

Health in adolescence with HIV / AIDS: paths for a post-2015 schedule

A saúde no adolescer com HIV/aids: caminhos para uma agenda pós-2015

Salud en adolescentes con VIH/sida: formación de una agenda post 2015



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ABSTRACT

Objective: to relate the perception of health in adolescents living with HIV/AIDS with possible strategies to reduce the spread of the virus.
Method: qualitative, descriptive exploratory study, developed in the Specialized Assistance Services in the countryside of Rio Grande do Sul, with 15 adolescents living with HIV/AIDS. Information was collected in 2013, through semi-structured interview and processed by thematic analysis.

Results: The information analysis resulted in two categories: Perceptions of Health and Adolescence with HIV/AIDS, which made it possible to relate living with HIV/AIDS and the Millennium Development Goals with strategies that allow reducing the spread of the virus.

Conclusions: adolescents with HIV/AIDS perceive themselves as healthy. The strategies to reduce the spread of the virus must therefore focus on self-care and in reducing prejudice and stigma in society, these actions being suggested as an agenda for the next millennium goals.

Keywords: Millennium Development Goals. Adolescence. Acquired immunodeficiency syndrome. Nurse.

RESUMO

Objetivo: Relacionar a percepção de saúde do adolescente que vive com HIV/aids com possíveis estratégias para reduzir a propagação do vírus.

Método: Estudo qualitativo, exploratório-descritivo, desenvolvido no Serviço de Atendimento Especializado, em um município do interior do Rio Grande do Sul, com 15 adolescentes que vivem com HIV/aids. As informações foram coletadas em 2013 por meio de entrevista semiestruturada e analisadas pela análise temática.

Resultados: A análise das informações resultou em duas categorias: Percepções de Saúde e Adolecer com HIV/aids as quais possibilitaram relacionar o viver com HIV/aids e os Objetivos de Desenvolvimento do Milênio com estratégias que possibilitem reduzir a propagação do vírus.

Conclusões: Os adolescentes com HIV/aids percebem-se saudáveis, portanto, as estratégias para a redução da propagação do vírus devem estar centradas no autocuidado e na redução do preconceito e do estigma na sociedade, sendo estas ações sugeridas como pauta à próxima agenda de objetivos do milênio.

Palavras-chave: Objetivos de Desenvolvimento do Milênio. Adolescência. Síndrome da imunodeficiência adquirida. Enfermagem.

RESUMEN

Objetivo: relacionar la percepción de salud de adolescentes con VIH/SIDA con posibles estrategias para reducir la propagación del virus.

Método: estudio cualitativo, exploratorio y descriptivo desarrollado en el Servicio de Atención Especializada en Rio Grande do Sul, Brasil, con 15 adolescentes con VIH/sida. La información, analizada mediante análisis temático, se recogió en 2013 por entrevista semiestruturada.

Resultados: el proceso de análisis resultó en dos categorías: Percepciones de Salud y Adolescencia con VIH/Sida, que relacionan la vida con VIH/Sida a los Objetivos del Milenio y estrategias de salud que reduzcan la propagación del virus.

Conclusiones: Los adolescentes con VIH/Sida se perciben como individuos sanos, las estrategias de salud para reducir la propagación del virus deben centrarse en autocuidado y reducción de prejuicios y estigmas sociales; se sugieren estas acciones como tema a la siguiente agenda de objetivos del milenio.

Palabras clave: Objetivos de Desarrollo del Milenio. Adolescencia. Síndrome de inmunodeficiencia adquirida. Enfermería.

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■ INTRODUCTION

This year marks 15 years of the Millennium Declaration, a document agreed to by leaders from several countries and promoted by the United Nations (UN), which instituted, before a global panorama of misery and economic crises, the main challenges for the promotion of human dignity ⁽¹⁾. This document sets out the Millennium Development Goals (MDGs), organized in 8 goals, 18 targets and 48 indicators, which are guides for joint international strategies, and serve as standard references to qualify and measure the obstacles to be overcome ⁽²⁾.

