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ORIGINAL ARTICLE

ADOLESCENTS' KNOWLEDGE ON THE DIFFERENCE BETWEEN HIV AND AIDS AT A FORMAL EDUCATION SPACE

CONHECIMENTO DOS ADOLESCENTES SOBRE A DIFERENÇA ENTRE HIV E AIDS EM ESPAÇO FORMAL DE EDUCAÇÃO

CONOCIMIENTO DE LOS ADOLESCENTES SOBRE LA DIFERENCIA ENTRE VIH Y SIDA EN ESPACIO FORMAL DE EDUCACIÓN

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ABSTRACT

Objective: to identify adolescents' knowledge on the difference between HIV and AIDS. **Methodology:** this is a descriptive study with a qualitative approach. Data collection was carried out through a questionnaire, with the signing of the free and informed consent term, applied between March and June 2008, with 31 students from the 1st semester of a private college in the city of Rio de Janeiro, Brazil, after the approval by the Research Ethics Committee of Faculdade Sao Camilo, under the Protocol 002/08. The results were collected and analyzed in tables. **Results:** students' ages varied between 17 and 19 years. Most of them (90.3%) were women. Only three students were employed as nursing technicians; over half of them (64.5%) had no knowledge on the main modes of HIV transmission. **Conclusion:** difficulties and gaps were found with regard to information received by adolescents about HIV and AIDS, as well as the need to develop strategic health education actions in the college under study. **Descriptors:** AIDS; sexually transmitted diseases; adolescents; guidance.

RESUMO

Objetivo: identificar o conhecimento dos adolescentes sobre a diferença entre HIV e AIDS. **Metodologia:** trata-se de estudo descritivo com abordagem qualitativa. A coleta de dados foi realizada por meio de questionário, com a assinatura do termo de consentimento livre e esclarecido, aplicado entre março a junho de 2008, com 31 alunos do 1º período de uma faculdade de ensino privado do Rio de Janeiro-RJ, após a aprovação do Comitê de Ética em Pesquisa da Faculdade São Camilo, sob o Protocolo n. 002/08. Os resultados foram agrupados e analisados em tabelas. **Resultados:** a idade dos alunos variou entre 17 a 19 anos. A maioria (90,3%) era do sexo feminino. Somente três alunos exerciam atividade remunerada como técnico de enfermagem; mais da metade dos alunos (64,5%) não demonstraram conhecimento sobre os principais modos de transmissão do HIV. **Conclusão:** verificaram-se dificuldades e falhas nas informações recebidas pelos adolescentes a respeito do HIV e da AIDS e a necessidade de desenvolver ações estratégicas em educação em saúde na faculdade pesquisada. **Descritores:** AIDS; doenças sexualmente transmissíveis; adolescentes; orientação.

RESUMEN

Objetivo: identificar el conocimiento de los adolescentes acerca de la diferencia entre VIH y SIDA. **Metodología:** esto es un estudio descriptivo con abordaje cualitativo. La recogida de datos se llevó a cabo a través de cuestionario, con la firma del término de consentimiento libre y aclarado, aplicado entre marzo y junio de 2008, con 31 estudiantes del 1º semestre de una facultad privada en la ciudad de Rio de Janeiro, Brasil, después de la aprobación del Comité de Ética en Investigación de la Faculdade São Camilo, bajo el Protocolo 002/08. Los resultados fueron agrupados y analizados en tablas. **Resultados:** la edad de los estudiantes varió entre 17 y 19 años. La mayoría (90,3%) era del sexo femenino. Sólo tres estudiantes eran empleados como técnicos de enfermería; más de la mitad de los estudiantes (64,5%) no demostraron conocimiento acerca de los principales modos de transmisión del VIH. **Conclusión:** se verificaron dificultades y fallos en las informaciones recibidas por los adolescentes acerca del VIH y del SIDA y la necesidad de desarrollar acciones estratégicas en educación en salud en la facultad investigada. **Descriptores:** SIDA; enfermedades de transmisión sexual; adolescentes; orientación.

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INTRODUCTION

In Brazil, it's estimated that 700,000 people are living with HIV; a portion of them are unaware of their HIV status, about 200,000 have already died in recent years and a large number of people maintain antiretroviral treatment. The AIDS epidemic is a sum of microregional subepidemics in permanent interaction, due to migratory movements, trade and transport flows, dislocation of labor force, and tourism, that is, in general, it stems from population mobility.¹

With regard to this data, it's necessary to consider how society and young people as a whole deal with the lack of aid to raise awareness about the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS).

