

## The care of children and adolescents living with HIV in the context of primary care in the Brazilian Unified Health System: A literature review



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### Priscila Carrazoni dos Santos

Physiotherapist from the Federal University of Pampa – UNIPAMPA, Uruguaiana campus, Rio Grande do Sul, Brazil

ORCID: <https://orcid.org/000-0001-6307-9308>

E-mail: [prika.carrazoni@gmail.com](mailto:prika.carrazoni@gmail.com)

### Lara Bourguignon Lopes

Physiotherapist by the School of Sciences of Santa Casa de Misericórdia de Vitória - EMESCAM and resident in Critical Patient Care by the Evangelical Hospital of Cachoeiro de Itapemirim

ORCID: <https://orcid.org/0000-0002-2211-0417>

E-mail: [laralopesb3@gmail.com](mailto:laralopesb3@gmail.com)

### Gracielle Pampolim

PhD in Collective Health, professor at the Federal University of Pampa – UNIPAMPA

ORCID: <https://orcid.org/0000-0002-4157-3521>

E-mail: [graciellepampolim@hotmail.com](mailto:graciellepampolim@hotmail.com)

### ABSTRACT

**Introduction:** Sexually transmitted infections (STIs) are a public health problem, however, there are still important flaws in the cascade of care to prevent vertical transmission of HIV. **Objective:** To describe how care is given to children and adolescents living with HIV in the context of primary care in the

Unified Health System. **Methods:** Descriptive study, with a qualitative approach, integrative review type, carried out in six steps seeking to answer the following question: “How is care given to children and adolescents living with HIV in the context of primary care in the Unified Health System?” The databases used were LILACS, MEDLINE, BDNF and PUBMED. **Results:** Few publications were found specifically focused on the care of children and adolescents with HIV, with nursing being the category that carries out the most studies in the area. Eight articles were included, from which three thematic categories of discussion emerged: analysis of cross-sectional infections in relation to prenatal care; primary care as organizer of the Health Care Network; and, monitoring children and adolescents living with AIDS/HIV. **Conclusion:** The importance of the protagonism of the multidisciplinary team in terms of prevention, treatment, and comprehensive care aimed at pregnant women, children, and adolescents with HIV is noticeable. The promotion of actions strengthens the link between professional and user, as well as strengthens the health care network towards integrated performance. For this, there must be the maintenance of the service provided and adequate preparation of professionals.

**Keywords:** Adolescent, Child, HIV, Primary Health Care.

## 1 INTRODUCTION

Sexually Transmitted Infections (STIs) are a public health problem faced by all spheres of government. It is important to observe the recurrence of these infections in pregnant women and to analyze the care provided to them. However, secondary data still point to important flaws in the cascade of care for prevention of vertical transmission of STIs, such as HIV (Human Immunodeficiency Virus) (MIRANDA, *et al.* ).

Through preventive interventions, transmission can be reduced to levels between zero and 2%, despite this, such data show that opportunities are lost in different services and in all stages of women's care, especially after the discovery of the HIV diagnosis (MIRANDA, *et al.* 2016; BRAZIL, 2010).



In 2019, 8,312 pregnant women infected with the human immunodeficiency virus were identified in Brazil, of which 27.6% were young people aged 20 to 24 years. In a period of 10 years, there was an increase of 21.7% in the rate of HIV detection in this population, which can be explained, in part, by the expansion of prenatal diagnosis and the improvement of surveillance in the prevention of vertical transmission (BRASIL, 2022). The increase in the number of cases among women has resulted in an increase in vertical transmission of infections.

The cascade of care for the reduction of vertical transmission of HIV presents relevant follow-up losses, which may be related to issues not listed in the biomedical model (MIRANDA et al 2016). However, specialized care should be focused on mental health, clinical evaluation, approach and counseling, in addition to antiretroviral therapy and adherence (BRASIL, 2006).

Because it is the gateway for pregnant women to the health service, primary care is in a privileged position in the provision of care for children and adolescents living with HIV, and the connection and dialogue with the reference centers for STIs is of great importance. Thus, this study aims to analyze the literature seeking to understand how the care of children and adolescents living with HIV is given in the context of primary care in the unified health system.

## 2 METHODS

This is a descriptive study, with a qualitative approach and of the integrative review type, which allows the understanding and analysis of relevant research, from the synthesis of knowledge about a given context, and allows the pointing out of gaps that need to be filled from the defined theme (MENDES; SCOTT; GALVÃO, 2008).

