

AIDS ASSISTANCE IN PRIMARY CARE: A STUDY OF THE NETWORK OF RIO CLARO/SP

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Abstract: Despite advances in the fight against the AIDS epidemic, it remains a public health problem, with significant morbidity and mortality data and obstacles that need to be overcome. Faced with the world scenario, which points to high rates of contamination by AIDS, and the need to offer actions aimed at reducing the spread of the disease, the process of decentralization of care to primary care has intensified, boosting the debate on the potential of this level of care in the control of AIDS, hitherto under greater centralization by specialized care services. In this context, the study aimed to evaluate the assistance in AIDS in primary care, under the evaluative opinion of the professional nurse. This is a research with a quantitative approach, in which 22 nursing professionals who work in Primary Care in the city of Rio Claro/SP participated. The data, collected through a questionnaire, between October 2019 and January 2020, were analyzed by calculating the Average Ranking (RM), Cronbach's alpha coefficient and descriptive statistics, with the SPSS (Statistical Package for the Social Sciences) programs) and STATA (Statistical Software). The results showed that the best performance was expressed in more standardized actions, with a tendency towards standardization and of a more technical nature, compared to actions of a more procedural, communicational nature and that require singularization of approaches, focusing on specificities and needs. It is necessary to advance in comprehensive care and in the implementation of humanized practices, where prevention combines the technical protocol domains with the psychosocial and educational domains of health actions, especially the approach to the experiences of sexuality, diverse and plural, the mitigation of stigma AIDS and social and health inequities.

Keywords: AIDS, Decentralization, Primary Care, Nursing.

INTRODUCTION

The constitution of the Brazilian response to the AIDS epidemic is combined with the set of social and political movements that gave rise to the SUS, since it emerged in the country at exactly the same political moment. After more than three decades of the epidemic, all the achievements in terms of knowledge are clear; evidence-based policy making; technical and scientific development; innovation in the production of antiretroviral drugs; prevention strategies and access to a large layer of the population - all these devices currently available in health policy, serve to improve the quality of life of affected people (BERMUDEZ, 2018).

The challenges show that, despite advances in the fight against the AIDS epidemic, the disease remains a public health problem, with significant morbidity and mortality data and obstacles to be overcome (PADOIN et al., 2010). According to data from the United Nations Organizations in Brazil (2014), in the last 30 years the disease has had a devastating effect on families, communities and countries, with the loss of 35 million lives (UNBR, 2014). Global statistics for the year 2019 report 37.9 million people worldwide living with AIDS and 74.9 million infected people since the beginning of the epidemic, which leads to great global concern in trying to control the spread (BRAZIL, 2019).

Since the first steps taken by the AIDS response, the developed model of care was centered on specialties, since the purpose was to face a health problem with complex clinical characteristics. Notably, the specialized outpatient services, which had multidisciplinary teams, with infectologists, nurses, psychologists, social workers and pharmacists, sought to develop comprehensive health care (NEMES et al, 2004).

Over more than two decades, we realized that this care model played its role and favored the care of people with AIDS, although with great diversity in its formats in the different units where these services were established. Currently, with the increase of new infections in key populations, mainly young MSM; the chronicity of the disease and the new clinical protocols that advocate the beginning of early antiretroviral therapy, this led to the occurrence of changes such as the reordering of the lines of care in primary care and in high complexity care (BERMUDEZ, 2018).

The opportunity to strengthen primary care through the decentralization of AIDS prevention and care actions is an important step and, at the same time, a challenge. Here, we highlight the concern with the ability to insert populations away from services due to various structural impediments, which leads to the need for new skills that primary care health professionals need to build. This implies not only the provision of rapid tests, but also counseling, diagnosis and clinical follow-up of patients who do not need specialized care (BERMUDEZ, 2018).

The success and effectiveness in the implementation and integration of STD/AIDS prevention and care actions in the primary care network are subject to the continuity of the support and qualification processes of the management teams, as well as the workers, for the construction of comprehensive care. (PAULA; GUIBU, 2007). Given this scenario, the present study aimed to evaluate AIDS care in Primary Care in Rio Claro/SP, from the perspective of professional nurse. The theme is aligned with the social priorities of the moment in which we live, in addition, the study has the possibility of contributing to the improvement of professional assistance and the quality of life of the population living with AIDS.

