



RISK TO HIV/AIDS INFECTION AMONG HIGHER EDUCATION STUDENTS

RISCO À INFECÇÃO PELO HIV/AIDS ENTRE ESTUDANTES DE ENSINO SUPERIOR

RIESGO DE INFECCIÓN POR EL VIH / SIDA ENTRE LOS ESTUDIANTES DE EDUCACIÓN SUPERIOR

Luiz Henrique Fernandes da Silva¹, Smalyanna Sgren da Costa Andrade², Simone Helena dos Santos Oliveira³, Suellen Duarte de Oliveira Matos⁴, Maria do Livramento Neves Silva⁵, Edienne Rosângela Sarmento Diniz⁶

ABSTRACT

Objectives: to identify the sources of information on HIV/AIDS in students of higher education; to identify the opinion risk to HIV/AIDS. **Method:** a descriptive and exploratory study with a quantitative approach, performed with 139 students of a private college in the city of João Pessoa, Paraíba, Brazil. Data were compiled and analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 17.0, generating tables with frequencies and percentages. **Results:** the most frequently reported sources of information were the Internet (18.9%), television (18.8%) and books (18%). About 47.5% of study subjects classified their risk of infection for HIV/AIDS as low, 36.7% say there isn't any threat, 11.5% moderate risk and 3.6% high risk. **Conclusion:** the findings reaffirm the need to develop and/or strengthen strategies for prevention and promotion of sexual health of youth and young adult, in order to promote their involvement in discussion and reflection spaces on HIV/AIDS. **Descriptors:** AIDS; Information; Risk; Nursing.

RESUMO

Objetivos: identificar as fontes de informação sobre o HIV/AIDS de estudantes de uma faculdade de ensino superior; identificar a opinião de risco à infecção pelo HIV/AIDS. **Método:** estudo descritivo e exploratório, com abordagem quantitativa, realizado com 139 estudantes de uma faculdade particular, no município de João Pessoa, Paraíba, Brasil. Os dados foram compilados e analisados com o auxílio do programa *Statistical Package for the Social Sciences* (SPSS) versão 17.0, gerando tabelas com frequências e percentuais. **Resultados:** as fontes de informação mais relatadas foram internet (18,9%), televisão (18,8%) e livros (18%). Cerca de 47,5% dos sujeitos da pesquisa classificam seu risco de contaminação para o HIV/AIDS como baixo, 36,7% afirmam apresentar nenhum risco, 11,5% risco moderado e 3,6% alto risco. **Conclusão:** os achados reafirmam a necessidade do desenvolvimento e/ou reforço de estratégias de prevenção e promoção da saúde sexual de jovens e adulto-jovens, com vistas a favorecer o envolvimento destes em espaços de discussão e reflexão sobre o HIV/AIDS. **Descritores:** AIDS; Informação; Risco; Enfermagem.

RESUMEN

Objetivos: identificar las fuentes de información sobre el VIH /SIDA de los estudiantes en una universidad de la educación superior; identificar el riesgo de opinión al VIH / SIDA. **Método:** Estudio descriptivo y exploratorio con enfoque cuantitativo, realizado con 139 alumnos de un colegio privado en la ciudad de João Pessoa, Paraíba, Brasil. Los datos fueron compilados y analizados con la ayuda del paquete estadístico para Ciencias Sociales (SPSS) versión 17.0, la generación de tablas con frecuencias y porcentajes. **Resultados:** las fuentes más frecuentes de información fueron Internet (18,9%), la televisión (18,8%) y libros (18%). Sobre el 47,5% de los sujetos de estudio clasifica el riesgo de infección por el VIH / SIDA como bajo, el 36,7% dice que cualquier amenaza, el 11,5% de riesgo moderado y el 3,6% de alto riesgo. **Conclusión:** los resultados reafirman la necesidad de desarrollar y / o fortalecer las estrategias de prevención y promoción de la salud sexual de los jóvenes y adultos jóvenes, con el fin de promover su participación en los espacios de discusión y reflexión sobre el VIH / SIDA. **Descriptor:** SIDA; Información; Riesgo; Enfermería.

