

Table 1. Main actions and ways of HIV prevention in adolescents by nurses at the UBSF. Arcoverde (PE), Brasil, 2015.

Variables	n°	%
HIV/AIDS prevention actions in the UBSF		
Yes	17	85%
No	03	15%
Total	20	100%
Approach used for HIV prevention		
Discussion of cases	04	20%
Others	01	5%
Speeches	16	80%
PSE	04	20%
Wheels of conversations	10	50%
Partnerships for the prevention and diagnosis and control of HIV transmission		
CTA	18	90%
Health sector	10	50%
NASF	09	45%
UPAE	04	20%
PSE	03	15%
There is no partnership	01	5%
Group for adolescents		
Yes	04	20%
No	16	80%
Educational actions for HIV/AIDS in adolescents in the UBSF		
Yes	14	70%
No	06	30%
Testing for early diagnosis of HIV infection in the UBSF		
Yes	01	5%
No	19	95%
Inputs offered for prevention		
Male condom	16	80%
Posters and Pamphlets	04	20%
Not offered	02	10%
Campaign offered by MH for HIV prevention in the UBSF		
Yes	10	50%
No	10	50%

Note: Some variables allowed the interviewee to choose more than one question, totaling percentages above 100%

Table 1 shows the actions and techniques used for the prevention of HIV/AIDS in the adolescent population by nurses in the UBSF of the Municipality of Arcoverde-PE. There were 85% of the nurses taking preventive actions in the UBSF, and among them, the most applied approaches in professionals were lectures (80%) and talk circles (50%). Regarding the partnerships adopted to carry out HIV/AIDS prevention activities, it was found that 95% of the sample has support from other agencies and only 5% do not have a partnership. Only 20% of the nurses have trained groups of adolescents, but 70% of the

nurses carry out educational actions on HIV in the UBSF, showing that even without these pre-established groups health education actions are carried out. As far as HIV testing in the UBSF is concerned, only 5% have confirmed it. Male condoms were indicated as a form of prevention most used and available in the units (80%). Regarding the campaigns or programs carried out by the Ministry of Health on the prevention of HIV/AIDS in adolescents, 50% reported knowing the existence of these campaigns, carried out exclusively in the Carnival season.

Table 2. Difficulties found for the implementation of HIV prevention in adolescents by nurses in the UBSF. Arcoverde (PE), Brasil, 2015.

Variables	n°	%
Difficulties in implementing HIV/AIDS prevention in the UBSF		
Lack of demand for adolescents	09	45%
Prejudice the exposition of the theme	06	30%
Work overload	01	5%
Without difficulties	04	20%

Table 2 lists the main difficulties in carrying out HIV/AIDS prevention activities with adolescents in the UBSF. The lack of

demand for the UBSF's in adolescents (45%) and the prejudice associated with the theme (30%) was highlighted.

DISCUSSION

HIV incidence rates in human beings are high and continue to increase among adolescents and young adults, in particular for young people who have sex with men (MSM) and transgender populations.⁶ Currently, it is seeking to promote risk reduction interventions to address the HIV/AIDS epidemic in the adolescents. A judgment of this magnitude requires the support and collaboration of the interested government and community.⁷

The results obtained in this study show the low adherence to the HIV/AIDS program and the lack of a systematic approach by nurses to adolescents on HIV/AIDS prevention.

There was a small number of reported cases of HIV/AIDS in adolescents in the UBSF, a worrying fact since the World Health Organization (WHO) has reported that the number of adolescents with AIDS virus exceeded 2 million in 2013.² The concern in Brazil is with boys from 15 to 19 years old, since the number of cases in this age group increased 53% from 2004 to 2013.³ The data presented indicate the need to encourage and guide young people to seek the services of testing of the municipality AIDS, since the cases found were from a single health unit. According to studies, adolescents are considered a highly vulnerable group to acquire HIV and other sexually transmitted infections, adding to cultural factors and access to information.⁸

Health education is a topic increasingly taking up space in discussions and reflections among health professionals, especially those active in the public health area, such as nurses.⁹ This practice has proven to be a strong means of prevention, seeking to ensure the dignity of the human person through the promotion of health and the objectification of fundamental human rights, which are present in self-determination and responsibility for life, having a total view of its existence and human needs.¹⁰

Educating for health is to go beyond curative care, prioritizing preventive and promotional actions, recognizing the health services patients as subjects with knowledge and living conditions, that is, protagonists in the health-disease process, encouraging them to fight for more quality of life and dignity.¹¹