METHOD

This is an exploratory and descriptive research, with a quantitative approach. Quantitative research seeks to validate hypotheses through the use of structured data, suggesting a final course of action. It quantifies the data and generalizes the results of the sample to interested parties, with variables expressed in the form of numerical data and employs statistical resources and techniques to classify and analyze them: percentage, mean, standard deviation, correlation coefficient and regressions, among others (MATAR, 2008). Descriptive research has the main purpose of describing the characteristics of a given population or phenomenon, or establishing relationships between variables (GIL, 1999a); and those of the exploratory type seek a first approach by the researcher to the topic, to make him/her more familiar with the facts and phenomena related to the problem to be studied. (GIL, 2007b).

The research was carried out in the Primary Care (AB) network of the city of Rio Claro, a Brazilian municipality in the interior of the State of São Paulo, with an estimated population of 206,424 inhabitants. The Municipality has a PC network composed of 6 basic health units and 23 units of the Family Health Strategy, totaling 29 units. Nurses who work in AB, who were not on vacation or away from their function, were selected for the study, totaling 22 professionals. The research project was approved by the Ethics Committee for Research with Human Beings of UFSCar (CAAE, number: 11517119.8.0000.5504; opinion, number: 3.480.465).

The data collection instrument was a questionnaire built and validated by Castro (2015), consisting of 18 questions that assess the care offered by health professionals in AB to effectively control AIDS, in the following domains:

DOMAINS
<p>1. HEALTH EDUCATION</p> <p>Item 15: Are collective educational actions aimed at the population related to the prevention of STIs (sexually transmitted infections) carried out?</p> <ul style="list-style-type: none"> - Item 16: Are educational actions carried out for information and prevention of STIs (sexually transmitted infections) in the physical space of the health unit? - Item 12: Is there health education about healthy living habits in the social facilities under the unit's coverage area? - Item 18: Are educational actions about AIDS developed without difficulties/obstacles?
<p>2. EARLY DIAGNOSIS AND CONTINUITY OF ATTENTION</p> <p>Item 6: Are people diagnosed with AIDS being referred by the unit?</p> <ul style="list-style-type: none"> - Item 7: Is an active search for partners performed when the diagnosis of AIDS was positive? - Item 17: Is the notification of STIs (sexually transmitted infection) and diseases carried out in SINAM (information system for notifiable diseases)? - Item 9: Do people suggestive of AIDS infection who seek the basic unit have the opportunity to carry out the diagnostic test in the health network?
<p>3. PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS</p> <p>Item 13: When the condom (condon) is delivered, do you provide guidance for its use?</p> <ul style="list-style-type: none"> - Item 3: Are information and awareness campaigns carried out in the area covered by the health unit about risk behaviors for AIDS infection? - Item 5: Does the basic health unit provide teaching materials for carrying out educational activities?
<p>4. PERMANENT HEALTH EDUCATION</p> <p>Item 1: Do you have access to Ministry of Health manuals and notebooks regarding the management of sexually transmitted infections?</p> <ul style="list-style-type: none"> - Item 4: Do you have knowledge of the content of the manuals made available by the Ministry of Health regarding the measures used to control AIDS in primary care? - Item 2: Have you participated in training/qualification on topics related to AIDS control in the last five years?
<p>5. PREVENTION OF VERTICAL TRANSMISSION OF AIDS</p> <p>Item 14: Is the result of the 1st and 2nd AIDS serology requested during prenatal care delivered to the pregnant woman during pregnancy?</p> <ul style="list-style-type: none"> - Item 8: Are pregnant women identified with AIDS who were referred to medium and high complexity services monitored by the health unit?
<p>6. AIDS TEST</p> <p>Item 10: Does the health unit provide material for carrying out rapid tests for AIDS?</p> <ul style="list-style-type: none"> - Item 11: Have you received training to carry out rapid tests for AIDS?

Table 1- Detailing the domains of the questionnaire.

Source: Castro (2005).

Questionnaire responses are organized on a Likert-type scale, in which the participant responds based on the degree of agreement with the statement previously recorded in the instrument. The questions are constructed following a self-descriptive statement and the response options offer a point scale with verbal descriptions that include extremes, such as “strongly agree” and “strongly disagree”. For the analysis of the questionnaire, it was decided to evaluate the answers according to the domains indicated by Castro (2015), creator of the instrument.

