Nursing Actions For Hiv Prevention In Adolescents: An Integrative Review

INTRODUCTION

Adolescents are considered a vulnerable group, because they have difficulties in making mature decisions about their lives and because they adopt risky behaviors, being exposed to different health threats. Among these threats, it is worth mentioning that Sexually Transmitted Infections (STIs), consist of a public health problem that mainly affects adolescents, as they are going through moments of discovery and sexual initiation, practicing unprotected sex and becoming more vulnerable to contracting diseases.

Infection of new cases caused by the human immunodeficiency virus (HIV) among adolescents has been increasing over the years. In 2018, about 21% of the new cases of HIV registered in Brazil occurred in adolescents, with a predominance of males, aged between 13 and 19 years and sexual transmission route.

It is necessary that health services develop in adolescents the ability to recognize the risks they have for contracting HIV and the awareness of available prevention strategies. In addition, actions to promote the health of adolescents must be broad and involve, in addition to the prevention of risky behavior and STI and HIV infection, quality of life, personal satisfaction, construction of social skills, shelter against violence, access to basic life needs such as health, education, leisure, among others.

In Brazil, despite the existence of public policies aimed at this population, health actions are fragmented, based on a biological model that does not consider the biopsychosocial and spiritual dimensions of adolescents, with little focus on their singularities.
actions, home visits, care and health promotion activities. Specifically for adolescents, nurses need to develop actions that address the prevention of this condition, considering the characteristics and particularities of this public. 7

In addition, nursing must make use of public policies, tools and strategies to improve the quality of care for young people, through a sensitive look at this population. Therefore, this professional needs to be attentive and able to deal with the adversities that may arise when addressing this issue. Due to the importance and complexity of this issue, the present study aims to identify how nurses develop HIV prevention in adolescents.

METHODS

The research is an integrative literature review developed in five different stages: 1) formulation and identification of the problem, seeking to ensure the definition of purposes in data collection; 2) search the literature strategically; 3) data evaluation, looking for methodological quality and value of information in the articles; 4) data analysis, including expression, parity and data conclusions; and 5) presentation of the results, which summarizes the findings and their implications for research and practice. 8

For the production of the research’s guiding question, the PICo 9 strategy was used which allows and facilitates the definition of which references are the most necessary for the resolution of the research question. Thus, the following structure was considered: P – Nurses; I – Prevention of HIV; Co – Teenagers. In this way, the following question was elaborated: How do nurses develop HIV prevention in adolescents?

Inclusion criteria were: primary articles, available in full, published in the last five years, with no language restrictions, that address the proposed theme. Exclusion criteria were: secondary articles, such as opinion articles, letters to the editor, brief communications, editorials; theses and dissertations; articles that were duplicated in the search databases; and those who did not respond to the research question.

The search for studies was carried out from October to November 2022 through the capes journal portal, with access through the Federated Academic Community (CAFe). Studies were selected from the following electronic databases: Science Direct, PubMed, Web of Science, Scopus, and Medical Literature Analysis and Retrieval System Online (MEDLINE)

To categorize the level of evidence of the studies, the following classification was considered: level I: meta-analysis of controlled and randomized studies, level II: experimental study, level III: quasi-experimental study, level IV: descriptive/non-experimental study or with a qualitative approach, level V: case report or experience, level VI: consensus and expert opinion. 10

To carry out the search in the databases, the descriptors available in the Health Sciences Descriptors (DeCs) and the corresponding ones in English in the Medical Subject Headings (MeSH) were selected, also with the non-controlled descriptors. These were associated with the Boolean operators OR to distinguish them and AND to associate them, which were: HIV Infections AND nursing AND prevention control AND Adolescent AND qualitative research.

For the selection of articles, inclusion and exclusion criteria were established, namely, inclusion criteria: articles available free of charge and in full, relevant to the object of study, published in the period 2018-2022, that made reference initially in their title on the subject under study. Duplicates and findings not consistent with the purpose of the study were excluded.

From the searches, 723 studies were identified in the databases, which were submitted to the selection stages, according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 11, represented in Figure 2.
As a result of the methodological process, seeking greater quality of results, detailed readings were carried out on abstracts and articles in full, with strict implementation of the selection criteria, so that four articles were selected to constitute this review.

An analytical reading of the studies was carried out, identifying the key points for hierarchizing and synthesizing ideas.

**RESULTS**

Four articles were selected, all of which were published in international journals. Of these, three (70%) were identified in Science Direct and two (30%) in PubMed. Regarding the design of the studies, 70% are qualitative studies and 30% are mixed methods studies. As for the level of evidence, all included studies were classified as level IV (Chart 2).