There are limitations in adolescent sexual health education because the health educator and teacher show that male adolescents are often given information that reinforces gender stereotypes that perpetuate inequality, such as the need for boys to perform sexually. In

the absence of effective education, consultations with peers on sexual health are needed to increase responsible decision-making on sexual health.¹²

Some studies have shown that male adolescents are generally not aware and they know less than female adolescents regarding knowledge about risks and reproductive health, including STIs and HIV. Other studies have shown that male adolescents are generally more exposed to HIV/AIDS information, and data from a UNICEF report in 2013 showed that male adolescents in sub-Saharan Africa have better knowledge about HIV than male adolescents in sub-Saharan Africa.¹²

In this sense, faced with the epidemic of AIDS in Brazil, there are still UBSFs that do not carry out educational actions. Also, it was evidenced that the methodology used is still focused on banking education, that is, through lectures, in which the only one speaks. It is important that health professionals do not act alone in the discussion of sexuality, sex, and STI/HIV prevention with adolescents. Interdisciplinarity is a good “tool” for this discussion; and, it is necessary to know the reality of adolescents and identify the knowledge that each one brings about the subject to create strategies that encourage participation, using an accessible language, creating and strengthening bonds.¹³

Thus, it is essential to use educational strategies that use the participatory methodology, encouraging the participation of all on the prevention of STIs/HIV in adolescents, with the purpose of empowering them to take care of their sexual health.¹³

It is important to emphasize that in this study, one of the main partners of the UBSF in the development of prevention activities is the Centers of Testing and Counseling (CTA) carrying out actions of diagnosis and prevention of sexually transmitted diseases. In these services, HIV, syphilis and hepatitis B and C tests can be run free of charge. The service also encourages the adoption of preventive measures, reducing emotional impact and increasing access to diagnosis and treatment of HIV infection, STDs, syphilis and hepatitis B and C; among others.¹⁴

The existence of groups of adolescents in the UBSF showed a disregard for the present people. It should be noted that most of the activities developed in the UBSFs are carried out sporadically, individually and exclusively with the spontaneous demand of the service, that is, there is no specific programming with strategies, goals, and objectives to be achieved.¹⁵ Most health services have no

Santos SC dos, Almeida DB de, Oliveira WAS de et al.

specific actions aimed at this people, particularly in the area of sexual and reproductive health, which is important, since there has been an increase and a confirmed tendency for AIDS to spread among adolescents and young people.¹⁶

Condoms were the most cited among the inputs available by the UBSF, given that this is positive, since condoms are still the best form of prevention.¹ Studies indicate that educational activities aimed at HIV prevention use as the main strategy to inform the use of condoms as a safe way to prevent the disease, encouraging the practice of its use. However, adherence to condom use is not easy. There are several justifications for its disuse such as fidelity and trust in relationships, among others. The implementation of preventive activities should consider that the most vulnerable populations need preventive measures more appropriate to their contexts, life histories, and sexual practices, without any value judgments being made.¹⁷

The campaigns offered by the Ministry of Health (MH) for HIV prevention have been reformulated since, for some time, they were divulged and worked only in the carnival. Now, after an increase in the number of cases in Brazil, it has been disseminated throughout the country. However, 50% of respondents said they did not know about such campaigns, nor did they use them in the UBSF. In 2014, the MH launched a youth-focused campaign, a population that has been overlooked in recent years, with the goal of encouraging them to perform HIV testing on available services. Also, the Carnival STD and AIDS prevention campaign were launched with the main objectives of giving greater visibility to the issues of living with HIV/AIDS and the importance of testing and treatment as prevention, especially for young people.¹⁸ The first time, MH launched an HIV/AIDS prevention campaign that extends throughout the year, covering most of the popular Brazilian celebrations. The mobilization is part of the MH's new strategy of extending the prevention campaign to other popular parties, besides to the Carnival.¹⁸

People prevention policies need to consider that all people are vulnerable to HIV infection and the level of proportion for more or less is related to their social context, their personal values, socio-cultural and economic exclusion levels so that effectiveness and success in their strategies and actions.¹⁷ The results described here show that the greatest difficulties evidenced to carry out actions to prevent HIV transmission in adolescents were

The prevention of the human immunodeficiency...

the lack of service demand and the prejudice of the exposition of the topic.