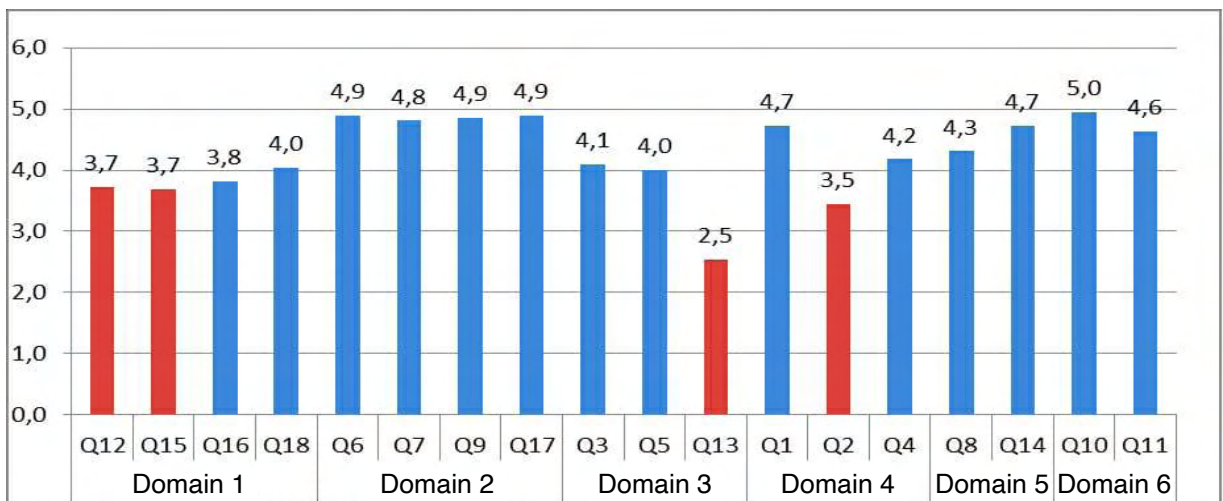
The statistical analysis of data was performed by calculating the Average Ranking (RM) according to Oliveira (2005), which aims to measure the degree of agreement or disagreement for each question assessed. Through the Average Ranking of the scores attributed to the answers (in this case, from 1 to 5), the weighted average was calculated for each item related to the frequency of the participants’ answers, to each of the questions. To obtain the value of the Average Ranking, the weighted average was initially calculated. When the result of

the Average Ranking approaches the value 1, it is possible to identify that the majority of the interviewees consider that answer item less important. On the contrary, the closer to the value 5, the greater the potentiality of the item according to the analyzed domain.

RESULTS AND DISCUSSION

For the purposes of summarizing the results and their better visualization, in addition to facilitating the understanding of the MR calculation process, Graph 1 was prepared encompassing all the domains, in which it is possible to observe those that, for this research, had the best and worst results. There are the best performances in domains 2, 5 and 6, with scores very close to the maximum 5. It is also noted that, although the performance is worse in domains 1, 3 and 4, even there there are questions with positive answers: scores from 4.0 to 4.7.

From the evaluation of Domain 1, given the values achieved, it is observed that the worst performances are in question 15, with RM of 3.68, and in question 12, with RM of 3.72. Questions 16 and 18 had an RM of



Graph 1. Average RM value for each question (all domains).

Source: Research data (2020)

3.8 and 4.0, respectively. However, when the answers are analyzed separately, it is verified that these questions present a high number in the answer “sometimes”: (7) and (8), respectively, which places them in range 3 (neutral) of score, indicating an unsatisfactory performance within the scale and revealing a small fragility in the health education actions of the units studied. This result can be considered worrying, since the prevention of AIDS is done through educational actions, from which reflections and behaviors more directed to the production of health can be mobilized.

In Domain 2, the questions obtained RM close to the maximum point 5, that is, there is a very satisfactory performance, with great potential of the units with reference to early diagnosis actions and continuity of care. This result is due to the set of responses being all concentrated on the alternative “always”, showing positive actions according to government guidelines, in the offer of the rapid test, active search for partners, referral to the specialized service when necessary and notification in the system of control.

