

Preventive Profile of Professionals Working in the Family Health Strategy in Relation to HIV/AIDS

ORIGINAL

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Abstract

Introduction: Sort the family health strategy (FHS) as to the level of HIV/aids prevention and check the Association of demographics variables with levels of prevention.

Method: This is a cross-sectional study, quantitative, performed with 257 professionals working in the family health strategy in the northeast of Brazil. The data were collected using a form of structured interview during the period from August to December 2014 and analyzed through descriptive statistics and inferential statistics.

Results: It was identified that the doctors, nurses, community health agents and technicians are highly preventive nursing, while coach of oral health and dental practitioners are few and moderately preventive respectively. The variables, female, income above minimum wage, Catholic religion, be married, working only on family health strategy, average age of 40.36 years and average time of professional activity around 9.56 years were associated with highly preventive character among the professionals interviewed.

Conclusion: It was the need for greater investments in prevention of HIV/aids on the family health strategy, especially in the preparation of professionals.

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Keywords

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Introduction

After three decades of its rise, the Acquired Immunodeficiency Syndrome (AIDS) also appears as a public health problem. Despite investments in prevention, primarily carried out in primary care framework, still face challenges as the incidence of the disease, as the number of cases has increased in the last decade.

The prevention activities carried out in the family health strategy (FHS) are under two distinct logics, a biomedical model-centric and other broader actions oriented to health promotion. [1]

The FHS press for prevention and health promotion. Among the actions offered include health education actions carried out in the service or in social spaces, aimed at encouraging healthy choices and empower the user to build your health, the articulation with the attention and care. [2]

The family health strategy represents a possibility of expansion of actions for HIV/aids prevention, as it turns to the completeness of the care. With regard to the prevention and control of HIV/aids is essential to the preparation of the team for the identification of risk factors, monitoring of cases and treatment with the Antiretroviral Therapy (HAART). In this perspective, the nurse stands out, as a professional of the ESF, in the care of the patient with HIV/aids by the close relationship with the customer, becoming a facilitator of health and able to identify people in a State of vulnerability, ensuring a holistic and qualified care. [3]

However, despite the efforts and the Ministerial campaigns the disease continues to expand among Brazilians, one realizes that in many realities prevention strategies recommended by the Ministry does not reach the user of the service. Such fact can relate to the lack of professionals, difficulties inherent to the service or unpreparedness to carry out such activities, since not all family health strategy professionals exhibit the same level of prevention, in addition to the difficulty of building the link between professional and client and the feminization

of the target clientele of the preventive actions, which makes membership of the male condom use. [4]

So, it is up to the professional to formulate strategies that allow the prevention and health maintenance and well-being in everyday life of the infection.

In the face of this reality, this article aims to: sort the family health strategy (FHS) as to the level of HIV/aids prevention and check the Association of demographics variables with levels of prevention.

Method

This is a cross-sectional study, with a quantitative approach. The population consisted of 770 working professionals in the family health strategy, were included the professionals with minimum performance time of 6 months on strategy and excluded those who were away on sick leave, maternity leave or they were on vacation. The sample used the calculation for finite populations together with laminating, with sampling error of 5%, 95% confidence level, ($Z_{\infty} = 1.96$) and prevalence of 50%, making up a sample of 257 professionals to be interviewed.

Data collection was carried out during the period from August to December 2014 through structured interview adapted form [5] which discusses the HIV/aids prevention in primary health care. The instrument used was composed of eight questions with binary answers (Yes or no), related to the actions recommended by the Ministry of health of Brazil for the family health strategy, with regard to the prevention of HIV/AIDS.

Each question answered positively to the preventive character reflected in gain scores (one point per question), totaling a maximum score of eight points. In this way, qualified professional on highly preventive (5 to 8 scores), moderately preventive (3 to 4 scores) and little preventive (0 to 2 scores).

The collection took place after visits to family health strategy, scheduling time with the pros, clarification of the objectives of research and signature

of Informed consent. The interviews were conducted in the family health strategy of acting of each professional, always looking for a peaceful and free from interruptions.

Data were expressed as mean \pm standard deviation (D. P) as well as simple frequency and percentage, evaluated using statistical program Statistical Package for the Social Sciences SPSS version 21.0. To highlight the social variables associations with preventive levels (low, moderate and high) of health professionals, we used Chi-square test for categorical variables and ANOVA when not categorical. Values of $p < 0.05$ were considered significant.

The research was approved by the Research Ethics Committee of the Universidade Federal do Rio Grande do Norte (zip/UFRN) under the opinion paragraph. 508.425.