This review was elaborated following 6 steps, namely: step 1 – identification of the problem with definition of the research question; Step 2 – Establishment of inclusion and/or exclusion criteria for studies to search for scientific literature; Step 3 – Definition of the information to be extracted from the studies; Step 4 – Selection of studies to be included; Step 5 – Analysis of the included studies; and step 6 – presentation of the review/synthesis of knowledge.

The question that guided this study was the following: How is the care of children and adolescents living with HIV given in the context of primary care in the Unified Health System?

The articles were searched in the databases PubMed, Latin American and Caribbean Literature in Health Sciences (Lilacs), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Brazilian Nursing Database (BDENF). The descriptors used were: Child, Adolescent, HIV, Primary Health Care, Health Services Accessibility, and Brazil, adopting the following search strategy: (Child OR Adolescent) AND HIV AND ("Primary Health Care" OR "Health Services Accessibility") AND Brazil, and its variation in Portuguese for search in Lilacs. Data collection was conducted in September 2022.

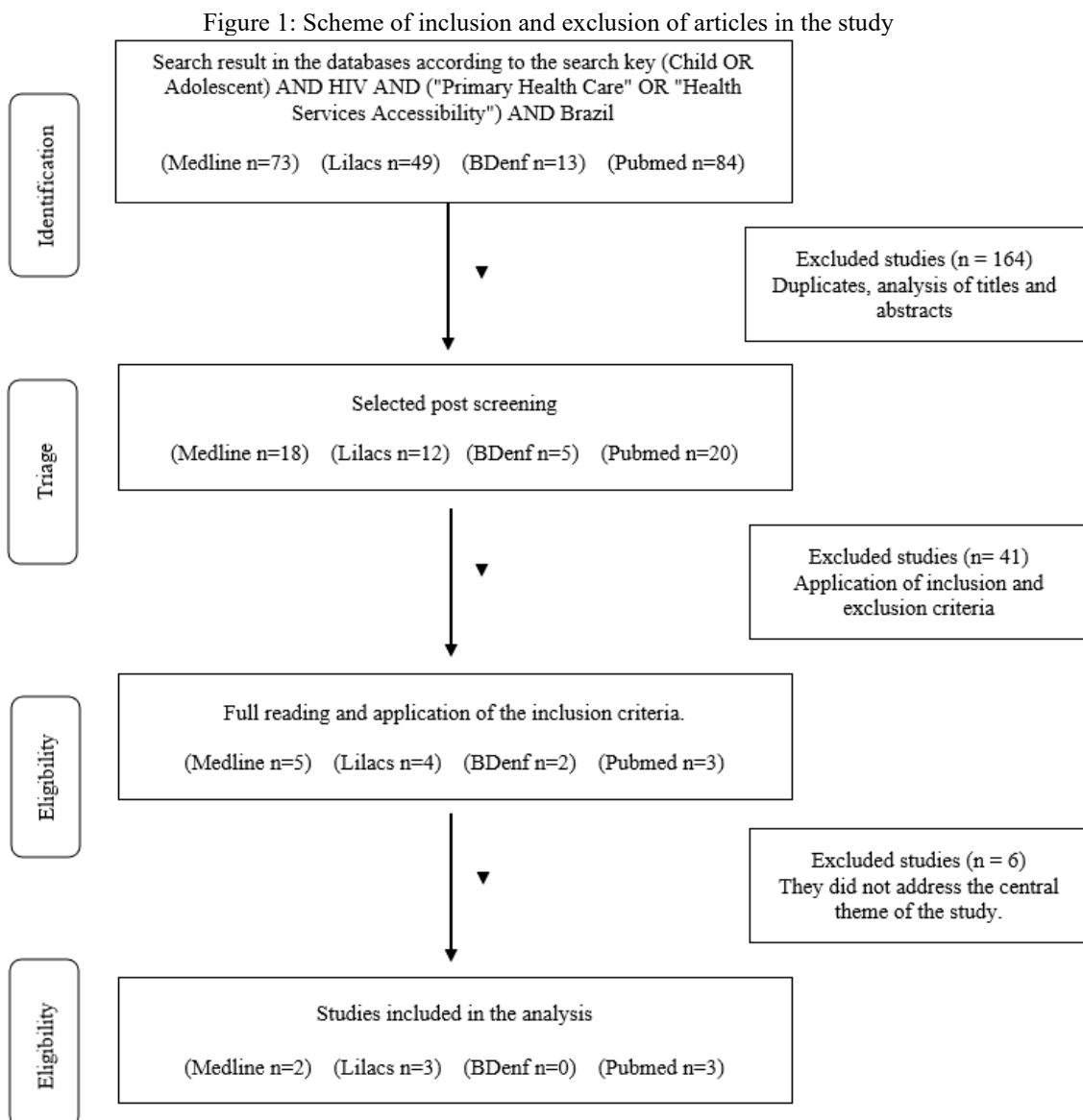


The inclusion criteria for the selection of articles were: to address the theme of care offered in the context of primary care to children and adolescents with HIV verified, with abstract available in the database, written in Portuguese or English, without time limitation. Publications that did not deal with the central theme and review articles were excluded.

The ethical aspects were considered, referencing the authors consulted for the study.

### 3 RESULTS AND DISCUSSION

The searches in the databases resulted in the finding of 219 publications, with the exclusion of duplicates between the databases, and 135 publications were retrieved. After applying the inclusion and exclusion criteria, 8 articles were included in the study (Figure 1).





The selected articles were distributed and enumerated in a table, created by the author, contemplating the following items: journal, title, authors, target audience and year of publication (Chart 1).

Table 1 - Distribution of selected articles, located in the databases: LILACS, MEDLINE, BDNF and PUBMED, according to the journal published, title, authors and year.

Nº	Periodic	Title	Authors	Target audience	Year
1	Anna Nery School – Journal of Nursing	Line of care for children and adolescents living with HIV: participatory research with professionals and managers	Kinalski, <i>et al.</i>	Professionals and managers of primary and specialized care	2021
2	Science, Care and Health	Evaluation of care coordination: children and adolescents with chronic HIV infection	Paula, <i>et al.</i>	Healthcare professionals	2020