¹Student, Nursing degree course, Universidade Federal da Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: ricnicjp@hotmail.com; ²Nurse, Doctoral student, Nursing Post-Graduate Program, Universidade Federal da Paraíba/PPGENF UFPB. CAPES Scholarship. João Pessoa (PB), Brazil. E-mail: nana_sgren@hotmail.com; ³Nurse, PhD Professor, Health Technical School - Escola Técnica de Saúde (ETS), Nursing Post-Graduate Program, Universidade Federal da Paraíba/PPGENF/(UFPB). João Pessoa (PB), Brazil. E-mail: simonehsoliveira@hotmail.com; ⁴Nurse, Master degree student, Nursing Post-Graduate Program, Universidade Federal da Paraíba/PPGENF UFPB. CAPES scholarship. João Pessoa (PB), Brazil. E-mail: suellen_321@hotmail.com; ⁵Nurse, Master (egress), Nursing Post-Graduate Program, Universidade Federal da Paraíba/PPGENF UFPB. João Pessoa (PB), Brazil. E-mail: marialns@hotmail.com; ⁶Nurse, Master (egress), Nursing Post-Graduate Program, Universidade Federal da Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: enesarmento@hotmail.com

INTRODUCTION

Health reform and the reorganization of the Brazilian health system outlined ethical bulge that supports the current national policy to combat AIDS in the country, with changes over the years, to follow the inclusive issues of different social groups, considering religious principles, and moral issues related to sexuality. The evolution of policy was creating conditions for the country to provide more specific answers to the demands generated by epidemic.¹

Nowadays, we discuss about the chances of anyone contracting the disease, due to the multitude of socioeconomic and cultural factors involved and determine individual and collective behavior. Thus, the risk of infection involves multivariate factors that attest to the vulnerability to disease.

Meanwhile, the concept of risk appears as medical epidemiology in the area of heritage and has focused on the individual and the possible causal relationships between existing conditions or pathological or non- pathological events.² Internationally, the World Health Organization (WHO) states to intervene in critical knowledge gaps is still effective in combating the epidemic. However, programs should consider the multiple needs and adolescents and young vulnerabilities, such as age, specific behaviors and other social complexities of epidemia.³

We may also add that the commitment to the production and sharing of knowledge, debate and action on different levels and nature of susceptibility of individuals and collectivities to infection, illness and death from the disease, according to the particularity of each situation and the resources for solving them are also involved in preventive actions to HIV (Human Immunodeficiency Virus) and AIDS.⁴

Regarding the perception of risk by young people, especially university students of Brazilian higher education institution in Fortaleza-CE, we found that participants have demonstrated knowledge.

However, programs should consider the multiple needs and vulnerabilities of adolescents and limited youth about HIV prevention and favorable attitudes to condom use. However, these attitudes were of low intensity, as well as the low perception of risk in relation to their sexual practices. These practices involve not using condoms, demonstrating the need for investment in educational activities about sexuality, AIDS

and STI (Sexually Transmitted Infection) within universities.^{4,5}

The problem of AIDS in youth and young adult and their individual and collective impact led to the proposition of this study with a view to strengthening the role of nursing with discoveries that can cooperate in the development of educational activities in health within higher education institutions, providing guidance related to living a healthy sexuality.

This study is justified by the research field to constitute a college, for the vocational training of higher level of health, whose students should, during their training, build and improve knowledge that contribute to the promotion of individual and collective health. To disseminate these results we may favor the development of strategies to improve the adoption of condoms among students from an initiative of these institutions.

Thus, this study has the following objectives:

- To identify the sources of information on HIV/AIDS of students of higher education.
- To identify the opinion of students about the risk of infection by HIV/AIDS.

METHODOLOGY

This is a descriptive study with a quantitative approach, performed with 139 students (61 of Nursing course and 78 of Nutrition), a private college in the city of João Pessoa/PB. Inclusion criteria were students older than 18 years-old and training courses in health, considering the nature of academic students could be more aware and acquainted on the topic.