Results

In this study, the pros are predominantly female, married, have household income above 1 minimum wage and Catholic religion (**Table 1**). All categories participated in the research professionals recommended by the Ministry of health to form the team of family health strategy as doctors (7.4%), nurses (10.9%), dentists (7.8%), nursing (8.9%), Oral health or technical assistant of oral health (ASB/TSB) (11.3%) and Community Health Agent (ACS) (53.7%).

In relation to variables that correspond to questions directed to the family health strategy professionals to determine their level of prevention with regard to HIV/aids, we have that the prevention activities are carried out in the territory of the family health strategy (71.6%) as shown in **Table 2**.

It is observed that 78.6% of the shares are held not more than once a month, and 53.3% are only in targeted campaigns by the Ministry of health. 75.9% of professionals utilize the social equipment to perform the activities of HIV/aids prevention. However, 62.3% of the family health strategy

Table 1. Descriptive analysis of health professionals the family health strategy.

Variables	(F)	%
Sex		
Male	39	15.2
Female	218	84.8
Monthly income		
Even a minimum wage	104	40.5
More than one minimum wage	153	59.5
Religion		
Catholic	165	64.2
Spiritualist	02	0.8
The Gospel	57	22.2
No	33	12.8
Marital status		
Married	159	61.9
Single	49	19.1
A widower	12	4.7
Divorced	13	5.1

Table 2. Distribution of prevention developed by the professionals of the family health strategy.

Issues	(F)	%
Performs actions of HIV/aids prevention for the population of your country?		
Yes	184	71.6
No	73	28.4
The actions of HIV/aids prevention developed by you are held more than once a month?		
Yes	52	20.2
No	202	78.6
Carries out HIV/aids prevention for the population from its territory only in targeted campaigns by the Ministry of health?		
Yes	137	53.3
No	120	46.7
Uses the social facilities (schools, community councils, businesses, parks, churches, etc.) on its territory to develop strategies for HIV/aids prevention by the population?		
Yes	195	75.9
No	62	24.1
Performs the mapping of areas that present vulnerability to HIV/aids?		
Yes	101	30.3
No	156	60.7

Issues	(F)	%
Performs active search of likely people infected by HIV/aids in the territory of the family health Strategy?		
Yes	123	47.9
No	134	52.1
Guides users in your area/micro area about the importance of the completion of the HIV/aids rapid test?		
Yes	160	62.3
No	97	37.7
It is considered ready for rapid test counseling for HIV/aids?		
Yes	107	41.6
No	150	58.4

professionals guide users to their area/micro area about the importance of the completion of the HIV/aids rapid test.

Showed negative aspects in relation to the level of prevention, as the fact of 58.4% of the professionals don't consider themselves prepared for the rapid test counseling of HIV/aids, 60.7% did not perform the mapping of areas that present vulnerability to HIV/aids and 52.1% do not do active search of likely people infected by HIV/aids in the territory of the family health Strategy.

The values of frequency (%) of social variables facing the prevention level of health professionals working in the family health strategy, reflects that only the variable occupation showed significant association with regard to levels of professional prevention of the ESF as HIV/aids, as evidenced in **Table 3**.

Analyzing the levels of prevention in isolation, it was identified that nurses (82.1%), doctors (42.1%), nursing (47.8%) and community health Agents (42.0%) were classified as highly preventive. It was noted, however, that most oral health technicians were characterized as little preventive (37.9%) and dentists (45.0%) were moderately preventive.

However, when examined together, it was observed that the professionals were mostly little preventive or pre-emptive moderately. This table identifies the ESF professionals tend to exhibit

Table 3. Association between sociodemographic variables and the preventive level of health professionals working in the family health strategy.

Variables	Levels of prevention			Category variables tested by Chi-squared and categorical not by ANOVA
	Little preventive	Moderately preventive	Highly Preventive	
	n = 63	n = 80	n = 114	
	(24.5%)	(31.1%)	(44.4%)	
P				
Profession				
Community health agents	30 (21.7)	50 (36.2)	58 (42.0)	0.002 *
Oral health technician	11 (37.9)	08 (27.6)	10 (34.5)	
Dentist	07 (35.0)	09 (45.0)	04 (20.0)	
Nurse	02 (7.1)	03 (10.7)	23 (82.1)	
Doctor	06 (31.6)	05 (26.3)	08 (42.1)	
Nursing technician	07 (30.4)	05 (21.7)	11 (47.8)	
Sex				
Male	13 (33.3)	13 (33.3)	13 (33.3)	0.024 *
Female	50 (22.9)	67 (30.7)	101 (46.3)	
Income				
Up to 1 salary	23 (22.1)	40 (38.5)	41 (39.4)	0.012 *
> 1	40 (26.1)	40 (26.1)	73 (47.7)	
Religion				
Catholic	38 (23.0)	51 (30.9)	76 (46.1)	0.018 *
Spiritualist	01 (50.0)	02 (50.0)	0 (0.0)	
The Gospel	14 (24.6)	14 (24.6)	29 (50.9)	
No	10 (32.3)	13 (41.9)	09 (25.8)	
Marital status				
Married	43 (27.0)	53 (33.3)	63 (39.6)	0.036 *
Single	10 (20.4)	12 (24.5)	27 (55.1)	
A widower	01 (8.3)	04 (33.3)	07 (58.3)	
Divorced	02 (15.4)	03 (23.1)	08 (61.5)	
Other	07 (29.2)	08 (33.3)	09 (37.5)	
Works only in the ESF				
Yes	44 (24.9)	57 (32.2)	76 (42.9)	0.018 *
No	19 (23.8)	23 (28.8)	38 (47.5)	