This reality also states that young people use the health service very little because there are few needs interpreted by this health service for them. The fact is that, in the health services, there is not a more complete and proper cut of the group as an object for the work, due to the concrete conditions of biological structure and the objective conditions of existence, as well as to the working characteristics of the clinical model. Another issue linked to this fact is that people are not only afraid of the contamination or the physical consequences imposed by the disease, but mainly of the moral judgments linked to it.¹⁷

The implementation of adolescent health care policy in Brazil faces several difficulties, and one of them is the training of human resources since there are not enough health teams to assist this population.¹⁵ Their professionals are neither trained nor sensitized for working with adolescents, and not everyone is willing to work with this population. Many professionals perceive adolescents as people in training, who need guidance and lack the maturity and sufficient autonomy to fully exercise their rights.¹⁵

CONCLUSION

There was a perceived fragility in the implementation of adolescent prevention strategies for HIV/AIDS since the nursing team does not routinely have these strategies, only performing them sporadically in the UBSF. In more than half of the units, there are no groups of adolescents, adding to that, the demand of this people for the service is almost non-existent, and the active search for them is not carried out. The most used form of an exposition of the theme are the lectures through the school health program (PSE), which already follows a schedule of the education secretary.

Given this, it is essential to know the difficulties experienced by the health team in coping HIV/AIDS in adolescence to find ways to implement health promotion strategies and prevention of new cases of HIV/AIDS, as well as follow up on cases already existing, making health services, especially UBSFs that are closer to the population, more active in this context.

In this way, new studies that address this issue are suggested, not only from the point of view of nursing performance, but also from the other members of the multi-professional team and especially from the point of view of the adolescent using the services, allowing a

Santos SC dos, Almeida DB de, Oliveira WAS de et al.

more accurate picture of reality, covering all actors involved in this context.

In this sense, this study allowed a greater knowledge of the topic, and could be used to reformulate nursing care to the UBSF adolescents, further qualifying the services, identifying the actions to be carried out and analyzing the main challenges still present for the effective implementation of actions of promotion and prevention of HIV/AIDS by nursing professionals. Also, it is important to break the taboos by empowering professionals by offering materials and financial resources and an adequate working environment. It is also necessary the active search of these people and the awareness about the importance of their participation in actions of prevention and health promotion.

ACKNOWLEDGEMENT

To God in the first place, who enlightened us during this long journey. The counselor Prof. Silvana Cavalcanti dos Santos for her patience and dedication, making possible the conclusion of the Course Conclusion Work. To the Family, which is our structure. To the friends, especially Aristóteles David Lima for the willingness to help us.

REFERENCES

1. Brasil, Ministério da Saúde. Departamento de DST, aids e hepatites virais: Aids no Brasil; 2015 [cited 2015 Mar 17]. Available from: <http://www.aids.gov.br>
2. Programa Conjunto das Nações Unidas sobre HIV/AIDS (UNAIDS). Global Report: UNAIDS report on the global aids epidemic 2013 [cited 2015 Mar 16]. Available from: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Global_Report_2013_en_1.pdf.
3. Brasil, Ministério da Saúde - Secretaria de Vigilância em Saúde - Departamento de DST, Aids e Hepatites Virais. Boletim Epidemiológico-HIV/AIDS. Brasília 2014 [cited 2016 June 17]. Available from: http://www.aids.gov.br/sites/default/files/anexos/publicacao/2014/56677/boletim_2014_final_pdf_15565.pdf.
4. Rouquayrol MZ, Almeida Filho N. Epidemiologia e Saúde. 6th ed. Rio de Janeiro: MEDSI; 2003.
5. Instituto Brasileiro de Geografia e Estatística [homepage na internet]. Censo Demográfico, Rio de Janeiro, 2010 [cited 2014 Sept 10]. Available from: <http://www.ibge.gov.br/estadosat/temas.php?sigla=pe&tema=projecao2013>.

The prevention of the human immunodeficiency...