The MDGs have proved to be a route to the Brazilian public policy, and from this development, there have been major advances and much has been learned in this construction ⁽³⁾. Brazil has already achieved most of the goals and developed technologies that have become global references ⁽³⁾. Among them is Objective 6 for the health sector: To combat HIV / AIDS, malaria and other diseases, with the following goals: stop the spread and reduce the incidence of HIV/AIDS by 2015 (target A) and universalize access to HIV/AIDS treatment by 2010 (target B) ⁽²⁾, both objects of this work.

Among the many difficulties of Brazil to achieve and accomplish that goal is the development of AIDS that presents multiple dimensions such as social, cultural, political, economic, clinical and epidemiological. However, these goals were relatively achieved by Brazil, but, in the world situation, Goal B will not be effective until 2015, although it is noticeable that with commitment and political will it is possible ⁽³⁾. There is a significant reduction in disease, but it is emphasized that the infections still affects 2.5 million people every year ⁽⁴⁾. In 2012, there were 718,000 Brazilians living with HIV / AIDS, and the highest number of new case reports come from the south of the country, while presenting a lower number of deaths from HIV/AIDS ⁽⁴⁾.

It is considered that our country is a reference to the access and treatment of HIV/AIDS, both universally guaranteed by the Unified Health System (SUS). In addition, new and improved protocols are constantly discussed ⁽³⁾. In general, the epidemic is stable and concentrated in certain population sub-groups in vulnerable situations as in the case of HIV infection among the youth population that has shown increasing trend ⁽⁴⁾.

From this perspective, the technical and scientific developments have changed the evolution and the path of the epidemic, given that people living with AIDS now have a greater survival rate, featuring a tendency to for the disease to be established as a disease. The process of adolescence with the chronic condition of AIDS stands out, since

the adolescent experiences a therapeutic daily life that is permeated by issues such as adherence to antiretroviral therapy (ART), family relationships, silence and disclosure of diagnosis, orphanhood, adolescence in institutions such as support homes, sexuality, among others ⁽⁵⁾.

The way that each adolescent experiences these challenges is directly related to the way that each one gives meaning to their life everyday within the complexity of being a teenager and living with AIDS. However, in the plurality of the process of adolescence with AIDS, it seems that the singularities of this process have acquired less visibility in the tangle of investigations that merely emphasize the clinical and epidemiological issues ⁽⁶⁾.

Adolescence, both for those living with AIDS and for those who do not have the infection, constitutes a unique and diverse stage, marked by intense and multidimensional changes, constructed from multiple criteria covering biological, psychological, social and cultural aspects. However, this phase has also been treated as a set of universal phenomena, limited to a conceptual definition more related to a biological aspect of organic experiences than the articulation of its various dimensions ⁽⁷⁾. Such an approach, focused purely on biological matters, homogenizes and universalizes this phase. Thus, the awakening of a magnified look towards adolescence and the overall health of these adolescents.

The aspirations and needs of adolescents living with HIV/AIDS tend to be restricted, by themselves or by people with who they live with, compared with those of other teenagers his age, as if the seropositive status alone was reason to believe that their self-care practices in their health, emotional, sexual and reproductive life did not deserve plans and investments ⁽⁸⁾.

Thus, it is considered that healthcare professionals involved in the dynamics of social relations, need to act to promote critical awareness of the subject, with respect to the potentialities and weaknesses of their life context. Teenagers need to be encouraged so that they can act and position their conceptions, values and choices, which favors the sharing of different worldviews and the construction of new knowledge and interpretations of reality.

Moreover, it is believed that the nurse has a fundamental role in this theme, the scope and assessment of the MDGs ⁽⁹⁾, as well as the construction of new targets, because, as a member of the health team and its specificity, he participates in the daily care activities of this population and can offer relevant scientific subsidies for health research, thus contributing to a post-2015 agenda.

From these considerations, this article is grounded on the following research question: how can the perception

of adolescents with HIV/AIDS about their health help build strategies for reducing the spread of the virus? To answer this question, the study aimed to: relate the perception of adolescent who lives with HIV/AIDS to the possible strategies for reducing the spread of the virus.