Among the articles that made up the review, 25% were published in 2020, 50% in 2019 and 25% in 2018. Regarding the origin of the authors, 50% are from the United States, 25% from South Africa and 25% from Sweden. All manuscripts were published in nursing journals.

**DISCUSSION**

Strategies carried out by nurses in the prevention of HIV in adolescents

Health prevention is the main tool for controlling HIV in adolescents. Interventions carried out for this public must consider the intersubjectivity of the subjects, broadening the thinking to the vulnerabilities and demands that permeate this population, thus allowing to expand the range of actions to work with.

The studies found demonstrated that bonding and effective, open, honest and confidential communication is one of the main strategies used by nurses to develop HIV prevention. Effective communication makes it possible to build a bond with the adolescent, which is also strengthened by health promotion actions, diagnostic investigation, support in treatment...
and rehabilitation developed by nurses.

Adequate communication between nurses and users as a tool to ensure the follow-up of health care and the effectiveness of health education, contributes to the adolescent having confidence and security in the team. Communication, in order to have good results, needs to focus on the reality of the user and be understood by them. In addition, effective communication strengthens the therapeutic bond, allowing individuals to speak openly about their doubts, fears and symptoms, serving as professional support strategies also in the diagnosis, treatment of HIV and approach to the respective partners.

All studies indicate, as an important prevention strategy, groups of adolescents held in schools and health institutions. The possibility of referring young people to local organizations, which have a support group for adolescents, is also a mentioned benefit, but which exists only in some communities.

The creation of groups for educational actions involving health promotion and disease prevention is a valuable tool for approaching different topics and audiences, as they reach a greater number of people, in addition to promoting the exchange of experiences.

In Brazil, the Health at School Program aims at holding moments with students and focuses on their integrity, being developed by health services in educational institutions. To carry out health promotion, disease prevention and health care actions that generate positive results, considering the vulnerabilities of this public, good articulation between health and education sectors and professionals is needed, as well as the involvement of other organizations in the community.

In this context, in which the school should be a foundation for HIV prevention, what we find are unidirectional actions, which depart from the field of health to the field of education, and contents that do not dialogue or cooperate to develop citizenship and awareness, leading to attitudes that increase the vulnerability of adolescents.

Another point raised was the use of protocols and guidelines used by nurses in HIV preventive work. The use of official documents that indicate the flows and procedures to be followed facilitates the development of health actions and provides standardization in relation to the expected results. This care management and appropriate clinical management ensure that best practices are developed.

However, research that evaluated the panorama of HIV/AIDS prevention policies in Brazil pointed to the almost non-existence of more formalized and comprehensive documents and the lack of a national plan to face the epidemic that was comprehensive or aimed specifically at certain audiences, which makes it difficult to identify actions to combat the epidemic and its social control.

The creation of inclusive environments, the provision of affirmative care, referrals to other services and the use of institutional support policies were also cited as nursing strategies in the studies that made up this review.

By incorporating previous and personal experiences in educational activities, the nurse facilitates the discussion, expansion and implementation of scientific knowledge, based on popular knowledge. With this, one can confront the production and reproduction of scientific knowledge as the holder of the truth and use the knowledge acquired from their experiences as a way of greater reflection and problematization of the situation discussed.

For a long time, when talking about HIV prevention, emphasis was placed on behavior that could lead to HIV infection. As a result, it was common to blame infected individuals or those who were exposed to the disease. This permeated all the care offered in the health service and had the result of alienating individuals who should be welcomed, tested and treated.

In order to modify this scenario, which increases the vulnerability of the various publics that should receive HIV prevention actions, it is necessary that health services embrace, adequately assist and refer adolescents who are targets of HIV prevention strategies, without imprinting any judgment or value judgment related to adolescents in their actions.

The results of this review indicate that health professionals who care for adolescents recognized the importance of Pre-Exposure Prophylaxis (PrEP) and expressed comfort and skills in providing affirmative care and risk reduction advice. However, competence and stigma associated with prescribing PrEP varied across providers.

The high rates of HIV in adolescents demonstrate that efforts undertaken to prevent infection in this age group are insufficient and need to be reassessed and redirected to be effective and that although PrEP is an effective prevention intervention, its implementation with the adolescent population presents particularities from the point of view of bioethics that must be considered.

Another point highlighted was the use of technology as a facilitator of prevention strategies, both for the dissemination of online educational materials and for online training to support skills and abilities aimed at providing comprehensive health care and education.

The use of tools connected to the Internet as sources of information allows different types of knowledge to be acquired through access to content and interaction between individuals. The digital medium is actively used in everyday actions and searching for update tools for professionals and users. However, it needs to be monitored so that the disseminated content is of quality and effectively contributes to health information.