Variables	Levels of prevention			Category variables tested by Chi-squared and categorical not by ANOVA
	Little preventive	Moderately preventive	Highly Preventive	
	n = 63	n = 80	n = 114	
	(24.5%)	(31.1%)	(44.4%)	
Age				
Mean ± D. P	39.54 ± 9.68	39.78 ± 8.09	40.36 ± 8.13	0.047 *
Time of performance in ESF (years)				
Mean ± D. P	7.35 ± 5.3	8.79 ± 5.03	9.56 ± 5.38	0.029 *
*: Statistical significance p < 0.05; D. P: standard deviation.				

lower levels of prevention, worrying that brings the fragility of the actions that are developed for the prevention of HIV/aids on family health strategy and reinforces the necessity of these professionals regarding the update on the theme in question.

Finally, variables, female, income above minimum wage, Catholic religion, be married, working only on family health strategy, average age of 40.36 years and average time of professional activity around 9.56 years were associated with highly preventive character among the professionals interviewed.

Discussion

Prevention in family health strategy is an important direction for the implementation of actions to promote health in primary health care, involving the planning, management and evaluation of the actions developed in conjunction with the whole team. [6]

Educational campaigns, adherence to protocols and technical standards for HIV/aids prevention, rapid testing and counselling, encouraging the use of condoms, among other actions, are fundamental to the reduction of new cases of the disease, as well as for your control. [6]

Educational and counselling are singled out as priority strategies in the HIV/aids prevention. [1]

The professionals understand that the control of aids occurs for preventing, and this should be done primarily by primary care services. However, they emphasize that for such actions to be effective it is essential the involvement of other sectors, such as the media and education, acting as allied to the health sector. [7]

It was evidenced that the actions taken by the professionals of the family health strategy do not happen more than once a month, usually occurring in targeted campaigns by the Ministry of health. Therefore, configure in punctual actions and without compliance with the social dynamics of the territory in which the family health strategy are inserted. The prevention of HIV/aids are carried out mainly during the exams smears, family planning, lectures at schools and activities for world aids day, excluding other groups of the preventive approach with regard to HIV/aids, such as the elderly and men, these due to little demand for health services, and the elderly for non-legitimacy of their sexuality. [8]

So, is of fundamental importance to identify the frequency with which the prevention actions occur in the context of the family health strategy. [1] It should be noted that the expansion of prevention and assistance, in addition to campaign periods, facilitates access to health and the qualitative approach of specific groups, such as people with HIV/aids or at risk for infection. [9]

In this sense, the use of social facilities such as schools, community services, residents, associations, among others, by the family health strategy professionals to perform the actions of HIV/aids prevention is an important strategy to promote community involvement and local leaders in the discussion and implementation of these actions. It is noted that most of this research professionals use these social facilities to perform the preventive actions.

The social space stands out as a family and community setting that enables an avid and permanent learning, in addition to an intensive exchange of

experiences among professionals, in particular the nurse, and the population. Nevertheless, it is in this space that the trader will find satisfaction and comfort to conquer autonomy and have your work recognized and valued by the users of the service. [10]

Thus, considering that health promotion empowers the community to become agent for the improvement of the quality of life, there needs to be a dialogue between the various social sectors as education, health, culture, sports, leisure, private corporations, religious entities, community organizations, among others. Thus, the use of social equipment by health professionals for the prevention of HIV/aids contributes significantly to the effectiveness and efficiency of health actions. [11]

In this sense, communication is of paramount importance, since it favors the construction of the link between the subject of care. Thus, HIV/aids prevention the bond gains prominence under the perspective of the construction and maintenance of interpersonal relationships, providing autonomy and expressiveness of the customer outside the health-disease process. [12]