■ METHODOLOGY

A qualitative, exploratory and descriptive study ⁽¹⁰⁾ that is the result of a doctoral dissertation presented in 2014 ⁽¹¹⁾. The investigative scenario was the Specialized Care Service (SAE) of a municipality in the countryside of Rio Grande do Sul. This service provides care and monitoring of adolescents living with HIV/AIDS in the city and others in the west region of the state.

There were 15 participants, all adolescents living with HIV/AIDS attended at SAE. It is noteworthy that the number of subjects participating in this research was determined by the data saturation criterion, represented by the knowledge of the researcher that he could understand the internal logic of the study group ⁽¹⁰⁾.

Inclusion criteria were: living with HIV/AIDS regardless of the virus acquisition route and use or not of antiretroviral drugs, with an age between 10 and 19 years old (according to the WHO's definition and the criteria adopted in Brazil by the Ministry of Health), in attendance by said SAE and present cognitive and emotional conditions to participate. The research excluded teens who were unaware of their diagnosis, as there is risk of diagnostic secrecy breach, which could result in damage to the deponents. To find out if the teenagers knew or not about their diagnosis, this information was sought through family members and professionals from the SAE.

Initially, a search in SAE's records was performed to select the participants. The first contact with the adolescents and their families occurred through the service of health professionals, informing them of the study and requesting permission for the researcher to contact these patients. Afterwards, invitations were distributed, where the purpose and methodology of the study were informed.

Data collection took place from July to November of 2013, through semi-structured interviews. In an attempt to qualify the information derived from data collection and minimize the withdrawal of the participants, an extensive process of approaching, providing ambiance and awareness with teens through makeup courses and educational and interactive games for was set up for about two months.

Prior to the interview, the adolescents who were over 18 years of age signed the Free and Informed Consent (TCLE),

while those under 18 years of age signed the Consent Form, and their parents signed the TCLE. Data collection was performed at the preferred location of adolescents in the SAE (13 participants) or at home (two participants). Regardless of location, privacy was ensured to participants. The interviews were recorded through a digital audio recorder and transcribed.

The analysis of the information was carried out through thematic analysis, following three stages: Pre-Analysis, Exploration of the Material, and Treatment of the Results Obtained and Interpretation ⁽¹⁰⁾.

The study followed the precepts of Resolution n. 466 of 2012 of the National Council of Health of the Ministry of Health, and was approved by the Research Ethics Committee under number 295.045. To secure the anonymity of the participants, the adolescents were identified by the letter A followed by numbers: A1, A2, A2 (...) A15.

■ RESULTS AND DISCUSSION

The information analysis resulted in two categories: Perceptions of Health and Adolescence with HIV/AIDS, which dealt in a broader perspective, with health concepts, changes experienced during the period, feelings and experiences related to the condition of HIV/AIDS. Such deepening made it possible to relate these perceptions to strategies aimed at reducing the spread of the virus, which are discussed in the section below.

Perception on health

Teens experienced polysemy attributed to health in their daily lives in a broad social perspective, translated as quality of life and well-being, and reductionist conceptions, which referred to the medicalization, the biomedical paradigm and speech of normalizing health.

In the arguments of adolescents, subjective aspects focusing on personal relationships and family were made evident, understood by them as the potential to live life. It is interesting to point out though, that when urged, the teenagers were encouraged to reflect on health from their own life experiences. The following statements illustrate this concept:

Health is life. It is love, for the family, the life of the people. Being healthy for me is to watch television, go to school, play with my dogs. (A5)

Health is good for us to live life, to enjoy life's experiences. I'm healthy, I like to play ball all week. (A7)

Health is being able to date, go out.. (A2)

The content of the speeches about health in the prism of adolescence revealed a way of life that is very characteristic of adolescents in general, and did not portray people with AIDS. It is expressed by how much can be achieved living the good things in life, a reality construed from social experience. Thus, they indicated subjective and expanded perceptions of health, unrelated to the idea of the disease. This suggests a positive representation of health, coupled with the sense of life and well-being, individually and collectively ⁽¹²⁾.