This discussion has been supported and stimulated by readings, talks, and researches carried out with adolescents, in which it was discovered the urgent need to establish priorities, with information and guidelines representing results in classrooms and dialogues in which everyone may speak the same language.

With this understanding, these aspects are considered as problems: the lack of information on sexually transmitted diseases (STDs) and on the difference between HIV (virus) and AIDS (disease) among adolescent Nursing students, since there's an urgent need for a greater contribution from everyone to fight AIDS, promoting adequate and persistent information exchange, which allow adolescents to choose healthier lifestyles.

In this context, the popular model of health education, as it's based on an dialogical and interactive perspective for knowledge construction, constitutes a tool potentiating health promotion actions in the domain of adolescents' sexual and reproductive rights.²

Regarding educational systems, one knows that it's impossible to separate HIV prevention from an approach aimed at health care from a wider perspective, including sexual health and drug use; the precariousness of knowledge is a matter of concern, and it justifies the (re)thinking through the inclusion of specific content in the curricular disciplines, the promotion of interdisciplinarity, and course to promote integration between the courses, in order to disseminate and socialize knowledge.³

In this context, a successful prevention is based on information and guidance to suit the individual and social dimensions in communities suffering from the epidemic.

Despite major progress in controlling the infection through the use of preventive measures – that is, barrier methods with the use of condoms – and, more recently, through the combined use of antiretroviral drugs, the pandemic reached 333 million people worldwide by the end of 2007.⁴

Thus, since the focus of this research is precisely knowledge on HIV and AIDS, the questions are: Is this knowledge adequate? What factors interfere with the use of preventive measures?

Therefore, based on the above and on the severity of the problem, considering that this population is more likely to become infected with HIV and develop AIDS, one may justify this study, which seeks to contribute to the creation of strategies for health education through information on HIV/AIDS to adolescents, as it's disturbing to listen to health professionals themselves refer to an HIV patient as a person with AIDS.

OBJECTIVE

- To identify adolescents' knowledge on the difference between HIV and AIDS.

METHOD

This is a descriptive study of the research-action type, with a qualitative approach, developed through the representation of the characteristics of a given population, as the participant is also an actor in the group concerned.⁴

The study setting was a private college in the city of Rio de Janeiro, Brazil, where the research subjects were 31 students from the 1st semester of the Nursing course, aged from 17 to 19 years. Initially, the school principal was contacted in order to give permission for the research. Next, the researchers followed these steps: 1) contact with students from the school; 2) explanation on the aims and procedures of the research; 3) request support from students to carry out the study; 4) approval by the Research Ethics Committee of Faculdade Sao Camilo, in the city of Belo Horizonte, Brazil, under the Protocol 002/08; 6) signing of the free and informed consent term by the students. The research started with the application of the research instrument.

Data collection was carried out through two questionnaires applied during the

workshops, which lasted one semester.

The study was held within the period from March to December 2008. A test-questionnaire was applied to prepare a more accurate assessment at the beginning of the course, applied to the students from the 1st semester of the Nursing course. The results obtained through the questionnaire provided a more accurate survey, aiming to inform and advise this new group that gets into the academy, as 74% of these students suggested that the information should come from the schools. Therefore, the results of the first phase of the research allowed the observation of the profile of the group under study. At the end of the 2nd semester of 2008 the survey started with the definitive questionnaire, the test-questionnaire was used to detect the difficulties and make adjustments as deemed necessary.

The instrument used consisted of closed questions, such as: means of HIV transmission, what is HIV and AIDS, what is the difference between the virus and the disease, and how the students would like to learn about the

subject. The results were collected and analyzed in tables.

The research complied with all legal and ethical aspects required by Resolution 196/96, from the Brazilian National Health Council.

RESULTS

The students interviewed were aged between 17 and 19 years. Most of them (90.3%) were female. Only three students were employed, as Nursing technicians.

Knowledge on AIDS is an important factor to prevent this disease. More than half of the respondents (64.5%) showed no knowledge on the main modes of HIV transmission (Table 1).

Table 1. Nursing students' knowledge on the modes of HIV/AIDS transmission. Rio de Janeiro, 2008.

Answers	n	%
Clarification in schools	20	64.5
TV programs	5	16.1
Experience exchange with HIV patient	3	9.7
No suggestion	3	9.7

According to Table 2, the main site chosen to receive information and guidelines on the subject was the school (64.5%). It's

noteworthy that the reason for this was that the school is considered a reliable source of knowledge.

Table 2. Suggestion of the nursing students regarding the place where they would like to receive information on STDs. Rio de Janeiro, 2008.