3	APS Journal	Evaluation of the integrality of primary health care for children and adolescents with HIV: experience of professionals	Oliveira, <i>et al.</i>	Healthcare professionals	2019
4	Anna Nery School – Journal of Nursing	Evaluation of health care for pregnant women with HIV: comparison between primary and specialized services	Kleinubing, <i>et al.</i>	Patients using primary health care	2019
5	Acta Paulista de Enfermagem	Health care of children and adolescents with HIV: evaluation of longitudinality	Paula, <i>et al.</i>	Healthcare professionals	2017
6	Text and Context Nursing	Quality of primary care from the perspective of professionals: health of children and adolescents with HIV	Piovesan, <i>et al.</i>	Healthcare professionals	2017
7	Brazilian Journal of Nursing	Health care for children and adolescents with HIV: comparison between services.	Silva, <i>et al.</i>	Family members and caregivers	2016
8	Latin American Journal of Nursing	Quality of Primary Health Care for children and adolescents living with HIV.	Nascimento, <i>et al.</i>	Health professionals and caregivers	2016

Source: own authorship

There were 135 articles published between 1993 and 2022. Most publications are focused on women's health as pregnant women, few deal with the perspective of child health care. Thus, there is a need for more specific studies on the subject, to improve the care provided to patients.

Of the 8 articles published, cross-sectional studies were the most prevalent and health professionals were the most frequently addressed. It was found that nursing is the health category that most publishes about the care of children and adolescents living with HIV, when compared to other professional categories.



Based on the full reading of the included studies, and considering the analysis and interpretation of their results, three thematic categories emerged that will be developed below in order to respond to the objective of this study, they are: analysis of transverse infections in relation to prenatal care; primary care as the organizer of the Health Care Network; and, follow-up of children and adolescents living with AIDS/HIV.

### 3.1 ANALYSIS OF TRANSVERSE INFECTIONS IN RELATION TO PRENATAL CARE

The repercussion on maternal and neonatal health relates to the quality of health care for pregnant women living with the HIV virus, since this fact refers to the effectiveness of prophylaxis of vertical transmission (VT). The actions of prophylaxis and management of the chronic maternal and child condition were listed as one of the priorities for the Brazilian Unified Health System (SUS), due to the difficulty of eradicating VT (KLEINUBING, *et al.* 2019).