The data collection instrument was a questionnaire with 18 open and closed questions, including the characterization of sociodemographic, sexual attitude, sources of information about HIV/AIDS and questions related to the risk perception of HIV/AIDS. Data were compiled and analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 17.0, generating tables with frequencies and percentages.

We attended the Resolution 196/96 of the National Council of health⁶ (now 466/12), on the ethical aspects of research involving human subjects. The study was approved by the Ethics Research Committee at the University Hospital Lauro Wanderley under Protocol 241/11, Cover Sheet No. 4,120,087, Presentation Certificate of Appreciation for Ethics No. 0758.0.000.121-11.

RESULTS

As for the age group, 17.3% are 20 years-old, 37.4% are between 20-26 years-old and 45.3% are more than 26 years-old. Regarding

gender, 84.9% were female. In matters of religion, the Catholic predominated with 52.5%, followed by 31.7% of evangelicals.

Below, there are the sources of information on HIV/AIDS (Table 1).

Table 1. Distribution of sources of information on HIV/AIDS. João Pessoa, 2012.

Sources of Information	n	%
Internet	120	18,9
TV	119	18,8
Books	114	18,0
Friends	76	12,0
Partner	60	9,5
Mother	43	6,8
Radio	43	6,8
Siblings	28	4,4
Others	17	2,7
Father	14	2,2
Total	634*	100,0

*N considers the amount of information sources

Below there is the distribution of students on the sexual orientation and practices (Table 2).

Table 2. Distribution of students on the sexual orientation and practices. João Pessoa-PB, 2012 (n=139).

Variáveis		n	%
sexual orientation	Heterosexual	132	95,0
	Homosexual	03	2,2
	Bisexual	01	0,7
	No reply	03	2,2
Sexual practices	Vaginal sex	54	38,9
	Vaginal and oral sex	37	26,6
	Oral and anal sex	01	0,7
	All	22	15,8
	No reply	25	18,0

In Table 3, we can observe the types of sexual partners reported by the students.

Table 3. Distribution of students by type of sexual partnership. João Pessoa-PB, 2012 (n=139).

Variables		n	%
Type of partner	Stable	107	77,0
	Casual	09	6,5
	Both	03	2,2
	No reply	20	14,4
Total		139	100,0

Students were asked about condom use and consumption of alcohol in sexual relations, with the answers presented in Table 4.

Table 4. Distribution of students according to the use of condoms and alcohol intake during sex. João Pessoa-PB, 2012 (n = 139).

Variables		n	%
Use of condoms	I do not use	39	28,1
	I use occasionally	34	24,5
	I ofther use	20	14,4
	I use in all relations	30	21,6
	No answer	16	11,5
Alcohol and sex	Never	83	59,7
	Use occasionally	43	30,9
	Often use	04	2,9
	No answer	09	6,5

Table 5 shows how students perceive themselves in relation to possible contamination with HIV/AIDS through the following questions: Do you consider your

sexual practices in risk for HIV/AIDS infection? How do you assess your risk of infecting with HIV/AIDS?

Table 5. Distribution of students according to the opinion of the risk of contamination with HIV/AIDS. João Pessoa, 2012 (n=139).

Variables		n	%
Sexual practices in risk	Yes	19	13,7
	No	120	86,3
Contamination risk	None	51	36,7
	Low	66	47,5
	Moderate	16	11,5
	High	05	3,6
	No answer	01	0,7

Regarding the consumption of alcohol before sex, 59.7% of students revealed that never consumed any alcoholic drink before having sex, while 30.9% said they use occasionally.

DISCUSSION

The distribution of participants shows that the largest contingent is inserted in the first period of undergraduate courses in Nursing and Nutrition. As this is a private college, probably, this dominance can be explained by the higher number of students in the early classes, the number of students decreases over training, either by withdrawal or transfer to another course.