So, the link between the family health strategy and the user is of utmost importance for the prevention of HIV/aids, because it promotes a relationship of trust and respect which ensures not only the highest quality of service, such as the recognition of the professional front to the population under its responsibility, and the entire multidisciplinary team program each step user contact so the link can be built and strengthened at every moment and in every form of care, whether in the family health strategy, or during home visits. [13]

In this sense, among the professionals of the family health strategy community health agent (ACS) stands out in carrying out educational activities, in relation to their representation in the territory and the bond built with the families. Is considered, yet, using the user's connection to the family health strategy, as mediator in the dialogue paper exercises between users and professionals. [14]

This study reveals the preventive role exercised by the nurse in the family health strategy, which occupies featured among other professions. It is believed, from the expansion of the FHS took place an opening important to the field of nursing and, consequently, to the nurse, who assume key role as agent articulator of the actions carried out by the FHS. [15]

The nurse is appointed by professional clientele back on preventive actions, which can be attributed to the exercise of direct assistance to the population affected by sexually transmitted Infections. [1]

The creation of the family health strategy, no doubt, was a unique milestone in the expansion of the role of the nurse and his view on society, since it is characterized as a backdrop conducive to dialogue, being of the emancipation and social transformation. In this context, the nurse passes the Act actively in community and social context, having secured his performance space. [10]

There is thus an appreciation not only of the preventive role exercised by the nurse, but its importance as a member of the multidisciplinary team in primary health care, a set of knowledge that differentiate themselves from other professionals in the exercise of care, is considered the professional able to provide guidance and resolve the doubts of customers. [16]

The General training of the nursing courses qualifies to exercise its activities based on prevention and health promotion, developing educational actions and holistic care through interactive and managerial actions. Social practice is responsible for integrating the health team and the community in an integral vision of health, and to establish an empathetic relationship with the clientele the inserts in the context of health care. [10]

It is essential that the nurse empowers their clientele against the prevention of HIV/aids, in this context take featured women and teenagers, because they are the target of several actions of the family health strategy. The woman makes up this

routinely in health service and in the face of the caregiver role officiating before the whole family. And young people facing the increasingly early start of sexually active life, which carries greater risk for HIV/aids. [1]

Unlike nurses, calls attention to the fact that most dentists were classified as moderately preventive and the Oral health or technical assistant of oral health (ASB) as little preventive in relation to HIV/aids. Although these professionals engage the same workload on family health strategy that nurses and ACS, dentists and ASB feature a profile undermined with regard to HIV/aids prevention, perhaps due to its formation present deficiency in discussions involving the health promotion model, for dentistry, public services, always adopted a traditional model, centered in meeting curative/mutilator.

Calls attention to the fact that there is a fragmentation between the team of family health strategy assistance and management, because the oral health team often is as a team, with assignments and treasury stock, individualized and far from the other professions. [17]

Classified also as much about preventive HIV/aids professionals with employment only in family health strategy and with over 10 years of experience, which leads us to believe these professionals better recognize their role in FHS and establish a relationship of trust with the community.

It is the absence of direct link with the service as obstacle to sharing knowledge and decisions among the team, besides the predisposition to the imposition of ideas and decisions of employees that show link or older professionals. [18] However, servers with longer service feature a larger host of front experience users, becoming able to exchange experience with other team members. [19]

Concomitant to this result, it was found that females, with higher income than a minimum wage and belonging to the Catholic or evangelical religion are considered highly preventive in relation to HIV/aids.

A study conducted with elderly people showed that the female overlaps with regard to preventive practices, with emphasis on the use of condoms, which can be related to the uniqueness of the gender and marital status of participants who did not present a stable relationship. [20] however, the gender differences can prevent or impede preventive practices among women, demonstrated by addictive behaviors and passivity in relation to companions, which culminates with the acceptance of unprotected sex. [21]

Conclusion

The study has identified that together, the professionals of the family health strategy were classified as low or moderately about HIV/aids prevention. These findings demonstrate the discontinuity of the actions developed, and the unpreparedness to fundamental activities in preventing the syndrome, such as counseling. However, it is worth highlighting the role highly preventive community health agents and nurses, which stands out among the other professionals in carrying out prevention activities and health promotion.

Found to be female, Catholic, married, working only on family health strategy; own rent above minimum wage, average age of 40.36 years and average time of professional activity around 9.56 years, influencing positively for the adoption of preventive measures for HIV/aids and its spread among the team.

Finally, it becomes appropriate to invest in continuing education for members of the health team, with a focus on HIV/aids prevention since it is possible, from an effective and timely work, get yourself a level satisfactory prevention within the context of primary care.

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