Faced with the scenario of increased vertical transmission of HIV from young women of reproductive age, the Department of Chronic Conditions and Sexually Transmitted Infections of the Ministry of Health pointed out through data taken from the SICLOM and SISCEL databases, covering the public and private network, that the profile of pregnant women living with HIV (in detectable viral load) in Brazil in the years 2019 and 2020, was higher in São Paulo, with 16% of the total cases, followed by Rio Grande do Sul (14.5%), Rio de Janeiro (13.5%), Santa Catarina (7.3%) and, in other positions, Minas Gerais, Pará and Bahia with an approximate percentage of 5.1%.  
(COSTA, *et al.*, 2021, p, 5)

Costa, *et al.* (2021), also discusses that, in 2000, the Ministry of Health made mandatory the notification of all cases of pregnant women with HIV in the Information System of Notifiable Diseases (SINAN). This measure helps in the monitoring of pregnant women and their babies, to follow cases and verify patterns, helping in the control and greater attention to the population at risk.

The planning of transference, welcoming, care and communication actions between services, in addition to the training of professionals, requires the development of strategies (KINALSKI, *et al.* 2021). This is because planning will promote the generation of diagnostic information and the demands of confidentiality, emphasizing the promotion of access to services and the construction of bonds and trust between users and professionals.

Regarding prenatal care and childbirth, the document "Recommendations for Prophylaxis of Vertical Transmission of HIV and Antiretroviral Therapy (ART) in Pregnant Women" recommends, based on the available scientific knowledge, actions that reduce to levels between zero and 2% the rates of vertical transmission of HIV and that provide control of the maternal disease.  
(BRAZIL 2016, p, 110)

VT is the main route of HIV infection in children, which can have worrying repercussions for the health of this population, being recognized as a source of preventable death in children under 5 years of age (COSTA, *et al.* 2021). As for the intervention measures recommended for the correct



diagnosis of the disease, longitudinal, comprehensive and accessible prenatal care can be mentioned; monitoring of viral load throughout pregnancy and during delivery; use of antiretroviral therapy; choice of mode of delivery and breastfeeding of the newborn.

The period of greatest risk of VT of the virus is the third trimester of pregnancy, especially during birth, evidencing the importance of the maternal viral load being low at the time of delivery.

### 3.2 PRIMARY CARE AS THE ORDERER OF THE HEALTH CARE NETWORK

The social and health indicators are inherent to the integration between the points of the Health Care Network. However, Primary Health Care, as the structuring axis of the health service system, points to the need for the implementation of a horizontally and vertically integrated network, where the horizontal network refers to care within each service and the vertical network with the different points of them (PAULA, *et al.* 2020).

Support and logistics systems should be supported with communication flows. This can be achieved through the strengthening of one of the main structuring axes of PHC, the coordination between the services and, above all, among the people who make up the health system (PAULA, *et al.* 2020). In relation to PHC service models, the FHS stands out with the highest degree of PHC orientation (NASCIMENTO *et al.* 2016).

Ensuring expanded access requires adapting the service delivery model to the needs of priority and vulnerable populations, based on local epidemic conditions (KINALSKI, *et al.* 2021). Therefore, service delivery should be adapted according to person-centered, community-centered and integrated health service networks, aiming at improving maternal and child health.

Thus, the importance of an anthropological study of the multidisciplinary team regarding the environment in which it is inserted is highlighted, since knowing and recognizing the profile of the user, as well as their experiences, provides a greater connection with the professionals (KINALSKI, *et al.* 2021).

The study by Paula, *et al.* (2017), indicates that the professionals considered obtaining continuity of care to this population through an interpersonal relationship. However, other studies differ from the continuity result, when aimed at caregivers may be associated with failures in the informational dimension, causing worsening of the chronic condition.

Still, Kinalski, *et al.* (2021) states that the organization of the SUS, the functioning of the services and the care developed by the professionals is focused on the assistance to acute health conditions, and the mishaps of care in acute situations could be avoided with prevention measures still in Primary Care.

Silva *et al.* (2016) affirms the need to improve some attributes of specialized services and PHC, especially in the reformulations of aspects of their structure and performance, in order to offer the





quality they propose. Children and adolescents should continue to be followed by PHC, however, the team should be able to discern when there is a need for referral to the specialized service.

Regarding planning, Piovesan, *et al.* (2017) states that same-day care and ease of making appointments were items positively evaluated by professionals. On the other hand, there are difficulties in accessing health services, which may make it impossible to continue care, since they distance users from the services.

The study by Oliveira, *et al.* (2019) obtained a high score regarding the Integrality of the services available. In addition, it indicates that PHC services in the municipalities where children and adolescents with HIV live have sufficient structure to provide comprehensive care to this population.