The sources of information, internet, television, books and friends were the vehicles most often cited by students to be informed about HIV/AIDS (Table 1). The use of the Internet as a means of spread of information has been facilitated by the speed with which knowledge is diffused. However, search for information in any electronic site is a bit worrying because they are not always reliable. As for television, it is still a massive means of dissemination of information, but not all times are permissive to the discussion of sexuality-related issues.

A study showed that a large number of individuals received information about HIV/AIDS resulting from television and other

media outlets such as magazines, newspapers, books and friends.⁷ So if there is a similarity with the results obtained in this study, respect to the relevant price of television as propagator of information for both public; however, another study found that most participants declared get more school information and/or professors, physicians and/or health professionals and parents/relatives. For the authors, these sources are better equipped to provide scientific data on AIDS.⁶

Research carried out with students of a health technical school showed that teachers and television were the sources of information most cited among young people, the first due to safe search information and the second due to accessibility of young people to this means of communication.⁸

A small search for information with family members is disquieting because it suggests that this occurs due to the lack of openness to the conversation about issues related to HIV and STI, the result of a culture where sex is still maintained as taboo among individuals, that most parents feel unable to cope with the theme.⁴ On this, a research conducted with American college students showed that strategies for HIV prevention should include the mother's educational role in encouraging the use of preservatives.⁹ In this Similarly, the effects of good communication depends on the importance given to the subject,

understanding and acceptance, which serve as mediators for the change in attitude⁽¹⁰⁾.

Communication can also take place in educational institutions, through working group activities, with a view in the collective formulation of knowledge. Information on sexuality and STIs can minimize the risk of contamination by self-care guidelines with health⁽¹¹⁾.

An intervention study of African-American adolescents showed that the request condom use and consequent increased significantly after the intervention of the researchers, showing that good communication can be an important ally in the fight against disease.¹²

It was found that most students are straight. Regarding the type of sexual activity, it was observed that only the vaginal sex and vaginal with oral sexual practices were the most cited among those involved in the study (Table 2). These results endorse the findings of the study conducted in southern Brazil, with university professors revealed that vaginal and oral sex and vaginal sex, correspond to higher rates of sexual practices of individuals.¹³

In addition, most have a steady partner (Table 3). Currently, there is an increase in the number of cases of HIV infection in this audience, even in stable relationships. The increase may be due to infidelity of the marital relationship or in sex with multiple partners without the proper use of preventive methods.¹⁴

In Brazil, the number of women infected with HIV has grown gradually. In 2012, 86.8% of the cases resulted from straight relations.¹⁵ The issue also spills about male sexuality, whose values support the idea that men are unfaithful by nature, due to the need for instant gratification and never refuse a partner available. This attitude legitimizes and maintains male honor.¹³

Research conducted in the United States with eighty African-American men concluded that there is a need to address among heterosexual men issues of masculinity, to facilitate the negotiation of condom use among sexual partners.¹⁶

It reflect that perhaps the increase in cases of HIV infection in straight women stems from the fragility of stable relationship, since in our society, unfortunately prevailing macho culture of the man who betrays and female submission to this betrayal sometimes considered normality. These values fall on gender issues, as discussed by social movements fighting for women in our country. Nevertheless, considering the presence of

another aspect related to the increase in cases that spills on modern. Modern times encourage women to seek autonomy and freedom, reverberating not only in working life, which is totally acceptable and applauded, but also manifesting in casual sex, which associated with the underestimation of the risk of contamination, may reflect the current situation women on the AIDS epidemic in Brazil.

Most students do not use condoms at any time, and then some use it only occasionally (Table 4). Among heterosexuals who have stability in the union associated with fidelity, the chances of contamination are minimal when only the partners relate to each other and are not infected with sexual diseases. However, when there are weaknesses in the relationship, any sexual practice offers risk of contamination.

It is important to set partnership adoption to prevent sexually transmitted infections and HIV, as long as there is sexual fidelity associated with conducting preliminary tests to verify the absence of contamination of partners. Already in casual partnerships, the use of condoms is a substantial factor to the reduction of contamination risks.

