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HOMELESS POPULATION: SELF-CARE, ADHERENCE AND CONTINUITY OF HIV/AIDS TREATMENT

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Abstract: Introduction: The HIV virus is the disease that most affects people living on the streets, and it is the infection that is constantly growing and instigating studies within this group. Because they are infected with this virus, a large proportion of them find it difficult to undergo treatment, whether because of their age, sexual orientation, race, unprotected sex, violence or even misinformation. What is the greatest difficulty for a health worker in taking care of this patient? Clearing up doubts? Reasons for not being aware of treatment and having an undetectable virus? The vulnerability of a population that has no prospect of improvement. In order to understand the challenges and thoughts of these people, we will try to understand them better. **Objective: To** understand how people living on the streets carry out self-care and treatment for HIV/AIDS**. Methodology:** This is a descriptive literature review based on material published between 2012 and 2022. To select the texts, an *online* search was carried out in the VHL (Virtual Health Library) and SciELO (*Scientific Electronic Library Online*) databases. We considered 09 publications that met the study's theme, published in full, with full texts available, in the Portuguese language. The keywords investigated were: HIV/AIDS; Antiretroviral; Homeless population; Self-care; Nursing; Adherence to treatment. **Results:** In order to present the results on nursing care for homeless people with HIV/AIDS, we used some factors that show that these people have great difficulty accepting their condition, carrying out self-care, changing their view of unprotected sex and sex with more than one partner, many end up drinking alcohol with the antiretroviral, making it less effective, and because it is a street population, those who suffer most from the virus are: women, homosexuals and children who end up acquiring the virus either through violence or survival. In this way, we can see that well-performed and welcoming nursing care raises awareness that everyone has the same right to treatment. **Final considerations:** It can be concluded that the nurse's approach to HIV/AIDS patients, in which they can clarify all the difficulties they face in their daily lives, with respect, ethics and valuing the person with their knowledge and skills that are within their knowledge, leads to more effective care and fewer treatment dropouts.

Keywords: 1. HIV/AIDS 2. Adherence to treatment 3. Nursing 4. Homeless population.

INTRODUCTION

When referring to cases of individuals infected with the HIV virus, people with unique and exclusive characteristics immediately come to mind, but during its beginnings, fear made people determine this with mistaken reason and wisdom about the unknown. it emerged in the 1980s and its first case in 1981, the story is limited to saying that it was in the USA and Africa. Much has changed since then, and cases have been confirmed on all continents. ARAÚJO, *Ludgleyson Fernandes et al.* **Analysis of resilience among people living with HIV/AIDS**: A psychosocial study. Piauí, 2019.

When it was first discovered, the *human immunodeficiency virus* (*HIV*) caused phobia and discrimination among a specific section of the population, which was already suffering prejudice because of its sexuality: homosexuals and people who worked in the sex trade (be they call boys or call girls or transvestites) who used this as a means of earning money and practiced sex without proper protection. At the time, they didn't have the knowledge we have today. As such, the risk groups at the time were very different from those we have today, and so was the way of dealing with the infected 's situation, since anyone who acquired the virus would be sentenced to death. It is estimated that around 66,000 people

live on the streets in São Paulo, an increase of 31% in recent years. It has become the disease with the highest rate in this population, also following as the chronic disease that most interferes with the human body's immune system, preventing the body from fighting infections and their co-infections. However, the difficulty of clarifying the contagion, the form of transmission, adherence to treatment with antiretrovirals (ART) and correct care, studies show that it increases the quality of life of its carriers, but when it comes to the homeless population, this adherence and follow-up regarding treatment is a challenge for all health professionals. CABRAL, Juliana da Rocha *et al*. **Assistência de Enfermagem e Adesão á Terapia Antirretroviral**. Revista de Pesquisa. Pernambuco, 2022. 07 p.

As the years and studies have progressed, the general population has come to understand that when a person is affected by the HIV virus, they are not necessarily a sick person, because being infected has nothing to do with them being healthy or not. Because unlike today, this difference is proven and much of the past, today it is understood "how and why" there is cause of the infection.