Comprehensiveness requires PHC to recognize the variety of health needs, provide resources to address them, and identify organic, functional, and social problems. Still, the attribute integrality points to the need for a range of services available and provided, which presents actions both in the biopsychosocial scope, as in the promotion, prevention, cure, rehabilitation and, when necessary, referral to specialized services. Thus, it is understood that integrality does not result from the performance of a single service. The presence and extent of this attribute are feasible through the provision of coordinated care in the health care network, with access to services of varying technological densities.  
(OLIVEIRA, *et al.*, 2019, p, 265)

The integral and resolute attention to the health of children and adolescents is dependent on the adequate functioning of the PHC, however, there is a reduced percentage of care for children with chronic conditions in it (PAULA, *et al.* 2020). In addition, adolescents lack specific attention due to pubertal development, health services do not specifically meet the age group.

According to Paula, *et al.* (2020), this mischaracterizes the specific needs and subjectivity of this phase. This factor may be determinant in view of the abandonment of treatment and health follow-up precisely in the transitional period to adulthood, demonstrating a structural and organizational difficulty of health services.

### 3.3 FOLLOW-UP OF CHILDREN AND ADOLESCENTS LIVING WITH AIDS/HIV

Children and adolescents with HIV present specific demands of their serological condition, make continuous use of medications to survive and require health education for the family or guardian (PAULA, *et al.* 2017). Thus, the importance of support for appropriate treatment through good follow-up is explicit.

However, in the study by Kinalski, *et al.* (2021), PHC service professionals did not identify in their territory and do not provide any care to children and adolescents living with HIV. Of the participants, they are sometimes also unaware of the actions carried out by the specialized HIV service.

Another notorious point regarding the provision of services within primary care is the follow-up by the same professional, using informational continuity, producing resolute actions and reducing the need for specialized care. Longitudinal care will only be possible if it is a priority of the local health



organization because it involves, in addition to adequate health care to the user, the professional fixation in the health service (PAULA, *et al.* 2017).

Another point to be mentioned is the lack of knowledge of these children on the part of the health professional, due to the families not accessing or not revealing the diagnosis. Soon, Kinalski, *et al.* (2021), agree with the effort towards the constitution of multiterritories for the care of this population, allied to the qualification of practices with preservation of the confidentiality of information and respect for human rights.

People living with HIV are afraid to seek services close to their place of residence because of the risk of disseminating confidential data, being identified or meeting people they know (KINALSKI, *et al.* 2021). This brings the reflection on the difficulty of the adolescent regarding the continuity of treatment under the view of stigma.

#### 4 CONCLUSION

It is noticeable the importance of the protagonism of the multidisciplinary team in the face of prevention, treatment and integrality in the care aimed at pregnant women, children, and adolescents with HIV. In this way, not only physical care comes to light, but also the necessary care with psychosocial health.

The promotion of actions strengthens the bond between professional and user, as well as strengthens the health care network in the sense of integrated performance. For this, there must be the maintenance of the service provided and adequate preparation of the professionals.

In addition, it is necessary to recognize the existence of challenges regarding integrality for a better service, approach, and follow-up of users as well as the absence of a service aimed at adolescents in a more individualized way. Such individuality can provide privacy and comfort so that the user feels comfortable in the search for health services.





## REFERENCES

BRASIL. Ministério da Saúde. Casos de Aids Diminuem no Brasil. 2022. Disponível em: <https://www.gov.br/aids/pt-br/assuntos/noticias/2022/maio/casos-de-aids-diminuem-no-brasil>

BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Programa Nacional de DST/AIDS. Manual de Controle das Doenças Sexualmente Transmissíveis. 4. ed. Brasília: Ministério da Saúde, 2006.

BRASIL, Ministério da Saúde. Manual de Rotinas para Assistência a Adolescentes Vivendo com HIV/Aids. Brasília: Ministério da Saúde, 2016. Disponível em: <https://bvsmis.saude.gov.br/bvs/publicacoes/10001021667.pdf>.

BRASIL. Ministério da Saúde. Programa Nacional de DST e Aids, Secretaria de Vigilância em Saúde, Ministério da Saúde. Recomendações para profilaxia da transmissão vertical do HIV e terapia antirretroviral em gestantes. Brasília: Ministério da Saúde, 2010.