When asked about the perception of risk, most participants do not consider their sexual risk and have low self-perception about the risk of contamination (Table 5). This infers that not considered or considered at low risk for contamination is an important factor perpetuating the disease, given that the use of condoms also happens to be underutilized.

Qualitative research involving knowledge and attitude of students across the prevention of AIDS found that most students perceive themselves at risk of contamination to STIs and HIV, regarding the sexual act.¹⁷

It is important to emphasize that the types of sexual relationships between the students and their partners may determine the degree of risk of contamination. As stressed, the risk is always associated with relations without protection with casual partners or infidels fixed partners who do not use condoms.

Furthermore, sexual risk factors are intrinsically related to the changes inherent in each phase that cause uncertainty and doubts about the use of condoms. The young man becomes more vulnerable to sexual risk adversely affecting the resistance sexual capacity.¹⁸

Although the main preventive measure to IST is the use of condoms there is still great resistance in the use of this input, especially among young people. These findings

contribute to an almost universal thought attributed to marital relationships: trust risks, i.e. the partners undergo unsafe sex, based on the certainty of mutual fidelity. This constitutes a potential risk; since anyone can be subject to engage a sporadic relationship driven by desire or passion. In turn, intercourse may be granted by coercion of a spouse, as demonstrated qualitative study of living women in a subnormal agglomerate whose fixed partnership could become an obstacle in the life of some couples where the woman is subjected to frequent partner will and the non-use of condoms, becoming more vulnerable to HIV infection and other STIs, given that his companions may have casual partners.¹⁹

When it comes to condoms, certain cultural characteristics should be acknowledged, because the request condom use is usually seen as distrust in the partner or infidelity by the woman.¹⁹ In addition, studies indicate that non-adherence to use can be caused by trust the partner does not like to use, the discomfort in the sexual act,²⁰ risk of rupture, decreased sensitivity and pleasure.²¹

These factors can also contribute to poor adherence or non-adherence to the method. However, it is interesting to emphasize that the use of preventive methods during sexual intercourse should take place regardless of the type of partner, aiming not only to protect against HIV or other STIs, but also unplanned pregnancy.

Drinking alcohol before or during sex is associated with the ability to discern between the risk factors for STIs because when ingesting this substance, individuals are usually uninhibited and feel more virile, which entails not using condoms in their sexual relations, making them vulnerable to HIV infection and other IST.²²

It is important to note that the amount of ingested alcohol alters the psychological, emotional and physical perception of the individual before and after sexual intercourse, contributing to the risk behavior to HIV/AIDS.²³ In addition to the pattern of consumption, it should be emphasized where the intake of the beverage takes place. Places seen as facilitators for the consumption of alcohol is in the company of friends or other people are associated with recreational settings and social configurations.²⁴

CONCLUSION

It is concluded that the main sources of information about HIV/AIDS were the Internet and television. Therefore, there is the low

participation of parents and educational institutions in the process of transmission of information in the dialogue establishment and discussions compatible with their forums, allowing the avoidance of doubt, awareness and individual empowerment for self-care for the health sexual those young and young adult. However, we cannot dismiss the importance of the internet and television as media/information, but for such a theme is necessary to consider their limitations.

Because most students realize at low risk of contamination to STI/HIV, it is pointed to the need to promote actions involving these youth and young adult in discussion spaces and reflection on HIV/AIDS, particularly in universities, whose role is to promote critical judgment and encourage accountability for their actions.

The results of this study provide a challenge for universities to include in their educational proposals for cross-cutting issues that permeate the individual and collective health of students. Action is required to be consistent with the educational, social, cultural and economic universe of these people, in order to insert effective interventions in academic spaces as part of the educational process.

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Corresponding Address

Smalyanna Sgren da Costa Andrade
Programa de Pós-Graduação em Enfermagem
Centro de Ciências da Saúde
Universidade Federal da Paraíba
Cidade Universitária, Campus I
CEP 58051-900 – João Pessoa (PB), Brazil