The worst performance observed in domain 3 refers to question 13, with a RM of 2.5. In question 3, there is the same variability in the answers, in which, despite an RM 4, there is a high number of answers “sometimes” (6), pointing to a fragility of the units studied in the prevention of sexually transmitted infections. There is a slight disparity in this domain, since a positive result was obtained in relation to the availability of educational materials. There is a relationship between this result and that found in domain 1, related to Education and Health, since these materials are important subsidies in educational actions.

In Domain 4, the worst result observed was in question 2, with an MR of 3.45, demonstrating a weakness in relation to the

training actions of workers, in the context of permanent education. However, regarding access to the Ministry of Health manuals, the results were positive, with an MR of 4.18 and 4.72, indicating that the nurses of the studied units have appropriated the guidelines for quality performance in relation to care and AIDS prevention.

According to the results, domain 5 demonstrates the potential of the units, with an MR of 4.3 and 4.7 in relation to the prevention of vertical transmission of AIDS. This result corroborates the governmental efforts that, during the evolution of the AIDS epidemic, have incorporated many advances in the care of AIDS-infected pregnant women. Advances related to reception, prophylaxis, treatment and monitoring of these women have transformed the scenario of infection in newborns. In Brazil, these interventions are widely available (BRASIL, 2016). Preventive and prophylactic actions that need to be reinforced in prenatal and childbirth care, with laboratory screening of all pregnant women in prenatal and childbirth, as well as treatment timely and suitable also for the sexual partner (STATE SECRETARIAT FOR HEALTH OF SÃO PAULO, 2011).

In domain 6, as in domain 5, the units demonstrate a potentiality related to AIDS testing, with MRI close to the maximum point 5. It is noted that both domains address the rapid test performed in the units: in domain 5, testing for all pregnant women and, in domain 6, for making the test available to the general population. This result suggests an effective work in the prevention and care of AIDS, indicating that the experience of decentralization of care guarantees SUS users faster and more efficient access to tests, which facilitates diagnosis and faster initiation of their treatment.

Considering these results, it is understood that the health units analyzed in the city of the

study present a good performance in relation to AIDS care, within the decentralization process that is being designed, highlighting as negative only the action of associating the delivery of condoms to listening and guidance (Q13).

According to Ferraz and Nemes (2013), the actions that are easier to implement are those that have a greater normative definition, that is, those whose operational forms are established in guidelines and protocols. The results of the present study confirm what these authors claim, since they suggest that there are trends towards better performance in this type of actions and/or corresponding domains. Examples are the availability of male condoms, the provision of diagnostic tests, the treatment of STIs and the provision of more general guidelines in some individual and collective consultations. However, because these actions have a normative definition, and the procedures are carried out in a standardized way, there may be a tendency for less possibility of personalization of care and guidance, which makes it difficult to face the person's difficulties in adhering to preventive methods.

THE MAIN STRENGTHS AND WEAKNESSES IN AIDS CARE IN THE CARE NETWORK OF THE CITY OF THE STUDY

ADVANCES AND ACHIEVEMENTS: THE BEST PERFORMANCES ARE IN EARLY DIAGNOSIS, PREVENTION OF MOTHER-TO-CHILD TRANSMISSION AND AIDS TESTING

We found in our study that the domains with the best performances were numbers 2, 5 and 6. In addition, new national guidelines and local experiences have highlighted AB as a protagonist in the AIDS issue, with the function of maintaining and expanding actions promotion, prevention and diagnosis and to

incorporate the monitoring of SUS users with AIDS (MELO; MAKSUD; AGOSTINI, 2018).

The shared management of the care of a person with positive serology for AIDS, between the specialist (infectologist) and the doctor who works in Primary Care (UBS or ESF) and between the multidisciplinary teams of the SAE, can be considered the best way to improvement of care provided to AIDS carriers. In the SAE, there are professionals with an appropriate knowledge of the AIDS clinic and the management of this condition, which must and can be shared with Primary Care.

Thus, although there are many difficulties and obstacles to be overcome in AB, in order to provide care to people with AIDS, it is observed that professionals show concern and commitment to develop comprehensive care within the possibilities offered to them, despite the numerous transformations that permeate its activities. The actions of prevention, promotion and treatment offered in the PC of the city under study are shown to be important tools for the assistance of this specific public.

