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KNOWLEDGE AND BEHAVIORS OF YOUNG ADULTS FACING THE RISK OF HIV INFECTION[1]

CONHECIMENTOS E COMPORTAMENTOS DE ADULTOS JOVENS FRENTE AO RISCO DE INFECÇÃO PELO HIV

CONOCIMIENTOS Y COMPORTAMIENTOS DE ADULTOS JÓVENES EN RIESGO DE INFECCIÓN POR VIH

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ABSTRACT

The main route of infection by the acquired immunodeficiency virus, HIV, continues to be through sexual intercourse, and knowledge of the forms of prevention becomes the most effective way to change behavior and minimize exposure to risk. The study aimed to: describe behaviors and knowledge of young adults facing the risk of HIV infection . The methodology consisted of analyzing data collected through an online questionnaire, which had the participation of 665 participants. As for the profile, these are young adults who attend or have already completed higher education, most of them in the health area. Regarding the results, knowledge gaps were observed, the most expressive being related to diagnosis and pre- and

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post-exposure therapies to the risk situation. It is recommended that prevention and health promotion actions be intensified, specifically in the population of young adults.

Keywords: HIV/AIDS. Risk behavior. Perception. Collective Health.

RESUMO

A principal via de infecção pelo vírus da imunodeficiência adquirida, HIV, continua sendo através de relações sexuais, sendo que o conhecimento das formas de prevenção tona-se a forma mais efetiva para as mudanças comportamentais e minimização da exposição ao risco. O estudo teve objetivo: descrever comportamentos e conhecimentos de adultos jovens frente ao risco de infecção pelo HIV. A metodologia consistiu em analisar dados coletados através de um questionário online, que contou com a participação de 665 participantes. Quanto ao perfil, trata-se de adultos jovens que frequentam ou que já concluíram o ensino superior, sendo a maioria da área da saúde. Quando aos resultados, foram observadas falhas de conhecimentos, sendo as mais expressivas relacionadas ao diagnóstico e terapias pré e pós-exposição à situação de risco. Recomenda-se que sejam intensificadas as ações de prevenção e promoção da saúde, em específico na população de adultos jovens.

Palavras-chave: HIV/AIDS. Comportamento de risco. Percepção. Saúde Coletiva.

RESUMEN: La principal vía de contagio por el virus de la inmunodeficiencia adquirida, el VIH, sigue siendo a través de las relaciones sexuales, y el conocimiento de las formas de prevención se convierte en la vía más eficaz para modificar comportamientos y minimizar la exposición al riesgo. El estudio tuvo como objetivo: describir los comportamientos y conocimientos de los adultos jóvenes frente al riesgo de infección por el VIH. La metodología consistió en analizar los datos recolectados a través de un cuestionario en línea, que contó con la participación de 665 personas. En cuanto al perfil, se trata de adultos jóvenes que cursan o ya culminaron estudios superiores, la mayoría en el área de la salud. En cuanto a los resultados, se observaron lagunas de conocimiento, siendo las más expresivas las relacionadas con el diagnóstico y las terapias pre y post exposición a la situación de riesgo. Se recomienda intensificar las acciones de prevención y promoción de la salud, específicamente en la población de adultos jóvenes.

Palabras clave: VIH/SIDA. Comportamiento de riesgo. Percepción. Salud pública.

1. INTRODUCTION

Human Immunodeficiency Virus (HIV) infection is recognized as a chronic disease with a slow evolution that has three basic stages: acute infection, clinical latency and symptomatic phase or Acquired Immunodeficiency Syndrome (AIDS)[(1)] .

HIV can be transmitted through unprotected sex, through contact with infected blood, semen and/or cervical or vaginal fluid, which is the most common form of infection. Other

forms of transmission include transfusion of infected blood (or derivatives thereof), through the use of infected needles and sharps or even vertically, from mother to child during pregnancy, delivery and/or breastfeeding [2]. The most effective method to prevent the spread of the virus is prevention, and regular testing for HIV is also relevant, aiming at early detection and starting immediate antiretroviral treatment, if positive [3].

The way people recognize HIV has changed over time. HIV, which causes AIDS, was isolated for the first time in the early 1980s [4]. and recognized by health agencies as "a disease that kills", with a positive diagnosis being a death sentence [5]. The panic generated by such approach somehow managed to make people aware of the risks of contracting HIV [6]. In the 1990s, with the advent of antiretroviral treatments and more information about the modes of infection, AIDS began to be portrayed as a disease that could be lived with [7]. However, they caused a side effect: the false impression that the problems with HIV/AIDS had ended, which possibly affected the perception of risk for HIV contamination among the population [7].

Given this scenario, the question arises about what are the behaviors and knowledge of young adults facing the risk of HIV infection?