Answers	n	%
Immune system deficiency	20	64.5
Low concentration of red blood cells	5	16.1
It's the AIDS virus	3	9.7
He/she doesn't know how to answer	2	6.5
Sexually transmitted diseases	1	3.2

When asked on what HIV is, 20 students (64.5%) answered immune system deficiency.

Only 3 students (9.7%) said it's the AIDS virus.

Table 3. Nursing students' knowledge on what HIV is. Rio de Janeiro, 2008.

Variables	n	%
Blank response	20	64.5
Oral sexual intercourse	11	35.5

Of the 31 students who participated in the survey, only 8 (25.8%) knew how to define the difference between HIV and AIDS. Most

answers on the difference between HIV and AIDS were related to the presence of virus in the body.

Table 4. Nursing students' knowledge on the difference between HIV and AIDS. Rio de Janeiro, 2008.

Answers		n	%
HIV	Attenuated virus	4	12.9
	Present virus	11	35.5
	The disease is developing	1	3.2
AIDS	The manifesting disease	8	25.8
	Virus manifestation	7	22.6

After six months, with the end of the workshops, the second questionnaire with the same questions was handed in to the students, in which all 31 participants in the survey answered that HIV is the virus and AIDS is the disease.

DISCUSSION

The occurrence of, besides factors and mechanisms possibly involved, metabolic disorders from some infectious diseases, as the HIV/AIDS infection itself, points out the need to develop strategies favoring the reduction of such complications in affected patients, especially due to its potential cardiovascular consequences. However, in other less prevalent or even endemic conditions, but taken for granted (in underdeveloped and developing countries), there's still few data with regard to these associations, particularly from controlled prospective studies. Actions in this regard revealed to be important, in order to gather data which enable measures for a better approach to patients with these diseases.⁶

It's known that education on HIV/AIDS should begin even before young people become sexually active. The official campaigns to prevent AIDS should also inform the differences between HIV and AIDS, the disease itself, because it's believed that there are people who know nothing on the subject, adopting behaviors which are considered more vulnerable in association to sex and the use of psychoactive substances.

The outline of programs for education and communication should not be limited to provide information, it shall improve the ability to avoid risks; in turn, in high school there's a need for education on sexual initiation and on dialogue with the sexual partner.

It's known that the school environment is home to a large population of young people, being the most appropriate site to talk about sex education. It's also believed that joint efforts from the Health and Education Ministries might coordinate actions to prevent STDs/AIDS, including nurses, who, above all, are health educators. There's a need for teachers trained to give classes on health education with regard to sexuality and,

besides, the students must receive condoms. Apparently, there's a lack of initiative and autonomy of teachers, there's no discussion on sexuality in the classroom, and there's a lack of encouragement from the families who do not want to talk about it at home.

In this context, it's noteworthy that many factors, mainly the socioeconomic ones, are increasingly postponing the end of adolescence. Thus, the term youth seems to emerge as an statute created by society itself to individuals who, although physically and psychologically are no longer adolescents, are not socially considered as adults, yet.⁷

Caring to younger people, the transmission of culture from the social group (the teaching of knowledge, production, relation, and participation modes) and preparation for the adult roles (in the war, work, sexuality, family, and citizenship) were educational tasks undertaken by many individuals, groups, and institutions (mothers, fathers, elderly people, teachers, relatives, clans, tribes, neighborhood, community, churches, and schools), through a myriad of arrangements.⁸ The educational systems took this fight, despite the fragile structures, the frequent reforms in the curriculum, and the administrative discontinuity.

There's a need for a greater political and education commitment; one notices the existence of many intentions and few effective actions, even because when sexual rights are addressed, often the emphasis lies on reproductive issues, as if sexuality could be reduced to aspects regarding reproduction and predominantly heterosexual.⁹

It's necessary to show that the social, cultural, and economic aspects characterizing the life of human beings must be questioned and analyzed, because human behavior is conditioned by factors which demonstrate the risks and harms to their health status. Thus, beliefs, values, and customs pervade the life context of people and interfere with the way how they behave in health/disease situations.¹⁰

It's noteworthy that girls present a lower perception with regard to the risk of contracting AIDS than boys, because, in general, they are not trained for it. Parents

still tend to act more liberally with sons and in a more conservative manner with daughters.