COSTA, Gabriel Antônio Simões; SOUZA, Gabriela Leite de; AZEVEDO, Leticia Maia; SILVA, Murilo; LARA, Valéria Carolinne Muñoz; SILVEIRA, Viviane Medeiros. Perfil epidemiológico da transmissão vertical de HIV no Brasil. *Brazilian Journal of Health Review*, v.4, n.5, p.21053-21059, 2021.

KINALSKI, Daniela Dal Forno; KLEINUBING, Raquel Einloft; Marília Alessandra BICK; Tassiane Ferreira Langendorf; PADOIN, Stela Maris de Mello; PAULA, Cristiane Cardoso de. Linha de cuidado para crianças e adolescentes vivendo com HIV: pesquisa participante com profissionais e gestores. *Escola Ana Nery - Revista de Enfermagem*, v. 25, n. 2, p. e20200266, 2021.

KLEINUBING, Raquel Einloft; ESLAVA, Daniel Gonzalo; PADOIN, Stela Maris de Mello; PAULA, Cristiane Cardoso de. Avaliação da atenção à saúde de gestantes com HIV: comparação entre serviço primário e especializado. *Escola Ana Nery - Revista de Enfermagem*, v. 23, n. 2, p. e20180258, 2019.

MENDES, Karina Dal Sasso; SILVEIRA, Renata Cristina de Campos Pereira; GALVÃO, Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto contexto – enfermagem*, v. 17, n. 4, p. 758-764, 2008.

MIRANDA, Angelica Espinosa; PEREIRA, Gerson Fernando Mendes; ARAUJO, Maria Alix Leite; SILVEIRA, Mariangela Freitas da; TAVARES, Leonor De Lannoy; SILVA, Leila Cristina Ferreira da; SILVA, Sandra Fagundes Moreira; SARACEN, Valéria. Avaliação da cascata de cuidado na prevenção da transmissão vertical do HIV no Brasil. *Caderno de Saúde Pública*, v. 32, n. 9, p. e00118215, 2016.

NASCIMENTO, Leticia do; PAULA, Cristiane Cardoso de; MAGNAGO, Tania Solange Bosi de Souza; PADOIN, Stela Maris de Mello; HARZHEIM, Emo; SILVA, Clarissa Boher da. Qualidade da Atenção Primária à Saúde de crianças e adolescentes vivendo com HIV. *Revista Latino-Americana de Enfermagem*, v. 24, p. 9, 2016.

OLIVEIRA, Rafael da Silva; KLEINUBING, Raquel Einloft; PADOIN, Stela Maris de Mello; PAULA, Cristiane Cardoso de. Avaliação de integralidade da atenção primária à saúde de crianças e adolescentes com HIV: experiência dos profissionais. *Revista de APS*, v. 22, n. 2, p. 264 –280, 2019.

PAULA, Cristiane Cardoso; KLEINUBING, Raquel Einloft; BICK, Marília Alessandra; FERREIRA, Tamiris; LANGENDORF, Tassiane Ferreira; PADOIN, Stela Maris de Mello. Avaliação da coordenação do cuidado: crianças e adolescentes com condição crônica de infecção pelo HIV. *Ciência, Cuidado e Saúde*, v. 19, p. e50371, 2020.



PAULA, Cristiane Cardoso de; Stela Maris de Mello PADOIN; SILVA, Clarissa Bohrer da; KLEINUBING, Raquel Einloft; FERREIRA, Tamiris. Atenção à Saúde de crianças e adolescentes com HIV: avaliação da longitudinalidade. *Acta Paulista de Enfermagem*, v. 30, n. 2, p. 136-143, 2017.

PIOVESAN, Graziela; PAULA, Cristiane Cardoso de; LOPES, Luis Felipe Dias; PADOIN, Stela Maris de Mello; KLEINUBING, Raquel Einloft; SILVA, Clarissa Bohrer. Qualidade da atenção primária na perspectiva de profissionais: saúde de crianças e adolescentes com HIV. *Texto e Contexto Enfermagem*, v. 26; n. 2, p. 9, 2017.

SILVA, Clarissa Bohrer da; PAULA, Cristiane Cardoso de; LOPES, Luis Felipe Dias; HARZHEIM, Erno; MAGNAGO, Tânia Solange Bosi de Souza; SCHIMITH, Maria Denise. Atenção à saúde de criança e adolescente com HIV: comparação entre serviços. *Revista Brasileira de Enfermagem*, v. 60, v. 3 p. 529, 2016.