Thus, the present study aims to: describe behaviors and knowledge of young adults facing the risk of HIV infection.

2 MATERIAL AND METHODS

It consists of a descriptive observational quantitative study that used a questionnaire as a tool to investigate behaviors in face of the risk of HIV infection. Participants were contacted only electronically (online), and a link to the questionnaire was sent using the Survey tool. Monkey ©. Online data collection is justified by the coronavirus pandemic and the difficulty of accessing people in person in 2020.

The process of inviting the participants involved explaining the objectives of the study and the stages defined for its accomplishment, in addition to the presentation of the Free and Informed Consent Term (FICT). After acceptance, they became part of the list of participants, with access to the data collection instrument.

The questionnaire was divided into three parts. The first part, with 7 questions, addressed social, economic, environmental and cultural data of the selected sample, seeking to understand the context in which these individuals live. The second, with 26 questions, is based

on an instrument to assess knowledge and perception about HIV/AIDS. Finally, the third part, with 5 questions about possible risk behaviors of individuals in relation to HIV infection, the questionnaire is available in Betiatto's Master's Dissertation[8], being adapted by the aforementioned author of the questionnaire by Carey and Schroder [9] .

Descriptive statistical analyzes and chi - square tests were performed between the variables biological sex (male or female) and the knowledge that women are **not** tested for HIV during the preventive cervical cancer screening. The Chi -square test was also used to assess the question in which participants are asked about communicating the positive result to other partners (which does not occur) and performing an HIV test during the aforementioned creening (what does not occur, they are different exams). A p-value lower than 0.05 was considered significant.

The present research complied with all ethical requirements, being approved by the Ethics Committee in Research with Human Beings of the university where it was developed (approval protocol n.º 1,426,606).

3 RESULTS

The mean age of the participants was 25.8 years, with a standard deviation of 8.5 years, with a minimum of 18 years and a maximum of 50 years. It was observed that most of the participants have undergraduate level training in the area of biological/health sciences, followed by the humanities and exact sciences, and the minority did not attend higher education, as detailed in Table 1.

Table 1 – Profile of study participants. Santa Catarina – Brazil, 2020

Variable	no	%
What is your area of graduation?		
Biological Sciences/Health	458	68.9
Human Sciences	112	16.8
exact Sciences	84	12.6
I did not attend	11	1.7
What is your biological sex?		
Male	197	29.6
Feminine	468	70.4
In your opinion, what is your sexual orientation?		
Heterosexual	527	79.2
Bisexual	80	12.0
Homosexual	52	7.8
I do not want to answer	6	0.9

Where do you live?		
Another state in Brazil	238	35.8
Serra Santa Catarina	214	32.2
Another region of Santa Catarina	213	32.0

Source: Primary data (2020).

Regarding sexual activity, it was observed that almost all the participants had already had some type of sexual intercourse (vaginal, anal or oral). Regarding the use of condoms at the first sexual intercourse, most claim to have used it, but there is a large percentage of people who reported not having used it or not remembering doing so, as described in Table 2.

Table 2 - Sexual habits of study participants. Santa Catarina – Brazil, 2020

Variables*	**no**	**%**
Have you ever had any type of sexual intercourse (vaginal, anal or oral)?		
Yes	619	93.1
No	41	6.2
I do not want to answer	5	0.8
Did you use a condom in your first sexual intercourse?		
Yes	435	65.4
No	171	25.7
Do not remember	18	2.7
I never had sex	41	6.2
Do you have a steady partner with whom you have sex?		
Yes	385	57.9
No	232	34.9
I never had sex	41	6.2
I do not want to answer	7	1.1
Do you feel embarrassed to ask your partner to use a condom during sexual intercourse?		
Yes	19	2.9
Sometimes	65	9.8
No	528	79.4
I never had sex	41	6.2
I do not want to answer	12	1.8

* Questionnaire available at Betiatto [8], adapted from Carey and Schroder [9].
Source: Primary data (2020).

In order to analyze the general knowledge of the participants about HIV, the first question addressed was whether the participant considers that AIDS and HIV mean the same thing. It was observed that 82.7% considered the statement false, 14.1% true and 3.2% did not know how to respond. Regarding the existence of a cure for AIDS, 93.2% answered false, 5.1%

true and 1.7% could not answer. Other information regarding knowledge about the disease is contained in Table 3.