The search for leisure activities and relationships with friends, lovers and family life appeared as markers of a context that offers conditions for growth and adolescent development regardless of AIDS. The universalization of treatment by SUS that provides Anti-Retroviral Therapy (ART) has allowed these young people perceive their health more broadly, because it provided an opportunity for a certain quality of life with regard to reduction of hospitalization, opportunistic diseases, perspective life and future.

The construction of health concepts in the speeches occurred outside the biological and/or pathological field when teens referred to themselves. This has raised the issue that the health of adolescents in the field of knowledge and practices need to be seriously reflected from logic other than that of the biomedical discourse. It is beyond the biological that health policies need to be thought out and formulated, taking into account, above all, the experiences of adolescents ⁽¹²⁾.

To this end, a reflection health professionals is needed, especially nurses who care for adolescents with AIDS: are the health measures adopted limited to the biological dimension? Or is there a special look into a glimpse of the teenager's uniqueness? Only from the moment when we do not try to regulate the lives of adolescents, but understand their singularities and experiences, will it be possible to relate to them and maybe understand them. As an agenda, it health measures involving HIV/AIDS with a view to completeness must be established, requiring this look to seek strategies to reduce prejudice, exclusion and encourage the teenager to live his or her rights and duties.

On health concepts, some teenagers have interpreted it as the mere absence of disease. The study made it possible to observe the prevalence of a biologist vision about health, when considering only the physical factors, disregarding the other determinants involved in this process. The sentences listed below exemplify this argument:

He is a person without the disease. I think I am healthy. (A3)

Health is taking care of yourself, it is to go to school. I like to go to school, because when I get home I have to help clean up, I do not like to do that. (A6)

Health is to care for yourself, sometimes I take care of me. I don't walk barefoot because I would get sick when I did, it gave me a cough. It's good to be healthy to be able to be close to my girlfriend, go out and have fun. (A14)

Being healthy is to take care of yourself and if you have sex you need to use condoms. It means not walking barefoot, because then you might cough. (A11)

Health is taking medicine and eating. (A4)

The idea of health as absence of disease is related to the experience that teenagers had from the disease process, and is therefore directly linked to their experiences since childhood. AIDS, although presenting itself as a chronic condition, was not nominated by teenagers, but their life history is marked by the repercussions of this disease. It was possible to verify that, for these adolescents, because AIDS does not restrict their daily activities or incapacitate them, it makes them feel healthy.

In the meantime, in line with the literature, the teens expressed that their experiences go beyond relations with HIV/AIDS, in a way that the emerging needs of adolescence and puberty share space with the duty of treatment ⁽¹³⁾.

The reports presented elucidated a sometimes medicalized vision, on the health / disease / care. Submitting to live with the knowledge of health sciences eventually medicalizes the ordinary circumstances of life, for the biomedical paradigm has a normalizing effect ⁽¹²⁾. For these teenagers, the sense of being healthy is attributed to the use of the drug, reinforcing the idea that it is through this consumption that the parameters of being healthy are set. In this sense, even when faced with the collateral effect of the ART (anti-retroviral drugs), the adolescents seeks autonomy and responsibility for keeping his own health ⁽¹³⁾.

In addition, the lines allowed for further elucidation the assertion that teens build health-promoting actions based on their daily experiences. In this sense, it reinforces the importance of planning activities that promote self care, based on the perceptions of the health of adolescents and consequently their needs.

Furthermore, it is understood that, for the care of adolescents, a fundamental condition to access such knowledge and to understand the popular practices of care that they provide, when one actually thinks of an educational practice that proposes to be liberating, dialogic and pro-

moter of autonomy of the subjects in the care for themselves. Otherwise, the practice is rooted in the establishment of rules and behaviors that are, in most cases, not followed by being decontextualized.

