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HIV/AIDS AWARENESS OF INDIVIDUALS ABOVE FIFTY YEARS: HEALTH EDUCATION

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ABSTRACT

With the increase in the number of elderly people infected with human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), there is a clear need to create new strategies and plan effective actions aimed at controlling the epidemic, using health education. This study was performed to develop an educational intervention on HIV/AIDS for a group of elderly users of a basic health unit. The sample comprised people aged over 50 years who were users of the Unified Health System. Interviews were conducted with 14 elderly people aged 52–73 years. The following themes emerged were employed: discovery of prior knowledge about HIV/AIDS, elderly people seeking marriage as a form of prevention, and health education about HIV/AIDS. Only with the awareness and goodwill of all health professionals will we be able to reduce the population of elderly people vulnerable to HIV using knowledge as the main tool and health education as a strategy of application and diffusion.

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INTRODUCTION

In Brazil, the acquired immune deficiency syndrome (AIDS) epidemic is becoming a phenomenon of great magnitude. Cases are multiplying, while simultaneously, the population segments affected are becoming more diverse. In this way, AIDS has ceased to be a disease of certain groups (at-risk groups), as it was when it was first discovered, and it has become a disease of the population in general. There has been an increase in the number of AIDS cases in both the male and female populations, with 50 years of age, which may be an indication of a new characteristic of the epidemic (Affeldt, et al. 2013). According to the AIDS and Epidemiological Bulletin of Sexually Transmitted Diseases (Brasil, 2013) by the Ministry of Health, between 1980 and 2000, the number of AIDS cases in people aged 50 and over was 17,120. Between 2003 and 2013, there was an increase, reaching 55,374 cases. From a mathematical point of view, in absolute numbers, the number of infected elderly people is still considered small; however, from a biological perspective, these data are alarming. Following a worldwide trend, AIDS cases have increased among the elderly, who until recently, represented only a small share in the disease statistics. In Brazil, 2.5% of elderly people are carriers of human immunodeficiency virus (HIV), and this percentage may be much higher if we consider the underreporting of cases and the likelihood of "non-

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diagnosis" in this age group, resulting in high mortality rates (Brasil, 2010). Despite the indications that elderly people are contracting HIV/AIDS, the disease is associated with youth. Thus, older citizens seem to be neglected and unassisted when it comes to the establishment of public policies to prevent this pathology (Bittencourt, et al. 2015). The Brazilian Ministry of Health recognizes the need to include the elderly in AIDS prevention campaigns, but it has been observed is that HIV/AIDS prevention policies continue to target young people, pregnant women, drug users, homosexuals, and sex workers. Thus, since this population has not received interventions stressing the importance of condom use during sexual intercourse in youth, elderly people frequently do not engage in this practice (Silva, et al. 2015). The approach to sexuality in the third age of life has been surrounded by prejudices and constraints (Bittencourt, et al. 2015). This is because of the previous sociocultural norms whereby talking about sex was taboo, as well as experiencing the pleasure of sexuality. This has given rise to the perception that elderly people have the same experience of sexuality as their parents, grandparents, and great-grandparents. In this context, a lack of knowledge concerning AIDS has been observed in people over 50 years of age compared with the younger population. This stems from a lack of prevention policies for this group; thus, health education programs aimed at healthy living and full sexuality in the elderly are needed to strengthen their understanding about AIDS, its aggravations, and forms of prevention (Andrade, et al. 2017).

In view of the profile of the disease and the increasing number of elderly people infected with HIV/AIDS, it is necessary to plan a strategy to control the epidemic. It is necessary to know the characteristics, beliefs and attitudes of the population in this age group so that the strategy can be implemented. That the prevention of this disease and the promotion of healthy sexuality in the elderly can be addressed through health education (Melo, et al. 2016). By providing scientific knowledge, the entire team of health professionals can affect elderly people's daily lives, leading them to understand the determinants of the health-disease process and offering support for adopting new habits and health behaviors. With the increase in the number of elderly people infected with HIV/AIDS, there is a need to plan assistance in the pursuit of epidemic control, with the incentive of prevention policies for the elderly. Thus, education programs should focus on a full, healthy experience of sexuality in the third age while respecting elderly people's cultural, religious and personal characteristics. This will ultimately strengthen their knowledge about HIV/AIDS. The objective of this study was to develop an educational strategy for the group of people over 50 years at the Basic Health Unit (BHU). The specific aims were to verify the participants' knowledge concerning HIV/AIDS, clear up their doubts and correct myths and misperceptions related to this pathology.