Table 3 – Study participants' knowledge about HIV . Santa Catarina – Brazil, 2020

Variables*	no	%
Do HIV/AIDS and HIV mean the same thing?		
Real	94	14.1
False (Correct answer)	550	82.7
I don't know	21	3.2
Is there a cure for AIDS?		
Real	34	5.1
False (Correct answer)	620	93.2
I don't know	11	1.7
A person with HIV can look healthy and feel healthy.		
True (Correct answer)	663	99.7
False	two	0.3
I don't know	0	0.0
A person can be infected with HIV for five years or more without developing AIDS.		
True (Correct answer)	580	87.2
False	10	1.5
I don't know	75	11.3
If a person is diagnosed HIV positive, then the testing site will have to tell all of that person's partners.		
Real	157	23.6
False (Correct answer)	379	57.0
I don't know	129	19.4
Washing drug injection equipment with cold water kills HIV.		
Real	1	0.2
False (Correct answer)	632	95.0
I don't know	32	4.8

* Questionnaire available at Betiatto [8], adapted from Carey and Schroder [9].
Source: Primary data (2020).

Regarding how HIV transmission occurs, when asked about the possibility of contracting the disease sharing a glass with someone who has HIV, 91.3% of the participants considered the statement to be false, 5.9% true and 2.9% did not know how to answer. Regarding the possibility of contracting HIV by getting a tattoo, 88.1 considered the statement to be true, 7.8% false and 4.1% did not know.

In the question that stated that withdrawal (coitus interruptus) during intercourse prevents women from contracting HIV during sexual intercourse, the majority considered it false (98.8%), while 1.1% considered it true. Regarding the possibility of a person contracting

HIV through vaginal secretion, 69.3% answered true, 12.6% false and 18.0% did not know how to answer, with other information shown in Table 4.

Table 4 – Study participants' knowledge about HIV . Santa Catarina – Brazil, 2020.

Variables*	no	%
A person can get HIV by sharing a glass of water with someone who has HIV.		
Real	39	5.9
False (Correct answer)	607	91.3
I don't know	19	2.9
AIDS can be transmitted by mosquitoes.		
Real	34	5.1
False (Correct answer)	620	93.2
I don't know	11	1.7
It is possible to contract HIV by getting a tattoo.		
True (Correct answer)	586	88.1
False	52	7.8
I don't know	27	4.1
Pulling out the penis before the man ejaculates prevents the woman from contracting HIV during sexual intercourse.		
Real	7	1.1
False (Correct answer)	657	98.8
I don't know	1	0.2
A woman can get HIV if she has anal sex with a man.		
True (Correct answer)	7	1.1
False	657	98.8
I don't know	1	0.2
Washing the genitals after sexual intercourse prevents a person from contracting HIV.		
Real	9	1.4
False (Correct answer)	638	95.9
I don't know	18	2.7
A person can contract HIV even if they have only had one sexual relationship.		
True (Correct answer)	661	99.4
False	4	0.6
I don't know	0	0.0
Having sex with more than one partner can increase your chances of getting HIV.		
True (Correct answer)	637	95.8
False	23	3.5
I don't know	5	0.8
A person will not get HIV if they are taking antibiotics.		
Real	3	0.5
False (Correct answer)	647	97.3
I don't know	15	2.3
A person can contract HIV through vaginal discharge.		
True (Correct answer)	461	69.3
False	84	12.6

I don't know	120	18.0
A person can contract HIV by having oral sex (mouth-vagina) on a woman.		
True (Correct answer)	549	82.6
False	38	5.7
I don't know	78	11.7
A woman can get HIV if she has vaginal sex with a man who has HIV.		
True (Correct answer)	661	99.4
False	two	0.3
I don't know	two	0.3
Athletes who share syringes for steroid use can contract HIV through the needle.		
True (Correct answer)	663	99.7
False	two	0.3
I don't know	0	0.0

* Questionnaire available at Betiatto [8], adapted from Carey and Schroder [9].
Source: Primary data (2020).

Regarding the possibility of an HIV test after a week of an unprotected sexual intercourse being able to detect whether the person contracted HIV in that relationship, 61.1% answered false, 8.1% true and the rest did not know how to answer (Table 5).

In the question that states that women are always tested for HIV infection during the cervical screening test, 48.9% answered false, 16.2% true and 34.9% did not know the answer. This result shows that despite the preventive examination being widely publicized, there are many doubts regarding its real objective. A Chi -Square test was performed between the variables of biological sex (male or female) and the knowledge that women are **not** tested for HIV during the cervical screening test. A statistically significant correlation was observed (p-value 0.0000327). Considering that 197 (29.3%) men and 468 (70.7%) women participated in the survey, the percentage of correct answers among women in this question was 54.2%. Among men, only 30.2% answered correctly, 49.6%wrong and 20.2% said they did not know. The overall accuracy was low, being worse among men, but extremely worrying for both sexes.

Table 5 – Study participants' knowledge about HIV . Santa Catarina – Brazil, 2020.