Adolescence with HIV / AIDS

Adolescence is a stage marked by many changes experienced in all its uniqueness, with its own identity, challenges and setbacks. In recognizing how teenagers find themselves in the midst of all that it is part of this stage: their personality, relationships with peers, going to parties, using the internet, watching TV, clothing, the discovery of relationships such as dating and going steady and their contributions at home. Taking the place of the protagonists of their experiences, gaining experience, learning, maturing and gaining freedom and privacy. At the same time, they recognize the limits of what they understood socially as right or wrong. The following excerpts show this description:

A lot is changing, I'm maturing. I've changed a lot, now it's something else, is another life, I don't play that much. At home I have to help wash, sweep and pass. (A13)

Much has changed, it is very different now, it seems that we have more intimacy with people and more friends, and there a lot more things than before. Now I get out more, because my grandmother let me leave. (A8)

Everything changed. Before I didn't have a boyfriend, now I do. As a child couldn't do anything, now I can. I used to play with dolls, now I don't. [...] I like to wear makeup to school, but I don't have any money to buy it. (A11)

The fact that the adolescents in this study understand this step as a period that calls for maturity, responsibility, autonomy, respect for limits, and they are getting rid of child behavior and transitioning to adulthood are very attention grabbing. In this sense, adolescents demonstrated the need to respect limits, as compared to environments and behavior, although they do not feel mature enough to make decisions and still need parents for counseling ⁽¹⁴⁾.

This question resonates in the field of nursing studies, that showed that adolescents living with HIV/AIDS have their everyday lives permeated with various activities common to any other teenager, like going to school, playing, going to parties, talking with friends, using the computer, talking about dating and their body image ^(6,15). In addition, in order to not to differentiate from the others, they level themselves to what is common and expected by all ⁽⁶⁾.

Autonomy in the development of adolescence brings a responsibility in the care of themselves and others. Perception of the world is enlarged at this stage and, therefore, disclosure of the diagnostics is necessary and critical. This is a consequence of universal and success of ART. A generation of youngsters living with HIV that need to know and participate in the decisions related to the health-disease process in a singular and comprehensive manner.

The moment of revelation for the the participants of this study was marked by a conflicting experience, when an initial feeling was of sadness, not acceptance and surprise. Early on, they did not accept the diagnosis, because they perceived themselves as different from others, their peers and brothers. They also reported concerns about stigma when they learned of the diagnosis. The next statements account for such experiences:

It was my father who told me, I was 11. I had to know why i was taking [medication]. At first it was horrible, because I know that people are prejudiced, but as since their is nothing shown on your body, there's no problem. It only happens if you don't take care of yourself, if you do not feed yourself. But I already knew before they told me, they [health professionals] do lectures in high school, they talk a lot about it. My brother was in treatment since he was very young, so he wasn't infected. I breastfed until I was a big girl. (A12)

I was about ten years old when my grandmother told me. I was surprised and scared. I had no idea what it was. In the beginning I was not sure of what it was, At school they taught us and I learned a little. (A10)

I learned that I have AIDS when I was 12. I could not believe it when my mother told me. It was horrible. I asked why I was taking an injection and she said that is because I have this disease. (A9)

My mother had AIDS, she did not know and I breastfed. I learned when I was 11, my grandmother told me. I felt very sad, I felt bad, I felt it was not like the others, I felt different. (A2)

It is important to consider that the disclosure of HIV becomes the starting point for the construction of a new story. However, at this time, although it is necessary in the lives of adolescents and their care, it brings out different reactions and feelings, often negative, given that it is a disease that greatly affects social and emotional aspects due to the still prevailing stigma in society. Still, these stigmatiz-

ing feelings mobilize contradictory forces, because on one side it is necessary to reorganize and continue living, rallying forces to take care of themselves and their own, and on another side emerges a willingness to give up, permeated by a strong sense of hopelessness⁽⁸⁾. This leads to drastic changes in people's lives, affecting their emotional and social participation with their families and communities.

In line with the literature⁽¹⁵⁾, in this study, as teenagers have the diagnosis revealed, they feel different among peers and some kind of suffering is usually expected, considering they possess characteristic needs in this stage of development, as wanting to look and behave like their peers. This sense of differentiation from peers is considerable and may arise as a result of family frailties, such as having deceased parents; having to take daily medicines; following a routine examination and consultation; of having to deal with maintaining their diagnosis as a secret, to avoid being stigmatized, among other issues.