FRAGILITY IN THE CONTINUING EDUCATION OF NURSING PROFESSIONALS "ON THE FRONT LINE" OF AIDS ASSISTANCE IN PRIMARY CARE

With regard to weaknesses, the statistical analysis performed showed that, in the questions of Group 1 (Q2 and Q 13), there were the worst evaluations by the professional nurse, with a 25th percentile of 3.25 for the results of the Cluster, with RM with values of 3.5 and 2.5.

In the content of Q2 (Have you participated in training/qualification on topics related to AIDS control in the last five years?), there is a weakness in the performance of the units studied in terms of actions related to

the training of workers, related, for example, to the Continuing Education or Permanent Education, which are educational actions whose mission is to develop teaching and skills, both technical and interpersonal, in order to promote humanized and quality care (CARNEIRO et al., 2006a).

In this sense, the results of the present study corroborate those of the mentioned studies, when verifying that the current development of the training processes in the AB of the researched city is unsatisfactory, indicating the need for a better articulation on the part of the managers, the work teams of the units and of training institutions for a joint reflection on this process, in the search for an education that arouses interest in developing skills, modifying professional practices and transforming actions, for a more comprehensive and humanized assistance. Improving health education practices can generate very satisfactory results in the professional growth of the team, improving service to users, in addition to contributing to professional growth.

FINAL CONSIDERATIONS

The results of the evaluation of AIDS Care in Primary Care in Rio Claro/SP point to a performance with a tendency towards effectiveness, although with some weaknesses in the performance of the units in relation to certain domains such as: Health Education, Permanent Education in Health and Prevention of Sexually Transmitted Infections.

The results found point to the need to expand and improve actions aimed at preventing and controlling AIDS in primary care, given the weaknesses that the services present. The difficulties may be related to the lack of a line of care, the physical structure of the units, the organization of work, the low adherence of the population to the educational groups developed and, above all,

the difficulty of approaching issues related to sexuality and prevention with users in sexual health. According to the answers given by the professionals and the weaknesses found, it is suggested that the services be reorganized in order to incorporate new ways of working on issues related to Health Education for the prevention of AIDS and other STIs. It is important to advance in health education actions, in a proposal of shared construction of knowledge, using popular education and interdisciplinarity, as well as the use of social equipment available in the community.

Considering that AB is seen as the gateway to the SUS and actions related to protection and prevention must be part of the routine actions of the services, the study points out key aspects that deserve greater attention from managers and teams with paths to improvement. It may be necessary to look for new ways to face these difficulties, in a joint effort between work teams and managers, looking for new ways to work on these issues considered of paramount importance for a better performance of PC in the response to AIDS.

At the same time, the research also identified advances and potential in the evaluated network: the provision of rapid testing, provision of protective supplies (condoms), prevention of vertical transmission of AIDS and early diagnosis. This tends to corroborate the thesis of AB's potential capacity in actions that can mitigate the spread of the virus infection, in addition to reducing the impact that this epidemic causes in people's lives. It is evident that the advancement of the quality of AIDS care in Primary Health Care depends on the mobilization of governmental spheres in the form of support for the implementation of new technological arrangements, human resources, permanent education and the physical structure of the units to seek

overcoming difficulties. It is also essential to recognize the importance of health professionals and the investment in their training (Permanent Education), especially in the figure of the nurse, in the conduct of AIDS prevention and control practices, in a quality, based on an integral and humanized vision of care.

In conclusion, in view of the objective proposed for the study - to understand the process of care for AIDS in the Primary Care network of Rio Claro/SP, the quantitative analyzes carried out from the data obtained via a questionnaire made it possible to obtain a more panoramic assessment of care in progress, focusing mainly on levels of execution of standardized and protocol technical actions. The units studied carry out a very satisfactory work in relation to actions of a more normative and more directive nature, whose recommendations are systematized in manuals and resolutions prepared by governments. On the other hand, the actions that require the management of light technologies, based on the communicational relationship, and of greater incorporation of psychosocial aspects and conditions of the users, are revealed to be less powerful, especially in the way of approaching how to face/deal with the daily issues/problems of the users. people in their interpersonal and institutional relationships. These are actions that demand more reflective and singular dialogues, about possibilities of practices and decisions that people have in the midst of the barriers faced. It is therefore suggested that future research on the topic explore qualitative dimensions of the object/theme, taking into account these interactional, intersubjective and sociocultural aspects involved in the execution of programmatic actions that make up care for people with AIDS, as well as the prevention of this problem.

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