METHODOLOGY

This is a descriptive-exploratory study using action research with a qualitative approach. The qualitative research is concerned with a reality that cannot be quantified; responds to specific questions; focuses on meanings, beliefs, and values; and corresponds to a deeper set of relationships (Holloway and Galvin, 2016). It considers phenomena that may not be reduced to the operationalization of variables. Action research is a type of empirical social research that is conceived and carried out in association with an action or problem resolution; it aims to improve the researcher's communication with the researcher (Thiollent, 2005). Participants are involved in such studies in a cooperative or participatory manner. Moreover, its purpose is to solve, or at least clarify, the problem in question. Action research requires a relationship structure between the researchers and research subjects in the study of a participatory/collective type of reality. It is not simply a question of collecting data, but rather, resolving or at least mitigating the problem in question (Thiollent, 2005). This study was carried out at the BHU in a municipality in northeast Brazil. The unit is a reference for primary care in the neighborhood, and it has an interdisciplinary family health.
The study was carried out from June to December 2014. The sample consisted of 14 participants aged 50 or over, some of whom were sexually active, who agreed to participate in the study, making it possible to create an affective bond between the researcher and the research subject. For the inclusion criteria, participants had to be over 50 years of age with an active sexual life. The present research was based on pedagogical technique called the Culture Circle (Pinto, et al. 2016). This is used by an animator who organizes and coordinates a group to provide space for the participation of individuals during the dialogue; in this case, all doubts and myths about AIDS were addressed, and the forms of contagion and prevention were discussed. The Culture Circle phases were followed in accordance with the theoretical aspects of Freire's pedagogy, and they were adapted to reach the proposed objectives; the phases were as follows: discovery of previous knowledge about HIV/AIDS, individuals seeking marriage as a form of prevention, and health education about HIV/AIDS.

The study was divided in two moments. In the first moment, an individual approach was taken to the participants, where the Free and Informed Consent Term (TCLE) was given. After they signed the TCLE, a socioeconomic questionnaire was administered, and information was collected about the participants' prior knowledge about AIDS. Finally, a snack was offered to the participants, allowing the interviewees and researcher could gather informally; this helped to create an approximation link. In the second moment, after having identified difficulties concerning the participants' knowledge, a discussion was held, based on the Culture Circle (Pinto, et al. 2016). However, due to climatic problems, only 2 of the 14 participants present returned for the second moment. On this occasion, the interviewer held a discussion with the study participants and cleared up all their doubts about AIDS. To reach a larger target audience, there was a need to have a third meeting, where an individual approach was taken. The TCLE was again signed, followed by the socioeconomic questionnaire, which included items on participants' knowledge about HIV/AIDS. A discussion was then held with all participants to clarified information about the disease. Finally, a snack was offered to the interviewees and they were thanked for participating in the research. For the organization of the data and description of the results, all interviews and meetings were recorded and transcribed, and the transcripts were kept in chronological order. The participants' anonymity was always respected in generating the audio recordings and transcripts for later analysis and interpretation. To ensure their anonymity, their names were not used, and they were instead replaced with Arabic numerals, assigned in order of the interviews (Individual 1, Individual 2 ... Individual 14).

All ethical principles were respected in this study, as follows: truth: telling the truth so that the participants could make informed decisions; confidentiality: protecting the personal information that has been entrusted to the researcher; non-maleficence: not causing evil or engaging in negligence or malpractice; beneficence: doing good; autonomy: respecting the subjects' right to make their own choices; and justice: treating all subjects in an egalitarian manner respecting anonymity (Rodrigues, et al. 2016). In this study, ethical aspects regarding research involving human subjects were observed, as recommended in Resolution 466/12 of the National Health Council (Brasil, 2013). The project was approved by the research ethics committee of the Federal University of Maranhão (CEP/UFMA, number: 1.165,116).