For many, it is in childhood that the perception of a health monitoring that is different from that of most children begins; this leads, in adolescence, to questions being raised that end in the revelation of the diagnosis. Families tend to postpone the moment of disclosure, because it may involve the revelation of the infection itself or other delicate aspects of family life. As such, children are told what they have before the family reveals it to them. This happens in the midst of situations of loneliness and lack of clear communication, reproducing the silence, and could harm the full experience of adolescence, permeating it with doubts, worries and suffering.

They did not tell me, I found out by myself because of the medication I was taking. When I started to get sick, my brother told me: "That's because of the medicine that you do not take." Nothing has changed in my life. (A14)

I learned when I was 14 years. I asked the grandmother why I took that medication. She told me what it was and I didn't even listen. Then I thought I was going to die and all I could do was cry. (A1)

The long silence and poor communication may also result in difficulties for the accession to therapy, behavioral disorders, doubts about the experiences with sexuality and higher levels of psychological stress of both adolescents and their caregivers⁽¹⁶⁾. To minimize, the use of storytelling as a resource for children living with HIV is suggested in order for them to understand their health process and disease. The benefits of this resource are related to the exercise of health education actions, under-

standing of health status, participation in the therapeutic process and encouraging interaction with other children who are in similar situations⁽¹⁷⁾.

Such actions can help in fighting the disease in that they offer moments of dialogue between health and education professionals, with parents, children and adolescents and not only to those living with HIV, but to anyone in order to build inclusive conceptions and respect for human conditions.

In the meantime, it is shown that for teens, knowledge of their life stories and the revelation of their diagnosis makes it possible to put forward a new reality, making choices and decisions within real alternatives, independently. Already, from the point of view of parents and caregivers, disclosure is recognized as necessary, irremediable and a challenge to be met, considering that the maintenance of secrecy is uncomfortable and distressing⁽⁸⁾.

However, there is no predetermined age for revelation, although the importance of its development in childhood is discussed⁽¹⁸⁾. Therefore, it is possible to talk to the child living with HIV about their situation, contributing to the understanding of the health/disease, without revealing the diagnosis, without lying, and yet protecting the child, using children's stories as tools⁽¹⁷⁾.

In testimony, teenagers revealed that, from the moment they knew of their HIV status, a silent agreement was established between them and their families in an attempt to protect themselves from stigma and possible discrimination. The teenagers thought that if they told their friends, they would be compromising their network of relationships. In addition, they pledged that rust is a fundamental condition so that they can reveal the diagnosis to their peers. The statements that follow depict these questions:

I do not tell my friends, because friends are not blood. Only those who are family and girlfriends need to know. Only tell people I trust. There are false people who may put it on the internet. (A5)

None of my friends know, just my family. People do not need to know because they are prejudice. There is plenty of prejudice in society. (A12)

Nobody knows, just my family and my boyfriend. I do not want anyone to know, because otherwise they will start to call me sick. (A11)

The revelation of this condition was an important source of difficulty for adolescents, about what to do with this secret. By revealing their condition to their peers, they

were free from the weight of silence, but lived with the risk of possible rejection. When bearing this secret, they did not expose themselves to judgments, but they did live with uncertainty, anxiety and isolation. The importance of sharing the HIV status with those close to the patient shows care with others and also a care of themselves. It is in the true and intimate relationship inside a circle of trust that teenagers learn to build the support network necessary for life.

It is noteworthy that two of the teenage participants declined to attend the interviews conducted in SAE because they did not want to be seen on site, demonstrating that the stigma of AIDS affects the association with the service. The teenager fears that at any time in their interpersonal relationships, their disease will be discovered and is frightened by prejudice. Thus, sharing the disease ends at the closest interpersonal relationships⁽¹⁵⁾.