In adolescence, the means of communication are present on a daily basis, and their use for health promotion and disease prevention, in the most different themes, has been growing. Thus, the use of technology is seen as a tool that opens new paths and alternatives for health education, allowing new methods to be used.
The different strategies presented by nurses for HIV prevention in adolescents can be impacted by existing barriers and challenges in their implementation. The difficulties highlighted in the studies include those arising from the human and physical resources of health services and those related to the personal and behavioral aspects of adolescents.

When turning to the available resources, the nurses highlighted deficiencies in professional training, in the composition of the team and in the provision of adequate supplies and space for the development of prevention actions.\(^{13, 12, 14}\)

A study carried out with nurses from the Family Health Strategy (FHS) points out that nurses had greater knowledge and professional conduct with users when they were trained less than a year ago and had postgraduate degrees related to HIV prevention.\(^{28}\)

Thus, the need for constant training is perceived, developing greater security and aptitude of the team in carrying out care activities. To this end, health services must implement actions that agree with the Permanent Health Education Policy, so that in the prevention of HIV in adolescents there is a promotion of a broad approach based on concepts and psychological, emotional and social knowledge related to HIV/AIDS.\(^{29}\)

Regarding the physical structure and supplies, a study carried out with FHS nurses in the southeastern region of Brazil, points out weaknesses in their units for receiving patients, which makes it difficult for the population to receive care and take preventive actions.\(^{10}\) In research carried out in 17 countries in the East, Central and Southern Africa regions, low motivation was portrayed in the involvement of prevention actions, due to the lack of financial incentive or the non-remuneration of professionals.\(^{31}\)

Findings also demonstrate deficiencies in training and insufficient clinical support as substantial challenges to effective delivery of PrEP in pediatric HIV services.\(^{32}\) These results corroborate a study that described the lack of supervision, support and clinical guidance for HIV services that perform PrEP, especially with regard to initial training for professionals who will work in specialized services.\(^{11}\)

Regarding the individual aspects and behavior of adolescents, one of the difficulties found in our results is related to emotional fragility and belief in myths related to HIV, generating fear and shame in seeking health services to address sexual and reproductive issues. As a result, there is poor access and underutilization of health services by this public, which impacts on the knowledge of adolescents about important issues regarding the disease and its prevention.\(^{13}\)

One of the ways to intervene in fear, shame and lack of knowledge is to carry out prevention and promotion actions at school and in the community, since in them adolescents get to know the professionals and obtain information that encourages their access to health institutions. A study showed that adolescents understand the importance of access to health services as a way to reduce their vulnerabilities, which is impacted by the knowledge they have about local functioning and the ease of obtaining care.\(^{13}\)

In Brazil, the services that make up primary health care are the gateway to care networks. To this end, it is up to them to know their territory and population and offer access and comprehensive care to the user, in all their needs and demands.\(^{34}\)

Another weakness pointed out is related to modifying the unsafe sexual practices of adolescents, since many do not want to use condoms.\(^{12, 13}\) According to the adolescents, the reasons for having sex without a condom are countless and are related to increasing sexual pleasure; to demonstrate trust and loyalty between partners; the difficulty in having condoms available, especially for women; in spurious relationships; and the use of alcohol and other drugs before intercourse.\(^{13}\)

Finally, another obstacle pointed out was the stigma of HIV, which interferes with the decision of adolescents to adhere to the care and prevention guidelines with their partners, since for this they need to assume their behavior and vulnerability before others.\(^{13, 14, 12}\)

HIV/AIDS-related stigma can lead to family and community rejection or judgment, causing contaminated users to be afraid to attend specialized services and/or pick up their medication in specific services for fear of meeting someone they know in the area or in their surroundings. This makes it difficult to prevent new cases that may result from an adolescent with HIV/AIDS, thus making it necessary to understand the vulnerable population in a unique way so that inclusive actions for health promotion and awareness are carried out.\(^{15}\)

CONCLUSION

The results of this study indicate that nurses have developed HIV prevention care strategies aimed at adolescents, however, they face challenges and barriers in their execution.

The identified prevention strategies mainly use soft technologies, such as communication, bonding and inclusive environments. They highlight the use of educational groups in schools, community and health services; the use of existing protocols and technologies for HIV/AIDS prevention, referral referral to other services and the use of PrEP.

The identified barriers are related to lack of professional training, inadequate supplies and physical spaces, emotional weaknesses, stigmas found in the community, family and in the patient himself related to the disease and unsafe sexual practices that are present mainly among adolescents.

It concludes that there is a need for new studies that address this issue, as it is fundamental in the training of nurses and for the practice of health education with the young population.\(^{36}\)
References


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