Unlike in the past, we know that not all homosexuals are carriers and that blood donation is a right for everyone "without discrimination". When you have an understanding of the infection and treatment, it's easier to answer questions and give the right advice. In 1983, for example, the virus was recognized as a human retrovirus, which is infectious and transmissible through unprotected sexual intercourse, sharing contaminated sharp objects such as needles, pliers, etc., from a mother carrying the virus without treatment, to her child during pregnancy, childbirth or breastfeeding. In 1986, new strains were discovered, all of which have the ability to infect lymphocytes (the body's immune system). SANTOS, Kehetellen Ellen Barbosa dos; SANTOS, Tamires Ribeiro; SOUZA, Camila Silva e. The Care of Patients with HIV\AIDS and Nursing Care to Promote Quality of Life... **Revista Ibero-Americana se Humanidades**, v. 7, n. 9. 12 p.

In Brazil, the first case was confirmed 40 years ago, in 1980, at the Emilio Ribas hospital in São Paulo. It was a challenge for all health professionals, and it brought fear to everyone, since the indicators only showed an increase in the number of new cases and deaths of those affected. Nowadays we know that with the right treatment, people with the virus can even achieve an undetectable viral load, in which case they no longer transmit the virus. This gives them a better prognosis and quality of life. However, we are aware of how difficult this is to achieve due to a number of factors and in the free zone population it becomes a challenge, from diagnosis to treatment, where it is necessary to administer the medication daily, making it a chronic treatment. GRANGEIRO, Alexandre *et al*. Prevalência e Vulnerabilidade à Infecção pelo HIV de Moradores de rua em São Paulo, SP. **Revista de Saúde Pública**, São Paulo, 2012.

At the beginning of the 1980s, there was no proper health care or personal hygiene to prevent transmission. Until what know today, we have reports of many people infected with the syndrome. Unprotected sex is becoming increasingly routine, as is the exchange of bodily fluids, an unwanted pregnancy, childbirth, blood transfusions, which are taboo, and even organ transplants, which have become a controversial subject.

Nowadays we can get these types of infections, yes, but less frequently. But care must be taken to the letter, without life being played out like a board game or a game of chance, not leaving life in the background. Not least because the HIV virus is an infection that weakens the immune system, causing the infected person to die from another opportune

infection, where it settles in the individual's body because they don't have a good defense. These coinfections can and do generate a lot of confusion in the medical diagnosis, for proper treatment. The many co-infections that can be mentioned are: tuberculosis, viral hepatitis, pneumonia, chronic diarrhea, among others. (Prevalence and vulnerability to HIV infection of homeless people in São Paulo, SP. pjf.mg.gov.br history of HIV in Brazil. FIO CRUZ Oswaldo Cruz Foundation: HIV symptoms, transmission and prevention).

To this day, it is very difficult for the population to differentiate between a person with HIV and another person with AIDS, so not understanding this leads to prejudice and even non-continuity of treatment, which interferes with adherence and undetectable results.

That's why many homeless people who have the virus don't treat it, don't have it checked, which is essential, and don't seek help. Because they live in precarious conditions, without adequate food, sometimes with more than one partner, without any protection or good hygiene.

What is our role as nurses in this situation? Even though we know that prevention is the best way, on the street professionals will have many obstacles. How to bring this population to a greater understanding and in their language, showing and explaining in real terms everything from discovery to treatment. In the midst of all this, the most complicated thing is to keep this patient on the treatment continuum, as many neglect the symptoms because they think they just have the flu. Knowing the right and incisive approach to bring the patient to the health agent, because their street reality, they don't seek treatment, because one day they're in one place and the next day they're in another. Showing parents the importance of treating infected children (Revista Brasileira de Enfermagem, People experiencing homelessness from health perspective).

The nurse's greatest weapon is knowledge, so knowing how to answer questions and protect these people is the best way to deal with the disease. Clarifying the life prospects of an infected person, even if they're living on the street , showing them that they won't have to pay their own way, that the government itself is able to provide all the support for their treatment. Once the symptoms disappear, the person living with HIV may not feel anything for a long time. The period, known as the window, varies from 2 to 15 years. The window makes it difficult for a person to seek a proper diagnosis because they don't know how to differentiate a symptom, and can be confused with another illness

In this way, STIs take hold and later develop AIDS in people who are on the street and don't have as many resources.

As professional educators, nurses have the difficult role attracting this population. That said, it is necessary to create strategies and promote events on the streets, in order to create a relationship of trust, clarifying doubts and advising on the importance of care to avoid further contagion and the correct treatment for virus carriers who survive in the risk zone and in the street situation.

The aim of this study was therefore to identify, through a literature review, how nurses can act to ensure adherence to HIV treatment among residents of free areas. (Ibero-American Journal of Humanities, Sciences and Education - REASE CARE FOR PATIENTS WITH HIV/AIDS AND NURSING CARE TO PROMOTE QUALITY OF LIFE).