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RESULTS AND DISCUSSION

Fourteen individuals were interviewed. The sample included eight women and six men aged 52–73 years who attended the BHU in Anhaguera Park, Imperatriz, Maranhão, Brazil. The following categories emerged: individuals' knowledge about HIV/AIDS, marriage as a form of protection, and health education. Most respondents answered that AIDS can be transmitted through sexual contact, but the knowledge stopped there; they failed to respond assertively to identify other routes of contagion or forms of prevention. However, the participants were also receptive to learning what was going to happen to them, which helped to achieve one of the main objectives of this study, namely health education.

Individuals' knowledge about HIV/AIDS

That there are gaps in knowledge concerning HIV/AIDS among elderly people, characterizing a lack of information related to the concept of the disease, the forms of transmission, and doubts about the prevention methods (Duarte, et al. 2016). Reaffirmed this lack of knowledge about HIV/AIDS, including knowledge about HIV, stages of the disease, symptoms, forms of transmission, preventive behaviors, treatments, and perceptions of vulnerability to the virus (Lazzarotto, et al. 2013). In the present study, the interviewees' statements made evident that they did not have adequate knowledge about AIDS. Some of these comments were as follows:

"Oh, it's a sexually transmitted disease, right? It's bad. And all bad, she is right. It will kill little by little. [...] Can you catch it by sitting on the same toilet?" (Individual 1)

"Boy, AIDS is very dangerous. Oh, it really kills. I am afraid of it. [...] You can get it from a kiss, right? "(Individual 2)

"I do not know anything about it." (Individual 3)

"I only hear people talking about it, but I do not know what's wrong." (Individual 11)

There were distortions in the participants' knowledge, especially regarding the forms of transmission, as seen when they mentioned kissing an infected person or using the same toilet. It is evident that the participants' low educational level contributed to this problem, as most interviewees had only reached the second year of elementary school. A lower the level of education individuals have, the lower the percentage of correct knowledge they will exhibit regarding the routes of HIV transmission (Flores, et al. 2016). Most individuals knew that HIV/AIDS can be transmitted through unprotected sexual intercourse, and that is a dangerous and unhealthy disease. However, in their knowledge about the pathology, they could not clearly identify the other possible routes of transmission, and they were even less able to describe forms of prevention.

It was observed that the interviewees still believed many myths about HIV/AIDS transmission and prevention, and even about positive serum. This may be because they had experienced the initial outbreak of AIDS, but their knowledge had not been updated since that time. As one interviewee commented, "AIDS is the people who are skinny, right?" (Individual 14)

When AIDS was reported for the first time, patients were associated with being thin and malnourished, since the disease was debilitating and effective medicines had not yet been developed. The term "5H Disease" was also used to describe AIDS; this stands for homosexuals, hemophiliacs, Haitians, heroin addicts (users of injectable heroin), and hookers (Ministry of Health) (Neves, et al. 2017). However, with the advances in AIDS medication, this reality has totally changed, as well as the view that AIDS can only reach a certain group of people. Thus, it seems that the conceptions of the elderly people included concerning HIV/AIDS have not changed with the increased understanding of the disease. It was verified in the interviews that participants with more schooling had greater knowledge about the pathology. More educated individuals were better informed, recognized all the transmission and prevention routes, and did not have doubts concerning risks of exposure. This is evident in the following statements:

"AIDS can be transmitted through unprotected sex, sharing of biting material, gestation and breastfeeding, and contact with blood. [...] I have no doubts about AIDS." (Individual 13)

"I have no doubts. I follow closely." (Individual 7)

Thus, it is evident that the level of schooling contributes significantly to knowledge. Therefore, emphasized that education is an important factor when it comes to people's understanding of HIV/AIDS (Leveille, et al. 2017) when individuals have accurate knowledge, it is possible to work on the importance of prevention, since access to information about the disease helps in preventing new infections. It is also a strong weapon in the fight against prejudice. However, knowledge is not enough to change behavior such that the individual will adopt safe practices to avoid HIV infection; rather, it is necessary to focus on sociocultural elements to reduce people's risk and vulnerability to the disease (Rock, et al. 2017).