In the sexuality domain, power is unevenly divided between the genders, women remain in a subordinate position in the organization of social life.¹⁰

In turn, adolescence seems to be a stage between childish and adult life, with unstable behaviors which are a matter of concern for the family. The family structure is closely related to the historical times of the society to which it belongs, since the different types of family composition are determined by a significant set of environmental, social, economic, cultural, political, religious, and historical variables.¹¹

It's known that the way how teenagers behave denotes less ability to concentrate, physical restlessness, increasing antagonistic feelings with regard to what their senses perceive, personal gestures, their own set of rules, their own opinion about sex, in short, there's no concern about contamination, since it's believed that nothing will happen to them. Adolescents tend to think they are above good and evil.

Everything indicates that for some people the use of condoms is limited to prevent pregnancy; after a few minutes of conversation with some teenagers, one finds out a lack of information, ignorance on HIV and on the difference between the virus and the disease; one notices a lack of interest in learning more about the disease. It's known that both adults and adolescents have difficulties with regard to condom use, many people do not know how to put it and they report to be embarrassed to buy it at the supermarket and drugstore or to obtain it in a health unit.

Despite the problems, information, campaigns, population's indifference, one may still lean on the media to broadcast testimonials from patients who live well for years with HIV. Perhaps the press divulges disastrous truths and encouraging lies, but dealing with an incurable disease is a situation which should not be sensationalized.

There's no program to be fulfilled nor assessments to be carried out when a campaign is promoted in the media to fight AIDS or to encourage condom use, for instance; the aim is to warn and promote a change in young people's behavior patterns and attitudes, however, in parallel, reality works in a very different way.

This is paradoxical. Whether in soap operas

or movies, television shows sex at any time of the day; it's very naive to conjecture that a campaign, no matter how good its purpose is, might change these already established adolescents' behaviors patterns.

Talking about HIV/AIDS implies talking about sex, although there are many contamination options. This also implies talking about drugs, although they still constitute a taboo. Parents do not talk about it with their children as they should, and this is due to several reasons.

Adolescent drug users are more vulnerable to infection by HIV and the other STDs. This fact is associated to poor adhesion to condom use, early onset of sexual life, many sexual partners, and use of injectable drugs.¹²

It's not possible to determine an age to start some explanation, but it's suggested to introduce the subject through short sentences, so that the child can gradually understand it. Besides, there's a need to promote mass awareness, both in private schools and in state and municipal ones.

It's believed that a good way to reduce HIV infections is providing an overview on the virus and the disease in elementary and secondary schools. The child must acquire this knowledge and work on the history of safe sex and other aspects from a very early age, i.e., since she/he enters the school.

More than 25 years after the term "AIDS" was incorporated into the global vocabulary, a vaccine is still seen as the best hope to control and perhaps eliminate the epidemic. The current perspective is that we still won't have an effective product in the next coming years.¹³

Therefore, teachers should take advantage of opportunities presented by their disciplines to calmly and clearly introduce this issue. The support from families, unfortunately, is still very shy, there are parents who don't accept talking nor that the subject is explained to their children.

Much remains to be done, there's a long way to go, as the taboos surrounding sexuality are rooted; to act appropriately with children, it's necessary that educators are well-adjusted to their own sexuality in order to overcome these taboos.

To do this, educators need to review their moral and professional background and an ongoing training also becomes a must. Another point to consider is how the reality in which the child lives is directly related to her/his behavior and the expression of her/his own

sexuality. It was noticed that children who experience a complicated social context, which have direct contact with violence, drugs, sex, and even abuse, express their sexuality more intensely.¹⁴

CONCLUSION

The data obtained indicated the existence of difficulties and gaps in information and advice received by adolescents on HIV and AIDS, since they have insufficient knowledge. This information reveals the need for teachers working in a proper and planned way to solve the existing problems. It's noteworthy the importance of adequate training of health professionals, as it's known that not only adolescents, but a large portion of the population, still confuses the virus with the disease.

There's a need for creating strategies for health education aimed at adolescents. Given this need, an educational primer was prepared as an instrument of information and counseling on sexually transmitted diseases and HIV/AIDS for adolescents. This primer is the final product of this research and it aims at representing all the systematization of results.

Information, guidance, and counseling are the most important tools for reducing the spread of STDs and HIV/AIDS, as they favor to think through the risks of infection and reinforce the need for prevention. Based on this idea, the impact of this disease on society causes discrimination and prejudice against those living with the virus, but who did not develop the disease.

Thus, the negative feelings, the opinions, and the stigma which insists to pervade the life of these individuals seem to be obstacles to the action of fighting this epidemic. People need to sensitize themselves to eliminate prejudice against people with HIV and to demonstrate solidarity and attention, as being a carrier of the virus does not necessarily mean to be a person with AIDS.