OBJECTIVE

To identify, through a literature review, the difficulties that nurses encounter when working to ensure adherence to HIV treatment among residents of free areas.

METHODOLOGY

This was a descriptive bibliographic study, carried out electronically, seeking to identify, through a literature review, the difficulties that nurses encounter when working to ensure adherence to HIV treatment among residents of free areas. The electronic search took place between February and March 2022.

To do this, we analyzed articles published in scientific journals, using the VHL (Virtual Health Library) and SciELO (*Scientific Electronic Library Online*) databases, considering the keywords: HIV, STI (sexually transmitted infection), adherence to treatment, nurses' role, people.

After analyzing the results returned, the selection criteria were publications that met the study's theme, published in full, with full texts available, being scientific articles or theses, in Portuguese, published between 2012 and 2022, leaving 09 studies for the research. Exclusion criteria were avoidance of the theme and duplicate articles.

The following steps were taken to prepare this research: identification of the topic and selection of the research hypothesis, establishment of the inclusion and exclusion criteria for the publications, definition of the information to be extracted from the studies, evaluation and interpretation of the studies included and presentation of the review carried out, i.e. the synthesis of knowledge (MENDES; SILVEIRA; GALVÃO, 2008).

The following guiding question was drawn up for the research: the difficulties that nurses encounter when working to ensure adherence to HIV treatment among residents of free areas.

In the hope of finding answers, a data collection form was drawn up to obtain information such as the name of the publication, the name the author, the place and year of publication, the aim of the study, the type of study, the main results and important information about the study.

The results and discussion of the data obtained were presented descriptively, enabling the reader to assess the applicability of the literature review in order to positively impact nursing practice, providing an organized way of reviewing the evidence on a topic.

To eliminate possible bias, all the authors of this manuscript participated in the data collection, seeking a consensus.

RESULTS

The treatment of HIV/AIDS is an ever-increasing challenge for those faced with prevention, and for this reason nurses tend to have a fundamental role to play in raising awareness and building the treatment of individuals who discover they are HIV-positive and those who take treatment sporadically. Documentary research into related articles shows that the infection began in the 1980s (1981 to be precise) in the United States in an adult male homosexual patient who had problems with low immunity. In Brazil, the first case occurred in 1983, in the state of São Paulo, in a young homosexual male. One difference between the first US case and the first Brazilian case is age. However, because it is an infection without a cure and because there are various stigmas surrounding the disease, treatment only came in 1996, with "Antiretroviral Therapy (ART)", which does not cure the individual, but promotes a huge quality of life for those infected, and can reach the stage of being undetectable.

However, when the individual becomes homeless, treatment will always be a challenge for the professional, who, as well as worrying about the person's drug treatment, will also face a major challenge in terms of their social and psychological environment, as they often no longer believe in themselves, the barrier of awareness, demotivation and level of education interfere with diagnosis and proper treatment.

According to the articles studied, it was observed that the most diagnosed patients continue to be male, accounting for around 68.95%, while female patients account for only 31.05%. This shows that the disease is not exclusively male, breaking a taboo related to the disease at its inception. When it comes to people on the streets, we have a very drastic social exclusion, because ART doesn't reach these individuals with any force.

However, nowadays the age groups that are most infected are between 25 and 29 years old, corresponding to 20.5% of male cases and 15.3% of female cases out of the total percentage of cases presented. (*Latin American Journal of Development*, Curitiba, v. 3, n. 4, p. 1973-1982, jul./ago. 2021. ISSN 2674-9297)

When it comes to homeless people, the challenges increase exponentially, because many of them, in addition to having HIV, are faced with co-infections associated with low immunity and alcohol consumption, leaving treatment increasingly on the sidelines.

The street population has rates that make HIV treatment and diagnosis unfavorable, because sexual intercourse starts very early. According to an article, patients studied in this situation were found to be 85.6% male and 14.4% female; the age of first sexual intercourse, the study shows: > 15 was 41.2%, those up to 15 were 54.1% and those who didn't know were 4.7%. Regarding sexual orientation: among homosexuals there were 4.7%, among those who called themselves bisexual there were 11%, among heterosexuals a very large percentage of 82.5% and those who didn't know were 1.9%. From the first case to the most recent one, there has been a significant increase in patients who follow a heterosexual rather than homosexual orientation. This shows that everyone is prone to infection.