Individuals seeking marriage a form of protection

It is not easy to change the conceptions of the elderly, especially concerning their beliefs and attitudes. The institution of marriage plays a fundamental role in the issue of condom use, since this is emphasized as a factor in disease prevention, especially for women. Marriage is associated with love, faithfulness, trust, complicity and companionship, leading individuals to believe that adopting such values in their lives will protect them from the risk of becoming infected (Said and Saidl, 2015).The interviewees made the following comments on this topic:

"This is something that is not relevant to me. I have been married to the same woman for 45 years. I am a serious, honest man. I'm not afraid. I never did the test, but if I have to do it here and now, I'll do it tomorrow, I'll do it because I'm not afraid ... It does not interest me, it's a little thing; that's something I've never practiced." (Individual 10)

"My husband does not want to use a condom. He said he does not have to because we have been together for a long time." (Individual 12)

In this study, the elderly people perceived AIDS as a "street disease" that does not exist in a stable union. Thus, they end up seeking easier, more comfortable ways to protect themselves, or at least to feel protected, believing in the fidelity, respect and companionship of the partner. They make the marriage their safe harbor, their greater protection; thus, they perceive that they do not need to use condoms. That the use of condoms in stable sexual relationships leads to a situation of distrust in the couple, as the partners end up questioning each other's fidelity, which is characterized as an important, idealizing feeling in a marriage (Nascimento, et al. 2017). Especially for women, marriage is conceived based on fellowship and fidelity; hence, individuals in stable unions often do not use condoms. In view of this, it is clear that one of the major challenges for HIV/AIDS prevention among the elderly is the erroneous belief that they are immune to the disease simply because they are in a stable union.

Health education for HIV

Health education is not meant to inform health, but rather to transform existing knowledge. In this context, health education aims to develop the autonomy and responsibility of individuals in the care of their own health; this is not done by imposing professionals' technical-scientific knowledge on them, but rather by broadening their understanding of the situation of Cheers (Melo, et al. 2016). Health education actions have a persuasive character, as they seek to prescribe certain behaviors considered ideal for the prevention or minimization of health problems. Health education is characterized by the identification of health professionals as legitimate executors or agents of educational actions in health (Sá, et al. 2016). Therefore, health education should be part of nurses' day-to-day assignments so that they can work to prevention diseases and promote of health.

The elderly people in this study were grateful for the intervention, revealing that most participants did not have adequate knowledge about HIV/AIDS, but they were interested in learning and addressing their doubts. Once learning needs are identified, readiness to learn should be assessed; this can be done by verifying and measuring the learner's interest, as evidenced in his or her receptivity of the learner (Brasil, 2013). The participants in this study made the following comments after the intervention, showing their receptivity to the new knowledge:

"Phew, you do not get AIDS from sitting on the same toilet as a sick person, right?!" (Individual 1)

"I thought you could only catch it from sexual intercourse, but now I know there are other ways to get it." (Individual 9)

After the health education, it became evident that the elderly people were more confident in their understanding of the pathology, as their doubts, myths, and misconceptions had been clarified. They were also relieved, as the education addressed issued that had bothered them for a long time and helped to invalidate their prejudices.

Conclusion

At present, it is possible for an elderly person who assiduously attends the BHU to have no knowledge about the disease and exhibit misconceptions about it. Therefore, HIV/AIDS prevention policies for the elderly need to be implemented, and health education is a direct approach to change this problem.
Nurses and all other health professionals need to leave college with a critical sense of this new reality; they need to consider people over 50 holistically instead of only caring about the most common chronic diseases associated with old age, such as hypertension and diabetes. They also need to leave aside the old idea that elderly people are not sexually active life, and thus, they cannot be exposed to sexually transmitted diseases, including HIV/AIDS. In this context, nurses need to be prepared to guide and approach this issue with elderly people, since this is one of their functions as educators and providers of humanized care. Thus, nurses must be aware that the elderly can and should have an active sex life, encouraging them to talk about their sexuality life and making them aware of the importance of using condoms. It is difficult to change habits, beliefs, and conceptions, especially when it comes to elderly people. However, if all health professionals who have contact with the elderly, from community health agents to physician, seek to provide health education, we can reduce elderly people's vulnerability to HIV exposure, and they can use knowledge as their main tool.

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