

Living with HIV/AIDS in adolescence: factors for therapeutic compliance

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INTRODUCTION

In the world in 2017 there were about 36.9 million people living with HIV (Human Immunodeficiency Virus) and this pandemic has been expanding, being a challenge for the various social sectors. There is also a growth in the young population.⁽¹⁻²⁾ Approximately one-third of the world's population is between 10 and 24 years old. For the World Health Organization (WHO), it is in this age group that half of all HIV infections are worldwide.⁽³⁾

The pandemic of HIV/AIDS has been increasing worldwide and in Brazil, especially among adolescents. Understanding how the adolescent experiences this condition, is essential in order to establish the best strategies to allow less suffering and adherence to the treatment.

OBJECTIVES

- Assess the knowledge and perception of adolescents vulnerability to HIV acquisition;
- Investigate factors that contribute to adherence to treatment of HIV-positive adolescents.

METHODS

Research descriptive, qualitative and exploratory research was performed through interviews with five adolescents (10-19 years old) under treatment for HIV, from October to December 2018, in the ambulatory reference setting for HIV/AIDS treatment (Salvador-Ba). in three steps (SI, SII and SIII). SI: database was evaluated on treatment adherence and socio-demographic characteristics of adolescents for selection and recruitment for interview. SII: the information about sexual initiation, HIV/AIDS diagnosis and treatment were collected through electronic chart. SIII: after the consent of the adolescent's person responsible and of the adolescent himself, the interview was conducted. To analyze the interview data, the Bardin Content Analysis technique and the Health Belief Model were used.

RESULTS

The process of analyzing the information obtained in the interviews resulted in four original categories of CSM: perceived susceptibility to HIV, adolescents; perception of AIDS severity, perceived benefits and perceived barriers to adherence to treatment.

✓ Characterization of study participants

Interviewee 1 (E1): 18 years old, male, bisexual, family income 1 to 3 salaries, place of residence Interior of Bahia, high school, started sexual life at age 14 with irregular use of condoms in sexual relations, justifies not using the method because of lack of knowledge and because he trusted his sexual partners.

Interviewee 2 (E2): 17 years old, male, homosexual, family income 1 to 3 salaries, place of residence Capital, high school, started sexual life at age 13, did not use condoms in sexual relations, justifies not using the method because he believed that he would not be infected by HIV, people.

Interviewee 3 (E3): 16 years old, female, heterosexual, family income 1 to 3 salaries, place of residence Capital, basic education incomplete, started sexual life at 10 years with irregular use of condoms in sexual relations, justifies not using the method because she was not aware of the need to use, had sexual relations for acquisition of drugs and many partners did not agree to use.

Interviewee 4 (E4): 18 year old female heterosexual , family income 1 to 3 salaries, place of residence Capital, high school, began sexual life at age 12 with sporadic use of condoms in sexual intercourse, justifies not using the method because she trusted the partners and believing that people with HIV / AIDS have specific physical characteristics.

Interviewee 5 (E5): 19 years old, female, heterosexual, family income 1 to 3 salaries, place of residence Capital, high school, started sexual life at 14 years with irregular use of condoms in sexual relations, justifies not using the method because he believed that the HIV/AIDS carrier was in a specific group lesbian, gay, bisexual and transvestite).

✓ Perception of HIV susceptibility

- Lack of knowledge about HIV/AIDS

Before the diagnosis I had no knowledge about HIV and AIDS, I thought it was the same thing and who had died and emaciated. (E5)

In an integrative review of adolescent vulnerability to HIV/AIDS, studies have shown that adolescents have a deficit in knowledge about HIV/AIDS.⁽⁴⁾

- Confidence in partner and /or stable relationships

Should not we use a condom? but he said: do you think that if you had any illness it would happen to you? Then, since I already liked that person, it would be a boring thing to talk about it and I ended up letting it go. (E1)

A study carried out with adolescents of both sexes between 14 and 18 years old in the city of São Paulo showed that the use of condoms only occurs in the initial phase until the adolescent relies on the partner, being replaced by the contraceptive use and previous screening of IST. ⁽⁵⁾

✓ Adolescent perception of AIDS severity

- AIDS is a serious disease that leads to death

AIDS is a serious disease that must be treated, the best thing you have to do is take care of yourself. If I did not treat myself I would be sick. (E4)

Research with adolescents aged 15 to 18 years in Portugal: demonstrated a relationship between the recognition of AIDS as a serious condition and the environment where adolescents are inserted. Non-urban means demonstrated more knowledge regarding the severity of AIDS.⁽⁶⁾

- Use of illicit drugs

I did not use a condom, but people said that since I was from the street I should use it. I did not know I could get HIV, so I did not use it. (E3)

Research conducted in Spain with men who desire or have sex with men found that men who had some STIs, including HIV/AIDS diagnosed in the last year, had a higher prevalence of drug use.⁽⁷⁾

- Religious extremism related to healing

It is not just medicine, my Holy Spirit and God that are protecting me. (E3)

Religion is a practice used by many people with HIV/AIDS to alleviate their fears and guilts, believing that God will heal them and recognizing that religion is a form of purification, since the presence of HIV still connotes sin and promiscuity.

✓ Benefits and Barriers perceived

- Health services support

The nurse who attended me was one of the best people, she guided me, she talked to me, she helped me in every way, she gave me a structure that not all professionals give I think she was essential to continue my treatment. (E1)

A study conducted with nurses and health professionals on nursing care management showed that adolescents living with HIV/AIDS need an environment reserved to talk about subjects that are not shared with others.⁽⁸⁾

- Family support/Lack of family support

That is why I say that the family environment is very important because the family environment will give you a structure to guide you to that path [...] (E1)

My sister was worse, when I had the diagnosis she would not let me do anything in her house [...] (E4)

A study carried out with individuals living with HIV/AIDS carried out in the interior of Minas Gerais, the family was the source of support most reported by the participants, thus constituting a strengthening link for coping with the disease.⁽⁹⁾

- Faith and religious practices/Extreme Religiosity

I am evangelical and because I am a Christian, my religion helps me in the treatment. (E2)

I think my God healed me [...] (E3)

Spiritual well-being is one of the factors that contributes to the individual's resistance and protection of his health. This condition favors the treatment and reduction of the problems related to the health of people with HIV/AIDS, thus improving their quality of life.⁽¹⁰⁾

- Support from school and colleagues/Lack of support and discussions on the subject in schools

My teacher supported me [...] (E2)

The school environment should not be a biased environment, it should be an environment where he can get to the teacher to talk and say I have HIV [...] (E1)

A study conducted in Sweden with 15 to 18 year-old students showed that actions in the school environment with a focus on HIV/AIDS and people infected with HIV can contribute to HIV/AIDS prevention, as well as reduce discrimination and exclusion of individuals with HIV.⁽¹¹⁾

- Use of illicit drugs

I threw the medicine away because I wanted to go to the street to use drugs. (E3)

The repercussions of drug use may be intertwined with episodes related to violence and HIV transmission, whether through the use of contaminated syringes or unprotected sex.⁽¹²⁾

CONCLUSION

There is a lack of knowledge regarding HIV/AIDS with a low perception of susceptibility in the acquisition of the virus. They highlighted the importance of the family, friends, school, faith and religious practices, and the health professional for the treatment compliance.

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