When it comes to patients infected with the virus and their sexual partners, we have: Fixed or occasional partnerships: 11.7%; Only occasional partnerships 50.3%; Only fixed partnerships 12.7%; No partnerships 25.2% and no information 0.1%. Those who always use condoms are around 60.6% and those who don't are 37.6% and those who remain uninformed are 1.9%. The infection of the virus is guided by many myths and untruths, so when the levels of education of those infected and their schooling are carried out, it is noticed that: those who have not studied are 5.4%; those who have completed up to elementary school are 72%; those who have secondary/higher education are 21.9% and those who did not inform were 0.6%. On this topic, we can see that many of those infected or co-infected don't have that much knowledge about prevention methods, so a professional nurse must have a language and a form that is very close to each reality in order to raise fuller and stronger awareness of treatment. (Prevalence and vulnerability to HIV infection of homeless people in São Paulo, SP. pjf.mg.gov.br history of HIV in Brazil. FIO CRUZ Oswaldo Cruz Foundation: HIV symptoms, transmission and prevention).

With all this, it has been discovered that the progress of treatment against the HIV/AIDS virus is becoming more and more advanced, despite the fact that antiretroviral drugs are more potent, but prejudice and drug withdrawals mean that patients who live on the streets evolve the HIV virus into AIDS and thus lead to other STIs and their co-infections, making it difficult for them to improve and not become a person with a controlled load.

FINAL CONSIDERATIONS

When the HIV virus was first circulating, its carriers were always stereotyped by society as a whole. This is despite the fact that simple personal care and proven treatment already exist. The prevalence and transmission of the virus continues to increase within the population of residents of free areas, because

adherence to the correct treatment in this population due to various situations and causes, becomes a major challenge for those affected by the virus and also for health professionals, as this becomes an aggravating factor for public health, also for nurses as they are one of the main and most important educators in health. And bearing in mind that it is easier and more prudent to prevent than to treat, they must work at the forefront of this mission, devising strategies and programs that help attract this type of population, so that they can have direct and broad contact with treatment. In this way, the professional continues to strengthen bonds of trust with them, clarifying doubts, showing them that treatment carried out or followed correctly is highly effective for their quality of life. Guidance on how to prevent the disease and the ways in which it is transmitted helps people to live better lives, even in the circumstances in which they live. Therefore, a well-educated nurse can identify the difficulties and put together action plans by raising awareness of health education among the population concerned. In a way, they can show that all citizens, without exception, have the right and deserve dignified and effective treatment for HIV/AIDS, even those living on the streets.

ART is a chronic treatment and a combination of drugs, requiring the administration of daily doses. Carried out correctly, the virus circulating in the body can become undetectable, thus reducing the progression to AIDS, not being transmitted and the immune system tends to remain more resistant to possible co--infections, but it is worth remembering that even in these cases, treatment must be faithfully maintained. However, it was noted that the HIV virus is growing exponentially in this population, even with a more active approach by professionals, with nurses using their knowledge to be assertive in their contact with these individuals.

In view of this, one of the objectives was to point out the adversities that the professional nurse encounters when acting in adherence to HIV treatment in residents of free areas, noting that this is a population in need of help with issues related to self-care. Thus, understanding the difficulties of HIV patients on the street, and the reasons for not adhering to treatment and having the virus undetectable in the way they live, having the social environment, which excludes and exonerates them as part of society, we have as one of the most difficult parts of awareness, first is the psychological and then the lack of knowledge on the subject due to level of education, are issues explained in the execution of this work, which starts to have an empathetic view of this individual and the care that can be provided by the professional Nurse.

In this way, we start from the hypothesis that it is necessary to create strategies aimed at working in the streets with the focus on creating a relationship of trust, as well as clearing up doubts and providing solid guidance on the importance of care and correct treatment for carriers. The possibilities for inserting this proposal are possible, however, when it comes to people in this situation, we still find a lot of prejudice and a lack of encouragement for professional nurses.

The action plan for this work was developed with the aim of stimulating new methods for the continuity of HIV/AIDS treatment for the homeless population, who face great difficulty in their self-care, with a primary focus on the insertion of new care plans.

So we're trying to show that a good professional, who is welcoming and knows how to captivate the individual with their firm knowledge, can build a great relationship and enable people in this situation to have a much better quality of life and improve their self-esteem or the social environment in which they live.

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