It's important to highlight that one can already rely on medications that minimize the viral load, allowing the individual to live with the virus and lead a normal life, since she/he strictly follows medical advice. Continuous prevention is a key factor to envision a near future with good prospects with regard to this disease.

REFERENCES

1. Lagonegro ER, Medeiros LA. Epidemiologia da infecção pelo HIV/Aids no Brasil. São Paulo: Atheneu; 2010.
2. Sampaio J, Santos CR, Paixão AL, Torres ST. Promoção da saúde sexual: desafios no Vale do São Francisco. Rev Psicol Soc [Internet]. 2010 Mar [cited 2012 June 6];22(3):499-506. Available from: <http://www.scielo.br/pdf/psoc/v22n3/v22n3a10.pdf>.
3. Santos SMS, Oliveira FLM. Knowledge about AIDS and drug use among undergraduate students of an institution of higher education in the state of Paraná. Rev Latino-Am Enferm [Internet]. 2009 July/Aug [cited 2012 June 6];17(4):522-8. Available from: http://www.scielo.br/scielo.php?pid=S0104-11692009000400014&script=sci_arttext.
4. World Health Organization. The global HIV challenge: assessing progress, identifying obstacles, renewing commitment. Report on The Global AIDS Epidemic [document on the internet]. Geneva: Unaid; 2008 [cited 2012 June 14]. Available from: http://data.unaids.org/pub/GlobalReport/2008/jc1511_gr08_executivesummary_en.pdf.
5. Gil AC. Métodos e técnicas de pesquisa social. São Paulo: Atlas; 2006.
6. Pontell MMC, Gurgel CHM, Pontell AG, Ramos AVA, Junior MMR. Distúrbios metabólicos em doenças infecciosas emergentes e negligenciadas. Arq Bras Endocrinol Metab [Internet]. 2010 Dec [cited 2012 June 6];54(9):785-92. Available from: <http://www.scielo.br/pdf/abem/v54n9/a03v54n9.pdf>.
7. Castro ACS, Caxias BCL, Araújo EC. Avaliação da educação sexual relacionada ao HIV/AIDS. Rev Enferm UFPE on line [Internet]. 2007 Oct/Dec [cited 2012 June 6];1(2):203-12. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/383-8814-1-/pdf_187.
8. Matos GM, Reis M, Ramiro L. Educação sexual em Portugal e em vários países da América Latina. Psicol Saúde Doenças [Internet]. 2009 [cited 2012 June 6];10(1):149-58. Available from: <http://www.scielo.oces.mctes.pt/pdf/psd/v10n1/v10n1a11.pdf>.
9. Gonçalves RT, Carvalho TF, Faria RE, Goldim RJ, Piccinini AC. Vida reprodutiva de pessoas vivendo com HIV/AIDS. Psicol Soc [Internet]. 2009 Feb [cited 2012 June 6];21(2):223-32.

Available from:
<http://www.scielo.br/pdf/psoc/v21n2/v21n2a09.pdf>.

10. Silva L, Dias ALF, Maia CC, Pereira CC, Vieira CFN, Pinheiro CNP. A influência das crenças e valores culturais no comportamento sexual dos adolescentes do sexo masculino. *Rev Enferm UERJ*. 2010 Apr/June;18(2):247-52.

11. Pratta MME, Santos AM. Família e adolescência: a influência do contexto familiar no desenvolvimento psicológico de seus membros. *Psicol Estud* [Internet]. 2007 May/Aug [cited 2012 June 6];12(2):247-56. Available from:
<http://www.scielo.br/pdf/pe/v12n2/v12n2a05.pdf>.

12. Machado GN, Moura FRE, Conceição VAM, Guedes GT. Uso de drogas e a saúde sexual dos adolescentes. *Rev Enferm UERJ* [Internet]. 2010 Apr/June [cited 2012 June 6];18(2):284-90. Available from:
<http://www.facenf.uerj.br/v18n2/v18n2a20.pdf>.

13. Oshiro T, Almeida A, Duarte SJA. HIV/AIDS: vacinas anti-HIV. São Paulo: Atheneu; 2010.

14. Martini AC. Sexualidade na educação infantil: uma reflexão sobre a prática pedagógica em escolas públicas e privadas na cidade de Cambé-PR [monograph]. Londrina (PR): Universidade Estadual de Londrina; 2009 [cited 2012 June 6]. Available from:
<http://www.uel.br/ceca/pedagogia/pages/arquivos/CAROLINA%20APARECIDA%20MARTINI.pdf>.

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