6. Kahana SY, Jenkins RA, Bruce D, Fernandez MI, Hightow-weidman LB, Bauermeister JA, et al. Structural Determinants of Antiretroviral Therapy Use, HIV Care Attendance, and Viral Suppression among Adolescents and Young Adults Living with HIV. *PLoS ONE*; 2016 Apr [cited 2016 May 22]; 11(4):e0151106. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27035905>.
7. Miller KS, Cham HJ, Taylor EM, Berrier FL, Duffy M, Vig J, et al. Formative Work and Community Engagement Approaches for Implementing an HIV Intervention in Botswana Schools. *Am J Public Health*; 2016 May [cited 2016 May 22];19:e1-e3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27196663>.
8. Araújo EC. Vulnerabilidade dos adolescentes frente ao HIV/AIDS [editorial]. *J Nurs UFPE on-line* [Internet]; 2016 Feb [cited 2016 May 17];10(supl.2). Available from: www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/.../14497.
9. Carvalho FL, Aires DLS, Segunda ZF, Azevedo CMPS, Corrêa RGCF, Aquino DMC, et al. Perfil epidemiológico dos indivíduos HIV positivo e coinfeção HIV-Leishmania em um serviço de referência em São Luís, MA, Brasil. *Ciênc Saúde Coletiva*; 2013 [cited 2016 May 17]; 18(5):1305-1312. Available from: <http://www.scielo.br/pdf/csc/v18n5/15.pdf>.
10. Shiratori K, Costa TL, Formozo GA, Silva SA. Educação em saúde como estratégia para garantir a dignidade da pessoa humana. *Rev Bras Enferm*; 2004 Sept/Oct [cited 2016 Feb 12]; 57(5): 617-9. Available from: <http://www.scielo.br/pdf/reben/v57n5/a21v57n5.pdf>.
11. Alves VS. Um modelo de educação em saúde para o Programa Saúde da família: pela integralidade da atenção e reorientação do modelo assistencial. *Interface - Comunic., Saúde, Educ*; 2005 Feb [cited 2015 Apr 21];9(16):39-52. Available from: <http://www.scielo.br/pdf/icse/v9n16/v9n16a04.pdf>.
12. Kaufman MR, Smelyanskaya M, van Lith LM, Mallalieu EC, Waxman A, Hatzhold K, et al. Adolescent Sexual and Reproductive Health Services and Implications for the Provision of Voluntary Medical Male Circumcision: Results of a Systematic Literature Review. *PLoS ONE*; 2016 Mar [cited 2016 May 22];11(3):e0149892. Available from: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0149892>.
13. Silva KL, Maia CC, Dias FLA, Vieira NFC, Pinheiro PNC. A educação em saúde junto aos

Santos SC dos, Almeida DB de, Oliveira WAS de et al.

The prevention of the human immunodeficiency...

adolescentes para a prevenção de doenças sexualmente transmissíveis. *Reme- Rev. Min. Enferm*; 2011 Oct/Dec [cited 2016 June 10];15(4): 607-611. Available from: <http://www.reme.org.br/content/imagebank/pdf/v15n4a19.pdf>.

14. Monteiro SS, Brandão E, Vargas E, Mora C, Soares P, Daltro E. Discursos sobre sexualidade em um Centro de Testagem e Aconselhamento (CTA): diálogos possíveis entre profissionais e usuários. *Ciência & Saúde Coletiva*; 2014 [cited 2016 June 10]; 19(1):137-146. Available from: <http://www.scielo.br/pdf/csc/v19n1/1413-8123-csc-19-01-00137.pdf>.

15. Torres GV, Enders BC. Atividades educativas na prevenção da aids em uma rede básica municipal de saúde: participação do enfermeiro. *Rev. latino-am enfermagem*; 1999 [cited 2015 Apr 21]; 7(2): 71-77. Available from: <http://www.revistas.usp.br/rlae/article/view/1367/1396>.

16. Torres TRF, Nascimento EGC, Alchieri JC. O cuidado de enfermagem na saúde sexual e reprodutiva dos adolescentes. *Adolesc Saude*; 2013 [cited 2015 Apr 21];10 (Supl. 1):16-26. Available from: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=391#.

17. Navarro AMA, Bezerra VP, Oliveira DA, Moreira MASP, Alves MSCF, Gurgel SN. Representações sociais do HIV/AIDS: percepção dos profissionais da atenção primária à saúde. *R. pesq.: cuid. fundam. online*; 2011 Dec [cited 2016 June 10]; Ed. Supl.: 92-99. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1966/pdf_529.

18. Brasil, Ministério da Saúde. Departamento de DST, aids e hepatites virais: Campanhas; 2015 [cited 2015 Nov 13]. Available from: <http://www.aids.gov.br/campanhas>.

Submission: 2016/07/28

Accepted: 2017/07/12

Publishing: 2017/08/01

Corresponding Address

Silvana Cavalcanti dos Santos
BR 232 - Km 208
Bairro Prado
CEP: 55200-000 – Pesqueira (PE), Brazil