Variables*	**no**	**%**
Testing for HIV after one week of unprotected sex will tell you if the person contracted HIV in that relationship.		
Real	54	8.1
False (Correct answer)	406	61.1
I don't know	205	30.8
anti-HIV cocktail reduces the chance of those people transmitting the virus to a sexual partner.		
True (Correct answer)	400	60.2
False	158	23.8

I don't know	107	16.1
It is a form of prevention of HIV infection to use the drugs that are part of the cocktail used in the treatment of AIDS, in people who may have come into contact with HIV within a period of 72 hours.		
True (Correct answer)	443	66.6
False	72	10.8
I don't know	150	22.6
Individuals who engage in more frequent risk behaviors can prevent themselves from contracting HIV by taking an antiretroviral drug, which is also used to treat already infected individuals.		
Real	187	28.1
False (Correct answer)	292	43.9
I don't know	186	28.0
Women are always tested for HIV infection during cervical screening.		
Real	108	16.2
False (Correct answer)	325	48.9
I don't know	232	34.9

* Questionnaire available at Betiatto [8], adapted from Carey and Schroder [9].

Source: Primary data (2020).

Regarding the treatment with the anti-HIV cocktail in HIV-infected people to reduce the chance of these people transmitting the virus to a sexual partner, 59.79% answered true while 40.21% answered false or did not know. In the question which states that it is a form of prevention of HIV infection to use drugs that are part of the cocktail used in the treatment of AIDS in people who may have come into contact with HIV within a period of 72 hours, 66.17% answered true, 10.93% false and 22.9% did not know.

When asked whether individuals who have more frequent risk behaviors can prevent themselves from contracting HIV by taking an antiretroviral drug, which is also used to treat already infected individuals, 27.95% answered true, 43.65% false and 28.40% were unable to answer. Thus, it is emphasized that this was the question of greatest difficulty in the questionnaire, which involves the population's lack of information on the subject.

There are two questions that demonstrate the lack of knowledge about the services offered by the Unified Health System in Brazil, the question in which the participants are asked occurs) and the realization of an HIV test during the cervical cancer screening (which does not occurs, they are different tests). Correlating these two variables, only 23.82% answered correctly in both questions, 50.39% answered one of the questions wrong and 25.79% got both wrong. This difference is statistically significant p-value 0.0000255 (chi-square test), demonstrating that the majority have fragility of knowledge related to the subject of the questions, placing them in a vulnerable situation in relation to the risk of contracting HIV.

4 DISCUSSIONS

Many campaigns and strategies have been adopted over the years, trying to alert people about the risks of contamination and ways of prevention [10]. However, there are individuals who still engage in risky behaviors, such as sexual intercourse without a condom, sharing syringes or needles among people who inject drugs, performing health and aesthetic procedures in precarious conditions of hygiene and sterilization of materials [10] .

Currently in Brazil, the Ministry of Health emphasizes early diagnosis and the fight against prejudice, without losing focus on prevention [3] . Although campaigns have a debatable impact in terms of effectiveness, the present study points to the need to maintain HIV/AIDS prevention activities.

The necessity of expanding the population's knowledge on the subject is perceived in the results of this research, even considering that most participants have completed higher education or are in progress to do so, many errors were still observed in the responses to the knowledge questionnaire. It draws attention to simple errors, such as the existence of a cure for AIDS, a fact that is not true, however, some people claimed otherwise and others did not know the answer, or believe that transmission can occur via mosquito bite and sharing cups. Other studies also point to the need for constant maintenance of health education actions with a view to encouraging healthy living habits and minimizing the occurrence of new cases [3,11].

Regarding sexual transmission, despite almost all participants being sexually active, there are still doubts, from the most basic, such as believing that washing the genitals could prevent transmission, to the most complex, such as not knowing about the use of pre- and post-exposure medications . This demonstrates the fragility of knowledge and the consequent greater possibility of exposure to risk situations. It is worth noting that the pre- and post-exposure medication can be used by the population, it suffices for the user to go to the health unit, go through a medical consultation and informing the necessity to use it [12]. Study point to a reduction in HIV contamination even after contact with the virus when using the correct medication [12] .

Another notable error is in relation to the HIV diagnosis, which is confidential, that is, the health services do not inform third parties about the diagnosis [13] and in the survey only half of the participants answered correctly, evidencing the fragility of knowledge on the subject, and raising the question about the possible fear of performing the test. It was also evident the lack

of knowledge that at the time of performing the cervical cancer screening, HIV testing is not performed [14]. This was one of the questions with the highest percentage of error, pointing out that young people may be looking for health services in search of counseling and testing for HIV, and due to nescience, they may opt for the cervical cancer preventive exam, being a negative result for malignancy is misinterpreted as a negative HIV test, delaying possible positive diagnoses.

5 CONCLUSION

In conclusion, the objective of the study was successfully achieved, and although most of the questions received correct answers, there is a considerable percentage of the population that is at greater risk due to the lack of information on the subject.

Educational and health services are recommended to intensify health education actions for the prevention of HIV/AIDS.

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