With regard to adherence to drug therapy, teenagers exercise autonomy, gradually assuming responsibility for their treatment, obeying the prescribed doses and schedules. They revealed to understand the reasons for ART in aiding the body to control the disease and prevent other health problems and even death. They then began to understand the ingestion of medicines, despite the side effects. But they made sure that if not needed, they would not. They reported how and with what strategies they remember to take medicine. The statements below illustrate these questions:

Now it is normal, I've gotten used to the pills. I take them at seven in the morning and then seven in the evening. I take it with plenty of water, then I just swallow instead of chewing. I remember to take them everyday. (A12)

For me it's normal, I do not feel bad, because I'm used to it. I take it every day. In the morning I wake up and take the medicine. At night, after the news, I know I have to take it again. Sometimes, my mother does not know how many pills I need to take, so I handle it. (A7)

I'm used to it. I can take them, but sometimes I forget. I take them as soon as I remember. I take them every day, twice a day, in the morning and at night. If I could, I wouldn't take it, I hate the taste and it makes me nauseous. (A15)

It is possible to observe the engagement of adolescents in their treatment, showing commitment to the antiretroviral therapy. Similar results were found, showing that adolescents used alternative means to identify the medication, in specific, color and size of the pills⁽¹⁹⁾.

It was noticed that teenagers worry and fear that others may discover their diagnosis from the use of medication

in public places or at the home of their friends, because of prejudice, which is a situation that affects the use of antiretrovirals in important ways. The use of medication in social spaces can be influenced by the behavior of children and adolescents in relation to treatment, for the medications can serve as proof that they are sick from AIDS⁽²⁰⁾.

On these issues, which run through adherence to therapy, it is understood that the health team needs to provide clear and practical information so that adolescents and caregivers understand its importance. It is necessary, however, that the health professional be theoretically grounded in the disease and treatment process for HIV/AIDS for such instructions.

With regard to the millennium goals, it should be highlighted that the actions against HIV/AIDS cover a broader perspective of health care for the population, ranging from reducing transmission of the virus, to the confrontation of living with HIV and the decrease of opportunistic infections. In addition, the inclusion of the teenager who has AIDS implies in care that deconstructs forms of prejudice and offers a perspective of a life and a future with more quality.

■ FINAL CONSIDERATIONS

Teenagers living with HIV/AIDS participating in this study, perceive themselves as healthy individuals. Thus, the health strategies to reduce the spread of the virus should be centered on self care and reducing prejudice and stigma in the society. Therefore, it is suggested that these actions must be guided by the next agenda of the millennium goals. Considering that the limitations of this study correspond to those applied to qualitative studies, regarding the generalization of data and the number of participants.

The perceived health of adolescents living with HIV/AIDS was presented in two different views: some of those expressed by the quality of life and well-being, while others were associated to medicalization. However, all participants understand themselves to be in a healthy adolescent process, which is mainly possible through self-care.

As for adolescence with HIV/AIDS, in regard to adherence to therapy, they showed that participants were gradually taking the treatment, but showed some difficulties. It showed that HIV status was kept as a silent agreement between the adolescents and their families, a reflection of the fear of experiencing prejudice in society. However, some participants revealed they live with HIV/AIDS to their boyfriend or girlfriend, expressing concern for the care and protection of each other.

Faced with the concern to maintain the secrecy, one of the main demands is for spaces or people with whom to talk. In this

Ainda, é necessário discutir amplamente entre profissionais de saúde, escola e comunidade, sensibilizando as pessoas com vistas a diminuir o preconceito, a exclusão e o estigma que envolve quem vive com HIV/aids. Assim espera-se garantir a inserção plena dos adolescentes que vivem com HIV/aids na sociedade. Neste cenário, cabe destacar ações de educação em saúde na comunidade, escola e unidades de saúde que visem o diálogo sobre o HIV/aids, promovendo autocuidado, redução da transmissão do vírus e potencializando os adolescentes como multiplicadores de conhecimento entre seus pares.

Considerando a forma como o HIV/aids tem se desenvolvido entre adolescentes, é necessário repensar a implementação das políticas públicas atuais. Além disso, acredita-se que com o comprometimento e trabalho compartilhado entre gestão, profissionais de saúde e educação, sociedade em geral e adolescentes que vivem com HIV/aids é possível alcançar com efetividade as metas estabelecidas nos ODM.

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